



Creating our lives

A participatory study commissioned by NICE to explore looked after children and young people's perspectives on outcomes and interventions.

**THE CENTRE FOR
CHILDREN AND YOUNG
PEOPLE'S PARTICIPATION**
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1. Introduction

The NICE Working with Looked After Children and Young People (LACYP) Guidelines Update Committee (GUC), in 2019, identified areas and questions where there was a lack of data on LACYP views. These were:

1. Supporting Care and Placement Stability
2. Relationships and Contact
3. Health and Social Care promotion: Physical/mental/emotional health and wellbeing
4. Supporting Learning Needs
5. Preparing to leave care (to move back to parents or to special guardianship)
6. Preparing care leavers for independent living

The NICE GUC also identified that information was lacking on the views of groups of LACYP with particular experiences: babies and young children and children aged 16 and under who are of BAME heritage, children and young people who are: Lesbian, Gay, Bisexual, Trans, Queer or Intersex (LGBTQI), at risk of exploitation and trafficking, placed out of area, disabled or with special educational needs statements, behaviour that challenges or mental health and wellbeing needs; and teenage young parents in care.

They commissioned research with three connected aims:

1. To adopt a participatory approach, enabling LACYP to guide and shape research that could inform the work of the NICE LAC Guideline Update Committee.
2. To understand the perspectives of at least 30 LACYP on the themes and questions identified by the NICE committee
3. To promote rights, safety and inclusion - ensuring LACYP could exercise choice in how they expressed their views, that a diversity of perspectives would be sought, valued and represented from at least three sites across England.

A group of eight LACYP (aged 12-17) were recruited as a steering group to collaborate with the academic researchers. Using methods co-created with this steering group, academics conducted focus groups and interviews with other care experienced children and young people from selected sites with relevant characteristics. The young steering group (YSG) and academics also co-created a framework to analyse data and this was used to explore contemporary and recent interviews with children and young people.

This report provides an overview of the study and includes:

- An account of the methodology, participants and data sets used in the study (Section 2 and the Annex).
- The study's findings presented as a detailed thematic analysis (Section 3).
- Exploration of critical questions that cut across these themes (Section 4).
- Priority recommendations from the young researchers (section 5).

This small-scale participatory study took place over 12 months, which overlapped with periods of Covid-19 restrictions. We hope this initial study will be complemented by further input from

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1 children and young people during the guidelines consultation period and the Annex provides
2 an example method which may assist.

3 2. Methodology

4 This section introduces the methodology used in this participatory study. It includes an
5 overview of the:

- 6 • Participatory approach and ethical issues (section 2.1)
- 7 • Site selection criteria and the data sets used (section 2.2).
- 8 • Selected characteristics of the research participants (section 2.3).
- 9 • Methods used for data generation (sction2.4).

10
11 Further details of the methodology and our approach to analysis are provided in the Annex.
12

13 2.1 Participation and ethics

14 This participatory study sought to maximise looked after children and young people’s
15 influence over as many aspects of the study as possible, within the limits of resources available
16 (Larkins et al 2014), ensuring that both participation and protection were promoted
17 (Warrington and Larkins 2019).

18
19 To this end we recruited a steering group of eight care experienced young people who worked
20 with academics to:

- 21 • Review and interpret the NICE questions and named themes
- 22 • Test, assess and select different questions and methods
- 23 • Review initial data from participants
- 24 • Identify concepts and categories to develop an analysis framework
- 25 • Monitor use of this analysis framework
- 26 • Make recommendations
- 27 • Co-design an accessible summary

28
29 Young participants in the study were also able to influence the methods they chose to use to
30 express themselves, the themes which they chose to address, and the framework used for
31 analysis.

32
33 Whilst we are committed to ensuring that children’s perspectives are used to guide research
34 and practice, we also have a responsibility to protect anonymity. Young researchers have
35 described how layering together young people’s accounts enables ownership and anonymity
36 (Dan et al 2019). We have therefore removed names and identifying details from the data and
37 we do not attribute age or gender to the quotes presented in the report. Where long sections
38 of text have been analysed in detail thematically or as short stories¹, we describe these and
39 present short extracts from the data, rather than using extensive sections of young people’s
40 own words. This is because some children can be easily identified by their common phrases
41 and the ways that they talk. For this reason, every subtheme of our findings provides a
42 **summary report of the data (in bold)**, assembled from participants’ perspectives on people,
43 features, actions, and resources that had helped them or what would have been beneficial.

¹ See Annex for details

1 Aspects of this summary are then illustrated with examples from young people’s words or
 2 pictures.

3
 4 Ethical approval for the study was given by the University of Central Lancashire and by the
 5 Association of Directors of Children’s Social Services. Further details of our strategies to
 6 promote ethical research are in the annex.

7
 8 **2.2 Research sites and data sets**

9 **2.2.1 Research sites**

10 The nature of LACYP experiences vary according to geographical and associated differences ,
 11 for example in relation to stability². Three sites (local authorities or boroughs) were identified
 12 for inclusion in the study in order to obtain a spread of experience, according to the factors
 13 listed below. The priority for a diverse spread in each of these factors was determined by the
 14 GUC, as indicated by the order given (see Box 1).

15
 16 *Box 1 – Criteria for selecting sites*

17	GEOGRAPHY	Geographical spread within England (north, midlands and south and including metropolitan, urban, semi-urban and rural settings)
18		
19	PLACEMENT	Spread of Local Authority placement stability (based on national SSDA 903 data LAB2 2016 figures and additional source ³)
20		
21	PERFORMANCE	Spread of high/mid/poor performing local authorities judged (based on ratings in Ofsted reports)
22		
23	INNOVATION	Spread of sites to include known innovative/non-innovative practice (based on discussions with academics and practitioners)
24		
25	EDUCATION	Spread of performance across sites. (SSDA 903 cla_ks4_av_att8score)
26	ECONOMY	Spread of socio-economic conditions across sites (Using child poverty levels and Council Tax revenue as indicators)
27		
28	MISSING	Spread of proportions of LACYP going missing across sites (SSDA 903 data LAG1)
29		
30	ETHNICITY	Diverse populations (within sites we sampled to ensure the proportion of BAME children was at least representative of LAC - based on national SSDA 903 data LAA8)
31		
32		

33
 34 Three first choice research sites were identified to represent this spread of criteria and for
 35 each of these sites we identified three further potential substitute sites. All three first choice
 36 sites agreed to take part.

37

² <https://childrenscommissioner.github.io/stabilityindex2019/#introduction>

³ https://www.basw.co.uk/system/files/resources/basw_35644-8.pdf

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2.2.2 Data sets

We intended to work with at least 10 children and young people in each of three sites in order to ensure inclusion of the diverse experiences that are under-represented in current data. However, due to Covid-19 restrictions and pressure on services, we had to halt to fieldwork earlier than planned. With the LACYP steering group and their support staff we explored the possibility of adapting our questions and methods to address the same themes through online activities and communication. Although some young researchers felt that it was feasible to work virtually, other young researchers and their support staff suggested that online working on these sensitive issues was not appropriate in the context of over-stretched services. We therefore ended fieldwork after 23 interviews (rather than the anticipated 30).

We subsequently identified which experiences were absent from our data and sought to fill any gaps with additional data and reports from academics and NGOs that included the perspectives of care experienced children and young people on the identified themes and which had used co-created methods.

Data Set 1 was therefore contemporary (collected in October 2019 to March 2020) and data included in Set 2 were historic (collected from 2010 to 2018) .

Box 2: Description of data sets

Data set 1: From interviews and focus group discussion with 23 looked after children aged 6- 17. Of these, 21 were of BAME heritage, LGBTQI, disabled, or with special educational needs statements, behaviour that challenges or pronounced, mental health and wellbeing concerns (HWC).

Data Set 2: From 24 interviews with looked after children and young people who had experience of being at risk of child sexual exploitation or going missing (CSEM), being placed out of area (OOA) or were young parents.

2.3 Characteristics of research participants

In total, the study included 47 LACYP aged 6-17 from 3 areas (10 South, 17 Midlands, 20 North). Of these 47 participants, 8 were Black, 3 South Asian, 2 Dual Heritage and 34 were white.

As shown in Table 1, the sample across these data sets was inclusive of the majority of characteristics sought (17 had pronounced mental health or wellbeing concerns;10 reported SEND labels and 4 had EBD; 3 were in special schools and 3 were home tutored; 2 identified as LGBTQI; 6 were placed out of county; 14 were at risk of exploitation; 11 had a history of going missing, 11 were young parents). These experiences were intersecting, meaning that any one participant might have multiple characteristics (for example BAME and SEND or HWC,CSEM and OOA). These characteristics are referred to indicatively in footnotes within the finding. We are not seeking to generalise - suggesting that children with particular experiences or characteristics would find particular processes useful would require a much longer study and larger representation of the given characteristic. Rather, we are suggesting that consideration should be given of the potential relevance of these elements of the findings for these groups, and that this should be explored with children and young people themselves.

1
2
3

Table 1: Participants in the study

Characteristic	Attribute	Data set 1	Data set 2
Age	6 -7	2	
	8-9	1	
	10-11	3	2
	12-13	7	3
	14-15	4	5
	16-17	5	16
	18-19+		8
Gender	Female	8	16
	Male	14	7
	Transition	1	
Ethnicity	White	13	21
	South Asian	3	0
	Dual Heritage	1	1
	Black	6	2
Additional Characteristics	SEND or EBD	9	5
	Pronounced HWC	14	5
	LGBTQI	2	nk
	Exposure to CSE	3	11
	Experience of Missing	2	9
	Out of Area		6
	Parent		11
Placement	Foster care	16	3
	Kin care	2	4
	Residential home	3	2
	Specialist non secure	1	2
	Semi-supported/ independent	1	3
	Independent house/flat		5
	<i>Not known</i>		4
Educational Placement	Special School	2	1
	Home Tutored	1	2
	Mainstream school	16	2
	NEET	2	12
	In other Education		2
	Higher education		1
	<i>Not known</i>	2	4

4

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1 2.4 Co-created Methods

2 We developed creative methods and thematic interview schedules in consultation with a
3 steering group of young researchers who were currently looked after. We provided them with
4 information and experience of a variety of methods including games, music, art (collage,
5 model-making, drawings), story-telling, worksheets, story-writing, spider diagrams and
6 prompt cards. The use of different methods aimed to offer children choice in their ways of
7 participating and to cater to different learning styles or what Gardner (1983) describes as
8 different intelligences (Morgan et al., 2004; Pascal & Bertram, 2009). Carter and Ford (2009)
9 describe how participatory, child-centred, arts-based approaches and tools can both “liberate
10 and facilitate data generation” with disabled and marginalised children and young people.
11 Cards combining verbal information about actual situations with visual images can enhance
12 opportunities for participation of children who prefer non-verbal communication (Rabiee et
13 al., 2005). The use of visual techniques (Burke, 2008) promotes reflection. Storytelling can also
14 provide young people with opportunities for greater anonymity (Larkins et al 2019).

15
16 The LACYP steering group explored a variety of these methods to address the themes
17 identified by the NICE Guidance Update Committee. This took place over the course of four
18 meetings which lasted for a total of 10 hours. During and after these sessions, adult
19 researchers took notes on the effectiveness of these methods as a means of addressing the
20 specific NICE questions. The steering group selected the range of methods they saw as most
21 effective, inclusive and enjoyable.

22
23 The adult researchers developed these into the research tools which were offered to children
24 and young people in the three research sites. Individual children and young people made their
25 own choices about how to participate and chose which of the themes they wished to talk
26 about. The co-created research activities eventually used included:

- 27 • Individual interviews (sometimes involving theme card prompts, prioritisation of cards
28 or drawing/collage)
- 29 • Visual arts-based activities (using paint, fabrics and drawing materials to create
30 representations of wellbeing, and one-to-one discussions about these)
- 31 • Music-based activities (choosing or writing songs that evoke feelings of wellbeing, and
32 individual and group discussions of these)
- 33 • Group discussions (usually centred around an undulating line on a 5m length of paper,
34 which represented the progression of a movie script and the ups and downs of life)

35 All fieldwork activities were audio recorded and transcribed verbatim. Photographs were
36 taken of all creative products (flipcharts, drawings etc) and young people retained these if
37 they wished. The three adult researchers also took part in post research activity reflective
38 discussions, to identify insights related to both methodology and data generated.

39 Data Set 2 also included transcribed interview data generated using interview schedules co-
40 created with advice from young people related to the themes of the present study. During
41 these interviews, young people had similarly been offered choices about whether to use arts
42 activities or theme cards as a starting point for discussion. They chose which of the themes
43 they wished to talk about, often deciding to discuss them all.

44

- 1 A summary of our initial analysis was reviewed by all recruiting organisations and where
- 2 possible, with young people they worked with. Their feedback was used to guide the final
- 3 analysis reported here.
- 4
- 5 See the Annex for further details of the methodology.

1 3. Findings

2 This section provides an overview of the outcomes participants sought, the people, things and
3 processes which could enable these and thematic analysis of these factors, as follows:

- 4 • An overview of outcomes and facilitators (Section 3.0)
- 5 • Care and Placement Stability (Section 3.1)
- 6 • Relationships and Contact (section 3.2)
- 7 • Health and wellbeing (Section 3.3)
- 8 • Learning (Section 3.4)
- 9 • Moving back to birth families or special guardianship (Section 3.5)
- 10 • Preparing care leavers for independent living (Section 3.6).

11 3.0.1 Outcomes and facilitators

12 Research participants tended to emphasise immediate goals, rather than future attainments.
13 This included, to use young people’s own words, a focus on ‘*feeling normal*’ (associated with
14 having normal trusting caring relationships, love, safety, stability, happiness) and having a
15 sense of oneself (feeling valued, accepted, confident, respect (for one’s faith and privacy) and
16 having influence in decisions.

17 Future-oriented outcomes included, ‘*feeling the future is a bit brighter*’, including feeling some
18 resolution; experiencing increasing independence but not isolation and, for older young
19 people particularly, to be pursuing their chosen career, education and homelife goals.

20 *Box 3 – Immediate goals and future outcomes*

- 21 • **Feeling normal**
 - 22 ○ Having trusted people who care for and love you, who are interested in your
 - 23 wellbeing
 - 24 ○ Having safety, stability and security
 - 25 ○ Feeling enjoyment and happiness
- 26 • **Feeling a sense of who you are**
 - 27 ○ Feeling appreciated, valued and accepted for who you are
 - 28 ○ Feeling confident
 - 29 ○ Having views taken into account in decisions
 - 30 ○ Feeling faith is respected and supported
 - 31 ○ Having privacy - respected
- 32 • **Feeling the future is a bit brighter**
 - 33 ○ Feeling comforted around sadness, loss, pain
 - 34 ○ Having understanding of own situation
- 35 • **Experiencing increasing independence but not isolation**
 - 36 ○ Better communication and connection with important people
 - 37 ○ Feeling supported and encouraged to do things your own way
- 38 • **Pursuing chosen career, education or homelife goals**

1 From participants perspectives, these are the kind of goals that interventions should target.
2 Our analysis suggests that to pursue these goals with success, changes will be needed in some
3 longstanding patterns of inequality and approaches to service provision (see section 4).

4 3.0.2 Overview of Facilitators

5 **The research shows that caring relationships are the foundation of positive outcomes for**
6 **looked after children and young people. Research participants mentioned many and varied**
7 **people who, ‘when they are doing their job right’ provided care and other positive**
8 **experiences.** These people included:

- 9 • parents, siblings, grandparents and other extended family members
- 10 • foster carers, foster siblings, extended family of foster carers
- 11 • residential home staff and managers
- 12 • social workers and social care professionals (support/contact/key workers, PAs, IROs)
- 13 • supported and semi-supported living staff
- 14 • advocates and independent visitors
- 15 • education workers (teachers, teaching assistants) and taxi drivers;
- 16 • health workers (Doctors, nurses, psychiatrists, CAMHS staff)
- 17 • youth and participation workers
- 18 • justice professionals (police and prison staff)
- 19 • friends, pets⁴, schoolmates, neighbours, community members

20 The diversity of this list suggests that for looked after children and young people the actions
21 and attitudes of a wide range of professionals and community members is important. In
22 addition to our focus on professionals in the analysis below, this raised the question of how
23 to ensure understanding of care experiences across the general public. **Research participants**
24 **consulted on the draft report emphasised that if these people do not display the right**
25 **qualities or do the right things, then they can have a negative impact on their lives.**

26 Research participants described the qualities that professionals should cultivate and
27 demonstrate in their working relationships with looked after children:

- 28 • A good bond or connection
- 29 • Availability and accessibility
- 30 • Continuity
- 31 • Familiarity
- 32 • Acceptance of who you are, unconditionality, and forgivingness
- 33 • Friendliness and fairness

⁴ Pets such as dogs that were mentioned by young people in all groups taking part, whether already part of a family or something they hoped they would have in the future. Young people talked about pets in similar interactions to those of the people they mentioned, such as providing support, always being there and happy to see them; thus, we have included them within the ‘people’ theme as key players in the young people’s lives.

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- 1 • Mutual trust.

2 There were significant contrasts in the extent to which professionals demonstrated these
3 qualities, and this appeared to be related to individual workers and perhaps their contexts,
4 rather than a particular profession or research participants’ characteristics. The quality of
5 relationships was also related to degrees of presence/absence, frequency, confidentiality and
6 independence, which varied between people and according to context and time.

7 Research participants mentioned many places which were experienced positively or
8 negatively according to what was occurring in those settings:

- 9 • Homes (foster home, parents’ homes, siblings’ homes, residential units, long-term
10 hospitals, supported/independent living, and personal space within the home)
11 • Health settings
12 • Educational settings (schools, colleges, university and PRU)
13 • Justice settings (Prison, courts)
14 • Leisure settings (party, leisure centre, gym, pool, dance and sports venues, park, play
15 area, garden, nature woodland, restaurant, café, shops, museum)
16 • Social service settings (children’s centres, contact centre, review meeting venues)
17 • Specialist group settings (LAC safe place within school; LACYP participation group)
18 • Localities (area where living; holiday destinations)
19 • Inner space (memories, stories, thoughts, feelings)

20 Key features of these places were described as homeliness, distance or proximity, frequency
21 of visits, costs of entry, safety, transport and people who provided all of this. Permission or
22 encouragement to go to these places was also significant, underlining the importance of
23 carers’ and professionals’ support for children and young people’s access to diverse and
24 welcoming venues and the opportunities that these might provide.

25 A flavour of the additional resources that were valued includes: computer IT or phone, food,
26 games, funding and money, Social service items (information, care plans, leaving care grant,
27 pupil premium, passport) and resources for learning and creativity. Key features of these items
28 were their quality, availability and use value, and how easy they were to access. Ownership
29 was not stressed apart from in relation to items that were of emotional significance, such as
30 gifts from parents.

31 3.0.3 How people, places and things combined in actions and processes

32 Research participants did not discuss specific interventions but described a wide range of
33 actions and processes which, brought together by different professionals, family members
34 and carers, promoted their wellbeing and helped them achieve their goals. Young participants
35 commenting on a draft of this report emphasised the need for a focus on processes through
36 which people with the necessary qualities and resources take action together.

1 The actions participants valued included: understanding and accepting children for who they
2 are; adapting and responding to needs and interests; caring; protecting; supporting; building
3 friendships; doing things together; doing music or art; being active; being interested; being
4 consistent and fair; involving in decision making; communicating; enabling and advising;
5 learning and educating; having fun; providing and receiving; transporting travel; writing up
6 together; and being independent and a team member:

7 *People may listen but how do we know they understand? What is it they do that shows*
8 *they are taking an interest? They need to listen; take time to do things together – all*
9 *carers and practitioners - and then do what we have decided.*

10

11 In all six of the research themes, three processes (combining people, qualities, resources and
12 actions) emerged consistently as important facilitators of positive outcomes: **Influence over**
13 **goals and decisions** in their own lives, participation in **activities** outside school, and provision
14 of **access to these and resources**.

15 3.1 Supporting care and placement stability

16 The study participants reported positive and negative experiences of living in a variety of
17 placements (Foster Care, Residential Units, Kin Care and Semi-independent living). Some
18 reported happiness and loss associated with leaving birth family or leaving placements where
19 they had been happy. Some young people described uncertainty about what was happening
20 with words like *'I'm not sure exactly'* and describing the shock of coming into care. Once in
21 care, experiences were very varied.

22 When things were going well, carers, children's home staff and managers, foster siblings and
23 wider family members, birth parents and sibling, teachers and other education workers, social
24 workers and police officer, as well as the young person themselves, were all described as
25 making valuable contributions to placement and care stability.

26 These processes were more successful in relationships characterised by continuity, familiarity
27 and bond, availability, friendliness, mutual trust, fairness, dedication, capability and risk
28 competence, as explored in detail in section 4.1.

29 This section explains the processes described as facilitating stability through:

- 30 • Gentle introductions into care and into to placement changes
- 31 • Getting to know and understand individuals, through recognising individuals' interests
32 and their capacities and then adapting and responding to their individual needs with
33 acceptance as these change throughout their placement journeys
- 34 • Doing things together to build the relationships in which this level of knowing and
35 understanding was possible, including sharing meal-times, holidays and leisure
36 activities.

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- 1 • Long term and accessible relationships which demonstrated continuity of care
- 2 • Maintaining connections with family
- 3 • Being treated as one of the family in foster and residential settings
- 4 • Involvement in decision making, requiring listening and communicating information,
- 5 building understanding of life journeys, practical involvement and advocates
- 6 • Relationships that enabled self-direction but also provided advice and practical
- 7 assistance when needed (transport, writing up together, passports and overnight
- 8 stays).
- 9 • Spaces defined by homeliness, connection to outdoor, respect for privacy and
- 10 technological connectivity
- 11 • Responsive support

12 3.1.1 Gentle transitions

13 **Participants⁵ valued gentle introductions supported by information and explanations,**
14 **welcoming staff or carers and accessible social work support.**

15 The role for social workers and staff in ensuring gentle introductions was underlined by what
16 happened for this young person, who had multiple experiences of both smooth and abrupt
17 transitions, and wanted other young people to have better experiences:

18 *'One I remember, she [social worker] just dropped me off and she just left me in a*
19 *random care home'*

20 A participant described how accessing information about placement moves was related to
21 social worker responsiveness and availability:

22 *'only found out I'm moving yesterday ... my social worker never answers the phone, so*
23 *I don't always hear'*

24 Abrupt changes, even for children and young people who were used to transitions, were
25 difficult and disturbing. Participants wanted clear information and 'a build-up' to new
26 relationships, with known workers accompanying them through transitions.

27 3.1.2 Understanding, recognising, responding and adapting to interests and needs

28 **Research participants⁶ wanted adults in their lives to practice attentive and deep listening**
29 **in order to understand and respond to them as individuals. This was achieved by foster**
30 **carers, residential workers and key workers getting know their interests and preferences**
31 **over time, connecting them to opportunities that responded to these, setting aside**

⁵ Including children and young people who were BAME, LGBTQI and who had experience of HWC, CSE or going missing

⁶ Including children and young people from all of the sampled groups

1 **preconceptions, ensuring consistency and communication across staff and adapting rules to**
2 **individual situation**

3 For example, one teenage participant felt listened to, understood and responded to as an
4 individual when a children's home ensured that she had access to an artistic space. This gave
5 her somewhere to be herself and to explore her own thoughts, especially when she felt she
6 was new and had little connection with other residents.

7 For young people in residential care who might have several workers, attention to spending
8 time and understanding them as individuals was particularly important as differences in
9 attitudes across workers presented barriers. A young person with SEND described how being
10 recognised and understood relied on staff communicating well with each other:

11 *Communicate to each other. Something they can improve on. ... so they understand. I*
12 *don't think they talk about how we feel or what's going on'*

13

14 Acceptance, positive regard and non-judgemental attitudes were vital in meetings, including
15 for this young parent who described the lack of shared understanding:

16 *'they forgot the person I were before and they thought I was some kind of terrorist or*
17 *something, who were doing wrong all the time ...[in the meeting] they stopped thinking*
18 *I were the ... girl who got taken into foster care. She was gone ... And then they looked*
19 *at me as a bad person'.*

20 In contrast, another participant described how, by communicating together and building a
21 shared understanding of her experience and feelings, staff were able to show consistent
22 acceptance alongside maintaining boundaries:

23 *'they talked together and they listened to me, and like, explained'*

24

25 Rules and boundaries were more likely to be seen as fair when based on understanding of and
26 support for participants as individuals and on understanding of how people change over time.
27 For example, one participant felt that non-compliance with educational requirements could
28 justifiably result in a privilege being withheld only if this went alongside also resolving the
29 problems in the educational placement. Another participant (who had experience of going
30 missing) appreciated how rules were reassessed in a new placement, where she was *'allowed*
31 *out every single day'*.

32 3.1.3 Demonstrating Care

33 **Placement stability was facilitated (including for participants with HWC, CSEM, SEND, and**
34 **who are LGBTQI, of BAME heritage and young parents), when they felt care was clearly**
35 **demonstrated, unconditional, based on belief in and knowledge of them as individuals,**
36 **accompanied by the investment of frequent and consistent time, affection and**

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1 **commitment. Participants valued care from carers, residential staff, social workers and**
2 **health professionals, and noted that accommodation and placement allocation officers**
3 **should also demonstrate care.**

4 Participants recognised expressions of care in action such as being 'always helpful and
5 everything', 'listening' to troubles, 'crying' together, 'attention' and giving time '*no matter like*
6 *what I've done or anything*'. A young parent described this as feeling her social worker 'really
7 cares' and feeling her foster carer believed in her because:

8 *'she's not in it for the money, she's in it for you as a person, and if you tell her that you*
9 *want to change then she believes that'*

10 One participant emphasised the importance of carers and residential staff demonstrating
11 (rather than performing) care and the depth of familiarity needed to comfort her as an
12 individual, rather than the sorts of phrases that might be said to anyone:

13 *It's like the heart to hearts isn't it, do you know like?*
14 *...[staff] need to know **the** words to say to like settle you and calm you down, because*
15 *your mum's not going to be there [to do it] and because you mum wasn't there.*

16
17 This depth of knowing was only possible, she explained, due to her long stay at the same
18 residential unit with a low turnover of staff.

19 Time and availability were crucial. One teenage participant described that, despite '*how busy*
20 *nurses are*', during a long spell of hospitalisation:

21 *'they took their time like to play cards with me... whenever they had their own time they*
22 *would check I'm alright and stuff make sure I'm eating and things like that.*
23 *But they really made it feel like a second home'*

24

25 Younger children also valued this expression of care in foster placements:

26 *Well she [foster carer] always, she always cares. And she always listens. And she cares*
27 *about me that much when she sees me. ... She comes to give me a hug and we talk and*
28 *talk together.*

29

30 Social workers and leaving care workers who were 'dedicated and passionate', who had well
31 established relationship with children and young people, were also appreciated when they
32 demonstrated these deep practices of care by being willing to '*do whatever ... and drop things*
33 *in her own time to help*'.

1 Demonstrations of care from accommodation services were also valued⁷. As one young parent
2 noted, there were demonstrations of care in the supportive letters from her leaving care
3 worker and current staff, but not in the allocation of accommodation:

4 *We thought with the supporting letters we would get [a better placement] ... my [need*
5 *for] emotional support... but [accommodation officers] have not took that into account*
6 *at all. ... my emotional welfare doesn't come into it apparently.*

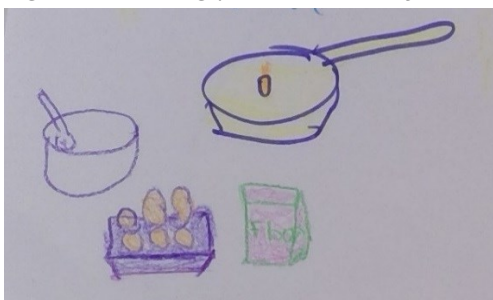
7
8 Another young person suggested their experience of placement decisions was sometimes that
9 *'it's all about the money, and not what is best for me.'*

10 3.1.4 Doing things together

11 **Doing things together was an important way of building the relationships between children**
12 **and young people, carers, workers and foster family members and enabled understanding**
13 **of interests and needs and provision of care. Effective joint activities included making food**
14 **together and sharing meals, regular and one-off leisure activities, and professionals opening**
15 **up about some details of their own lives.**

16 Participants (in all placement types) described how being together to eat or during
17 preparation of food (baking, making pancakes, making pizzas and making a cup of tea)
18 provided ways of connecting with foster carers, residential unit staff and social workers. For
19 example, one young child drew the picture in figure 2 in response to a question about “What
20 makes you happy in your placement”. Eating together also provided a moment of connection
21 with other members of foster households or children’s home residents, and with extended
22 foster families. For example, when speaking about her keyworker in a specialist residential
23 unit, a young woman described how connecting over food provided a way of checking in and
24 feeling cared for. Meals out or at other houses and eating a meal with a social worker were
25 also valued⁸.

26 *Figure 2 Making pancakes with foster carer*



27
28 Participants associated sharing food with acceptance, making time and effort for them, and
29 being prepared to listen; this led to a sense of belonging and being able to participate, building
30 good memories, and caring and respectful relationships. Workers and carers spending time

⁷ Including children and young people with experience of CSE or going missing and parenting
⁸ including for young people with experience of SEND

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1 eating or preparing food with a child or young person enabled conversations and built positive
2 relationships. Providing food that children eat separately or 'on the way' to meetings reduced
3 these opportunities.

4 Doing leisure activities together was important for participants of all ages and characteristics.
5 Leisure activities were especially valued when this was regular, for example '*weekly... we do*
6 *movie night, that's really fun and, erm, to be honest we do loads of things.*' In addition to
7 cooking and watching entertainment, the shared activities that participants⁹ valued doing
8 together with their foster families or residential staff were: going for dog walks (near the
9 home, in woodlands or other outdoor areas); jogging; signing; going shopping; going on
10 holiday; playing and watching football; and going to the gym or exercise classes. Younger
11 participants described appreciating foster carers taking them to friends' birthday parties.

12 Professionals who opened up and shared some details of their own lives were appreciated by
13 some participants. Young people described how they valued knowing some detail about
14 professionals as this helped them to feel equal, engaged with at an emotional level and valued
15 as human beings. This required a balance between professional boundaries and providing
16 enough personal information to allow the young person to get to know the worker.

17 3.1.5 Helping children and young people make decisions (with advocates)

18 **Involvement in everyday and care planning decisions increased stability¹⁰ through a**
19 **combination of listening and being listened to; communicating and receiving information;**
20 **practical involvement in moments of discussions and making decisions for themselves. This**
21 **requires commitment to involvement from staff, carers and social workers, attention to**
22 **timing and helping children and young people to understand things and telling them the**
23 **truth. In formal settings, support from an advocate was useful sometimes, as was**
24 **information about the meeting, involvement of the Independent Reviewing Officer (IRO)**
25 **and foster carers.**

26 Participants described the value of information about and involvement in every day practical
27 care and placement decisions. For example, this young person valued how, in their children's
28 home:

29 *... everyone can pick different days and pick different meals [for that day]. ... And I do*
30 *our own shopping list, ... And it's homely, ... I've helped decorate it. I helped picked the*
31 *things for the house and like every room has a different feeling.*

⁹ including children and young people with experience of HWC, SEND and of BAME heritage

¹⁰ including children and young people who had experience of CSE or going missing, SEND, being placed OOA and parenting

1 And in a second example, a young person¹¹ described the frustration not knowing why they
2 were not allowed to visit friends:

3 *Participant: I don't know, I'd like to be able to do that, I'd love to be able to do that.*

4 *INT: Do they say why you're not, no?*

5 *Participant: No.*

6

7 Open information sharing was also important in formal decisions. Participants wanted adults
8 to provide information before and during transitions into care or between placements,
9 including about options and consequences. **Participants commenting on a draft of this report**
10 **stressed the need for professionals to help children and young people to understand things**
11 **by telling them the truth.** For example, one young parent described the consequence of lack
12 of information being feeling distrust and extra burdens of lone childcare:

13 *'I refused to move flats ...and they didn't tell me if I didn't move then I'd have to go in*
14 *foster care. I think like ...tricked me, do you know? ... like let me down?. So they put me*
15 *in foster care for nine months, so [young father] wasn't living with like [BABY] for nine*
16 *months, so I was like doing her bottles every night on my own.'*

17

18 Another young person described the importance of information being shared immediately,
19 when they had chosen to not be physically present at a meeting:

20 *'I had family court the other week, and he [my social worker] came straight after court*
21 *to tell me what had gone on, ... it's just nice to know. Instead of hearing from someone*
22 *else, which I have had in the past. ... he's told you first before anyone else.'*

23 The importance of advocates in formal settings such as placement panels, care planning and
24 review meetings was underlined by some participants. Advocates were needed in situations
25 where *'they just didn't listen'* or gave no choice, as well as for big decisions. Advocates were
26 described as people *'Who are usually with me is like to help get my word across'*. Some people
27 were employed as advocates, but advocacy roles could also be provided by birth parents
28 *'sometimes my mum's doing summat, but yeah, to like help me get my opinion across'* or key
29 workers or youth workers from participation groups. As this young person described, a good
30 advocate is one who is accessible, listens, speaks for the young person when needed using the
31 right words and who can spot the right moment to speak up:

32 *I don't see her that much but if we've got a meeting or something I'm worried about, I*
33 *could ring her, she'd come round and see me. ..she might go to my meeting and if I*
34 *didn't want to attend it. ... They just need to, listen to what you say, word it right in like*
35 *the meeting. ... [for example] in a care planning meeting or something ... I was a bit*
36 *shy to go, "no, I...". My advocate looked at me and ... she put her hand up and she was*

¹¹ including children and young people who had experience of out of area placement and CSE or going missing

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1 *like: "Yeah, I don't think that's what [NAME] wants ... what I've written down here, is*
2 *that [NAME] would like this..."*

3 Research participants also described the benefits of people supporting them to prepare for
4 meetings, so that they '*know more what's going on*', '*what it's about*' and '*who's there*'
5 because:

6 *if I go and I don't know who's going to be there, whether they're talking about*
7 *whatever, like you're unsure about it.*

8 Independent Reviewing Officers had an important role for some of the research participants
9 although they may not '*see them that much, but when I do they're open to listen to your ideas*
10 *and stuff.*"

11 For younger children and children with SEND, foster carers were an important channel for
12 communicating with social services. One child explained:

13 *[I want to change social worker]. ...I told Foster Carer, she said she's going to sort it out.*

14 This reinforces the need for foster carers to truly understand the individual children placed
15 with them so that they can represent their wishes.

16 3.1.6 Enabling and acting on young people's decisions

17 **Involvement in decisions about placements and other aspects of care required open**
18 **information sharing and listening, as noted, but also enabling attitudes, willingness to look**
19 **into requests, attention to language and provision of ideas and opportunities. Also, action**
20 **to implement the matters decided**

21 An enabling attitude from foster carers and social workers was described as '*always at least*
22 *try to make it possible instead of being like that, that's not*' or instead of "*No, I don't think*
23 *that's right...at least look into it!*" Being enabling could require very careful attention to
24 language and words , as one young person described mis-understanding his foster carer:

25 *'when he said 'you'll never been able to do it', I thought he actually meant literally...but*
26 *he meant [not yet]'*

27 Enabling could also mean providing young people with ideas, for example saying, "*do you want*
28 *to go to dancing?*", and then trying out opportunities they could choose to follow or not,

29 Research participants valued the support of staff and foster carers to put their decisions into
30 action, for example, plans being written up in their presence, transport to activities provided,
31 and access to passports arranged. Although participants appreciated that there are reasons
32 why social services are cautious about applying for passports on behalf of young people, they
33 felt it was part of their identity and they should have the right to a passport like everyone else.

1 3.1.7 Staying together with family and friends

2 **Whole family unit stability was important and appeared to be lacking for some children¹².**
 3 **Staying together with family was facilitated by social worker and carer commitment to**
 4 **shared placements, by carers' efforts in integrating birth family members into placements**
 5 **(when they could not live together) and by valuing items given by birth families (where**
 6 **contact was limited).**

7 Some participants wanted stable shared sibling placements. This could be the case even when
 8 relationships were ambivalent, for example, one participant reflected that her brother is '*just*
 9 *annoying*' but also '*it gets boring without him*'. Some participants¹³ described being placed
 10 away from their siblings or siblings having been moved out of their current homes. Siblings
 11 who remained together in this small cohort tended to be white British.

12 Participants described how staying together was facilitated by foster carers and social workers
 13 belief in the importance of shared sibling placements, caring attitudes and willingness to
 14 engage in full discussions of potential consequences of separation. For example, one young
 15 parent described the full conversation between her brother and social worker:

16 *[My Social Worker] cared about my brother ... he wanted to move places and she was*
 17 *saying to him "Well you could go in like a care home or you could go into a placement".*
 18 *... And she goes "Well I really don't want you to go anywhere that you might ruin your*
 19 *school work"... And she were like right caring, like, almost like slightly worried'.*
 20

21 The importance of maintaining contact with siblings when shared placements had not been
 22 possible was also emphasised. Maintaining connections between separated siblings or
 23 parents was supported by foster carers integrating birth families into placements, as this
 24 young person described:

25 *I can see my sisters whenever and my sisters come down to my carer's house. We've*
 26 *made it so then I can see my mum more.*
 27 *[MY CARER] like made my sisters stronger as in like, mentally stronger and stuff like*
 28 *that, and she pretty much helped my family for the better.*
 29

30 Where contact with birth family was limited, participants described the importance of objects
 31 from or associated with birth parents. For example, birthday presents were treasured
 32 especially by the youngest participants. Making a life story by collecting together objects was
 33 enjoyed by a teenager. These objects and activities appeared to help the young people
 34 reconcile and situate the different relationships they have with their foster and birth families.

¹² Including children and young people who had experience of HWC, SEND or were BAME

¹³ Including children and young people who had experience of HWC, SEND or were BAME

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1 3.1.8 Being treated like one of the family

2 **Some participants (in foster care and residential care) valued feeling treated like one of the**
3 **family. This involved being welcomed in by wider foster family members, building bonds**
4 **with residential staff, sharing activities (particularly holidays) and maintaining family-like**
5 **bonds when these had been established.**

6 Being treated as one of the family was summarised by one teenager who described how her
7 foster family treated her and her brother. She repeats the word 'family' emphatically, in
8 relation to being taken on holiday with a wide family group. Other participants noted the
9 importance of taking part in activities with foster siblings, foster aunts and uncles and foster
10 grandparents, as well as neighbours. Holidays had a particular importance in making young
11 people feel valued in their placements. For example, one young person stressed that going on
12 holiday together is part of what makes a family:

13 *'if ... in a foster home ...the [foster] children aren't getting taken [on holiday] but yet*
14 *again [carers] are going with their family!!! That's what fostering is all about isn't it - a*
15 *foster family? It's not for [carers] to go on holiday and send like the foster kids on to*
16 *another foster placement for a week!'*

17 In residential units, this feeling of being part of a family was rarely mentioned, but one young
18 person did describe how to achieve a similar feeling through building up trust and a bond:

19 *'[Residential staff] need to build the trust up with kids and like have a bond... and know*
20 *what like "the home life" is. ... So, it's like having a whole new family. So, it's like*
21 *treating you like a home. [My children's home] do like pamper nights and takeaway*
22 *nights and take you out on activities. They do everything like a family'.*

23 For some participants, activities were a way of building relationships with foster siblings:

24 *'I've got [NAME] who's my foster brother and immense. ... He plays with me on like*
25 *football and on Xbox'.*

26 Some participants described the value of maintaining these positive family-like bonds with
27 looked after peers, including when peers move on. For example, one young person described
28 the heartache in her foster family when a young person in that shared placement was moved
29 to another area:

30 *they were living with us for at least three years before they got moved. And they got*
31 *adopted down South...we got so attached to them*

32 In such instances, she argued, consideration should be given to enabling ongoing contact.

1 3.1.9 Space and privacy

2 **Homeliness of placements was valued, as were placements with connections to outdoor**
 3 **environments (having gardens or being near parks), private space within placements¹⁴ and**
 4 **safe spaces that enabled connection to other people¹⁵.**

5 As already describe in 3.1.6, homeliness was created when participants participated in
 6 decision making about decorating rooms and furnishings. Access to outdoor space could also
 7 provide a feeling of homeliness and was important for participants of all ages. For some, this
 8 was about space in which to be alone or to kick a football; for others, it was about meeting
 9 friends or participating in an activity with others including carers and family members. Being
 10 able to access a park regularly with siblings or friends made young people happy about where
 11 they lived, and happy in themselves.

12 The research participants valued some privacy and spaces that they could call their own such
 13 as a bedroom or play/gaming room. Sometimes this needed intervention from the carer to
 14 ensure equal time in such spaces. For some young people, bedrooms were a place where they
 15 felt secure and had 'just privacy', these feeling increased when other members of the
 16 household respected this space by knocking and only entering when invited to do so. When
 17 asked about what helped with settling in, one participant described the value of a tent as it
 18 provided the contained safety of '*like a bedroom ... [but] downstairs*'. Older young people¹⁶
 19 emphasised the importance of having their own bedrooms. For example:

20 *'personal space would also be good because sometimes, because I share a bedroom ...*
 21 *and I feel like because we share a bedroom it feels like I never have space to myself. ...*
 22 *I feel like I work best when I'm like in my own space and not around people who are*
 23 *quite loud or something.'*

24
 25 The need to combine space with connection was emphasised by young parents, many of
 26 whom valued having their own flats, but some of whom preferred a private bedroom in a
 27 supported location because:

28
 29 *'if there's arguments or anything you can only to your room ... if you want to be on your*
 30 *own you can, but if you want to be other people you can go downstairs. '*

31
 32 A number of young parents expressed concern about the safety of the accommodation and
 33 the neighbourhood in which they had been placed.

34 *'We have neighbours across the road, not nice neighbours, on your back street... that's*
 35 *one reason I don't like it. ... everything just got wrong with this house.'*

36

¹⁴ especially for children and young people with SEND and those who were older or LGBTQI

¹⁵ particularly for young parents

¹⁶ Including young people who were LGBTQI

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1 3.1.10 Responsive support

2 **Participants (including with CSEM and young parents) listed appropriate placements, caring**
3 **relationships, incentives, learning better coping strategies and responsive services as key**
4 **processes.**

5 Placements that responded to participants' needs were valued. For example, some
6 participants described the difficulties of 'living in a house with other people who don't speak
7 to you' and the benefits of living 'with my mum' or with carers where there was space, privacy
8 and resources in a bedroom:

9 *'I've got no reason to [go missing]. I've got my own room. I've got my TV, I've got my*
10 *phone. I just go to bed and sleep. ... I've got no reason to [run off] have I?'*

11 Two participants valued the combination of feeling cared about together with getting desired
12 outcomes (things or live goals) as motivating them to not run away:

13 *'when I'm running off site. ... I didn't get what I wanted. But when I was good, I got*
14 *what I wanted.'*

15 *'I'm trying not to run away because I want to get like my grades and that and focus on*
16 *my education.'*

17 For other young people, having available non-judgemental 24-hour support, in the form of
18 someone who would pick you up, was part of learning how to stop running and how to
19 socialise responsibly:

20 *I did just go out, just chill, where I shouldn't be doing that. [Name of 24 -hour service]*
21 *they come to the rescue.*

22 Regular and responsive contact from social workers and leaving care workers was also valued
23 by young parents:

24 *'if I need her she'll come but she'll like check up on me now and again, like visit, random*
25 *visits...I can ring her mobile... text her mobile or whatever... if I wanted to chat to her*
26 *about something that were bothering me ... she'd probably take me out for tea-*

27

28 3.2 Relationships and Contact

29 Participants' face to face contact arrangements varied considerably (weekly, monthly, six
30 monthly or no contact). There was little discussion of online contact, apart from one young
31 person who had online conversations with a sibling who was abroad. However, since the
32 fieldwork was completed, this practice has burgeoned due to COVID-19 restrictions. Most
33 participants chose not to share private information about the reasons underpinning contact
34 arrangements. Some, however, highlighted that they did not know the reasons.

1 Continuity and availability of workers and relationships based on mutual trust were crucial.
2 Turnover of social workers, lack of knowledge about the young person's and family's
3 circumstances (especially siblings and grandparents) were a barrier to establishing positive
4 relationships and regular contact.

5 This section explains the processes described as facilitating positive experiences of contact
6 and relationships through:

- 7 • Focus on maintaining connections with all chosen family members and friends
- 8 • Involvement in decisions with emotional support and information
- 9 • Coordinated action to implement and challenge decisions
- 10 • Activities, holidays and resources for these
- 11 • Supervising contact by getting along well
- 12 • Enabling parents to still be part of the decision making
- 13 • Support with the communication skills needed
- 14 • Relationships between carers, families and friends
- 15 • Supervising contact by getting along well

16 3.2.1 Focus on maintaining connections with all chosen family members and friends

17 **Positive relationships and contact arrangements¹⁷ were facilitated where workers and**
18 **carers valued the importance of chosen family members and friends. This required workers**
19 **to recognise emotional bonds with wider family members, adopted family and friends and**
20 **the consequences of disruption.**

21 The importance of emotional bonds with family were described, for example, by this young
22 person:

23 *'It's the family, no matter what ... and nothing can take that away'.*

24 Some participants valued contact with wider birth family and adopted family contact as well
25 as parents and siblings. For example, one young person described regular visits to an aunt and
26 uncle, where he saw and had tea with a grandparent and his cousins. Lack of contact left
27 problems unresolved and had negative emotional consequences.

28 Friends were also important. Many of the young people talked about relying on friendships
29 for support as high turnover of social workers meant friendships were more long lasting:

30 *'close friends that I, that I know that they're not going to be like, just change*
31 *like the next day, like not, they're not fake, ... they're important to me.'*

¹⁷ including for children and young people who were BAME and those who had experience of OOA placements SEND and HWC

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1 Maintaining longer distance friendships was also important for young people placed out of
2 area:

3 *'you've got mates and friends and that in [home area], you know, and we haven't really*
4 *got any here'*

5 3.2.2 Involvement in contact decisions with emotional support and information

6 **Involvement in decision making can ensure that contact is with chosen important people.**
7 **Involvement required consultation, safe space to name contact wishes, information about**
8 **what is possible, emotional support to process this, social worker acceptance that their**
9 **judgement might be wrong, and willingness to support and follow children and young**
10 **people's changing and divergent wishes.**

11 Many participants said they had not been consulted about their contact arrangements, and
12 they wanted contact but had not had opportunities to discuss these. Some were worried
13 about the impact of raising contact requests in front of carers:

14 *'in my head I was thinking, yeah, I want to go and see my mum more but I didn't want*
15 *to be rude, to be honest but I should have done, now I know that I should have just*
16 *express my opinion'.*

17
18 Involvement in decision making about contact with adopted families was also important, as
19 described in a dialogue with a young person who was placed OOA and who felt 'a bit rubbish'
20 about not having any choice about contact with adopted family. Some participants were upset
21 about times when they felt information was held from them. One participant described
22 enforced contact with a parent even though she felt scared and her key worker had raised
23 safeguarding concerns. In contrast, another young person described expectations to have
24 contact with his birth family when he did not want to but highlighted his social worker's
25 willingness to let him try to do things his way. He challenged the plan in place for him, and
26 met his family at his own pace and on his own terms. This had eventually led to weekly visits
27 and improved relationships.

28 Whilst young people did not always have choice about contact, information and emotional
29 support that enables discussions and understanding of the situation to emerge was valued.
30 Young people who had received emotional support described coming to terms with the
31 barriers to contact that arose. For example, this participant described moving from just
32 missing her parent to feeling more confident in maintaining a clear boundary:

33 *'I miss [my mum] that much ... but I wouldn't go anywhere near her ... but if she's clears*
34 *herself of ...everything, I'll gladly [see her]... but until then, no'*

35 Support for these sorts of emotional journeys was not a one-off conversation, but an ongoing
36 process, as one young person described:

37 *'if I argue with my mum [worker] helps me with that'.*

1 Recognition that siblings might have different views on contact with parents was also
2 important, and young people valued respect for this:

3 *'So I don't see him [my dad]. My brother does... My choice. '*

4 3.2.3 Coordinated action to fulfil and challenge decisions

5 **Coordinated action¹⁸ was needed in order to put contact plans into place, once they had**
6 **been decided upon. This involved social workers contacting family members, sharing**
7 **information between professionals plus communication, accountability and challenge**
8 **about any lack of progress.**

9 Participants identified the need for social work action to reach out to family members and to
10 share information, as these two participants described:

11 *'my Social Worker could have got in contact with [my family] and told them that I*
12 *wanted to see them more'*

13 *'[we need] People communicating. Like, erm, you know, everybody having different*
14 *social workers and no-one's communicating with each other to actually get to the point*
15 *of, of sorting some of these things out.*

16 This need for coordinated action and feeding back information was echoed by participants
17 who had experience of CESM and parenting:

18 *'There's not much [KEY WORKER] can do because my social worker said that she's not*
19 *doing anything.'*

20 *'if they did like email [to see if more contact is possible I wish] that they'd just be able*
21 *to like ring you up and just tell you or something.'*

22 Some young people wanted professionals to be willing to challenge colleagues to be more
23 available and to ensure decisions were reviewed, as this young person described:

24 *'I wish [my worker] could try harder ... I know it's not [my leaving care worker's] place*
25 *but she went up and gave [the social worker] the phone [to make her answer].'*

27 As this young person acknowledged, professionals need to be able to stand up for what they
28 see as being in children and young people's best interests and to challenge existing decisions,
29 but she was worried that this might have negative consequences for her worker *'because it's*
30 *her job and she could lose it'.*

31 3.2.4 Activities, holidays, resources and trust

32 **Young people enjoyed contact that involved more than just a meeting (such as doing an**
33 **activity or sharing a meal together). This required funding (for travel, outings and holidays)**

¹⁸ including for children and young people with experience of HWC, CSE, going missing and parenting

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1 **as well as passports. Encouragement and trust were also required, particularly when**
2 **meeting with friends.**

3 Participants enjoyed doing art, playing football, visiting museums, going for meals, shopping
4 and meeting at youth organisations. Participants valued trips and holidays that involved
5 extended family members as this participant enthusiastically described:

6 *‘And they [cousins] go on holiday with us. They go on holiday with us. We’re going,*
7 *we’re going!’*

8 Resources for travel were crucial. Sometimes social workers or carers drove young people to
9 visit family. For young people whose siblings were placed out of area, sometime 100 miles
10 away, this could involve coordination and support between foster carers as well as willingness
11 to travel and access to cars, fuel and money for refreshments. Young parents also spoke of
12 the need for financial support to enable them to pay for travel so they could maintain contact
13 with birth family, particularly when they were placed in residential units out of area.
14 Participants and their carers also valued financial support to go on outings and holidays with
15 extended family members as well as passports (ahead of time, rather than when a holiday was
16 suggested which was often too late).

17 Some participants wanted (and sometimes received) encouragement of their friendships,
18 enabling them to meet up with friends, take them to parties, have friends home for meals,
19 and trusting them to travel independently to areas where they had friends. A lack of trust
20 could be a barrier, as this young person with SEND described:

21
22 *‘I’m not allowed to go to the park, my carer doesn’t trust me. All my friends are there’*

23 Some participants valued carer and social worker trust which enabled them to be responsible
24 enough to have self-directed contact (when they lived close enough to birth family for this to
25 be practically possible). As this young parent recollected:

26 *‘when I was in Year 11 ...realised I was old enough ... that, bit more freedom ... to go*
27 *and see [mum]... [to ring my brother’s foster carer] and say “Oh like, is it alright if I*
28 *come down and see him” ’*

29 3.2.5 Enabling communication with families

30 **Some participants valued ongoing parental involvement in their day-to-day lives as well as**
31 **contact meetings. This required social worker understanding of the difference between**
32 **different parents and the emotional weight of certain attachments. Support with necessary**
33 **communication skills was needed in some instances, and this could be provided through**
34 **combined efforts from carers and specialists.**

1 Participants described the value of three-way communication between themselves,
2 professionals and family. For example, some participants valued parental involvement in
3 decisions where this is what they chose, as this young person described:

4 *'my dad might make a decision for me because he knows what's best for me ...I'm fine*
5 *with him making decisions'*

6
7 Communication with parents was also important to build understanding of the difference
8 between parents, rather than assumptions about them:

9 *'I think, [social workers] need to more understand where [parents are] coming from ...*
10 *there's people in care that could have parents that have abused them and stuff, but*
11 *others aren't like that, mine aren't like that'.*

12

13 Some participants also appreciated the support they had received to learn new language and
14 communications skills in order to communicate with parents or siblings. For example, one
15 young person in kin care described how her grandparent had enabled their communication
16 with their deaf mother:

17 *'if it wasn't for my nan, I wouldn't be able to communicate with my mum at all ... my*
18 *nan asked my social worker if it was okay if we had like signing lessons.*

19 Another young person described his joy at learning to communicate with his sister who had
20 SEND, saying he had learned to understand from her *'Just basically ... writing things down'*:

21 3.2.6 Supervising contact by getting along well

22 **Participants preferred unsupervised contact in many cases, but recognised supervision was**
23 **necessary in some situations. Supervision was experienced as supportive when it was well**
24 **timed; balanced friendliness and silence during supervision and took place in a friendly age-**
25 **appropriate space.**

26 Some participants were appreciative of social workers who recognised *'we were maturing and*
27 *we didn't need to be in a children's centre anymore [for contact].'* One young person described
28 how contact supervisors can get the balance right between being there but not dominating
29 the conversation:

30 *'it's best if they just, they sit there ... [the best person] I think she were called [NAME]*
31 *.... She were funny, she knew when to, to talk or not to talk like, she got along really*
32 *well with my sister and that and, erm, even my dad '*

33 When not in a community setting, the place where supervised contact occurred was always
34 important. When visiting parents in prisons, having *'a little waiting area, sitting area'* that is
35 *'comfy'* and relaxed was important, as well as *'nice'* people at the prison. There was a need to
36 make formal contact settings appropriate to all children, as a teenager noted:

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1 *They were just average rooms, there's like a couple of chairs, one of them had a bunch*
2 *of baby stuff in, if there was like younger children.*

3

4 3.3 Promoting physical, mental and emotional health and wellbeing

5 Fourteen of the twenty-three young people we interviewed had pronounced mental health or
6 wellbeing issues, even though we did not directly construct the sample on this basis. Mental
7 health concerns and barriers to wellbeing were also reported by all those participants with
8 experience of CSEM or placement OOA and five of the young parents. Wellbeing was
9 connected with placement stability, contact and support with learning (see section 3.4). This
10 suggests that a focus on promoting physical, mental and emotional wellbeing of looked after
11 children and young people is a priority.

12

13 Continuity, availability, presence and trust in relationships are a key feature in young people’s
14 responses about enablers of health and wellbeing. Absence of any of these was a barrier to
15 wellbeing, as this participant explained:

16

17 *I can't, I can't handle any more new Social Workers. ... when they told me I'm getting a*
18 *new Care Worker. It's like, please don't. ... this is not good, ... it really upsets me*

19

20 This section explains the processes described as facilitating good health and wellbeing
21 through:

22

- 23 • Reliable, caring, emotional connections
- 24 • Medical assessments, care and play
- 25 • Information and involvement in decision making
- 26 • Developed coping strategies
- 27 • Leisure Activities
- 28 • Support for identity and safety from carers and specialists
- 29 • Participation groups and collective voice

29

30 3.3.1 Reliable, caring, emotional connections

31 **For children and young people in this study, secure caring connections with friends, caring**
32 **placements, family and family-like connections, independent visitors and respite workers**
33 **provided promoted wellbeing. These could be facilitated by continuity of workers,**
34 **accessible premises and appropriate levels of confidentiality. Participants commenting on a**
35 **draft of this report emphasised that it is one thing to say that children must be given support**
36 **but ‘children also need to know exactly who they can get support from’ and who they can**
37 **rely on.**

1 Friendships helped participants¹⁹ to feel *'good about themselves'*. Young people noted that
2 positive relationships are important for their wellbeing and that these can be forged through
3 shared experiences. Carers, workers and social workers could encourage friendships through
4 placements and enabling young people to stay in contact with friends and chosen family
5 members (see 3.2.1). For example, one young person in a residential setting described how
6 she has made *'kind of like associates'* with other young people there and this provided some
7 level of support while she was there and after she left. Young parents also described friends
8 as a valuable source of support *'if you're in a big gang and you're all safe together'* and those
9 young parents who did not have strong friendships noted the need for interventions that
10 encouraged them to *'mix with people'*.

11 Young people noted the importance of demonstrating care in placements (see 3.1.3). Care
12 was shown through doing things together, being understood as an individual and
13 encouragement as this young person describes:

14 *'My carers are quite supportive ... the staff, They'd be like taking me out as*
15 *much as possible, making sure I'm out of bed because I would stay in bed a*
16 *lot, they upped my contact with family because I knew that I might have*
17 *needed it in that time'*.

18 As noted in sections 3.1 and 3.2, wellbeing connects to placement stability (doing things
19 together and understanding young people as individuals), contact (having the right amount of
20 contact with the right people at the right time) and reliably interact in a caring way.

21 A feeling of being part of a family also promoted wellbeing, as this young parent described:

22 *'to have somewhere where you can just stay and like where you can actually*
23 *like a home like, like a family'*

24 When things were working well, this feeling of family was provided for young parents by foster
25 carers, family members or by children's homes where they had lived. Independent visitors
26 also provided some of this emotional connection to young people with SEND and young
27 parents:

28 *An Independent Visitor, ... we're very close, so yeah, I talk to her about most*
29 *of stuff ... She's going to stay in touch with me forever...She listens to me,*
30 *and she makes me laugh, she doesn't make it feel like you're talking to a*
31 *Social Worker*

32
33 Caring workers in respite accommodation could also provide reliable caring relationships that
34 promoted wellbeing at the times when family and friends were not available.

¹⁹ Including children and young people with experience of SEND, HWC, CSEM, OOA placements and parenting

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1 *'coming here [respite when things are going through a rough patch for my*
2 *mum], makes my physical and mental and everything, wellbeing better. ...*
3 *... you're around people that are nice to you ... who are making you feel good'*

4
5 Lack of continuity of social workers was problematic, as discussed in section 4.1, consequently
6 social workers were rarely named as providing these secure emotional relationships:

7 *'having a different Social Worker every, what, six months, I'm not really*
8 *going to make a connection with them'*

9 However, where social workers were located in accessible premises and all staff there were
10 welcoming, young people felt known by many staff members, and these were supportive
11 relationships that contributed to wellbeing, as this young person described:

12 *'[The staff] give me a good talking to, they do boost my self-esteem and my*
13 *confidence and they phone and they're encouraging and they're easy to*
14 *approach as well ... I know I can just walk in ... any time'*

15 A note of concern was raised by participants regarding confidentiality between professionals.
16 For example:

17 *'I'm scared of telling people stuff because they have pass the information on,*
18 *... if like, something's really bothering me I keep it in and I can't tell anyone*
19 *because it's like a big circle like goes around to the next person'.*

20 Clarity about obligations and boundaries for information sharing might therefore be needed
21 to enable children and young people to make full use of support available to them.
22

23 3.3.2 Medical assessments, care and play

24 **Comfort when attending medical assessments²⁰ could be facilitated by support and**
25 **encouragement from foster carers and staff, to get young people used to attending. Relaxed**
26 **and playful health professionals who talked directly to children were also facilitative.**

27 Participants described how foster carers and staff were crucial to ensuring that they attended
28 and felt comfortable during annual health checks and could provide skills for leaving care:

29 *'Just in general they ... make sure that you go to doctor's appointments and train you*
30 *up for when you're leaving care, just, they do loads of things'.*

31
32 Healthcare workers who ensured medical care was relaxed were also important. As noted
33 already, one teenager described the value of nurses who, in their own time, played cards and

²⁰ Including for young children and care leavers, and children with SEND

1 talked with patients. Another younger child, with SEND, also described the value of a playful
2 approach from a doctor:

3 *'It's fun, we just talk about if my medication's working and stuff. ...I like it. We just sit*
4 *round and talk and ... he's just nice. He says:*

5 *'Good morning [NAME], or good afternoon[NAME], Let's get you*
6 *all weighed and measured'.*

7 *And then he all talks about [stuff] and I get to play with the heart thing [and he jokes]'*
8

9 Here, the role of health professionals in putting children at ease is key, and the quotations
10 show how this can be achieved through a relaxed manner and humour, as well as using a
11 child's name and addressing the child directly.
12

13 3.3.3 Information and involvement in decision making

14 **Information sharing and involvement in decisions about their own lives, built on positive**
15 **relationships, were vital to wellbeing and echoed in participants' comments on all themes.**
16 **Some young people talked about the negative consequences of a lack of control.**

17 Through taking part in shared activities with children and young people, carers and workers
18 built trusting and understanding relationships which formed the grounding of being able to
19 talk about concerns and resolve issues (see 3.1.3). These relationships and activities facilitated
20 opportunities for children and young people to voice their worries informally and this
21 promoted their wellbeing. Involvement in decision making was valued across all themes (see
22 for example 3.1.5, 3.2.2, 3.4.2, 3.4.7, 3.5.4, 3.6.4)

23 Not having information about their own lives or decisions that had been made about them
24 was seen as a barrier to health and wellbeing, as were unresolved issues (see 4.4). For
25 example, one young person who described a lack of control over his life connected this to his
26 social worker's job being *'to make people's lives miserable'*.

27 3.3.4 Trauma informed approaches

28 **Research participants consulted on a draft of this report emphasised the importance of**
29 **trauma informed approaches. Participants²¹ identified the benefits of this including: support**
30 **to understand the impact of triggers (eg visual stimuli and physical presence of others) and**
31 **the connections between the body and emotions; trauma informed counselling provided by**
32 **specialists; all professionals and carers having awareness of how trauma affects many**
33 **children in care; and professional understanding.**

²¹ Including children and young people of all ages, who were BAME and who had experience of HWC, CSEM and SEND

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1 Trauma was evident in what research participants said, and what they left unsaid. For
2 example, a participant who had experience of CSEM highlighted that how they are perceived
3 and behaved did not always match how they felt:

4 *“People sit there ‘oh you’re so strong, you’ve been through this’. Hang on a minute...It’s*
5 *because I’m scared. It’s a front.”*

6 In another example, a young person in a residential home described being recently having
7 been separated from a sibling. This was a further loss, on top of previous bereavement, but
8 the young person talked about it as if this exceptional amount of loss should just be accepted
9 as normal (or dismissed) rather than being recognised as very emotionally challenging. The
10 need for appropriately supported opportunities to process and integrate traumatic events was
11 underlined in our study by the fact that although we were asking for positive experiences, the
12 first stories that came to some participants minds were troubling experiences.

13 In the difficult experiences that were alluded to by some participants, there were indications
14 that attention to visual stimuli, bodily experience and physical presence would be beneficial.
15 For example, children described how colours provoked positive and negative emotions,
16 describing, for example, how the colour of a bedroom walls had a positive or negative effect.
17 Emotions were sometimes described as felt in the body, for example a disliked activity was
18 described as causing an ache. Some children and young people were affected in positive and
19 negative ways by physical attributes (someone is too tall) and physical contact (appreciating
20 hugs).

21 Some participants had received and valued specialist support which recognised that the
22 trauma they had experienced might be triggered by visual signs, embodied or represented in
23 the physicality of others. For example, this young person highlighted the difference between
24 regular CAMHS workers and trauma informed counselling:

25 *‘sometimes I talk about it and sometimes I won’t, so, yeah. I went to CAMHS but none*
26 *of them ever worked. [Now I do] Post-Traumatic Stress Disorder and Dialectal*
27 *Behaviour Therapy, it’s okay’.*

28

29 The need for all professionals and carers, not just specialists, to have an understand of trauma
30 (and the connections between emotions and the body) was underlined by some participants
31 and confirmed in the participants’ review of the analytical framework. For example, one
32 participant described the negative emotional impact of residential staff *‘using trauma against*
33 *me’...*[saying] *you’ve been through x, so that’s why you’re [difficult]*. Participants valued
34 carers who could be understanding of the trauma experienced, and who were able to respond
35 sensitively and adapt practices to avoid triggering painful memories where possible and were
36 concerned that ‘traumatised’ should not be used as a negative label.

1 3.3.5 Developing coping strategies

2 **Some participants²² reported skills in self-managing negative feelings and experiences ;**
 3 **these sometimes involved just coping (in a pattern that followed childhood experience).**
 4 **Valued support to develop further coping strategies included self-soothing by connecting**
 5 **with nature, art and music, letting off steam and the availability of a trusted social care**
 6 **professional.**

7 Some participants had developed strong coping strategies. For example, this young parent
 8 described learning to cope alone:

9 *'I've had to learn to deal with things when I was a kid... You have to learn to cope, you*
 10 *have to learn to deal with things that go on ... you've learnt to deal with that, so [now]*
 11 *whatever life chucks at you, it's like, it's nothing.'*

12
 13 But participants also wanted the support provided by positive relationships with
 14 environments, creativity and people. Outside spaces and nature featured consistently across
 15 Dataset 1 for participants of all ages. Outdoor environments were beneficial for some young
 16 people in providing a space for *relaxation* or connecting by *walking together*. For example,
 17 one participant described how it *'calms me down'* and *'makes me think of like the world'*. The
 18 calming and reassuring presence of nature supported this participant to balance and place
 19 things into perspective. Other participants²³, valued engagement in art activities and music
 20 alongside receiving support from carers:

21 *'when I am at home and I feel like not very well mentally, I just like listen to music or*
 22 *speaking to my mum or ... go and do exercise ... doing yoga'.*

23
 24 There were some examples of lack of continuity in relationships with social workers and carers
 25 leading to a lack of attention to young people's agendas and strategies for wellbeing. But,
 26 where consistent relationships were maintained, letting off steam to the right social care
 27 professional was another effective way of managing stress, as this young parent described:

28 *I rang my PA and she were like "Get it all out", so. My PA would rather me have a go at*
 29 *her [than get into a row with the professional who is not listening]*

30
 31 3.3.6 Leisure activities and spaces

32 **Activities outside school (or during their free time at school) were described as facilitating**
 33 **wellbeing (for most participants in this study). Access to activities was enabled by carers,**

²² Including children and young people who were BAME and those with experience of HWC, CSEM, SEND and parenting

²³ Including children and young people who were BAME and those with experience of HWC

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1 **social workers and independent visitors providing encouragement, trust and resources**
2 **(financial support, introducing activities and enabling attendance).**

3 Participants described activities that promoted wellbeing (including walks with carers, playing
4 outside, eating together, doing art and crafts, sports clubs and interest groups), as well as trips
5 and holidays and access to other places (including libraries, recreational areas, parks and
6 gyms). Leisure activities and spaces often provided opportunities for interactions with
7 additional supportive adults, which in turn enabled children and young people to build further
8 positive relationships, happiness and wellbeing.

9 Access to activities was supported by carers and other professionals, and by resources. For
10 example, carers had a significant role in introducing young people to leisure activities, as one
11 young parent described:

12 *‘[Carer] tried us with like a few different things, you know when we first moved there,*
13 *she took us boxing, she took us horse riding, she took us Morris dancing and we chose’.*

14 One young person described how a social worker had helped him access exercise options.
15 Independent Visitors (IVs) also contributed to facilitating leisure.

16 *‘I just said to IV that I want to start the gym and she said ‘well you need to come into*
17 *the office to go on the computer because you have to do it online and you need money*
18 *in your bank’.*

19 Access to leisure also required resources, as this participant described:

20 *Social Services fund it [gym membership] which would be the big part of it because a*
21 *lot of people in care don't have the money to be doing stuff like that, so.*

22 Transport or freedom to travel was also needed to enable children and young people to meet
23 with people important to them in their chosen spaces. Some of this related to provision of lifts
24 and travel money, but trust in young people’s competence to travel independently was also
25 required. Positive experiences of travel to activities led to more positive feeling about those
26 places and relationships.

27 3.3.7 Support and safety at home and from specialists

28 **For participants facing identity-based discrimination (LGBTQI), exposure to CSE, and past**
29 **experience of trauma, support and understanding from trusted carers or staff and family**
30 **enabled young people to feel safe. Creating a safe home and specialist help from**
31 **psychiatrists and the police was useful for some. Understanding of sexism may also enable**
32 **carers and staff to support positive gender-related identities.**

33

34 Young people facing identity-based discrimination made links between people’s attitudes
35 towards their identity and anxiety. Two LGBTQI young people described the importance of
36 acceptance and understanding from carers, in enabling them to feel safe in their residential
37 unit or foster placements, and confident in their identities. For example:

1
2 Interviewer: *What makes you feel [good in this placement] and, you know, in a good*
3 *place?*

4 Participant: *Knowing I'm safe.*

5
6 Sufficient distance from dangerous family members and communication between staff were
7 important elements that enabled this feeling of safety.

8
9 Participants²⁴ described residential staff, managers and, in one example, police support,
10 assisting with safety. As this young person described in relation to an incident of harassment
11 which took place outside of a children's home:

12
13 *'The staff are always there, they're just supportive with it all...There was an incident*
14 *where I was stood outside the house and ... [lads harassing me] wouldn't go. So, [the*
15 *manager] rang up police and ...[the police] just kept scanning out the area and, they*
16 *were like driving up and down in case people were hang around'*

17 Here, friendliness, fairness and mutual trust appeared to be important features of the
18 relationship between the police, the children's home manager and the young person. Safe
19 relationships with people you lived with were also building blocks for future safety, as this
20 young parent describes:

21 *'I feel like having a good relationship with the [foster] family is, is very important... if*
22 *you didn't feel safe when you're inside the house ... then you wouldn't really ... feel safe*
23 *anywhere else'.*

24 A participant with experience of CSEM also highlighted that safety was related to being
25 believed by residential staff.

26
27 Psychiatric help also provided a feeling of safety (rather than anxiety) for some, as this
28 provided space to speak freely:

29
30 *I'm seeing a psychiatrist and it's about my anxiety and ...I feel like there's no like*
31 *prejudice or like any boundaries I have to go about when I'm speaking to her.*

32
33 Some young women also had unresolved questions about self-image, and this was linked to
34 past experiences and current feelings of confidence: *'I'm looking at all the other girls and*
35 *thinking why I would never be like that.'* This suggests that attention to supporting positive
36 gender identities, including understanding of sexism, may be useful training for carers and
37 residential staff.

²⁴ Including young people who were LGBTQI and those with HWC

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1 3.3.8 Participation groups and collective support

2 **Participants²⁵ emphasised the importance of collective spaces in which to discuss their**
3 **experiences of being in care, and how to improve the experiences of others. This promoted**
4 **wellbeing by providing enjoyment, access to creative activities and opportunities to talk to**
5 **workers they trusted.**

6 The value of collective voice and spaces was described, for example, by a 13 year old who
7 thought every LACYP should attend a participation youth group like she did. She felt it was
8 unfair that other LACYP in nearby areas did not have the same access. She described the
9 benefit of being with others who have different but similarly experiences:

10 *‘you can like express your emotions and it's kind of a place to like get out of all the*
11 *bother and like and chaos. ... I think like everyone should do it.’*

12 Participants suggested information about group activities, and encouragement to try out
13 attendance, might be beneficial for those children who did not have these experiences.

14 3.4 Supporting Learning

15 In Data set 1, most of the young people who took part in the research were in mainstream or
16 special school. However, one did not currently have a school place and was receiving limited
17 tutoring at home, and two teenagers were not receiving any formal education. A smaller
18 proportion of young people in Data set 2 (at risk of CSEM and young parents) were currently
19 in mainstream education. However, there were examples of young people getting support to
20 attend, to follow educational and career paths that they enjoyed and to achieved from all data
21 sets, as well as reports of difficulties. Care proceedings and disruption caused by placement
22 moves frequently caused difficulties for educational attendance and continuity. Emotional
23 difficulties at school were not always recognised by staff.

24 When young people did receive help to attend, learn and achieve they mentioned education
25 support workers, teachers, teaching assistants, careers guidance workers, family, key workers,
26 tutors, mentors, friends and peers, child minders, social workers and health professionals.

27 Continuity, availability, friendliness and a good bond were key features in relationships that
28 supported learning. For example, lack of continuity of education staff and inconsistent
29 relationships with them was a problem, particularly for progressing in education and
30 continuing into year 12/13 and beyond, as one young person noted *‘schoolteachers come and*
31 *go’*. A lack of timely response from education systems could hamper the support families and
32 carers tried to provide.

33 This section explains the processes described as facilitating learning and attendance through:

- 34
- Understanding and valuing individuals

²⁵ Including children and young people with all the experience and identities included in the study

- 1 • Individualised support for learning
- 2 • Challenging bullying and enabling friendships
- 3 • Carer and family support for learning
- 4 • Learning support for health and wellbeing
- 5 • Consistent care in travel to education
- 6 • Information and choice about pupil premium
- 7 • Support to balance education with caring responsibilities
- 8 • Guidance on careers and entry to higher education

9 3.4.1 Understanding and valuing individuals over outcomes

10 **Teachers, education workers, foster carers and social work staff can support looked after**
 11 **children and young people’s education by being understanding and accepting, being**
 12 **available, adapting and responding to needs and interests, enabling and advising them, by**
 13 **being caring and showing trust and fairness.**

14 Professionals’ attitudes were important to all participants with many indicating that schools
 15 should be more supportive. Valued adults included those who considered nothing was too
 16 much trouble when supporting and encouraging the young person, and who conveyed high
 17 hopes for them whatever their previous attainment. Social work staff, for example, could be
 18 encouraging by understanding individuals and having confidence in young people, as this
 19 participant explained:

20 *‘I know I can do it. If [Social Worker] says I can do it, I can do it... It’s them giving you*
 21 *confidence and self-esteem and making you feel like you’re worth something. Instead*
 22 *of keep putting yourself down ...they’re always bringing you back up.*

23 High hopes are different from pressure to achieve set educational outcomes; the education
 24 journey experience itself was valued. One of the younger children indicated the need for
 25 respect for his right to play and that *‘School needs more things to play with.’* Participants
 26 emphasised the need for fairness and trust. For example, a young child suggested that: *‘There*
 27 *should be rules for teachers: Rules for teacher – investigate and bother to always find the*
 28 *truth’.* Understanding and adjusting to individuals required recognition that a young person
 29 was care experienced, talking with them regularly, and *‘someone who cares’* who had *‘a soft*
 30 *spot for every individual person.’*

31 3.4.2 Individualised support for learning

32 **Participants²⁶ described attainment as facilitated by teachers, mentors and tutors through**
 33 **a combination of caring attitudes, regularly making time for young people and flexible**
 34 **systems. These supported participants to make and follow choices and pursue relevant**
 35 **learning. This could involve encouraging children to achieve their best and diversifying the**

²⁶ including children and young people with experience of SEND, HWC, CSEM and parenting

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1 **subjects offered or the transition speeds expected. It also involved young people leading**
2 **the decision-making about their own education.**

3 Participants described how teachers and mentors provided individualised attention that
4 balanced support with enabling independent learning. For example:

5 *'She helps me with my learning. She tells, she explains two questions and then we do*
6 *the rest on our own....she helps us [if we get stuck]'*

7 And, as this young person described:

8 *'If I struggle with work I can go to my Learning Mentor in college ... she'll help me ... like*
9 *if I'm struggling with stuff or ... if, I'm just worried about anything'.*

10 Mentors complemented the support that was provided by carers and family:

11 *'I was struggling with my assignment, [my nan] helped me a bit. And I was [still] like I*
12 *just don't get all this. So I phoned my learning mentor and she helped me through it'.*

13
14 Tutoring was beneficial for children not attending school, but there was a risk of lower
15 attainment if this did not provide access to the full curriculum, as two young persons with
16 CSEM highlighted. Whereas one of them noted *'the tuition's helped me a lot'*, the other
17 expressed concern that:

18 *'I'm behind in school work because obviously tutoring's not the same as school...I'm*
19 *doing my GCSEs and it's just like foundation work.'*

20 Tutors who recognised effort and allowed time for relaxation were valued. This could be
21 achieved by simply saying for example: *'You don't have to do work now because you've ...just*
22 *done loads of exams; so you can just chill in this lesson'.*

23 Participants appreciated school flexibility and responsiveness to their areas of interest and
24 needs. This meant access to and support with all subjects that they enjoyed or were good at
25 and adapting subjects and teaching styles to suit needs. For example, ensuring that artistic
26 talent was encouraged and being allowed to swap to suitable or relevant subjects, as these
27 participants explained:

28 *'I like Integrated Studies because like I've got my ADHD... it's more practical ... which is*
29 *a lot better for me.'*

30 *'The good ones are helping teach us actual things that we need in life and ... like what*
31 *we actually want to do.'*

32 Understanding the need to encourage teenagers to meet their own aspirations was also
33 important for some, as this participant, who was focused on achieving GCSEs, recalled:

1 *'[my] good teachers ... actually do give you the work and give you the specification ...*
2 *doing what I need to learn to ...pass my GCSEs, instead of just doing the bare minimum'.*

3 Young people aged 16 plus also noted the benefit of teachers supporting them to learn life
4 skills, including budgeting, tax and interview skills:

5 *we have a class called OM Studies which is about like tax and like growing up, like*
6 *applying for college, applying for Uni, like what [to do] at interview.*

7 Adjusting educational activities and priorities to children and young people's own pace was
8 beneficial. For example, a young parent described her school understanding that she was not
9 ready for another transition, and delaying this until she was ready:

10 *At school I found the work easy and I could cope really, ...I wasn't ready to leave [and*
11 *go to college], I was quite scared ... so I stayed on for one more year.*

12
13 Individualised support for learning was possible where participants, regardless of
14 achievement levels, took part in decision-making about their educational progression. For
15 example, one young woman had chosen to apply for two different A' level courses, in order
16 to keep her options open. Similarly, a young person (with experience of CSEM) and seen as
17 'being naughty' at school, took greater ownership of his educational trajectory when he could
18 choose to focus it on subjects that motivated him:

19 *I chose my college... a carer helped me, like he signed up with me and I'm*
20 *going to be going over soon.... I think I didn't really like education at all.... all*
21 *the lessons are boring. ... [but] I'm good at computers*

22 In both of these examples, support from carers enabled young people to learn about or follow
23 through on the choices.

24 Education Health and Care Plans (EHCPs) were described as being more useful for
25 professionals rather than young people themselves, providing information for adults but not
26 acting as a tool for informing their progress. Young people did not appear to be regularly
27 involved in completing or using these:

28 *'Well it's not really helpful for us but it's helpful for like social workers and*
29 *hospitals to get to know us a bit more'*

30 3.4.3 Stigma, bullying and friendship

31 **Participants²⁷ described stigma attached to being in care and other aspects of bullying being**
32 **effectively addressed when there was consistent challenging of bullying, buddying with**

²⁷ Including children and young people who were LGBTQI, BAME and those who had experience of HWC, CSEM, SEND and parenting

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1 **looked after peers, provision of peer mentoring and safe spaces in schools and increased**
2 **understanding about care experience. A supportive friendship group could enable**
3 **attendance and attainment.**

4 An ongoing problem mentioned by many participants was the failure to consistently address
5 stereotypes and bullying across primary and secondary schools and colleges. Some
6 participants mentioned *'loads of problems with school.'* and gave examples of being *'bullied a*
7 *little when I was younger, for being in care ... it wasn't a very good experience'*. Experience of
8 bullying had was described by one participant as a reason why she started self-harming. Some
9 young parents highlighted the dual stigma of being in care and being a young parent, the
10 bullying that resulted from this and how teachers can help:

11 *'I asked [my teacher]. I said not being funny but I'm not sitting in the*
12 *classroom with them all slagging me off When we come back after break*
13 *she turned round and said "Right before we start we are all going to stop",*
14 *so she confronted them and told them.... if all the teachers told them pack it*
15 *up, they would.'*

16 A consistent approach from all teachers is needed.

17 Some young people had been advised to deal with bullying by not telling anyone *'that I was*
18 *in care because it was like, just a secret'*. They recommended instead, that prejudices should
19 be challenged and suggested, for example:

20 *" students [should] really be taught about, like being in care because then*
21 *they're more likely to respond positively towards it"*

22 The provision of buddying, being *'paired up'* with another looked after young person when
23 starting secondary school was viewed positively. But even here the reason for the buddying
24 was not made clear:

25 *'we kind of figured ourselves, like I didn't know she were in care until she*
26 *actually told me.'*

27 Participants also described the value of peer mentoring (with suitable training) as well as
28 having designated safe *'places we can go'* in the school or college, for example:

29 *'they've got like, like a club bit, not that I go in there often.'*

30 Participants (with experience of kinship care and CSEM) described how knowing and meeting
31 other young people in the school or college functioned as a facilitator to attendance and
32 attainment:

33 *'I've got new [friends] now so they help me a lot.... them are the only ones*
34 *that keep me going.'*

1 3.4.4 Carer, Parental, Grandparental and family support for learning

2 **Participants described carers and birth parents supporting their learning by accessing**
 3 **resources, including funding for trips, tutors, extra-curricular experiences and diagnosis.**

4 Participants described learning essential skills with their carers and family, at their own pace
 5 and in incremental and experiential ways that contrast to school processes. For example, a
 6 participant who was returning to live with her birth mother described how her mother was
 7 very supportive of her education, had high expectations of her and was instrumental in
 8 securing private tutoring for her: *'I've had a tutor at school before for Maths but that was*
 9 *sorted out by school and then my tutor for all the subjects was via my mum.'* An Aunt and
 10 grandmothers were also described as helping participants learn to write or being instrumental
 11 in getting learning difficulties diagnosed, as one young person explained:

12 *'if it weren't for my nan, I wouldn't like know that I've got it or anything like that, ... in*
 13 *junior school ... I used to just mess about and stuff like that... ... and then my nan took*
 14 *me to like get ... tested. And then turns out I got dyslexia'*

15 Similarly, for one participant (with experience of CSEM), a carer had enabled her to get
 16 diagnosed; her experience highlights the long delays before the education system began
 17 taking her carer's concerns seriously:

18 *'my foster carer she knew ... she's ... just trying to like tell everyone so then it could be*
 19 *diagnosed. And it took about three and half to four years!'*

20 3.4.5 Learning and support for health and wellbeing

21 **Learning was related to health and wellbeing for many participants²⁸. Facilitators of**
 22 **wellbeing in learning included supportive school environments; funding to regularly access**
 23 **gyms, physical activities, clubs or other interest groups linked to virtual schools; mental**
 24 **health initiatives informed by pupils; accessible safeguarding officers and mentoring and**
 25 **whole school programmes.**

26 Relationships providing individualised support for emotional wellbeing were again crucial, and
 27 these could be provided by mentors, safeguarding officers or general pastoral support:

28 *'there's like the, ... Safeguarding Officer... but you've got pastoral supports in every*
 29 *year, so I just go to my pastoral support and they'll do whatever they need to do.'*
 30

31 The accessibility of people who provided emotional support and services varied considerably,
 32 from only being able to access a counsellor when meeting certain criteria or being in crisis, to
 33 obtaining immediate access to a skilled 'safeguarding' lead person at his education
 34 establishment:

²⁸ Including children and young people who were BAME and those with experience of HWC, SEND, and CSEM

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1 *'I spoke to people at school, like my safeguarding and, yeah. ... she's also gave me*
2 *some therapy. ... she doesn't say therapy but therapy to me.... we just had a*
3 *conversation for an hour about how, where like there's friction at home.'*

4
5 Counselling and mentoring services facilitated health and wellbeing when these were easily
6 accessed and the adult delivering the service was understanding: *'I go when I like. Lesson*
7 *time... I can see, or break time.'* Co-designed whole school approaches were also beneficial,
8 as this young person described:

9
10 *'The school is very, erm, supportive, when it also comes to mental health and wellbeing*
11 *because ... this programme that the school's doing ... it was teaching us skills and to*
12 *how to be like a mentor and then we came up with ... a plan to roll it into the whole*
13 *school... we were going to teach other students in lower years to become mentors ...*
14 *like provide a safe space for people to talk'*

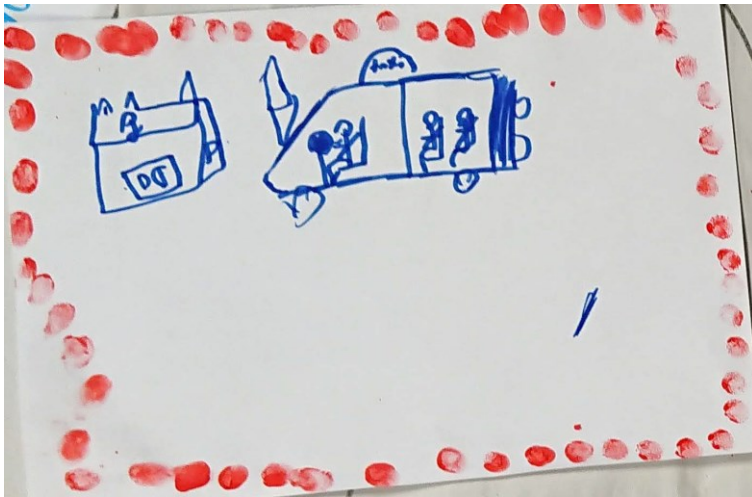
15 3.4.6 Consistent Care in travel to education

16 **Participants²⁹ described how supportive and comfortable travel to school promoted**
17 **attendance and feelings of security. This form of care was provided by foster carers,**
18 **consistent taxi and transport drivers, who demonstrated care and individual understanding**
19 **and by reaching out to non-attending teenagers.**

20 Transport may appear to be a purely practical issue, but participants indicated how it is a
21 process which requires continuity of workers, individualised understanding and actions of
22 caring as well as vehicles.

23 Younger children described enjoying and feeling supported by carers accompanying them to
24 school. The fact that one foster mum could no longer walk a child to school due to her own
25 work commitments created a sense of loss for a young child. For some of them, taxi drivers
26 and accompanying adults in transport provided regular encouragement and chance to talk
27 about school life *'He talks to us about what we've been doing and stuff.'* Key to effective
28 support from the people transporting children to school was the presence of the same taxi
29 driver every day, plus multiple people in the car to enable conversations and a friendly
30 dynamic between them, captured in this picture:

²⁹ Particularly young children and young people with experience of CSEM



1

2 Providing transport to school or college for teenagers was also described as beneficial in
3 promoting attendance, as this young person explained:

4 *'She was like a teaching assistant but someone who helps like if I didn't go to school ...*
5 *she'd come and get me... she'd come and get me, so. ... That's what you need really,*
6 *someone who cares'*

7 3.4.7 Information and choice about Pupil Premium

8 **Some participants³⁰ indicated that clear information about Pupil Premium could facilitate**
9 **access to additional activities and potentially lifechanging opportunities**

10 Some participants who had opportunities to exercise choice plus the support of significant
11 adults in school and Pupil Premium, had taken part in life changing opportunities. For example:

12 *'I think my school trip, I went recently to France in year ten...Originally I was supposed*
13 *to pay for it but it said we'd pay for it with like pupil premium...'*

14 *'I didn't really know that I had pupil premium until like mid secondary school ... I didn't*
15 *use it for like quite a long time because I didn't know what I could do with it. I thought*
16 *it was just specifically only for like stationery, ...like schoolbooks and stuff like that.'*

17 One participant suggested that to overcome the lack of information about the availability of
18 Pupil Premium and what it can be used for, information could be consistently provided from
19 a young age:

20 *'Students who are in care should be taught like told about Pupil Premium when they're*
21 *much younger, like year seven, like, so you can make the most of it before the end'.*

22 Another participant suggested that children should be told that Pupil Premium could be used
23 to pay for gym access.

³⁰ including children and young people who were BAME

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1 3.4.8 Support to balance education with caring responsibilities

2 **For young parents, attending education is facilitated by recognition of their caring**
3 **responsibilities, adequate payment of childcare costs and understanding that the cheapest**
4 **options may not be feasible, finance for college costs, flexibility in benefits thresholds, and**
5 **non-discriminatory attitudes from educational establishments.**

6 For young parents, attendance at school or college needed to be balanced with caring
7 responsibilities for their children. For some young parents, caring responsibilities were
8 considerable due to their child's ill-health, as this young person described:

9 *'I started [college]...I've got the GCSEs and that to go to college but ... I don't know*
10 *when [my ill child] is next going to get called in hospital do I? ... I'm missing a lot of*
11 *college work ... because I'm his mum, I'd rather stay with him to make sure he's alright.'*

12 Whilst some young parents wanted to be full-time carers for their children, others requested
13 support with child minding. As this participant describes:

14 *'I was training to be a nurse...I wanted to be one of them young mums, not what*
15 *everyone else sees 'She's just going to have a baby, she's got a free place out of it and*
16 *she's going to be on benefits now'. I wanted to be a young mum and actually go out*
17 *and do something.'*

18 Young parents' ambitions were sometimes thwarted however by a lack of funding for the cost
19 of nursery places, or a lack of flexibility in the system. For example:

20 *'I was really gutted, really gutted by it ...[social workers are] so keen on trying to get us*
21 *back into training and getting us back into jobs and that but then funding there's just*
22 *not the help to pay for childcare and things like that... [there was] just an extortionate*
23 *nursery that was the nearest one to the college, that would have been the best one for*
24 *me to drop her off at nursery and be on time at college.'*

25 The need for finance was also described for other costs, as this participant described:

26 *'if I go back into education I'll have to pay for fees to stay in the college then and I think*
27 *it's something like ninety quid [weekly travel and lunch] so I can't afford that yet'*

28 Another young parent described a benefits system that did not take any additional
29 consideration of her looked after status and the consequence of her partner earning '*nought*
30 *point two pence (0.2p) over the limit to get Working Tax Credit'*, meaning that their income
31 only just covered essentials.

32 In addition to finance, supportive attitudes and non-discriminatory attitudes from institutions
33 are needed to ensure educational placements remain accessible. This parent described the
34 disappointment of being promised a place when pregnant and then '*because I were having a*
35 *baby they basically discriminated against me'* and the offer of a place was removed.

1 3.4.9 Guidance on careers and entry to higher education

2 **Some participants³¹ described how mentoring, careers service, social work staff, carer and**
 3 **birth families who supported them to follow their self-determined goals was key as young**
 4 **people started to think about careers and entry to higher education. Support involved**
 5 **encouragement, understanding and provision of finance, and was sometimes forthcoming**
 6 **from families. More consistent encouragement and finance from social workers and leaving**
 7 **care workers is needed.**

8 Some participants described support from a variety of people and services. For example, one
 9 participant with experience of CSEM received support from a mentor who was *'trying to get*
 10 *me into school and that'* and exploring professional pathways by *'Speaking to the social*
 11 *worker and looking on the internet for me'*. A participant placed OOA received support from
 12 school to be able to get a long-term work-experience placement. Another young man
 13 described how Connexions (now replaced by the online National Careers Service) had been
 14 *'very, very helpful'* in helping him secure an apprenticeship. Young parents also mentioned the
 15 value of thinking things through with a leaving care worker and the Connexions service, when
 16 they were responsive and maintained contact:

17 *'[Leaving a care service] were like always like asking me are you sure this is what you*
 18 *want to do? ...[I'd] see my Connexions worker and then she'd get straight on, it would*
 19 *be on computer, looking for that different stuff, like get back to me on what I could, or*
 20 *what she'd got. And like, like courses I could go on, like jobs I could possibly have and*
 21 *stuff like that.'*

22 To maintain contact with careers services, a phone, or mobile phone data and credit was
 23 essential.

24 Some participants had not discussed further or higher education with anyone. However, a few
 25 participants, including young parents, described their journey towards higher education.
 26 Carers, birth families, social workers and leaving care staff had helped in these journeys by
 27 encouraging aspirations, finding relevant information and funding, and providing intensive
 28 ongoing support at the crucial moments. For example:

29 *'when I got the chance to go to university, I phoned [social worker]. I said, "what do I*
 30 *do, what do I go for, what am I doing?"'. ... she looked into all that for me and she's*
 31 *helped me from there, with everything. ... I'm still waiting for my student finance,*
 32 *probably be waiting a long time for it as well, but.... she's going to ring up with me*
 33 *every week and chase them'*

³¹ Including children and young people who were BAME and those who had experience of CSEM, OOA placements and parenting

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1 One participant described receiving support from birth families in the form of encouragement
2 and finance:

3 *‘I’ve had a tutor but my mum paid for that...[I’ll get most support from] my mum,*
4 *obviously, ... And grandparents. My grandad’s already got, erm, a bank account with*
5 *some money in for uni’.*

6 Accessible drop-in support from a leaving care service was also valued.

7

8 3.5 Return to birth families or special guardianship

9 Most of the participants did not engage with this theme. This was partly because some
10 participants were not asked to discuss this theme (where researchers had concerns that this
11 would negatively affect their wellbeing), the others did not choose it. Few understood the
12 term special guardian and some had but did not want to consider the issue until *‘when I’m*
13 *older.’* However, six participants described living with a special guardian, returning home to a
14 parent or moving to kinship care. This section therefore draws on data from a small number
15 of participants, however interviews with them were in depth.

16 Continuity and availability, and acceptance of young people’s identity were important
17 features in relationships with residential staff, social workers, advocates, parents and
18 grandparents who succeeded in supporting transitions back to home or special guardianship.
19 For those young people who had transitioned back to living with family, disrupted
20 relationships with parents and instability within care placements were some of the biggest
21 barriers they had overcome.

22 This section explains the processes described as facilitating facilitated return home or to
23 guardianship for some children and young people through:

- 24 • Relationships with safe workers and spaces
- 25 • Accessibility of support for young people
- 26 • Slow transitions
- 27 • Involvement in decision making
- 28 • Support for family units and parents
- 29 • Being part of a supportive family network

30 3.5.1 Relationships with safe workers and spaces

31 **Participants described transition out of care being facilitated by continuity of relationships**
32 **with workers who demonstrated care, conveyed fair expectations and provided leisure**
33 **activities. The availability of beds in a respite unit with high staff ratios was also beneficial.**

34 Participants described the importance of a key worker or mentor who was able to support the
35 young person’s emotional needs, as well as practical decision making when moving to

1 parental/grandparental homes or special guardianship. For example, key workers in a
2 residential unit supported transition by showing ongoing care and providing comfort:

3 *'like when I've been upset, people like helping me, telling me it's alright and*
4 *stuff and like it's going to get better'*

5 This specialist unit staff had built up relationships with the young person through a
6 combination of fair expectations and enjoyable activities, as she described:

7 *It's like, like it's like a break from like home and like the normal environment*
8 *... they encourage you to help wash up and stuff like that. Yeah, but.... Just*
9 *go out on activities, like. Ice-skating, ... You can go on bike rides*

10 This continuity of relationship with staff built through shared activities contrasted with the
11 lack of continuity of social workers (she had experienced sixteen in total) and placements (five
12 in total) that this young person had experienced.

13 The physical environment and high staff ratio of the respite unit were also appreciated by this
14 participant. It was described as a six-bedded, warm, homely setting where all workers on duty
15 were caring and quietly supporting the young people. Participants noted, however, that there
16 was limited availability of such units.

17 3.5.2 Accessible support for the young person's emotional and safety needs

18 **Participants described how direct access to supportive workers and places (by phone, drop**
19 **in and outreach) provided continuity and safeguarding. This was facilitated by continuity of**
20 **caring relationships with workers and welcoming, accessible 24-hour services.**

21 Participants described how being in a supported placement or attached to a service long
22 enough to form a bond with a keyworker or carer *'was like my bridging process back into being*
23 *at home'*. Once a bond had been established (with residential or non-residential staff), having
24 someone to call or a physical place to drop into at any time of day or night, was important.
25 For example, a participant (with experience of CSEM) described how this helped her manage
26 her relationships with her mother by withdrawing herself from home when needed:

27 *'I've been getting on with my mum but obviously ... we're so alike, it's like, I don't know,*
28 *so we argue. But obviously ... if it got to that, then I come to [DROP IN PLACE], you know*
29 *what I mean?'*

30
31 Active outreach by these bridging services was also valued. For example, a young parent
32 described the value of a worker who reached out and maintained contact:

33
34 *'when I started staying at my grandma's ...[my leaving care worker] checked that up.*
35 *... she went over to my mum's to see if it were like alright and everything.'*
36

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1 3.5.3 Slow transitions

2 **Participants described the benefit of slow transitions, maintaining contact with specialist**
3 **services and dropping back into more intensive support as and when they needed. This was**
4 **particularly helpful when combined with staff taking the time to understand and address**
5 **any difficulties.**

6 Two participants reinforced that it was important to avoid assumptions about the extent of
7 pre-existing family relationships:

8 *‘It’s like you’re close but sometimes you aren’t close but like you still have that*
9 *relationship to them.’*

10
11 Young people emphasised that, although family members may be known and this might
12 confer a sense of connection, children and young people might not have well established
13 relationships with their birth families. The existence of a family relationship in kinship care
14 might make *‘it easier on them because they’re your family’* but this did not necessarily make
15 transition into the placement easier for the young person. Participants stressed the
16 importance of time for introductory visits and relationship building with some birth family
17 members.

18 Slow transitions were also needed in order to enable 24-hour support workers to enable
19 young people to vocalise the challenges they were facing at home. For example, this young
20 person described worker persistence which helped establish understanding and also
21 conveyed a sense of being cared for:

22 *‘she would definitely be like always “what’s wrong, what’s wrong? Tell me what’s*
23 *wrong.” ... So like in my head I know that she actually does care about me like because*
24 *she’s asking me what’s wrong and not just asking me once’*

25 3.5.4 Involvement in decision making and advocacy

26 **Participants described the importance of their involvement in decision making. This was with**
27 **the support of an advocate, keyworker or parent who ensured that children and young**
28 **people’s views were heard. One participant suggested that good communication skills and**
29 **the creation of safe spaces in which children can name their wishes might enable return**
30 **home sooner.**

31 Participants described receiving support to reflect on wishes, attend meetings and speak
32 about their concerns. This included support from an advocate to attend panel meetings about
33 special guardianship, as this participant described:

34 *‘Well I’ve been through panel ... We had someone called [NAME], acting like your*
35 *advocate ... she were like thinking of stuff for like the voice. And ... helping while we,*
36 *they were interviewing us. Otherwise we [siblings] wouldn’t have been there’*

1 Support in having a say in meetings was also provided by parents and keyworkers, and young
2 people were assisted to speak for themselves, as this participant described:

3 *'Who are usually with me is like to help get my word across?... [key worker] and my*
4 *mum. I usually go with them two, or just [key worker] ... but usually it's just me, like I, I*
5 *will just say it myself'.*

6 Younger children were not always asked for their views or able to express them, as this
7 participant described:

8 *they wouldn't really listen to me I was seven, ...When I got older obviously,*
9 *I used my words better...But when I got to like ten, eleven, I used to say I*
10 *want to see my mum more ... but I didn't want to be rude ... now I know that*
11 *I should have just express my opinion.*

12 In this instance, social worker skills in communicating with younger children and the ability to
13 create safe spaces to name wishes (for example away from carers), would have helped
14 establish sooner that transition back home might be a possibility.

15 3.5.5 Support for family units and parents

16 **Participants described, at the early stages of considering a move back home, and during the**
17 **early stages of a return home, how specialist support helped develop relationships within**
18 **family units and the value of troubleshooting with parents.**

19 Specialist support was sometimes provided by an agency working with whole families, as
20 described by a participant who was supported by a service working with siblings and their
21 parent:

22 *'I think [mum's] getting a lot of support from [specialist service], I can see it because*
23 *our relationship's been a lot better since [specialist service]. ... we've been*
24 *communicating more, we've been a lot closer than we was before.'*

25 This specialist service provided the parent with social work support, to build relationships and
26 understanding of the possibilities of a return home. The young person and the parent could
27 also access 24-hour support, including a drop-in service. This meant a parent could call the
28 service, any time day or night, to ask advice if they were struggling to manage a situation at
29 home.

30 3.5.6 Proximity to other supportive family members and community resources

31 **Some participants valued being integrated into wide family networks and being connected**
32 **to community spaces and resources.**

33
34 Participants who talked about how living with some family members described how this
35 enabled their contact with other wider family members, including cousins. Their discussion

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1 suggested that this provided a network of supportive people, pets and places. This is told in a
2 fictionalised short story that some of them created to summarise recommendations for a film
3 plot about a good life for children in care:

4 *'So, you come into care with your auntie and uncle and then they decide to get you an*
5 *animal, like a dog, a cat, or even a fish and ... you feel good. Yeah, you feel good. Feel*
6 *good because you've got your animals.*

7 *And then you find out that there's a park here [for skate boarding]*

8 *... And then. And then your gran helps you, or a family member helps you with your*
9 *problem...*

10 *You get a family member helping you, but you run into exam problems. And then that's*
11 *when your teacher comes in. The teacher helps you for your exams*

12 *... and then you can concentrate on your contact. And then, you think of all these different*
13 *places where you can go with your other family members or other places that you can*
14 *go for contact.*

15 *Your confidence, your family member or even your gran or something, helps you with*
16 *your confidence. So... they help you with socialising, help you make friends, taking you*
17 *to places like the skateboard... all stuff like that, like place where you can socialise"*

18

19 3.6 Preparing care leavers for independent living

20 Few participants discussed leaving care in interviews as the majority were aged under 16.
21 However, three young people in Data set 1 and the young parents in Data set 2 described
22 contrasting experiences of preparing for leaving care and living in placements with greater
23 independence. Some participants felt well supported and that transitions to leaving care had
24 happened at the right time for them. Other participants talked about being pushed into
25 leaving care and a lack of understanding of their needs and their fears. There were sometimes
26 conflicting emotions, as this participant described:

27 *'I think I struggle moving out, I get quite, get paranoid and stuff, it's like. But struggle*
28 *being in the [foster carer's] house and all them things. But I think it just needs working*
29 *on'*

30 Foster carers, residential staff, parents and family, leaving care workers, social workers,
31 friends, accommodation officers, careers advisors and health professionals contributed to
32 processes of transitions where continuity, availability, care and acceptance were features of
33 these relationships. Community resources and finance were also needed.

34 This section explains the processes described as enabling successful transitions to leaving care
35 through:

- 1 • Talking about leaving care early enough
- 2 • Timing and quality in moving to more independent living
- 3 • Continuity of support
- 4 • Young people leading informed decision-making
- 5 • Collaborative working between professionals
- 6 • Learning skills and resources for independence

7 3.6.1 Talking about leaving care with teenagers

8 **Some teenagers had unanswered questions about leaving care. Participants suggested**
9 **secure relationships and stability in existing placements, and ongoing support, would**
10 **increase comfort with conversations on this subject.**

11 Participants had questions about leaving care from an early age (12 and 13-year-olds
12 mentioned this theme). One felt that she could not yet ask about it because preparation for
13 leaving care was limited to older young people. Only the 16 and 17-year-old participants
14 described being involved in conversations about preparing to live independently with carers
15 or social workers.

16 Participants recommended providing a fuller overview of what going into care means and the
17 sorts of options that might be available as they grow up and leave care. Information about
18 choices was considered helpful; where it was lacking participants felt confused. At the same
19 time, discussing leaving care may prompt anxiety. For discussions about moving to greater
20 independence to be a safe subject of conversation with younger teenagers, following young
21 people's lead, and security in caring relationships and placements are prerequisites. The
22 appropriateness of leaving care discussions appeared to be contextual rather than related to
23 a fixed age.

24 3.6.2 Learning for independence

25 **Participants valued learning cooking (including culturally specific meals), budgeting,**
26 **shopping and cleaning skills. Foster carers, schools and leaving care workers helped**
27 **participants learn these skills and understand the importance of connecting to community**
28 **health and leisure services. Connecting to some services also relied on social workers**
29 **providing financial resources and encouragement.**

30 Participants described the importance of learning practical skills – particularly cooking and
31 budgeting. For example, a 16-year old was preparing to leave care to go to university and he
32 appreciated his foster carer's help in learning to cook and to budget and go shopping with the
33 weekly allowance she gave him. He would have valued more support from school to develop
34 these life skills:

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1 *'everything that I buy, even clothes, my [foster] mum's not buying it for me anymore.*
2 *... so now I have to work hard to budget. I feel like that's a problem when it comes to*
3 *schools because ... they don't teach you the basic sense of like how to budget and stuff.'*

4 A 17-year old in semi-independent living also appreciated how his carer had taught him
5 essential living skills, including culturally diverse cooking:

6 *'I didn't really like having a carer too much but obviously they did help me a hundred*
7 *percent. ... From cleaning the toilet, to going gym, just motivating me to do things*
8 *really. ... my most recent carer actually helped me, like teach me how to cook [culturally*
9 *specific dish].'*

10 Semi-independent living was valued by some participants because it enabled experiential
11 learning. For example, one participant went without food for two days because he had not
12 budgeted properly, but had subsequently learned this skill. Practical skills-based learning for
13 independence activities also provided some participants with space to talk about their
14 emotional dilemmas.

15 Encouragement to *'make sure that you go to doctor's appointments and train you up for when*
16 *you're leaving care'* and to take taking part in community-based sports activities was also
17 beneficial. As this participant described, social services funding was also needed to ensure that
18 he could put into practice the strategies he had learnt for promoting his own wellbeing:

19 *'Whilst I had a carer they would also try and motivate me go to clubs, try and make*
20 *me go to gym and obviously, erm, Social Services fund it which would be the big part*
21 *of it because a lot of people in care don't have the money to be doing stuff like that'*

22 For some participants, supportive relationships with social workers made access to funding
23 possible:

24 *'I've got my social worker ... he just helps me with like general stuff. Just like if I've got*
25 *a problem with myself and I just go to him and he'll help ... he's going to put in for*
26 *funding for me to go gym.'*

27 3.6.3 Timing and quality when moving into more independent living

28 **Some participants³² described the value of putting to one side the idea of a set age for**
29 **leaving care. Some professionals challenged the idea of urgency and instead prioritised**
30 **quality and appropriateness. This enabled transitions to be done in a staged approach, in**
31 **line with young people's own sense of timing.**

32 Some participants described changing placements to achieve greater independence, with little
33 choice in the matter and some pressure to accept what was available. This was a focus of

³² Including young people with experience of HWC, SEND and parenting

1 concerns and fears about ‘*who would I have to talk to?*’, regardless of whether the interviews
2 had taken place prior to or after the ‘Staying Put’ initiative (which in principle seeks to ensure
3 that care leavers have transitions to independence which suit their own pace). Some
4 participants with SEND and young parents described experiencing this pressure to move out,
5 sometimes with inadequate assessment of risks:

6 *‘I think I got put in more danger ... I weren't ready to go in independent living.’*

7 Some participants therefore suggested the need for a shift in attitudes and practice to end
8 assumptions that young people should be ready for total independence by the age of twenty-
9 one:

10 *‘I can't understand why the support stops when you're twenty one, that's a big thing*
11 *for me, me. I think the support should stop when you want it to, when you're ready.’*

12 Participants appreciated where the attitude and approach of individual social workers
13 provided more appropriate slower transitions. For example, this participant described a social
14 worker:

15 *‘she was like “I'm not letting you move out ... and I don't like that urgency. ... so I'm not*
16 *letting you move into that [unsuitable flat]!”... my social worker'll let me see the [flats]*
17 *that are, she thinks are acceptable for me’*

18 Here, the timing of the transition appeared to be dictated by the availability of
19 accommodation that had been judged to be of sufficient quality and this assessment was done
20 by a social worker with a long-standing relationship with the young person. The young person
21 then viewed the possible accommodation and exercised choice as to whether it felt suitable
22 to her.

23 A slow transition towards full independence, was also appreciated by a participant who
24 described the benefit of a staged move from care, to semi-independence and then
25 independence, as and when he was ready:

26 *‘if you try piling everything up at once it just stresses you out because you've got other*
27 *things to do in your life as well ... if you do it over slow and you've got time to do it as*
28 *well if you're in care from young, then, yeah [it helps].’*

29 3.6.4 Leading informed decision-making

30 **Participants wanted to take a lead in making plans, with professionals working alongside to**
31 **follow these plans and recognising that time to learn from mistakes may be needed. Lack of**
32 **or perceived lack of choice of options was a barrier to their leadership in decision-making.**

33 Participants had very little knowledge of the leaving care planning process. Although a
34 pathways plan is meant to be an opportunity for young people to have a say about how they
35 want Children’s Services to support them, many did not know about these planning

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1 documents. For example, despite having been actively involved in review meetings and
2 'keeping a record in black and white' of decisions there, when asked about pathways planning
3 a young parent said:

4 *'I don't even have a clue what [a pathways plan] is really. Apparently, there's one*
5 *before because [leaving care worker] says she's coming next time and we're doing my*
6 *Pathway Plan ... I don't really get them'*

7 Although pathways plans were not always seen as relevant, care leaver participants described
8 the benefits of leading the decision making about their lives – who provides support, where
9 to live, careers and education, contact and friendships. Choice about which support
10 professional to work more closely with varied; some preferred leaving care workers, others
11 continued to have caring relationships with social workers. Choice about placement/
12 accommodation was particularly important for young parents who said it 'feels good' to be
13 offered options like, 'either here or a mother and baby unit'. Sometimes joint decision-making
14 with social worker support was valued, for example in relation finding the right
15 accommodation as seen here in the use of the word 'we' and I by this young parent:

16 *'This is the only place we're bidding for, because we know ... like once you accept the*
17 *first one we're out...I'm only bidding for [local ones] now, I'm not making a mistake*
18 *again.'*

19 Freedom to learn from mistakes was important³³, as was information about consequences
20 and time to reflect on priorities. For example, a young parent described her choice to settle
21 far away from family to be near friends:

22 *'I thought I'd better go back to my out of area placement because ... back at home,*
23 *even though most of my family were there. I don't think I fully settled. So moved back*
24 *to my out of area city, with all my mates, all my friends'*

25 Exercising choice relied on social workers allowing for the possibility that things may go wrong:

26 *My mum turned round and said to me whilst we was waiting [for supported lodging]...*
27 *that she would rather me come back there ...I mentioned it to my Social Worker and*
28 *she said "Are you sure?" ... she said, she, she didn't really want me to, because she*
29 *didn't want it to all kick off but she said if I wanted to then it was my choice basically.'*

30 As described in section 4.3, this process of assessing risks and allowing young people to lead
31 decisions was lacking for some participants.

³³ including children and young people with experience of SEND

1 3.6.5 Continuity of Support

2 **Participants³⁴ valued ongoing support through contact with former carers or family.**
 3 **Support with finance, as well as ongoing care and practical assistance enabled these support**
 4 **networks.**

5 Participants appreciated birth family, in-laws, foster carers, residential staff, social workers
 6 and leaving care workers who provided support as they moved towards more independent
 7 living. Ongoing support could be provided, for example, this young person described how she
 8 would remain in contact with the children’s home staff, receive support and visits, after
 9 moving out:

10 *‘The Children’s Home are good about it. And social worker’s good about it. ...*
 11 *[MANAGER] said: “I’m going to promise you that we’ll all do our best for you, do you*
 12 *know?” They’ve all said that.’*

13 For a limited period, the support provided was also financial. Social services would pay for her
 14 accommodation until she was 18 and she was to receive a one-off leaving care payment of
 15 £1000, half of which would be spent on furniture. This cut off in financial support at age 18
 16 contrasts with families where young adults rely on parents as the first point of call for informal
 17 financial support if they are unemployed or in low paid employment (as the full minimum or
 18 living wage does not apply until aged 21).

19 A more extensive net of practical, emotional and financial support was valued by this young
 20 parent:

21 *‘If there was something I couldn’t cope with... [I go to] well, my mother-in-law. She*
 22 *helps me, she helps us sort it out ... she looks after baby while we go shopping and*
 23 *stuff... she’ll lend us the money if we need it ... she’s best mother-in-law I’ve ever met’*

24 For some participants, birth family, foster carers and leaving care workers continued to
 25 provide some aspects of this responsive support.

26 3.6.6 Professionals working together to broaden support networks

27 **Participants leaving care³⁵ valued collaboration between professionals in their transitions**
 28 **to leaving care. This involved finding time to identify and make wider connections with**
 29 **other professionals who could offer support to care leavers.**

30 Young people described the importance of social workers, leaving carer workers, IROs, carers
 31 and sometimes education and careers professionals, being available and working together to
 32 provide support:

³⁴ Including children and young people with experience of parenting and HWC

³⁵ Including young people with experience of HWC and parenting

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1 *'[in review meetings] there's always my Social Worker there, sometimes my Leaving*
2 *Care Worker like will be there, Foster Carer's always there, there's a Reviewing Officer*
3 *who's always there and my Connexion worker'*

4 With the words 'always there' the young person is underlining the continuity of these
5 relationships. The professional collaboration that participants requested included finding out
6 which services might offer additional support and signposting to them. However, co-
7 ordination between professionals was not consistent. For example:

8 *'if I'm twenty or thirty or forty,...Everybody needs help at some stage in their*
9 *life and you know, she, [leaving care worker] palms me off and, "I haven't*
10 *got time" or "I don't know where to direct you". I don't know where to direct*
11 *you!!! I'm like, "Oh right, OK. F*** off."*

12 This suggests that leaving care workers making the effort to broker care leavers connections
13 to other services might also ensure that they themselves continue to be a trusted source of
14 support.

15

16

1 **4. Cross-cutting issues**

2 This section summarises the four issues that cut across all six themes, and which emerged
3 from our analysis of these processes. These were:

- 4 • **continuity of caring relationships**
- 5 • **understanding of capacities in decision-making**
- 6 • **competing agendas**
- 7 • **a focus towards resolution**

8 Each of these in turn is also related to the question of time and resources. These relatively
9 long-standing challenges and mechanisms that appeared to cause barriers to improved
10 outcomes were discussed and agreed between the care-experienced young advisors and the
11 academics and provide some questions which might assist the NICE committee’s reflection on
12 systems level guidance. These issues are also reflected in the young people’s
13 recommendations in section 5.

14 **4.1 Continuity of Caring Relationships**

15 Our analysis of the data suggests that when participants experience continuity of caring
16 relationships this promotes wellbeing, whilst lack of continuity disrupts trusting relationships
17 (with social workers, specialist staff or placements) and creates distress.

18 Continuity, familiarity and bond, accessibility, availability and time, friendliness and mutual
19 trust were all significant features in supportive relationships with foster carers, staff, family
20 and health professionals. This was a recurrent factor which enabled placement stability,
21 satisfaction with contact arrangements, wellbeing and transitions to living with family or
22 special guardians. For example, trust was important in feeling safe in the placement. Some
23 participants were not able to build relationships of trust with some workers and, where trust
24 was broken, this damaged their trust in other workers that followed. In contrast, other
25 participants appeared able to deal with uncomfortable decisions when they had good
26 relationships with everyone involved, and where they were able to explore their life stories
27 and reconcile differences in relationships.

28 Although many participants reported positive relationships with social workers and carers, we
29 also identified a high incidence of professional discontinuity, particularly of social workers and
30 carers. This is in line with previous research³⁶. Staff turnover was high. Participants felt some
31 social workers did not consistently see relationships as a priority. Letting young people down
32 when positive relationships are already scarce was a barrier to stability. This made it difficult
33 for some participants to form a bond, or where they had formed a bond, led to further distress
34 where a supportive professional was taken away from them.

36

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1 Disruption was sometimes minimised where senior managers had knowledge of individual
2 children, and provided support for their teams, and competence in navigating risk. Continuity
3 also relied on the dedication of individual members of staff (who maintained connections
4 despite high workloads), staff having adequate time, and services having long term funding.

5 Question which might help the Committee reflect on these barriers are, then:

6 *How might social services resources be secured and directed to ensure that*
7 *social workers and social care staff who care about looked after children and*
8 *young people can receive the appropriate time, caseloads, long term funding*
9 *and managerial support for emotionally challenging work?*

10 *How can this enable them to co-create consistent, available and trusting*
11 *relationships with the children and young people they are responsible for and*
12 *to?*

13 Similar questions might also be asked in relation to foster carers and family members, who
14 were often important people in participants' lives, and certainly provided more long-term
15 relationships. We also ask how parents and carers might access the resources, time and
16 specialist support that would enable them to co-create consistent, available and trusting
17 relationships with the children and young people they love.

18 4.2 Capacity and Decision-Making

19 Reading across the transcripts the wish for involvement in decision making was recurrent
20 (3.1.6, 3.3.2, 3.3.8, 3.4.2, 3.5.4, 3.6.4). But there was a sense that some children and young
21 people were being asked to prove certain capabilities (related to age or trust) before being
22 given opportunities to influence decisions.

23 In relation to age, some participants suggested there was a tendency to make assumptions
24 about capacity. One participant reflected '*you don't have a say when you're younger, that was*
25 *the problem*' and highlighted how her understanding of what she wanted was clear even at a
26 young age, but the opportunities to express her views had been limited.

27 Professionals were reported as giving more weight to participants' views if they trusted the
28 child or young person. For example, a participant described having to prove her competence
29 in being '*trustworthy*' and '*behaving*' before due weight was given to her view that she should
30 have contact with her mother. In relation to big decisions, assessment of her behaviour and
31 trustworthiness was made by a social worker. But she had experienced a high turnover of
32 social workers, some of whom had not listened.

33 Involvement of children of all ages in decisions was facilitated by continuity and sufficient time
34 for professionals to develop caring relationships. Strong relationships helped some
35 professionals appreciate children's capacity and the importance of giving due weight to their
36 wishes. These relationships also allowed time to be allocated to supporting participants to

1 prepare for and come to terms with any consequences of their decisions. In contrast, high
2 turnover together with lack of attention to children's views, means in some instances,
3 professionals might make key decisions based on limited knowledge of the child in question.

4 Where social services staff were able to recognise that they might have misconceptions about
5 what would work and respected the young person's knowledge and self-determination, there
6 was more space for young people to lead decision making. For example, one participant,
7 described how he challenged his social worker's assumptions about appropriate contact and
8 'social services' accepted that he might have a better understanding of the situation than they
9 did. This enabled him to take charge of the timing of his own contact arrangements and gain
10 confidence in his own capabilities to reach a resolution in his own time.

11 Involving children and young people in selection of staff may ensure recruitment of staff with
12 appropriate appreciation of children's capacities. This practice of children's involvement in
13 staff and carer recruitment is growing³⁷ and in our study, participants described how they 'we
14 had to interview two people and we chose who we would like as an IRO'. Other participants
15 suggested they should be involved in selection processes for social workers and carers to
16 ensure workers are genuinely committed to putting young people first, forwarding their rights,
17 and can communicate with them.

18 Additional resources for services are also needed, to ensure that children and young people's
19 decisions can be implemented as the opportunities for choice were rare. In many instances,
20 participants described a lack of access to the services, places or opportunities required to
21 pursue their own wishes or interests. There were examples given of lack of available
22 placements, lack of staff time spent on developing relationships with family, lack of specialist
23 trauma informed services, and absence of individualised emotionally engaged learning
24 support, yet all of these service were valued by young people when available

25 Guidance on application of the UN Convention on the Rights of the Child (UN Com RC 2009,
26 Para 74), clearly states:

27 ***there can be no correct application of article 3 [assessing best interests] if the***
28 ***components of article 12 [hearing and giving due weight to children's views] are not***
29 ***respected.***

30

31 ***The critical question suggested here is:***

32 *Who has the capacity to make accurate assessments and decisions with*
33 *looked after individuals, on what basis do we judge capacity?*

37

<https://bettercarenetwork.org/sites/default/files/Effective%20Participation%20of%20Children%20and%20Young%20People%20in%20Alternate%20Care%20Settings%20-%20Guidance%20for%20Policy%20Makers.pdf>

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1 4.3 Competing agendas

2 Tensions between tight timescales and limited choice and the views and best interests of
3 children emerged across all themes. This related, for example, to overnight stays with friends,
4 contact with certain family members, priorities within education, and transitions to leaving
5 care. As noted, some participants were offered limited and sometimes inadequate options;
6 the impossibility of these choices may be masked. Some options which might have been in
7 children's best interests were not presented because the relevant resources were not
8 available. Sometimes the necessary relationships were not in place that would permit
9 understanding of what is in a child or young persons' best interests.

10 An example of these tensions is illustrated in relation to leaving care. In contrast to the social
11 worker who was described as resisting the pressure of urgency in a young person's move to
12 independent living (see 3.6.3), other participants reported professionals appearing to push
13 certain accommodations offers without the time for young people to exercise informed choice
14 or experience gentle transitions. Professionals' sense of urgency may arise from assumptions
15 about the ages at which looked after young people should make certain transitions, or the
16 knowledge that one placement is about to end, or a concern that if the young person does not
17 take this offer, the alternatives may be worse. However, these concerns were not always
18 explained clearly to young people. There may be an element of protection occurring here, to
19 avoid the young person feeling hurt or rejected. However, the data suggests that a
20 consequence of this lack of openness was that some participants felt they were not able to
21 make informed choices about their own futures. An alternative strategy might be 1) to lay the
22 truth on the table in supportive manner and 2) to secure resources for child-led decision
23 making. This would of course need more time, and an earlier start.

24 ***The critical question suggested here is:***

25 *What are the agendas and timescales that inform professional decision*
26 *making about looked after children and young people, and how can these be*
27 *shared and discussed with children and young people to enable them to access*
28 *resources and support and to lead decisions?*

29 4.4 A focus towards resolution

30 Many participants alluded to unresolved issues during the research interviews, related to not
31 knowing key information about their families, or the reasons for decisions about contact. The
32 unresolved issues tended to be related to understanding and coming to terms with family
33 histories and the realities of what contact was feasible. Participants valued support from social
34 care staff to seek information and life story work, but these processes were not happening
35 consistently.

36 These two strategies (assistance in getting answers and life story work) are not new ideas. The
37 question must then be: why is this work on resolution not happening more consistently? The
38 importance of this question is underlined by the fact that the children and young people

1 participating in this study suggested the goals for looked after children should be *'feeling*
2 *normal'*, *'feeling a sense of who you are'*, and *'feeling the future is a bit brighter'*. Resolution
3 might be assessed by the extent to which these feelings are secured.

4 Learning from the barriers already noted, it may be that life story work is often delayed due
5 to lack of social worker time to engage in direct work with the young person. In addition,
6 barriers to resolution may also be overcome if professionals are given the time and training
7 needed to acquiring the skills to work in a trauma-informed way (3.3.9), and to develop fuller
8 understanding of the range of issues care experienced young people may be facing (3.1.2,
9 3.2.5, 3.3.1, 3.4.1, 3.5.1). This suggestion is supported by early findings from research which
10 appears to suggest that non-specialist professionals working with looked after children
11 welcome provision of trauma informed training³⁸ and by research with care leavers which call
12 for more trauma informed approaches³⁹. Change at a systems level might also be required, so
13 that the opportunities are in place to make resolution a realistic possibility. This could mean
14 not just working with children and young people in care, but also working on underlying
15 inequalities (for example in access to higher education, employment and accommodation)
16 that would enable more LACYP to have well-founded hopes of a brighter future.

17 ***The critical question suggested here is:***

18 *What should be put in place so that professionals have the time and skills*
19 *required to work in ways that are trauma-informed and sensitive to the range*
20 *of issues individual looked after children and young people face?*

21 *And how can support be put in place to enable understanding of their*
22 *histories, resolution and well-founded hopes about their futures?*

23

³⁸ <http://www.education.ox.ac.uk/wp-content/uploads/2019/05/Timpson-working-paper-1.pdf>

³⁹ <https://coramvoice.org.uk/wp-content/uploads/2020/11/1883-CV-What-Makes-Life-Good-Report-final.pdf>

1 5. Recommendations

2 This section presents the recommendations from the care experienced young people who
3 developed this study. The recommendations are based on their review of the findings and
4 critical issues (section 3 and 4) and their dialogue with the academics. The recommendations
5 provide insight into how to make more good things happen for children and young people
6 who are looked after.

7 **1. Ensure that professionals and carers have the time, understanding, resources and** 8 **motivation to:**

- 9 • Do their jobs properly.
- 10 • Be available – if the child or young person needs to speak to them about something
11 the young person feels is important and not cancelling last minute.
- 12 • Listen and respect LACYP's stories, not judge and treat us badly.
- 13 • Do things together – take time to talk and look after us; ask us how we are; don't just
14 issue lists of instructions and rules about what we should be doing.
- 15 • Prioritise children's experience of the present, don't always focus on the future.
- 16 • Actually care about LACYP – be friendly, work around the young person, don't try to
17 make them fit in, enable them to be who **they** want to be (not to change for others).
- 18 • Enable children to be able to talk to (go on holiday with) other family members.

19

20 **2. Train carers on how to build trusting relationships**

- 21 • How to discuss and negotiate with children.
- 22 • How to build opportunities for independence.
- 23 • How to consistently demonstrate care and understanding of trauma.

24

25 **3. Ensure social work practice includes:**

- 26 • Getting to know the social worker better before starting visits.
- 27 • Having more regular meetings/contact until the LACYP is settled and wants less.
- 28 • Being able to trust the social worker to do what they say they will do.
- 29 • Doing nice things such as bring food the LACYP has chosen or take them out and eat
30 together at a place the LACYP has chosen.
- 31 • Potential social workers being interviewed by LACYP, so that they can choose someone
32 that they believe they will be able to get on with.

33

34 **4. Ensure education staff's practice includes:**

- 35 • Discussing with children what needs doing and let them choose when to do things
- 36 • Talking and getting to know children, e.g. ask how their day has been.
- 37 • Working around, and adapting to, their needs,
- 38 • Thinking about priorities – children and their wellbeing first (not qualifications and
39 money).
- 40 • Providing resources – helping children instead of saying it is not their responsibility.

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5. Ensure that all professionals, and particularly those in health settings:

- Are friendly and address children directly.
- Provide information and opportunities for children and young people to voice their concerns.
- Enable children to lead decision making.
- Have a clear understanding of trauma and how to support children with this

6. Ensure that policy makers and service providers design and commission services by answering these questions about relationships:

- *How can social workers and social care staff have enough time and support to build trusting and trustworthy relationships with looked after children and young people?*
- *How can parents and carers get the time and support they need to build trusting and trustworthy relationships with looked after children and young people?*
- *How can looked after children and young people have the time and support they need to build trusting and trustworthy relationships with carers and workers and with family members?*

7. Ensure that policy makers and service providers design services and commission by answering these questions about adequate resources and decision-making:

- *Who knows looked after children and young people well enough to make decisions with them?*
- *Are decisions made because of lack of money?*
- *Are children and young people's wishes respected as much as possible?*
- *How can professionals share information and discuss their concerns with children and young people?*
- *How can professionals make sure these conversations increase children and young people's influence in decisions?*
- *How can professionals and carers get the time and skills needed to understand trauma?*
- *How can professionals support looked after children and young people to understand their histories and build hopeful futures?*

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1 Annex – Further details of the methodology

2 This annex provides details of:

- 3 • **Research questions set by the NICE GUC**
- 4 • **Our approach to promoting ethical research**
- 5 • **Examples of participatory fieldwork activities**
- 6 • **Our participatory approach to data analysis**

7 Research Questions set by NICE GUC

Theme	Research Questions
1 Supporting Care and Placement Stability	1a) What is the effectiveness of health and social care interventions and approaches to support care placement stability? 1b) What are the barriers to, and facilitators for, supporting care placement stability 1c) The factors that help or hindered a placement staying together or led to placement breakdown 1d) Care preferences (residential, foster and long-term care)? 1e) What are the experiences of the living environment (privacy/identity/sharing property)?
2 Relationships and Contact	2 a) How well is contact being managed while on placement? 2b) How is contact managed when LACYP are placed out of county? 2c) What is the effectiveness of health and social care interventions and approaches to support positive relationships for looked-after children and young people and care leavers? 2d) What are the barriers to, and facilitators for, supporting positive relationships for looked after children and young people? 2e) Which relationships to LACYP value and prioritize?
3 Health and Social Care promotion: Physical, mental and emotional health and wellbeing	3a) What is the effectiveness of interventions and approaches to support practitioners in completing physical and mental health and wellbeing assessments for looked-after children and young people? 3b) What is the effectiveness of interventions and approaches to promoting physical, mental and emotional health and wellbeing of looked-after children and young people and care leavers? 3c) What are the barriers to and facilitators for, promoting physical, mental and emotional health and wellbeing of looked after children and young people and care leavers? 3d) Can the type of provider (i.e medical practitioner, nurse etc) influence attendance? 3e) Who should advocate for LACYP? Who, in their opinion/experience, would be the most suited to advocate?
4 Supporting Learning Needs	4a) What is the effectiveness of interventions to support readiness for school? 4b) What is the effectiveness of interventions to support learning needs by either a learning provider or carer of school-aged looked-after children and young people?

	<p>4c) What is the effectiveness of interventions to support entry into further education or training?</p> <p>4d) what are the barriers to, and facilitators for, supporting learning needs?</p> <p>4e) What are the barriers, and facilitators, to accessing further/higher education?</p> <p>4f) What support was/is available for entering further/higher education? If support received, was it helpful?</p>
<p>5 Preparing to leave care (Moving back to parents or to special guardianship)</p>	<p>5a) What is the effectiveness of interventions and approaches to support looked-after children and young people transitioning out of care to living with their adoptive or birth parents or special guardians, or into connected care?</p> <p>5b) What are the barriers to, and facilitators for, supporting and developing looked-after children and young people to transition out of care to living with their adoptive or birth parents or special guardians, or into connected care?</p>
<p>6 Preparing care leavers for independent living</p>	<p>6a) What is the effectiveness of interventions and approaches (including entry into employment, training, life skills and higher education) to support looked-after young people transitioning out of care into independent living?</p> <p>6b) What are the barriers to, and facilitators for, supporting and developing looked-after young people to transition into independent-living?</p>

1

2 Our approach to promoting ethical research

3 We secured ethical approval from the University of Central Lancashire, and the ADSC. We
 4 implemented established principles of ethical research⁴⁰ (see box 3 for details).

5

6 All of these principles were covered in research protocols with the collaborating
 7 organisations who supported LACYP to be involved in this study. These were discussed in
 8 detail before signing.

9

10 *Box 3 Ethical Principles*

- | |
|---|
| <ul style="list-style-type: none"> 11 • Ethical Approval Ethical approval for the research was been secured from the 12 researchers’ institution and all participating organisations that have ethical approval 13 mechanisms. 14 • Clearance All staff had clear enhanced DBS clearance and worked to safeguarding 15 and other relevant policies of the collaborating organisations and UCLan. 16 • Informed Consent LACYP were provided with written and verbal information by the 17 collaborating organisations. If they were interested in participating in the research, 18 letters providing information and requesting the return of signed consent forms were 19 sent to parents/carers/social workers (as appropriate). Once these were received by 20 the collaborating organisation, the LACYP were invited to meet with researchers. |
|---|

⁴⁰ An overview of these is provided at <https://childethics.com/ethical-guidance/>

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- 1 When the LACYP met with researchers they reviewed the information sheet again
2 and were given opportunities to ask questions before signing their own consent
3 forms. Consent was sought from accompanying adults if young participants wished
4 these adults to remain in the room (often to assist in communicating on their behalf).
- 5 • **Voluntary and Fluid Consent.** Participants were reminded that they can leave the
6 research group at any time or leave the group and return later. Arrangements were
7 in place with the collaborating organisation to enable this, ensuring that alternative
8 activities or transport home is available.
 - 9 • **Withdrawal of data** Before and after the research session, participants received
10 information about how to withdraw their data from the study, if they so choose.
11 Timeframes for doing this, prior to complete anonymisation, were explained.
 - 12 • **Anonymity** All identifying details (names of people, places and unusual
13 configurations of content which may be identifiable) were removed from the data
14 recorded by the research team. Consent forms are stored separately from all data.
15 Collaborating organisation were advised to send an anonymised written and
16 photographic account of children's perspectives and feedback if this was done on
17 line. The UCLan research team read through all data to check for potential errors in
18 anonymisation, before extracts were shared for participatory analysis.
 - 19 • **Safety and Confidentiality** The Centre's rights-promoting risk assessment and child
20 protection procedures were followed, ensuring that all participating children have
21 access to a named person who can provide them with support regarding any issue of
22 concern that they raise during the course of the research. We also constantly review
23 the comfort of participants during our fieldwork with them, using a trauma informed
24 approach to ensuring that they are supported to steer away from topics which cause
25 undue distress and focussing on positives when this is needed.
 - 26 • **Inclusion** Methods were designed and adapted in situ to ensure that all participants
27 were able to participate in research activities. This was achieved by using the
28 researcher's experiences and skills in establishing effective communication styles
29 with diverse children and our creativity in adapting methods. This also required
30 providing adjustable timescales for working together, to allow children to take part
31 for just a short time or to stay with us for up to 4 hours (to build relationships, opt in
32 and out of research activities, recreational activities and break times).
 - 33 • **Information, Transparency and Feedback** Participants were told the purpose of the
34 research, how their information will be stored, used, reported and disseminated. We
35 faithfully convey the participants' wishes and recommendations by collecting views
36 and images, coding and analysing these collaboratively with children and young
37 people. Initial draft findings were shared with the participants, providing
38 opportunities for them to comment and revise these. They will receive an accessible
39 summary about the results of the study.
 - 40 • **Ownership** The Centre has a commitment to maximising children and young people
41 opportunities to influence the research it conducts⁴¹. This means we aim to co-create
42 as many different aspects of research processes as possible with the maximum
43 number of children affected by an issue. It also means we support participants to
44 take ownership of and use the research findings to help achieve their own goals. We

⁴¹ Larkins, C. Kiili, J. and Palsanen K. (2014) A lattice of participation: reflecting on examples of children's and young people's collective engagement in influencing social welfare policies and practices. *European Journal of Social Work* 17 (5) 718-736

1 work with collaborating organisations who share this aim. All children taking part in
2 events will also be able to take home any artwork they create.

- 3 • **Recompense and refreshments** We recompense children and young people for the
4 time they spend contributing to research activities led by the UCLan team by offering
5 a £10 voucher, and providing adequate appropriate refreshments to cater for
6 individuals' dietary needs, hunger and thirst.

7
8 Data set 2 involved studies which had received ethical approval and followed similar
9 procedures, including, for example, interviews conducted for the study Stanley, N., et al.
10 (2012) *An Evaluation of Social Work Practices London: DfE*

11 Reflexivity

12 Co-reflexivity about personal and professional histories is a further ethical component in
13 participatory research, and provides a clearer understanding of young people's and adults
14 standpoints.⁴² Having noted the young steering group members were care experienced, we
15 therefore also acknowledge that all of the academic researchers also had some personal and
16 /or professional connection to these experiences. In this study, we did not work with any
17 individuals with whom we had previous personal or professional contact.

18 Participatory fieldwork activities

19 Group activities were co-facilitated by two to four adults (minimum ratio 2 adults for every 3
20 children). This ensured we could communicate effectively with the wide diversity of the
21 participants we hope to recruit.

22 The final structure of the activities varied in response to the participating individuals'
23 preferences (see box 4 for an example). However, the broad principles followed were:

- 24 • Meeting at a location that is friendly and inviting for the children and young people
25 attending, including providing refreshments and suitable space in which to play
- 26 • Offering options to meet for shorter or longer amounts of time, to suit individual and
27 group needs (30-240 mins)
- 28 • Offering options to meet alone with a researcher, in pairs or in larger groups
- 29 • Starting each meeting with information about the research, confirming consent,
30 agreeing which activities to engage in and payment of reward vouchers. Vouchers are
31 given at the start rather than at the end to reinforce that participation is voluntary
32 and to help create a trusting environment.
- 33 • Reminding participants of limits and responsibilities regarding confidentiality,
34 including talking about people anonymously and respecting privacy within the group.
- 35 • Getting used to talking and working together by discussing safe topics (e.g. things
36 participants like to do in their spare time).
- 37 • Providing art materials and discussion cards from which children and young people
38 can choose the subjects they would like to discuss and the methods they wish to use
39 for this.

⁴² Moore, T., Noble-Carr, D., & McArthur, M. (2016). Changing things for the better: the use of children and young people's reference groups in social research. *International Journal of Social Research Methodology*, 19(2), 241-256.

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- 1 • Reflecting throughout the research activities on whether all participants are fully
- 2 engaged and adapting methods accordingly.
- 3 • Reminders about the ongoing presence of a named support person and alternative
- 4 activities within the building during all group activities (e.g. a chill out space or indoor
- 5 football pitch).
- 6

7 Box 4 - Examples of group research activity:

8 **Activity: Well-being movie**

9 The aim of this activity is to enable young people to select what they want to do and how to

10 express their feelings about well-being by planning a movie about how to make good things

11 happen in the lives of looked after children and young people.

12 Time needed: 15-75 mins (depending on interests)

13 Resources needed: 1) Risk assessment of the potential dynamic in the group according to the

14 age range, needs and any current vulnerabilities of participants and the support (and

15 mitigation measures) available. 2.) warm up activities and ground rules cocreated with the

16 groups. 3) A creative area set up with a wide range of materials - paints, glue, fabric, digital

17 devices with access to music). 4) A long story line plotting chart - a curved line with 6 highs

18 and 5 lows, drawn across three pieces of flipchart and laid on the floor or a table if you have

19 a long enough one. 5) At least 2 experiences people listening and facilitating for every 3

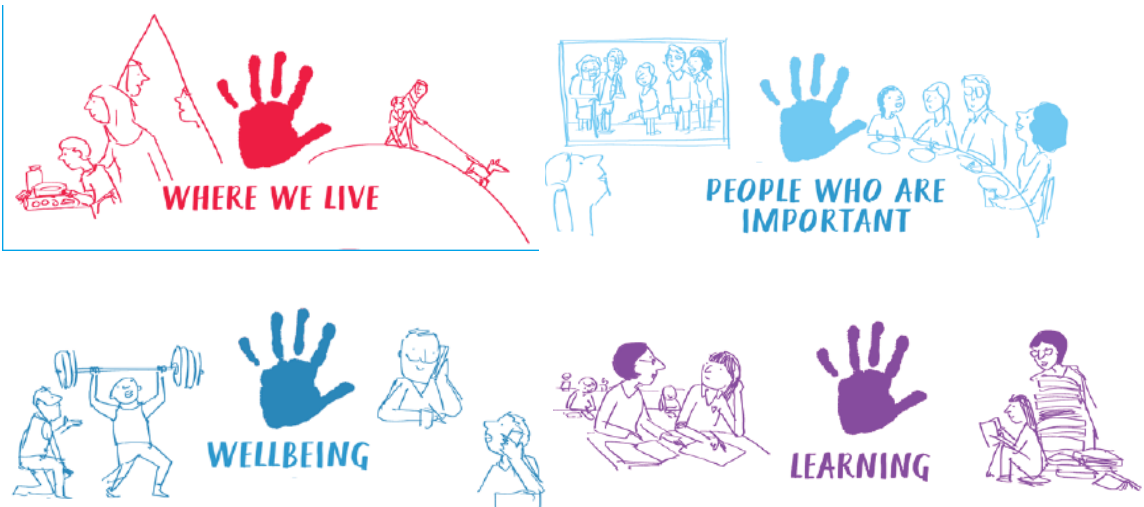
20 people participating. 6) Any other safe craft materials you can acquire 7) A4 cards each

21 showing one of five research themes and images (see below) – NB we did not use this activity

22 to discuss the emotionally charged issue of potentially returning to birth families or moving

23 to special guardianship.

24





1

2 **Activity Summary**

3 **Introduction:**

4 Would you like to help plan a movie about how to make good things happen in the lives of
 5 looked after children and young people? We could think about characters, moods and things
 6 that happen. If you want, we can look at mood, and the colours and sounds that express
 7 this. Or you can think about things that should happen, the places and characters involved
 8 and what they do together. If you want you can do both.

9 **Option 1 – Moods** (facilitated by at least one researcher at all times)

10 Think about what well-being means to you:

11 What does it feel like? What does it look like? Do you think of colours or textures? Or
 12 different sounds?

13 Choose a creative activity to express this feeling: create drawing/collage, a poem or choose a
 14 song.

15 **Option 2 – Plot lines** *Started as and when participants come to the end of their wellbeing
 16 creations, or finish conversations or if they choose to engage directly with the plotline.*

17 Look at the five themes we are discussing and choose an order in which to place them on the
 18 highs of the move plot line. Draw or write details any important people, services and things
 19 you think would help looked after children achieve highpoints in each of these areas.

20 *Answers can be written on the plot line, notes or audio recorded. If participants start to
 21 discuss low points, return to discussion of the wellbeing activity and encourage a focus on
 22 strengths.*

23 **Our participatory approach to data analysis**

24 This study draws on children’s expert meaning making regarding experience and
 25 interpretation to apply a hybrid approach of inductive and deductive thematic analysis⁴³ with
 26 a framework analysis approach to ensure that analysis is driven by participants’ perspectives.
 27 The framework approach of indexing data against key questions and agreed themes enables

⁴³ Fereday, J., & Muir-Cochrane, E. (2006) Demonstrating rigor using thematic analysis: A hybrid approach of inductive and deductive coding and theme development *International journal of qualitative methods*, 5(1)

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1 openness to change, within and cross case analysis, and the handling of large volumes of data
2 generated in different forms⁴⁴. This involves:

- 3 • familiarization;
- 4 • identifying a thematic framework;
- 5 • indexing;
- 6 • charting;
- 7 • mapping and interpretation.

8

9 In our study, analysis was iterative and collaborative, complicated by the decision to integrate
10 different forms of data due to Covid-19 restrictions; the hybrid analysis approach was helpful
11 as it enabled integration of multiple and diverse data sources with a view to informing public
12 policy⁷. We also adopted a critical and relational approach to analysis exploring the
13 transcripts, pictures and our fieldnotes to identify the attitudes, feeling and beliefs, actions,
14 and features of relationships, spaces and things that were named or present in our
15 interactions with looked after children and young people and to try to understand what was
16 working for and with whom, why and when⁴⁵.

17 The description below is a schematic attempt to capture the difference in emphasis in ten
18 steps of analysis, which in practice were interwoven.

19

- 20 1. **Familiarisation:** Data was listened to, read, looked at and reviewed by multiple
21 researchers and anonymised extracts were reviewed by young researchers and GUC
22 members
- 23 2. **Identifying a thematic framework:** This was built from the initial six themes. Two further
24 potential themes we explored. These (decision making and leisure activities) were
25 retained for analytical rigour and used within each of the initial themes as they cut across
26 the existing themes. The concepts of outcomes, feelings, relationships, people, places,
27 resources, actions, processes and barriers also emerged.
- 28 3. **Indexing and charting:** Data was indexed to these themes and charted in NVivo and tables
29 in Word and Excel.
- 30 4. **Participatory analysis:** academics, with LACYPSG and NICE Committee members, used
31 these questions related to the concepts that had emerged to analyse examples of the data
32 from each theme:
 - 33 a. What is the life aim being talked about? (**outcomes, feelings**)
 - 34 b. Who or what helps? (**people, spaces, resources and features of relationships**)
 - 35 c. How do they help? (**actions and processes**)
 - 36 d. What are the barriers?
- 37 5. **Creation of categories of concepts:** This prioritised categories of concepts defined by
38 LACYPSG members and used words and expressions that they had named, then additional
39 sub-categories that NICE Committee members had suggested, and finally adding or
40 retaining academics' terms where no other sub-categories could fit the data.

⁴⁴Srivastava, A. & Thomson, S. B. (2009) Framework Analysis: A Qualitative Methodology for Applied Policy Research. *JOAAG*, 4(2)

⁴⁵ Alderson, P. (2015). *The Politics of Childhoods Real and Imagined: Practical application of critical realism and childhood studies* (Vol. 1 and 2). Routledge.

1 6. **Mapping and charting** of the entire data set 1 using this coding framework. For example,
 2 colours are used below to illustrate how these sub- categories are evident in the data, in
 3 the following summary of an interview:

4 **NAME 1** was staying at an specialist setting described a **key worker** who had supported
 5 her for several years and supported her transitions in and out of care. She felt the
 6 worker had a **genuine interest in her wellbeing**, had **respect for her**, was **always there**
 7 **for her** and made **time for her**. Spaces they interacted included the shared and private
 8 places at the **ASU**, in the **car**, at **home** with the young person’s mum and **school**. The
 9 relationship was observed to be very **warm, caring and respectful**. It enabled the key
 10 worker to **know** when to **support** as her mum was not coping, including
 11 **accommodating the young person for short spells in care** and a **better communication**
 12 with mum.

Theme of this excerpt: 5. Preparing for Return to Family	
Categories	Subcategories
Outcomes	better communication and connection with important people
Attitudes and Feelings	supported; cared about; appreciated, valued and accepted for who you are
People	young person; key worker; Mum
Spaces	ASU; Car; Home; School
Resources	not mentioned in this extract
Actions	knowing; supporting; communicating; caring
Features of relationships, spaces and things	warmth; respectful; caring
Processes	Short-term accommodation when needed

13
 14 7. **Interpretation:** Identifying ‘small stories’ within the data to allow richer interpretation
 15 through Interpretive and Language Analysis. Drawing on narrative framework⁴⁶, the
 16 analysis identifies the ways in which interviewees make meaning and represent their
 17 experiences through stories. Paying attention to narrative segments such as ‘evaluation’,
 18 ‘coda’, ‘abstract’, ‘complicating action’ and ‘resolution’⁴⁷. This allows for consideration to
 19 be given to how individual interviewees constructed their experiences and generate
 20 meanings through their stories. Using IPA⁴⁸ the analysis is contextualised, highlighting the
 21 child or young person’s concerns, making sense of their claims from a social, psychological
 22 and cultural perspective and allowing us to identify and question some of the underlying
 23 assumptions. This enabled us to identify and explore the detail of barriers that were
 24 recurrent across themes.

⁴⁶ Labov, W., & Waletzky, J. (1967). Narrative Analysis: oral versions off personal experience. Helm, J. (ed) Essays on the Verbal and Visual Arts, Seattle: University of Washington Press.

⁴⁷ *ibid*

⁴⁸ Larkin, M., Watts, S. & Clifton, E. (2006) Giving voice and making sense in interpretative phenomenological analysis, *Qualitative Research in Psychology*, 3:2, 102-120, DOI: 10.1191/1478088706qp062oa

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- 8. **Participatory member checking**⁴⁹: The framework of themes, analytical concepts and descriptive sub-categories, together with the cross-cutting barriers, was shared with the young researchers, participants (via recruiting organisations) and NICE team members. The feedback we received from participants was discussed with the LACYPSG alongside thick descriptions of the data. It was used to expand the framework, and underlined the importance of some of the identified actions and processes.
- 9. **Secondary mapping and interpretation**: We then used the agreed framework to conduct a second analysis of data set 1 and to explore data set 2. Additional examples of some actions and processes were found in data set 1 and data set 2. Data set 2 also revealed a few additional processes that had not been evident in data set 1 and these were used to expand the final framework.
- 10. **Cross Interpretation**: Finally, we explored the charted data across to identify any patterns that suggest commonalities between participants’ characteristics (the identities and experiences we sought) and the actions and processes that lead to or impeded positive outcomes for these groups of children.

⁴⁹ Creswell, J.W. and Poth, C.N. (2018) Qualitative Inquiry and Research Design Choosing among Five Approaches. 4th Edition, SAGE Publications, Inc., Thousand Oaks.