

Review E5 - Qualitative review of experiences, views and preferences



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<b>Main title</b>	What outcomes matter to Looked After children and young people and their families and carers? A systematic review of their experiences, views and preferences.
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**List of abbreviations**

CYP	Children and Young People
CAMHS	Children and Adult Mental Health Services
FAC	Families and Carers
LACYP	Looked after children and young people
NICE	National Institute of Clinical Excellence
PDG	Programme Development Group
SCIE	Social Care Institute of Excellence
WoE	Weight of Evidence

## Executive Summary

### Aims & Rationale

The National Institute for Health and Clinical Excellence (NICE) and the Social Care Institute for Excellence (SCIE) have been asked by the Department of Health (DH) to develop joint guidance on improving the physical and emotional health and wellbeing outcomes for looked after children and young people. This review forms one component of this work. The review involved identifying research on and synthesising the views, experiences and preferences of children and young people, their families and carers, about the care system. The purpose of the review is to ensure that guidance reflects the diversity of views, experiences and preferences of children and young people, their families and carers as those most directly affected by the care system.

### Methods

Searches of 10 electronic health and social care databases were conducted with the aim of finding qualitative research reporting the views of looked-after children and young people (LACYP) and their families and carers (FAC) to answer the following broad question.

*What are the experiences, views and preferences of children and young people who are or have been looked after and their families and carers about the care system?*

Inclusion criteria were applied to restrict research to UK studies that used methods for data collection and analysis that allow themes to reflect what is important to LACYP and their FAC. Included studies were then critically appraised and rated for quality and relevance. The detail of the findings was then interrogated to answer, where possible, the following more specific questions.

#### Sub-questions

What do children and young people who have been looked after, or who have been looked after, and their families and carers say about:

- *Which physical, emotional, social or other outcomes are important to them?*
- *The accessibility and acceptability of interventions and activities that are used to maintain, improve or promote key outcomes?*
- *The impact of acceptability and accessibility on the effectiveness of interventions?*

#### Key findings

Data was extracted from 50 studies reporting the views of LACYP and FAC. A total of 35 studies presented LACYP views revealing nine major outcomes important to them. A total of 19 studies presented Carers' views revealing eight major outcomes important to them, and two studies presented biological parents views revealing one outcome of importance to them.

### Outcomes important to LACYP

#### Evidence statement 1: Love

Evidence from six + studies (Biehal and Wade 1996, Broad 2004, Butler and Charles 1999, Chase et al 2006, Heptinstall et al 2001, Luke and Coyne 2008) and one ++ study (Sinclair et al 2001) revealed LACYPs view that:- i) love and affection is desired by LACYP but is often lacking in their lives, ii) love, or the lack of it, has a significant impact on their emotional-wellbeing, in particular their self-esteem, iii) for some LACYP training and payment for foster carers undermines the sense that they are wanted or loved, iv) an unmet need for love and affection is perceived by some LACYP to have a profound and lasting impact on their future outcomes.

#### Evidence statement 2: A sense of belonging

Statements from LACYP in one ++ study (Sinclair et al 2001) and 12 + studies (Barn et al. 2005, Biehal and Wade 1996, Butler and Charles 1999, Heptinstall et al 2001, Hill et al 1996, Luke and Coyne 2008, Mullan et al 2007, Pitcher 2002, Schofield and Beek 2005,

Schofield 2003, Skuse and Ward 2003, Timms and Thoburn 2006) provide strong evidence that LACYP feel that i) a sense of belonging is desirable, yet often lacking in their lives, ii) their sense of identity is compromised by a lack of sense of belonging, iii) frequent moves and lack of permanence are a characteristic of being looked after that undermines any sense of belonging and therefore has a negative emotional impact for them and iv) a potential barrier to achieving the desired state of belonging is the conflict that arises for LACYP of being part of two families simultaneously, their birth family and their carers family v) achieving a sense of belonging and identity is compromised further when they are placed with carers from different ethnic and cultural backgrounds.

#### **Evidence statement 3: Being supported**

Evidence that being supported is important to LACYP was available in 10 + studies (Allen 2003, Biehal and Wade 1996, Chase et al 2006, Emond 2003, Heptinstall et al 2001, Hill et al. 1996, Luke and Coyne 2008, Martin and Jackson 2002, Schofield and Beek 2005, Stevens and Boyce 2006). The data made clear their views that i) LACYP need to feel that there is someone to support them, ii) emotional support is an important type of needed by LACYP, iii) encouragement to achieve in education and other aspects of their life is also needed and iv) practical support, such as help with homework and provision of materials, is key for achieving success in their lives.

#### **Evidence statement 4: Having someone to talk to**

Evidence on the importance for LACYP of having someone to talk to in confidence was found in eight + studies (Baldry and Kemmis 1998, Barnes 2007, Blower et al. 2004, Bundle 2002, Fleming et al. 2005, Leeson 2007, Munro 2001, Skuse and Ward 2003). LACYP reported that i) opportunities to talk to someone about their concerns were often not available, but they appreciated when they were and ii) they were often mistrustful of talking to professionals as they could not be sure what they said would be kept confidential.

#### **Evidence statement 5: Contact with birth parents**

The significance for LACYP of contact with their birth families was revealed in one ++ study (Buchanan 1995) and 10 + studies (Baldry and Kemmis 1998, Biehal and Wade 1996, Bullock et al. 1990, Butler and Charles 1999, Heptinstall et al 2001, Hill et al 1996, Munro, E. 2001, Stevens and Boyce 2006, Thomas and O'Kane 1999, Timms and Thoburn 2006). This evidence reveals that i) many LACYP have a strong desire to maintain contact with their birth families, ii) maintaining contact with birth families is important for supporting their self-identity, iii) LACYP felt social workers and care providers can obstruct their efforts to maintain contact with their families, and were resentful of this, iv) a lack of contact causes significant emotional upset for LACYP and v) contact with birth families is a complex issue, though an overwhelming majority of LACYP saw it as positive, not all LACYP felt the same.

#### **Evidence statement 6: Stigma and prejudice**

LACYP identified stigma and prejudice as significant problem in their lives in one ++ rated study (Buchanan 1995) and six + rated studies (Blower 2004, Butler and Charles 1999, Luke and Coyne 2008, Martin and Jackson 2002, Mullan et al 2007, West 1995). LACYP reported that: i) negative attitudes towards LACYP are common, ii) curiosity and pity are also attitudes commonly experienced and disliked and iii) a common and unwelcome experience was being singled out and made to feel different because of their LACYP status when what they particularly wanted was to feel 'normal'.

#### **Evidence statement 7: LACYP and Education**

Evidence about important issues for LACYP in relation to education was available in one ++ study (Buchanan 1995) and ten + studies (Ajayi and Quigley 2003, Allen 2003, Baldry and Kemmis 1998, Barn R 2005, Cameron 2007, Chase et al 2006, Harker et al. 2004, Martin and Jackson 2002, Skuse and Ward 2003, West 1995). This evidence revealed that i) encouragement to attend and do well at school is lacking for many LACYP yet those who have achieved success in education feel it is a key factor in their success, ii) the provision of practical support and resources is felt to be another key facilitator of success, yes is frequently lacking, particularly in residential care, iii) another source of support often felt to be pivotal in the success of LACYP in education was education specific support, in the

form of educational advice, iv) emotional support during education, particularly higher education was noted as a need by LACYP, v) stereotyping and stigma on the part of others, including teachers, was seen as a common barrier to educational success, vi) a lack of continuity in placements and schooling is a further barrier to the educational success of LACYP, vii) being placed in residential care was seen as particularly disadvantaging LACYP in terms of their education, and viii) LACYP who had achieved success in education cited their self-reliance as the key factor which helped them overcome the barriers mentioned above

#### **Evidence statement 8: Professionals**

There was evidence in seven + studies about LACYP's relationship with professionals (Allen 2003, Baldry and Kemmis 1998, Barnes 2007, Leeson 2007, Martin and Jackson 2002, Munro 2001, Skuse and Ward 2003). LACYP raised the following concerns; i) the issue of continuity in their relationships with professionals, ii) the negative impact of a lack of continuity, iii) a desire to form a personal relationship with professionals, iv) to have professionals who listen, who are accessible and v) who can be relied upon to be there for CYP and have the ability to get things done.

#### **Evidence statement 9: Preparation and support for leaving care**

One ++ study (Buchanan 1995) and six + studies (Allen 2003, Barn 2005, Chase et al 2006, Martin and Jackson 2002, Mullan et al 2007, West 1995) provide evidence that preparation and support for leaving care is an important issue for LACYP. In order to improve the process of leaving care LACYP said they needed: i) improved and more timely preparation for independent living prior to leaving care is likely to improve this transition for LACYP, ii) a network of support to provide ongoing practical help and emotional support after leaving care, iii) greater and more appropriate information and advice about entitlements to help LACYP make better use of services available to them on leaving care, iv) a higher level of financial support and more advice for managing finances to prevent serious financial problems for care leave, v) access to better quality and more appropriate housing.

#### **Outcomes important to Carers**

##### **Evidence statement 10: Carers' relationship with social workers**

There was evidence in one ++ study (Maclay et al. 2006), 4 + studies (Addy et al. 2006, Nixon 1997, Pitcher 2002, Sellick et al. 1994, Sheldon 2002) and three - studies (Hardwick 2005, Sinclair et al. 2005, Strover 1996) about carers relationship with social workers. Carers said they wanted: i) reliable, supportive and communicative relationships with social workers based on mutual trust and respect, ii) continuity in their relationships with social workers and iii) social services to be honest about the background of LACYP before a placement commences.

##### **Evidence statement 11: 'Being a parent ' or 'doing a job'**

There was evidence from one + study (Sellick 1994) and 3 - studies (Kirton 2001, Children in Scotland 2006, Sinclair et al. 2005) on carers views about whether they are 'being a parent' or are 'doing a job'. Carers views across the four studies indicate that: i) they view their role as both professionally demanding and a personally rewarding, which impacts on whether they consider payment to be financial compensation or an incentive or both, ii) they are more satisfied with their role when they are paid appropriately and on time, iii) they did not agree with payment banding according to the age or behavioural assessment of individual children.

##### **Evidence statement 12: Carers' relationship with LACYP**

There was evidence from two + studies (Butler et al 1999, Schofield and Beek 2005) and two - studies (Kirton 2001, Hardwick 2005) on carers' relationships with LACYP. Carers stated that they were: i) concerned with being able to support LACYP to make a difference in their lives and assist them in achieve better short and long term outcomes and ii) dissatisfied with trying to build supportive relationships with LACYP when there are high levels of placement instability.

##### **Evidence statement 13: Carers wider support networks**

There was evidence from one ++ study (Maclay et al 2006) one + study (Sellick 1994) and three - studies (Hardwick 2005, Sinclair et al. 2005, Rashid 2000) about carers use of wider support network. The views of carers indicated that: i) carers benefit from the support of others who share similar experiences which can impact on the quality of care they provide LACYP, ii) Support can include their own professional networks, often bypassing the assigned link to services, iii) Although LACYP may be fostered by individuals or couples in many cases the wider family are providing support to LACYP to ensure they feel 'love', and provide them with a sense of belonging which can act as an additional resource for carers.

#### **Evidence statement 14: Training**

There was evidence from two + studies (Fleming et al. 2005, Sellick 1994) and two - studies (Children in Scotland 2006, Hardwick 2005) about carers' views on training. Carers say that want: i) access to training on topics that are important to them, ii) to be trained to the same standard as social workers, iii) to be trained in particular areas as this provides them with greater confidence in their abilities a carers.

#### **Evidence statement 15: Birth parents**

T There was evidence from one + study (Butler and Charles 1999) and two - studies (Children in Scotland 2006, Rashid 2000) on carers' views about birth parents. Carers held strong views about birth parents. They felt that: i) birth parents had a disruptive impact on the lives of LACYP and ii) often they were left with the responsibility of dealing with any negative effects of birth parent contact.

#### **Evidence statement 16: Accessibility and acceptability of services**

There was evidence from three + studies (Addy and MacKechnie 2006, Burgess et al, 2003, Callaghan 2003) and one - study (Hardwick, 2005) about the accessibility and acceptability of services. Four studies included in the review asked carers about services they wanted or would like to have access to. In addition, three of the four studies included carers' views on the acceptability of services they had received or had been in contact with. By comparing the participants direct quotes and author analysis across the four studies it was possible to identify three barriers to accessing services: i) lack of information about services available to LACYP and carers, ii) difficulty navigating the mental health referral system, iii) stigma about mental health. In terms of the *acceptability* of services all three studies included both positive and negative experiences of the services they received with no strong implications for the improvement of services being made by carers.

#### **Evidence statement 17: Kinship carer tensions**

There was evidence from two ++ studies on being a kinship carer (Addy & MacKechnie 2006, Pitcher 2002). Participants described what it was like being a kinship carer, which provided insight into the uniqueness of their experiences. The following emerged from their views: i) kinship carers often have to manage both their relationship with the child in their care and biological parent of child(ren) in their care and may need additional support do this, ii) kinship carers may have additional support needs because they are often older (grandparents) and looking after a child may be an added burden.

### **Outcomes important to Parents**

#### **Evidence statement 18: Continued parental involvement with children**

There was evidence in two + studies (Fleming et al 2005, Pitcher 2002) on parents views about maintaining contact with their children. Parents specifically stated that i) they wanted to maintain continuity in contact with their children, ii) they wanted to be a source of support to their children, iii) that they needed support from professionals while their children are in care in order to have useful contact with their children.

### **Conclusions**

This review of UK research on LACYP and FAC views provides evidence about the importance of and prevalence of many well known issues for LACYP and FAC in their experience of the care system. Some of the important issues for LACYP were corroborated by as many as 12 different studies. This review does not provide answers to these dilemmas but gives voice to the people most affected by these systems and thus a starting point for

what issues to focus on in developing the services to maximize the positive aspects and minimize the negative aspects of these systems.



## 1. Introduction

### 1.1 Aims and rationale

The National Institute for Health and Clinical Excellence (NICE) and the Social Care Institute for Excellence (SCIE) have been asked by the Department of Health (DH) to develop joint guidance on improving the physical and emotional health and wellbeing outcomes for looked after children and young people. This review forms one component of this work. For further details on the focus, questions, definitions used for the broader research project see NICE Public Health Guidance: Looked after children and young people - Final Scope (NICE and SCIE 2008).

This component of the project involved identifying research on and synthesising the views, experiences and preferences of children and young people, their families and carers, about the care system. The aim of the review is to ensure that lived experiences of the care system so that guidance reflects the diversity of views, experiences and preferences of children and young people, their families and carers as those most directly affected by the care system.

### 1.2 Concepts and definitions

This section outlines the key issues that were addressed in this review and provides definitions for them. Systematic research syntheses require explicit and precise definitions in order that the limits of the review are made clear, not least to enable the development of a coherent search strategy and inclusion and exclusion criteria. The development of the following definitions drew on information presented in the Public Health Guidance Scope produced by NICE and SCIE on '*The physical and emotional health and wellbeing of looked after children*'. Where the definitions in this document differ from those in the public health guidance scope this is in order to make them operationalisable for this review and to reflect the international focus of this review. These decisions have been made in agreement with SCIE and NICE.

#### 1.2.1 Looked after Children and Young People

The term 'looked after' refers to situations where the state acts as the legal guardian for a child or young person. It is a term used specifically within the UK and has been chosen for use in this review as it reflects our aim of encompassing children and young people in the broad spectrum of care arrangements including:

1. those traditionally described as being 'in care', i.e. children and young people *compulsorily* removed from their family and placed in the care of the state
2. those placed in the care of the state on a *voluntary* basis
3. those placed in 'out of home care' such as with foster carers, in residential homes, young offenders or secure institutions or at boarding school
4. those residing with parents or other relatives but for whom the state is their legal guardian
5. those for whom the state no longer acts as legal guardian but who continue to receive interventions from the state because of the status of having been looked after - described in the UK as 'care leavers'

#### 1. Compulsory care

There are two types of compulsory care that might be applicable for this review,

##### 1a) Court orders for child protection

The courts in many countries use legal powers in order to protect children from harm. In the UK a Care Order may place a child under the care of the state because a court finds a child or young person;

- is suffering, or is likely to suffer, significant harm caused by the child's parents
- is suffering or likely to suffer harm because of insufficient care being given to the child by the parents
- is likely to suffer harm because they are beyond parental control

In addition, court orders for the period during which enquiries are being made to establish whether a child is suffering, or likely to suffer harm may be given, such as emergency care orders, or interim care orders given by UK courts.

#### 1b) Court orders for criminals

CYP may also be remanded to the care of the state by a criminal court. In the UK children are considered criminally responsible when they reach 10 years of age. In such instances a Criminal law supervision order may require children found guilty of committing a crime to be placed in the care of the state.

#### 2) Voluntary care

Voluntary care is the result of an agreement between parents or guardians and the legal authorities that it would be in the child's best interests for the state to become legally responsible for a child or young person.

In the UK voluntary agreements may include the following:-

- Children and young people who become the responsibility of the state on a planned temporary basis, such as in the case of respite care (see under Residing at home below for further details)
- Unaccompanied asylum seeking children up to age 18 years who receive a formal agreement from the state that they should be looked after in order to safeguard and promote their welfare

#### 3) Out of home care

Many looked after children are voluntarily or compulsorily accommodated outside of their family home. Such accommodation may be in institutional settings such as residential care homes, boarding schools, and young offenders or secure institutions, or it may be in the private homes of foster carers. More information about the different types of care is provided in section 1.2.4 below.

#### 4) Residing at home

Some children may become the responsibility of the state for planned short periods of time, for example in the case of respite care schemes. In this instance, children temporarily become the responsibility of the state as they receive a pattern of short-term breaks or placements, but otherwise they live at home and remain the responsibility of their parents. In the UK these are sometimes known as 'Shared Care' schemes and are delivered, for example, to those with physical or learning difficulties.

#### 5) Care leavers

In the UK individuals may continue to be 'looked after' until the age of 21, though many cease to be looked after at the age of 18 (DCSF 2009). In addition, the Children (Leaving Care) Act 2000 places a duty on local authorities in the UK to contribute to the expenses of young people up to the age of 25 years, known as 'care leavers' if they are seeking employment, or are receiving education or training (NICE and SCIE 2008).

As the focus of this research is to understand the views of LACYP and their families and carers (FAC) about the care they receive and the outcomes that are important to them, all care given by the state because of the status of being 'looked after' were of interest.

Therefore, for the purposes of this review the term 'Looked after children and young people' (LACYP) refers to those for whom the state acts as legal guardian and those who continue to receive services because of the status of having been looked after.

### 1.2.2 Children and young people

The term 'children and young people' (CYP) was used to refer to anyone aged 0-25 years. A broad age range has been selected so that the full spectrum of care arrangements can be included.

The upper age limit of 25 years reflects UK policy, care can be provided here by the state to young people up to the age of 25 because of the status of having been looked after.

### 1.2.3 Families and carers

Families and carers of LACYP are defined, for the purposes of this review, as those who have parental responsibility before or after the period in which the state acts as legal guardian.

It is recognised that 'families' can entail a much broader definition than just those with 'parental responsibility'. However, the definition has been framed in this way because family members or carers who have parental responsibility are 'service users' in the sense that they have direct experience of the care system through their contact with it.

### 1.2.4 The care system

The topic focus for this review is the views, experiences and preferences of LACYP and their FAC regarding the 'care system'. The looked after children 'care system' is not a discrete entity but is made up of a number of settings and interventions where LACYP and their FAC can come into contact with and can be found. The care system can include but is not limited to the following;

- *Foster homes* are the private home of an individual or family provided care for children who are 'looked after'.
- *Residential care* is where LACYP live together as a group in the care of professional staff.
- *Kinship Care*; is when a child welfare agency places children and young people with relatives when they would otherwise be with stranger foster carers, in residential care, independent living, or adopted.
- *Out-of-home care* is a term used to refer to care provided to children who are the responsibility of the state. It can include all or some of the following; foster care, kinship care, mental health services, boarding schools, inpatient mental health services

Interventions aimed at children and families in the care system include;

- *Treatment foster care and multi-dimensional treatment foster care* refers to foster family based interventions that aims to provide LACYP with individually tailored programmes designed to improve positive outcomes in their lives
- *Integrated Services for Looked After Children & their Families* - refers to multi-agency services run by local authorities in the UK which aim to improve the educational, social care, health care and community/leisure opportunities of every child and young person who may be in the looked after system, in a pre-adoptive placement or once they are adopted. These may include both specialist services, such as looked after children educational services and services for all children such as CAMHS, Sure Start etc.
- *Foster Parent Training Interventions* are a range of interventions which aim to ensure that foster carers and their families are trained in the skills required to provide high quality care and to meet the needs of each child or young person placed in their care. In the UK, there is also a requirement that training adheres to the National Foster Care Standards

### 1.2.5 Outcomes

As well as being concerned with the experience of the care system, this review is also concerned with LACYP and FAC views about the impact of the care system in relation to several key outcomes.

These include:

- *Physical health outcomes*, for example, nutrition, physical activity, obesity, alcohol consumption, smoking and /or sexual activity
- *Mental health and emotional wellbeing outcomes*, for example resilience, wellbeing and coping skills, conduct disorders, attention deficit hyperactivity disorders, depression and anxiety disorders, eating disorders, self-harm and suicide and/or rates of risk-taking behaviour, social relationships and attachment
- *Social outcomes*, for example housing and homelessness, relationships, social capital, and criminal justice outcomes
- *Any other outcomes* that have been specifically identified by LACYP or their FAC as important to them

### 1.2.6 Views

The review sought research which collected and presented the views of LACYP and/or their FAC. This included data collected from them about their perspectives, experiences or preferences regarding care practices, and/or their physical, emotional and social wellbeing or other 'outcomes' they identify as important.

Views of the following types were useful in understanding the nature of experiencing care:

Experiences - People's feelings about, or evaluations of, specific experiences.

Perspectives - Individuals general opinions on or attitudes towards experiences of care.

Preferences - Individuals indications of liking for particular practices, services or experiences and comparisons with less appreciated ones.

A particular emphasis was placed on understanding the issues that are important to LACYP and their FAC. Therefore, research was only included in the review if the data had been collected using methods that ensured LACYP and their carers had been able to determine, to some extent, the focus of the data collected. This may be achieved through approaches such as open-ended survey questions, semi-structured or unstructured interviews, where participants have the freedom to steer the nature of responses and/or questions to issues most relevant to them. Research using a more structured approach, for instance where closed question surveys are used, was included if the authors make explicit that LACYP and/or their FAC have been involved in the development of that tool, thereby ensuring the pertinence of questions to the participants.

## 1.3 Policy and practice background

The child welfare agenda for 'looked after' children is led by central government in most countries, internationally. The majority of policies for children in care aim to improve their health and social outcomes and to support families. As would be expected, policy and practice in this arena sits within a child protection legislative framework that is concerned with early intervention and prevention of 'harm' to children. The legislative context and main aims of policy concerned with LACYP and FAC from a small selection of countries are outlined as examples below.

### *England*

The Department of Children, Schools and Families have produced policy guidance regarding how it plans to improve health and well-being outcomes for children, in a new white paper *Care matters: Time to deliver for children in care* (DCSF 2008). One of the main objectives is to narrow the gap between children in care and all children, focusing on improving mainstream services in education and health, and services specifically for LACYP and their FAC. This guidance builds on the policy initiatives of the 1990's such as the 'Quality Protects' programme (DH 1998) the Children Acts (1989 and 2004), and more recently the Every Child's Matters Agenda ([www.everychildmatters.gov.uk](http://www.everychildmatters.gov.uk)) and the Green Paper (2006) on *Care matters: Transforming the lives of children and young people in care*.

### *Wales*

The framework for policy and practice concerned with LACYP in Wales is led by the National Assembly for Wales. It is guided by 'The Care Standards Act' (2000), the Fostering Services (Wales) Regulations (2003) and the National Minimum Standards for Fostering Services. The National Assembly recently produced new guidance and regulations, '*Stronger partnerships for Better Outcomes*' (NAW 2006) and '*Towards a Stable Life and Brighter Future*' (NAW 2007) which emphasise multi-agency and partnership models of working to improve the health and educational outcomes of LACYP.

#### *Northern Ireland*

The legislative approach to 'looked after' children in Northern Ireland is similar to those in England and Wales. The Northern Ireland executive produced guidance on fostering services (DHSSPS 1995) which is also in line with the UK National Joint standards for foster care (NFCA 1999) and the national minimum standards set out by the Department of Health on meeting the needs of children in care (DH 2002).

#### *Scotland*

The legislation for LACYP in Scotland differs from England, Wales and Northern Ireland. In particular, they do not differentiate between children who are 'looked after' but living at home and those living in foster care and in residential settings. The Scottish Executive produced guidance to improve outcomes for looked after children and young people as they became a visible priority group in '*More Choices, More Chances: A Strategy to Reduce the Proportion of Young People not in Education, Employment or Training in Scotland*' (Scottish Executive 2006), and a key priority under their '*Closing the Opportunity Gap approach to tackling poverty and disadvantage in Scotland*' (Scottish Executive 2004). Similar to England, the main focus of the '*looked after children & young people: we can and must do better*' (Scottish Executive 2007) is to improve both the outcomes for LACYP (specifically education) and their experience of the 'care system'.

### **1.4 Research background**

Karen Winter's (2006) critical review, '*The Participation Rights of Looked After Children in their Healthcare*', provides an overview of the nature of research on LACYP. In this non-systematic review Winter (2006) notes the paucity of research collecting the views of LACYP and their families: 'In contrast with research on outcomes (or provision and protection) there is much less research on the detailed accounts of these children, on their priorities, preferences and experiences in their health care.' (Winter K. 2006, p. 87)

Furthermore, Winter (2006) argues that within the pool of research collecting the views of LACYP, most has been to address a particular research agenda, namely the prevalence of need, rather than attempting to understand the issues most pertinent to LACYP. 'In terms of research process studies have involved mainly ... structured surveys, interviews and questionnaires (often in the form of mental health screening tools) to help researchers in their aim to ascertain the nature and prevalence of the health needs of these children' (p. 86.) Whilst Winter (2006) notes the benefits of this type of research, she also recognises the pitfalls of research driven by a macro-level prevalence agenda:

*'The disadvantages are that participation is confined to providing information to a pre-determined agenda. The participants have no influence over the research agenda or the interpretation, organisation, presentation and use of their answers.'* Winter cites six studies as 'noticeable' exceptions, and describes their various focus including views on sources of support, causes of stress, health information they value, their perceptions about mental illness, health needs, coping strategies and service provision' (Winter 2006 p. 87)

The focus of systematic reviews of research relating to LACYP appears to reflect the dominant focus on outcomes and prevalence in primary research identified by Winter. Reviews by Macdonald and Turner (2008), Turner, Macdonald and Dennis (2007), Hegar (2005) and Biehal (2006) all consider this type of research. Some reviews, including three knowledge reviews for SCIE (Rushton A. 2003; Sellick C. and Howell, D. 2003; Kilpatrick R., Berridge, D. et al. 2008) and a review by Karla Washington (Washington K. 2007)

incorporate qualitative views research from users alongside other types of research, though the majority of research included in these reviews is non-views research.

One review focuses entirely on the views of LACYP as service users examines the qualitative literature presenting the views of LACYP about mental health services (Davies J. and Wright, J. 2007). The review states that it uses wide-reaching search strategies, inclusion criteria and quality appraisal techniques, though it is not described by the authors as being a 'systematic' review. Davis and Wright highlight the value of synthesising views data, in particular the views of children. The authors conclude that drawing on studies of LACYP's views using qualitative methodologies enables a unique view of health services 'through the eyes of children' in which 'the themes reflect important aspects of services to them'. (Davis and Wright 2007 p.28) The authors draw further conclusions about the legitimacy of this approach stating that their work attests to the capacity of children to comment on their experience of services and 'to provide balanced views that prove useful in decision-making both on individual and service-wide levels.' (Davis and Wright 2007 p. 28)

The importance of enabling views research from service-users to inform policy has been argued for many years by researchers (Mayall B. and Foster, M. 1989; Oliver S. 1997) and is now often recognised and committed to by policy makers. Specific aims to incorporate the views of children into the development of policy have emerged in the last decade, for example the Every Child Matters policy document states that 'Real service improvement is only attainable through involving children and young people and listening to their views' (DfES 2003, p.10). Furthermore, LACYP have been identified as a specific group whose views need to contribute to the development of policy (DfES 2007; DCSF 2008).

Many researchers have noted this interest in asking CYP about what is important, with some heralding it as 'a welcome and widespread change' (Alderson P. and Morrow, V. 2004)p. 9. Researchers have noted how, historically, research has tended to focus on addressing children's 'best interests', interests defined by adults, regarding their needs for protection and development (Hood S., Kelley, P. et al. 1996) and has been conducted 'on' rather than 'with' children (Mayall B. 2002). Others have noted how research attempting to access the perspectives of children has often used parents as proxies. This practice, it is argued, has a 'doubly silencing effect'. As well as meaning that CYP are denied a voice it means that the role of parents as users of childhood services in their own right is obscured (Dixon-Woods M., Anwar, Z. et al. 2002). Therefore, it was considered important for this review to include both the views of LACYP and their families to fully understand the views of both groups regarding the care system and to consider how their views may differ from one another.

By indicating the paucity of research presenting the views of LACYP and their families, Winter's (2006) overview highlights the need to look systematically and exhaustively for such research. Furthermore, the recognised value of service users' views implies the need to systematically appraise and synthesise this research to form a robust and accessible evidence base that can enable these marginalised views to play a part in informing policy and practice.

## 1.5 Review questions and approach

Research was identified with the aim of finding data to answer the following broad question.

*What are the experiences, views and preferences of children and young people who are or have been looked after and their families and carers about the care system?*

The detail of these views, preferences and experiences was then interrogated to answer, where possible, the following more specific questions

### Sub-questions

What do children and young people who have been looked after, or who have been looked after, and their families and carers say about:

- *Which physical, emotional, social or other outcomes are important to them?*
- *The accessibility of interventions and activities that are used to maintain, improve or promote key outcomes?*
- *The acceptability of interventions and activities that are used to maintain, improve or promote key outcomes?*
- *The impact of acceptability and accessibility on the effectiveness of interventions?*

In order to answer the review sub-questions outlined above we considered the influence and interrogated the data according to the following key dimensions:

- the range of services accessed
- pathways into care
- stages in the care e.g. whether in care or have left care
- population characteristic, e.g. gender, ethnicity, age
- vulnerable groups, e.g. travellers, gay and lesbian youth, teenage parents
- study design

How we achieved this is outlined further in section 2.2.4 *characterising included studies*.

## **1.6 Authors, funders and other users of the review**

The lead author of the report is Kelly Dickson and the co-authors are Katy Sutcliffe and David Gough. The authors have an interest in the substance of the review and approaches in systematic Knowledge Review methodologies. The project was commissioned by SCIE as part of a joint NICE/SCIE programme of work to inform the Looked After Children and Young People Programme Development Group, a committee convened for the purpose of drafting joint Public Health guidelines as requested by the DH. It was undertaken by the EPPI-Centre, at the Social Science Research Unit, which is concerned with supporting and undertaking reviews of research literature and encouraging their applicability. We worked in partnership with the NICE Project Development Group to ensure the relevance of the review to policy makers, practitioners and service users.

## 2. Methods used in the review

### 2.1 Type of review

A two-stage review model has been adopted. The first stage identified studies that meet the review inclusion criteria. Descriptive information about these studies was collected using a pre-determined coding framework to facilitate anticipated questions, and presented in the form of a 'map' of research. The map provided a basis for informed discussion and decision making between the review team and commissioners of the review at a meeting in March with the PDG about the potential focus of the second stage in-depth review.

### 2.2 User involvement

#### 2.2.1 Approach and methods used

As outlined in section 1.1, there are several review components to inform the production of the SCIE/NICE guidance on *'the physical and emotional health and wellbeing of looked after children and young people'* (NICE and SCIE 2008) including this review independently commissioned by SCIE. Each review component of the project has been subject to a formal consultation procedure by a Programme Development Group (PDG) in accordance with NICE methodology for producing public health guidance (NICE 2006). The PDG included a range of stakeholders from national organisations working with Looked after Children. It also included community members and people who have direct experience of the care system. These included; local authority social services and Primary Care Trusts (PCTs), mental health and children's charities, schools, and academics. The PDG informed the review by providing feedback on:

November 2008: the focus of the 'qualitative' review on LAYCP and their FAC views

December 2008: potential areas of the review

February 2009: the draft protocol and review questions

June 2009: the findings of the draft review

### 2.3 Identifying and describing studies

#### 2.3.1 Defining relevant studies: inclusion and exclusion criteria

To be included research must:

1. Collect and report the views of people, who are or were 'looked after' between the ages of 0-25 years, or their families or carers, about their perspectives, experiences or preferences regarding care practices and/or their physical, emotional and social wellbeing or other 'outcomes' they identify as important.
2. Involve a sample which is exclusively made up of LACYP and/or their FAC or where there is a broader sample, report data and findings which are exclusively from LACYP and/or their FAC so that the pertinence and significance of findings to LACYP and their FAC is clear
3. Report using methods for data collection and analysis that allow themes to reflect issues that are important to LACYP or their families or carers such as
  - 3.1. open or unstructured data collection methods that allow research participants to determine the focus of the research to some extent (e.g. semi-structured interviews, open-ended survey questions)



highly structured research with a predetermined focus (e.g. closed question surveys) but which uses data collection tools which have directly involved LACYP or their families or carers (as appropriate) in their development

4. Have a substantial focus within the data on the perspectives, experiences or preferences of LACYP or their families or carers
5. Provide sufficient information about the context of the research including at least some information on all of the following: research aims, procedures for collecting the data, procedures for identifying and accessing the sample, and at least two sample characteristics
6. Be written in English
7. Be primary research and not a review of research
8. Be undertaken in the UK\*

\*The decision to apply this inclusion criterion was made at a later time and was, therefore, applied only at the full-document screening stage - see section 2.3.5 for further information.

### **2.3.2 Identification of potential studies: Search strategy**

Key search terms were determined by the review question and the inclusion and inclusion criteria, and were tested against papers identified through hand searching. The search strategy involved developing strings of terms to denote the three key aspects of:-

- research topic area - e.g. foster care, adoption, out-of-home care
- population - e.g. children, adolescents, young people, parents
- research type - e.g. qualitative research, interviews, focus groups

It should be noted that the search strategy does not reflect the focus in the review questions and inclusion criteria on the physical, emotional and social well-being outcomes that LACYP and FAC regard as important. Firstly, this aspect of the focus was felt to be difficult to operationalise effectively in the search strategy. Secondly, the qualitative nature of the research sought meant that studies would not necessarily present their findings within an 'outcomes' or 'wellbeing' framework and any such limitations within the search strategy may have resulted in relevant studies being missed.

The strings included 'free text' terms (i.e. the database searches for an instance of a term in the title and abstract of a record) and descriptor terms (i.e. codes applied by individual databases to characterise studies also referred to as MeSH headings, thesaurus or controlled terms or keywords). We familiarised ourselves with the care literature, especially relevant reviews and systematic reviews in order to develop the key search terms used.

- Published research: Searches were undertaken of the following bibliographic databases
  - ASSIA
  - CINAHL
  - EMBASE
  - IBSS
  - MEDLINE
  - PsychInfo
  - Social Care Online

- Social Science Citation Index
- Social Services Abstracts
- Sociological Abstracts
- Web searching: Limited searches of Google and Google Scholar

The EPPI-Centre's specialist web based systematic review software 'EPPI-Reviewer' (Thomas and Brunton 2006) was used to keep track of, screen and code studies found during the review.

### 2.3.3 Screening studies: applying inclusion and exclusion criteria

Inclusion and exclusion criteria were applied successively to (i) titles and abstracts and (ii) full reports. Full reports were obtained for those studies that appeared to meet the criteria or where we had insufficient information to be sure. The inclusion and exclusion criteria were re-applied to the full reports and those that did not meet these inclusion criteria were excluded.

### 2.3.4 Characterising included studies

The studies that met the inclusion criteria were keyworded. This meant that a set of codes were developed and applied to each study to enable a 'map' or description of the characteristics of the studies as a whole.

Codes or 'keywords' across several dimensions of characteristic were developed and included the following:

- General sample characteristics - such as the age, gender, ethnicity and nationality of participants
- Looked after children characteristics - such as whether they are in foster care, group homes or correctional institutions etc
- The focus of the research - for example whether the focus is LACYP themselves or the FAC of LACYP
- The methods used for collection of data - for example face-to-face interviews, focus groups or questionnaires
- The focus of the data collected - for example whether it contains reflections on the experience of care, or views about the impact of care on outcomes

The map has been used to:

- (i) provide a context for undertaking the in depth review and synthesis
- (ii) to consider whether all or part of the research should be included in the synthesis

### 2.3.5 Identifying and describing studies: results

#### 2.3.5.1 Studies included from searching and screening

Figure 2.3.5 illustrates the process of filtering from searching to mapping and finally to synthesis. Table 3.1 below gives the origin of all reports found and those subsequently included in the systematic map.

A total of 14,904 citations were identified through systematic searches of 10 electronic databases. Of the 14,904 citations identified, 2655 were duplicates and were excluded when citations were uploaded into EPPI-Reviewer

The largest yield of the 14,904 citations identified came from the main social science databases Social Science citations (3132) and the Applied Social Science Index Abstracts (2650).

After excluding duplicates, titles and abstracts were screened using the exclusion criteria, described in section 2.2.1. The majority of papers excluded at this stage (11,272) did not meet our inclusion criterion on scope: that is, they did not collect and report the views of LACYP or their families or carers, about their experiences of care practices.

The initial screening of titles and abstracts yielded 980 papers potentially relevant to our review. A further 3 papers were identified through handsearching. We initially retrieved, screened and coded 108 readily available UK and non-UK papers and presented the draft 'map' findings to the PDG on 26<sup>th</sup> March 2009) At this meeting it was decided that because of the large number of studies found and the finite resources for the project, and the particular aim of the review to inform policy and practice in the UK, a sensible limitation would be to only include UK studies in the synthesis. In other words an extra inclusion criteria was added:

Criterion 8 - To be included a study must be undertaken in the UK

Allowing for a further 309 non-UK studies and 103 UK papers that we were unable to obtain in time, 568 papers went through to full screening.

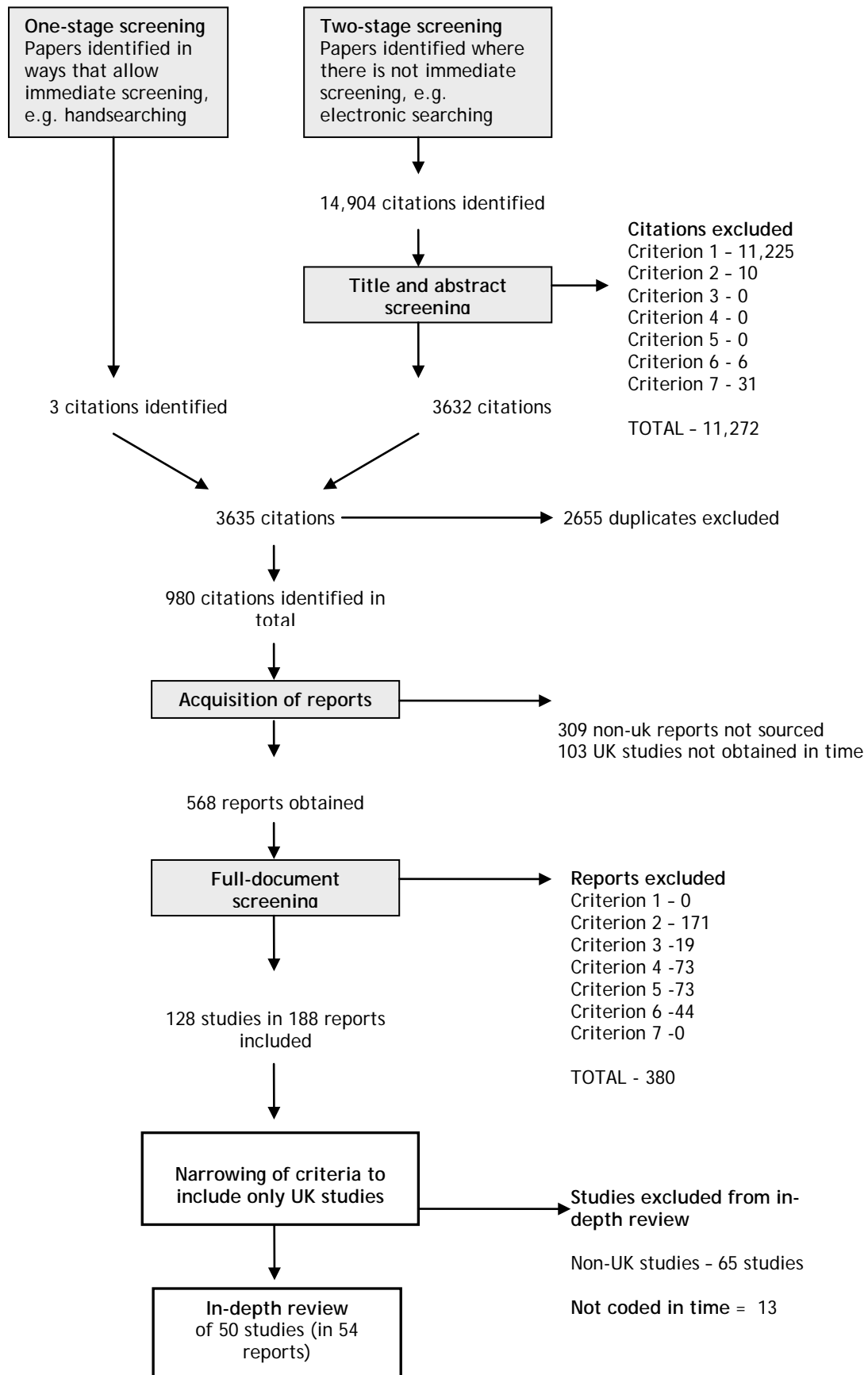
At this second, full text stage of screening, a further 380 papers were excluded as not meeting the inclusion criteria, and an additional 20 UK studies were included. This resulted in a total of 128 studies that met our criteria for initial inclusion in the systematic map and 63 UK studies that could potentially be included in the in-depth review, 13 of which could not be coded within the study deadline. This meant that 50 studies (in 54 reports) were included in the in-depth review. The database closed on Thursday 30th April 2009.

Table 2.1 Identification of studies

Database	Found*
ASSIA	2650
CINAHL	716
EMBASE	505
IBSS	848
MEDLINE	859
PsychINFO	1639
Social Care Online	423
Social Science Citations	3132
Social Services Abstracts	2612
Sociological Abstracts	1520
Total	14904

\*mutually exclusive

Figure 2.3.5: Filtering of papers from searching to map to synthesis



## 2.4 Moving from the searching and screening to the in-depth review

### 2.4.1 Detailed description of studies in the in-depth review

Studies identified as meeting the inclusion criteria were analysed in depth using the NICE Methodology Checklist for qualitative studies and EPPI-Centre's data extraction guidelines (EPPI-Centre 2007). In discussion with SCIE, the guidelines were adapted to ensure they were applicable to social care research literature. Reviewers extracted data from individual studies by answering questions about: the aims and rationale of the study, execution of method, sampling strategy, results and conclusions and generalisability of the findings. The answers to these questions were used to critically appraise the study. Two coding tools were used to extract data from each study and can be found in appendix 2.4. The use of these coding tools have enabled a consistent way to describe across all studies the aims of the research, details about the sample, setting, the study design, findings, conclusions and weight of evidence.

### 2.4.2 Identifying and describing studies: quality assurance process

A sample of the citations that could potentially be included in the research review were screened by two researchers, working first independently and then comparing their decisions and coming to a consensus. Where it was not possible to reach consensus advice from a third party was sought. The inclusion criteria were further revised after this moderation exercise was completed and updated. Another sample of citations was double screened to check the consistency in the application of the revised criteria.

For the initial title and abstract screening, double screening was done on 500 papers and for the second round of screening, on full reports, the criteria were independently applied by a second screener to 20 percent of the reports. A rate of agreement of 90 percent was required before proceeding to independent screening. The remaining sample of potential includes were then screened independently by single reviewers on EPPI-Reviewer.

### 2.4.3 Assessing quality and relevance of studies and weight of evidence for the review question

Three components were used to help make explicit the process of apportioning different weights to the findings and conclusion of different studies. These weights of evidence (WoE) (Gough 2007) were based on the following:

- A. Soundness of studies (internal methodological coherence), based upon the study only

The NICE critical appraisal tool for qualitative studies was adapted to assess WoE A. The critical appraisal tool assessed the methodological quality of each study in four key areas:

- i) Theoretical approach (how well were the aims and rationale of the study reported)
- ii) Data collection (including sampling methods and tools to collect data)
- iii) Data analysis (what methods were used, is the analysis, rich, reliable, convincing)
- iv) Ethics (participant recruitment and consent procedures)

The NICE critical appraisal tool for qualitative studies is structured around key headings with suggested considerations and guidance so that the tool can meet the needs of different reviews. The four key areas presented in the table above reflect the structure of the NICE quality appraisal tool and for each area the suggested NICE guidance was used to develop specific questions and guidance relevant to this review so that the tool could be applied consistently across the set of studies by a number of different reviewers.

Each key area was used to judge the overall quality of the execution of the study. Studies were considered to be high in quality if they adequately addressed all four key areas,

medium if they addressed a minimum of 2 or more and low if they did not address how they collected and analysed the data. The full LAC critical appraisal tool can be found in appendix 2.4.

**B. Appropriateness of the research design and analysis used for answering the review Question**

Studies were judged on WoE B according to which methods were used to ensure the perspectives, experiences or preferences of LACYP and / or FAC were obtained.

To be considered High on WoE B, studies needed to do the following three things:-

- a) State that they used an 'open question' approach for data collection and/or an emergent approach to data analysis
- b) Provide further details about how they conducted data collection and/or analysis
- c) Provide a rationale for this approach or describe a commitment to understanding what is important to participants.

Stating that an 'open question' approach was used would be a minimum requirement for studies to be judged as grounded and therefore included in the review and studies which did only this would be judged as low on this criterion. To be rated as medium a study would need either to provide further details about the approach to data collection and analysis or provide some further indication of a commitment to using a grounded approach.

**C. Relevance of the study topic (from the sample, measures, scenario, or other indicator of the focus of the study) to answer the review question.**

WoE C was judged according to how broad or narrow the focus was in terms of population and type of experiences, perspective and preferences collected and reported. We wanted to know about a range of populations so we could determine what is important to LACYP/FAC in general terms. We also wanted to know about a range of outcomes/services so we can understand what is important to LACYP/FAC in particular the relative importance of particular outcomes/services in comparison to others (i.e. the review question and its four sub-questions). Therefore studies which have a broad population focus and focus on a range of outcomes and/or services were judged as high. Studies judged to be medium has some limitation on population focus or outcomes/services focus or were focused on a specific group of LACYP/FAC but focus on a range of outcomes and/or services. Studies judged as low had both a narrow population and a narrow focus.

**D. Overall weight of evidence judgement**

An overall judgement was made taking in to account the three judgements made for WoE A, B and C, using the NICE grading system of ++ to indicate the highest rated studies, + to indicate medium rating and - to indicate low rating. An overall rating of ++ was used to reflect exceptional studies which had been rated as high on all three individual elements of WoE. Criterion B, regarding the appropriateness of the research design, was felt to be particularly important for this review given the review questions requirements to identify what was important to LACYP and their FAC. It was felt that more grounded approaches for data collection would be more revealing of the importance of particular issues for participants in the studies. Therefore, a distinction between + and - studies was made according to individual studies rating on this particular criterion. Any study which was rated as low on WoE B was rated as - overall. The table below illustrates how decisions for overall ratings were made.

Overall judgement	Requirements
++	Studies which are high on A B and C
+	Studies which are not rated high on all counts and are not

	rated low on B
-	Studies which score low on B

## 2.4.4 Overall approach to and process of synthesis

### 2.4.4.1 Approach to synthesis

#### Summary and interpretation

As described earlier (2.4.1) a decision was made to maintain breadth in the set of studies interrogated in depth. Although a limitation with respect to geography was made, the number of studies included in the synthesis (n=50) was greater than typically included in a qualitative synthesis. The large number of studies indicated that a descriptive account, aggregation or 'qualitative metasummary' would be most appropriate here. However, although 'more penetrative and interpretive acts of reading into and between the lines' of qualitative meta-synthesis (Sandelowski M. and Barroso, J. 2007) were beyond the scope and timeframe of this review, it was clear that some element of interpretation and analysis would be required to bring the data from these studies together to answer the review question.

*What do children and young people who have been looked after, or who have been looked after, and their families and carers say about which physical, emotional, social or other outcomes are important to them?*

The review question makes clear, with its reference to what is important to LACYP and FAC, that an emergent approach to analysis would be necessary. An emergent approach ensures that a reviews themes and implications are driven by the data from participants. Attempting to fit the data to pre-determined categories derived by reviewers risks obscuring what the participants within the studies identify as being important to them. Therefore, the approach to synthesis required that the statements of participants and the analysis of authors be analysed and interpreted to determine the importance and relative importance of any issues that emerged within the studies. The synthesis, would therefore, go beyond simple description and aggregation, and as such would require firstly a maintenance of the context in which the data emerged so as to avoid 'gross generalisations across disparate fields' (Britten 2002 p. 210) and secondly a level of transparency to reveal to readers how the original data informs the emergent themes..

As such the approach to synthesising the studies involved taking a middle road, drawing on the approach of 'qualitative meta summary' to enable large number of studies to feed into the synthesis, but also using an interpretative qualitative approach to maintain the context of the studies. The approach of framework analysis was felt to be conducive to supporting the aims of both these approaches.

#### Using framework analysis

Framework analysis involves the development of grids or tables to enable the sorting and presentation of research data. These tables enable the development of a clear structure for organising data for analysis, thereby facilitating the organisation of a large amount of data in a relatively short time.

In addition, these tables can be used to organise the data in a way which supports the maintenance of context. For the purposes of this review data was separated and organised into columns according to three categories of data, directly reported participant views, author description of views and author analysis. In this way it was possible to see the extent of data on a given theme, and connections between the raw data, the authors analysis and ultimately to the findings of the review.

As Oliver *et. al.* note in their paper on using framework analysis for systematic research synthesis, 'Framework analysis is designed so that it can be viewed and assessed by people other than the primary analyst' (Oliver et al., 2008, p.80) By graphically illustrating the path from the original research data, through individual study authors' description and analysis to the findings of the review, framework analysis ensures readers can understand

how reviewers have come to their conclusions and therefore, have confidence that they are robust. Indeed, Ritchie and Spencer argue that transparency of this sort is essential if qualitative research is to have any influence in policy generation.

*'One of the factors that has almost certainly inhibited the greater use of qualitative methods in social policy fields is the lack of access that commissioners and funders have to the research process ... If decisions or actions are to be based on qualitative research, then policy-makers and practitioners need to know how the findings of the research have been obtained.'* (Ritchie and Spencer, 1994) P.175

#### 2.4.4.2 Methods for exploring the findings of studies: assessing and comparing the key themes identified in the studies

##### Extracting the data

In order to answer the review question regarding what outcomes are important to LACYP and their FAC, the process of extracting the findings was centred on asking the question of the data within each study. Much of the data within the studies was not framed in such a way as to directly answer that question. Therefore, reviewers determined the 'outcomes' within each study that appeared to be important issues for participants. Reviewers captured and recorded all available data relating to that outcome. Some studies reported on more than 10 outcomes that were important to LACYP or FAC, in this instance reviewers made a judgement as to which were the most important based on descriptions of prevalence or salience within the studies

##### Contextualising the data

The first step in ensuring that the context of this data was maintained was by separating out the data extracted according to whether it was direct participant data, author description of data or authors analysis, such as conclusions or recommendations. This was done in order to reveal the journey from the views and experiences of LACYP and their FAC and the analysis of the authors of studies, to the analysis of reviews conducting this synthesis.

A second approach to maintaining the context of data was by capturing any details regarding the extent of data available on that particular outcome. In particular the process of data extraction involved recording information about how many participants had contributed to a particular outcome within a particular study. For example, some authors used terms such as 'most' or 'the majority of participants' and some recorded detail of numbers or percentages.

A third approach for maintaining the context of the data was to capture the authors theme heading(s) under which the data was reported. Most research reports of qualitative data use descriptive theme headings to organise the data for readers. These theme headings should be considered part of the analysis, reflecting to some degree the findings which authors determined to be important, but also, one would hope, to some degree the nature of the data as reported by participants. The correspondence of these author theme headings to outcomes captured by reviewers could provide further corroboration of the context of these issues.

Reviewers were also encouraged to record their reflections on the data they had extracted from individual papers, building up and reporting their cumulative knowledge about links and connections between outcomes and potential themes for analysis.

##### Determining higher level themes

Once the findings from each paper had been extracted the whole pool of findings was assessed for each of the three groups of respondents; LACYP, carers and parents. This stage



involved familiarisation, through reading and re-reading, with the detail of outcomes recorded for each of the studies.

Based on the knowledge acquired from coding the data and looking across all the identified outcomes and detail captured for each outcome comparisons were made between individual findings within and across the different studies.

As themes began to emerge tables were constructed to capture and organise the outcomes according to themes. Outcomes were either grouped according to substantive subject topics for example education, or leaving care, or according to less tangible themes such as the need for a sense of belonging on the part of LACYP. Each table was constructed with all the data available on specific themes, including the details of the study (author, date), the direct participant data, authors description of the data and author analysis.

The data within some outcomes was found to be relevant for more than one higher level theme and was therefore copied into more than one table. On some occasions several individual outcomes by a single author were found to contribute to an individual higher level theme. These findings were then collapsed so that each table consisted of a list of authors and all relevant data contributing to a high level theme.

#### Determining sub-themes

Once all of the data had been sorted and organised into high level themes, an interrogation of the data under each theme commenced. Data within themes was coded to reveal the details and composition of each higher level theme. For example, within the data on education some supportive factors for achieving in education such as encouragement from others and practical and financial support were identified, along with some barriers such as the stigma and prejudice experienced by some LACYP. Interrogation of the findings within each table revealed not only these detailed sub-themes, but the extent of the data available for each theme and sub-theme, and therefore a further indication of the relative importance of each theme.

#### Assessing accessibility, acceptability and effectiveness

Once a full understanding of the detail of themes was achieved, the implications of these findings for accessibility, acceptability and effectiveness of services were determined for each theme.

### 3. In-depth review: results

#### 3.1 The in-depth review

This chapter presents the findings of the synthesis and the quality and findings of studies relevant to answering the in-depth review question agreed in consultation with SCIE / NICE project team.

The review question asks:

*What are the experiences, views and preferences of children and young people who are or have been looked after and their families and carers about the care system?*

And includes the following sub-questions;

What do children and young people who have been looked after, or who have been looked after, and their families and carers say about:

- *Which physical, emotional, social or other outcomes are important to them?*
- *The accessibility, acceptability of interventions and activities that are used to maintain, improve or promote key outcomes?*
- *The impact of acceptability and accessibility on the effectiveness of interventions?*

#### 3.2 Details of studies included in the in-depth review

Fifty studies were included in the in-depth review; they were published between 1990 and 2008. The majority of studies included in the synthesis reported the views of LACYP (n=35) and carers (n=19), two studies report the views of both LACYP and carers and two report the views of LACYP, carers and biological parents. Studies which reported the views of LACYP were collected when they were both in care (n=23) and not in care (n=15), with four studies reporting the views of carers both in care and once having left care. Whereas the studies collecting carers views occurred mostly when they were currently acting as foster carers (n=13).

Views were most commonly collected through interviews (n=40), self-completion questionnaires (n=16) and occasion through focus group interviews (n=7). Many of the studies did not report how they analysed the data (n=15), where studies did report how they analysed the data most provided a description of the methods use (n=22) and some referred to a named method (n=14). Of the 35 studies which collected the views of LACYP, only 10 studies used child friendly activities or interview styles. Many of the studies (n=18) did not report how they may have supported CYP to express their views

Table 3.2 - Number and type of participants for each study

Study	Number of LACYP participants	Number of Carer participants	Number of parent participants
Addy and MacKechnie (2006)	-	3	-
Ajayi and Quigley (2003)	129	-	-
Allen (2003)	36	-	-
Baldry and Kemmis (1998)	71	-	-
Barn (2005)	36	-	-
Barnes (2007)	20	-	-
Biehal and Wade (1996)	74	-	-
Blower et al (2004)	5	-	-

Broad (2004)	50	-	-
Buchanan (1995)	45	-	-
Bullock et al. (1990)	2	-	-
Bundle (2002)	22	-	-
Burgess et al (2003)	-	10	-
Butler and Charles (1999)	5	9	-
Callaghan et al (2003)	-	14	-
Cameron (2007)	80	-	-
Chase et al (2006)	63	-	-
Children in Scotland (2006)	-	693	-
Emond (2003)	13	-	-
Fleming et al (2005)	8	5	5
Hardwick (2005)	-	9	-
Harker et al. (2004)	56	-	-
Heptinstall et al. (2001)	63	-	-
Hill et al (1996)	116	-	-
Kirton (2001)	-	20	-
Leeson (2007)	4	-	-
Levinson and Minty (1992)	-	7	-
Luke and Coyne (2008)	5	-	-
Maclay et al (2006)	-	9	-
Martin and Jackson (2002)	38	-	-
Mullan et al (2007)	51	-	-
Munro (2001)	15	-	-
Nixon (1997)	-	67	-
Pitcher (2002)	4	33	3
Rashid (2000)	-	6	-
Schofield (2003)	40	-	-
Schofield and Beek (2005)	52	Not specified	-
Sellick (1994)	-	18	-
Sheldon (2002)	-	156	-
Sinclair et al (2001)	150	-	-
Sinclair et al. (2005)	-	944	-
Skuse and Ward (2003)	49	-	-
Steckley and Kendrick	37	-	-
Stevens and Boyce (2006)	24	-	-
Strover (1996)	-	20	-
Thomas and O'Kane (1999)	47	-	-
Timms and Thoburn (2006)	735	-	-
Tyrer et al (2005)	16	-	-
West (1995)	77	-	-
Wilson et al (2000)	-	932	-

### 3.3 Quality and relevance of studies in the in-depth review

The weight of evidence (WoE) contributed by each study was assessed through careful coding of each study on three sub components and one overall judgement of quality and relevance assessment as described in Section 2.4.3. The majority of studies were considered to be of medium weight of evidence overall for this review (n=38) and nine were considered to be of low quality evidence. Only three studies were considered to be of high quality on weight of evidence D.

Table 3.2 Weights of evidence of studies included in the in-depth review

Study	WoE A:	WoE B	WoE C:	Overall WoE D
Addy et al. (2006)	Medium	Medium	Medium	+Medium
Ajayi et al. (2003)	High	Medium	Medium	+Medium
Allen (2003)	High	Medium	Medium	+Medium
Baldry & Kemmis (1998)	High	Medium	High	+Medium
Barn et al. (2005)	Medium	Medium	Medium	+Medium
Barnes (2007)	Medium	High	Medium	+Medium
Biehal & Wade (1996)	Medium	Medium	Low	+Medium
Blower et al. (2004)	High	High	Low	+Medium
Broad (2004)	Medium	High	Medium	+Medium
Buchanan (1995)	High	High	High	++High
Bullock et al. (1990)	Medium	Low	Low	-Low
Bundle (2002)	Medium	Medium	Medium	+Medium
Burgess et al. (2003)	High	Medium	Medium	+Medium
Butler and Charles (1999)	Medium	Medium	Medium	+Medium
Callaghan et al. (2003)	High	Medium	Medium	+Medium
Cameron (2007)	Medium	Medium	Low	+Medium
Chase et al. (2006)	High	High	Medium	+Medium
Children In Scotland (2006)	Medium	Low	Medium	-Low
Emond (2003)	Low	High	High	+Medium
Fleming et al. (2005)	Medium	High	Medium	+Medium
Hardwick (2005)	Medium	Low	Low	-Low
Harker et al (2004)	High	Medium	Medium	+Medium
Heptinstall et al. (2001)	High	High	Medium	+Medium
Hill et al (1996)	Low	Medium	High	+Medium
Kirton (2001)	Medium	Low	Low	-Low
Leeson (2007)	High	Medium	Medium	+Medium
Levinson (1992)	Medium	Low	Medium	-Low
Luke and Coyne (2008)	High	Medium	High	+Medium
Maclay et al. (2006)	High	High	High	++High
Martin and Jackson (2002)	Medium	Medium	Low	+Medium
Mullan et al. (2007)	High	High	Low	+Medium
Munro (2001)	Medium	Medium	High	+Medium
Nixon (1997)	Medium	Medium	Low	+Medium
Pitcher (2002)	Medium	Medium	High	+Medium
Rashid (2000)	Low	Low	Medium	-Low
Schofield (2003)	High	Medium	High	+Medium
Schofield and Beek (2005)	High	Medium	Medium	+Medium
Sellick (1994)	High	High	Medium	+Medium
Sheldon (2002)	Medium	High	High	+Medium
Sinclair et al. (2001)	High	High	High	++High
Sinclair et al. (2005)	High	Low	High	-Low
Skuse and Ward (2003)	Medium	Medium	High	+Medium
Steckley and Kendrick (2008)	High	High	Medium	+Medium
Stevens et al. (2006)	Low	Low	Medium	-Low

Strover (1996)	Medium	Medium.	Medium	-Low
Thomas and O'Kane (1999)	High	High	Medium	+Medium
Timms and Thoburn (2006)	Medium	Medium	High	+Medium
Tyrer et al. (2005)	High	High	Low	+Medium
West, A (1995)	Medium	High	Medium	+Medium
Wilson et al. (2000)	Medium	High	Medium	+Medium

### 3.4 LACYP Views

Thirty-five studies included the views of LACYP on outcomes that are important to them. From this data nine major themes emerged. These include: i) love ii) a sense of belonging iii) being supported iv) having someone to talk to v) contact with birth parents vi) stigma and prejudice vii) LACYP and Education viii) professionals and ix) preparation and support for leaving care. A number of 'minor themes' with limited corroborating evidence are also presented in section 3.4.10.

Some studies are represented more than others, across the themes, because they reported a high number of outcomes (i.e. between 5 and 10 outcomes) compared to other studies, which are less represented because they may have reported 5 outcomes, or less. One study, Steckley and Kendrick (2008), is not represented in any of the themes. This study had a very specific focus on LACYP's experience of physical restraint whilst in care and the specificity of this studies findings meant that they are not corroborated by any of the other studies.

#### 3.4.1 Love

##### 3.4.1.1 Overview of data on 'love'

A total of seven studies talked directly about the importance of 'love' (Biehal and Wade 1996, Broad 2004, Butler and Charles 1999, Chase et al 2006, Heptinstall et al 2001, Luke and Coyne 2008, Sinclair et al 2001). All seven studies included verbatim quotes from LACYP about the importance of being loved and loving others in addition to the authors' descriptions of this as a particular theme within the data. In addition, four of the studies include extensive analysis on the part of the authors regarding the significance of this issue and the implications of it for policy and practice (Butler and Charles 1999, Chase et al 2006, Heptinstall et al 2001, Luke and Coyne 2008).

The seven studies involved a total of 410 LACYP, with sample sizes ranging from five to 150. Information about the extent of the data, and thereby the significance of the theme, was provided in five of the seven studies. All five indicated that the issue was commonly, or very commonly raised by participants. Fifteen out of the fifty respondents in the study by Broad (2004) raised the issue, Luke and Coyne described love as being one of two 'central themes', and Chase et al made the following assertion:-

*One of the most striking findings to emerge from the interviews was the frequency with which emotional influences, such as the need to love someone, were mentioned (Chase et al 2006)*

These findings make it clear that the issue of love is one with particular salience for LACYP.

##### 3.4.1.2 Nature of data on 'love'

The data contributing to the theme of 'being loved' reveal three distinct 'sub-themes' of: (i) the impact of love, or a lack of it, on the self esteem of LACYP; (ii) the difference between 'instinctual' parenting based on love, and 'professional' parenting; and (iii) the consequences of receiving, or not receiving, love on the future outcomes and wellbeing of LACYP.

##### 3.4.1.3 Aims and focus of studies in relation to 'love'

Most of the seven studies had a general focus on experiences of foster care (Butler and Charles 1999, Heptinstall et al 2001, Luke and Coyne 2008, Sinclair et al 2001) but one study focused specifically on kinship care (Broad 2004) one on care leavers (Biehal and Wade 1996) and another on the meanings and experiences of pregnancy and parenthood for

people who have experienced being looked after (Chase et al 2006). The issue of 'love' appeared to emerge as a theme driven by LACYP rather than corresponding directly with the aims of the authors, underscoring once again the salience of this issue for LACYP.

#### 3.4.1.4 Relationship to other themes

Many other studies reported more generally about the importance of a sense of belonging and the need to feel that somebody is there for you, but these seven papers all particularly spoke of 'love' as important to children and young people.

#### 3.4.1.5 Love and self-esteem, instinctual versus trained parenting, impact of being loved on future outcomes

##### Love and the self-esteem of LACYP

All seven studies which included data about love indicated the significant impact of love, or a lack of it, on the emotional wellbeing of LACYP, with particular reference to self-esteem. The nature of this two edged sword is revealed by some very poignant quotes from LACYP

*Well, basically, I knew they loved me; you could feel they had time for me, really they spoil me rotten (Participant data - Butler and Charles 1999)*

*For the majority of young people interviewed, becoming a parent was perceived as a positive event ... They talked about how much they loved and enjoyed their children, and the significant achievement they felt. (Author description - Chase et al 2006)*

*There was a lot of physical affection, which was ideal for an 11 year old kid, it was good to have a hug, and good for them to say 'I love you, we're proud of you.' . . . It was good to be told that you were loved, cause obviously, being in foster care, at times it's quite lonely . . . It was good to feel the love in different ways. (PA) - (Participant data - Luke and Coyne 2008)*

*I was lonely. I was fed up of moving around all the time. I just wanted to be loved by someone. (Participant data - Chase et al 2006)*

Further quotes indicate just how significant this issue is for LACYP

*I reckon you need love and support, that'd be the main thing, but there's a million ways that you can show it . . . I think that's probably about the only thing you actually need. It's the only thing that a real family can possibly give you . . . (PD) -*

*Children living with their mothers typically explained that mothers were important to them 'Because she loves me, she is there for me, she stands by me'. (Author description - Heptinstall et al 2001)*

*For many the need to belong, to love and be loved, to have something of their own and the chance to compensate for the poor care they experienced, seemed to be prominent (Author description - Biehal and Wade 1996)*

The analysis and conclusions from each of these studies also attest to the importance of love for the emotional wellbeing of LACYP, as exemplified in the conclusions of Chase et al (2006).

*The study emphasises that giving young people who are looked after opportunities to develop meaningful and consistent relationships with substitute carers and/or professionals, throughout their time in care, is vital for their emotional well-being. (Author analysis - Chase et al 2006)*

Some authors also made recommendations for policy and practice as a direct consequence of the findings regarding love and emotional well-being. Luke and Coyne recommended explicit and consistent displays of affection.

*If foster parents offer such consistent messages of love and support, the child will begin to internalize a more positive self-concept which may help reshape their working model of the self as a person who is worthy of the love offered to them (Author analysis - Luke and Coyne 2008)*

Others suggested 'working' on the self-esteem of LACYP.

*Sensitive work on aspects of young people's self-esteem prior to and during the placement would seem to be indicated. Paying careful attention to patterns of rejection, insecurity and ambivalence is suggested as these may indicate feelings of being undeserving of care and nurturance. (Author analysis - Butler and Charles 1999)*

However, Luke and Coyne noted that such work is only likely to be successful in a loving relationship with carers.

*Once an attachment bond is established, further support and encouragement in salient areas may provide a further boost to self-esteem; however, without that bond, the importance of domain-specific support is discounted. This reflects the finding that support from important sources is more strongly correlated with self-worth than that from unimportant sources (Harter 1999) Because PD had no attachment bond with most of his foster parents, they were not important to him and he did not value their support of his drama lessons. Instead, PD's memories of high self-esteem related to his own efforts and the support of his friends (Author analysis - Luke and Coyne 2008)*

It is clear, therefore, that this is an issue that according to the views of LACYP, needs addressing through policy and practice. Further data, however, indicated that care received from 'substitute carers' and the perception of a lack of love may be inextricably intertwined, such that it may be impossible to fully address the issue through policy and practice initiatives.

#### Instinctual versus trained parenting

The study by Butler and Charles (1999) highlights the distinction between the theme of being loved and the theme of having someone there for you through its focus on 'instinctual' parenting versus 'trained' or 'professional' parenting. This issue was particularly well conveyed by some quotes from participants.

*I thought, ``This is a gimmick" . . . They were just taking me in because it was a job and not because it was a wanted thing. `We'll take him in, we've got a spare room and it can't be that difficult to look after a child'. (Participant data - Butler and Charles 1999)*

*If you'd have been trained before I came, it would never have worked . . . you're not foster parents, you've tried to be my real parents. (Participant data - Butler and Charles 1999)*

Butler and Charles go on to describe the issue in more detail, describing how 'natural' or 'instinctual' parenting were distinguished from foster care as they did not require financial rewards or training. These aspects of foster care were therefore perceived by LACYP to undermine the possibility that love or affection could or should be part of the package of foster care.

*Young people expressed reservations about whether their carers could ever be viewed as true parental figures, especially if paid for their services. One young person firmly believed `the only reason they were fostering' was financial, thus creating a sense of `love on the job'... For all parties, being paid appeared fundamentally at odds with normative societal values about the association between parenting and `natural love'. (Author description - Butler and Charles 1999)*

*'Real' parenting was regarded as instinctual. Therefore, if training was required, this reinforced perceptions of young people and/or their families as problem-bearers. Training was seen as chiefly 'problem focused', honing in on behavioural difficulties and their management, which compounded the heaviness of young people's emotional baggage and low self-esteem. (Author analysis - Butler and Charles 1999)*

The study by Chase et al corroborated this finding as LACYP were able to distinguish between professionals who showed affection, and those that simply provided statutory care, clearly showing a preference for the former.

*Young people were highly articulate about what they looked for in such relationships and clearly distinguished between the professionals who saw them as 'paper work', and those they viewed as 'friends'. (Author description - Chase et al 2006)*

Indeed the authors believe there is a need to address the issue at the level of policy and service provision

*Perhaps the overriding shortfall in previous policy and service provision has been limited acknowledgement of the importance of developing trusting relationships. (Author analysis - Chase et al 2006)*

The issue was further highlighted by the study by Broad (2004) through its focus on kinship care. Participants in this study indicated that knowing they were loved because they were looked after by a family member was important to them. More significant, within the findings of the Broad (2004) study in relation to the theme of love, however, was the long term impact that love, or a lack of it, could have on outcomes for LACYP.

#### Impact of being loved on future outcomes

Three studies indicated that access to loving relationships could have a significant and tangible impact throughout the lives of LACYP (Broad 2004, Chase et al 2006, Luke and Coyne 2008). In several instances this was recognised by LACYP themselves.

*It's a basic human need to feel loved, wanted, accepted, warmth . . . And if those are missing there are going to be problems' (Luke and Coyne 2008)*

*I think it makes you more secure that you are living with someone who loves you. (Participant data - Broad 2004)*

*My Gran, she's 100%, she's been our rock and kept the whole family together, if it wasn't for her we would probably all be separated and not grown up with each other and not as close as we are. I wouldn't be the stable person I am today if it wasn't for my Gran. (Participant data - Broad 2004)*

*Although the support and encouragement necessary for fostering a positive sense of self-worth were not always present, individuals fortunate enough to have received such positive parenting continued to recognize its impact even in adulthood. (Author description - Luke and Coyne 2008)*

Beyond the lasting impact on the emotional wellbeing of LACYP, the study by Chase et al (2006) revealed how a deficiency of love was often given as the reason for proceeding with an unplanned pregnancy, and in some cases the reason for becoming pregnant.

*Most young women came round quickly to accepting the pregnancy, and many reflected back on their feelings of abandonment and lack of attachments as the rationale for accepting and continuing with the pregnancy. (Author description - Chase et al 2006)*

*Just about everyone I've been in care with wants babies. (Participant data - Chase et al 2006)*



However, this study also revealed how acquiring love through becoming a parent could also have a positive impact on outcomes for LACYP.

*For the majority of young people interviewed, becoming a parent was perceived as a positive event, often described as 'calming', increasing their maturity, providing status, and a focus in their lives. Many said parenthood had 'turned their lives around', from misusing drugs, being out late every night, not being motivated to find employment, to wanting to make a home for their child and plans for their future. (Author description - Chase et al 2006)*

Authors' analysis and implications also attest to the importance of recognising the potential impact of love or a lack of it.

*Striking and consistent themes emerged from this study to suggest a link between the emotional consequences of being looked after and the decisions young people make about sexual relationships, pregnancy and parenthood ... Finding ways to respond adequately to the long-term emotional needs of children and young people who are looked after would appear to be central to providing them with alternatives to early parenthood as a life choice. (Author analysis - Chase et al 2006)*

It is clear then, that although it may be a complex and delicate task, developing policy and practice in line with LACYPs need for love and affection may have a profound and lasting impact on their future outcomes.

#### **3.4.1.6 Conclusions**

The issue of love appears to be a very salient one for LACYP, as evidenced by its emergence as a significant theme in seven of the 35 studies including LACYPs views. None of the studies had a specific focus on this issue; therefore, it appears that love is an important outcome for LACYP. Addressing this issue through policy and practice initiatives is necessary but may be difficult and complex.

#### **3.4.2 A sense of belonging**

##### **3.4.2.1 Overview of data on belonging**

A total of 13 studies, approximately one third of all the LACYP studies, included data regarding LACYPs need to feel that they belonged (Barn et al. 2005, Biehal and Wade 1996, Butler and Charles 1999, Heptinstall et al 2001, Hill et al 1996, Luke and Coyne 2008, Mullan et al 2007, Pitcher 2002, Schofield and Beek 2005, Schofield 2003, Sinclair et al 2001, Skuse and Ward 2003, Timms and Thoburn 2006).

In each of these 13 studies the authors provided a description of participants' views on this issue and 12 included verbatim quotes from LACYP about the need to feel that they belonged. Eight of these studies also included conclusions and recommendations in relation to LACYPs need for a sense of belonging.

The 13 studies involved over 1300 LACYP, with sample sizes ranging from four to 735. Information about the extent of the data, and thereby the significance of the theme, was provided in 7 of the 13 studies. Many of the studies implied the significance of the data and that it was a common theme, five studies provided clear information that the issue was a very common theme in the data (Butler and Charles 1999, Hill et al 1996, Luke and Coyne 2008, Mullan et al 2007, Schofield 2003). In the study by Hill et al (1996) belonging was noted as the first of "three main advantages" of fostering identified by CYP.

The extent of the data on belonging across the 35 studies, and its particular prominence within studies indicates the importance for LACYP of feeling that they belong.

##### **3.4.2.2 Nature of data on a sense of belonging**

The theme of 'a sense of belonging' has three distinct sub-themes. These include i) Identity ii) impermanence and iii) identify conflict.

##### **3.4.2.3 Aims and focus of studies in relation to a sense of belong**

One of the studies which contributed data for this theme had a focus on the mental health and wellbeing of LACY (Mullan et al 2007) The remaining 11 studies from which data was extracted for this theme had a general focus on the experience of being in care. Of these 11, one had a particular focus on the experience of residential care (Stevens and Boyce 2006), one focused on kinship care (Pitcher 2002), one had a focus on care leavers (Biehal and Wade 1996), two looked at all types of care (Skuse and Ward 2003, Timms and Thoburn 2006) and the rest focused on experiences of foster care.

#### 3.4.2.4 Relationship to other themes

The theme of 'a sense of belonging' is closely linked to the themes of 'love' and 'someone who is there for you'. However, it is a distinct issue as it relates most strongly to LACYs identity, i.e. it goes beyond the need for nurturing love, and beyond the need for practical support, to a desire to feel attached to others, to understand who they are and their place in the world. It also, therefore, underscores the findings in the theme of family contact.

#### 3.4.2.5 Identity, Impermanence, identity conflict

##### Identity

All 13 studies which had data on the issue of belonging, recognised the importance of a sense of belonging in relation to LACYs sense of their identity, including ethnic identity.

*It was not always easy for children to communicate in interviews their view of family membership, but what came across was the way feeling at 'home' rather than in 'a placement', 'belonging' with the carers mattered to them. (Author description - Schofield and Beek 2005)*

The majority of the data indicated that steps taken to enhance a sense of belonging were highly valued and appreciated by LACY.

*You're not foster parents; you've tried to be my real parents (Participant data - Butler and Charles 1999)*

*I regard them as my real parents, so far as I'm concerned, so far as they're concerned, I'm their son. (Participant data - Biehal and Wade 1996)*

*[It] was the happiest period of my life, because we felt part of a family for the first time. (Participant data - Luke and Coyne 2008)*

Often this was seen to be achieved by taking steps to ensure equality of treatment with foster siblings or others in the family.

*They treat me like their own children (Participant data - Hill et al 1996)*

*I felt that I was excluded because to me, the first foster home I had ever been in, everyone was together and you were a family and you were part of that family and treated as such, and there you were treated like someone who was staying for a couple of weeks (Participant data - Skuse and Ward 2003)*

*What was also central in defining a real family was the experience of being treated the same as other children, particularly birth children of the foster carers. It was important to be seen as equally loved and loveable, with the message, 'you don't have to be a blood relative to belong'. This kind of visible equality of treatment was seen as the test of how equally valued you were by foster carers, but also as a test of whether this was a normal parent-child relationship in a way that relieves the stress or stigma of plainly not being a real, i.e. biological or legal child of these parents, but in fact legally the child of the local authority. (Author analysis - Schofield 2003)*

Or simply being cared for

*Ever since I moved in I called her mum. I don't know why but I suppose that's the way she made me feel. (Participant data - Schofield 2003)*

The flip side of this was being made to feel different, and many studies reported how the practices of carers, the experience of moving to a new home, or even simply having to identify yourself as a looked after person could bring into sharp focus a sense of difference and exclusion.

*Some of them don't make it like it's your home . . . so you've got to ask to get a drink or ask to have a shower . . . when everyone else just does what they want. And if they've got their own children there, you feel really different to them.* (Participant data - Luke and Coyne 2008)

*They didn't tend to make you feel as if you fitted in, because they had two daughters of their own and you got treated differently. You could tell the differences.* (Participant data - Skuse and Ward 2003)

#### Impermanence - time limited nature of fostering undermines sense of belonging

In four of the 12 studies, the issue of permanence was raised in relation to a sense of belonging. Many comments about the negative impact of impermanence on the self-identity of LACYP were raised.

*It does kind of piss me off cos I'm not a parcel and to me in the past seven years it's as if people have been shifting me from place to place like I'm a parcel, but I'm actually a human, people just don't realise that it does get to them and it does actually affect the way kids behave.* (Participant data - Mullan et al 2007)

*Just having like a stable place to live and not this pinball living. 'Cos I was living from hostel to B&B and just all over the show and it just melted my head and I just couldn't take it.* (Participant data - Mullan et al 2007)

The impact of having to move on was not only immediate and direct in the form described above, but also prevented some LACYP from seeking out or ever expecting to belong.

*Idealized images (of families) were shared even by those young people expressing doubts about being part of a family. However, they did not hold the carers' ideas about remaining with the substitute family until adulthood because, to them, families were impermanent.* (Author description - Butler and Charles 1999)

Therefore, the notion of impermanence can be seen to act as a possible barrier to any potential relationships that could serve LACYPs desire to belong. However, it was clear that not all LACYP were affected in this way as many described the potential of foster care to provide a sense of belonging. Indeed some sought out permanency when a sense of belonging was felt.

*Claire said she got on 'very well' with her carers whom she regarded as a 'mum and dad'. She said she wanted to stay with the family 'forever', a wish which had been accepted by her carers and was in the process of being realised through social services.* (Author description - Heptinstall et al 2001)

Others were devastated by the end of a placement in which a profound sense of belonging had been achieved.

*They treated me more like a daughter than my own did ... and I gained sisters and a grandma and granddad you know, everything that I didn't have they did, and I had it ... and I just lost it all, it was awful* (Participant data - Biehal and Wade 1996)

The connection between the need for a sense of belonging, permanence and identity was recognised by Biehal and Wade (1996) when writing their conclusions and recommendations

*Recognition and funding needs to be offered to prime carers to continue supporting young people once they have moved on. For many of our young people, their substitute families represented their only reliable source of continuity with the past.* (Author analysis - Biehal and Wade 1996)

### Identity conflict - is it possible to belong to more than one family?

A second potential barrier to achieving the desired state of a sense of belonging was identified in a further five of the 12 studies (Biehal and Wade 1996, Butler and Charles 1999, Heptinstall et al 2001, Luke and Coyne 2008, Pitcher 2002). In these studies participants revealed a conflict between being part of two families, a biological family and a substitute family, and the difficulty with reconciling the idea of belonging to two families at once. The terminology of participants indicates the sense of two distinct entities and having to relinquish one for the other.

*I knew in me as I was getting older that I wasn't my mum's proper child, but . . . the way my mum looks at me, I am her son.* (Participant data - Luke and Coyne 2008)

*When discussing her birth family, Claire spontaneously said of her foster family, 'This is my real family now.'* (Author description - Heptinstall et al 2001)

The study by Pitcher (2002) revealed this as an issue even within kinship foster care.

*They shared more of the characteristics of children in other forms of care than I might have assumed, such as worrying about being disloyal to their mother.* (Author description - Pitcher 2002)

The study by Butler and Charles reveals the consequences of this conflict.

*While saying little about life within their original families, the young people continued to see birth as a powerful, special bond, no matter how positive the reality of substitute care ... The differences between the parties were profound; for many carers, fostering offered a 'fresh' start, while for young people there was a natural desire to maintain and hold on to existing family and social networks. This created a situation in which foster care was always the past, the present, but never the future.* (Author analysis - Butler and Charles 1999)

### Ethnicity and identity

A third potential barrier to attaining a sense of belonging was identified in the study by Barn et al. (2005) which was particularly interested in the experience of young people from different ethnic groups. This study not only identified the conflict of LACYP being part of more than one family but also the issues that can arise when those families belong to different ethnic groups to LACYP. Quotes from LACYP reveal that it can be harder for them to develop a positive sense of belonging and identity unless the issue of racial, cultural and religious difference is identified and addressed.

*I feel that, from being brought up in care when I was really young, I lost out ... I didn't really have an identity, cultural or any, I mean one of the places I was put into they changed my name and everything so a lot of my identity was taken away and it was white folk I was living with, so it was like there weren't no positive black role models or nothing. So I did have identity problems if it weren't for going to live with like a few of my family members. I think it was that that brought me closely in touch with my cultural roots, and from then it's like I know who I am now, I like the black side to me. Obviously I'm mixed race so I've got white and black, but I identify with my black roots.* (Participant data - Barn et al. 2005)

*My gran is Jamaican and she was the first black person we lived with ... Before I lived with her I didn't think of myself as black, I saw myself as white. But when my gran told me about my granddad I thought I'm proud of my colour. I am mixed race but I class myself as black.* (Participant data - Barn et al. 2005)

*... even though in the care system there's all this anti-discrimination and equal rights policies and all that, but even though that's in effect people I don't think within the social services really know how to implement that into the young person's life. I mean all right you might put a picture of a black person up on the wall but that isn't giving you your roots. (Participant data - Barn et al. 2005)*

The authors also noted that LACYP were more likely to develop a greater sense of belonging when they had opportunities to form stronger group identification and were more able to integrate different aspects of their cultural background.

*The complexity of identification with own ethnic group and/or nation was in evidence with regards to Asian and African young people. Both groups expressed a strong identification with their ethnic group culture and felt that this provided an appropriate individual identity. The significant religious and cultural differences of the Asian group from the dominant white society played an important role in reinforcing difference. In situations where Asian young people reported positive racial and ethnic socialisation within the care system, there was evidence of strong individual and group identification. (Author description - Barn et al. 2005)*

*The desire to belong, to fit in, to not be assigned a marginal identity was in evidence among the young people in our study. For black Caribbean young people, the self label of 'black' and 'British' carried an important significance. These young people, while recognising that their parents or grandparents originated from the Caribbean islands, wished to express a strong identification with the label 'black British'. This was designed to serve the purpose of forging their own identity (different from their parents), but also gave them a sense of ownership to the land of their birth - Britain. (Author description - Barn et al. 2005)*

The authors concluded that one way to ensure that LACYP foster and maintain a sense of belonging and identity is to ensure they have access to the different groups within which they belong including their family.

*Family contact is a crucial factor in the development of a young person's identity. Social services departments need to take proactive measures to support young people in sustaining family contact. (Author analysis - Barn et al. 2005)*

#### **3.4.2.6 Conclusions**

It is clear, though not surprising, that LACYP have a strong desire for a sense of belonging. There are practical ways in which child welfare professionals and carers can support LACYPs sense of identity and promote a sense of belonging; by helping them to maintain links with their biological families, supporting them to feel part of a family if in foster care, or helping them to develop supportive peer networks if in residential care.

#### **3.4.3 Being supported - 'Having someone who is there for you'**

##### **3.4.3.1 Overview of data on 'being supported'**

A total of 10 studies talked about the importance of 'being supported' (Allen 2003, Biehal and Wade 1996, Chase et al 2006, Emond 2003, Heptinstall et al 2001, Hill et al. 1996, Luke and Coyne 2008, Martin and Jackson 2002, Schofield and Beek 2005, Stevens and Boyce 2006).

Nine of the 10 studies included verbatim quotes from LACYP about the importance of 'being supported' in addition to the authors' descriptions of this as a particular theme within the data. In addition, four of the studies also included analysis on the part of the authors regarding the significance of this issue and the impact it has on outcomes for LACYP (Allen 2003, Butler and Charles 1999, Luke and Coyne 2008, Martin and Jackson 2002).

The 10 studies involved a total of 484 LACYP, with sample sizes ranging from 5 to 116. Information about the extent of the data, and thereby the significance of the theme, was provided in 8 of the 10 studies. All 8 studies indicated that the theme was commonly raised

or very commonly raised by participants, indicating that the issue of 'being supported' is one with particular salience for LACYP.

#### 3.4.3.2 Nature of data on 'being supported'

The data contributing to the theme of 'being supported' reveal three distinct 'sub-themes'. These included i) having someone there for you, ii) being supported emotionally and iii) being supported and encouraged to do things.

#### 3.4.3.3 Aims and focus of studies in relation to 'being supported'

Most of the 10 studies had a general focus on experiences of foster care (Allen 2003, Heptinstall et al 2001, Hill et al. 1996, Luke and Coyne 2008, Martin and Jackson 2002, Schofield and Beek 2005) but one study focused on care leavers (Biehal and Wade 1996) and another on the meanings and experiences of pregnancy and parenthood for people who have experienced being looked after (Chase et al. 2006) and one focused on evaluating the care standards (Stevens and Boyce 2006). The issue of 'being supported' appeared to be a theme that emerged from looking at different aspects of LACYP experiences of being in care rather than an author driven theme, once again attesting to the salience of this issue for LACYP.

#### 3.4.3.4 Relationship to other themes

The theme of being supported relates to many of the LACYP themes. In particular it has resonance with the findings regarding professionals and with those on education and leaving care. There seems to be a general sense that in all aspects of their lives LACYP have concerns that they have no safety net or no one to turn to in difficult times.

#### 3.4.3.5 Someone being there for you, being supported emotionally and being supported to do things

##### Someone being there for you

All 10 studies, which included data on 'being supported', indicated that it is important to LACYP that they have someone who is there for them. Often the presence or lack of a person or people to turn to revealed how well LACYP did or did not feel supported in their lives. The nature of this need was expressed in some of the quotes from LACYP.

*When me mam started visiting me in nick (prison). I knew then, I didn't feel lonely then. From then on I knew me mam, she'd always be there for me (Participant data - Biehal and Wade 1996)*

*You're never by yourself, you can always find someone that understands you, there's always someone you can trust, you know like one of the residents so that's nae (not) so bad. (Participant data - Emond 2003)*

*Staff open the door and then chap (knock) ... staff speak to you when they want but if you want to speak to them you can't speak to them. (Participant data - Steven and Boyce 2006)*

*I've been lucky really because I've always singled somebody out and I've always clung to them for a bit of extra support. I've always had some special person in my life to back me up, and I think a lot of kids in care don't have that. (Participant data - Martin and Jackson 2002)*

Just one 'person' can act as an anchor for LACYP and provide them with a positive sense of well being. This person could be anyone they happen to have contact with that makes them feel that they matter, that they exist, are worth listening to and spending time with and who thinks they are worth protecting. LACYP talked about any number of different people who can be there for them, including family members, foster carers, professionals, and/or peers.

Further author descriptions of LACYP views bring to light just how important it is to LACYP that they are supported.

*Participants mentioned how important staff attitude was to their well-being. In particular, a sense of being listened to, being cared about and being worthy of spending time with were features contributing to a positive care experience. (Author description - Stevens and Boyce 2006)*

*These young people valued having somewhere they considered to be their home base, even if they did not actually live in the family home. They needed to know there was somewhere they could go if they felt lonely, or during a crisis. It was important for them to feel that a parent would "be there" for them if they needed them. A young man who had found it hard to cope with the loneliness and lack of structure he experienced living alone in a bedsit' was relieved when his father at last began to offer him support once he became homeless. (Author description - Biehal and Wade 1996)*

*what young people said their liked about foster carers were that they were friendly, interested or relaxed; made them feel safe; relaxed; had a sense of humour; treated them like an adult; and included them in shared activities. Evidently, the teenagers got on well with people who they felt respected and accepted them for who they were ... Support and advocacy were also welcomed. One young person felt that her foster carer stood up for her at child care reviews and prevented others from imposing decisions on her (though another thought the reviews were just an occasion for his foster carers to complain about him. (Hill et al. 1996)*

The study by Schofield and Beek (2005) drew particular attention to cultural occasions such as birthdays and Christmas as a time when LACYP may be more acutely aware of when someone, i.e. 'the family' is there for them or not. The authors reflect on these times as points in the lives of LACYP when they can feel that sense of knowing there are people in their lives to whom they matter to.

*...children often talked readily about their lives with their families and gave a sense of how much they valued being part of it all. They enjoyed family rituals around birthdays and Christmases and showed in their behaviour a strong sense of absorbing the foster family norms and values. It was not always easy for children to communicate in interviews their view of family membership, but what came across was the way feeling at 'home' rather than in 'a placement' (Author description - Schofield and Beek 2005)*

The findings from the studies suggest feeling supported and that someone who is there for you is dependent on the quality of the relationship you have with a person. Some authors made a link between LACYP opportunities to developing meaningful relationships and their well being. In particular Chase et al. (2006) state,

*The study emphasises that giving young people who are looked after opportunities to develop meaningful and consistent relationships with substitute carers and/or professionals, throughout their time in care, is vital for their emotional well being. (Author analysis - Chase et al. 2006)*

Hill et al. (1996) go further and provide suggestions for how to approach developing relationships with LACYP that can make them feel supported without feeling controlled, particularly during the teenage years.

*The findings... highlight the importance in foster placements of achieving a balance of closeness, stability, boundaries and autonomy that suits the temperament and expectations of the teenager. Some want to attach to a family, but others simply want a stable base and may find closeness oppressive. It is important that these expectations and inclinations are clarified and negotiated in the matching and contracting stages of placement (Author analysis - Hill et al 1996)*

It is clear that LACYP value having someone who is there for them, to whom they can turn to. As previously discussed there are many factors which may preclude this from happening. Difficulties with maintaining contact with the birth family, placement

breakdown and access to social workers / professionals therefore, are all potential barriers that could be addressed through policy and practice.

### Emotional support

Many of the views expressed by LACP in this theme hinted at what they got from those who were 'there for them', but three studies particularly highlight having someone who provided them with emotional support (Emond 2003, Luke and Coyne, Hill et al. 1996).

*And over the past 7 years I've had a lot of things that have happened, quite a lot of bad things like my granddad died . . . But with the support I've got with my foster parents it helped me a lot to see things through . . .* (Participant data - Luke and Coyne 2008)

*I enjoyed their company and I listened to them and took their advice. They kind of helped me to mature more.* (Participant data - Hill et al. 1996)

The study by Emond (2003) highlights the importance of having peer support and feeling understood by someone who has had similar experiences.

*On one level, the belief that there will be a shared understanding or empathy was, to some degree, related to the age and biographies of the residents. There was an expectation created early in the young person's residential 'career' that there would be others who had had similar experiences or who would understand his/her history. After the initial admission, residential care came to be understood as a resource catering for young people with a range of needs but with similar backgrounds and experiences.*

To quote Sharon:

*It's a fine place to be, better than being in foster care because there is more kids here your own age that have been through the same sort of thing.* (Participant data - Emond 2003)

Luke and Coyne (2008) underline LACYP desire for someone who is able to support them with problems they might be facing. Many LACYP do not have this kind of support. The lack of which can impact negatively on LACYP's self esteem and sense of self worth.

*As well as affection and verbal expressions of love, foster parents had helped PA feel the positive benefits of support and attachment by listening to his needs and acting on them. Regrettably, there were more references to a lack of general support and attachment in participants' accounts than to their presence. PA's successful second placement was contrasted with his first. The expression of emotional support as expressed in a willingness and availability to talk through problems had also been missing for PH. PF described how severe problems of insecurity and low self-worth had plagued him throughout his childhood and into adult life. He felt that these problems were directly attributable to the lack of stable support and attachment in his childhood, both with his birth family and in subsequent foster placements* (Author description - Luke and Coyne 2008)

Indeed the authors believe there is a need to address the issue by ensuring that foster carers understand and appreciate the opportunity they have to influence LACYP's lives by undoing some of the negative messages they have received, by acknowledging and listening to their emotional needs through being a source of emotional support.

*The foster parents described by this sample were in a unique position to boost children's self-esteem. 'Ideal' foster carers struck a balance between responding to children's neglected emotional needs and promoting age-appropriate social and academic skills (Schofield & Beek 2005a). Regrettably, some foster parents seemed only to reinforce individuals' negative self-concepts in their failure to meet support needs.* (Author analysis - Luke and Coyne 2008)



Having someone who not only makes you feel loved, but who is emotionally available to you and supports you to express yourself and talk through problems is an important requirement for children and young people. It is particularly important to LACYP who not only reveal this is lacking in their lives but also may have more reason for needing support and reassurance because of past negative experiences of being in care or because of the events leading to their placement in care, or both.

#### Being supported to do things

In addition to having some who supports you emotionally, LACYP talked about the importance of having someone there for you, who encourages you and wants you to do well at things. They often singled out a particular person, usually a foster parent who had instilled confidence in them to do things they might not have thought they could do. Three studies (Luke and Coyne 2008, Martin and Jackson 2002, Emond 2002) reported data directly related to this sub-theme included the following quotes from LACYP.

*[H]is input and help on my homework was phenomenal. . . and his patience is unfounded, it's brilliant. So their support means a lot to me, cos my mam and dad weren't there for me educationally. (PA) (Participant data - Luke and Coyne 2008)*

*'I think the role model or mentor is somebody that you'd see on a weekly basis, that comes to your home or you could go to them or whatever. You'd do stuff with them or they'd take you to museums and art galleries, places of interest, or go away with you for a weekend . . . that they were there for you and knew where you're coming from.'* (Participant data - Martin and Jackson 2002)

The study by Martin and Jackson (2002) interviews LACYP who have achieved 'against the odds' and found that one of the factors attributing to this success is having someone there for you that believes you can do well and succeed at the things that matter to you. They report the following,

Most of the high achievers spoke of a special relationship with at least one person, within or outside the care system, who made time to listen to them and make them feel valued. This individual often acted as a mentor or a role model, and helped to motivate them to work hard at school and to go on to university. (Author description - Martin and Jackson 2002)

Emond (2002) describes a scene she witnessed whilst observing a residential setting.

*Young people were able to demonstrate support through their use of verbal and physical encouragement, including encouragement in pursuing a job or school exams. Older residents were able to reflect on their own experiences and use these reflections to persuade younger members not to make similar 'mistakes'. Such support extended to young people who were trying to make a change in their lives or to move on to the next stage of the care process. The groups viewed those who criticized such behaviour as destructive. (Author description - Emond 2002)*

Luke and Coyne (2008) provide recommendations for how carers can encourage LACYP to become more adept in practical skills by identifying areas where they may already be competent or have an interest and honing in on these as another way of showing they care. They state that,

*Domain-specific support must be tailored to the individual child as particular areas may be more important for some children than for others. Foster parents need to talk to children to find out where they would most value help. Practical examples of specific support given here included instrumental help with mathematics homework, drama groups and football training, as well as encouragement in learning to drive. (Author analysis - Luke and Coyne 2008)*

Overall, the views of LACYP indicate that there are a number of different ways in which to support and 'be there' for them. These can include i) physical proximity and contact with significant others, ii) being emotionally available and iii) showing an interest and belief in the skills and abilities of LACYP. All of these go some way to communicating to LACYP that who they are and what they are is of consequence and can introduce or reinforce to them that they matter. The extent to which being supported could have a lasting impact on LACYP and change the course of their lives cannot be measured or underestimated.

#### **3.4.3.6 Conclusions**

The need to 'be supported' emerged as an important outcome for LACYP. None of the studies explicitly focused on this issue, yet it emerged in 10 of the 35 studies including LACYP views. Being able to ensure that LACYP have the support of someone while in care and after they have left is an achievable outcome that can be addressed through policy and practice initiatives.

#### **3.4.4. Having someone to talk to**

##### **3.4.4.1 Overview of data on having someone to talk to**

A total of eight studies talked about the importance of being listened to and having someone to talk to in confidence (Blower et al. 2004, Baldry and Kemmis 1998, Barnes 2007, Fleming et al. 2005, Leeson 2007, Skuse and Ward 2003, Bundle 2002, Munro 2001). All of the eight studies included verbatim quotes from LACYP about the importance of having someone to talk to in addition to the authors' descriptions of this as a particular theme within the data. In addition, five of the studies also included analysis on the part of the authors regarding the significance of this issue and the impact it has on LACYP. The eight studies involved a total of 261 LACYP, with sample sizes ranging from four to 74. Information about the extent of the data, and thereby the significance of the theme, was provided in six of the eight studies. All six indicated that the issue was commonly raised, or very commonly raised by participants. These findings make it clear that the issue of 'having someone to talk to' is one with particular salience for LACYP.

##### **3.4.4.2 Nature of data on 'having someone to talk to in confidence'**

The data contributing to the theme of having someone to talk to in confidence' fall into two distinct sub-themes. These include i) the importance to LACYP of being listened to and ii) being listened to in confidence.

##### **3.4.4.3 Aims and focus of studies in relation to 'having someone to talk to in confidence'**

The majority of studies in this theme aimed to explore LACYP general experiences of care or of leaving care. In some cases this included asking LACYP who they confided in and who they could talk to, as a particular form of support. However none of the studies explicitly asked LACYP about the issue of confidentiality, this theme emerged from participants' discussions about whom they go to for support.

##### **3.4.4.4 Relationship to other themes**

Having someone to talk to in confidence is directly related to feeling supported and knowing that someone is there for you. Although there are issues that cross over, specifically emotional support, this theme does have some distinct features. Having someone to talk to related directly to being heard, being treated with respect and feeling valued as an adult. In addition the issue of confidentiality was the crux of this theme. It separated the theme from simply 'knowing' someone is there for you to feeling that someone will act in a particular way, and on your behalf, based on the concerns and issues you have raised and will maintain your privacy in that process.

##### **3.4.4.5 The importance of being listened to, being listened to in confidence**

###### The importance of being listened to

Four of the eight studies including data on this theme talked about the importance of being listened to. In addition to wanting to feel secure in the knowledge that someone is there for you, LACYP also identified that it is helpful if that person is also someone who they can talk to, who listens to them and is able to act on what you have said. LACYP expressed sadness and disappointment when opportunities to express themselves or communicate to adults had not been available to them and appreciated when they were.

*He told me, 'They don't listen to children'. N shook his head when recalling this memory - 'all I wanted to do was make them listen' (Participant data - Leeson 2007)*

*I feel my views are heard and they involve me in decisions. They treat me like an adult' (Participant data - Barnes 2007)*

*I like it that I can talk about how I am feeling and also get treated like an adult (Participant data - Baldry and Kemmis 1998)*

*I think I would have liked to have talked to someone, because I needed to sort my head out, I was sort of everywhere and nowhere, so my head needed to be sorted out. (Participant data - Skuse and Ward 2003)*

LACYP draw a link between being listened to and actually being heard with being treated like an adult. This appears to suggest that children and young people want their views to be taken seriously and feel respected as an equal member of society when this happens.

The views of LACYP in the study by Skuse and Ward (2003) found that many of the participants had received therapeutic support from a range of different mental health professionals. Again the views of LACYP pointed to the difference between those who listened to them and those they felt had misunderstood. Two quotes provide a striking difference in the experience of

*It helped a lot because, I know it was only three or four sessions, but it helped me to get the stress out - they gave me forms on stress management and things like that. It was a very positive thing for me to do...I'm not letting anyone ruin my life, because I had a crap childhood and I am not letting them ruin my adult years as well. I am sick of people walking over me (Participant data - Skuse and Ward 2003)*

*They were useless as well (psychiatrist). Cos they just don't understand, just didn't listen...I just thought they were being funny, the stuff they used to say to you. Like 'If you wanted to die, why don't you do it properly?' and stuff like that. But it were attention I wanted, not as in 'Look at me', it were more of a cry for help really. (Participant data - Skuse and Ward 2003)*

The authors concluded that many children and young people who have been in care, unsurprisingly, have emotional and behavioural difficulties and that this can impact on their short and long term outcomes. Thus they need additional support in the form of having someone who listens to them and helps them cope with their problems. They recommend that LACYP are consulted in that process.

*In designing and delivering appropriate support, it is obviously necessary to talk and to listen to the young people concerned. At present they are virtually the only source of information concerning the amount of support provided, and will remain so until systematic recording improves. However, more importantly, not only should they, as service users, have a right to be consulted, but their perceptions of what is helpful and what is not are invaluable. Their responses to the interview questions confirm the findings of many other studies that access to mental health support can be patchy for children looked after and that the type of help they are offered can be easily misunderstood or judged inappropriate by recipients (National Assembly for Wales, 2002). (Author analysis - Skuse and Ward 2003)*

#### Being listened to in confidence

Seven of the eight studies in this theme reported LACYP views about confidentiality. What came across from these studies was that, although being listened to is beneficial it is not always enough. In many cases, LACYP need to be assured that what is being said will remain confidential. They expressed mistrust, anger, confusion and fear about disclosing personal information, talking about painful events or making a complaint to professionals in case that information became widely known. The following quotes from LACYP indicate how relevant confidentiality is to them.

*I felt really let down because I thought I had been talking to her privately but I saw she had written it all down in the file for anyone to read. I wouldn't have said anything to her if I had known she was going to do that (Participant data - Munro 2001)*

*She has told me what kinds of things she would pass on to my social worker so I know the rest of it will be kept secret' (Participant data - Munro 2001)*

*I think that when you make a complaint it's just awkward. It is— cos if I make a complaint I go for a route that no one else is going to catch up on, so my social worker won't know I've made a complaint, my foster carer doesn't know I've made the complaint and only children's rights—so it doesn't go any further than that—so I'm happy (Participant data - Barnes 2007)*

*Confidentiality was not asked as a specific question, but was raised by four people as being important, and implied by a further four who said they would not tell staff the reason for wanting an appointment if the matter was personal (Author description - Bundle 2002)*

*...there's loads of times I've wanted to talk to someone about all of it, but I just never have, because I think, if I talk to someone about them, other people are gonna know, and it's gonna cause more problem. (Participant data - Skuse and Ward 2003)*

Further descriptions of the data by authors also provide examples of how important this issue is for LACYP.

*They felt torn between wanting their carers to know enough about them to meet their needs, and feeling that they had little privacy. They complained about the use of logbooks, although appreciating the need for staff to communicate and remember things about them. (Author description Blower et al. 2004)*

*A few young people found it virtually impossible to talk to anyone about confidential health matters. (Author description - Fleming et al. 2004)*

*Confidentiality was not asked as a specific question, but was raised by four people as being important, and implied by a further four who said they would not tell staff the reason for wanting an appointment if the matter was personal' (Author description - Bundle 2002)*

In many cases it appeared that what mattered to LACYP was that they had some control and some choice over what information was disclosed, to whom and when. The feeling of uncertainty i.e. not knowing if what is being said will be repeated elsewhere created anxiety for LACYP.

Many of the authors concluded that confidentiality was a significant issues for LACYP. Skuse and Ward (2003) summed it up when they wrote.

*Perhaps, however, one of the more telling points to come out of their discussions with the interviewers was the frequency with which these vulnerable young people expressed the need for someone to whom they could talk to confidentially, who would listen to them without feeling the need to make a record or take professional action. (Author analysis - Skuse and ward 2003)*

Overall the need to be listened to and to know that what has been shared remains confidential is a pervasive issue for LACYP that could potentially be addressed by policy and practice initiatives.

#### 3.4.4.6 Conclusions

Having someone to talk to is a salient issue for many looked after children and young people. Most value the opportunity to have a person they can talk to freely. This could be achieved through psychotherapeutic intervention or through other forms of informal but

confidential support. What is important is that LACYP have someone who is available for them to talk to, who listens and respects what they have to say.

### **3.4.5 Contact with birth families**

#### **3.4.5.1 Overview of data on contact with birth families**

Data indicating a strong desire for contact with birth families was found in 11 studies, roughly one third of all the LACYP studies (Baldry and Kemmis (1998), Biehal and Wade (1996), Buchanan (1995), Bullock et al. (1990), Butler and Charles (1999), Heptinstall et al (2001), Hill et al (1996), Munro, E. (2001), Stevens and Boyce (2006), Thomas and O'Kane (1999), Timms and Thoburn (2006)).

In each of these 11 studies the authors provided a description of participants' views on this issue and included verbatim quotes from LACYP about their desire to maintain or improve contact with birth families. In five studies authors drew conclusions or developed recommendations as a result of this data (Biehal and Wade (1996), Bullock et al. (1990), Butler and Charles (1999), Heptinstall et al (2001), Timms and Thoburn (2006)).

The 11 studies involved 1197 LACYP, with sample sizes ranging from two (Bullock et al. 1990) to 735 (Timms and Thoburn 2006). Information about the extent of the data in all 11 of the studies suggested it was a very common theme touched on by over half the sample. Along with the themes of belonging and education, this was one of the most commonly reported themes among the 35 studies, further attesting to its significance as an issue for LACYP. Added to this, several studies particularly noted its particular salience for LACYP.

*Their most strongly expressed opinions were with respect to decisions about whether, how often and where they had contact with birth parents and siblings. (Author description - Timms and Thoburn 2006)*

*Three quarters reported problems - almost half reported it as one of their three most important standards (Author description - Stevens and Boyce 2006)*

Others noted how, in studies where it was not a particular focus of the authors, the theme of contact with birth families was one spontaneously raised by LACYP.

*A major source of conflict with social workers was the amount of contact allowed with the birth family, particularly with the mother. Most of the children raised the subject. (Author description - Munro 2001)*

#### **3.4.5.2 Nature of data on contact with birth families**

Within the theme of contact with birth families the data conveyed five sub themes. These included i) a general desire to maintain or improve contact with birth families, ii) the reasons why this was desirable for LACYP, iii) that the issue is a very complex one that needs addressing with sensitivity, iv) that service providers such as child welfare professionals and carers are often perceived to act as a barrier to LACYP accessing contact with their birth families, and v) that maintaining or losing contact with birth parents can have an impact beyond LACYPs immediate emotional concerns.

#### **3.4.5.3 Aims and focus of studies in relation to contact with birth families**

The issue of contact with birth families was the primary focus of the study by Bullock et al. (1990) the remainder of the studies had broader focus relating generally to the experience of being in care.

#### **3.4.5.4 Relationship to other themes**

The theme of 'contact with birth families' is best understood in relation to several other themes including, 'love', 'belonging' and 'someone who is there for you'. However, it is analysed here as a distinct theme as it is commonly and vigorously raised as an issue of particular importance by LACYP within the studies.

#### **3.4.5.5 Desire for contact, reasons for desire, service providers as barrier, impact of lack of contact, birth contact is a complex issue**

##### General desire for greater contact

The following moving quotes from LACYP illustrate their strong desire to maintain contact with birth families.

*I love my brothers and sisters and I really want to see them... but I haven't seen them for the last 3 years no.* (Participant data - Thomas and O'Kane 1999)

*I wish I lived with my mum cos we get on now plus I miss my baby brothers. I miss them that much that sometimes I want a baby myself. I'd love to see my brother and have him living with me. I have brothers and sisters but I only see my 2 year old brother because my other siblings have moved and I don't know where they are. (I would like) Longer time with dad and mum and to see my previous fosterers.* (Participant data - Timms and Thoburn 2006)

Many authors conveyed both the prevalence of data on this issue and its relative importance for LACYP. Thomas and O'Kane illustrated the strength of prevalence of this issue.

*Most children wanted to see their families and were puzzled or angry if they were not allowed to. This was particularly so if children were separated from brothers and sisters.* (Author description - Thomas and O'Kane 1999)

In terms of salience, the study by Stevens and Boyce (2006) noted that LACYP rated contact with families to be the most important issue addressed in that study, Baldry and Kemmis described it as being 'hugely important' to LACYP. It was also noted as the issue which drew the most strongly expressed opinions in the study of 735 LACYP in the study by Timms and Thoburn (2006).

#### Reasons for desire

Three studies provided some indication of why contact with birth families was so desirable (Baldry and Kemmis (1998), Heptinstall et al (2001), Timms and Thoburn (2006)). These studies revealed the link between birth families and LACYPs sense of their identity.

*It seemed that siblings had a particular significance for foster children. Those living with a brother or sister did not always get on well, yet their sibling was precious to them. Claire said her younger brother, who lived in the same foster family, was very important to her 'Because he is the only one of my family I live with'. It was as if siblings, in particular absent siblings, more than birth parents, symbolised the family they once had. Perhaps siblings were of particular importance because, unlike birth parents who had often failed them, siblings reminded them of some positive elements of being part of a family.* (Author description - Heptinstall et al 2001)

*The potential of the people the children still hold dear to provide not only reassurance that they are still loved and valued, but also information, advocacy, support and practical help.* (Author analysis - Timms and Thoburn 2006)

The need for a sense of their identity appears to be a recurring issue across themes, in particular in the themes of being loved and belonging. This suggests that helping LACYP to maintain relationships with their birth families is one way of supporting them in this way.

#### Service providers are a barrier

Nine of the 11 studies revealed how LACYP perceive service providers such as social workers and carers as obstructive when they sought contact with their birth families.

*You should be allowed to go and see your family* (Participant data - Buchanan 1995)

*They never helped me stay in touch with my family ... I done a photo album of my life story and have kept it.* (Female, 17) (Participant data - Stevens and Boyce 2006)

*Just under half of the group reported that staff were too busy to facilitate family meetings* (Author description - Stevens and Boyce 2006)

*As we noted when reporting the findings on contact, this appears to be an area where children's wishes are frequently being disregarded. (Author analysis - Timms and Thoburn 2006)*

It is clear that the prevention of family contact will often be done out of concern for the welfare of LACYP and that contact will often not be appropriate. However, the prevalence and salience of this sub-theme suggests that the handling of contact with birth families could be improved. The two extracts below describe specific instances where service providers failed to meet the needs of LACYP in this area.

*One girl was worried that her mother, who had depression, might commit suicide if she was not allowed sufficient contact. At the same time, she was scared that the social worker might end contact altogether although she could give no clear reason why this might happen. The issue was clearly causing her considerable distress. Another young person was mystified as to why he was only allowed to phone his mother at set times though he would like to feel she was in reach at any time. A few were clearly very sensitive to the way their birth mothers were treated by professionals and concerned that she might feel uncomfortable and therefore be deterred from attending reviews and staying involved in their lives. (Author description - Munro 2001)*

*In the case of Richard, failure to encourage contacts and links with home was used at the case conference to suggest that 'he shows little interest or respect for his immediate family' ... (In case conferences) there is little exploration of the long-term consequences of the case conference decisions, particularly with regard to links and contacts with home ... as the primary focus of the review is to find a placement, the family links of the child remain a secondary consideration. Moreover, once the case conference decision has been agreed, the momentum tends to die away and weeks must elapse before the agreed placement is actually made (Millham et al., 1986). At no point in the assessment period is any response sought from the potential placement as to its suitability as regards the young person's need for family contact ... In the end there was little withering of family links for either boy, but this was by fortune rather than by design. (Author analysis - Bullock et al. 1990)*

Moreover, participants in several studies indicated that they maintained contact with families even when service providers had sought to prevent it. The result being resentment on the part of LACYP towards service providers and unmonitored contact with birth families, making the LACYP involved more vulnerable to any potential harm.

*My mum has been down here and, then, I wasn't supposed to go home but I walked out. I asked the staff, they said no, so I walked out. (Participant data - Bullock et al. 1990)*

*You should be allowed to go and see your family unless you are in danger. At the moment my social worker is saying no, but I am still going behind her back and going to see them. (Participant data - Buchanan 1995)*

Furthermore, the data below indicates that the harmful impact of preventing contact for LACYP needs considering alongside the potential harm that contact might incur.

#### Impact of a lack of contact

Several studies revealed some long term impacts of preventing contact with parents. The majority of findings within this sub-theme highlighted a long-term negative emotional impact.

*The challenge is also thrown up by our findings of ensuring that children's safe and stable placements do not come at the expense of maintaining relationships with parents, relatives, siblings, previous carers and friends. Throughout the comments, there is evidence of the grief caused by these losses. (Author analysis - Timms and Thoburn 2006)*

*In looking specifically at young people who leave care in their late teens we see the consequences for many young people of low levels of contact with their families during the time they are looked after, whatever the reasons for this lack of contact. In this our findings add further weight to earlier research which has emphasised the importance of maintaining family links for children who are looked after* (Author analysis - Biehal and Wade 1996)

One specific emotional impact, described by Biehal and Wade (1996), was the difficult emotions that emerged when attempts to re-establish contact were made.

*Several spoke of the strain that separation had placed on relationships and of the gradual process of re-establishing a modus vivendum. (i.e. without maintaining contact re-establishing relationships is hard)* (Author description - Biehal and Wade 1996)

Another was the emotional impact on choice of placement as described in the study by Hill et al (1996).

*The family loyalty factor was illustrated by one adolescent who had wondered about asking for a foster placement, but changed his mind fearing that his grandmother, with whom he stayed each weekend, would be jealous.* (Author description - Hill et al 1996)

#### Contact with birth families is a complex issue

Although the data from these 11 studies indicate a strong and prevalent desire to maintain contact with birth families, and some evidence in support of doing so to support the long term emotional health of LACYP, a detailed analysis of these studies also reveal this to be a complex issue that will need addressing with sensitivity. Although all the authors recognised the commonness of this desire, many also noted that it did not appear to be universal.

*'If anybody mentions me family I just say I haven't got none. I don't want to know 'em.'* (some respondents took the opposite view) (Participant data - Biehal and Wade 1996)

*I have been away so long I don't want to go home. My Dad used to be battering me every day, and I don't want that anymore.* (Participant data - Buchanan 1995)

*Issues around contact were individual to each young person* (Author description - Baldry and Kemmis (1998)

Several studies provided insight into the potential for conflicting emotions around contact with birth families.

*Claire gave the impression of being indifferent to her mother's lack of contact. When asked whether she would like to see her mother more often, Claire shrugged her shoulders and said: 'It's not my fault, not my problem. She didn't come and contact us.' But when asked whether she would like to live with her mother again, she said: 'Sometimes I do when I miss her, but sometimes I'm angry with her and I don't want to.'* (Author description - Heptinstall et al 2001)

*Foster children were clearly caught in a dilemma when asked to express the importance of their birth parents. On the one hand, they undoubtedly continued to love them, but on the other hand, they had to come to terms with very negative feelings about them and their care.* (Author description - Heptinstall et al 2001)

*Many of the young people with poor family relationships (including the group who spoke of clear parental rejection) developed strategies to help them deal with their distress, either through seeking to distance themselves from their families or through constructing idealised images of their parents.* (Author description - Biehal and Wade 1996)



What this points to is that although the studies reveal that contact is overwhelmingly an issue LACYP identify as important, and thus requires drives to support contact with birth families at policy and practice levels, at the point of delivery of services sensitivity and creativity will be necessary to ensure individualised and appropriate support.

#### 3.4.5.6 Conclusions

As with all the themes derived from the views of LACYP, it must be recognised that the findings are based on the majority of data, strong issues that emerge and that a blanket policy will not be acceptable, for some CYP contact with families will be neither appropriate nor desirable. However, more recognition of the significance of relationships with birth families, and for many LACYP, more opportunity for contact with parents and/or siblings, is likely to impact on their well-being.

#### 3.4.6 Stigma and prejudice

##### 3.4.6.1 Overview of data on stigma and prejudice

A total of seven studies provided data on LACYPs experiences of stigma and prejudice because of being in care (Blower (2004), Buchanan (1995), Butler and Charles (1999), Luke and Coyne (2008), Martin and Jackson (2002), Mullan et al (2007), West (1995)).

All seven studies included verbatim quotes from LACYP regarding their experiences of, or views on, prejudice and stigma because of being in care. In six studies the significance of this issue led authors to draw relevant conclusions and develop recommendations (Blower (2004), Buchanan (1995), Luke and Coyne (2008), Martin and Jackson (2002), Mullan et al (2007), West (1995)).

The seven studies involved a total of 268 LACYP, with sample sizes ranging from five participants (Butler and Charles (1999), Luke and Coyne (2008)) to 77 West (1995). The remaining studies each involved roughly 40 to 50 participants. The significance of the theme for LACYP was highlighted in several studies:-

*A significant number spoke of experiences of name-calling and differential treatment (Author description - Mullan et al 2007)*

*It was however, the less tangible issues about their care experience that were most important to the young people ... The first issue is the stigma young people feel about living in the care system. (Author description - Buchanan 1995)*

*We asked all our respondents: 'What would you say are the three main things that should be done to improve the opportunities for children in care to do well in school?' Nearly everyone stressed the importance of 'normalization' in children's day-to-day lives. They wanted to be the same as other people, not standing out amongst their peers as different or peculiar. (Author description - Martin and Jackson 2002)*

Many of the studies indicated that such stigma had an impact on many aspects of the lives of LACYP including their success in education and employment and in terms of their social and emotional well-being. One author was led to draw the following conclusion about the profundity and extent of the effect of such prejudices.

*The stigma of being in care is the X factor on young people's self esteem which influences all other aspects of their lives. (Author analysis - Buchanan 1995)*

##### 3.4.6.2 Nature of data stigma and prejudice

The data about the experience of stigma and prejudice revealed four sub themes. Firstly, data indicated a general perception of negative attitudes towards LACYP. Secondly, LACYP participants also described annoying attitudes of pity by some. Thirdly, LACYP revealed a desire to feel 'normal' which contrasted with a common and unwelcome experience of being singled out and made to feel different. Lastly, some of the data from LACYP involved suggestions for approaches to deal with negative attitudes and stereotyping from LACYP themselves and from authors.

#### 3.4.6.3 Aims and focus of studies in relation to stigma and prejudice

Two of the seven studies had a particular focus on the mental health of LACYP (Blower (2004), Mullan et al (2007)). However, the issue of stigma can be seen as less likely to emerge from the remaining five studies; four of which had a general focus on experiences of care or leaving care (Buchanan (1995), Butler and Charles (1999), Luke and Coyne (2008), West (1995) and one which had a focus on the educational experiences of high achievers (Martin and Jackson 2002).

#### 3.4.6.4 Relationship to other themes

It is clear from themes in this review (Love, belonging etc.) and from other research (for example Schofield et al. 2000) that low self-esteem and a fragile sense of identity is a common experience for LACYP. Therefore, the findings about the extent of perceived prejudice and negative stereotyping revealed in this theme are all the more concerning.

#### 3.4.6.5 Negative attitudes, curiosity and pity, wanting to feel normal, addressing the issues

##### Negative attitudes towards LACYP

The significance of the issue of stigma and prejudice for LACYP has been noted above. However, the following comments are a poignant indicator of the potentially devastating effect of such attitudes on the emotional well being of LACYP.

*When you say you are in a children's home people think you are a tramp or something. (Participant data - Buchanan 1995)*

*(LACYP) are automatically seen as being underachievers anyway. Trouble makers as well . . . I remember somebody saying to me "You're in care because you're naughty" and it's like you're immediately set up to fail. (Participant data - Martin and Jackson 2002).*

*A significant number spoke of experiences of name-calling ... They mentioned particularly hurtful comments about their families not loving them or them not living in a "real family". (Author description - Mullan et al 2007)*

*It was a problem, people automatically thought I'd been an offender and in trouble with the police (Participant data - West 1995)*

As well as the emotional hurt such attitudes were felt to cause, some studies revealed the potential for very tangible barriers in the lives of LACYP because of such attitudes.

*Young people regarded mental illness as something about which they were curious, but from which they wanted to dissociate themselves ... They complained about already being 'stigmatized' for 'being in care' and were concerned that a label of mental illness might stigmatize them further (Author description - Blower et al 2004)*

*Many of the participants remarked on the exceptionally low expectations and lack of interest in education among the staff in the residential homes where they had lived ... Over a third (37%) of the high achievers reported their worries about the laissez-faire attitude shown by carers in residential homes towards school attendance. (Author description - Martin and Jackson 2002)*

*Many young people felt that stigmatisation directly had an effect on their opportunities for work. (Author description - West 1995)*

##### Curiosity and pity

In addition to the negative attitudes towards LACYP revealed in six studies, two studies also revealed how a reaction of pity or curiosity towards LACYP could also be upsetting.

*You say you are in care and lots of people feel sorry for you. I hate that feeling. (Participant data - Buchanan 1995)*

*People ask you did you get fed, did you have money etc (Participant data - West 1995)*

*In some cases, young people felt smothered by the well-meaning sympathy of those they came into contact with (Author description - Buchanan 1995)*

*Some found that people were most often curious and wanting to know why. This proved difficult to those care leavers who didn't want to discuss their lives. (Author description - West 1995)*

The significance of reactions of pity or curiosity as unwelcome is made clearer with reference to the following sub-theme regarding the need of many LACYP for a sense of 'normality'.

#### Wanting to feel 'normal' and being made to feel different

Five of the seven studies revealed a desire on the part of LACYP to feel 'normal'. This was most often spoken about in the context of systems or events that had caused them to be singled out and made to feel different.

*Participants described feeling negative when experiences highlighted their sense of 'difference' from other children. For PH, being different was particularly noticeable at school and at college where she had had to explain what it meant to be in foster care. (Author description - Luke and Coyne 2008)*

*They wanted to be the same as other people, not standing out amongst their peers as different or peculiar. (Author description - Martin and Jackson 2002)*

*Several young people recalled how their adaptability and incorporation into their substitute family was limited by a sense of 'feeling different' in terms of their individual needs and care status. (Author description - Butler and Charles 1999)*

One particularly noted way in which this feeling of difference was heightened for LACYP was due to a lack of opportunities to take part in activities with their peers.

*With my drama, music, sport, I needed to have the encouragement and resources. So if someone was in that position, I would make sure they had the resources and didn't feel out of it in terms of their clothing and their mixing with friends. (Participant data - Martin and Jackson 2002)*

*All the time my mates are out having good craic [fun] and all enjoying themselves and all while I'm stuck here looking at about 80 walls or something. What do you do whenever you come in here you're not even allowed to be a child, you're not allowed to be a young person? (Participant data - Mullan et al 2007)*

As with the comment directly above, much of the data on this issue came in the form of suggestions for alleviating this problem.

#### Addressing the problem of stigma and prejudice

Some of the LACYP described tactics that could be used to reduce the impact of prejudice, for some this involved concealment.

*Fostered ... with me I say it is my family ... it avoids problems. (Participant data - Buchanan 1995)*

*People at work didn't know' (Participant data - West 1995)*

*Make sure that social worker visits and things are done way out of school time, and out of school property so they are never noted within school as being abnormal (Participant data - Martin and Jackson 2002)*

Others felt that openly addressing the prejudice would be more beneficial. The first comment below is a direct comment from a participant in the research; the latter are authors' conclusions.

*I think the best way to deal with stigma is to actually talk about it and maybe produce children's literature to help other children understand it better.* (Participant data - Martin and Jackson 2002)

*Local and central government must ... run publicity promoting positive images of young people in and from care* (Author analysis - West 1995)

*Unlike other forms of prejudice, such as race or sexual orientation, which are discussed at length in the media, the public is mainly unaware of the discrimination faced by looked-after children.* (Author analysis - Martin and Jackson 2002)

Extra support within schools was noted by LACYP in the Martin and Jackson (2002) study as being needed, although sensitivity in the delivery of support was noted as essential given the desire not to be singled out.

*It is important for teachers to know that individual pupils in a class are in care, because they do need extra attention, they do need looking after to make sure that they are not being bullied or pressured.* (Participant data - Martin and Jackson 2002)

*The teachers should have a more sympathetic attitude towards children who are in care and recognize that they have some special needs. And often it's just making time to listen.* (Participant data - Martin and Jackson 2002)

*I think that's a double edged one. 'Cause you don't want to single people out. You have to think creatively about what that individual person needs.* (Participant data - Martin and Jackson 2002)

Other suggestions involved attempts to raise the self-esteem and thereby increase the resilience of LACYP.

*It's not just about education, it should be like making it more normal for them to have hobbies and things. When people are thinking of education they should be thinking about developing the whole of that person.* (Participant data - Martin and Jackson 2002)

*Looked-after children should be given the maximum encouragement to participate in school and out-of-school activities. This is another aspect of normalization and promoting resilience. Financial considerations should not be allowed to stand in their way.* (Author analysis - Martin and Jackson 2002)

#### 3.4.6.6 Conclusions on stigma and prejudice

The findings regarding stigma suggest a multi-pronged approach may be necessary to reduce the impact of perceived discriminatory attitudes and practices. Firstly, these findings suggest that any interventions proposed for LACYP must take into account the potential difficulties they may pose for LACYP by making them conspicuous, and take steps to avoid highlighting their status. At the same time, a drive to address negative stereotypes and prejudices in the general population, and especially in institutions that LACYP are likely to have contact with such as schools and health facilities, may help to provide a longer term solution to this problem for LACYP. However, the evidence regarding the need to feel that they 'belong' and are 'loved' indicates that low self-esteem may be common among LACYP. As such it is possible to argue that LACYP may be particularly sensitive to a perception of stigma and stereotyping. Therefore, efforts to address this issue may need to be directed improving the self-esteem of LACYP themselves in addition to addressing the discriminatory attitudes and practices of others.

#### 3.4.7 LACYP and Education

#### **4.4.7.1 Overview of data on LACYP and education**

Of the 35 studies of LACYPs views 11 studies touched on the issue of education (Ajayi and Quigley (2003), Allen (2003), Baldry and Kemmis (1998), Barn et al. (2005), Buchanan (1995), Cameron (2007), Chase et al (2006), Harker et al. (2004), Martin and Jackson (2002), Skuse and Ward (2003), West (1995)).

In each of these 11 studies the authors provided a description of participants' views on issues around education and also included verbatim quotes from LACYP. Eight of the studies additionally provided information on the implications of the data on education or developed recommendations for policy and practice regarding LACYP and education.

The 11 studies involved 680 LACYP, with sample sizes ranging from 36 to 129. Within pool of 35 LACYP views studies, only two other themes were similarly well represented across the studies; those of 'belonging' and 'contact with birth families'. However, it must be noted that discussing education was on the agenda of the vast majority of authors of these 11 studies, rather than it being an emergent issue (see section c below).

#### **3.4.7.2 Nature of data on education**

A large volume of data on the issue of education was found within the studies. As noted above, however, many of the studies had a prominent or a sole focus on education making a large volume of data on this theme inevitable. Much of this data alluded to barriers and facilitators for achieving in education. Many of the studies revealed the type of support needed to do well in education. Factors perceived as supportive included encouragement to do well, practical support such as a place to do work or appropriate housing for care leavers at university, continuity within schools and within placements, financial support for care leavers, support in the form of educational advice, and emotional support.

Particular barriers that emerged were factors perceived to be associated with being looked after such as the emotional upset of events leading up to and including being put into care, issues around stigma because of being in care, and disjointed educational careers because of being moved around in the care system. In particular, LACYP felt that encouragement (a supportive factor) was lacking because of a presumption by some that children in the care system would not do well at school. This lack of encouragement was particularly noted as an endemic feature of residential care with foster care often, but not always, being a more conducive environment for support for education. It is clear that many LACYP feel that they face significant barriers to achieving in education, high achievers often described self-reliance as an attribute making them resilient to these negative factors.

#### **3.4.7.3 Aims and focus of studies in relation to education**

Just under half of the 11 studies had a prominent or sole focus on education. The studies by Ajayi and Quigley (2003) and Martin and Jackson (2002) conducted research with former LACYP who were educational high achievers. The studies which involved former LACYP in higher education provided views about both pre- and post- 16 education. The remainder of the studies focused predominantly on LACYPs experiences of school.

The study by Allen (2003) looked at care leavers in relation to education, training and employment. Cameron (2007) researched the issue of education and self reliance for LACYP. The study by Harker et al. (2004) formed part of the 'who cares' project, doing an 18 month follow up study on LACYPs perception of support for education. Authors explicitly intended to ask LACYP about the issue of education in five of the remaining six studies as one theme in a broader research agenda. Buchanan (1995) was surprised to find education raised as an issue by LACYP themselves.

*The third issue raised by young people was not on our original topic list. This was the educational disadvantage young people experienced when being looked after by the State. (Author description - Buchanan 1995)*

And although Baldry and Kemis (1998) intentionally focused on education, they discovered it to be a particularly salient issue for LACYP.

*This survey revealed a very clear need and wish by the young people for help with their educational needs. (Author description - Baldry and Kemis 1998)*

#### 3.4.7.4 Relationship to other themes

This theme comprehensively covers all aspects of education. Many of the issues that concern LACYP within education are concerns within their lives more broadly, such as having encouragement and support from others (see theme on 'having someone to support you'), and the impact of prejudice on their lives (see theme on 'stigma and Prejudice'). It is important to understand, however, the nature of all the barriers to and facilitators for educational success for LACYP, especially given the significance they place on education in their lives

#### 3.4.7.5 Encouragement, practical and financial support, education specific support, emotional support, barriers, self reliance

##### Encouragement to attend and do well at school

Nine of the eleven studies reported the perceived importance of having encouragement to attend and do well at school for educational success of LACYP. Indeed the findings of several studies was that it was perceived as the most important factor for LACYP for achieving success in education.

*The most frequent advice given by our sample was to emphasize the necessity for a child to receive positive encouragement from significant others. Seventy-four per cent of participants stressed the vital importance of residential carers, foster carers or parents showing an active interest in their education and giving them support and encouragement to do well. (Author description - Martin and Jackson 2002)*

*The degree of support for education provided within care placements was the most frequently mentioned factor. Eighteen (of 56) young people commented that the level of encouragement to succeed educationally and the promotion of school/college attendance within their care placements had assisted their progress. (Author description - Harker et al. 2004)*

The significance for LACYP of being encouraged and supported in this way is revealed by some poignant comments.

*My latest social worker really helps support me. She's just like [foster carer]. Every time she comes she's like "how are you getting on at school?" That's the first question she asks except for like "how are you?" and I'm like "oh fine" but then I have to rush upstairs and get my studies down and show her and stuff like that. She's really nice. I've had her about a year now I suppose . . . all of my social workers have been good but I think she takes more interest in school. (12-year-old, foster care) (Participant data - Harker et al. 2004)*

*It's about staff encouraging and taking an interest in the children they care for, and even if the kid isn't motivated to keep on trying to get them to do their best. (Participant data - Martin and Jackson 2002)*

*I loved it. They got me back into school and I was doing well ... Helped me with school which I never stuck at before. (Participant data - Skuse and Ward 2003)*

And the perceived connection between encouragement and success is also made explicit.

*I knew that I had the ability to do well and, because they believed in me, they gave me the chance to like to go to ... support me through college. I'm now in university becoming like a social worker, training to be a social worker. (Participant data - Barn et al. 2005)*

*[Foster carers] made me go to school, (Participant data - Cameron 2007)*

*My foster parents, the last ones I had, were really good and they made me do my studying when I had study leave and I had to do my homework (Participant data - Skuse and Ward 2003)*

Distressingly, however, a large portion of the participant data regarding encouragement described how encouragement and support were severely lacking.

*I am not at school at the moment. . I don't fit into normal comprehensives (secondary schooling). There is no help or encouragement to go back to school.* (Participant data - Buchanan 1995)

*The carer, if you can call them that, didn't even bother to notice if you went to school or not.'* (Participant data - Harker et al. 2004)

*I needed someone there for me and to praise me when I did something right . . . there was no positive reinforcement, there is hardly any at all in the care system.* (Participant data - Martin and Jackson 2002)

*I wasn't encouraged and I didn't have any qualifications* (Participant data - West 1995)

The extent of these concerns was made clear in several studies.

*Over a third (37%) of the high achievers reported their worries about the laissez-faire attitude shown by carers in residential homes towards school attendance. Schooling is frequently missed due to care appointments or by the move to a new school in the middle of a term. Truancing is tolerated, barely remarked on.* (Author description - Martin and Jackson 2002)

*In practice, support for educational participation was often substantially lacking.* (Author analysis - Cameron 2007)

A lack of encouragement was particularly seen to be an endemic feature of residential care, an issue explored in more detail in sub-section viii.

The authors of three of the nine studies with data on encouragement were driven by this data to make direct recommendations about the need for encouragement for LACYP in their education. The examples that follow underline need to address this issue through policy and practice initiatives.

*Social services and schools must promote positive educational aspirations for young people in care.* (Author analysis - Barn et al. 2005)

*Looked-after children should be given the maximum encouragement to participate in school and out-of-school activities.* (Author analysis - Martin and Jackson 2002)

*Social services must ensure that young people in and from care are supported and encouraged at school and encouraged to continue in education beyond 16 years.* (Author analysis - West 1995)

#### Practical and financial support

Practical support for education was raised as an issue in eight of the 11 studies with education data. The provision of this type of support for education was seen as being conducive to educational success in two ways. Firstly, in terms of directly addressing tangible needs, for example for a desk and a place to study. Secondly, the provision of this type of practical support was seen as an indicator of the type of encouragement and support described above.

One particular source of frustration was the lack of resources made available in residential care.

*There should be books and there should be a desk, there should be a work area that is quiet where they can go and read and do homework and things.* (Participant data - Martin and Jackson 2002)

Many studies indicated that a range of practical resources were needed.

*I think there's got to be support for kids who leave care and go on to university. I mean real practical support. They need money. They need somewhere they can go*

*back to for help. They need people they can rely on for advice. All the sort of things that ordinary undergraduates take for granted, that they get from their family. (Participant data - Martin and Jackson 2002)*

Some statements from participants indicated the direct link between a resources and achievement.

*I had a computer I would use as well to do my homework on. I could always do my English assignments on that which meant I got a better grade because there wasn't so many spellings. It's a shame I hadn't gone there when I was six. I might have been slightly more intelligent. (Participant data - Skuse and Ward 2003)*

*University, three years of studying and unnecessary debt and [I] might not have a job at the end of it. If someone could tell me I'd get no university debts I'd be more inspired to go. (Participant data - Barn et al. 2005)*

One particular aspect of practical support that was mentioned in these eight studies was the need for adequate financial support for LACYP when going into further and higher education after the age of 16.

*I need things for my course like a computer, I need to buy art folders and notebooks ... I've spoken to my social worker and I don't know what she's going to do ... I just can't afford them with the £42 that they give. I have to eat. (Participant data - Barn et al. 2005)*

*Care leavers have to find work to continue with their education. You need money to live. (Participant data - Allen 2003)*

Local authorities appeared to be ill-prepared to deal with LACYP who went on to further education, often failing to anticipate or meet their particular needs.

*When local authorities failed to provide adequate payment for living costs and accommodation, students were liable to run into debt or to take on far too many hours of paid work to avoid it. Declining academic performance and increasing anxiety and depression often followed. (Author description - Ajayi and Quigley 2003)*

*In response to the question 'In moving into higher education what should be done differently and why?', 74% stressed that more financial help was needed, and 45% highlighted accommodation problems, particularly during vacations. (Author description - Martin and Jackson 2002)*

These issues of practical and financial support were the focus of recommendations by authors in six of the 11 studies.

*The educational environment and practical resources for study in residential units require urgent attention. (Author analysis - Martin and Jackson 2002)*

*If local authorities want their high-achieving care leavers to complete their courses successfully they must budget to provide them with adequate support. (Author analysis - Ajayi and Quigley 2003)*

*The local authority should recognize its responsibility as a corporate parent to celebrate their achievement and give them the same level of practical support and encouragement that a good parent would. (Author analysis - Martin and Jackson 2002)*

*Local authorities should exploit the opportunities given within the Children (Leaving Care) Act 2000 to ensure that young people leaving care are not disadvantaged from going on to further and higher education due to a lack of financial support. (Author analysis - Allen 2003)*



### Education specific support

Another source of support often felt to be pivotal in the success of LACYP in education was education specific support, in the form educational advice. Five studies included data to support this theme.

*Basically ... I would have liked, in the personal development plans, I would have liked them to lay out 'Where do you want to go in the future?... What are your aspirations? Where would you like to go? How can we help you develop as a person?' (Participant data - Barn et al. 2005)*

*The third factor in explaining improved or sustained good progress, suggested by 11 young people, focused on support available in schools or colleges. (Author description - Harker et al. 2004)*

*76% of the sample said that they would like to see more support from teachers. (Author description - Martin and Jackson 2002)*

A perception of this as lacking by some participants, is perhaps associated with the low expectations of some for LACYP in education (see sub-theme vi)

### Emotional support

Emotional support during education, particularly higher education was noted as a need by LACYP in three studies.

*What you need is good advice and a lot more support while you're in university ... You need a guardian angel to get you through. (Participant data - Martin and Jackson 2002)*

*The teachers should have a more sympathetic attitude towards children who are in care and recognize that they have some special needs. And often it's just making time to listen. (Participant data - Martin and Jackson 2002)*

*Yes my teacher. She was really good at listening to my problems and stuff when there wasn't really anyone else I could talk to about them outside of school (Participant data - Harker et al. 2004)*

In addition to the types of support that LACYP identified they needed, participants in the 11 studies revealed several distinct barriers to achieving in education that befell them because of their status of being looked after.

### Barrier to educational success - Emotional toll of events leading to being looked after

The first impact of their status as looked after was inevitably the toll that the events leading to being placed in care, and their removal from their families took; this issue was raised in five studies. The emotive description of care leavers experiences at university by Ajayi and Quigley (2003) illustrates this point.

*Most of those who dropped out had endured severe physical, sexual or emotional abuse during childhood. While these experiences tended to be relegated to the backs of their minds while they were in the relatively protected environment of school and foster home, once out on their own intrusive thoughts could resurface. At university, these young people often reported difficulty in forming new relationships and could find themselves quite isolated emotionally. Some told us that they experienced flashbacks or periods of severe depression. This could happen unpredictably so that they found themselves unable to study for long periods, and sometimes were unable to ask for help. Once they failed to submit assignments on time the work piled up into what they saw as an impossible load. Having nowhere to turn for advice or support, running away from the problem seemed the only solution. (Author description - Ajayi and Quigley 2003)*

Further similarly poignant, comments by participants reveal how negative experiences in the lives of LACYP and their effect on emotional wellbeing can affect success in education at any age.

*I left school at 13 ... this is what really pisses me off ... I had troubles at home, I got to school and let a couple of troubles go ... so I got kicked out and no other school would take me ... they never let no one teach me until I was 16. They just expect you to get on with it. (Participant data - Chase et al 2006)*

*Left for various reasons - homelessness, mental breakdown, lack of funding (Participant data - West 1995)*

These findings underscore the need for emotional support for LACYP in the education.

#### Barrier to educational success - Stereotyping and stigma

A second barrier, revealed in nine studies, was a distinct perception by LACYP that their educational potential was undermined by negative stereotyping on the part of others because of their care status. Teachers' attitudes were often perceived as hampering the success of individuals.

*I have been to college for three days but the response I got off the teachers was unacceptable. (Participant data - West 1995)*

*I think in terms of the stigma attached to being in care, lack of opportunities available, they are automatically seen as being underachievers anyway. Trouble makers as well ... I remember somebody saying to me "You're in care because you're naughty" and it's like you're immediately set up to fail. (Participant data - Martin and Jackson 2002)*

Others revealed that bullying by their peers because of their care status also undermined their school experience.

*School was all right I suppose. But it's funny because I was in care ... people used to think it's something weird, they used to talk about 'Oh she doesn't have a mum, she doesn't have a dad, she's in care', so it was a horrible experience I suppose. But, I just had to be strong. (Participant data - Barn et al. 2005)*

The emotional impact of this prejudice is palpable in above comment, and also in the following comment.

*I have been sad and depressed, the way I have been treated at school. (Participant data - Baldry and Kemmis 1998)*

Other more tangible impacts of this type of stereotyping were also felt.

*To me it seemed as if they'd never come across the situation of having someone in care who wanted to go to university and they didn't know what to do because they'd just never considered what their policy might be. To me that suggests they've got very low expectations, which OK might be based on the fact that no-one's done it before, but that shouldn't stop you thinking that one of these days some young people might come out with good enough grades to go and you need to plan what you can do for them. (Participant data - Harker et al. 2004)*

The experience of prejudice and stigma because of the status of being in care is felt more widely than within education (see theme Stigma and prejudice). However, it is clear that stereotyping of LACYP is felt to have a significant impact on their education. The evidence from these studies led authors to reach the following conclusions.

*Expectations for looked after children are notoriously low ... and there is still a widespread assumption that almost all are destined for unskilled or semi-skilled employment. (Author analysis - Skuse and Ward 2003)*

*Low expectations about the ability and potential of children in care need to be challenged* (Author analysis - Martin and Jackson 2002)

Barrier to educational success - lack of continuity in schooling

The third theme of this type, that being in care leads to a lack of continuity in education because of being moved around in the care system, was particularly prevalent within the 11 studies. This barrier was identified in eight studies and within these eight studies data on this issue was often quite extensive. The salience of this issue for LACYP is also revealed by their very frank comments below.

*When you're put into care everybody thinks it's normal to change schools. I think that's the most disruptive thing that can happen.* (Martin and Jackson 2002)

*One of the key things is stability, it's not to move kids unless it's absolutely necessary, and if you are going to move them don't move them from their school.* (Participant data - Martin and Jackson 2002)

Other comments from participants reveal the type of impact that frequent moves can have. Some indicated that the unsettled nature of their lives as a whole made having their school careers disturbed especially unappealing.

*But if they had put me in another school, it would have just been another change in my life that I didn't want* (Participant data - Skuse and Ward 2003)

Others indicated the strain of having to establish new relationships with teachers and with friends.

*What was the point in trying to please people, because you would just get moved on again?* (Participant data - Ajayi and Quigley 2003)

*I was in my final, you know, exam year and I was fed up with moving schools and having to make friends again.* (Participant data - Skuse and Ward 2003)

Not surprisingly, some revealed the distraction from learning that frequent and unsettling moves could cause.

*It's just easier to think about school and stuff when you don't have to worry where you're at [in terms of placement].* (Participant data - Harker et al. (2004)

*Well, moving schools nine times doesn't really do your brain much good* (Participant data - Skuse and Ward 2003)

Some studies described the negative impact of a lack of continuity within the curriculum when moving schools.

*I lost out on a lot of education because every school were at different stages* (Participant data - Skuse and Ward 2003)

Not surprisingly several authors developed recommendations with the aim of improving educational outcomes for LACYP based on these findings.

*Practitioners should strive to ensure that placements avoid a change of school unless it would benefit the young person's education.* (Author analysis - Martin and Jackson 2002)

*Systems need to be in place to ensure that either different schools are following the same curriculum or the young person is given help to catch up.* (Author analysis - Martin and Jackson 2002)

*School can be one of the few areas of stability for young people whose personal lives are characterised by constant change. It can also be one of the few 'normal' places for children who are living in residential units (see Bharbra et al, 2002). CSSRs often recognise the importance of keeping a child at a familiar school when*

*they become looked after or move placement, and make complicated transport arrangements to sustain the situation. Such arrangements appeared to be an area of particular importance to the young people ... Stability appeared to be a major factor in the educational attainments of these young people. (Author analysis - Skuse and Ward 2003)*

Skuse and Ward also made clear in their recommendations the value of maintaining continuity within education for the general emotional wellbeing of LACYP.

*In an environment where frequent change is almost inevitable, different children may benefit from different aspects of their lives being held constant. For example, Eliza experienced many placements while she was looked after, but the fact that she was able to remain at the same school and keep the same friends helped her to remain more settled and to achieve academically. (Author analysis - Skuse and Ward 2003)*

It is clear that continuity and stability are key issues for the provision of services for LACYP. What these findings make clear is the need to consider the knock on effects of placements and placement changes in the lives and futures of LACYP.

#### Barrier to educational success - residential care

A further perceived barrier to success in education was the type of placement in which LACYP found themselves. In many studies participants and authors characterised residential care as being systemically detrimental to educational success.

*One young woman, who played a very active role in groups for looked after children in her local area, attributed her own success to having placements only in foster care. In her opinion placement in residential care was equivalent to 'being thrown on the educational scrapheap'. (Author description - Ajayi and Quigley 2003)*

*They [foster carers] made me go to school, came out with four As. If I hadn't gone to foster carers I don't know what would have happened (Participant data - Cameron 2007)*

This was felt to be due to some features unique to residential care. Firstly, a culture in residential care of a lack of interest in, or encouragement for, education was felt to be common amongst both staff and residents.

*The carer, if you can call them that, didn't even bother to notice if you went to school or not. (Participant data - Harker et al. 2004)*

*Many of the participants remarked on the exceptionally low expectations and lack of interest in education among the staff in the residential homes where they had lived ... Over a third (37%) of the high achievers reported their worries about the laissez-faire attitude shown by carers in residential homes towards school attendance. Schooling is frequently missed due to care appointments or by the move to a new school in the middle of a term. Truancy is tolerated, barely remarked on. (Author description - Martin and Jackson 2002)*

*I was the only child in the home who went to school. I had work to do and the other kids would be kicking off, sometimes all night, and I had to go to school in the mornings. The others had no motivation. The staff didn't push them. . . . The only person who helped me was the only educated one, the one with a degree. (Participant data - Ajayi and Quigley 2003)*

A lack of resources were also reported to be a common feature of residential homes.

*Over half the sample (58%) commented on the startling lack of practical resources in children's residential homes. Many homes lacked basic necessities such as books, a desk or a quiet room in which to do homework or study. (Author description - Martin and Jackson 2002)*

These findings about residential care and education led one author to reach the following conclusion

*The educational environment and practical resources for study in residential units require urgent attention.* (Author analysis - Martin and Jackson 2002)

It was noted in several studies that foster care was more commonly, though not necessarily, better. In foster care it was felt that there is at least some chance of being in an environment where education is valued, where carers ensure attendance at school, and provide the encouragement and resources that were almost universally lacking in residential care. A feature of foster care is also that it provides a more individualised experience to mitigate a culture amongst peers in residential care of a lack of interest in school.

#### Self reliance

The final theme to emerge from the data was a recognition by LACYP that the factor which helped them to overcome these many barriers was their own self-reliance. Participants in five of the 11 studies perceived this to be pivotal to success.

*Ekua (21 years, white female) explained that she attained her GCSEs despite lack of support from her foster carer 'because when I was at school I did work and I did pay attention'.* (Author description - Cameron 2007)

*Brenda Kerr, now a residential social worker herself, felt that anything she had achieved was entirely through her own efforts: her children's home had done nothing to help* (Author description - Martin and Jackson 2002)

*Among those currently attending college (which included further education, university, sixth-form college or other vocational college), the predominant themes in response to questions about how they arranged entry and managed participation were self-reliance and taking the initiative ... In many cases, the key to success was reliance on their own resources, taking the initiative, rather than relying on any external sources of formal support, regardless of availability.* (Author description - Cameron 2007)

#### **3.4.7.6 Conclusions**

Education appears to be a very important issue for LACYP. It is clear that they face many challenges in achieving success in education. It is clear that structural changes in the delivery of care to LACYP may be necessary. It is also clear, however, that some simple low cost changes, for example the provision of encouragement and the raising of expectations, could have a significantly beneficial impact on the success of LACYP in their education.

#### **3.4.8 Professionals - 'we need people who are prepared to listen and help'**

##### **3.4.8.1 Overview of data on professionals**

Seven studies involving a total of 233 LACYP participants included the views of children and young people about professionals that they encountered in the care system, predominantly social workers (Allen (2003), Baldry and Kemmis (1998), Barnes (2007), Leeson (2007), Martin and Jackson (2002), Munro (2001), Skuse and Ward 2003)). Sample sizes in these studies ranged from four (Leeson 2007) to 71 (Baldry and Kemmis 1998).

The studies by Allen (2003), Baldry and Kemmis (1998), Barnes (2007) and Munro (2001) discussed the issue in an abstract way in terms of the qualities they found attractive or unattractive in social workers. The studies by Leeson (2007) and Martin and Jackson (2002) were more firmly rooted in specific experiences and reflecting directly on incidents with particular social workers that they had found helpful or unhelpful. The study by Skuse and Ward (2003) involved both types of data, specific incidents with individual social workers, and general views on qualities and practices that they would like to see from social workers.

##### **3.4.8.2 Nature of data on professionals**

In discussing their experiences of contact with child welfare professionals LACYP raised the issues of continuity in their relationships with professionals and the negative impact of a

lack of continuity, a desire to form a personal relationship with professionals, and to have professionals who listen, who are accessible and who can be relied upon to be there for children and young people and have the ability to get things done.

#### 3.4.8.3 Aims and focus of studies in relation to data on professionals

Only the study by Barnes et al focuses exclusively on LACYP's views of professionals and this focus is on professionals they had encountered through Advocacy services.

The majority of studies with data regarding professionals were focused in a very general way on the experience of being in care (Baldry and Kemmis (1998), Leeson (2007), Munro (2001) and Skuse and Ward 2003 ). Two of the studies had more specific foci. The study by Allen (2003) focuses on care leavers and their entry into work, education and training and the study by Martin focuses on the experiences of LACYP who are high achievers in terms of education.

The variety of foci of these studies attest to the importance of relationships with professionals for LACYP, as it is not simply a theme that emerged as a consequence of researchers interest, it is a theme that emerged when thinking about the care experience as a whole and when thinking about the support needed for specific achievements and transitions, i.e. leaving care, entering work and achieving in education.

#### 3.4.8.4 Relationship to other themes

The theme of professionals relates in some ways to the theme of having someone there for you. It is clear from both these themes that LACYP have a need to feel that they are not alone in managing and dealing with their lives, and to have interested and supportive others, including child welfare professionals, is important for their emotional wellbeing and for some more practical outcomes.

#### 3.4.8.5 Continuity, Relationships with professionals, being listened to

##### Continuity

Within the seven studies that contained data on social workers, five contained data regarding LACYP's desire for continuity in their relationships with social workers (Allen (2003), Baldry and Kemmis (1998) Leeson (2007), Munro (2001), Skuse and Ward (2003)). Both the direct participant data, and the authors' description of participants' experiences, illustrate the negative impact that a lack of continuity can have. Firstly on an emotional level it was clear the message that a lack of continuity resulted in for children and young people.

*'It makes you feel neglected, when they keep changing'.* (Participant data - Munro 2001)

And on a practical level it is clear that a lack of continuity can prevent the delivery of an adequate service and can have the effect of disempowering children and young people.

*N talked about regular changes in social work personnel, meaning he had no meaningful relationship in which he could discuss what was happening and that this experience had been echoed throughout his time in care. Especially difficult had been his experiences of having new social workers at times of change, meaning he had no say, as they did not have a relationship.* (Author description - Leeson 2007)

Further data indicated that high turnover can present a particular barrier to access for children and young people as they became disillusioned with a system that offers little continuity

*'What's the point of getting to know your new social worker when she will probably be gone soon?'* (Participant data - Munro 2001)

*Interviewees described annoyance at having to retell their story to new social workers. In some cases, young people could not be bothered to recite their stories again, as Isobel explained: 'Social workers are sometimes very judgemental and do not realise how scared, vulnerable and nervous it feels*

*to be in care. Why should I let some one else know my feelings and thought? And subsequently the reaction comes out the wrong way - anger, bad behaviour ...'* (Author description - Allen 2003)

The data in the study by Skuse and Ward (2003) indicates a link between continuity of care and the development of more personal relationship which many LACYP indicate is desirable (see section ii below.)

*'She's actually left now. She's going to come and see me later on. She's finished work and she's going to come for a drink, just to say Hi. To see how I am'* (Participant data - Skuse and Ward 2003)

Some social workers had chosen to continue the relationship after their professional responsibilities ceased. The ongoing nature of these relationships were spoken about very positively by the young people concerned and were clearly a source of pride for them. (Author description - Skuse and Ward 2003)

### Relationships with professionals

All seven sets of data on professionals included data suggesting that LACYP desire to have a more personal relationship with professionals and for professionals to demonstrate that they care for them.

In particular, studies highlighted the appreciation of LACYP for professionals who showed 'genuine interest' (Baldry and Kemmis 1998) or 'genuine concern' (Martin and Jackson 2002) indicating to LACYP that they are valued as an individual.

*Someone who can talk to children, get to know them, take them out, and phone regularly so they keep in touch with what is happening* (Participant data - Munro 2001)

A 'caring' approach was also highlighted as a particularly desirable quality for professionals to display in their relationship with LACYP.

*There were however common features that these young people said they wanted and appreciated in all professionals. Caring was an important aspect of these* (Author description - Barnes 2007)

*S felt social workers did not care about the children in their care, that they were more concerned with paperwork, fulfilling obligations that he was not aware of, and being seen to do something.* (Author description - Leeson 2007)

It was evident from several studies that by adopting a caring approach and showing a genuine interest, social workers and other child welfare professionals were in a position to bring significant pleasure to LACYP.

*Although there is, of course, a danger of a practitioner becoming too involved in a case, and possibly undermining the work of others, it is nevertheless worthy of note that small gestures of support which were outside the normal provision were very warmly remembered by the young people; the classification of a good social worker often included notions of someone 'going out of their way for you' or someone who 'put themselves out for you'. Most social workers who exercised a relationship beyond professional boundaries confined it to cards or letters and occasional visits; the pleasure that these brought further reinforces the point explored in greater depth in other chapters, that so many of these children and young people had very low expectations of either the attention or the opportunities that might be regarded as their right.* (Author description - Skuse and Ward 2003)

Respondents in these studies indicated that having professionals who took an interest in their lives would not only provide the satisfaction of a more personal relationship but also be able to provide them with a better service.

*'My social worker at the time I never saw because he assumed everything was OK because I seemed to be a stable person, but I wasn't, I was anxious. I could have gained by having the situation monitored more closely.*  
(Participant data - Martin and Jackson 2002)

*All of the boys were in placement 'out of county', at least two from counties many miles away. This meant poor communication with their social workers. Frequently, the only contact was through formal review structures and at key moments such as placement crises or when the boy was no longer eligible to remain in the home. All felt this was not a good time to get their message across and were doubtful their social workers would hear what they had to say, anyway. S related several examples of such occasions, when he would be too upset or bewildered to make good use of the time with his social worker, who he felt, as a consequence, did not really know him and was unlikely to represent him effectively.* (Author description - Leeson 2007)

Overall, it appeared that when considering their relationship with child welfare professionals LACYP wanted to have a significant relationship with them to fulfil a desire to feel valued as an individual, and enhance the service that child welfare professionals provide for them.

#### Being listened to

Participants in three studies spoke about their desire for professionals to listen to them (Baldry and Kemmis (1998), Barnes (2007), Leeson (2007)). The significance of this issue for LACYP was illustrated by the level of comments from LACYP in one study.

*Young people's comments clearly identified the qualities that they valued. Those most frequently mentioned were being listened to and having your views respected.* (Author description - Baldry and Kemmis 1998)

The significance of this issue was also recognised by authors, one author saw fit to conclude their report in the following way.

*The last word has to be from one of the boys: 'we need real choices, we need time to think and we need people who are prepared to listen and help*  
(Author description - Leeson 2007)

The appreciation of one participant of children's rights workers illustrates the satisfaction that can occur when LACYP are listened to.

*Rights of children's attitude are brilliant cos they're actually always polite, always willing to listen to you and always understand you* (Barnes 2007)

Whilst other data revealed the potential negative impact that not listening to LACYP can have.

*N expressed similar feelings, talking about when he was 5 years old and he had been very unhappy in his foster home and had tried to talk about this to his social worker. When he felt he had not been listened to, he started running away and behaving badly ... N shook his head when recalling this memory - 'all I wanted to do was make them listen'. (Author description - Leeson 2007)*

*Ignoring their voices or preventing them from being heard through overzealous notions of protection is both dangerous and manifestly unfair*  
(Author analysis - Leeson 2007)

#### Being there - Accessibility/Reliability

In five studies LACYP indicated a need for child welfare professionals who can be relied on to be there for them when needed. The study by Baldry and Kemmis (1998) found it to be one of the qualities 'most appreciated' in social workers, whilst the study by Barnes (2007) revealed that it was commonly noted as a positive feature of social workers, and in the



Martin and Jackson (2002) study 'most' participants stressed the need to be able to contact social workers freely.

The comment below illustrates this kind of appreciation for social workers who make themselves accessible.

*Because she used to see me, not that often, but she kept in touch . . . and whenever I had trouble say with studying I knew I could pick up the phone and she'd be there for me. (Participant data - Martin and Jackson 2002)*

However, participants in the study by Skuse and Ward revealed that not all LACYP could rely on such a good service.

*Some of those interviewed were unhappy with the level of support they received. One young man reported returning to the care of his mother following an alleged sexual assault by the foster carers' own child. He had not seen a social worker since he ceased to be accommodated. (Author description - Skuse and Ward 2003)*

#### Getting things done

Another appreciated quality was the ability to accomplish what LACYP requested of them or what they had promised to do. Six studies provided data for this sub-theme.

*I always tell children's rights cos they'll sort out with it straight away. It's like they take it up as soon as they can (Participant data - Barnes 2007)*

*My social worker is brilliant, if I want anything I ring her and she'll chase things for me, or help me sort things out, or speak to people for me. She's a person who if you are stuck in a corner she's there for you (Participant data - Martin and Jackson 2002)*

Whilst the comments above reveal the satisfaction of having social workers who get things done, other comments reveal the frustration of those who did not.

*They are good if you ask for help and something gets done about it. Many social workers say they will do things but don't come up with the goods (Participant data - Allen 2003)*

One author described their concerns about the impact of not having such effective social workers.

*Young people also required support with practical aspects of independent living. Where young people did not receive this support, the issues they had to contend with, such as substance abuse, relationship breakdown and moving home, could tip the balance against them remaining in their work, training or educational situations (Author analysis - Allen 2003)*

#### Power

Two studies highlighted how relationships between LACYP and child welfare professionals could be incredibly imbalanced in terms of power.

*All mentioned the importance of the social worker in their lives. The social worker was seen as very powerful and, when the relationship worked well, as a very strong ally. (Author description - Munro 2001)*

*All reported a feeling that the formal processes happened around them with an expectation that they would passively go along with the resultant decisions. (Author description - Leeson 2007)*

The authors in these two studies were particularly concerned about the impact of this power imbalance.

*There needs to be recognition of the power adults have in children's lives. Adults caring for children in these situations wield considerable power vested in them by the authority, but are not always aware of the power they hold simply by being adults. There is an anxiety to protect the children from making mistakes, making the wrong decisions. This fits with the nature of current social work practice being risk-averse, but leads to serious questions about why children are being denied the right to make mistakes, draw their own conclusions and learn, or even to have the right to change their minds (Author analysis - Leeson 2007)*

*It raises serious concerns about how major a change is needed for professionals to help children with the slow, maturational process of increasing power and autonomy. (Author analysis - Munro 2001)*

#### **3.4.8.6 Conclusions**

As the sub-themes and data above reveal some LACYP experience their interactions with social workers and other child welfare professionals very positively. These findings also reveal some important ways in which these potentially very positive relationships for LACYP can be supported to meet the needs and expectations of those they are trying to serve.

### **3.4.9 Preparation and support for leaving care**

#### **3.4.9.1 Overview of data on leaving care**

Data from seven studies provided information from LACYP about their needs when leaving care. (Allen (2003), Barn et al. (2005), Buchanan (1995), Chase et al (2006), Martin and Jackson (2002), Mullan et al (2007), West (1995). Each of the seven studies included a description of participants' views on this issue and six included verbatim quotes from LACYP about their needs as care leavers. Five of the studies provided further information on this issue in the form of conclusions or recommendations developed by the authors from this data. Sample sizes in the seven studies ranged from 36 to 77. Overall the seven studies involved 371 LACYP.

#### **3.4.9.2 Nature of data on leaving care**

Data regarding the needs of care leavers revealed five sub themes. Many care leavers revealed that more preparation for leaving care would be welcome. They also revealed that upon leaving care a support network to provide practical help and emotional support would be valued. Access to information and advice, for example about entitlements, was also raised as an important issue by LACYP. Fourthly, participants revealed a need for greater financial support and advice for managing finances. Lastly, improved support around housing was revealed to be desirable, including provision of more appropriate and good quality housing and support to enable LACYP to maintain tenancies.

#### **3.4.9.3 Aims and focus of studies in relation to leaving care**

Leaving care was the main or sole focus of four of the seven studies (Allen (2003), Barn et al.(2005), Chase et al (2006), West (1995)). The study by Martin and Jackson (2002) focused on former LACYP who were educational high achievers, thus inevitably much of the data focused on the transition from being in care to being in higher education. The studies by Buchanan (1995) and Mullan (2007) had a general focus on the experience of being in care, and included data on leaving care as one aspect of this.

#### **3.4.9.4 Relationship to other themes**

Some of the sub-themes that emerged in relation to leaving care resonate with some more general experiences of LACYP. In particular the need for a support network to provide practical help and emotional support echoes the theme of 'having someone who is there for you' and is clearly a need experienced by LACYP throughout their lives, although probably comes into sharp focus at the point of leaving the care system. Access to information and advice also corresponds with the more general theme of 'knowledge and information about placements', underscoring the need for LACYP to be better informed about their situation and entitlements.

### 3.4.9.5 Preparation, support network, information and advice, financial and housing support

#### Preparation for leaving care

Six of the seven studies included data indicating a need for adequate preparation and the development of life skills prior to leaving care.

*All young people who leave school have to cope with the move into the adult world of work, training or further education. But young people leaving care must also cope with the strains of managing their own budget, sorting out and keeping their accommodation, and caring for themselves. A sense emerged from the interviews that this was often too much. Young people fared better when they received practical help with day-to-day tasks of living. (Author analysis - Allen 2003)*

*Just teach people about cooking and stuff so they've got a good idea about what to do. (Participant data - West 1995)*

*If we need to change a plug we get an electrician. (Participant data - Buchanan 1995)*

Several studies indicated that preparation for living alone was lacking for LACYP.

*Only a small number of young people said they had a good awareness of the potentially difficult realities of life after care and felt prepared for these because of the skills they had been learning. (Author description - Mullan 2007)*

*60% reported that when they left care they found there were life skills they didn't have. In particular half did not know how to manage their money and nearly a quarter did not know how much things cost. (Author description - West 1995)*

Barn et al. (2005) found that LACYP commonly referred to foster carers as providing good life skills training.

*Some young people ... spoke highly of the input they had received from foster carers and semi-independent placements. (Author description - Barn et al. 2005)*

*I had good foster parents and they prepared me a lot, more than the social workers. They don't really prepare you. But like my foster family ... they prepared me a lot without me even realising. (Participant data - Barn et al. 2005)*

Social services were criticised in several studies for the lack of support in preparing LACYP for leaving care.

*Some young people were quite critical of the lack of support in general they had received from the local authority. (Author description - Barn et al. 2005)*

*Many felt that social work staff needed more training in areas of preparation. (Author description - West 1995)*

Participants in several studies indicated that the timing of life skills preparation was crucial, in particular indicating that in addition to social services providing too little, what they did provide was far too late.

*Start people off at 14 and make sure they can do it before they leave care. (Participant data - West 1995)*

*At home I started cooking at nine. When I was in care I did not start until I was 13. (Participant data - Buchanan 1995)*

*I would like support to mean help and advice, not learning to be independent after you have left (Participant data - West 1995)*

*Well my foster parents they started preparing me beforehand, before my social worker, because they [social services department] didn't start preparing me until the year I was leaving. (Participant data - Barn et al. 2005)*

#### A support network to provide practical help and emotional support

In addition to preparation prior to leaving care, LACYP in six studies indicated that support needed to be ongoing. In particular, they stressed the importance of having a support network, people who were there for LACYP when they left care to provide practical help and emotional support.

*Encouragement knowing there is something to fall back on if you end up having problems. (Participant data - West 1995)*

*I think there's got to be support for kids who leave care and go on to university. I mean real practical support. They need money. They need somewhere they can go back to for help. They need people they can rely on for advice. All the sort of things that ordinary undergraduates take for granted, that they get from their family. (Participant data - Martin and Jackson 2002)*

*Don't drop all support, after leaving care - keep an eye on them. (Participant data - West 1995)*

*Being able to talk to someone if you don't find you're coping is very important. (Participant data - West 1995)*

Authors conclusions and recommendations underlined the potential impact of such support.

*Follow-up support to settle young people in their new environment would ensure that young people don't feel abandoned and isolated, and are given practical advice that could be applied to their own situation. (Author analysis - Barn et al. 2005)*

*Overall, having someone consistently available - a family or substitute family member or professional - seemed to provide the young person with the stability they required to ride out difficulties, stay engaged in their economic activity or develop plans for the future. (Author analysis - Allen 2003)*

Sadly, this type of support was often seen as lacking.

*40% of the YP said they received no support at all after leaving care (Author description - West 1995)*

*Relatively few young people in the study, however, reported having access to a personal advisor or specialist leaving care support worker. (Author description - Chase et al 2006)*

*A major concern for young people was the lack of after-care support. (Author description - Barn et al. 2005)*

In one study, the author found that prior experiences of a lack of support could deter young care leavers from seeking support of this kind.

*the association of social services interventions following their own family breakdowns or being taken into care, and the failure of services to have provided adequate support in the past, meant that once pregnant, young people often felt a need to 'go it alone' and did not ask for help and support. (Author description - Chase et al 2006)*

Foster carers were again seen as a good source of this particular kind of support. Many were seen to be continuing to provide support after LACYP had left their care.

*But like my foster family, I'm still on the phone to them now, even though they've stopped fostering me now, but we still stay on the phone and I'll go and meet them and everything* (Participant data - Barn et al. 2005)

*The role of foster carers in helping to prepare young people for leaving care was a common theme in the accounts from young people ... They also felt emotionally supported and continued to maintain contact with the carer after leaving care.* (Author description - Barn et al. 2005)

Many LACYP, however, referred to the type of support they perceived to be given in 'normal families' as the kind of support they needed.

*For the young people underpinning the notion of support is the idea that in good families parents would be available for listening, advice and guidance beyond the age of 16 years and after leaving home.* (Author description - West 1995)

The data from these six studies indicates an area where policy and practice can be improved, this must start with a simple recognition of the disadvantage for LACYP of not having continued family support. Child welfare services need to think of ways in which this type of support can be secured for LACYP. The participants (the first two comments below) and author (third comment below) in one study made some creative and cost effective suggestions.

*While you're in care they should encourage you to meet people.* (Participant data - West 1995)

*What people would want is for somebody who's already been in care to help those in care now.* (Participant data - West 1995)

*There should be national and local leaving care phone-in and drop-in organisations, run by young people.* (Participant data - West 1995)

#### Access to information and advice

LACYP in four of the seven studies indicated that services are also currently lacking with respect to the information and advice provided to them regarding their entitlements when leaving care.

*I would rather receive help when I need it, for example, accurate information on leaving care grants and the grants to be made available when they are required - this could be planned before leaving care.* (Participant data - Allen 2003)

*I never got shown a copy of the Leaving Care Act; I never got told what I was completely entitled to.* (Participant data - Barn et al. 2005)

Some systems put in place were felt to be paying lip service rather than ensuring LACYP knew and understood their entitlements.

*Upon my 16th birthday I was introduced to the Leaving Care Team and we done something called a pathway plan. And I just got questions like: what can I do? what do I need help with? For example, do you need help with budgeting? can you make an appointment at the doctor's? So I told them everything honestly and nothing come of it really.* (Participant data - Barn et al. 2005)

*I don't think I know too much about my rights ... Even though they explained to me about the semi-independence I never got that kind of in-depth of it* (Participant data - Barn et al. 2005)

Participants in one study maintained that the success of systems was dependent on the commitment of those delivering it.

*As far as they were concerned, the fact that they had been well supported and informed about their entitlements had nothing to do with the actual system, but was due to the individual commitment and effectiveness of their allocated workers. (Author description - Barn et al. 2005)*

Some authors made recommendations about the participation of LACYP to ensure that information was understood.

*In terms of supporting young parents, local authorities could usefully rethink pre- and post- birth child protection assessments and increase young people's participation and understanding of the processes involved. (Author analysis - Chase et al 2006)*

*Social services must ensure young people make decisions and are involved in leaving care processes (Author analysis - West 1995)*

*The accounts of these young people indicate the importance of a participatory approach involving the dissemination of information, working in partnership and valuing young people as citizens. (Author analysis - Barn 2005)*

Another made reference to ensuring that information was provided in an engaging manner.

*Young people preparing to leave care should receive up-to-date information about rights, entitlements and service provision. This should take the form of written, audio/visual and other types of media to engage with a diversity of care leavers. (Author analysis - Barn et al. 2005)*

The conclusion by one author (below) indicates the significance of this lack of information and knowledge.

*Ignorance of their entitlement reflects poorly on the LA's success in and commitment to ensuring young people receive all the support to which they are entitled. (Author analysis - Allen 2003)*

#### Financial support

Data on the financial status of LACYP found in four studies indicated this as a particular concern them. The particular salience of this issue for care leavers is illustrated by the comments below.

*'Money is the biggest problem on leaving care'. (Participant data - Buchanan 1995)*

*60 % reported that when they left care they found there were life skills they didn't have. In particular half did not know how to manage their money and nearly a quarter did not know how much things cost ...The majority (81.3%) said their income was not enough. (West 1995)*

*Money, how to manage it and its significance on a daily basis was a common feature in all the interviews, and, in line with our quantitative data, young people identified this area as their most serious concern. All those interviewed had experienced financial hardship. (Barn et al. 2005)*

As the statement directly above makes clear, two financial issues were of concern. Firstly, the amount of money available to care leavers was clearly a worry for LACYP in several studies.

*We are managing on benefits, but if [partner] got a job we would have to pay full housing, which would mean we were worse off. (Participant data - Barn et al. 2005)*

*No-one told me that I would not have anything. I can't afford to eat, let alone pay for the train fares to visit social services. (Participant data - Buchanan 1995)*

*£32.18, how are you meant to live off that especially if you go to college?*  
(Participant data - West 1995)

*The benefit that I get is very low income for me and my child; I can barely buy clothes for myself let alone my kid.* (Participant data - West 1995)

Secondly, LACYP were concerned about the lack support for managing on a tight budget.

*I didn't get told by ... that I needed to pay water rates and poll tax (council tax) so I am not in debt with them.* (Participant data - West 1995)

*But in terms of helping me to budget and manage money and all that I didn't really have much support.* (Participant data - Barn et al. 2005)

*There should be more help with budgeting and stuff.* (Participant data - West 1995)

*I remember I got a letter about budgeting and I went to one of their lessons and it didn't really help me. They think that budgeting is about buying cheap food and that's not what it's about. It's about being able to buy everything that you need without putting yourself in debt.* (Participant data - Barn et al. 2005)

The lack of financial support resulted in some very real problems for LACYP.

*Young people reported getting into severe debt and rent arrears, which resulted in homelessness as they lost their flat or bedsit.* (Author description- Barn et al. 2005)

*Most reported being able to pay only for necessities, such as food and fuel but even this was difficult with a child on benefit.* (Author description- West 1995)

Beyond the apparent and considerable immediate impact of these financial concerns, some studies revealed some knock-on and less tangible effects.

*A number of young people mentioned the difficulties of funding themselves should they wish to continue with their studies or access a low-paid training scheme. For example, Nancy did well in her GCSEs and had originally planned to study after completing Year 11 schooling, but finally decided to find employment because of financial worries.* (Author description- Barn et al. 2005)

*Some felt that their opportunities to develop a social life were restricted by low income.* (Author description- West 1995)

*(Participants) expressed feelings of powerlessness and a sense of low self-worth with their financial predicament, and believed that this was a specific need that the preparatory process had failed to address.* (Author description- Barn et al. 2005)

Authors in three studies used this data to develop recommendations for policy and practice in relation to the financial situation of care leavers.

*If ex-care students are to complete their courses successfully, social services should provide them with appropriate accommodation and sufficient money to cover living costs all year around.* (Author analysis - Martin and Jackson 2002)

*Social services must ensure care leavers under 21 years have enough to live on (minimum level of benefit at current over 25 years rate).* (Author analysis - West 1995)

*Focused/tailored approaches to budgeting, which take account of different scenarios in which young people may find themselves, are important. (Author analysis - Barn et al. 2005)*

### Housing support

A perception on the part of LACYP participants in four studies was that housing support for care leavers is inadequate.

In particular housing provided for care leavers was felt to be sub-standard and inappropriate.

Evocative descriptions of poor quality housing were provided by participants in three of the four studies.

*It was in a bad state ... had an infestation of cockroaches ... The whole place stank, it took me months to get the smell out. There was cockroach droppings all over the linen closet, everything. It was terrible, terrible. It was horrible in there. (Participant data - Barn et al. 2005)*

*I was in a hostel and then I moved to this mother and baby hostel, it was like a drug house it was disgusting rats and mice and ants. I begged everyone to move me on. (Participant data - Chase et al 2007)*

*The areas you're put in are nearly always rough (West 1995)*

Other participants revealed the inappropriateness of housing provided.

*I was living in ... it was kind of a halfway house, but not a halfway house because I'm not a criminal ... So, when I moved in, there was like five young people under 18 and two over 35 ... it was a strange, strange place. So somebody moved out, another person moved in that had just come out of jail and they decided that they weren't really going to try to change their ways and started selling drugs from there and using my name to buy lots of equipment, and I'm blacklisted because of it. It wasn't a good place. (Participant data - Barn et al. 2005)*

*I wouldn't have taken this flat ... I love the flat but it's too many flights of stairs for me and I was pregnant and then having to carry my pram and my daughter and my shopping up the stairs, six flights it's ridiculous. They knew my circumstances and they put me up six flights of stairs. (Participant data - Barn et al. 2005)*

Several young participants revealed how rigid housing systems made them vulnerable to these issues.

*When we found out that X (partner) was pregnant, I was offered help, but not her or the baby. I was offered a one bedroom flat and told she could sleep at the flat but not live there, as she was not a care leaver. (Participant data - Chase et al 2007)*

*They said you know if you turn it down that's all you're going to get. (Participant data - Barn et al. 2005)*

Other concerns raised by LACYP were about the appropriateness of simply expecting young people at the age of 16 to cope with living independently.

*It should be illegal, and it's disgusting to put people in flats at the age of 16 because they're children. (Participant data - Barn et al. 2005)*

*it was quite difficult to actually be staying by myself. I still, up to now, find it difficult to be in the house alone. It's only now that I'm actually getting to grips with it ... I get a bit scared in the night, I sleep with the lights on around the*



*house ... I think now I'm getting used to it ... bit by bit.* (Participant data - Barn et al. 2005)

When asked about access to housing participants in the study by West (1995) revealed their perception that being a care leaver made it easier to get accommodation.

*You are top priority when you leave care.*

Although some noted that easier did not necessarily mean better.

*[It's] easier, but the housing they give you is not satisfactory*

Whilst others in this study felt that being a care leaver was a barrier to securing accommodation.

*It's the reputation of being care. Landlords expect you to 'smash their house up' or simply 'cos people don't want to know.*

The comments of these participants reveal the complexity of the issue. However, authors conclusions underscore that inadequate and inappropriate housing for care leavers is a legitimate concern.

*The provision of good quality and appropriate housing for young fathers as well as mothers clearly needs to be prioritized through local authority multi-agency forums.* (Author analysis - Chase et al 2007)

*Our study shows that young people require consistent support to secure and maintain appropriate accommodation.* (Author analysis - Barn et al.2005)

*Young people should be able to choose their first home after care from a range of suitable accommodation and areas* (Author analysis - West 1995)

#### 3.4.9.6 Conclusions

It is clear from these seven studies that care leavers have many needs, and that for the participants in these studies their vulnerable status is exacerbated by inadequate preparation and support for the transition to independent living.

#### 3.4.10 Minor themes

##### 3.4.10.1 Overview of minor themes

In addition to the described themes, a further eight themes were identified that appeared to be less well corroborated (by four studies or less). Some of these themes are very specific, for example Health Information, and it is not surprising, therefore, that there is little corroboration across the studies. Other minor themes are fairly intangible issues and the approach to data extraction means that they may not have been consistently picked up. However, for each theme there is corroboration in at least two studies, and therefore, the themes require some note and explanation.

Theme	Number of studies	Studies
Preparation for and information about placements	4	Baldry and Kemmis (1998) Buchanan (1995) Butler and Charles (1999) Chase et al (2006)
Less bureaucracy and more individualised support	3	Sinclair et al (2001) Tyrer et al (2005) Timms and Thoburn (2006)
Health information	3	Bundle (2002) Chase et al (2006) Fleming et al (2005)
Trust	3	Chase et al (2006) Tyrer et al. (2005)

		Stevens and Boyce (2006)
Future financial security	3	Ajayi and Quigley (2003) Barn et al. (2005) Buchanan (1995)
Personal safety and security	2	Broad (2004) Stevens and Boyce (2006)
Personal possessions	2	Emond (2003) Skuse and Ward (2003)

#### Preparation for and information about placements

Data on the theme of preparation for and information about placements was extracted from four studies. These studies revealed three particular sub-themes; firstly, the suddenness of placements and moves was often upsetting for LACYP, secondly, LACYP felt they were given little information to prepare them for specific placements, and thirdly LACYP felt that they did not have sufficient access to generalised knowledge and information about placements and care practices. Quote are given below to illustrate these three themes.

#### Suddenness of placements and moves

*I was in the police van with my sister and it was a stuffy night and Mum had made some lemonade. Mum asked the police if I could have some; they said 'yes', but drove away when she went indoors to get it. (Participant data - Baldry and Kemmis 1998)*

*I didn't have much time . . . this woman, who's now my social worker, came round to speak to Mum and Stepdad, and then the next day I was gone. (Participant data - Butler and Charles 1999)*

#### Lack of preparation for specific placements

*To be honest, I hadn't got a clue what to imagine, what to expect at all (Participant data - Butler and Charles 1999)*

*They put me in placements but they didn't sit down and say this is what the person's name is ... you don't get to meet the person before you go ... so there isn't any rapport there or anything so you are just ending up with people you don't know. It's quite distressing actually (Participant data - Chase et al 2006)*

There was a lack of generalised information on care practices.

*the specific feedback on the following areas indicated that there is considerable room for improvement to ensure that young people are adequately informed and involved in the care planning and review process: 1 in 3 had had no placement planning meeting that they could recall; 1 in 3 did not know what a care plan was; 1 in 3 were not asked their own views of their care plan; 3 in 5 had not seen or read their care plan; 3 in 4 had not been given a copy of their care plan; 1 in 5 said they had not had regular reviews; 1 in 3 had had no discussion prior to their review to help prepare for it; 1 in 8 said they did not attend their own reviews; Half said they had not been given a copy of the decisions made at their review. (Author description - Baldry and Kemmis 1998)*

*The central theme emerging from all the young people's groups was that they had a tremendous thirst for information, but very little knowledge about their rights under the Children Act (Author description - Buchanan 1995)*

#### Less bureaucracy and more individualised support

Three studies revealed that some LACYP found services provided to them too rigid and bureaucratic, often leaving them feeling that their concerns and wishes were not being met.

*I find that going to places for help involves too much paper work and interviews and takes too long to sort out any problems (Participant data - Tyrer et al 2005)*

*When a professional talks with you just to fill in paper work, it puts you off, it feels like it is just work to them and not that they are interested in who you are (Participant data - Tyrer et al 2005)*

#### Health information

Three studies revealed LACYP views on health information. In particular these studies indicated that LACYP have a need for more health information, one study noted that their disrupted school careers meant that this avenue for delivery of information was jeopardised, some suggested that providing health information through residential homes would be welcome. Another issue that was raised was the necessity of delivering information in an appropriate and engaging manner.

*Written information about health issues was wanted by 13, with the option of discussing it before or afterwards. The opportunity to take it away to read themselves was important (Author description - Bundle 2002)*

*Any written information needs to be accessible, accurate and appropriate in content, style and reading age. Involving young people in compiling information could be considered, as this may improve both their understanding and motivation to use it (Author analysis - Bundle 2002)*

*In terms of health promotion, including health education, the young people emphasised the importance of communicating key messages from an early age and repeating these frequently. (Author description - Fleming et al 2005)*

*Concerns about a lack of confidentiality or being judged meant that very few young people accessed sexual health services outside of their care setting. Most young people (and particularly the young men interviewed) reported that they learned about sex and relationships from friends or on their own (Author description - Chase et al 2006)*

#### Trust

Data was extracted from three studies regarding the issue of trust. These studies revealed the difficulties that LACYP had in trusting people and at the same time the need for those involved in providing care to LACYP to work at establishing trust.

*There's few people I trust. When you go into care you lose your trust in people, as you get stabbed in the back. (Participant data - Chase et al 2006)*

*I find it hard to trust anyone so don't really trust doctors to go to for help if I want to know something about sexual health. I've got to be really ill before I seek help (Participant data - Aggleton 2005)*

*One of the major themes to emerge was how difficult it was for the young fathers to feel they could trust others (Author description - Tyrer et al. 2005)*

*The young people in this study were clear that good relationships between staff and individual young people are essential to build trust (Author description - Stevens and Boyce 2006)*

#### Financial independence

Three studies indicated that financial independence is an aspiration for many LACYP.

*I'd love to work ... that would be a dream. To work you know and to pay for my daughter's care and pay for my flat, and just you know being able to do that myself, because I hate being on benefits, it's not a way to live, it really isn't. (Participant data - Barn et al. 2005)*

*Employment played a strong part in their desire for self-actualisation and financial stability (Author description - Barn et al. 2005)*

*The second issue raised by all young people--disputes about pocket money and allowances. was more in tune with other adolescents, but for young people separated from their homes, it took on a special significance. They needed money in order to exercise a measure of independence, choice and to learn about budgeting. (Author description - Buchanan 1995)*

#### Safety and security

Data was extracted from two studies regarding LACYPs concerns about their personal safety.

*For some of the young people the behaviour of adults with whom they had previously been living (in birth parent, foster parent or residential placements) made them feel vulnerable and unsafe. (Author description - Broad 2004)*

*My home felt very safe. I was very insecure so I always thought that people were breaking in but staff didn't lose patience with me. They just showed me and convinced me I was safe. (Participant data - Stevens and Boyce 2006)*

*Sadly a large number of the young people did not feel safe all of the time, with worrying numbers not feeling safe at any time. Threats to safety came from other young people, sometimes from their families, and very occasionally from staff. Other young people were mentioned most often as contributing to a feeling of being unsafe (Author description - Stevens and Boyce 2006)*

#### Personal possessions

Participants in two studies revealed the importance for them of having, and the difficulties protecting, personal possessions when in care.

*My family refused to give me anything belonging to my Dad or my TV or my toys, what I'd collected through the years. They basically said I didn't deserve them any more. . . . And it didn't only happen once, it happened twice. When I first went into care from my step mum, she did the same, she wouldn't let me take my telly or anything in. And when I went to live my Nana, the stuff I'd got off my Nana, and the stuff, they wouldn't let me take neither. (Participant data - Skuse and Ward 2003)*

*I'm no bringing my stuff in here . . . I'm no staying . . . I've got loads of stuff at home. . . Kappa jackets, Nike trainers, the lot. My dad gets them for me . . . I'm no getting to bring them in here . . . My dad says that my stuff'll get pinched (Participant data - Emond 2003)*

*When I was in [name of children's home] they kept breaking into my room, because all you needed to do with those doors was boot them once and they'd open. They took loads of my clothes and like, make up, perfume, all my music. The only thing that was left was books and old clothes. They even nicked a little suitcase that I had (Participant data - Skuse and Ward 2003)*

*A further use of material goods was to counteract rejection from outwith the unit. Young people often felt not only that the wider community was against them, but that, for some, their own families had forgotten them or no longer wanted them around. (Author description - Emond 2003)*

*Some families failed to appreciate the symbolic importance of cherished possessions from the family home and refused to allow children and young people to take them with them when they were placed in care or accommodation. (Author description - Skuse and Ward 2003)*

### **3.5 Carers Views**

Nineteen studies included the views of carers on outcomes that are important to them. From this data eight themes have emerged. These include; i) carers relationship with social workers ii) 'being a parent ' or 'doing a job' iii) carers relationship with LACYP iv) carers wider support networks v) training vi) birth parents vii) accessibility and acceptability of services and viii) kinship carer tensions. Some studies are more represented than others across the themes because they reported a high number of outcomes, i.e. between 5 and 10 outcomes compared to other studies which are less represented because they may have reported less than 5 outcomes.

#### **3.5.1 Carers' relationship with social workers**

##### **3.5.1.1 Overview of data on professionals**

Nine of the 19 studies reporting the views of carers included data on their relationship with social workers (Addy et al. 2006, Hardwick 2005, Maclay et al. 2006, Nixon 1997, Pitcher 2002, Sellick et al. 1994, Sheldon 2002, Sinclair et al. 2005, Strover 1996). Apart from the study by Strover (1996) which explored how foster parents experience social workers, none of the studies specifically focus on this outcome. However, through exploring carers use of specific services or caring for foster children generally the issues of social services and social workers arose.

All 10 studies provided authors' descriptions of data and seven of those included verbatim quotes. In addition, seven of the studies included recommendations by the authors on how to improve the quality of the relationship between carers' and social workers (Addy et al. 2006, Maclay 2006, Pitcher 2002, Sellick 1996, Sinclair et al. 2005, Strover 1996, Sheldon 2002). Information about the extent of the data, and thereby the significance of the theme, was provided in nine of the 10 studies. Six of the studies indicated that the issue was very commonly raised by participants, one study indicated that it was a common outcome and in two studies it was unclear how common the outcome was.

##### **3.5.1.2 Nature of data on carers' relationship with social workers**

Carers discussed the complexity of their relationship with social services. In most cases this was framed in terms of what carers felt they needed from social workers to enable them to support foster children more effectively. This included; i) access to social worker support, ii) for social workers to value carers and LACYP and iii) to be informed about LACYP and issues concerned with LACYP

##### **3.5.1.3 Aims and focus of studies**

Only the study by Stover (2005) aimed to identify what kind of support carers would like to receive from social workers. Two studies (Addy and MacKechnie 2006, Burgess et al. 2003) investigated the use of mental health services and the implications this had for carers and social workers working together. A further two studies had a more narrow focus, one on supporting children with a history of sexual abuse (Hardwick 2005) and the other explored the support provided to foster carers who had experienced an allegation of abuse against a family member (Nixon 1997). The remaining five studies looked at general experiences of being a foster care which included data on what social worker outcomes carers identified as being important to them.

##### **3.5.1.4 Relationship to other themes**

This theme relates to carers wider support networks and how social workers fit in to that network. It also relates to carers' ability to access services and to LACYP relationship with social workers.

##### **3.5.1.5 Access, Appreciation, Information**

###### Access to social worker support

Over half of the studies included in this theme contained data about the importance of being able to access the support of social workers. Carers drew implications regarding both the positive and negative outcomes that can result from accessing social worker support. This was reflected in the direct participant data and the author's descriptions of participants' experience. Carers indicated that what mattered to them was that they received professional support from social workers so that they could adequately fulfil their

role as carers. Being able to access social worker support often meant being able to talk to social workers about issues that were occurring, at any time, during any given placement.

*'Turns up, talks and sorts! Previous social worker never appeared at all, so this is a novelty for us. Current social worker is more than helpful, understands the child and is always there to help.'*(Participant data - Sinclair et al 1994)

*We have a social worker ... from ... And then we have a family support worker who works out of ... So what happens although they communicate, I think that because of the communication lines stuff is being missed (Mr R 3:87).<sup>9</sup>* (Participant data - Addy and MacKechnie 2006)

Although carers were often aware of the pressures on social workers, they still pressed the need to receive support on specific issues to do with children, such as if a disclosure of child sexual abuse occurred (Hardwick 2005) or on practical matters such as sorting out financial matters (Participant data - Maclay 2006).

*'A little slow in sorting out financial problems - the dreaded paper work. Only seems to come in a crisis. Often has not done things that requested. Does not seem to have enough time to go round'* (Participant data - Maclay 2006)

*"We have had wonderful experiences with children, and continue to do so. Unfortunately 'the system' makes life very stressful"* (Participant data - Sheldon 2002)

Receiving support was often made harder when there were problems with continuity of social worker support.

*'Is unbelievable and counterproductive, really you are telling the story three times when you should only have to tell it once'* (Participant data - Addy and MacKechnie 2006)

*She was on a course for a week and I had to deal with the emergency social worker. I feel that if a social worker is on a course then there should be someone else who will come out and give you that little bit extra support especially when you've got a troubled child. The manager was on long term sick and there was nobody else to deal with it* (Sellick 1994)

Not receiving support often added to carers' sense of isolation and also confusion about whether to continue in the role. Studies which reported high levels of support from social services identified a direct link between support and carers' satisfaction and clarity about their role as carers (Sellick 1994).

The study by Nixon (1997) found that many of the carers did not consider social services to be a source of support. The authors reported the following findings

*76 per cent of carers did not view the social worker as their main source of support. The size of the group who felt they had no one to whom they could turn for support was unexpectedly large (22 per cent).* (Author description - Nixon 1997)

### Being valued

Three of the 10 studies containing data on social workers addressed carers concerns about being valued and wanted social workers to 'see' LACYP and value the role of carers (Pitcher 2002, Sellick 1994, Strover 1996). In particular carers talked about the importance of social workers recognising and not taking their role for granted. Two of the three studies included direct participant data and three of the studies contained author description of data.

In cases of emergency, carers can be expected to take on new children at short notice and be ready when LACYP would have to 'move on' to a new placement suddenly. Although some carers saw this as positive, stating that they felt 'valued' and wanted' (Sellick 1994), other carers felt that they were being taken for granted and it was assumed that they would be able to cope with sudden placement changes. One couple said they felt like, *'an item to be used, part of the fixtures and fittings'* (Strover 1994)

Being valued was linked to social workers recognising the role that carers have, respecting their time and energy and the knowledge they have accumulated about LACYP. Some carers also talked about wanting social workers to engage with and show awareness of the LACYP in their care.

*'Show you care for both foster carers and children' (Participant data - Strover 1996)*

*'I felt she was doing her job perfectly but actually when it comes to the welfare of the child maybe it was done by the book' It was the only time I thought well if only she could see it from a mother's point of view'. (Participant data - Sellick 1994)*

Carers wanted to engage with social workers on a caring level and appreciated those social workers who could step outside of their role and see things from their perspective. However, there was also a recognition that both needed to appreciate and value each others complimentary but differing roles.

*'It's about acceptance of each others roles and recognising that there are major differences between what a social worker does and what a carer does. And they are as equally as important as the other one' (Participant data - Sellick 1994).*

The study by Pitcher (2002) reported that often kinship carers considered themselves to be invisible to social workers because they were a member of the family rather than being a typical foster parent. The authors stated,

*As regards their role, many felt unrecognised and taken for granted by social services, who they said were liable to make decisions without consulting them. Others recognised that social services had less need to worry, or to supervise their grandchildren, than if they were with foster carers. (Author analysis - Pitcher 2002)*

#### To be informed

Three studies related negative experiences of caring due to the lack of or the withholding of information by social services or social workers (Hardwick 2005, Sellick 1994, Strover 1996). Two studies included both direct participant and author description of data and one study (Hardwick 2005) had author description only. Carers linked not being informed about LACYP and issues concerned with LACYP as a way in which they felt both unsupported and under valued. Carers considered that open and frequent communication from social workers helped them be better carers and showed that they were part of a team looking after CYP.

*'You just get told the baby will leave next week' (Participant data - Strover 1996)*

*'You're talking about basic thing. It's not as if you want to know something deadly secret about someone's past. Things which might seem trivial to someone on the end of a telephone but are relevant to you otherwise you wouldn't be asking' (Sellick 1994)*

Carers in the study by Sellick (1994) suggested that social workers may withhold information because they were worried they might refuse to look after them if they were aware of the 'the whole truth about them'. This often led to carers making their own attempts to be more informed and attend meetings so ask for specific information.

The study by Hardwick (2005) also reported a similar example of social workers withholding information about children. The authors stated

*They (carers) discussed the reluctance of social workers to talk about any sexual abuse experienced by the child. This was most evident in the lack of information given about the child's history. Carers recalled social workers ringing them up and asking them to accept these 'lovely children', as if that in itself was sufficient information for them to sustain the placement. When disclosure occurred within the placement, the foster carers felt that, for the social worker that was the end of the matter. The resulting emotional and behavioural problems were apparently not acknowledged by many social workers. (Author description - Hardwick 2005)*

Overall, carers, in all three studies, felt that it was easier for them to support children and to enable them to make better sense of their experiences if they knew some of 'the story' of why the child was in care.

### 3.5.1.6 Conclusions

These findings provide insight into the issues carers' think are important in their relationship with social workers. Carers rely on social workers and social services in general to be a source of support and information about LACYP. Carers' feel that having a strong and supportive relationship with social workers can enhance the care they provide.

## 3.5.2 'Being a parent / 'Doing a job'

### 3.5.2.1 Overview of data on 'being a parent / doing a job'

Four studies involving a total of 1675 participants included data on carers' perception of the financial and professional status of their role (Children in Scotland 2006, Kirkton 2001, Sinclair et al. 2005, Sellick 1994). There was a wide variation in the sample size of populations in the four studies, with two of the studies having over 600 participants and the other two studies having fewer than 21 participants. All of the studies included verbatim quotes, authors' descriptions and author analysis of data for this theme. Information about the extent of the data, and thereby the significance of the theme, was provided in five of the six themes. All five studies indicated that the issue was commonly or very commonly raised by participants.

### 3.5.2.2 Nature of data on 'being a parent / 'doing a job'.

This theme relates to whether carers perceive their role as 'parenting' or a 'job'. Carers talked about whether they experienced financial payment as reward for their skills or as compensation and LACYP concerns that carers are only concerned with financial reward.

### 3.5.2.3 Aims and focus of studies in relation to outcome

The study by Kirkton (2001) specifically set out to explore the place of payment within foster care and whether carers' see themselves as parents or professionals or professional parents. The three remaining studies looked at the general experience of being a carer (Children in Scotland 2006, Sellick 1994), or whether they would recommend fostering (Sinclair et al. 2005) and included data relating to how carers perceive their role and reflected on the importance and adequacy of payment.

### 3.5.2.4 Relationship to other themes

This theme relates to carers relationship with LACYP and whether they see themselves as being a parent or if they are only fulfilling their role as a carer.

### 3.5.2.5 'Being a parent / 'Doing a job'

Participants in individual studies talked about the rewards and demands of being a carer and reflected on whether the time and energy expended appropriately matched how much they are paid.

*'I have had children who have been as good as gold, no problem whatsoever, and for them it's money for old rope. And at the other end of the scale you get children who are a complete nightmare and you spend your whole day - and night -running around after them . . . and in that case the money you get is nothing like realistic.'*  
(Participant data - Kirton et al. 2001)

*'The fees do not relate to the fact this is a 24-hour job, 7 days a week. All the risks involved, paperwork, meetings, school, dealing with parents and the social work department.'* (Participant data - Children in Scotland 2006)

Both the examples above indicate that there can be a wide variation in the tasks and skills required of carers. However, the data suggests this is outweighed by the other demands of the role. This often led to carers stating that their role is and should be considered a professional one and paid accordingly. Carers stated;

*'Money is the children's; we are not rewarded for what we do. It would be better if we were paid a wage.'* (Participant data - Children in Scotland 2006)



*'Definitely doing a job. We are encouraged not to think of ourselves as parents any more. That is not the job you do. Our job is . . . a lot of the time to rehab home, or to share care.'* (Participant data -Kirton 1994)

*'Our livelihood depends on how many children we have here. I manage with great difficulty. IF I was paid a salary I'd know what was coming in all the time.'* (Participant data - Sellick 1994)

There were some examples where carers did not consider it to be a job and in some cases, where carers' attachment to LACYP meant that they did not differentiate between the children they were fostering and their own children, thus seeing it less as a paid activity as they do not get paid for looking after their own children. However, there were also instances when this attachment did not exist and participants saw themselves more as 'carers' than 'parents'. In either case, the role of the carer was not perceived as comparable to other types of employment.

*'fostering children fits with my lifestyle and gives me nothing but pleasure. I enjoy it and do not think of fostering as a job of working toil'* (Participant data - Sinclair 2005)

*'It depends on the child you took on. I have a child that's with me on a permanent basis and I class him as mine. And then I have another child who's been with me four years but I know he's not mine because he's so close to his family. So you hold back. So I suppose you'd class that as a job.'* (Participant data - Kirton et al. 2001)

*'It's not just the money. You're not getting paid enough really and truly because it's a round the clock job.'* (Participant data - Sellick 1994)

The study by Sellick (1994) also investigated the different payment experiences of carers who were employed by independent agencies and those who were contracted by local authorities. The findings from this study indicated that carers were more satisfied with independent agencies because they considered themselves to be paid fairly and efficiently.

Two studies reported that the issue of banding (Kirkton et al 2001, Sellick 1994) according to age and how challenging children were assessed to be. Overall banding was considered to be a disincentive for carers. One because smaller children who receive less money can actually require more time and energy from carers and two because carers' feel they would be financially penalised if children's behaviour improved. Both of these reasons provide barriers not facilitators to encouraging carers to continue in their role.

### 3.5.2.6 Conclusions

Adequate financial compensation for a role that can be both rewarding and demanding is an important issue for carers. Data from individual studies support the view that foster care occupies both the public and private domain. Carers made references to the LACYP being perceived as both family and as work.

### 3.5.3 Carers' relationship with LACYP

#### 3.5.3.1 Overview of data on carer's relationship with LACYP

Four studies involving a total of 37 participants included data on carers' relationship with LACYP (Butler et al 1999, Hardwick 2005, Kirkton 2001, Schofield and Beek, 2005). All of the studies included verbatim quotes from carers and author descriptions relating to this theme. Three of the four studies included author analysis but often it was related to the wider focus of the study rather than directly relating to carers' relationship with LACYP. Information about the extent of the data was not reported in the studies. Therefore it is not possible to ascertain how common that data was for this theme.

#### 3.5.3.2 Nature of the data on carers' relationship with LACYP

Carers talked about the important of building relationships with LACYP, the challenge of gaining their trust, making a difference in their lives and wanting to do the best for them. Carers wanted to provide security, a therapeutic environment and a place that children could feel nurtured and grow.

### 3.5.3.3 Aims and focus of studies in relation to carers' relationship with LACYP

All four studies had a specific topic or population focus and reported on carers' relationship with LACYP as part of that focus. For example, Butler and Charles (1999) looked at the management of fostering breakdown but focused on the rewards of caring despite the difficulties. The study by Hardwick (2005) focused on LACYP with 'sexualised' behaviour and identified carers' support issues with looking after that particular group of children. Kirkton et al. (2001) explored whether carers see their role as a job or as parenting, which drew out responses regarding what carers' thought was important to them as a carer in relation to LACYP. Whereas Schofield and Beek (2005) conducted a longitudinal study of children growing up in long-term foster family care, but included views from carers' about providing children with a secure base.

### 3.5.3.4 Relationship to other themes

This theme relates to LACYP experiences of being loved, being supported and feeling a sense of belonging and to carers training needs.

### 3.5.3.5 Carers' relationship with LACYP

Seeing progress in LACYP was an important outcome for carers. They talked about experiencing satisfaction from being able to contribute positively to a child's life. Carers' actively wanted to make a difference and were reflective about whether or not this was possible. The following quotes give some examples of how carers' reflected on their role in LACYP's lives.

*"He's funny, he's fun, and very rewarding in the fact that he has made such good progress. That's a good reward, because when I think of what he used to be, all the trouble he used to be in, and now I think he's sort of quite a confident young man".* (Participant data - Schofield and Beek 2005)

*"I just hope I've got enough time to help Tania (13) on her way, that's my fear. Will I have enough time to make the difference so that she can grow and move on into adulthood you know? That's the little cloud".* (Participant data - Schofield and Beek 2005)

Carers' also talked about finding the challenge of caring for LACYP as rewarding and worthwhile and were conscious of giving LACYP a 'fresh start'.

*'To me it's like, winning a battle. To get that child back on his feet again. Just seeing them develop into normal children after the horrific start they've had . . . that's my cup of tea.'* (Participant data - Kirton et al. 2001)

*This is the best chance of this child being happy and well adjusted. If the placement breaks down they'll be back in residential again.* (Participant data - Hardwick 2005)

*She's had a bad start, given a nice environment and a loving family she will change"* (Participant data - Butler and Charles 1999)

The study by Hardwick (2005) was unique in that it focused on carers' experiences of looking after children with particular needs because of a past history of sexual abuse. The authors describe how carers' were sensitive to the needs of these children and ensuring that their experience was parental but also therapeutic in terms of setting boundaries and ensuring there were ground rules. The authors stated:

*They (carers) discussed the need to create 'loving boundaries' for the children. This entailed setting clear rules about what was acceptable, about personal space and about how to keep all members of the household safe. Carers felt that these boundaries created a different environment for foster children since they largely ruled out the kind of spontaneity or intimacy to be found in non-fostering families (e.g. they could not jump into bed and curl up to foster mum or experience 'togetherness' in the bathroom).* (Author description - Hardwick 2005)

Schofield and Beek (2005) also analysed the role of carers' relationship with children as a therapeutic one. They concluded that, carers' communicating emotional and practical

availability can lead to children re-learning trust and linked this contributing to positive outcomes for children.

### **3.5.3.6 Conclusions**

It is obvious from the findings in the studies that carers valued the relationship they have with LACYP. In many cases they want to be able to offer support to LACYP, make a difference in their lives and hopefully improve their immediate and long term outcomes.

## **3.5.4 Wider support networks**

### **3.5.4.1 Overview of data on wider support networks**

Five studies involving a total of 44 participants included the views of carers about their wider support networks (Hardwick 2005, Maclay et al 2006, Rashid 2000, Sellick 1994, Sinclair et al. 2005). The sample sizes ranged from a maximum of 18 to a minimum of 9 participants. The studies identified a range of ways in which wider support networks could enhance the experience of caring. Sinclair et al. (2005) looked at the role of supportive families in welcoming new children into the home. The other studies referred to support networks as a way of releasing some of the stress of being a carer and providing a forum for group support with other carers in similar situations. Three of the four studies included verbatim quotes from carers' about wider support networks. All four studies provided authors' descriptions of this particular theme within the data. However author analysis and conclusions were less well reported and only appeared in two of the studies. Information about the extent of the data, and thereby the significance of the theme, was provided in three studies. All three studies indicated that the issue was commonly raised by participants.

### **3.5.4.2 Nature of data on carers' wider support networks**

Being a carer does not occur in isolation from other parts of an individual's life. Caring for LACYP, building new relationships and, in some cases, having a part or full time job requires carers to draw support from their wider network(s).

### **3.5.4.3 Aims and focus of studies in relation to wider support networks**

Apart from the study by Maclay et al. (2006), which explored what mechanisms, carers use to support them to 'surviving the system'. None of the studies specifically set out to identify what wider support networks carers might have. The study by Sellick (1994) looked at the general experience of being a carer. The other three studies focused on a particular topic and/or population focus relating to being a carer. However, the role of carers wider support networks emerged as an important outcome for carers.

### **3.5.4.4 Relationship to other themes**

The theme of 'wider support networks' is closely related to the themes on requiring support from social workers and the need for training to improve how carers looked after children and young people. However it is a separate issue as although it touches on both these issues, it relates specifically to carers relationship with other family members and other carers.

### **3.5.4.5 Wider Support networks**

The majority of data on the theme of wider support networks relates to being able to rely on other people to understand the unique aspects of being a carer.

*'Yeah, so I've got my own sort of network of support really. Plus then you've got other carers who you can be quite free to talk to in general.'* (Participant data - Maclay et al. 2006)

*I tend to go to people who I know will be sympathetic to what I want to hear but at the same time they know what I've been through.* (Participant data - Sellick et al. 1994)

Although carers talked about needing the support of social workers (in section 3.4.1.5) there were also times in which they required the support of those 'outside of the system'. Carers described needing someone they could talk and 'release pressure' without the fear of being judged about how good a carer they are.

*They tend to open up with me more than they would with people in authority... With someone in authority they can hold back. But with a friend, and I only regard myself as a friend really, they will open up a little bit more and I can give them some support. (Participant data - Sellick 1994)*

*My husband and I needed some support from a foster carer who would have been outside the system. I think that's very important because there are times when you want to get away from it. You just hate the kids, you can't stand them anymore. And you don't want to tell a social worker that because you know he's going to go away and write something down. (Participant data - Sellick 1994)*

*Carers spoke about the importance of empathy. For all carers mutual support was an entirely positive experience and no one saw it as a hindrance. It was clear that some carers valued the ability, even perhaps reserved the right, to choose another carer for support. Mutual support has another benefit to some foster carers. Although this is based on empathy it appears to go beyond this where a foster carer needs complete trust and confidence which cannot be guaranteed by a social worker. (Author description - Sellick 1994)*

The study by Sinclair et al. (2005) identified that the whole family can be part of supporting children in their care. That caring is not just the responsibility of one foster carer but a group activity that impacts on other family members.

*'we all work very hard as a family to help them feel loved and cared for and soon they feel worth something'. (Participant data - Sinclair et al 2005)*

*'both our daughters who were fostered before being adopted are very supportive with our placements. One long-term foster child enjoys children coming into our home with knowledge that he is staying permanently'. (Sinclair et al 2005)*

*'my children have been very supportive and caring. They take part in settling children when come into care'. (Participant data - Sinclair et al 2005)*

*Family members could support the foster carer's belief that what they were doing was worthwhile and provide practical and emotional support. (Participant data - Sinclair et al 2005).*

The idea of families rather than individual carers providing care attests to one aspect of the private nature of caring. It appears that what is important to carers is being able to provide LACYP with a home and to be part of a family. This can often mean requiring that other family members are 'on board' although this does not happen in all cases.

*'my family are all married now and are supportive but one son feels we should give more time to our grandchildren'. (Participant data - Sinclair et al 2005)*

The study by Hardwick (2005) included participants reflecting specifically on the experience of a wider support group for carers looking after children with sexualised behaviour. The authors describe participants' views as follows,

*The opportunity to share ideas with other carers was perceived as helpful in developing the skills required to keep the balance between keeping safe and being close. For many of the foster carers, it was the first opportunity they had had to talk about their own feelings in relation to sexual abuse and the impact of the behaviour and emotional needs of looked after children who had been sexually abused. (Author description - Hardwick 2005)*

Again the issue of caring sometimes being a stressful experience that requires additional support was also raised. Gaining the support of other carers who were also in similar situations provided carers with an opportunity to identify common ground and find new ways of parenting enabling them to rely less on the support of social workers.

*All admitted to sometimes finding fostering very stressful.... and felt the group directly addressed the initial issue of support. They found themselves feeling less frustrated with their social workers and having greater insight into the pressures of their role. The group also provided them with an informal network within the foster care community, with carers exchanging telephone numbers and arranging meetings outside the scheduled group sessions. (Author description - Hardwick 2005)*

The study by Maclay et al. (2006) also found that carers were developing support networks separately from social services and that this was an important part of being a resourceful and effective carer. Particularly as carers are aware of the demands of a social service system that cannot adequately meet their needs.

*Foster carers reported operating professional support networks almost entirely independently of social services to compensate for perceived low support from overstretched supervising social workers. They made independent links with specific professionals such as doctors, teachers and favoured social workers. Participants also reported establishing their own network within social services, allowing them to bypass their link worker to make things run smoothly. (Author description - Maclay et al. 2006)*

Sellick (1994) found that that the provision of mutual support between carers can exist on both an informal (families, friends) or formal (organised groups) basis and that there is much local variation. However they conclude that regardless of the support received from social services and foster agencies the need for mutual support from other carers was 'clearly evident'.

#### **3.5.4.6 Conclusions**

Foster care support networks and receiving the support of family members is an important outcome for carers. Carers valued the opportunity to be able to share their experiences and provide support to other carers in similar situations. Further opportunities for carers to extend their support networks can only be of benefit to carers and LACYP.

### **3.5.5 Training**

#### **3.5.5.1. Overview of data on training**

Four studies included the views of carers about training (Children in Scotland 2006, Fleming et al. 2005, Hardwick 2005, Sellick 1994). Once again, the sample sizes of studies varied widely, from five to 693. The studies did not focus exclusively on training, but the relevance of training was explored as part of being a carer and identifying what would make caring an easier task. Only the study by Sellick (1994) provided verbatim quotes from carers on the theme of training. The remaining three studies relied on authors' description of participant data. However all four studies drew implications for policy and practice on the significance and role of training for carers. Information about the extent of the data, and thereby the significance of the theme, was not provided in the studies, making it difficult to ascertain how common or uncommon a theme it was.

#### **3.5.5.2 Nature of data on training**

Training was talked about in general and specific terms. In some cases training referred to the task of parenting and being able to be a better carer by improving parenting skills. At other times it referred to the acquisition of knowledge on a particular topic which could then inform carers' skills and parenting ability.

#### **3.5.5.3 Aims and focus of studies in relation to training**

Although none of the studies focused exclusively on training, they included data on training in relation to health matters (Fleming et al. 2005), whether carers had been trained and access to training (Children in Scotland 2006, Sellick 1994) and information and training to support carers who are looking after children who have been abused (Hardwick 2005)

#### **3.5.5.4 Relationship to other themes**

Training relates to whether carers see themselves as 'being a parent' or 'doing a job'. As training can increase carers confidence in their parenting role and it can also be seen as part of their continuing professional development as a carer, enhancing its professional status.

### 3.5.5.5 Training

Carers in the study by Sellick (1994) identify themselves along side social workers in terms of the professional nature of what they do and the responsibility they have for LACYP and consider that they should be trained accordingly.

*'Foster parents do need training, ongoing training, because it's a job, an arm of social services' (Participant data - Sellick 1994)*

*'Why can't we be trained with social workers? Why can't the training go on at the same time? Thus serving a purpose so that carers and social workers get to know each other in a different context. So you know what people can or can't do' (Participant data - Sellick 1994)*

Carers were also sensitive to the lack of information they had about specific topics which they came across in their role as a carer. Similar to other professions there seemed to be a need for continual professional development in terms of keeping up-to-date on relevant topics such as child protection and health issues.

*They could do a lot more training. I would like to go on courses about health and AIDS. There are a lot of courses I'd like to attend but nobody tells you how to apply for them. Courses that I know would benefit me. (Participant data - Sellick 1994)*

*Now we're going on more courses, which is great, child protection, sexual abuse, quite a lot, which is marvellous because I find the more I know the more relaxed I feel ... some of the course the social workers and team leaders go on you're invited to as well. It's good (Participant data - Sellick 1994)*

*Both residential and foster-carers highlighted their needs for training in many health related issues. They indicated this should include awareness of health trends, mental health awareness, developmental issues, understanding and coping techniques and resilience for young people. Foster-Carers, particularly, indicated a programme covering Sex Education and appropriate relationships would be particularly valuable in assisting them. They marked up the need to ensure all carers had access to appropriate materials to assist them in their role and increased choice and availability in the range of materials. (Fleming et al. 2005)*

Training related not just to courses but to being able to access to information and materials. The study by Hardwick (2005) made specific references to material relating to understanding sexual abuse and participants in the study by Fleming wanted greater choice regarding the materials available to them.

*Participants felt that all this information was very useful and should be part and parcel of a foster carer's equipment kit. They found that it developed their basis of knowledge and understanding. It also helped them to develop strategies for responding appropriately to the needs of their foster children (Hardwick 2005)*

*They marked up the need to ensure all carers had access to appropriate materials to assist them in their role and increased choice and availability in the range of materials. (Author description - Fleming et al. 2005)*

The study by Children in Scotland (2006) gathered data on how much training carers had already received and whether they were satisfied with that training. Overall it appeared that access to training is important to carers, that recognition is given to attending training and that any available training should be made available to *all* carers.

*The evidence from this survey is that foster carers place high value on access to good quality training and are keen to embrace further training. Many foster carers listed a number of courses they had attended over the last five years, and some illustrated their confidence in their agency's commitment to training. The feedback from most of*

*the training provided to foster carers is positive, but this training is rarely accredited and, as a result, many foster carers are unable to demonstrate their development of knowledge and skill. Of further concern is that access to training is not consistent across all fostering agencies, and 21 per cent of foster carers indicated they had attended no training in the last two years. This was explored further and those who had not attended training in the last two years explained their reasons for this, as shown in the table below (Author description - Children in Scotland 2006)*

### 3.5.5.6 Conclusions

Carers consider their role to be highly skilled and requiring training. This is an important outcome that not only benefits them but has an impact on their parenting skills and the quality of care that LACYP receive. Training opportunities need to be co-ordinated and incorporated throughout the period in which someone is a foster carer.

## 3.5.6 Birth Parents

### 3.5.6.1 Overview of data on carers' relationship with birth parents

Four studies included data on carers' views about birth parents (Butler and Charles 1999, Children in Scotland 2006, Rashid 2000, Wilson et al. 2000). The study by Children in Scotland had a sample size of 693, with the majority of the views obtained from open ended questions in a survey. The study by Wilson et al. (2000) had 932 respondents but it is not clear how many provided data written data in the survey on birth parents. The other two studies were smaller in scale, with Butler and Charles (1999) interviewing 6 participants and the study by Rashid (2000) included data from 6 couples caring for children. Three of the four studies included verbatim quotes, with only the study by Children in Scotland (2006) reporting any diversity in perspectives and even this was limited. Three of the studies included author descriptions of data and author conclusions on this theme. Two of the four studies indicated that the issue was very commonly raised by participants.

### 3.5.6.2 Nature of data on birth parents

The data contributing to this theme was not about carers' direct relationship with birth parents but related to what effect carers perceived birth contact had on LACYP and the impact this had on carers relationship with LACYP.

### 3.5.6.3 Aims and focus of studies in relation to birth parents

Two of the studies explicitly asked carers to reflect on the issue of birth parental contact with LACYP. The study by Butler and Charles (1999) and Wilson et al. (2000) explored critical points in foster carer experiences which could account for the negative reflections on this theme.

### 3.5.6.4 Relationship to other themes

The issue of birth parents relates to carers relationship with LACYP and LACYP views on contact with their birth parents.

### 3.5.6.5 Birth Parents

Carers reflected on the impact that contact with birth parents had on LACYP. Apart from the study by Rashid (2000) which explored how black foster carers support children to settle in their new families none of the carers considered contact with birth parents to be positive. The authors from the Rashid study concluded that,

*It is very evident that the foster families recognised the importance of the children's contacts with birth relatives and felt secure enough to encourage them. Their view of fostering resembled Holman's (1980) inclusive model, which accords well with Alexander's view of the black family, as flexible and resilient enough to include 'fictive kin', such as Darren's father or Frankie's brother. This appears to have served the children and young people, and indeed their birth relatives, well. (Author - analysis - Rashid 2000)*

However carers direct views provided a different picture. They often experienced the emotional after effects of children's visits with birth parents.

*'One day a week has to be kept free of appointments so as not to interrupt the continuity and to be available to pick up the pieces when it doesn't happen or is so*

*distressing for the children.'* (Participant data - Children in Scotland 2006)

*'Terrible impact, foster child very upset, angry, confused. Can take up to five days to settle.* (Participant data - Children in Scotland 2006)

*'I couldn't believe that somebody could allow that to happen to their daughter and yet still remain in contact'* (Participant data - Butler and Charles 1999)

The study by Wilson et al. (2000) also reported on the negative impact that birth parents had on them. One participant said;

*We have experienced threats of serious physical violence against us and this child from natural parents with previous convictions of serious violence including murder... in these circumstances where it is known that there is past serious violence we don't think it appropriate for natural families to know the name or address of the people caring for the child.* (Participant data - Wilson et al. 2000)

Although carers understood the need for continued contact their overall opinion was that it often disrupted children's attachment and it was a barrier in their lives stopping them from achieving better outcomes (Butler and Charles 1999).

### 3.5.6.6 Conclusions

The data on this theme focused exclusively on carers reflections on the impact of birth parent contact on LACYP and the implications this has for their parenting role. The dynamics between foster carers and birth parents has yet to be fully explored in the literature. The available data appears to be biased towards the short-term negative outcomes of birth parent contact on LACYP. Yet from the views of LACYP (presented in section 3.4.5) it is clear that maintaining a relationship with birth parents can be very important to LACYP and needs to be addressed within the overall context of LACYP care experiences.

## 3.5.7 Accessibility and acceptability of services

### 3.5.7.1 Overview of data on accessing services

Five studies involving a total of under 50 participants included data on carers' views about the accessibility and acceptability of services (Addy and MacKechnie 2006, Burgess et al, 2003, Callaghan 2003, Hardwick, 2005, Levinson 1992). Three of the five studies included verbatim quotes from carers' and all four studies provided authors' descriptions of carers' views. Some studies provided conclusions and recommendations for policy relevant to this theme. Information about the extent of the data, and thereby the significance of the theme, was provided in all four studies and indicated that the theme was very commonly raised by participants.

### 3.5.7.2 Nature of data on the accessibility and acceptability of services

This theme includes data on carers' explicit views on the accessibility and acceptability of services. This includes both services they wish to be able to access on behalf of LACYP and services they have or would like to receive as a carer. Carers also talked about their experiences of services they received.

### 3.5.7.3 Aims and focus of studies in relation accessing services

All of the studies aimed to ask carers about their experiences of being able to access services or the views on the acceptability of a service they had received because of their status as a carer. However, each study had a particular topic and/or population focus. The study by Burgess et al. (2003) included a range of foster carers but focused on their experience of one particular support group. The study by Callaghan (2003) was interested in carers experiences of mental health services for LACYP and the study by Addy and MacKechnie (2006) wanted to know about kinship carers experiences of being able to access mental health services for LACYP. The study by Hardwick (2005) was similar to Burgess et al. (2003) and explored carers experience of a support group, but focused on carers who were looking after a specific population of LACYP. The study by Levinson (1992) interviewed carers about their experience of small children's home, Daisybank, set up to prepare adolescents, who had been in care for several years, to live in permanent placements.

### 3.5.7.4 Relationship to other themes



The accessibility and acceptability of services relates to the themes on training, wider support networks, carers relationship with LACYP and social services / social workers. It is a distinct theme in the literature and in this review as all studies focus on a particular service / intervention, rather than general experiences of requiring support or supporting LACYP.

### 3.5.7.5 Accessibility

The study by Addy and MacKechnie (2006) identified stigma about and lack of information on the availability of mental health services as two main barriers to access. The carers from this study suggested the following solutions to overcome these barriers.

*'I think you should get a leaflet or something telling you where you can go for help (Participant data - Addy and MacKechnie 2006)*

*'Hold one of them (referring to training session) and you'd be able to explain the different options and agencies and how you help with stuff (Participant data - Addy and MacKechnie 2006)*

*Running teaching courses in schools and things talking about problems and how psychologists can help (Participant data - Addy and MacKechnie 2006)*

*Meeting people in informal settings (Participant data - Addy and MacKechnie 2006)*

The authors also concluded that the lack of 'informal contact' between services and kinship carers contributed to issues around accessibility of mental health services. They suggest that identifying mental health needs as early as possible in the care process is a potential way to address barriers to accessing mental health services. They stated;

*Providing mental health screening at the point of inception into care is likely to reduce this stigma, as mental health provision becomes a 'routine' part of the care process. This could also provide the opportunity to educate potential users about mental health issues and provide information about available resources. (Author analysis - Addy and MacKechnie (2006)*

Callaghan (2003) also identified carers' difficulty with accessing child and adolescent mental health services (CAMHS) on the behalf of LACYP. One of the issues raised by carers was a lack of confidence about navigating the system, particularly how to ensure referrals to CAMHS for LACYP happen quickly and efficiently.

*"And of course they tell you they can't see the child until they're in a stable placement, but how on earth is the child supposed to get stable until they get help?" (Participant data - Callaghan 2003)*

Burgess et al. (2003) also found that

*'There were some inconsistencies in the way in which foster carers found out about the new service. 'Four foster carers raised a number of concerns about their referral'(Participant data - Burgess et al. 2003)*

Again, the need for early identification of the mental health needs of LACYP was raised. The authors provided a description of carers concerns;

*Attempting to provide a stable environment for the young person while receiving little support was a source of considerable frustration, especially for social workers whose accounts indicated that young people's needs for mental health intervention should be assessed with minimum delay to determine whether referral to CAMHS is appropriate and whether intervention would be helpful. (Author description - Callaghan 2003)*

The study by Hardwick (2005) identified female carers' dissatisfaction that their male partners were denied access to the support group they were attending. They were concerned that male foster carers also needed to understand issues about sexualised behaviour of children, to be aware of the needs of those children and to be informed about how to protect themselves from any potential allegations. In response to these

concerns the facilitator held additional sessions for male partners.

### 3.5.7.6 Acceptability

The study by Burgess et al. (2003) aimed to explore foster carers' experiences and perceptions of an inter-disciplinary Primary care and Support project set up to support foster carers. They found that carers experienced the multi-disciplinary nature of the project to be of benefit and that they learnt new ways of parenting LACYP. Some of the positive outcomes experienced as a result of attending the support group are presented below;

*'I'm handling the children differently'  
'helped me put a reward system in place'  
'I'm more confident'  
'learned new techniques, new insights'  
'child behaviour is much better'  
(Participant data - Burgess et al. 2003)*

The authors stated that because carers benefited from the project this had an impact on LACYP also.

*It is clear that many of the foster carers perceived a positive change to their emotions and feelings due to their involvement with the project. Most foster carers interviewed not only described changes in the care they provided, but also felt that the children in their care had perceived these and had themselves changed as a result (Author description - Burgess et al. 2003)*

The study by Callaghan (2003) found that once carers had achieved access to the mental health services another set of barriers emerged. These included the language used by mental health professionals and inconsistency in the support they received.

*'when you do get a service, what you get as a typical outcome is a letter in psychiatric jargon, summarising everything you already know. There's no indication of how to manage the problem, of what should be done' (Participant data - Callaghan 2003)*

*'The support is very patchy. On a good day, if you ring up, you'll get someone supportive, but on a bad day. (Participant data - Callaghan 2003)*

Overall the carers in the study by Hardwick (2005) found that attending the support group was beneficial and that they it provided them with additional ways to support children and thus maintain the placement. The authors described participants experience as follows

*All the foster carers, at some point during the 12 sessions, found the group helpful in assisting them to deal with a 'here and now situation' in relation to their foster placement. Most importantly, at least two carers stated that the support and advice offered by the group had maintained their placement. Others felt the information gave them insight into why previous placements had broken down (Author description - Hardwick 2005).*

In the study by Levinson (1992) the authors reported that the carers reported negatively about their experience of looking after children who had been residents at the children's home. The authors state that;

*Another dissatisfaction for some foster carers was that they got little back by way of emotional responsiveness, and in at least two cases this was further complicated by the fact that the young people involved retained very close links with Daisybank. (Author description - Levinson 1992)*

Although this is a small scale evaluation it hints at the difficulties foster carers have when LACYP are in receipt of more than one service and the implications this has for what their role is in the lives of LACYP.

### 3.5.7.7 Conclusions

The findings from the studies provide some insight into carers' views on the accessibility and acceptability of services. However, because of the limited number of studies in this theme, the views are limited in terms of the type of services carers are providing views on. However, general themes regarding information about services which are available to carers and LACYP, referral procedures, receiving reliable support, and the use of a common language have still emerged.

### 3.5.8 Kinship carer tensions

Two studies explore the experiences of kinship carers (Addy & MacKechnie 2006, Pitcher 2002). Both studies were small in scale. Addy & MacKechnie (2006) conducted three case studies of grandparents and Pitcher (2002) interviewed 33 sets of grandparents. Only the study by Addy & MacKechnie (2006) included verbatim quotes. However, both studies included author description of data and author analysis of the data. Information about the extent of the data, and thereby the significance of the theme was provided by Addy & MacKechnie (2006), they found that it was a common theme in all three case studies.

#### 3.5.8.1 Nature of the data on kinship carer tensions

Kinship carers occupy a unique position as both a family member and statutory carer. The two studies on this topic identify three tensions that can be arise when acting as a kinship care: i) making the transition from grandparent to parent, ii) negotiating a relationship with both grandchildren and children, iii) adjusting to the additional burden of being a parent later on in life.

#### 3.5.8.2 Aims and focus of the studies in relation to the outcome

Both studies focused exclusively on kinship caring. The study by Addy and MacKechnie looked at the difficulties faced by kinship carers in accessing mental health services but in the process identified the tensions that being a kinship carer can involve. The study by Pitcher (2002) explored issues for grandparents who care for their grandchildren and found similar tensions.

#### 3.5.8.3. Relationship to other themes

This theme relates to carers relationship with LACYP and carers needs for wider support networks.

#### 3.5.8.4 Kinship carer tensions

Kinship carers talked about their position within the family and negotiating a new role with both their grandchildren and their children. The following quotes from Addy & MacKechnie (2002) illustrate this transition.

*In the past I was their Grandma, now I'm like their mum (Participant data - Addy and MacKechnie 2006)*

*I'm too close whereas if they are going to someone who's not involved I guess carers are not told as much as I know about the situation, whereas I know everything, and yes it can be difficult because the children are trying to keep a relationship with their parents. (Participant data - Addy and MacKechnie 2006)*

The study by Pitcher (2002) included author description of data on the experience of being a parent for the second time when taking on the responsibility of being a kinship carer. Carers describe the additional changes they had to make in their life to accommodate a child.

*For the majority, even if they had suspected that they would need to step in at some time, starting to care for the child was a major adjustment. It required the sudden dropping or adjusting of all other commitments and plans, and the adoption of a new lifestyle. One of the most commonly mentioned examples of this was that grandparents were no longer able to do things spontaneously. Arranging for babysitters required advance planning. Their daytime activities had to take account of the need to be back for their grandchildren at the end of the school day. Other changes included giving up work, or reducing work hours, and having to take on extra domestic tasks, especially washing. (Author description - Pitcher 2002)*

### **3.5.8.5 Conclusions**

Being a kinship carer brings its own challenges and demands that need to be addressed in order for kinship carers to provide the best quality of care they can. There is potential for kinship carers to be invisible in the system because they are already within the family. Therefore it is important that national and local policy continues to

## **3.6 Parents Views**

### **3.6.1 Continued parental involvement with children**

#### **3.6.1.1 Overview of data on continued parental involvement with children**

Two studies included data on parents' perspectives on this issue. One study that mainly focused on grandparents as kin foster carers also collected data on three biological mothers (Picher 2002). Another study (Fleming 2005) examined parental views in Stage 3 of a larger study with many types of user data.

#### **3.6.1.2 Nature of data on continued parental involvement with children**

Biological parents described their wish for continued involvement with their children whilst in care and in needing support to achieve this.

#### **3.6.1.3 Aims and focus of studies in relation to parental involvement with children**

Neither of the studies included in this theme solely focused on the views of biological parents. However parents were part of the sample and their views in relation to the aims of the study were explored.

#### **3.6.1.4 Relationship to other themes**

This theme directly relates to LACYP concerns to stay in contact with birth families and carers concerns that contact with birth families isn't always good for LACYP.

#### **3.6.1.5 Continued parental involvement with children**

The three mothers in Picher's study (2002) were in different situations, but all wanted to continue to play an important part in their child's life. Grandparent kin foster carers who listened to their views, and did not seem to be taking away their role as mother, were valued for being able to give their own son or daughter the upbringing they could not. The parents liked feeling that they could make a useful contribution, even if it was some basic task such as cleaning.

The mothers wanted to feel that their parents, or parents-in-law, were caring towards their children because they enjoyed being with the child, not because they 'had to'. One mother said: 'I know my parents are happy and it's not just pressure for them.' (Participant data - Pitcher 2002)

In Fleming's study (2005), all parents wanted to be involved, but needed strong, consistent support from professionals throughout the process of a child being looked after. Fleming et al (2005) stated that the data raised concerns about disempowerment, poor self-esteem, lack of confidence, relatively low value placed on their own or their children's health issues. They argued that we need to examine these issues to ensure the perceived 'distance' between parents and their (looked after) child(ren) does not exacerbate the problems of these families.

#### **3.6.1.6 Conclusions**

The conclusions are that continued contact and role with their children in care and support in achieving this are important issues for biological parents. This may effect the functioning of the parents and thus the effectiveness of services. Contact and roles may be seen more positively by parents and maybe easier to achieve with kin carers.

## 4. Summary of the Evidence

### 4.1 Introduction

The main aim of this review has been to identify what outcomes looked after children and young people and their families and carers say are important to them. A second aim was to capture the views of LACYP and FAC on the accessibility, acceptability and effectiveness of interventions and activities and identify how their views might inform, improve or promote the key outcomes they identified.

### 4.2 Which outcomes do LACYP and FAC say are important to them?

The findings reported in chapter 3 include a number of outcomes that LACYP and FAC consider to be important to them. The 50 studies including the views of LACYP and FAC looked at both the general experiences of being in care or being a foster carer. Studies also included LACYP experiences of different types of foster care and carers experiences of fostering specific groups of LACYP. Studies often included LACYP and FAC views on the accessibility, acceptability though not much on effectiveness of services. Many of the outcomes identified by LACYP and carers were directly related to the aims and focus of the study. However, in some instances similar outcomes emerged across studies that were following very different forms of enquiry. The outcomes identified by LACYP and FAC were grouped into the following themes (see section 4.3.) and raise a number of issues for the acceptability, accessibility and/or effectiveness of services.

### 4.3 What does the evidence from LACYP tell us?

#### 4.3.1 LACYP Evidence Statement 1: Love

There was evidence in ++ study (Sinclair et al 2001) and six + studies (Biehal and Wade 1996, Broad 2004, Butler and Charles 1999, Chase et al 2006, Heptinstall et al 2001, Luke and Coyne 2008) that LACYP had the view that:-

- ES1i) Love and affection is desired by LACYP but is often lacking in their lives
- ES1ii) Love, or the lack of it, has a significant impact on their emotional-wellbeing, in particular their self-esteem
- ES1iii) For some LACYP training and payment for foster carers undermines the sense that they are wanted or loved
- ES1iv) An unmet need for love and affection is perceived by some LACYP to have a profound and lasting impact on their future outcomes

#### Does the data on love tell us about the acceptability, accessibility and effectiveness of services?

There was no direct data within this theme relating to the acceptability, accessibility and effectiveness of services. However, the data imply that the following may be of benefit in the development of future policy and practice.

- i) Recognition and acknowledgement by policy makers, professionals and carers of the significance of LACYPs desire for love and affection and its potential impact on the emotional well-being of LACYP;
- ii) Consideration of the impact of placement stability on the development of meaningful relationships based on love and affection as a 'bond' may need to exist before any potential benefit may be gained;
- iii) The development and dissemination of information and guidance to provide clarity for LACYP on the role of payment and training for carers, as this could help reduce their potential for undermining LACYPs perception of carers as loving and affectionate;
- iv) Training for carers and professionals on how to build meaningful relationship with LACYP which incorporate the expression of affection; and

- v) Organisational changes to promote continuing relationships between LACYP and professionals and carers throughout LACYP's time in care.

#### 4.3.2 LACYP Evidence Statement 2: A sense of belonging

Statements from LACYP in one ++ study (Sinclair et al 2001) and 12 + studies (Barn et al. 2005, Biehal and Wade 1996, Butler and Charles 1999, Heptinstall et al 2001, Hill et al 1996, Luke and Coyne 2008, Mullan et al 2007, Pitcher 2002, Schofield and Beek 2005, Schofield 2003, Skuse and Ward 2003, Timms and Thoburn 2006) provide strong evidence that LACYP feel that

- ES2i) a sense of belonging is desirable, yet often lacking in their lives
- ES2ii) their sense of identity is compromised by the lack of sense of belonging
- ES2iii) frequent moves and lack of permanence are a characteristic of being looked after that undermines any sense of belonging and therefore has a negative emotional impact for them
- ES2iv) a second potential barrier to achieving the desired state of belonging is the conflict that arises for LACYP of being part of two families simultaneously, their birth family and their carers family
- ES2v) achieving a sense of belonging and identity is compromised further when they are placed with carers from different ethnic and cultural backgrounds.

#### Does the data on belonging tell us about the acceptability, accessibility and effectiveness of services?

There was no direct data within this theme relating to the acceptability, accessibility and effectiveness of services. However, the reviewers have derived the following implications from this data:-

- i) LACYP are more likely to value services which enhance a sense of belonging and support their self-identity
- ii) minimising placement changes and disruption can enhance the development of a sense of belonging, as the notion of impermanence can undermine the pursuit of this desirable outcome
- iii) training for carers and professionals would benefit from the inclusion of information on issues surrounding identity and belonging;
- iv) all services provided to LACYP would benefit from being aware of the need to, and take steps to minimise any feeling of difference or exclusion, including differences experienced by LACYP from black and minority ethnic groups;
- v) enhancing LACYP's sense of identity and emotional well being could be possible if explicit attempts are made by carers to provide equal treatment to children being looked after, in particular in comparison to carers biological children;
- vi) if professionals and carers take steps to maintain relationships with birth families this would go a long way to providing a strong influence on identity again if you want to encourage the development of a sense of belonging
- vii) permanency and continuity should be a high priority when considering placements and
- viii) child welfare professionals and carers need to discuss with and support LACYP through any conflict regarding their identity in relation to their status as having both biological parents and carers

#### 4.3.3 LACYP Evidence Statement 3: Being supported

Evidence that being supported is important to LACYP was available in 10 + rated studies (Allen 2003, Biehal and Wade 1996, Chase et al 2006, Emond 2003, Heptinstall et al 2001, Hill et al. 1996, Luke and Coyne 2008, Martin and Jackson 2002, Schofield and Beek 2005, Stevens and Boyce 2006).

- ES3i) LACYP expressed a need to feel that there is someone to support them
- ES3ii) emotional support is an important type of support LACYP felt they needed

- ES3iii) encouragement to achieve in education and other aspects of their life is also needed
- ES3iv) practical support, such as help with homework and provision of materials, was also seen as essential for achieving success in their lives

**Does the data on being supported tell us about the acceptability, accessibility and effectiveness of services?**

As with most themes there was a paucity of data directly addressing the issues of accessibility and acceptability of services in relation to being supported. The following implications were generated by the reviewers from the data.

These include:

- i) the need for professionals and carers understand the importance of providing support to LACYP
- ii) to consider the difference that supporting LACYP can have on their social and educational outcomes
- iii) to prioritise continuity in terms of placements as building meaningful and supportive relationships based on trust and understanding can take time to develop before they can be effective
- iv) to consider training for carers and professionals on how to build supportive relationships with LACYP who may be wary of trusting adults as this could be one way of improving long-term outcomes for LACYP
- v) addressing organisational structures which prohibit continuity of relationships between LACYP and professionals and carers as this undermines their emotional and practical security

**4.3.4 LACYP evidence statement 4: Having someone to talk to**

Evidence on the importance for LACYP of having someone to talk to in confidence was found in eight + rated studies (Baldry and Kemmis 1998, Barnes 2007, Blower et al. 2004, Bundle 2002, Fleming et al. 2005, Leeson 2007, Munro 2001, Skuse and Ward 2003). LACYP reported that

- ES4i) Opportunities to talk to someone about their concerns were often not available to LACYP, but they appreciated when they were
- ES4ii) LACYP were often mistrustful of talking to professionals as they could not be sure what they said would be kept confidential

**Does the data on having someone to talk to tell us about the acceptability, accessibility and effectiveness of services?**

Reviewers felt the data on having someone to talk to in confidence raised several considerations for policy and practice, including:-

- i) how to ensure that professional and carers respect the importance of confidentiality for LACYP against their commitment to share information in the best interests of the child / young person
- ii) how to provide LACYP with opportunities to access formal and informal forms of confidential support such a counselling or peer support services
- iii) how to ensure LACYP understand when confidentiality cannot be maintained without risking the building and/or maintenance of trust between carers and professionals and LACYP

**4.3.5 LACYP Evidence statement 5: Contact with birth families**

The significance for LACYP of contact with their birth families was revealed in one ++ rated study (Buchanan 1995) and 10 + rated studies (Baldry and Kemmis (1998), Biehal and Wade (1996), Bullock et al. (1990), Butler and Charles (1999), Heptinstall et al (2001), Hill et al

(1996), Munro, E. (2001), Stevens and Boyce (2006), Thomas and O'Kane (1999), Timms and Thoburn (2006)). This evidence reveals that

- ES5i) Many LACYP have a strong desire to maintain contact with their birth families
- ES5ii) Maintaining contact with birth families is important for supporting their self-identity
- ES5iii) LACYP felt that social workers and care providers can be obstruct their efforts to maintain contact with their families, and were resentful of this
- ES5iv) A lack of contact causes significant emotional upset for LACYP
- ES5v) Contact with birth families is a complex issue for LACYP, though an overwhelming majority saw it as positive, not all LACYP felt the same

**Does the data on having someone to talk to tell us about the acceptability, accessibility and effectiveness of services?**

The following implications acceptability and accessibility of services were identified by reviewers from the participant data and the authors' analyses and conclusions.

These include:

- i) Developing policy initiatives to support contact with birth families are needed;
- ii) training for child welfare professionals and carers should make clear the general desire for contact, the complexity of the issue for LACYP, and suggest approaches for supporting safe and positive contact;
- iii) delivery of services at all levels must recognise the salience and complexity of the issue for LACYP and handle it with sensitivity

**4.3.6 LACYP Evidence statement 6: Stigma and prejudice**

LACYP identified stigma and prejudice as significant problem in their lives in one ++ rated study (Buchanan 1995) and six + rated studies (Blower (2004), Butler and Charles (1999), Luke and Coyne (2008), Martin and Jackson (2002), Mullan et al (2007), West (1995)). LACYP reported that:-

- ES6i) Negative attitudes towards LACYP are common
- ES6ii) Curiosity and pity are also attitudes commonly experienced and disliked
- ES6iii) A common and unwelcome experience was being singled out and made to feel different because of their LACYP status when what they particularly wanted was to feel 'normal'

**Does the data on stigma and prejudice tell us about the acceptability, accessibility and effectiveness of services?**

This theme was unusual in that LACYP themselves and authors suggested the following services to combat stigma and prejudice.

These include:

- i) to raise societies general awareness about what it is like being in care;
- ii) to run publicity campaigns to promote positive images of children and young people in care;
- iii) to provide schools with information and knowledge about being in care and teach it as part of the curriculum

**4.3.7 LACYP Evidence Statement 7: Education**

Evidence about important issues for LACYP in relation to education was available in one ++ rated study Buchanan (1995) and ten + rated studies (Ajayi and Quigley (2003), Allen (2003), Baldry and Kemmis (1998), Barn et al. (2005), Cameron (2007), Chase et al (2006), Harker et al. (2004), Martin and Jackson (2002), Skuse and Ward (2003), West (1995)). This evidence revealed that



- ES7i) Encouragement to attend and do well at school is lacking for many LACYP yet those who have achieved success in education feel it is a key factor in their success
- ES7ii) The provision of practical support and resources is felt to be another key facilitator of success, yes is frequently lacking, particularly in residential care
- ES7iii) Another source of support often felt to be pivotal in the success of LACYP in education was education specific support, in the form educational advice
- ES7iv) Emotional support during education, particularly higher education was noted as a need by LACYP
- ES7v) Stereotyping and stigma on the part of others, including teachers, was seen as a common barrier to educational success
- ES7vi) A lack of continuity in placements and schooling is a further barrier to the educational success of LACYP
- ES7vii) Being placed in residential care was seen as particularly disadvantaging LACYP in terms of their education
- ES7viii) LACYP who had achieved success in education cited their self-reliance as the key factor which helped them overcome the barriers mentioned above

**Does the data on education tell us about the acceptability, accessibility and effectiveness of services?**

The authors of studies reporting the views of LACYP on education made some but not many recommendations for policy and practice in this area. However, we consider that what stands out from the data is the potential for policy and practice

- i) to address prejudice towards LACYP, within society as a whole, and in particular the low expectations of them in education amongst care providers and educators
- ii) to stress the role that professionals can have in encouraging and supporting LACYP to get the most out of education
- iii) to acknowledge the wider impact of placement changes on the lives of LACYP, in particular in education and the knock on effect frequent changes may have on their future success

**4.3.8 LACYP Evidence Statement 8: Professionals**

There was evidence in seven + studies (Allen 2003, Baldry and Kemmis 1998, Barnes 2007, Leeson 2007, Martin and Jackson 2002, Munro 2001, Skuse and Ward 2003) about LACYP's relationship with professionals. They raised similar concerns to carers. These include:

- ES8i) the issues of continuity in their relationships with professionals
- ES8ii) the negative impact of a lack of continuity
- ES8iii) a desire to form a personal relationship with professionals
- ES8iv) to have professionals who listen, who are accessible and
- ES8v) who can be relied upon to be there for CYP and have the ability to get things done.

**Does the data on professionals tell us about the acceptability, accessibility and effectiveness of services?**

The findings of these seven studies clearly indicate the following recommendations for policy and practice.

These include:

- i) Professionals need to build meaningful relationships with LACYP that are based on 'listening to', 'being there for' and 'acting on the behalf of' the interests of LACYP
- ii) Organisational changes are required to address the need for continuity, time and resource to build and maintain meaningful relationships

**4.3.9 LACYP Evidence Statement 9: Preparation and support for leaving care**

One ++ study Buchanan (1995) and six + studies (Allen (2003), Barn et al. (2005), Chase et al (2006), Martin and Jackson (2002), Mullan et al (2007), West (1995) provide evidence that preparation and support for leaving care is an important issue for LACYP. In order to improve the process of leaving care LACYP said they needed:

- ES9i) improved and more timely preparation for independent living prior to leaving care is likely to improve this transition for LACYP
- ES9ii) a network of support to provide ongoing practical help and emotional support after leaving care
- ES9iii) greater and more appropriate information and advice about entitlements to help LACYP make better use of services available to them on leaving care
- ES9iv) a higher level of financial support and more advice for managing finances to prevent serious financial problems for care leavers
- ES9v) access to better quality and more appropriate housing

**Does the data on care leavers tell us about the acceptability, accessibility and effectiveness of services?**

The authors' analysis and conclusions provided the basis for the following recommendations for policy and practice for care leavers;

- i) development of policy and practice guidelines on preparation for leaving care should be drawn up to ensure consistency in the delivery of this type of support;
- ii) best practice in the delivery of this type of support should be supported by further research into the needs of care leavers with regards to preparation;
- iii) a recognition by policy makers and practitioners of the benefits of having a support network for care leavers could lead to innovative ways of providing this kind of support to LACYP;
- iv) identifying the most effective ways of supporting LACYP to access information regarding their entitlements as care leavers is needed to develop policy and practice guidelines;
- v) consideration needs to be given to the level of financial support offered to care leavers. This will make it possible for policy and practice to address the need for greater support for financial advice and training;
- vi) the findings from the research suggests a review of housing policy for care leavers needs to occur. In particular, policy makers and practitioners need to recognise the vulnerability of care leavers and press for access to better quality and more appropriate housing.

**4.3.10 Carers Evidence statement 10: Relationship with social workers**

There was evidence in one ++ study (Maclay et al. 2006), 4 + studies (Addy et al. 2006 Nixon 1997, Pitcher 2002, Sellick et al. 1994 Sheldon 2002) and three - studies (Hardwick 2005, Sinclair et al. 2005, Strover 1996) about carers relationship with social workers. Carers said they wanted:-

- ES10i) a reliable, supportive and communicative relationships with social workers based on mutual trust and respect
- ES10ii) continuity in their relationships with social workers
- ES10iii) social services to be honest about the background of LACYP before a placement commences

**Does the data on relationships with social workers tell us about the acceptability, accessibility and effectiveness of services?**

There was no direct data within this theme relating to the acceptability, accessibility and effectiveness of services. However, the authors' analysis and conclusions from the 10 studies including data on carers' views about the importance of their relationship with social workers raise the following issues for policy and practice:

- (i) carer access to a named professional from social services;

- (ii) ensuring continuity of social workers and flexible open communication between professionals
- (iii) to have the time and resource it takes for carers and social workers to invest in and maintain working relationships.

When taking into consideration both LACYP views and carers views presented in this review an issue that emerged was how to balance carers' desire for accurate information about LACYP and LACYP's need for confidentiality on sensitive matters.

#### **4.3.11 Carers Evidence Statement 11: 'Being a parent' / 'Doing a job'**

There was evidence from one + study (Sellick 1994) and 3 - studies (Kirton 2001, Children in Scotland 2006, Sinclair et al. 2005) on carers views about whether they are 'being a parent' or are 'doing a job'. Carers views across the four studies indicate that they;

ES11i) view their role as both professionally demanding and a personally rewarding. This impacts on whether they consider payment to be financial compensation or an incentive or both..

ES11ii) are more satisfied with their role when they are paid appropriately and on time

ES11iii) did not agree with payment banding according to the age or behavioural assessment of individual children

#### **Does the data on 'being a parent' / 'doing a job' tell us about the acceptability, accessibility and effectiveness of services?**

There was no direct data within this theme relating to the acceptability, accessibility and effectiveness of services. However issues that emerged directly from the authors conclusions relate to conditions under which carers should be paid and include whether:

- i) the adequate and timely payment of carers' will impact on carers' job satisfaction and encourage retention;
- ii) payment should be based on the understanding that caring is a full time job and not be based on the age or assessment of children which can act as a disincentive to caring.

A concern that emerged from this review is that LACYP fears that carers may only be looking after them for the money need to considered in light of carers views about the skills, energy and commitment it requires to be a carer.

#### **4.3.12 Carers Evidence Statement 12: Relationships with LACYP**

There was evidence from two + studies (Butler et al 1999, Schofield and Beek 2005) and two - studies (Kirkton 2001, Hardwick 2005) on carer's relationships with LACYP. Carers stated that they were:-

ES12i) concerned with being able to support LACYP to make a difference in their lives and assist them in achieve better short and long term outcomes

ES12ii) dissatisfied with trying to build supportive relationships with LACYP when there are high levels of placement instability

#### **Does the data on relationships with LACYP tell us about the acceptability, accessibility and effectiveness of services?**

There was a lack of data within this theme relating to the acceptability, accessibility and effectiveness of services. Neither did the authors draw direct implications about carers' relationship with LACYP. However from the direct participant's quotes and authors description of data the main issue for policy and practice to consider is:

- i) How to train and support carers with the skills to build therapeutic relationships for the benefit of LACYP, particularly in the light of placement disruption.

#### **4.3.13 Carers ES4: Wider support networks**

There was evidence from one ++ study (Maclay et al 2006) one + study (Sellick 1994) and three - studies (Hardwick 2005, Sinclair et al. 2005, Rashid 2000) about carers use of wider support network. The views of carers indicated that:-

ES13i) they benefit from the support of others who share similar experiences which can impact on the quality of care they provide LACYP

ES13ii) Support can include their own professional networks, often bypassing the assigned link to services

ES13iii) Although LACYP may be fostered by individuals or couples in many cases the wider family are providing support to LACYP to ensure they feel 'love', and provide them with a sense of belonging which can act as an additional resource for carers.

**Does the data on wider support networks tell us about the acceptability, accessibility and effectiveness of services?**

There was no direct data within this theme relating to the acceptability, accessibility and effectiveness of services. However, by looking across the main analysis and conclusions from authors in the five studies the following implications for policy and practice can be made:

- i) provide foster carers with the opportunity to access formal and informal forms peer support;
- ii) acknowledge that in many cases the wider family are also part of the care provided to LACYP not just the individuals and couples LACYP are assigned to
- iii) providing opportunities for carers to promote the use of 'wider support network' that exist outside of the social services system

The findings from this theme relate directly to LACYP needs to feel supported and have someone there who they can talk to. It also links to carers wishes to be more fully trained when looking after CYP who may require additional forms of support.

**4.3.14 Carers Evidence Statement 14: Training**

There was evidence from two + studies (Fleming et al. 2005, Sellick 1994) and two - studies (Children in Scotland 2006, Hardwick 2005) about carers' views on training. Carers say that want:-

ES14i) access to training on topics that are important to them;

ES14 ii) to be trained to the same standard as social workers;

ES14 iii) to be trained in particular areas as this provides them with greater confidence in their abilities a carers.

**Does the data on training tell us about the acceptability, accessibility and effectiveness of services?**

None of the studies in this theme provided data relating to the acceptability, accessibility and effectiveness of services. However, the data imply that the following should be considered for future policy and practice:

- i) Provide a co-ordinated approach to training to ensure accessibility to foster carers
- ii) Consider professional accreditation for foster carer training

The issue of training for carers is directly related to whether or not caring is seen as being a parent and is based on the innate skills of individuals or whether caring is a professional activity whereby parenting / caring skills can be learned.

**4.3.15 Carers Evidence Statement 15: Birth Parents**

There was evidence from one + study (Butler and Charles 1999) and two - studies (Children in Scotland 2006, Rashid 2000) on carers' views about birth parents. Carers held strong views about birth parents. They felt that:-

ES15i) birth parents had a disruptive impact on the lives of LACYP

ES15ii) often they were left with the responsibility of dealing with any negative effects of birth parent contact

**Does the data on birth Parents tell us about the acceptability, accessibility and effectiveness of services?**

There was no direct data within this theme relating to the acceptability, accessibility and effectiveness of services and none of the authors drew implications for policy practice in relation to this outcome. However, the review highlights the discrepancy between carers and LACYP and birth parents views on continued contact. Despite carers concerns about the negative impact contact has on LACYP, both LACYP and birth parents desire to maintain contact despite the difficulties. Policy and practice could consider;

- i) addressing any additional needs carers may have in relation to supporting children who experience negative impacts when in contact with birth parents

**4.3.16 Carers Evidence Statement 16: Accessibility and acceptability of services**

There was evidence from three + studies (Addy and MacKechnie 2006, Burgess et al, 2003, Callaghan 2003) and one - study (Hardwick, 2005) about the accessibility and acceptability of services. Four studies included in the review asked carers about services they wanted or would like to have access to. In addition, three of the four studies included carers' views on the acceptability of services they had received or had been in contact with. By comparing the participants direct quotes and author analysis across the four studies it was possible to identify three barriers to *accessing services*

- ES 16i) lack of information about services available to LACYP and carers;
- ES 16 ii) difficulty navigating the mental health referral system;
- ES 16 iii) stigma about mental health.

ES 7 iv) In terms of *acceptability of services* all three studies included both positive and negative experiences of the services they received with no strong implications for the improvement of services being made by carers.

**Does the data on accessibility and acceptability of services tell us about the acceptability, accessibility and effectiveness of services?**

The data imply that the following suggestions could be taken on board when developing future policy and practice;

- i) ensure that carers are aware of services that are available for both themselves and for LACYP
- ii) provide locally specific information about mental health referral systems
- iii) address issues of stigma with regards to accessing mental health services for carers and LACYP
- iv) continue to provide opportunities for carers to feedback on the specific services they receive in order to ensure their acceptability
- v) provide mechanisms for ensuring user feedback is incorporated in services for carers and LACYP

**4.3.17 Carers Evidence Statement 17: Kinship carer tensions**

There was evidence from two ++ studies (Addy & MacKechnie 2006, Pitcher 2002) on being a kinship carer. Participants described what it was like being a kinship care which provided insight into the uniqueness of their experiences. The following emerged from their views:

- ES17i) kinship carers often have to manage both their relationship with the child in their care and biological parent of child(ren) in their care and may need additional support do this
- ES17 ii) kinship carers may have additional support needs because they are often older (grandparents) and looking after a child may be an added burden .

**Does the data on kinship carer tensions in contact tell us about the acceptability, accessibility and effectiveness of services?**

There was no direct data within this theme relating to the acceptability, accessibility and effectiveness of services and with only two studies exploring the experience of kinship care we are somewhat limited in terms of what implications can be drawn from the evidence. However, two issues which map directly onto their views to be considered by policy and practice are:

- i) to acknowledge and identify the specific needs of kinship carers as early as possible in a placement
- ii) to provide ways in which kinship carers can access information about their entitlements as a carer rather than as just a family member providing childcare

**4.3.18 Parents Evidence Statement 18: Continuity in contact**

There was evidence in two + studies (Fleming et al 2005) and Pitcher 2002) on parents views about maintaining contact with their children. Parents specifically stated that

ES18i) they wanted to maintain continuity in contact with their children

ES18ii) they wanted to be a source of support to their children

ES18 ii) that they needed support from professionals while their children are in care in order to have useful contact with their children

**Does the data on continuity in contact tell us about the acceptability, accessibility and effectiveness of services?**

There was no direct data within this theme relating to the acceptability, accessibility and effectiveness of services. However, across the authors' findings of the two studies which include data on parents' views about continuing raise issues for:

- i) biological parents access to their children whilst in care;
- ii) need for a continued parental role as part of this contact;
- iii) need for support for parents to achieve this in practice;
- iv) that grand parent kin carers might be more easily seen as positive carers for the children;
- v) there may be differential aspects of ongoing parental contact and role with kin compared to non kin carer vi) all of these factors may impact on effectiveness though no data focused on this issue.

**4.6 Conclusions**

This review of UK research on LACYP and FAC views of experiencing the LACYP system reveals many well known issues of the state undertaking the role of the parent which may be necessary but often leads to very specific tensions. The nature of parenting that the state can offer can be limited in terms of the content of the parental role and thus the relationship offered to LACYP and the support that is then received. A kin or foster carer is not only often different from a biological parent in terms of roles and relationships but also in terms of continuity, thus LACYP experience transitions and multiple relationships with different carers, care professionals, and geography and schooling. In addition, there are the tensions between paid professional roles and responsibilities and the commitment and personal relationships that would be expected in non state managed parenting. Also, there are the effects of the problems that resulted in the CYP needing to be looked after and their relationships with their biological parents from that background. There is also the effect of the broader systems within which individual decisions affecting LACYP lives are made and in which confidential information about individual LACYP are recorded and shared.

This review does not provide answers to these dilemmas but gives voice to the people most affected by these systems and thus a starting point for what issues to focus on in developing the service to maximize the positive aspects and minimize the negative aspects of these systems.

## **4.7 Strengths and limitations**

### **4.7.1 Strengths**

- Transparency - information is available on the context of studies in appendix 4.1 and 4.2 making it possible to trace a line from participant data to reviewers findings in the report

### **4.7.2 Weaknesses**

- Reliability - only 10% of the studies were double data extracted. However, this meant we developed an explicit approach about how to code the studies within the tool (see appendix 2.4). Thus we did a lot of prior thinking about what we needed in order to develop a very clear tool
- Context - it has not been possible to do enough investigation into differences among different groups within LACYP and carers, particularly LACYP from different ethnic groups and those who may identify as lesbian, gay, bisexual or transgender.
- It may be possible that the level of corroboration for these themes is even greater than reported. The emergent approach to data extraction involved individual reviewers coding up to ten outcomes from each study. The connections between these outcomes across all the studies were developed into higher level themes. One weakness of this approach is that although for the themes reported there is corroboration for that theme in at least six individual studies, indicating a high level of validity, there was not time to return to the studies, following theme development, to identify if further corroboration for identified themes existed.
- Including studies from the UK only raises some question regarding the international applicability of the findings of this review
- A date was set as a cut off point for screening studies for inclusion in the review and one hundred and three studies were not obtained in time to meet this deadline. In addition a further 13 studies were not coded in time to meet the deadline for the completion of this report. Therefore it is likely that this review may have missed some relevant literature and it is not possible to ascertain the impact that its absence may have had
- The research data is limited to the UK and so misses any international user perspectives.

## 6. References

### 6.1 Studies included in synthesis

Addy, K. and S. MacKechnie (2006). "The Difficulties Faced by Kinship Carers in Accessing Mental Health Services." *Clinical Psychology Forum*, no. 160, pp. 15-18

Ajayi, S. and M. Quigley (2003). "Care leavers entering higher education: the provision of financial and personal support." *Childright*, No.198, July/August 2003, pp.9-11.

Allen, M. (2003) *Into the mainstream: Care leavers entering work, education and training*, London: Joseph Rowntree Foundation.

Baldry, S. and J. Kemmis (1998). "What is it like to be looked after by a local authority? Research note." *British Journal of Social Work* 28(1) pp. 129-136

Barn, R, Andrew L, Mantovani N (2005) *Life after care: The experiences of young people from different ethnic groups*, 2005. London: Joseph Rowntree Foundation

Barnes, V. (2007). "Young People's Views of Children's Rights and Advocacy Services: A Case for 'Caring' Advocacy?" *Child Abuse Review*, vol. 16, no. 3, pp. 140-152

Biehal, N. and J. Wade (1996). "Looking back, looking forward: Care leavers, families and change." *Children and Youth Services Review* 18(4) pp. 425-445

Blower, A., Addo, A., Hodgson J., Lamington, L. and Towlson, K. (2004). "Mental health of "looked after" children: a needs assessment." *Clinical Child Psychology and Psychiatry* 9(1) pp.117-129

Broad, B. (2004). "Kinship care for children in the UK: messages from research, lessons for policy and practice." *European Journal of Social Work*, 7(2), July 2004, pp.211-227.

Buchanan, A. (1995). "Young Peoples Views on Being Looked after in out-of-Home-Care under the Children-Act-1989." *Children and Youth Services Review* 17(5-6). p 681-696

Bullock, R., M. Little, et al. (1990). "The problems of managing the family contacts of children in residential care." *British Journal of Social Work* 20. pp591-610

Bundle, A. (2002). "Health information and teenagers in residential care: a qualitative study to identify young people's views." *Adoption and Fostering* 26(4) pp 19-25

Burgess, C., P. S. McDonald, et al. (2003). "A Support Team for Foster Carers: The Views and Perceptions of Service Users." *British Journal of Social Work* 33(6) pp 825-832

Butler, S. and M. Charles (1999). "'The past, the present, but never the future': thematic representations of fostering disruption." *Child & Family Social Work* 4(1) pp 9-19

Callaghan, J., P. Vostanis, et al. (2003). "Developing new mental health services for looked after children: a focus group study." *Adoption and Fostering* 27(4). pp 51-63

Cameron, C. (2007). "Education and self-reliance among care leavers." *Adoption & Fostering* 31(1) pp39-49

Chase, E., C. Maxwell, et al. (2006). "Pregnancy and Parenthood among Young People In and Leaving Care: What Are the Influencing Factors, and What Makes a Difference in Providing Support?" pp. 437-451



- Children In, S. (2006) *My turn to talk?: the participation of looked after and accommodated children in decision-making concerning their care* Scottish Executive Education Department.
- Emond, R. (2003). "Putting the Care into Residential Care: The Role of Young People." *Journal of Social Work*, vol. 3, no. 3, pp. 321-337
- Fleming, P., D. R. Bamford, et al. (2005). "An exploration of the health and social wellbeing needs of looked after young people - a multi-method approach." *Journal of Interprofessional Care* 19(1) pp 35 – 49
- Hardwick, L. (2005). "Fostering children with sexualised behaviour." *Adoption & Fostering* 29(2) pp 33-43
- Harker, R. M., D. Dobel-Ober, et al. (2004). "Who Takes Care of Education 18 months on? A follow-up study of looked after children's perceptions of support for educational progress." *Child & Family Social Work* 9(3) pp 273-284
- Heptinstall, E., K. Bhopal, et al. (2001). "Adjusting to a foster family: children's perspectives." *Adoption and Fostering* 25(4) pp6-16
- Hill, M., J. Triseliotis, et al. (1996). "Fostering adolescents in Britain: Outcomes and processes." *Community Alternatives: International Journal of Family Care* 8(1) pp - add
- Kirton, D. (2001). "Love and money: payment, motivation and the fostering task." *Child & Family Social Work* 6(3) 199-208
- Leeson, C. (2007). "My life in care: experiences of non-participation in decision-making processes." *Child & Family Social Work* 12(3) pp 268-277
- Levinson, M. and B. Minty (1992). "Daisybank 1983-1989: An audit of a residential home preparing adolescents for permanent placements." *Journal of Adolescence* 15(2) pp 137-54
- Luke, N. and S. M. Coyne (2008). "Fostering self-esteem: Exploring adult recollections on the influence of foster parents." *Child & Family Social Work* 13(4) pp 402-410
- Maclay, F., M. Bunce, et al. (2006) "Surviving the System as a Foster Carer." *Adoption & Fostering* 30, no. 1, pp. 29-38
- Martin, P. Y. and S. Jackson (2002). "Educational success for children in public care: advice from a group of high achievers." *Child & Family Social Work* 7(2) pp 121-130
- Mullan, C., S. McAlister, et al. (2007). "'Care Just Changes Your Life': Factors Impacting upon the Mental Health of Children and Young People with Experiences of Care in Northern Ireland." pp. 417-434
- Munro, E. (2001). "Empowering Looked-After Children." *Child & Family Social Work* 6 (2) pp129-137
- Nixon, S. (1997). "The limits of support in foster care." *British Journal of Social Work* 27(6) pp 913-930
- Pitcher, D. (2002). "Placement with grandparents: the issues for grandparents who care for their grandchildren." *Adoption and fostering* 26(1) pp-6-14
- Rashid, S. P. (2000). "The strengths of black families: appropriate placements for all." *Adoption and fostering* 24(1) pp-15-22
- Schofield, G. (2003) *Part of the family: pathways through foster care* London: British Agencies for Adoption & Fostering.

Schofield, G. and M. Beek (2005). "Providing a secure base: parenting children in long-term foster family care." *Attachment & Human Development* 7(1) pp 3-25

Sellick, C. (1994). "Supporting short-term foster carers." *Social Work and Social Sciences Review* 5(1) pp - add

Sheldon, J. (2002). "'A word in your ear': a study of foster carers' attitudes to recommending fostering to others." *Child Care in Practice* 8, 19-34

Sinclair, I., I. Gibbs, et al. (2005). "Foster carers. Why they stay and why they leave." *British Journal of Social work* 11 (1) pp.92-94.

Sinclair, I., K. Wilson, et al. (2001). "'A life more ordinary': what children want from foster placements." *Adoption and fostering* 25(4) pp17-26

Skuse, T and Ward (2003) *Outcomes for Looked After Children: Children's Views of Care and Accommodation. An interim report to the Department of Health*. London: Department of Health.

Steckley, L. and A. Kendrick (2008). "Physical restraint in residential childcare, The experiences of young people and residential workers." *Childhood-a Global Journal of Child Research* 15(4) pp 552-569

Stevens, I. and P. Boyce (2006). "The National Care Standards: hearing the voices of young people in residential care." *Scottish Journal of Residential Care*, 5(1), February/March 2006, pp.1-15.

Strover, A. (1996). "How foster parents experience social work with particular reference to placement endings." *Adoption and fostering* 20 pp 6-16

Thomas, N. and C. O'Kane (1999). "Experiences of decision-making in middle childhood: the example of children 'looked after' by local authorities." *Childhood* 6(3) pp369-387

Timms, J. E. and J. Thoburn (2006). "Your Shout! Looked after Children's Perspectives on the Children Act 1989 pp 153-170

Tyrer, P., E. Chase, et al. (2005). "'Dealing with It': Experiences of Young Fathers in and Leaving Care." *The British Journal of Social Work*, 35(7) pp 1107-1121

West, A. (1995). *You're on your own: young people's research in leaving care*. London: Save the children

Wilson, K., I. Sinclair, et al. (2000). "The Trouble with Foster Care: The Impact of Stressful "Events" on Foster Carers." *The British Journal of Social Work*, 30 (2) pp.193-209

#### Not coded in time

Callery, P. and H. MacDonald (2004). "Different meanings of respite: a study of parents, nurses and social workers caring for children with complex needs." *Child: Care, Health and Development* 30(3) pp-add

Coy, M. (2008) "Young Women, Local Authority Care and Selling Sex: Findings from Research" *British journal of social work* 38, 1408-1424

Day, P.R. (1997) "Respite care in a children's residential unit: perceptions of parents, young people and staff" *Social Services Research - ADD*

Hanby "Research into factors affecting the educational success of children in care."

- Harriss, L., J. Barlow, et al. (2008). "Specialist residential education for children with severe emotional and behavioural difficulties: pupil, parent, and staff perspectives." Emotional and Behavioural Difficulties, 13(1), 2008, pp.31-47.
- Kelly, G (1995) "Foster parents and long-term placements: key findings from a Northern Ireland study" *Children and society* 9 pp.19-29. 1995
- Kelly,B. Sinclair,R. (2005) "Understanding and negotiating identity: children from cross-community families in public care in Northern Ireland" *Child & Family Social Work* 10 (4) pp 331-342
- Kidane, S (2001) *I did not choose to come here: listening to refugee children* London: British Agencies for Adoption and Fostering
- Macaskill, C (1991) *Adopting or fostering a sexually abused child* London: British Agencies for Adoption and Fostering
- Minkes,J.; Robinson,C.; Weston,C. (1994) "Consulting the children: interviews with children using residential respite care services" *Disability and Society* 9 (1) pp 47-57
- Priestley, M. Rabiee, P (2003). "Young disabled people and the 'new arrangements' for leaving care in England and Wales." Children and Youth Services Review 25(11) pp 863-890
- Padbury, P. and Frost, N. (2002) *Solving problems in foster care: Key issues for young people, foster carers and social services*, London: The Childrens Society, p 73.
- Prynn,B (2001) "Growing up alone" *Oral history* 29 p62-72

## 6.2 Other references used in the text of the technical report

- Alderson, P. and V. Morrow (2004). Ethics, social research and consulting with children and young people. Barking, Barnardos.
- Carmela, W. (1997). Detailed Summary of the The Adoption and Safe Families Act. Seattle, National Court Appointed Special Advocate Association.
- Davies, J. and J. Wright (2007). "Children's Voices: A Review of the Literature Pertinent to Looked-After Children's Views of Mental Health Services." Child and Adolescent Mental Health 13(1): 26 - 31.
- DCS (2008). *Supporting Children in Care*. New South Wales, Department of Community Services.
- DCSF (2008). *Care Matters: Time to deliver for children in care*. London, Department for Children, Schools and Families.
- DCSF (2009). *Guidance notes for the completion of SSDA903 records, 2008-09: Version 1.3* Issued January 09. London, Department for Children, Schools and Families.
- DfES (2003). *Every child matters*. London, Department for Education and Skills.
- DfES (2007). *Care Matters: Time for Change*. London, Department for Education and Skills.
- DH (2002). *Children's Homes, National Minimum Standards*. London Department of Health.

DHSSPS (1995). Children (NI) Order Guidance and Regulations, Volume 3, Family Placements and Private Fostering. Belfast Department of Health, Social Services and Public Safety

Dixon-Woods, M., Z. Anwar, et al. (2002). "Lay evaluation of services for childhood asthma." Health & Social Care in the Community 10(6): 503-511.

Dixon-Woods, M., S. Bonas, et al. (2006). "How can systematic reviews incorporate qualitative research? A critical perspective " Qualitative Research 6(1): 27-44

Hood, S., P. Kelley, et al. (1996). "Children as research subjects: A risky enterprise." Children and Society 10: 117-128.

Kilpatrick, R., D. Berridge, et al. (2008). Working with challenging and disruptive situations in residential child care: Sharing effective practice, Social Care Institute for Excellence (SCIE).

Mayall, B. (2002). Toward a Sociology for Childhood: Thinking from children's lives. Buckingham, Open University Press.

Mayall, B. and M. Foster (1989). Child Health Care: Living with children, working with children. Oxford, Heinemann Professional Publications.

NAW (2006). Stronger Partnerships for Better Outcomes. Cardiff, National Assembly for Wales.

NAW (2007). Towards a Stable Life and a Brighter Future. Cardiff National Assembly for Wales.

NFCA (1999). UK national standards for foster care. London, National Foster Care Association: UK Joint Working Party on Foster Care.

NICE (2006). Methods for development of NICE public health guidance. London, National Institute for Clinical Excellence

NICE and SCIE (2008). NICE Public Health Guidance: Looked after children and young people - Final Scope, National Institute for Clinical Excellence (NICE) and Social Care Institute for Excellence (SCIE).

Noblitt, G. W. and D. W. Hare (1988). Meta-Ethnography: Synthesizing Qualitative Studies. Beverley Hills, Sage.

Oliver, S. (1997). Exploring lay perspectives on questions of effectiveness. Non-random Reflections on Health Services Research. A. Maynard and I. Chalmers. London, BMJ Publishing Group: 272-291.

Rushton, A. (2003). The Adoption of Looked After Children: A scoping review of research, Social Care Institute for Excellence (SCIE).

Sandelowski, M. and J. Barroso (2007). Handbook for Synthesizing Qualitative Research. New York, Springer Publishing Company.

ScottishExecutive (2004). Closing the Opportunity Gap Edinburgh, Scottish Executive

ScottishExecutive (2006). More Choices, More Chances: A Strategy to Reduce the Proportion of Young People not in Education, Employment or Training in Scotlan. Edinburgh.

ScottishExecutive (2007). Looked after children and young people: we can and must do better Edinburgh.

Sellick, C. and D. Howell (2003). Innovative, tried and tested: A review of good practice in fostering, Social Care Institute for Excellence (SCIE).

Thoburn, J. (2007). Globalisation and child welfare: Some lessons from a cross-national study of children in out-of-home care. Norwich, University of East Anglia.

Thomas, J. and Brunton (2006 ). EPPI-Reviewer 3.0: Analysis and management of data for research synthesis, EPPI-Centre software, : . London, Social Science Research Unit, Institute of Education.

Washington, K. (2007). "Research Review: Sibling placement in foster care: a review of the evidence." Child & Family Social Work 12 (4): 426 - 433.

Winter, K. (2006). "The Participation Rights of Looked After Children in their Health Care: A Critical Review of the Research." The International Journal of Children's Rights 14: 77-95.

## Appendix 2.1: Inclusion and exclusion criteria

### To be included research must:

1. Collect and report the views of people, who are or were 'looked after' between the ages of 0-25 years, or their families or carers, about their perspectives, experiences or preferences regarding care practices and/or their physical, emotional and social wellbeing or other 'outcomes' they identify as important.
2. Involve a sample which is exclusively made up of LACYP and/or their FAC OR where there is a broader sample, report data and findings which are exclusively from LACYP and/or their FAC so that the pertinence and significance of findings to LACYP and their FAC is clear
3. Report using methods for data collection and analysis that allow themes to reflect issues that are important to LACYP or their families or carers such as
  - 3.1. open or unstructured data collection methods that allow research participants to determine the focus of the research to some extent (e.g. semi-structured interviews, open-ended survey questions)
  - 3.2. highly structured research with a predetermined focus but which uses data collection tools which have directly involved LACYP or their families or carers (as appropriate) in the development (e.g. closed question surveys)
4. Have a substantial focus within the data on the perspectives, experiences or preferences of LACYP or their families or carers
5. Provide sufficient information about the context of the research including at least some information on all of the following: research aims, procedures for collecting the data, procedures for identifying and accessing the sample, and at least two sample characteristics
6. be written in English

### Exclusion Criteria

1. Not collecting and reporting the views of people, who are or were 'looked after' between the ages of 0-25 years, or their families or carers, about their perspectives, experiences or preferences regarding care practices and/or their physical, emotional and social wellbeing or other 'outcomes' they identify as important - **Scope**

### Additional Guidance

Focus not on state care - some studies include participants e.g. adoptees who have formerly experienced state care, but the data focuses on post care/general experiences and does not provide any insight to the impact or experience of receiving state care.

- If paper is not explicitly about the experience of receiving state care and/or the relationship of state care to outcomes identified by participants as important - **exclude**.
- 

Care not involving the state - some studies focus on types of care in which the state may have no involvement.

- If adoption process is not explicitly involving the state; i.e. trans-racial adoptions where it is more likely to be a private arrangement **AND** there is no reflection of participants (children or parents) on any prior experience of state care - **exclude**.

- If studies on kinship care do not explicitly state that the care is a formal process involving the state - **exclude**.
  - 2. Not a sample which is exclusively made up of LACYP and/or their FAC OR where there is a broader sample, report data and findings which are exclusively from LACYP and/or their FAC so that the pertinence and significance of findings to LACYP and their FAC is clear - **Population**
  - 3. Not using methods for data collection and analysis that allow themes to reflect issues that are important to LACYP or their families or carers - **Grounded method**
  - 4. Provide sufficient information about the context of the research including at least some information on all of the following: research aims, procedures for collecting the data, procedures for identifying and accessing the sample, and at least two sample characteristics - **Reporting method**
  - 5. Does not have a substantial focus within the data on the perspectives, experiences or preferences of LACYP or their families or carers - **Reporting views**
  - 6. Not written in English - **Language**
- Exclude review

## Appendix 2.2: Search strategy for electronic databases

Database and platform	Date	String
Social Services Abstracts  CSA	09-02-09	(((DE=("adolescents" or "young adults" or "children" or "infants")) or(DE=("parents" or "relatives"))) or((KW=(child* or adolescen* or boy* or girl* or teen* or schoolchild* or preschool* or pre-school* or infant* or baby or babies or young person* or young people or youth)) or(KW=(family or families or parent* or mother* or father* or carer*)))) and(((DE=("adoption" or "adopted children" or "adoptive parents" or "foster care" or "foster children" or "guardianship" or "orphans" or "permanency planning" or "surrogate parents" or "respite care"))) or((KW=out-of-home care) or(KW=group home*) or(KW=kinship care*) or(KW=out of home care*) or(KW=out-of-home care*) or(KW=residential care*) or(KW=residential home*) or(KW=children's home*) or(KW=care order*) or(KW="looked after") or (KW="looking after") or(KW=in care) or(KW="in the care of") or(KW=care system) or(KW=care leaver*) or(KW=leaving care) or(KW=placement*) or(KW=permanent family placement*) or(KW=child placement*) or(KW=special guardian*) or(KW=orphan*) or(KW=local authority care) or(KW=state care) or(KW=public care) or(KW=relative carer*) or(KW="kith and kin care*") or(KW="family and friends as carer*") or(KW=child welfare center*))) and((DE=("narratives" or "verbal accounts" or "attitudes" or "beliefs" or "case studies" or "ethnography" or "ethnomethodology" or "experience" or "fieldwork" or "grounded theory" or "group research" or "interviews" or "life history" or "observation" or "opinion polls" or "opinions" or "oral history" or "participant observation" or "perceptions" or "preferences" or "public opinion research" or "qualitative methods" or "questionnaires" or "social values" or "surveys" or "telephone surveys")) or(((KW=experience*) or(KW=view*) or(KW=preference*) or(KW=perspective*) or(KW=lived experience*)) or(((KW=biographical) or(KW=qualitative*) or(KW="focus group*") or(KW=questionnaire*) or(KW=interview*) or(KW=attitude*) or(KW="discourse analy*") or(KW="content analy*") or(KW=ethnograph*) or(KW="constant comparative method") or(KW=ethnolog*) or(KW="purposive sampl*") or(KW=observation*) or(KW="field Stud*")) or((KW="theoretical sampl*") or(KW=phenomenol*) or(KW="life experience*") or(KW="cluster sampl*") or(KW="grounded theor*") or(KW="grounded analy*") or(KW=hermeneutic*) or(KW=heuristic*) or(KW=semiotic*) or(KW="participant observ*") or(KW="life stor*") or(KW="action research*") or(KW="cooperative inquir*") or(KW="co operative inquir*") or(KW="co-operative inquir*") or(KW="thematic analy*") or(KW=discurs*) or(KW="narrative analy*") or(KW="social construct*") or(KW="life world") or(KW="life-world") or(KW="conversation analy*") or(KW="theoretical saturation") or(KW=postmodern*) or(KW=post-structural*) or((KW="post structural*") or(KW=poststructural*) or(KW="post modern*") or(KW=post-modern*) or(KW=interpret*) or(KW=humanistic) or(KW=existential*) or(KW=experiential) or(KW=paradigm*) or(KW=field adj (study or studies or research)) or(KW="human science*") or(KW=account*) or(KW=unstructured) or(KW="semi structured") or(KW=semi-structured) or(KW=open-ended) or(KW="open ended") or(KW=text*) or(KW=narrative*) or(KW=categor*) or(KW=Heidegger*) or(KW=Colaizzi*) or(KW=Speigelberg*) or(KW=van manen*) or(KW=van kaam*) or(KW=merleau ponty*) or(KW=Husserl*) or(KW=Giorgi*) or(KW=Foucault*) or(KW=Corbin*) or(KW=Strauss*) or(KW=Glaser*))))))
ASSIA	28-01-09	(((KW=(child* or adolescen* or boy* or girl* or teen* or schoolchild* or preschool* or pre-school* or infant* or baby or babies



CSA		<p>or young person* or young people or youth)) or(KW=(family or families or parent* or mother* or father* or carer*)) or((DE=("adolescents" or "young people" or "boys" or "girls" or "infants" or "near adults" or "older children" or "young adults" or "young children")) or(DE=("parents" or "families" or "fathers" or "mothers" or "natural parents" or "noncustodial parents" or "relatives")))) and(((KW=group home*) or(KW=kinship care*) or(KW=out of home care*) or(KW=out-of-home care*) or(KW=residential care*) or(KW=residential home*) or(KW=children's home*) or(KW=care order*) or(KW="looked after") or(KW="looking after") or(KW=in care) or(KW="in the care of") or(KW=care system) or(KW=care leaver*) or(KW=leaving care) or(KW=placement*) or(KW=permanent family placement*) or(KW=child placement*) or(KW=special guardian*) or(KW=orphan*) or(KW=local authority care) or(KW=state care) or(KW=public care) or(KW=relative carer*) or(KW="kith and kin care*") or(KW="family and friends as carer*") or(KW=child welfare center*)) or(DE=("adopted" or "adopted children" or "adoption" or "adoption studies" or "adoptive families" or "adoptive fathers" or "adoptive mothers" or "day foster care" or "foster care" or "group homes" or "guardians" or "kinship foster care" or "long term foster care" or "orphanages" or "orphans" or "permanent placements" or "private foster care" or "respite care" or "temporary foster care" or "transracial placements")) and((((KW=biographical) or(KW=qualitative*) or(KW="focus group*") or(KW=questionnaire*) or(KW=interview*) or(KW=attitude*) or(KW="discourse analy*") or(KW="content analy*") or(KW=ethnograph*) or(KW="constant comparative method") or(KW=ethnolog*) or(KW="purposive sampl*") or(KW=observation*) or(KW="field Stud*") or((KW="theoretical sampl*") or(KW=phenomenol*) or(KW="life experience*") or(KW="cluster sampl*") or(KW="grounded theor*") or(KW="grounded analy*") or(KW=hermeneutic*) or(KW=heuristic*) or(KW=semiotic*) or(KW="participant observ*") or(KW="life stor*") or(KW="action research*") or(KW="cooperative inquir*") or(KW="co operative inquir*") or(KW="co-operative inquir*") or(KW="thematic analy*") or(KW=discurs*) or(KW="narrative analy*") or(KW="social construct*") or(KW="life world") or(KW="life-world") or(KW="conversation analy*") or(KW="theoretical saturation") or(KW=postmodern*) or(KW=post-structural*) or((KW="post structural*") or(KW=poststructural*) or(KW="post modern*") or(KW=post-modern*) or(KW=interpret*) or(KW=humanistic) or(KW=existential*) or(KW=experiential) or(KW=paradigm*) or(KW=field adj (study or studies or research)) or(KW="human science*") or(KW=account*) or(KW=unstructured) or(KW="semi structured") or(KW=semi-structured) or(KW=open-ended) or(KW="open ended") or(KW=text*) or(KW=narrative*) or(KW=categor*) or(KW=Heidegger*) or(KW=Colaizzi*) or(KW=Speigelberg*) or(KW=van manen*) or(KW=van kaam*) or(KW=merleau ponty*) or(KW=Husserl*) or(KW=Giorgi*) or(KW=Foucault*) or(KW=Corbin*) or(KW=Strauss*) or(KW=Glaser*))) or((KW=experience*) or(KW=view*) or(KW=preference*) or(KW=perspective*) or(KW=lived experience*))) or(DE=("attitudes" or "autobiographical interviewing" or "beliefs" or "case studies" or "cognitive interview technique" or "cohort analysis" or "computer assisted interviewing" or "computerized interviewing" or "content analysis" or "depth interviewing" or "ethnography" or "focus group interviews" or "focus groups" or "grounded theory" or "group interviewing" or "historical narratives" or "interviewing" or "life histories" or "mail surveys" or "motivational interviewing" or "multiple choice questionnaires" or "narratives" or "observational research" or "opinions" or "oral history" or "personal narratives" or "perspective taking" or "qualitative analysis" or "qualitative data" or "qualitative methods" or "qualitative research" or "semistructured questionnaires" or "survey research" or "surveys" or "telephone surveys"))))</p>
Social Care	11/02/09	(topic="foster care" or topic="adoption" or freetext="group home*" or freetext="kinship care*" or freetext="out-of-home

Online		care*" or freetext="residential care*" or freetext="residential home*" or freetext="children's home*" or freetext="care order*" or freetext="looked after" or freetext="looking after" or freetext="care system" or freetext="care leaver*" or freetext="leaving care" or freetext="permanent family placement*" or freetext="child placement*" or freetext="special guardian*" or freetext="orphan*" or freetext="local authority care" or freetext="state care" or freetext="public care" or freetext="relative carer*" or freetext="kith and kin care*" or freetext="family and friends as carer*" or freetext="child welfare center*") and (topic="qualitative research" or "action research" or "case studies" or "focus groups" or "observation" or "questionnaires" or "interviews")
PsychInfo EBSCOhost	09/02/09	TI ( adolescen* or boy* or girl* or teen* or schoolchild* or preschool* or pre-school* or infant* or baby or babies or "young N1 person*" or "young N1 people" or youth or family or families or parent* or mother* or father* or carer* ) or AB ( adolescen* or boy* or girl* or teen* or schoolchild* or preschool* or pre-school* or infant* or baby or babies or "young N1 person*" or "young N1 people" or youth or family or families or parent* or mother* or father* or carer* ) and ( (((DE "Foster Care" or DE "Foster Children" or DE "Foster Parents") and (DE "Adopted Children" or DE "Adoptees" or DE "Adoption (Child)" or DE "Adoptive Parents")) or (DE "Caregivers")) and (DE "Orphanages" or DE "Orphans")) or (DE "Group Homes") ) or TI ( "group N1 home*" or "kinship N1 care*" or "out of home N4 care*" or "out-of-home N1 care*" or "residential N1 care*" or "residential N1 home*" or "children's N1 home*" or "care N1 order*" or "looked N1 after" or "looking N1 after" or "in N1 care" or "in the N2 care" or "care N1 system" or "care N1 leaver*" or "leaving N1 care" or "permanent family N3 placement*" or "child N1 placement*" or "child-placement*" or "special N1 guardian*" or orphan* or "local authority N3 care" or "state N1 care" or "public N1 care" or "relative N1 care*" or "kith and kin N3 care*" or "family N1 friends N1 carer*" or "child N1 welfare center*" ) or AB ( "group N1 home*" or "kinship N1 care*" or "out of home N4 care*" or "out-of-home N1 care*" or "residential N1 care*" or "residential N1 home*" or "children's N1 home*" or "care N1 order*" or "looked N1 after" or "looking N1 after" or "in N1 care" or "in the N2 care" or "care N1 system" or "care N1 leaver*" or "leaving N1 care" or "permanent family N3 placement*" or "child N1 placement*" or "child-placement*" or "special N1 guardian*" or orphan* or "local authority N3 care" or "state N1 care" or "public N1 care" or "relative N1 care*" or "kith and kin N3 care*" or "family N1 friends N1 carer*" or "child N1 welfare center*" ) and ( (((((((((((((((((((DE "Life Review" or DE "Life Satisfaction") or (DE "Satisfaction")) or (DE "Attitudes")) or (DE "Adolescent Attitudes")) or (DE "Child Attitudes")) or (DE "Qualitative Research")) or (DE "Questionnaires")) ) or (DE "Interviews")) or (DE "Interview Schedules")) or (DE "Interviews")) or (DE "Narratives")) or (DE "Ethnography")) or (DE "Ethnology")) or (DE "Observation Methods")) or (DE "Content Analysis")) or (DE "Grounded Theory")) or (DE "Theoretical Interpretation")) or (DE "Discourse Analysis")) or (DE "Phenomenology")) or (DE "Hermeneutics") ) or TI ( experience* or view* or preference* or perspective* or "lived N1 experience*" or biographical or qualitative* or "focus N1 group*" or questionnaire* or interview* or attitude* or "discourse N1 analy*" or "content N1 analy*" or ethnograph* or "constant N1 comparative N1 method" or ethnolog* or "purposive N1 sampl*" or observation* or "field N1 Stud*" or "theoretical N1 sampl*" or phenomenol* or "life experience*" or "cluster N1 sampl*" or "grounded N1 theor*" or "grounded N1 analy*" or hermeneutic* or heuristic* or semiotic* or "participant N1 observ*" or "life N1 stor*" or "action N1 research*" or "cooperative N1 inquir*" or "co operative N1 inquir*" or "co-operative N1 inquir*" or "thematic N1 analy*" or discours* or "narrative N1 analy*" or "social N1 construct*" or "life N1 world" or "life-world" or "conversation N1 analy*" or "theoretical N1 saturation" or postmodern* or "post-structural*" or "post N1 structural*" or

		<p>poststructural* or "post modern*" or post-modern* or interpret* or humanistic or existential* or experiential or paradigm* or "field N1 study*" or "field N1 studies" or "field N1 research" or "human N1 science*" or account* or unstructured or "semi N1 structured" or semi-structured or open-ended or "open N1 ended" or text* or narrative* or categor* or Heidegger* or Colaizzi* or Speigelberg* or "van N1 manen*" or "van N1 kaam*" or "merleau N1 ponty*" or Husserl* or Giorgi* or Foucault* or Corbin* or Strauss* or Glaser ) or AB ( experience* or view* or preference* or perspective* or "lived N1 experience*" or biographical or qualitative* or "focus N1 group*" or questionnaire* or interview* or attitude* or "discourse N1 analy*" or "content N1 analy*" or ethnograph* or "constant N1 comparative N1 method" or ethnolog* or "purposive N1 sampl*" or observation* or "field N1 Stud*" or "theoretical N1 sampl*" or phenomenol* or "life experience*" or "cluster N1 sampl*" or "grounded N1 theor*" or "grounded N1 analy*" or hermeneutic* or heuristic* or semiotic* or "participant N1 observ*" or "life N1 stor*" or "action N1 research*" or "cooperative N1 inquir*" or "co operative N1 inquir*" or "co-operative N1 inquir*" or "thematic N1 analy*" or discours* or "narrative N1 analy*" or "social N1 construct*" or "life N1 world" or "life-world" or "conversation N1 analy*" or "theoretical N1 saturation" or postmodern* or "post-structural*" or "post N1 structural*" or poststructural* or "post modern*" or post-modern* or interpret* or humanistic or existential* or experiential or paradigm* or "field N1 study*" or "field N1 studies" or "field N1 research" or "human N1 science*" or account* or unstructured or "semi N1 structured" or semi-structured or open-ended or "open N1 ended" or text* or narrative* or categor* or Heidegger* or Colaizzi* or Speigelberg* or "van N1 manen*" or "van N1 kaam*" or "merleau N1 ponty*" or Husserl* or Giorgi* or Foucault* or Corbin* or Strauss* or Glaser )</p>
Social Science Citation Index Web of Knowledge	10-2-09	<p>TS=(child* or adolescen* or boy\$ or girl\$ or teen* or infant\$ or baby or babies or young person\$ or young people or youth\$ or family or families or parent* or mother* or father* or carer\$) AND (TS=("foster care*" or "adoption" or "group home*" or "kinship care*" or "home care*" or "out-of-home care*" or "residential care*" or "residential home*" or "children's home*" or "care order*" or "care system" or "care leaver*" or "leaving care" or "permanent family placement*" or "child placement*" or "special guardian*" or "orphan*" or "local authority care" or "state care" or "public care" or "relative carer*" or "child welfare center*" or "kinship care*") or TS=(kith SAME care*) or TS=(kin SAME care) or TS=(family SAME carer*)) AND TS=(experience* or view* or preference* or perspective* or biographical* or qualitative* or "focus group*" or questionnaire* or interview* or attitude* or "discourse analy*" or "content analy*" or ethnograph* or "constant comparative" or ethnolog* or observation* or phenomenol* or "grounded theor*" or "grounded analy*" or hermeneutic* or heuristic* or semiotic* or "life stor*" or "action research* or "cooperative inquir*" or "co operative inquir*" or "co-operative inquir*" or "thematic analy*" or discours* or "narrative analy*" or "social construct*" or "conversation analy*" or postmodern* or post-structural* or "post structural*" or poststructural* or "post modern*" or post-modern* or narrative* or Heidegger* or Colaizzi* or Speigelberg* or "van manen*" or "van kaam*" or "merleau ponty*" or Husserl* or Giorgi* or Foucault* or Corbin* or Strauss* or Glaser*) AND Language=(English)</p>
Medline EBCSOHost	05-02-09	<p>adolescen* or boy* or girl* or teen* or schoolchild* or preschool* or pre-school* or infant* or baby or babies or "young N1 person*" or "young N1 people" or youth or family or families or parent* or mother* or father* or carer* or (MH "Child") or (MH "Fathers") or (MH "Mothers") or (MH "Mothers") or (MH "Parents") or (MH "Family") or (MH "Child, Preschool") or (MH "Infant") or (MH "Adolescent") AND foster* or adopt* or "group N1 home*" or "kinship N1 care*" or "out of home N4 care*" or "out-of-home N4 care*" or "residential N1 care*" or "residential N1 home*" or "children's N1 home*" or "care N1 order*" or "looked N1 after" or "looking N1 after" or "in N1 care" or "in the N3 care" or "care N1 system" or "care N1 leaver*" or "leaving N1 care" or</p>

	<p>"permanent family N3 placement*" or "child N1 placement*" or "child-placement*" or "special N1 guardian*" or orphan* or "local authority N3 care" or "state N1 care" or "public N1 care" or "relative N1 care*" or "kith and kin N4 care*" or "family N1 friends N1 carer*" or "child N2 welfare center*" or (MH "Foster Home Care") or (MH "Orphanages") or (MH "Adoption") or (MH "Child, Orphaned") AND experience* or view* or preference* or perspective* or "lived N1 experience*" or biographical or qualitative* or "focus N1 group*" or questionnaire* or interview* or attitude* or "discourse N1 analy*" or "content N1 analy*" or ethnograph* or "constant N1 comparative N1 method" or ethnolog* or "purposive N1 sampl*" or observation* or "field N1 Stud*" or "theoretical N1 sampl*" or phenomenol* or "life experience*" or "cluster N1 sampl*" or "grounded N1 theor*" or "grounded N1 analy*" or hermeneutic* or heuristic* or semiotic* or "participant N1 observ*" or "life N1 stor*" or "action N1 research*" or "cooperative N1 inquir*" or "co operative N1 inquir*" or "co-operative N1 inquir*" or "thematic N1 analy*" or discours* or "narrative N1 analy*" or "social N1 construct*" or "life N1 world" or "life-world" or "conversation N1 analy*" or "theoretical N1 saturation" or postmodern* or "post-structural*" or "post N1 structural*" or poststructural* or "post modern*" or post-modern* or interpret* or humanistic or existential* or experiential or paradigm* or "field N1 study*" or "field N1 studies" or "field N1 research" or "human N1 science*" or account* or unstructured or "semi N1 structured" or semi-structured or open-ended or "open N1 ended" or text* or narrative* or categor* or Heidegger* or Colaizzi* or Speigelberg* or "van N1 manen*" or "van N1 kaam*" or "merleau N1 ponty*" or Husserl* or Giorgi* or Foucault* or Corbin* or Strauss* or Glaser OR (MH "Qualitative Research") or (MH "Interview") or (MH "Biography") or (MH "Interview, Psychological") or (MH "Observation") or (MH "Ethnology") or (MH "Quality of Life") or (MH "Questionnaires")</p>
<p>Sociological Abstracts CSA</p>	<p>((DE=("adolescents" or "children" or "infants" or "youth" or "young adults")) or(DE=("caregivers" or "adoptive parents" or "fathers" or "grandparents" or "heads of households" or "mothers" or "parents"))) or(KW=(family or families or parent* or mother* or father* or carer*)) or(KW=(child* or adolescen* or boy* or girl* or teen* or schoolchild* or preschool* or pre-school* or infant* or baby or babies or young person* or young people or youth))) and((DE=("respite care" or "adopted children" or "adoption" or "adoptive parents" or "foster care" or "foster children" or "guardianship" or "orphans" or "permanency planning")) or((KW=group home*) or(KW=kinship care*) or(KW=out of home care*) or(KW=out-of-home care*) or(KW=residential care*) or(KW=residential home*) or(KW=children's home*) or(KW=care order*) or(KW="looked after") or(KW="looking after") or(KW=in care) or(KW="in the care of") or(KW=care system) or(KW=care leaver*) or(KW=leaving care) or(KW=placement*) or(KW=permanent family placement*) or(KW=child placement*) or(KW=special guardian*) or(KW=orphan*) or(KW=local authority care) or(KW=state care) or(KW=public care) or(KW=relative carer*) or(KW="kith and kin care*") or(KW="family and friends as carer*") or(KW=child welfare center*))) and((DE=("interviews" or "fieldwork" or "questionnaires" or "surveys" or "telephone surveys" or "attitudes" or "beliefs" or "case studies" or "ethnography" or "ethnomethodology" or "grounded theory" or "group research" or "life history" or "observation" or "opinions" or "oral history" or "perceptions" or "preferences" or "qualitative methods" or "social attitudes"))) or((KW=experience*) or(KW=view*) or(KW=perspective*) or(KW=lived experience*) or(KW=biographical) or(KW=qualitative*) or(KW="focus group*") or(KW=questionnaire*) or(KW=interview*) or(KW=attitude*) or(KW="discourse analy*") or(KW="content analy*") or(KW=ethnograph*) or(KW="constant comparative method") or(KW=ethnolog*) or(KW="purposive sampl*") or(KW=observation*) or(KW="field Stud*") or(KW="theoretical sampl*") or(KW=phenomenol*) or(KW="life experience*"))</p>

		or(KW="cluster sampl*") or(KW="grounded theor*") or(KW="grounded analy*") or(KW=hermeneutic*) or(KW=heuristic*) or(KW=semiotic*) or(KW="participant observ*") or(KW="life stor*") or(KW="action research*") or(KW="cooperative inquir*") or(KW="co operative inquir*") or(KW="co-operative inquir*") or(KW="thematic analy*") or(KW=discurs*) or(KW="narrative analy*") or(KW="social construct*") or(KW="life world") or(KW="life-world") or(KW="conversation analy*") or(KW="theoretical saturation") or(KW=postmodern*) or(KW=post-structural*) or(KW="post structural*") or(KW=poststructural*) or(KW="post modern*") or(KW=post-modern*) or(KW=interpret*) or(KW=humanistic) or(KW=existential*) or(KW=experiential) or(KW=paradigm*) or(KW=field adj (study or studies or research)) or(KW="human science*") or(KW=account*) or(KW=unstructured) or(KW="semi structured") or(KW=semi-structured) or(KW=open-ended) or(KW="open ended") or(KW=text*) or(KW=narrative*) or(KW=categor*) or(KW=Heidegger*) or(KW=Colaizzi*) or(KW=Speigelberg*) or(KW=van manen*) or(KW=van kaam*) or(KW=merleau ponty*) or(KW=Husserl*) or(KW=Giorgi*) or(KW=Foucault*) or(KW=Corbin*) or(KW=Strauss*) or(KW=Glaser*))
Cochrane	09-02-09	Searched through list from Cochrane review group - Developmental, Psychosocial and Learning problems - and found four reviews in the topic area of LACYP
EMBASE	05-02-09	Teen\$.sh. or 6 Girl\$.sh. or Boy\$.sh. or family\$.sh. or Mother\$.sh. or Father\$.sh. or Parent\$.sh. or child\$ or adolescen\$ or boy\$ or girl\$ or teen\$ or schoolchild\$ or preschool\$ or pre-school\$ or infant\$ or baby or babies or young person\$ or young people or youth or family or families or parent\$ or mother\$ or father\$ or carer\$ AND foster care\$.sh. or foster\$.sh. or adopt\$.sh. or orphan\$.sh. or kinship\$.sh. or foster care\$.sh. or care\$.sh. or residential home\$.sh. or group home\$ or kinship care\$ or out of home care\$ or out-of-home care\$ or residential care\$ or residential home\$ or children's home\$ or care order\$ or looked after or looking after or in care or in the care or care system or care leaver\$ or leaving care or permanent family placement\$ or child placement\$ or child-placement\$ or special guardian\$ or orphan\$ or local authority care or state care or public care or relative care\$ or kith and kin care\$ or family friends carer\$ or child welfare center\$ AND experience\$.sh. or view\$.sh. or preference\$.sh. or qualitative research.sh. or Interview.sh. or Interview\$.sh. or questionnaire\$.sh. or ethnography.sh. or narrative.sh. or observation\$.sh. or Field stud\$.sh. or experience\$ or view\$ or preference\$ or perspective\$ or lived experience\$ or biographical or qualitative\$ or focus group\$ or questionnaire\$ or interview\$ or attitude\$ or discourse analy\$ or content analy\$ or ethnograph\$ or constant comparative method or ethnolog\$ or purposive sampl\$ or observation\$ or field Stud\$ or theoretical sampl\$ or phenomenol\$ or life experience\$ or cluster sampl\$ or grounded theor\$ or grounded analy\$ or hermeneutic\$ or heuristic\$ or semiotic\$ or participant observ\$ or life stor\$ or action research\$ or cooperative inquir\$ or co operative inquir\$ or co-operative inquir\$ or thematic analy\$ or discurs\$ or narrative analy\$ or social construct\$ or life world or life-world or conversation analy\$ or theoretical saturation or postmodern\$ or post-structural\$ or post structural\$ or poststructural\$ or post modern\$ or post-modern\$ or interpret\$ or humanistic or existential\$ or experiential or paradigm\$ or field study\$ or field studies or field research or human science\$ or account\$ or unstructured or semi structured or semi-structured or open-ended or open ended or text\$ or narrative\$ or categor\$ or Heidegger\$ or Colaizzi\$ or Speigelberg\$ or van manen\$ or van kaam\$ or merleau ponty\$ or Husserl\$ or Giorgi\$ or Foucault\$ or Corbin\$ or Strauss\$ or Glaser
CINAHL	09-02-09	(MH "Child") or (MH "Infant") or (MH "Family") or (MH "Mothers") or (MH "Fathers") or (MH "Parents") or (MH "Adolescence") or

Ebscohost		<p>adolescen* or boy* or girl* or teen* or schoolchild* or preschool* or pre-school* or infant* or baby or babies or "young N1 person*" or "young N1 people" or youth or family or families or parent* or mother* or father* or carer* and (MH "Foster Home Care") or (MH "Foster Parents") or (MH "Child, Foster") or (MH "Adoption") or (MH "Child, Adopted") or (MH "Orphans and Orphanages") or "group N1 home*" or "kinship N1 care*" or "out of home N4 care*" or "out-of-home N4 care*" or "residential N1 care*" or "residential N1 home*" or "children's N1 home*" or "care N1 order*" or "looked N1 after" or "looking N1 after" or "in N1 care" or "in the N3 care" or "care N1 system" or "care N1 leaver*" or "leaving N1 care" or "permanent family N3 placement*" or "child N1 placement*" or "child-placement*" or "special N1 guardian*" or orphan* or "local authority N3 care" or "state N1 care" or "public N1 care" or "relative N1 care*" or "kith and kin N4 care*" or "family N1 friends N1 carer*" or "child N2 welfare center*" and (MH "Biographies") or (MH "Qualitative Studies") or (MH "Focus Groups") or (MH "Interviews") or (MH "Narratives") or (MH "Observational Methods") or (MH "Nonparticipant Observation") or (MH "Social Attitudes") or (MH "Personal Satisfaction") or (MH "Questionnaires") or (MH "Open-Ended Questionnaires") or (MH "Thematic Analysis") or (MH "Discourse Analysis") or experience* or view* or preference* or perspective* or "lived N1 experience*" or biographical or qualitative* or "focus N1 group*" or questionnaire* or interview* or attitude* or "discourse N1 analy*" or "content N1 analy*" or ethnograph* or "constant N1 comparative N1 method" or ethnolog* or "purposive N1 sampl*" or observation* or "field N1 Stud*" or "theoretical N1 sampl*" or phenomenol* or "life experience*" or "cluster N1 sampl*" or "grounded N1 theor*" or "grounded N1 analy*" or hermeneutic* or heuristic* or semiotic* or "participant N1 observ*" or "life N1 stor*" or "action N1 research*" or "cooperative N1 inquir*" or "co operative N1 inquir*" or "co-operative N1 inquir*" or "thematic N1 analy*" or discours* or "narrative N1 analy*" or "social N1 construct*" or "life N1 world" or "life-world" or "conversation N1 analy*" or "theoretical N1 saturation" or postmodern* or "post-structural*" or "post N1 structural*" or poststructural* or "post modern*" or post-modern* or interpret* or humanistic or existential* or experiential or paradigm* or "field N1 study*" or "field N1 studies" or "field N1 research" or "human N1 science*" or account* or unstructured or "semi N1 structured" or semi-structured or open-ended or "open N1 ended" or text* or narrative* or categor* or Heidegger* or Colaizzi* or Speigelberg* or "van N1 manen*" or "van N1 kaam*" or "merleau N1 ponty*" or Husserl* or Giorgi* or Foucault* or Corbin* or Strauss* or Glaser</p>
IBSS	09-02-09	<p>(((((DE "Children") or (DE "Childhood")) or (DE "Adolescents")) or (DE "Infants")) or (DE "Family")) or (DE "Parents")) or (DE "Mothers")) or (DE "Fathers") or adolescen* or boy* or girl* or teen* or schoolchild* or preschool* or pre-school* or infant* or baby or babies or "young N1 person*" or "young N1 people" or youth or family or families or parent* or mother* or father* or carer* and (((DE "Child fostering") or (DE "Child adoption")) or (DE "Orphanages")) or (DE "Adopted children")) or (DE "Orphans") or "group N1 home*" or "kinship N1 care*" or "out of home N4 care*" or "out-of-home N4 care*" or "residential N1 care*" or "residential N1 home*" or "children's N1 home*" or "care N1 order*" or "looked N1 after" or "looking N1 after" or "in N1 care" or "in the N3 care" or "care N1 system" or "care N1 leaver*" or "leaving N1 care" or "permanent family N3 placement*" or "child N1 placement*" or "child-placement*" or "special N1 guardian*" or orphan* or "local authority N3 care" or "state N1 care" or "public N1 care" or "relative N1 care*" or "kith and kin N4 care*" or "family N1 friends N1 carer*" or "child N2 welfare center*"</p>

## Appendix 2.3: Coding tools

## LAC Data extraction tool

## Section A: Admin details

A.1 Name of reviewer	A.1.1 Details
A.2 Date of the review	A.2.1 Details
A.3 If any additional papers are used to complete this data extraction please provide details	A.3.1 Details

## Section B: Study Aims and Rationale

B.1 What are the broad aims of the study? <i>Please write in authors' description if there is one. Elaborate if necessary, but indicate which aspects are reviewers' interpretation. Other, more specific questions about the research questions and hypotheses are asked next.</i>	B.1.1 Explicitly stated (please specify) B.1.2 Implicit (please specify) B.1.3 Unclear (please specify) B.1.4 Not stated
B.2 What are the study research questions and/or hypotheses? <i>Research questions or hypotheses operationalise the aims of the study. Please write in authors' description if there is one. Elaborate if necessary, but indicate which aspects are reviewers' interpretation.</i>	B.2.1 Explicitly stated (please specify) B.2.2 Implicit (please specify) B.2.3 Unclear (please specify) B.2.4 Not stated
B.3 Was the study informed by, or linked to a particular theoretical perspective or ideology? <i>Please write in authors' description if there is one. Elaborate if necessary, but indicate which aspects are reviewers' interpretation. (e.g. child rights perspective)</i>	B.3.1 Explicitly stated (please specify) B.3.2 Implicit (please specify) B.3.3 Unclear (please specify) B.3.4 Not stated
B.4 Who was consulted in working out the aims of the study, or issues to be addressed in the study? <i>Any direct consultation with groups or individuals about the focus of the research prior to</i>	B.4.1 LACYP B.4.2 FAC

<i>the development of the data collection should be recorded here including details.</i>	B.4.3 Others B.4.4 Not specified
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**Section C: Actual Sample**

C.1 What was the total number of participants in the study (the actual sample)? <i>Please record all available details and if more than one group is involved (e.g. LACYP and FAC) please give numbers for each group. If at least two characteristics are provided for all members of the sample use explicitly stated. If only one characteristic is described for whole sample/or characteristics but not for whole sample are provided use Unclear</i>	C.1.1 Explicitly stated (please specify) C.1.2 Implicit (please specify) C.1.3 Unclear (please specify) C.1.4 Not stated
C.2 Do the authors describe the characteristics of the actual sample? <i>Please report as much details as is available on the characteristics of the actual sample.</i>	C.2.1 Explicitly stated (please specify) C.2.2 Implicit (please specify) C.2.3 Unclear (please specify) C.2.4 Not stated

**Section D: Methods - Sampling Strategy**

D.1 Does the author report the sampling strategy? <i>Please provide details of the sampling frame* (if any) and the method used to select people, or groups of people from the sampling frame? To be coded as 'explicitly stated' a study should report both the sampling frame and the method of selection. *e.g. telephone directory, LACYP in a particular state/local authority, lacyp in a particular group home etc.</i>	D.1.1 Explicitly stated (please specify) D.1.2 Implicit (please specify) D.1.3 Unclear (please specify) D.1.4 Not stated
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**Section E: Methods - Recruitment and Consent**

E.1 Does the study report which methods are used to recruit people into the study? <i>e.g. letters of invitation, telephone contact, face-to-face contact.</i>	E.1.1 Explicitly stated (please specify) E.1.2 Implicit (please specify) E.1.3 Unclear (please specify) E.1.4 Not stated
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<p>E.2 Was consent sought?  <i>Please give details and comment on the quality of consent, if relevant.</i></p>	<p>E.2.1 Participant consent sought  E.2.2 Parental consent sought (on behalf of LACYP)  E.2.3 Carer consent (on behalf of LACYP)  E.2.4 Other consent sought  E.2.5 Consent not sought  E.2.6 Unclear (please specify)  E.2.7 Not stated</p>
<p><b>Section F: Methods - Data Collection</b></p>	
<p>F.1 Which methods were used to collect the data?  <i>Please indicate all that apply and provide details including names for all tools used to collect data, and examples of any questions/items given. Also, please state whether source is cited in the report</i></p>	<p>F.1.1 Focus group interview  F.1.2 One-to-one interview (face to face or by phone)  F.1.3 Observation  F.1.4 Self-completion questionnaire  F.1.5 Self-completion report or diary  F.1.6 Hypothetical scenario including vignettes  F.1.7 Other  F.1.8 Not stated (please specify)</p>
<p>F.2 Does the study provide any information on who collected the data?</p>	<p>F.2.1 Explicitly stated (please specify)  F.2.2 Implicit (please specify)  F.2.3 Unclear (please specify)  F.2.4 Not stated</p>
<p>F.3 Does this study describe using particular data collection methods for supporting CYP to express their views? (tick all that apply)</p>	<p>F.3.1 Not Applicable - participants are not young people (i.e. the majority are aged 20+  F.3.2 Yes - Child friendly activities / interview style described</p>

<p><i>Does the study indicate a recognition of the imbalance of power between adults and children, or recognise the need to use particular approaches with children</i></p>	<p>F.3.3 Yes - Clear expression of intent to support children to express their views F.3.4 No - no specific information on supporting CYP to express their views</p>
<p>F.4 Do the authors provide a rationale for choosing data collection methods that ensure that the findings are grounded in participants views? <i>Note: only studies that use data collection methods which ensure findings are grounded in participants views are included in the review - but it is important to record if the authors express a particular interest in allowing findings to reflect what is important to LACYP/FAC</i></p>	<p>F.4.1 Explicitly stated (please specify) F.4.2 Implicit (please specify) F.4.3 Unclear (please specify) F.4.4 Not stated</p>
<p><b>Section G: Methods - Data Analysis</b></p>	
<p>G.1 Do the authors provide detail regarding methods used to analyse the data? <i>Please indicate all that apply and provide details</i></p>	<p>G.1.1 Yes - refer to a named method (e.g. Straus &amp; Corbin, thematic analysis) G.1.2 Yes - provide description of the method(s) used G.1.3 Not specified</p>
<p>G.2 Do the authors provide a rationale for the methods used for data analysis? <i>Please provide details</i></p>	<p>G.2.1 Yes (please provide details) G.2.2 Not stated</p>
<p>G.3 Do the authors describe any ways that they have addressed the validity or trustworthiness of data analysis? <i>e.g. using more than one researcher to analyse data, checking results with participants, looking for negative cases.</i></p>	<p>G.3.1 Yes (please provide details) G.3.2 Not stated</p>
<p><b>Section H: Results and conclusions</b></p>	
<p>H.1 What level of detail is provided to support the authors' findings? <i>Tick all that apply, indicate the quality and consistency of this type of data and provide one (brief) example for each.</i></p>	<p>H.1.1 Includes author(s) description of participants views H.1.2 Includes information on numbers and/or proportion of sample informing findings H.1.3 Includes verbatim quotes LACYP and/or FAC as appropriate H.1.4 Includes author(s) analysis (i.e. interpretation of findings)</p>

	H.1.5 Negative cases/discrepant results are reported
H.2 Is there evidence that the author analysis has been drawn from the data?	H.2.1 Yes - there is adequate evidence to support all/most themes/analysis H.2.2 Unclear - there some is evidence to support some themes/analysis but it's not consistent H.2.3 No - there is very little or no evidence to support themes/analysis
H.3 Is there evidence that the authors conclusions have been drawn from the data analysis?	H.3.1 Yes - conclusions are corroborated by the results section H.3.2 Unclear - the study contains some conclusions which are corroborated and some which are not H.3.3 No
H.4 Are the level of the authors conclusions appropriate given the population under study?	H.4.1 Yes - authors draw appropriate conclusions given the study population H.4.2 No - the authors inappropriately draw generalised conclusions that go beyond the population scope of this study
H.5 Does the study report the diversity of perspective and content? <i>e.g. does the study report findings from all participants or does it seem to concentrate on a few, or a particular group within the sample</i>	H.5.1 Yes - Consistently for most/all themes/groups H.5.2 Unclear - Inconsistently, only occasionally H.5.3 No - not at all
H.6 Does the analysis convey the depth and complexity (i.e. the richness) of the data? <i>i.e. do the author(s) report details of context of participants views, do they analyse variations in contextual features</i>	H.6.1 Yes - Consistently for most/all themes/groups H.6.2 Unclear - Inconsistently, only occasionally H.6.3 No - not at all

## LAC Critical Appraisal Tool

## Section A: Admin details

A.1 Name of reviewer	A.1.1 Details
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A.2 Date of the review	A.2.1 Details
<b>Section B: A - Theoretical approach</b>	
B.1 Are the aims of the study clearly reported? <i>Explicit data not necessary but just from answers to these questions the aims and focus of the study should be clear</i>	B.1.1 Yes B.1.2 No
<b>Section C: B - Data collection</b>	
C.1 How well was the data collection carried out?	C.1.1 Good C.1.2 Poor
<b>Section D: C - Analysis</b>	
D.1 Is there an adequate description of the methods of data analysis?	D.1.1 Yes D.1.2 No
D.2 Is the data 'rich'?	D.2.1 Yes D.2.2 No
D.3 Is the analysis reliable?	D.3.1 Yes D.3.2 No
D.4 Are the findings convincing?	D.4.1 Yes D.4.2 No
<b>Section E: D - Ethics</b>	
E.1 How clear and coherent is the reporting of ethics?	E.1.1 Clear E.1.2 Not clear
<b>Section F: E - Overall Trustworthiness (weight of evidence)</b>	
F.1 Weight of Evidence A: As far as can be ascertained from the paper, how	F.1.1 High

well was the study conducted?	F.1.2 Medium F.1.3 Low
F.2 Weight of evidence B: Appropriateness of research design and analysis for addressing the question, or sub-questions, of this specific systematic review?	F.2.1 High F.2.2 Medium F.2.3 Low
F.3 Weight of evidence C: Relevance of particular focus of the study (including conceptual focus, context, sample and measures) for addressing the question or sub-questions of this specific systematic review?	F.3.1 High F.3.2 Medium F.3.3 Low
F.4 Weight of evidence D: Taking into account quality of execution, appropriateness of design and relevance of focus, what is the overall weight of evidence this study provides to answer the question of this specific systematic review?	F.4.1 High F.4.2 Medium F.4.3 Low

### LAC Review Specific Coding tool - Results

#### Section A: Admin

A.1 Name of reviewer	A.1.1 Details
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#### Section B: Views - General

B.1 Whose views are collected as data for this research?	B.1.1 Looked after children and young people
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	B.1.2 Biological parents B.1.3 Foster Carers B.1.4 Kinship carers
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## Section C: LACYP Views - Outcome 1 x 10 outcomes

<p>C.1 What outcome do LACYP identify is being important to them?</p> <ul style="list-style-type: none"> <li>- <i>We are interested in what LACYP identify as being important to them</i></li> <li>- <i>This may be expressed directly in terms of preferences/aspirations, their perspectives on the impact of being in care, or implications based on their experiences</i></li> <li>- <i>The term 'outcomes' refers to what children and young people say or imply they would like to happen to them either in their immediate future or thinking about their long term future</i></li> <li>- <i>Reviewers should determine and describe up to ten 'outcomes'</i></li> <li>- <i>Reviewers should read the whole paper to identify and prioritise the issues most salient to LACYP</i></li> <li>- <i>If there are more than ten identifiable 'outcomes' list the remainder in the 'reviewers notes' section along with an indication of how important these appear to be</i></li> <li>- <i>preferences or aspirations 'I want someone I can relate to, you don't have a choice, if you don't get on with your worker it's tough shit' 'I need more support so that I can do well at school' 'I like the idea of more freedom, more pocket money, and more peace without other kids around all the time'- perspectives on the impact of being in care 'Because I moved around so much I find it difficult to trust people in relationships' - i.e. they imply that maintaining permanency in placements is important</i></li> <li>- <i>implied based on their description of experiences. They automatically think 'oh that's a bad child', 'that's a disruptive child' .. If they're not thinking 'That's a bad child' they're thinking 'Oh I feel so sorry for them' and they bring pity 'â€¦' It becomes patronising' i.e. they don't want to be thought of or treated differently because of being in care</i></li> </ul>	C.1.1 Details
<p>C.2 What data is reported to support this outcome? (Select all that apply and record all applicable data under the appropriate headings below)</p> <ul style="list-style-type: none"> <li>- <i>Direct participant data - Use if there are quotes from participants in which they describe their experiences, views or preferences regarding this outcome - e.g. 'I get annoyed when 'â€¦'', 'I really enjoyed mealtimes at the home because 'â€¦'', 'I think they should 'â€¦''- Author description of data - Use to capture data which is a description of the results but not directly from participants - e.g. 'Young people described 'â€¦'' 'Many felt that'- Author analysis - Use when authors go beyond simply describing the results but derive implications or conclusions</i></li> </ul>	C.2.1 Direct participant data C.2.2 Author description of data C.2.3 Authors analysis (conclusions, implications, recommendations)

<p>from the findings - e.g. 'The data suggest that â€¦' 'This points to the need to â€¦'</p>	
<p>C.3 What are the author's theme heading(s) that this data is reported under?  <i>Authors often describe 'high level' theme headings under which they report their data, or describe at the beginning of the results section the main themes that emerged.</i></p>	C.3.1 Details
<p>C.4 Does the data on this outcome include views directly about the acceptability, accessibility or effectiveness of services?  <i>Please identify if there is any data that will be of particular relevance to answering the review questions:-          What do children and young people who have been looked after, or who have been looked after, and their families and carers say about:</i></p> <ul style="list-style-type: none"> <li>• <i>The accessibility of interventions and activities?</i></li> <li>• <i>The acceptability of interventions and activities?</i></li> <li>• <i>The impact of acceptability and accessibility on the effectiveness of interventions?</i></li> </ul> <p><i>Add further information in the 'details' box to identify which particular piece of data you are referring to or if you feel it would be helpful to provide further description that is not captured as part of the 'outcomes' data</i></p>	<p>C.4.1 Yes - accessibility          C.4.2 Yes - acceptability          C.4.3 Yes - impact of acceptability/accessibility on effectiveness          C.4.4 No</p>
<p>C.5 How common is the data on this outcome within the sample? (please record sample size and actual numbers of participants (if reported)  <i>If the study indicates the proportion of the sample please indicate whether this was - Very common - over 50% of the sample e.g. 'most participants', 'the majority of young people'- Common - 10 -49% of the sample e.g. 'roughly a third of the sample', 'two of the five participants' - Uncommon - 0-9% e.g. 'One participant stated that â€¦' - Unclear - Use if the author only gives a rough indication e.g. 'Some participants', 'A few children'- Not stated - Use if the author gives no indication about the proportion of the sample which provided data on this outcome</i></p>	<p>C.5.1 Very Common          C.5.2 Common          C.5.3 Uncommon          C.5.4 Unclear          C.5.5 Not stated</p>
<p>C.6 What is the broad nature of this outcome? (tick all that apply)  <i>What is the broad nature of this outcome? (tick all that apply)- Education - views about the quality of education, concerns about current and future education and educational success/failures- Employment - views about the impact of being in care on employment, future aspirations and concerns- Material circumstances - views about any aspects of material circumstances including views about the quality of housing (e.g. foster homes, group homes, care leavers accommodation), concerns about housing and homelessness in the future, the impact of housing on other aspects of life, the meaning and significance of material comforts (or lack of)- Knowledge and information - views about the information provided (or lack of) regarding families, placements etc- Identity - including how you see yourself, concern about who you are and where you belong, feelings of belonging or not</i></p>	<p>C.6.1 LACYP Education          C.6.2 LACYP Employment          C.6.3 LACYP Material circumstances          C.6.4 LACYP Knowledge and information          C.6.5 LACYP Identity</p>

<p><i>belonging within the family and outside of the family - e.g. feeling singled out or excluded at school- Mental health - aspects of mental health that are explicitly described by authors as mental health issues or specific issues that are clearly to do with mental health such as stress, depression, anxiety disorders, eating disorders, self-harm and suicide - Physical health, for example, nutrition, physical activity, obesity, alcohol consumption, smoking and /or sexual activity - Relationships with carers - any aspect of relationships with carers and their families including foster siblings etc.- Relationships with peers - the importance of relationships with peers, the impact of being in care on peer relationships e.g. peer support networks- Relationships with parents - including being having access to parents, reflections on parents characteristics/actions, feeling let down by parents, communication/visits from parents- Relationships with child welfare professionals - any aspects of relationships with child welfare professionals such as social workers including the importance or benefits of being supported by social workers, qualities of good social workers, barriers to working with professionals etc- Other - any other outcomes or issues that have been specifically identified by LACYP as important to them</i></p>	<p>C.6.6 LACYP Mental health                  C.6.7 LACYP Physical health                  C.6.8 LACYP relationships with carers                  C.6.9 LACYP relationships with peers                  C.6.10 LACYP relationships with parents                  C.6.11 LACYP relationships with child welfare professi                  C.6.12 LACYP relationships other                  C.6.13 Other LACYP outcomes</p>
<p>C.7 Reviewers reflections                  Please provide any reflections you have made about the current outcome. For example, its relationship to similar or related outcomes coded from this or other papers, or any implications it may have for the implementation of services, or policy and/or practice in general.</p>	<p>C.7.1 Details</p>

Section N: Carers views - Outcome 1

<p>N.1 What outcome do carers identify is being important to them?  <i>What outcome do carers identify is being important to them? - We are interested in what carers identify as being important to them- This may be expressed directly in terms of preferences/aspirations, their perspectives on their needs in relation to the provision of care, or implications based on their experiences- The term 'outcomes' refers to what carers say or imply they would like to happen either in the immediate future or thinking about long term future - preferences or aspirations 'I would like some help with childcare' In response to the question 'what would make caring for your grand children easier?' The biggest response was 'more money' 'I opted to be a kinship carer because I believe that family is the best place to raise a child'- perspectives on the impact of being a care provider "Sometimes we have social workers not actually thinking about what they've said to children '€ [The children] come back to us and we have to deal with what's been said.' - i.e. they imply that can mean extra stress and difficulty for foster carers' Social workers and other professionals can walk away from it but we can't'- implied based on their description of experiences. 'Many felt unrecognised and taken for granted by social services, who they said were liable to make decisions without consulting them' i.e. they want recognition and respect for their work and to be consulted regarding decisions made. 'So to a large extent it's been like an adoption because social services are now out of the</i></p>	<p>N.1.1 Details</p>
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<p><i>picture We can go away, we can go anywhere we like, we don't have to tell anybody. They can go and stay the night with whoever they want â€¦ can stay the night in. It's been wonderful, absolutely wonderful.' i.e. the impact of a permanency order means greater independence which is valued. If you ask for help it's like, 'Oops, some thing's gone wrong here. Something's not quite right, they're asking for help.', so you tend to hold back. i.e. they would like reassurance that they will not be judged as failing if they ask for help from social workers when it is needed</i></p>	
<p>N.2 What data is reported to support this outcome?</p>	<p>N.2.1 Direct participant data N.2.2 Author description of data N.2.3 Authors analysis (conclusions, implications, recommendations)</p>
<p>N.3 What are the author's theme heading(s) that this data is reported under?</p>	<p>N.3.1 Details</p>
<p>N.4 Does the data on this outcome include views on acceptability, accessibility or effectiveness? <i>Please identify if there is any data that will be of particular relevance to answering the review questions:- What do children and young people who have been looked after, or who have been looked after, and their families and carers say about:</i></p> <ul style="list-style-type: none"> <li>• <i>The accessibility of interventions and activities?</i></li> <li>• <i>The acceptability of interventions and activities?</i></li> <li>• <i>The impact of acceptability and accessibility on the effectiveness of interventions?</i></li> </ul> <p><i>Add further information in the 'details' box if you feel it is necessary to identify which particular piece of data you are referring to or if you feel it would be helpful to provide further description that is not captured as part of the 'outcomes' data</i></p>	<p>N.4.1 Yes - accessibility N.4.2 Yes - acceptability N.4.3 Yes - impact of acceptability/accessibility on effectiveness N.4.4 No</p>
<p>N.5 How common is the data on this outcome within the sample? (please record sample size and actual numbers of participants (if reported)) <i>If the study indicates the proportion of the sample please indicate whether this was - Very common - over 50% of the sample e.g. 'most participants', 'the majority of young people'- Common - 10 -49% of the sample e.g. 'roughly a third of the sample', 'two of the five participants' - Uncommon - 0-9% e.g. 'One participant stated that â€¦' - Unclear - Use if the author only gives a rough indication e.g. 'Some participants', 'A few children'- Not stated - Use if the author gives no indication about the proportion of the sample which</i></p>	<p>N.5.1 Very Common N.5.2 Common N.5.3 Uncommon N.5.4 Unclear</p>

<i>provided data on this outcome</i>	N.5.5 Not stated
N.6 What is the broad nature of this outcome? (tick all that apply)	N.6.1 Carer relationships with LACYP N.6.2 Carer training N.6.3 Financial support N.6.4 Mental health services for carers N.6.5 Mental health services for LACYP N.6.6 Social services/social worker support for carers N.6.7 Social services/social worker support for LACYP N.6.8 Other
N.7 Reviewers reflections <i>Please provide any reflections you have made about the current outcome. For example, its relationship to similar or related outcomes coded from this or other papers, or any implications it may have for the implementation of services, or policy and/or practice in general.</i>	N.7.1 Details

## Section Y: Parents Views - Outcome 1 x10 outcomes

Y.1 What outcome do parents identify is being important to them? <i>What outcome do parents identify is being important to them? - We are interested in what parents identify as being important to them- This may be expressed directly in terms of preferences/aspirations, their perspectives on their needs, or implications based on their experiences- The term 'outcomes' refers to what parents say or imply they would like to happen either in the immediate future or thinking about long term future Preferences or aspirations 'I would like to know if my children are going to stay at the same school or have to be moved'. 'Do I want both children to stay together? Ideally yes. Would I like to have some say in that decision? Yes' 'I wanted my children to be placed in foster care near to where I live so that I would be able to visit them more easily' Perspectives on the impact of being a parent of LACYP. "I'm afraid they [social workers] think I can't cope, that I</i>	Y.1.1 Details
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<p><i>am a bad mother â€¦ that I'll never be able to look after my own kids, this doesn't help me to be a better parent!</i>  <i>"When they first took the kids, if they could have maybe suggested some counselling so I could deal with the loss, because it was right after that my parents died and it was just everything at once. It was real easy for me to turn back to drugs because I had so many things going on. - i.e. parents experience loss when they're children are taken into care but and what is important to them is that this is recognised and responded to by child welfare professionals. Implied based on their description of experiences. A birth parent talks about her experience of a case conference: '[They] use all these big words, I don't bloody understand them! And they never like, break them down for you to understand them (Birth mother). â€œ i.e. what is important to birth parents is that they can understand and make sense of the language of professionals otherwise they feel powerless in the face of professionals. - 'Well I had to [agree with the social services plan], I had no option really. To me it's a case of agree or they'll just stop you having your child. i.e. what is important is being able to have options and a choice/say in the social services plan without fear that it will mean they won't have contact with their children. '</i></p>	
<p>Y.2 What data is reported to support this outcome?</p>	<p>Y.2.1 Direct participant data  Y.2.2 Author description of data  Y.2.3 Authors analysis</p>
<p>Y.3 What are the author's theme heading(s) that this data is reported under?</p>	<p>Y.3.1 Details</p>
<p>Y.4 What is the salience of this outcome? (tick all that apply)</p>	<p>Y.4.1 Positive  Y.4.2 Negative</p>
<p>Y.5 How common is the data on this outcome within the sample? (please record sample size and actual numbers of participants (if reported))</p>	<p>Y.5.1 Very Common  Y.5.2 Common  Y.5.3 Uncommon  Y.5.4 Unclear</p>
<p>Y.6 What is the broad nature of this outcome?</p>	<p>Y.6.1 Details</p>
<p>Y.7 Reviewers reflections  <i>Please provide any reflections you have made about the current outcome.</i></p>	<p>Y.7.1 Details</p>

### 3.1 Themes: Looked after children and Young people

#### 3.1.1 LACYP: Love

Sub theme	Study	Direct participant data	Author description of data	Authors analysis (conclusions, implications, recommendations)
Love and emotional well-being	Biehal and Wade 1996	<p>Me and my boyfriend don't own much at all and we haven't got families that love us and this is hard. You know, we wanted something that was ours, give our love to him that we never got.</p> <p>So I've got somebody to be more closer to than just sitting here on my own...I've got somebody to look after and I've got something that no one can take away from me. I know it's mine and I know I'll love it...And I know when it grows up it'll love me for what I've done and how I've treated it. So it's not like my family is with us. One day we can speak, the next day we can't speak ... (I'll) give it a nice childhood which we missed out on.</p>	For many the need to belong, to love and be loved, to have something of their own and the chance to compensate for the poor care they experienced, seemed to be prominent	No data available
	Broad (2004)	I think it makes you more secure that you are living with someone who loves you. (Male, 19, Caribbean or Guyanese)	There were 15 responses by the young people being positive about 'feeling safe and settled in current situation', and loved by the people with whom they were now living.	No data available

	Butler and Charles (1999)	<p>‘Well, basically, I knew they loved me; you could feel they had time for me, really they spoilt me rotten’</p>	<p>‘If this doesn't work, you can move on' reduced or trivialized the new placement's importance, reflecting an underlying pervasive social work attitude of fostering as ‘second rate’.</p> <p>(One) respondent perceived fostering as a job, with employment being the motivation for carers ‘taking on' young people. This was echoed by others, as illustrated by one young person who talked about a ‘B and B style house’. Such rationalization provided some young people with a logical explanation as to why they were being ‘taken in’, while simultaneously avoiding any resolution of anxieties about their self-worth.</p>	<p>Bearing in mind the quality and intensity of young people's previous attachment figures and the defensive strategies they triggered (Howe 1995a), sensitive work on aspects of young people's self-esteem prior to and during the placement would seem to be indicated. Paying careful attention to patterns of rejection, insecurity and ambivalence is suggested as these may indicate feelings of being undeserving of care and nurturance.</p>
	Chase et al (2006)	<p>All my life I have just wanted my Mum to like me and accept me for who I am. She didn't want me. (Young woman, age 20, parent at age 18, 1 child)</p> <p>I was lonely. I was fed up of moving around all the time. I just wanted to be loved by someone. At that stage I wasn't close to me Mum, I didn't really have my sister. (Young woman, aged 18, parent at 17, one child)</p>	<p>Many young people interviewed harboured significant feelings of loneliness and rejection resulting from experiences of abandonment by their families, and subsequent transient relationships with significant adults and peers.</p> <p>One of the most striking findings to emerge from the interviews was the frequency with which emotional influences, such as the need to love someone, were mentioned.</p>	<p>The spontaneous allusion of many young people to negative emotional experiences both prior to and whilst in care, is central to understanding the way in which they respond to pregnancy. In relation to such experiences, and in the context of other difficulties in their lives, early pregnancy for the majority had more positive than negative associations.</p> <p>The study emphasises that giving young people who are looked after opportunities to develop meaningful and consistent relationships with substitute carers and/or professionals, throughout their time in care, is vital for their emotional well-being. Careful consideration needs to be paid as to how this might be achieved, the type of role that might be best placed to build such positive relationships and the kind of environments in which they could best be nurtured.</p>

Heptinstall et al (2001)	Children living with their mothers typically explained that mothers were important to them 'Because she loves me, she is there for me, she stands by me'.	No data available	No data available
Luke and Coyne (2008)	<p>There was a lot of physical affection, which was ideal for an 11 year old kid, it was good to have a hug, and good for them to say 'I love you, we're proud of you.' . . . It was good to be told that you were loved, cause obviously, being in foster care, at times it's quite lonely . . . It was good to feel the love in different ways. (PA)</p> <p>Sometimes, as a child, you just want to sit and have a hug . . . and it was impossible . . . there was no emotional support there, there was no-one to sit and listen . . . (PA)</p>	Love and support were central themes in all of the participants' recollections. Both PA and PI had enjoyed loving, supportive long-term placements. For PA, this had helped him through some difficult times	In terms of general support and attachment, foster parents can offer physical and verbal expressions of their love and affection, be available when children need to talk and show the child that they are a wanted member of the family and unconditionally accepted for who they are. For example, PA's foster parents continued to offer him love and support despite his early violent behaviour. If foster parents offer such consistent messages of love and support, the child will begin to internalize a more positive self-concept which may help reshape their working model of the self as a person who is worthy of the love offered to them
Sinclair et al (2001)	'Everyone here loves me'	From the point of view of the child, foster families can resemble ordinary families in both their good and bad points. The good points are that they can provide support. At its best this means that the child can feel loved and cared for.	No data available

Instinctual versus trained parenting	Butler and Charles (1999)	<p>I thought, ``This is a gimmick" . . . They were just taking me in because it was a job and not because it was a wanted thing. ``We'll take him in, we've got a spare room and it can't be that difficult to look after a child".'</p> <p>``If you'd have been trained before I came, it would never have worked . . . you're not foster parents, you've tried to be my real parents.'</p>	<p>Young people expressed reservations about whether carers could ever be viewed as true parental figures, especially if paid for their services. One young person firmly believed `the only reason they were fostering' was financial, thus creating a sense of `love on the job'.</p> <p>Financial reward inhibited these young people's capacity to make and sustain appropriate relationships with carers, deeply affecting their ability to receive the care on offer in the spirit with which it was proffered.</p> <p>``Real' parenting was regarded as instinctual. Therefore, if training was required, this reinforced perceptions of young people and/or their families as problem-bearers. Training was seen as chiefly `problem focused', honing in on behavioural difficulties and their management, which compounded the heaviness of young people's emotional baggage and low self-esteem.</p>	<p>Can training explore adequately the nature of substitute parenting, focusing on, first, the differences in parenting a non-birth child; secondly, a critique of the false premise that natural parenting is instinctual; and thirdly, the link between the fostering role, where love is at `arm's length', and financial reward? Carers' appreciation of the young people's vision of foster care as impermanent, in spite of its potential benefits, could substantially reduce any role confusion. p.17</p>
	Chase et al (2006)	No data available	<p>Young people were highly articulate about what they looked for in such relationships and clearly distinguished between the professionals who saw them as `paper work', and those they viewed as `friends'.</p>	<p>Young people best respond to a degree of continuity of care and perhaps the overriding shortfall in previous policy and service provision has been limited acknowledgement of the importance of developing trusting relationships. There is a clear need for young people to have access to key trusted individuals able to provide, or facilitate access to, holistic care and support which is not compartmentalized in accordance with professional roles or specialities, but that recognizes the young person's individual and, at times, complex needs.</p>

	Heptinstall et al (2001)	No data available	No data available	The most remarkable way in which foster children differed from other children centred around their expressions of what foster carers and birth parents meant to them. While most non-fostered children said their parents were important to them for providing love and affection, foster children suggested that their carers were important because they 'look after' them and their birth parents were important because they were biologically related to them. Foster children are likely to have more difficulty in articulating their feelings than other children due to their early adverse experiences, but their explanations may also reflect their perceptions of the role foster carers and birth parents play in respect of their daily care.
	Luke and Coyne (2008)	I reckon you need love and support, that'd be the main thing, but there's a million ways that you can show it . . . I think that's probably about the only thing you actually need. It's the only thing that a real family can possibly give you . . .	No data available	No data available



Long term impact of love (or a lack of)	Biehal and Wade 1996	So I've got somebody to be more closer to than just sitting here on my own...I've got somebody to look after and I've got something that no one can take away from me. I know it's mine and I know I'll love it...And I know when it grows up it'll love me for what I've done and how I've treated it. So it's not like my family is with us. one day we can speak, the next day we can't speak...(I'll give it a nice childhood which we missed out on.	No data available	Those with positive family relationships were generally more able to make and sustain relationships with others, while for three quarters of those lacking family support outcomes were broadly poor along a range of dimensions (see Biehal, et al., 1995).  Family reunification. in the minority of cases where it occurred, or, more commonly, the maintenance or renewal of positive family relationships, had important implications for the wider transitions that young people in our study were making.
	Broad (2004)	I wouldn't be the stable person I am today if it wasn't for my Gran. (Female, 25, English/UK)  I think it makes you more secure that you are living with someone who loves you. (Male, 19, Caribbean or Guyanese)	there were 15 responses by the young people being positive about 'feeling safe and settled in current situation', and loved by the people with whom they were now living.	No data

<p>Chase et al (2006)</p>	<p>When I found out I was pregnant I was laughing and crying. I just thought I want to keep it. It will give me something to love. (Young woman, aged 18, parent at 17, one child)</p> <p>Now, I thought, I am on my own. How can I make sure I am never ever going to be on my own again? I am going to have a baby, then I will never be on my own again.... this baby is going to comfort me, and I will never be on my own. (Young woman, aged 17, pregnant with first child)</p> <p>Just about everyone I've been in care with wants babies. (Young woman, aged 17, parent at 16, one child)</p>	<p>Most young women came round quickly to accepting the pregnancy, and many reflected back on their feelings of abandonment and lack of attachments as the rationale for accepting and continuing with the pregnancy.</p> <p>For the majority of young people interviewed, becoming a parent was perceived as a positive event, often described as 'calming', increasing their maturity, providing status, and a focus in their lives. Many said parenthood had 'turned their lives around', from misusing drugs, being out late every night, not being motivated to find employment, to wanting to make a home for their child and plans for their future. They talked about how much they loved and enjoyed their children, and the significant achievement they felt.</p> <p>Becoming pregnant and having a child brought a new focus to the lives of many, and was most often seen as a 'grounding' and highly positive event.</p>	<p>Striking and consistent themes emerged from this study to suggest a link between the emotional consequences of being looked after and the decisions young people make about sexual relationships, pregnancy and parenthood.</p> <p>Finding ways to respond adequately to the long-term emotional needs of children and young people who are looked after would appear to be central to providing them with alternatives to early parenthood as a life choice</p>
<p>Luke and Coyne (2008)</p>	<p>It's a basic human need to feel loved, wanted, accepted, warmth . . . And if those are missing there are going to be problems. (PF)</p>	<p>PF described how severe problems of insecurity and low self-worth had plagued him throughout his childhood and into adult life. He felt that these problems were directly attributable to the lack of stable support and attachment in his childhood, both with his birth family and in subsequent foster placements.</p> <p>Although the support and encouragement necessary for fostering a positive sense of self-worth were not always present, individuals fortunate enough to have received such positive parenting continued to recognize its impact even in adulthood.</p>	

### 3.1.2. LACYP: A sense of belonging

Sub theme	Study	Direct participant data	Author description of data	Authors analysis (conclusions, implications, recommendations)
Belonging and identity	Biehal and Wade 1996	<p>I regard them as me real parents, so far as I'm concerned, so far as they're concerned, I'm their son.</p> <p>In six months I will have had my baby, so I'll be learning to be a respectable mother. I'll be a wife.</p>	<p>Some young people had been cared for by members of their extended family and had developed close bonds with them. Seeing them as additional or surrogate parent figures. For others, contact with siblings, grandparents, aunts, uncles and cousins did not offer clear support but fulfilled an important symbolic role for young people who sought contact with extended family members to meet their need for a sense of belonging and identification with their families.</p> <p>Of those who were fostered, one quarter felt a strong identification with their foster families. They felt a sense of belonging, that they were treated as part of the family, "like a son" or "like a daughter". This group, particularly those who had been with the same family from an early age, felt that they belonged to their foster families rather than to their birth families.</p> <p>For many the need to belong, to love and be loved, to have something of their own and the chance to compensate for the poor care they experienced, seemed to be prominent.</p>	<p>Supportive relationships with birth families could offer both practical and emotional support as well as symbolic reassurance to young people, giving a sense of belonging and a more secure sense of identity.</p>

	Butler and Charles 1999	You're not foster parents; you've tried to be my real parents.	<p>Young people expressed reservations about whether their carers could ever be viewed as true parental figures, especially if paid for their services.</p> <p>(For) some young people ... foster care had provided a much-sought-after sense of belonging.</p> <p>Several young people recalled how their adaptability and incorporation into their substitute family was limited by a sense of 'feeling different' in terms of their individual needs and care status. This, in turn, was compounded by their experience of being treated and judged differently from the family's natural children. For instance, the young people's awareness of restrictions on carers' use of physical punishment posed a dilemma. How were they to be integrated into a family where minimal physical chastisement was employed as a mode of discipline, while simultaneously avoiding reminders of earlier abusive relationships?</p> <p>Other differentials focused on feelings of injustice. Natural children, especially those younger, were seen as being able to do no wrong, with their version of events always being accepted. This was interpreted as representing a hierarchy of value in relationships within the foster home.</p>	<p>To what extent can training challenge notions of 'exclusive' parenting and Western 'ownership' of children? Can sufficient emphasis be placed on the difficulties of living with other people, irrespective of the blood tie, thus moving carers away from the incessant message that living with foster children is a problem? The fostering task is one of collective adjustment, learning to live together and managing 'difference', whatever the particular home arrangements.</p> <p>Can training provide enough creative opportunities for carers to examine differential, heterogeneous experiences of family life, encouraging them to question the myth of the heterosexual middle class idealized family model with clearly defined gender roles? Central to this is an analysis of the permeability of family boundaries and perceptions of privacy which help or hinder the integration of new family members.</p>
	Heptinstall et al 2001	They [carers] treat us all the same, we're just one big family	<p>Foster children were the ones who joined a family unit as an outsider. For them, being accepted as part of the existing family was important.</p> <p>Several other children also singled out integration as a reason for liking their foster home and their carers</p>	Keith, whose carers had three birth children as well as two long-term foster children and one respite foster child, said he liked his foster home because 'They [carers] treat us all the same, we're just one big family'

	Hill et al 1996	They treat me like their own children	Young people themselves identified three main advantages from being in foster care : 1) Belonging to a family and involvement in family activities	<p>Interestingly they valued being integrated with a family even though they were at an age when bonds with parents are usually loosening</p> <p>the findings have implications for both practice and research. For example, they highlight the importance in foster placements of achieving a balance of closeness, stability, boundaries and autonomy that suits the temperament and expectations of the teenager. Some want to attach to a family, but others simply want a stable base and may find closeness oppressive. It is important that these expectations and inclinations are clarified and negotiated in the matching and contracting stages of placement</p> <p>Research could help to refine assessment tools as regards young people's orientations to family life and peers, their willingness to accept limits and the risks which could result from insufficient controls.</p>
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<p>Luke and Coyne 2008</p>	<p>[It] was the happiest period of my life, because we felt part of a family for the first time.</p> <p>Some of them don't make it like it's your home . . . so you've got to ask to get a drink or ask to have a shower . . . when everyone else just does what they want. And if they've got their own children there, you feel really different to them.</p>	<p>Participants described feeling negative when experiences highlighted their sense of 'difference' from other children. For PH, being different was particularly noticeable at school and at college where she had had to explain what it meant to be in foster care.</p> <p>The practical ways in which foster parents had made children feel part of the family differed. PA's carers had ensured that each family member had a well-defined role with their own responsibilities. For both PA and PF, going on family outings and holidays had also made them feel included, with PF also noting enrolment into local Cub Scouts and Sunday School and calling his foster parents Mum and Dad as contributing to a sense of family. Receiving gifts from foster parents on special occasions had also been important for PH and PF. To ensure a complete sense of inclusion in the family, participants felt it was important that they also experienced the harsher side of family life. Both PH and PF claimed that equality with other family members in terms of the discipline received could make them feel loved. PH described what her 'ideal' foster family would do</p> <p>Unfortunately, for PD and PH, feeling part of a family was something that had been lacking for most of their time in foster care. PH's general feeling about living in foster care was one of exclusion</p>	<p>To foster a sense of normality and inclusion, foster parents can assign family members particular responsibilities, include children in family outings and holidays, give gifts to mark special occasions, treat all children in the household equally (including the use of discipline), and encourage involvement in community activities. By so doing, they can help to reduce any sense of 'difference' and make the child feel like a valued member of the family. This enhances felt security which can also contribute to improved self-esteem (Schofield &amp; Beek, 2005a).</p> <p>One way in which foster parents could reduce this sense of difference and make children feel good about themselves was by making them feel part of a family unit</p>
<p>Mullan et al 2007,</p>	<p>No data available</p>	<p>Feelings around being in care centred for many on being away from their families, far from home and the huge sense of loss when their family broke down</p> <p>Young people were not only reminded of their feelings of difference because of the policies and procedures that impacted on their lives, but a significant number spoke of experiences of name-calling and differential treatment outside the care setting too. They mentioned particularly hurtful comments about their families not loving them or them not living in a 'real family'.</p>	<p>The move from a family home environment to a care setting was clearly linked to the young people's emotional well-being as foster care and residential care brought with them new cultures, rules, boundaries and regulations within which these young people were not used to living and working.</p>

	Schofield and Beek 2005	I like being in foster care. You know where you are	<p>Not all children felt equally settled as members of the foster family and some were further along this road than others. But children often talked readily about their lives with their families and gave a sense of how much they valued being part of it all. They enjoyed family rituals around birthdays and Christmases and showed in their behaviour a strong sense of absorbing the foster family norms and values</p> <p>It was not always easy for children to communicate in interviews their view of family membership, but what came across was the way feeling at 'home' rather than in 'a placement', 'belonging' with the carers mattered to them.</p>	No data available
	Schofield 2003	<p>There was who I class my brother, Jack. He moved in and my mum fostered him as well.</p> <p>Ever since I moved in I called her mum. I don't know why but I suppose that's the way she made me feel.</p> <p>Mother and son. She looked at me as her son and I looked at her as my mum sort of thing.</p>	No data available	Although relationships with carers were valued very significantly for the way in which they provided warmth and security from childhood through to adulthood, what was also central in defining a real family was the experience of being treated the same as other children, particularly birth children of the foster carers. It was important to be seen as equally loved and loveable, with the message, 'you don't have to be a blood relative to belong'. This kind of visible equality of treatment was seen as the test of how equally valued you were by foster carers, but also as a test of whether this was a normal parent-child relationship in a way that relieves the stress or stigma of plainly not being a real, i.e. biological or legal child or these parents, but in fact legally the child of the local authority.

	Sinclair et al (2001)	No data available	Carers may provide the child with a sense of belonging either to quasi-parents (having a mum and dad) or to a group (there is a good sense of belonging and there are lots of people around). There are also material goods which may be valued, such as 'a room of my own', bunk beds, food, pocket money, toys, swimming baths and outings. These various provisions may merge in the child's eye (lots of food and money and love) and lead to a sense that the child is 'treated as one of the family' and gets the 'love and support I need'.	No data available
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	<p>Skuse and Ward (2003)</p>	<p>I felt that I was excluded because to me, the first foster home I had ever been in, everyone was together and you were a family and you were part of that family and treated as such, and there you were treated like someone who was staying for a couple of weeks</p> <p>They had this stables, and they used to always go to the stables because the daughter had a horse, and I used to have to go with them. And at first it was great. I thought Yeah'. But you weren't allowed to ride the horse, you were just standing about, you know, watching and talking</p> <p>They didn't tend to make you feel as if you fitted in, because they had two daughters of their own and you got treated differently. You could tell the differences. At other places I had been they tried to treat you equally like their own kids.</p>	<p>The five young people who spoke of discrimination by foster carers between their own children and those for whom they were responsible, further demonstrate this trait. Such findings suggest that the requirement to 'enhance the child's confidence and feeling of self-worth' (Standard 7.3) was not always met</p>	<p>No data available</p>
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	Timms and Thoburn (2006)	I feel safe in care because I've got a big family around me.	Some respondents and some wrote of racist attitudes and behaviour from carers However, the majority of respondents wrote about the many ways in which their carers helped to relieve their distress, made them feel part of the family.	From our analysis, we conclude that, for the majority of our respondents, being looked after has brought positives alongside distress and sadness. For some, the distressing circumstances that led to the need for care appear to have been made worse by poor quality or, in a small number of cases, abusive and humiliating parenting. The emphasis in the Act on placing children with families of similar ethnic and cultural background found support in the comments of some respondents.
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Impermanence of placements undermines desire for a sense of belonging	Biehal and Wade (1996)	They treated me more like a daughter than my own did ... and I gained sisters and a grandma and granddad you know, everything that I didn't have they did, and I had it ... and I just lost it all, it was awful	For young people who felt they belonged to their foster carers' family, the breakdown of relationships with foster carers created a terrible sense of loss	Recognition and funding needs to be offered to prime carers to continue supporting young people once they have moved on. For many of our young people, their substitute families represented their only reliable source of continuity with the past.
	Butler and Charles 1999	'I don't know how long it would last because I'd been in these homes . . . three, six months, then moved on, shipped on . . . Is it if I want to stay or is it if they want me to stay or go? They didn't answer me.'	For some, fostering was a stepping stone to independence and freedom, while others pointed out that they already had their own families. Any suggestion of permanency was inhibited by the effect of past history and an expectation of being 'shipped on', combined with a recognition that remaining in a particular placement was not solely their decision.  Idealized images (of families) were shared even by those young people expressing doubts about being part of a family. However, they did not hold the carers' ideas about remaining with the substitute family until adulthood because, to them, families were impermanent.	No data available
	Heptinstall et al 2001	Claire said she got on 'very well' with her carers whom she regarded as a 'mum and dad'. She said she wanted to stay with the family 'forever', a wish which had been accepted by her carers and was in the process of being realised through social services.	No data available	No data available
	Hill et al 1996	No data available	No data available	No data available
	Luke and Coyne 2008	No data available	No data available	The two participants whose placements had lasted the longest (PA and PI) had foster carers who had welcomed them as part of the family, instilling in them a sense of belonging.

	Mullan et al 2007	<p>It does kind of piss me off cos I'm not a parcel and to me in the past seven years it's as if people have been shifting me from place to place like I'm a parcel, but I'm actually a human, people just don't realise that it does get to them and it does actually affect the way kids behave. (Young woman, aged 15, residential care)</p> <p>Just having like a stable place to live and not this pinball living. 'Cos I was living from hostel to B&amp;B and just all over the show and it just melted my head and I just couldn't take it. (Young man, aged 18, aftercare)</p>	<p>Young people talked of feeling disorientated, and therefore made specific adjustments or employed survival tactics such as "getting a wee bit wilder" or "tougher" in residential care, or being more attentive to their behaviour and/or suppressing concerns in foster care in order not to jeopardise the stability of placements. Some noted that they had come to their placements with behaviours that may already be interpreted as "challenging" within this new context*behaviours for some that were previously a "normal way of life" in their family homes. It is clear, then, that the interpretation and understanding of "challenging behaviours" must be understood within the context of these young people's lives. While a small number of young people did note that care provided them with a better life than they would have had at home, a large number pointed to the risks or negatives present in their lives directly due to being in care.</p>	No data available
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<p>Identity conflict - belonging to two families</p>	<p>Biehal and Wade 1996</p>	<p>No data available</p>	<p>Although the failure to resolve family relationships was a continuing source of distress to many of the young people in our sample, some were attempting to build an alternative home base for themselves that might meet their need for security, support and a sense of belonging. A minority found that sense of "home" through their relationship with foster carers. Others were attempting to centre their lives through relationships with partners and, in some cases, their partners' families or by becoming parents themselves.</p> <p>Of those who were fostered, one quarter felt a strong identification with their foster families. They felt a sense of belonging, that they were treated as part of the family, "like a son" or "like a daughter". This group, particularly those who had been with the same family from an early age, felt that they belonged to their foster families rather than to their birth families.</p>	<p>No data available</p>
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	Butler and Charles 1999	No data available	<p>For some, fostering was a stepping stone to independence and freedom, while others pointed out that they already had their own families. Any suggestion of permanency was inhibited by the effect of past history</p> <p>While saying little about life within their original families, the young people continued to see birth as a powerful, special bond, no matter how positive the reality of substitute care.</p> <p>The differences between the parties were profound; for many carers, fostering offered a `fresh' start, while for young people there was a natural desire to maintain and hold on to existing family and social networks. This created a situation in which foster care was always the past, the present, but never the future.</p>	Young people in this study demonstrated a clear sense of moral commitment to their birth families. Social workers could assist young people and carers to recognize and manage the mixed messages surrounding the superiority/inferiority of the birth/ foster family, and the ways in which young people are stretched in all directions while needing to belong to two families simultaneously.
	Heptinstall et al 2001	When discussing her birth family, Claire spontaneously said of her foster family, 'This is my real family now.'	No data available	No data available
	Hill et al 1996	No data available	No data available	No data available
	Luke and Coyne 2008	I knew in me as I was getting older that I wasn't my mum's proper child, but . . . the way my mum looks at me, I am her son. (PI)	No data available	No data available

<p>Ethnicity &amp; Identity</p>	<p>Barn et al. 2005</p>	<p>I feel that, from being brought up in care when I was really young, I lost out ... I didn't really have an identity, cultural or any, I mean one of the places I was put into they changed my name and everything so a lot of my identity was taken away and it was white folk I was living with, so it was like there weren't no positive black role models or nothing. So I did have identity problems if it weren't for going to live with like a few of my family members. I think it was that that brought me closely in touch with my cultural roots, and from then it's like I know who I am now, I like the black side to me. Obviously I'm mixed race so I've got white and black, but I identify with my black roots.</p> <p>My gran is Jamaican and she was the first black person we lived with ... Before I lived with her I didn't think of myself as black, I saw myself as white. But when my gran told me about my granddad I thought I'm proud of my colour. I am mixed race but I class myself as black.</p> <p>... even though in the care system there's all this anti-discrimination and equal rights policies and all that, but even though that's in effect people I don't think within the social services really know how to implement that into the young person's life. I mean all right you might put a picture of a black person up on the wall but that isn't giving you your roots.</p>	<p>The desire to belong, to fit in, to not be assigned a marginal identity was in evidence among the young people in our study. For black Caribbean young people, the self label of 'black' and 'British' carried an important significance. These young people, while recognising that their parents or grandparents originated from the Caribbean islands, wished to express a strong identification with the label 'black British'. This was designed to serve the purpose of forging their own identity (different from their parents), but also gave them a sense of ownership to the land of their birth - Britain. It signified the contextual and fluid nature of identity (Hall, 1992)</p> <p>The complexity of identification with own ethnic group and/or nation was in evidence with regards to Asian and African young people. Both groups expressed a strong identification with their ethnic group culture and felt that this provided an appropriate individual identity. The significant religious and cultural differences of the Asian group from the dominant white society played an important role in reinforcing difference. In situations where Asian young people reported positive racial and ethnic socialisation within the care system, there was evidence of strong individual and group identification (Ghuman, 2003).</p>	<p>Family contact is a crucial factor in the development of a young person's identity. Social services departments need to take proactive measures to support young people in sustaining family contact once they leave care.</p>
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### 3.1.3 LACYP: being supported

Sub theme	Study	Participant Data	Author description	Authors analysis (conclusions, implications, recommendations)
Having someone there for you	Biehal and Wade (1996)	<p>'Cos like he never saw a lot of me when I was in care... it's like he wants to see me now. 'Cos he knows he made a mistake then, so I don't really mind sleeping on the settee. It's a base, innit.</p> <p>When me mam started visiting me in nick (prison). I knew then, I didn't feel lonely then. From then on I knew me mam, she'd always be there for me.</p>	<p>These young people valued having somewhere they considered to be their home base, even if they did not actually live in the family home. They needed to know there was somewhere they could go if they felt lonely, or during a crisis. It was important for them to feel that a parent would "be there" for them if they needed them. A young man who had found it hard to cope with the loneliness and lack of structure he experienced living alone in a bedsit' was relieved when his father at last began to offer him support once he became homeless:</p> <p>A number of the young people were anxious to find accommodation near their families. Some of those with positive links were living in the same neighbourhood as family members, seeing them regularly either through visits or, in some cases, through regular contact at the local social club. Living nearby made it easier for them to maintain or renew family links of some kind, enabling them to pop in regularly for company and sometimes for meals.</p> <p>For some, the initial period after leaving care was a time when they attempted to re-negotiate relationships. Most young people involved in this process did not actually move back to the parental home, but leaving care was a time when they re-evaluated their relationships with parents or made attempts to renew contact. For a few young people there were reconciliations. They had felt hurt and angry about their past experiences, but the loneliness, stresses and crises they experienced on leaving care prompted them, or their parents, to attempt a rapprochement.</p>	<p>Maintaining contact between siblings who are separated and, where possible, placing siblings together, can have very important implications for them later in their lives when they leave care.</p> <p>Contact between siblings can play a part in helping children and young people develop a secure sense of their identity and sibling bonds are often particularly strong when parenting is not effective</p> <p>The level of contact maintained with families whilst being looked after was a good indicator of the level of support young people could expect from them after leaving care. Of the 21 young people who had positive relationships with their parents when they first left care, all but one had maintained regular contact during most of the time they were being looked after. Contact had been welcomed and encouraged by social workers and carers. Even though regular access did not lead to reunification with parents, in these cases it at least allowed the child and family to keep in touch. It enabled them to maintain and, in a few cases improve, their relationship. For those young people for whom we have evidence that regular family contact was not maintained in care, the majority had poor relationships with parents on leaving care. (Fanshel &amp; Shinn, 1978; Millham, Bullock, Hosie &amp; Haak, 1986).</p>



			<p>Most of those who were well supported by their parents also had links with members of their extended family and these links were very important to them. But for a fifth of the young people, their extended family was their primary source of support-aunts, siblings, grandparents or step-parents all had an important role to play. This group of young people had no contact with their parents or, despite maintaining some contact, found their parents very unsupportive. Siblings were a particularly important source of emotional support and for nine of the young people their closest and most supportive relationships were with brothers and sisters.</p> <p>For a few young women, their relationship with older sisters had a parental quality and they would rely on them for support, advice and guidance..</p>	<p>For young people with limited family support the accelerated nature of their transition from care carries with it a threat of isolation and insecurity. work on family issues was not a major priority for social workers at this stage in the young people's lives. Fewer than a third of the social workers were working on family issues, although it must be borne in mind that in some cases the young people were unwilling to discuss their families. Leaving care schemes also tended to focus on helping the individual young person through the myriad practicalities of transition - housing, careers, welfare benefits, developing life skills and establishing payment routines. Rarely did their brief incorporate a family wide perspective. Our data has highlighted the continuing importance for young people of mediation and counselling in the area of family and personal relationships and the centrality of these relationships for their sense of identity, security and for the longer term informal support upon which they will need to rely. After all, professional social work support is likely to be time limited.</p> <p>An assessment of the extent and quality of support that looked after young people can expect to receive from their families once they leave care should be made long before they leave their final placements. In most cases their best interests will be served by efforts to maintain or create links with their families while they are being looked after. And both while a child is in substitute care or accommodation and after, social workers have an important role to play in assisting, where possible, young people with poor family links to improve them through encouraging contact and mediating between them and their families. Even if relationships with parents have irretrievably broken down. other members of a young person's extended family may be able to offer some support. They may not be able to offer a place to stay,</p>
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				<p>but simply by keeping in touch, showing concern and offering emotional support grandparents, aunts, uncles or siblings can make a young person feel less isolated. Assessment of the support required in this area should form part of a holistic leaving care plan that situates the needs of young people in the context of all the supports and resources available to them, professional and informal. W best chance of continuity in support through care and beyond. Finally, planning for leaving care requires joint working arrangements to be established between professionals within the authority (for example, carers, field social workers, specialist leaving care</p> <p>Second, given the importance of informal social supports for successful transition, there remains a continuing need once young people have left care for counselling and mediation around family relationships. Our data suggests that support in this area from professionals tended to fall away. However, to focus on this solely at the leaving care stage would be insufficient. Leaving care, although a pivotal point in young people's lives, needs to form an integral part of a wider child care strategy that links prevention, substitute care and after care. Helping young people to develop and sustain the social supports they will need when they leave care should form a central strand of child care planning and be continuously in mind throughout the time they are looked after.</p> <p>A holistic approach, involving where possible, parents, extended</p>
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	<p>Schofield, and Beek, (2005)</p>	<p>“I’ve fitted in really well. I can trust the people that foster me”.</p> <p>“I like being in foster care. You know where you are”.</p>	<p>Not all children felt equally settled as members of the foster family and some were further along this road than others. But children often talked readily about their lives with their families and gave a sense of how much they valued being part of it all. They enjoyed family rituals around birthdays and Christmases and showed in their behaviour a strong sense of absorbing the foster family norms and values, as the example above of Colin and his care of the fishpond demonstrated. It was not always easy for children to communicate in interviews their view of family membership, but what came across was the way feeling at ‘home’ rather than in ‘a placement’, ‘belonging’ with the carers mattered to them.</p>	<p>family, substitute carers and social workers would offer young people the workers) and with outside agencies. If work on family relationships is to retain a high priority at this time of stressful change, then a written leaving care plan needs to explicitly codify roles and responsibilities and have arrangements in place for the regular monitoring and review of progress. The need expressed by many of the young people in our study for some reconciliation with their families was too poignant for support in this area to be undertaken, if at all, on an ad hoc basis</p>
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	<p>Heptinstall et al. (2001)</p>	<p>Children living with their mothers typically explained that mothers were important to them - 'Because she loves me, she is there for me, she stands by me'. - 'they look after me'. - 'got on fine' with their carers.</p> <p>Interviewer: 'How do you get on with[foster carer]?' Jason: 'Fine'. Interviewer: 'Is she important to you?' Jason: 'Mmm.' [nods his head] Interviewer: 'In what way is she important to you?' Jason: 'Every way.'</p>	<p>Children living with their mothers typically explained that mothers were important to them 'Because she loves me, she is there for me, she stands by me'. Similar explanations were given for the importance of children's fathers. When asked why their carers were important to them, the large majority of foster children said it was because 'they look after me'. Only three children said their carers were important to them because they acted as parents. Foster children made a point of stressing that they 'got on fine' with their carers.</p>	<p>The most remarkable way in which foster children differed from other children centred around their expressions of what foster carers and birth parents meant to them. While most non-fostered children said their parents were important to them for providing love and affection, foster children suggested that their carers were important because they 'look after' them and their birth parents were important because they were biologically related to them. Foster children are likely to have more difficulty in articulating their feelings than other children due to their early adverse experiences, but their explanations may also reflect their perceptions of the role foster carers and birth parents play in respect of their daily care. They may correctly interpret their move to a foster home as being 'handed over' to adults who are better able to look after them than their own parents. This situation might make it difficult for them to express their parents' importance other than pointing to the fact of blood ties. However underlying children's cryptic explanations there may be a wealth of unexpressed feelings. Being looked after by their carers on a day-to-day basis may have a variety of meanings for children, including being given stability and emotional support, as Debbie's account suggests. Similarly, foster children's brief description of their relationship with carers as 'getting on well' may indicate an appreciation of positive interactions and 'good' treatment. In the light of their negative experiences of birth families, positive relationships with foster carers may well mean a great deal more to children than they are able to express in words.</p>
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	<p>Stevens and Boyce (2006)</p>	<p>Very little direct participant data presented on this as all to do with the standards - but indicative data is</p> <p>It was good because staff and residents made me feel really welcome and they checked to make sure I had everything. p.3</p> <p>People were nice ... the building was nice ... it could have been better because the rooms were plain (Female 17)</p> <p>My home felt very safe. I was very insecure so I always thought that people were breaking in but staff didn't lose patience with me. They just showed me and convinced me I was safe. (Female, 18)</p> <p>The staff and managers do not get proper training ... young staff come in without proper training making them think they know what's best (Male, 15)</p> <p>It depends on how busy staff are (3 respondents)</p>	<p>Almost all the group were aware that much staff time was taken up with writing. They reported that this had a detrimental impact on time spent with them. p.5</p> <p>A quarter of young people reported that their rights were dependent on external factors, particularly staff availability, and were not consistently applied. p.6</p> <p>Four young people reported that they couldn't speak to the staff member of their choice p.8</p> <p>Participants mentioned how important staff attitude was to their well-being. In particular, a sense of being listened to, being cared about and being worthy of spending time with were features contributing to a positive care experience. p.11</p> <p>Staff often did not have enough time for the young people with whom they worked. Young people identified low staff ratios as a problem and this was reflected as having an negative impact on care.</p> <p>Management and staffing joint second of most important standards</p> <ol style="list-style-type: none"> <li>1 arriving for the first time (2)</li> <li>2 first meetings (4)</li> <li>3 keeping in touch (6)</li> <li>4 support arrangement (3)</li> <li>5 your environment (1)</li> <li>6 feeling safe and secure (6)</li> <li>7 management and staffing (5)</li> <li>8 rights and responsibilities (0)</li> <li>9 making choices (2)</li> </ol>	<p>Cavet and Sloper (2004) in their review of children's participation in service development, found that a listening culture among staff is extremely important and our findings uphold this.</p> <p>Scotland, in common with the rest of Britain, continues to struggle with recruitment and retention for social work in general and residential child care in particular. Figures from the Scottish Executive (2004) indicate that social services are running with eight percent vacancies. The department of health (2001) reported that difficulties in filling vacancies are due to low pay, unattractive conditions of service, low status and lack of career progression for social care staff (reviewer note i.e. lack of staff = lack of time for children)</p> <p>Our research suggests that units should have strategies for training which include how to enhance relationships with young people and how to encourage meaningful participation.</p> <p>Commentators such as Daniel, Gilligan and Wassell (1999) 'emphasise the importance of relationships as fundamental to the human condition as well as to the helping process.'</p> <p>The development and nurturing of relationships should have a central role in the activities of staff.</p>
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		<p>If you could get the highest person in this room, proper training I'd tell them ... they come from prisons and think they know about child care. Sometimes they dragged me around like a common criminal. What are they doing there without qualifications? ... They should be told how you look after children before they start work. (Male, 17)</p> <p>You can talk to domestics more than staff ... staff write down a lot ... they have a lot of restrictions. (Male, 17)</p> <p>If I want to do something, they try and make a way round so I can do it. (Female, 16)</p> <p>I was always allowed to take part in everything. There was cycling, swimming, ice skating and going to McDonalds. (Male, 15)</p>	<p>10 eating well (1) 11 keeping well-lifestyle (3) 12 keeping well - medication (2) 13 learning (1) 14 private life (5) 15 daily life (2) 16 supporting communication (2) 17 moving on (0) 18 concerns and complaints (0) 19 advocacy (0)</p>	
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		<p>My dietary needs were catered for in K ... with the kitchen staff doing their best to prepare vegetarian dishes every meal time. (Male 16)</p> <p>It depended what staff were in ... it depended what unit you were in ... one unit I was in they never got us up for school ... I went to another unit</p> <p>, they had education. They pushed you. The education was better. (Male, 18)</p> <p>Staff open the door and then chap (knock) ... staff speak to you when they want but if you want to speak to them you can't speak to them. (Male, 17)</p> <p>Four young people reported that they couldn't speak to the staff member of their choice 'it depends how busy they are.' (Female, 17)</p>		
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	<p>Hill et al. (1996)</p>	<p>Direct participant data        "(In residential care) people steal your clothes and you don't get much attention like here in a foster home"        "I learned to consider other peoples feelings."        "She says all the things a social worker says, but then you can have a good laugh"</p>	<p>The principal grounds for favouring foster care were the individualized or personalized care, more relaxed atmosphere and the normality of family life. p. 81. Young people themselves identified three main advantages from being in foster care: 3)help with modifying their own behaviour p.86-7. If and when trust was established, the young people showed a willingness to listen and be challenged about their behaviour. For example, one said she was less violent, another had returned to school after a long absence and a third said the placement had helped her to com of drugs and do better at school. p.87</p> <p>what young people said their liked about foster carers were that they were friendly, interested or relaxed; made them feel safe; relaxed; had a sense of humour; treated them like an adult; and included them in shared activities. Evidently, the teenagers got on well with people who they felt respected and accepted them for who they were ... Support and advocacy were also welcomed. One young person felt that her foster carer stood up for her at child care reviews and prevented others from imposing decisions on her (though another thought the reviews were just an occasion for his foster carers to complain about him.)</p>	<p>The findings have implications for both practice and research. For example, they highlight the importance in foster placements of achieving a balance of closeness, stability, boundaries and autonomy that suits the temperament and expectations of the teenager. Some want to attach to a family, but others simply want a stable base and may find closeness oppressive. It is important that these expectations and inclinations are clarified and negotiated in the matching and contracting stages of placement (See Trileliotis, Sellick &amp; Short, 1995). It is also helpful if ground rules about such matters as going out in the evenings and financial allowances for the young person are clearly agreed at the start. Research could help to refine assessment tools as regards young people's orientations to family life and peers, their willingness to accept limits and the risks which could result from insufficient controls.</p>
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	Chase et al. (2006)	Because some want the stability .... Just about everyone I've been in care with wants babies. (Young woman, aged 17, parent at 16, one child)	<p>Feeling alone, and the instability that results from frequent moves within the care system, were also mentioned as reasons for wanting to keep the baby.</p> <p>Other terms commonly used by both young people and professionals in relation to having a baby included security, purpose, focus and identity</p> <p>Given the poor outcomes and low expectations for many young people who are looked after reported in previous studies, having a baby was also seen by some as providing a sense of achievement and control</p> <p>However, striking and consistent themes emerged from this study to suggest a link between the emotional consequences of being looked after and the decisions young people make about sexual relationships, pregnancy and parenthood. Interviews with young people revealed a high degree of emotional vulnerability, including feelings of loneliness and rejection, both from birth families and in the care system itself, insecurity, stigma, social exclusion and marginalisation. Many young people, as a consequence, felt that they could not trust anyone around them. This isolation and lack of trust influenced their decisions to continue with a pregnancy because a baby, they felt, would go some way towards meeting their emotional needs.</p>	The study emphasises that giving young people who are looked after opportunities to develop meaningful and consistent relationships with substitute carers and/or professionals, throughout their time in care, is vital for their emotional well-being.
	Allen (2003)		Friends made up approximately a quarter of the sample's network at the first interview and just under half (44 per cent) at the second. Although friends were named, there was little discussion about the extent or nature of support care leavers received from their friends. There was slightly more detail about the help received from partners, or boyfriends and girlfriends. For example, Lance valued talking to his girlfriend about the changes he wanted to make in his life. Isobel talked about	Practical support, often from family or substitute family members, but also from people such as landlords and professionals, seemed to determine whether the young person was able to maintain their involvement in education, training and employment. This may be because the support enables the young person to tackle the transition to adulthood by taking responsibility for a number of things slowly.

			<p>the importance of the support she received from her new partner, who was fifteen years her senior.</p> <p>A few young people, such as Karen and Isaac, lived with their partner's families. While partners offered support to some young people, they could be knocked back when relationships broke down. For example, Jeff appeared settled in all aspects of his life at the first interview. By the second interview, however, his social network had changed significantly, his relationship with his girlfriend had ended and he was unemployed. He talked about the negative impact of the break-up on his mental health. Understandably, in general, young people found it difficult to maintain a grip on their work, study or training when other aspects of their lives were unsettled.</p> <p>Some young people received the type of help that might be provided by a family from other relationships. For example, Frank, lodging with a friend of a friend, enjoyed practical and emotional support from his landlady. This was an informal arrangement in a small market town where there were no supported housing projects.</p>	<p>Overall, having someone consistently available - a family or substitute family member or professional - seemed to provide the young person with the stability they required to ride out difficulties, stay engaged in their economic activity or develop plans for the future.</p> <p>Professional and informal support was crucial to the young person's success. The care leavers benefited from help, usually from professionals, with developing and pursuing career options. Emotional encouragement, often from family and substitute family members, helped young people to stay engaged in what they were doing. Professionals in a befriending role, such as sessional workers, were also helpful in this respect. Young people also required support with practical aspects of independent living. Where young people did not receive this support, the issues they had to contend with, such as substance abuse, relationship breakdown and moving home, could tip the balance against them remaining in their work, training or educational situations.</p>
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	<p>Emond (2003)</p>	<p>You're never by yourself, you can always find someone that understands you, there's always someone you can trust, you know like one of the residents so that's nae (not) so bad. (Anna)2</p> <p>It's a fine place to be, better than being in foster care because there is more kids here your own age that have been through the same sort of thing. (Sharon)</p>	<p>The offering of support and advice to fellow members of the resident group by young people was a key feature of life within both units studied. The removal of, or resistance to, such provision was also a powerful characteristic. This section aims to illustrate the type of support given by and to young people and how this influenced the individual positioning within the group.</p> <p>The young people talked of the importance, to them as individuals, of receiving support from other members of the group. It was often the access to young people who had experienced similar difficulties that was the key resource of residential provision:</p> <p>You're never by yourself, you can always find someone that understands you, there's always someone you can trust, you know like one of the residents so that's nae (not) so bad. (Anna)2</p> <p>On one level, the belief that there will be a shared understanding or empathy was, to some degree, related to the age and biographies of the residents. There was an expectation created early in the young person's residential 'career' that there would be others who had had similar experiences or who would understand his/her history. After the initial admission, residential care came to be understood as a resource catering for young people with a range of needs but with similar backgrounds and experiences. To quote Sharon:</p>	<p>The findings of this study suggest that the resident group serves a number of functions for young people in residential care. Underpinning this is the notion that the group operates to monitor and secure residents' safety and acts as a means of maintaining group culture. This article has concentrated on the ways in which young people offer one another support and has argued that this is one means through which individual power and status can be achieved.</p> <p>Central to this notion of status is that it is only ever granted fleetingly and results from a complex relationship between the social context, the action and the social actors. Young people in this study were shown to have no fixed roles or group positions and as a result all experienced moments of being both most and least powerful. Such a finding contradicts the commonly held assumption of resident groups being strictly hierarchical in nature and structured by negative means. It has also illustrated the part that young people play in supporting and advising one another through life events as well as the care process itself.</p>
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	<p>Emond, (2003)</p>	<p>Sharon: I can bide (live) wi anyone but not them. I dinnae ken (don't know) why. I was speaking to this woman at work and she was asking me about my birthday and that, she's really fine, ken we were just chatting and she says to me 'is it awkward when people say are you from the home? I says aye (yes) and we were just speaking about it, ken.</p> <p>Hilary: But it's shit Sharon, they think you're a bam (idiot) if you say that you live in a home. Sharon: I ken, that's what I said. Hilary: They think that you smash windaes (windows), get pissed (drunk), take cars, are mental. Sharon: And some folk feel sorry for you and I dinnae like that. Hilary: Nae'bdys done that to me, they just think I'm bad.</p> <p>Hilary: At least your Ma and Dad want you, mine don't. Sharon: I can bide (live) wi anyone but not them. I dinnae ken (don't know) why. I was speaking to this woman at work and she was asking me about my birthday and that,</p>	<p>Following on from this is a more general discourse, which the young people described as 'sticking up for each other'. There was a sense of collective isolation from family and from society at large. As a result, when a young person was challenged by a person or situation out with the unit, the others would be united in their support of him/her. This perception of difference was, I would argue, the main factor in group cohesion. There appeared to be a willingness to make clear to fellow residents that as a result of living together they would be loyal to one another and would protect each other from what they viewed as a difficult outside world. In this extract from a conversation between Hilary and Sharon we see not only the demonstration of support through self-disclosure, but also the young people's sense of exclusion from the outside world:</p> <p>Hilary: But it's shit Sharon, they think you're a bam (idiot) if you say that you live in a home. Sharon: I ken, that's what I said. Hilary: They think that you smash windaes (windows), get pissed (drunk), take cars, are mental. Sharon: And some folk feel sorry for you and I dinnae like that. Hilary: Nae'bdys done that to me, they just think I'm bad.</p> <p>The boys also talked of this internal support in terms of protection from external threat and misperception. They described the threat from outside as being of a violent nature and spoke of a reliance on each other to survive the threat.</p>	<p>156</p>
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	<p>Martin and Jackson (2002)</p>	<p>'I've been lucky really because I've always singled somebody out and I've always clung to them for a bit of extra support. I've always had some special person in my life to back me up, and I think a lot of kids in care don't have that.'</p> <p>'I think there needs to be a significant person, an advocate if you like for the child, who speaks with them, who knows all about that child and that child's needs, potential and strengths and weaknesses.'</p> <p>'I think the role model or mentor is somebody that you'd see on a weekly basis, that comes to your home or you could go to them or whatever. You'd do stuff with them or they'd take you to museums and art galleries, places of interest, or go away with you for a weekend . . . that they were there for you and knew where you're coming from.'</p> <p>'What you need is good advice and a lot more support while you're in university . . . You need a guardian angel to get you through.'</p>	<p>Most of the high achievers spoke of a special relationship with at least one person, within or outside the care system, who made time to listen to them and make them feel valued. This individual often acted as a mentor or a role model, and helped to motivate them to work hard at school and to go on to university.</p> <p>It was also noted that a mentor should have a consistent relationship with the child over time and should follow that child through to adulthood.</p> <p>Other participants recommended that the role model or mentor should play a very active part in the child's life and form a close bond with her or him.</p> <p>A third of the sample mentioned the continuing need for a mentor or a friendly adult who understands what they are experiencing during higher education. What they seemed to have in mind was not another professional but someone more like an educational godparent, outside the care system, who would take on this task as a voluntary activity and form a special relationship with an individual young person over many years</p>	<p>Previous research also indicates that a positive role model in the child's life setting who is willing to spend time with them fosters resilience (Maluccio et al. 1996). Of course the child is an active participant in this process.</p> <p>Social workers and carers should take a keen interest in education and convey that to the child by providing good facilities for study and showing appreciation for achievement.</p> <p>Young people in higher education need continuing support, financial, practical and emotional.</p> <p>For those who do obtain university or college places (at present no more than 1 in a 100), the local authority should recognize its responsibility as a corporate parent to celebrate their achievement and give them the same level of practical support and encouragement that a good parent would.</p>
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<p>Emotional support</p>	<p>Emond (2003)</p>	<p>You're never by yourself, you can always find someone that understands you, there's always someone you can trust, you know like one of the residents so that's nae (not) so bad. (Anna)2</p> <p>It's a fine place to be, better than being in foster care because there is more kids here your own age that have been through the same sort of thing. (Sharon)</p>	<p>The offering of support and advice to fellow members of the resident group by young people was a key feature of life within both units studied. The removal of, or resistance to, such provision was also a powerful characteristic. This section aims to illustrate the type of support given by and to young people and how this influenced the individual positioning within the group.</p> <p>The young people talked of the importance, to them as individuals, of receiving support from other members of the group. It was often the access to young people who had experienced similar difficulties that was the key resource of residential provision:</p> <p>You're never by yourself, you can always find someone that understands you, there's always someone you can trust, you know like one of the residents so that's nae (not) so bad. (Anna)2</p> <p>On one level, the belief that there will be a shared understanding or empathy was, to some degree, related to the age and biographies of the residents. There was an expectation created early in the young person's residential 'career' that there would be others who had had similar experiences or who would understand his/her history. After the initial admission, residential care came to be understood as a resource catering for young people with a range of needs but with similar backgrounds and experiences.</p> <p>To quote Sharon:</p> <p>It's a fine place to be, better than being in foster care because there is more kids here your own age that have been through the same sort of thing. (Sharon)</p>	<p>The findings of this study suggest that the resident group serves a number of functions for young people in residential care. Underpinning this is the notion that the group operates to monitor and secure residents' safety and acts as a means of maintaining group culture. This article has concentrated on the ways in which young people offer one another support and has argued that this is one means through which individual power and status can be achieved.</p> <p>Central to this notion of status is that it is only ever granted fleetingly and results from a complex relationship between the social context, the action and the social actors. Young people in this study were shown to have no fixed roles or group positions and as a result all experienced moments of being both most and least powerful. Such a finding contradicts the commonly held assumption of resident groups being strictly hierarchical in nature and structured by negative means. It has also illustrated the part that young people play in supporting and advising one another through life events as well as the care process itself.</p>
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<p><b>Emotional support</b></p>	<p>Luke and Coyne (2008)</p>	<p>Sometimes, as a child, you just want to sit and have a hug . . . and it was impossible . . . there was no emotional support there, there was no-one to sit and listen . . . (PA)</p> <p>[W]hen I fell out with my dad they could have talked to me about it instead of just not acknowledging it.</p> <p>I reckon you need love and support, that'd be the main thing, but there's a million ways that you can show it . . . I think that's probably about the only thing you actually need. It's the only thing that a real family can possibly give you . . . (PD)</p>	<p>Love and support were central themes in all of the participants' recollections. Both PA and PI had enjoyed loving, supportive long-term placements. For PA, this had helped him through some difficult times</p> <p>As well as affection and verbal expressions of love, foster parents had helped PA feel the positive benefits of support and attachment by listening to his needs and acting on them. Regrettably, there were more references to a lack of general support and attachment in participants' accounts than to their presence. PA's successful second placement was contrasted with his first</p> <p>The expression of emotional support as expressed in a willingness and availability to talk through problems had also been missing for PH</p> <p>PF described how severe problems of insecurity and low self-worth had plagued him throughout his childhood and into adult life. He felt that these problems were directly attributable to the lack of stable support and attachment in his childhood, both with his birth family and in subsequent foster placements</p> <p>Participant D had experienced the largest number of placements, and had built an attachment with only one carer, although this too had broken down after he left the family. Asked what the 'ideal carer' could have offered, PD's response was clear: I reckon you need love and support, that'd be the main thing</p>	<p>The foster parents described by this sample were in a unique position to boost children's self-esteem. 'Ideal' foster carers struck a balance between responding to children's neglected emotional needs and promoting age-appropriate social and academic skills (Schofield &amp; Beek 2005a). Regrettably, some foster parents seemed only to reinforce individuals' negative self-concepts in their failure to meet support needs.</p>
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	<p>Hill et al. (1996)</p>	<p>"(In residential care) people steal your clothes and you don't get much attention like here in a foster home"          "I enjoyed their company and I listened to them and took their advice. They kind of helped me to mature more."          "I learned to consider other peoples feelings."          "She says all the things a social worker says, but then you can have a good laugh"</p>	<p>The principal grounds for favouring foster care were the individualized or personalized care, more relaxed atmosphere and the normality of family life. p. 81</p> <p>Young people themselves identified three main advantages from being in foster care: 3)help with modifying their own behaviour p.86-7</p> <p>If and when trust was established, the young people showed a willingness to listen and be challenged about their behaviour. For example, one said she was less violent, another had returned to school after a long absence and a third said the placement had helped her to com of drugs and do better at school. p.87</p> <p>what young people said their liked about foster carers were that they were friendly, interested or relaxed; made them feel safe; relaxed; had a sense of humour; treated them like an adult; and included them in shared activities. Evidently, the teenagers got on well with people who they felt respected and accepted them for who they were ... Support and advocacy were also welcomed. One young person felt that her foster carer stood up for her at child care reviews and prevented others from imposing decisions on her (though another thought the reviews were just an occasion for his foster carers to complain about him.)</p> <p>Overall, half said they got on well or very well with their female foster carers and nearly as many with the male foster carers, although there were several households where a poor relationship with one foster carer offset closeness with the other. By comparison, over three-quarters of young people in residential care said they got on well with key workers.</p>	<p>The findings have implications for both practice and research. For example, they highlight the importance in foster placements of achieving a balance of closeness, stability, boundaries and autonomy that suits the temperament and expectations of the teenager. Some want to attach to a family, but others simply want a stable base and may find closeness oppressive. It is important that these expectations and inclinations are clarified and negotiated in the matching and contracting stages of placement (See Trileliotis, Sellick &amp; Short, 1995). It is also helpful if ground rules about such matters as going out in the evenings and financial allowances for the young person are clearly agreed at the start. Research could help to refine assessment tools as regards young people's orientations to family life and peers, their willingness to accept limits and the risks which could result from insufficient controls.</p>
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	<p>Luke and Coyne (2008)</p>	<p>I wouldn't have been able to achieve the grades I wanted to get without their constant nagging and constant pushing and pressure. (PA)</p> <p>[H]is input and help on my homework was phenomenal . . . and his patience is unfounded, it's brilliant. So their support means a lot to me, cos my mam and dad weren't there for me educationally. (PA)</p> <p>I took it personally that they didn't love me and really want to support me, when in reality it was just that they couldn't . . . I suppose I felt unwanted and neglected, to a certain extent . . . (PA)</p> <p>And the way that my brother and my mum have brought me up, it's testament to them the way I've turned out today- . . . Most of my mates have either gone into drugs or they've got criminal convictions . . . I never touched drugs. No criminal convictions . . . (PI)</p> <p>They kept just saying that</p>	<p>As well as more general support and attachment, several participants' self-esteem memories showed that the way they had felt was influenced by the presence or absence of foster carers' support in four of Harter's (1982, 1983) specific domains: scholastic competence, athletic competence, social acceptance and behavioural conduct (there was no spontaneous mention of physical appearance).</p> <p>Participant A had received a great deal of support in his academic career</p> <p>Importantly for PA, his foster father offered him targeted support in mathematics, an area in which he had previously struggled</p> <p>Participants for whom athletic competence was important also valued support in this area. For PI, this had come not from his foster parents, but from a teacher at school who recognized his potential as a runner and encouraged him to train during school lunch breaks. For PA, however, this was one area in which his foster parents could not support him. He described how he felt when they explained that they would be unable to support him in his blossoming football career because of financial constraints</p> <p>For PA, being supported in good behavioural conduct was important because it helped remove him from the violence he had witnessed in his birth family</p> <p>As well as Harter's (1982, 1983) four domains, participants' accounts also covered two other specific areas in which foster carers' support was important for their sense of self-esteem: driving and acting lessons. PA's foster father, a keen collector of classic cars, had sold his collection in order to buy PA a new car while he was learning to drive, which made him feel 'honoured'.</p>	<p>The thematic analysis of the interview transcripts supported Harter's (1986) dual-influence model, as participants related self-esteem memories reflecting both general support or attachment and domain specific support and encouragement.</p> <p>The memories of adults in this sample provided a number of practical examples of ways in which foster parents can help to boost children's self-esteem. In terms of general support and attachment, foster parents can offer physical and verbal expressions of their love and affection, be available when children need to talk and show the child that they are a wanted member of the family and unconditionally accepted for who they are. For example, PA's foster parents continued to offer him love and support despite his early violent behaviour. If foster parents offer such consistent messages of love and support, the child will begin to internalize a more positive self-concept which may help reshape their working model of the self as a person who is worthy of the love offered to them. Domain-specific support must be tailored to the individual child as particular areas may be more important for some children than for others. Foster parents need to talk to children to find out where they would most value help. Practical examples of specific support given here included instrumental help with mathematics homework, drama groups and football training, as well as encouragement in learning to drive. In addition, teaching children a strong moral code encouraged a view of the self as a 'good' person. If foster parents offer domain-specific support in salient areas, this can help the child's actual performance approach their ideal standard. The reduction in the discrepancy between actual and ideal can help the child to achieve a more positive cognitive self-appraisal and subsequently improve general self-worth.</p>
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		<p>I think well, am I a violent person, am I going to turn out to be my mam or turn out to be my dad . . . It's worrying. But I know that with the support that I've got, of my foster parents, then I'm not going to be in the same situation as they are . . . (PA)</p>	<p>In contrast, PH had received no support from her foster carers when learning to drive</p> <p>Participant A's foster parents, and some of PD's, had also supported their love of drama, taking them to lessons and helping them to learn their lines. For both participants drama was important as it offered them a sense of release from what was often a painful reality. PD, however, had not enjoyed this support in all of his placements. Some foster parents had refused to accommodate PD's drama classes as they were held on the same night that the parents played bingo. Others told PD he was not allowed to pick Drama as an exam subject (General Certificate in Secondary Education) Participant A which led to the breakdown of the placement. Subsequently, PD did not feel that his foster carers' support of his drama lessons was particularly important</p>	
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	<p>Martin and Jackson (2002)</p>	<p>'I think there needs to be a significant person, an advocate if you like for the child, who speaks with them, who knows all about that child and that child's needs, potential and strengths and weaknesses.'</p> <p>'I think the role model or mentor is somebody that you'd see on a weekly basis, that comes to your home or you could go to them or whatever. You'd do stuff with them or they'd take you to museums and art galleries, places of interest, or go away with you for a weekend . . . that they were there for you and knew where you're coming from.'</p> <p>'What you need is good advice and a lot more support while you're in university . . . You need a guardian angel to get you through.'</p>	<p>Most of the high achievers spoke of a special relationship with at least one person, within or outside the care system, who made time to listen to them and make them feel valued. This individual often acted as a mentor or a role model, and helped to motivate them to work hard at school and to go on to university.</p> <p>It was also noted that a mentor should have a consistent relationship with the child over time and should follow that child through to adulthood.</p> <p>Other participants recommended that the role model or mentor should play a very active part in the child's life and form a close bond with her or him.</p> <p>A third of the sample mentioned the continuing need for a mentor or a friendly adult who understands what they are experiencing during higher education. What they seemed to have in mind was not another professional but someone more like an educational godparent, outside the care system, who would take on this task as a voluntary activity and form a special relationship with an individual young person over many years</p>	<p>Previous research also indicates that a positive role model in the child's life setting who is willing to spend time with them fosters resilience (Maluccio et al. 1996). Of course the child is an active participant in this process.</p> <p>Social workers and carers should take a keen interest in education and convey that to the child by providing good facilities for study and showing appreciation for achievement.</p> <p>Young people in higher education need continuing support, financial, practical and emotional.</p> <p>For those who do obtain university or college places (at present no more than 1 in a 100), the local authority should recognize its responsibility as a corporate parent to celebrate their achievement and give them the same level of practical support and encouragement that a good parent would.</p>
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	<p>Emond (2003)</p>	<p>Bryony: Did you have an exam today?  Christine: Aye.  Bryony: I thought yours were finished?  Christine: It's just drama left.  Bryony: How did it go today?  Christine: Nae bad, aye.  Bryony: Sometimes I wish I had stayed on at the school. It's good that you are. You should stick in.</p> <p>Bryony: Dinnae go home. Just tell the staff you're not going.  Malcolm: I ken ( I know). I'm wanting to like, if I go and she doesnae bide (stay) in it just makes it worse between us.  Bryony: Aye, dinnae go.  Malcolm: I'll hae to tell the staff I'm no going and that's it.  Bryony: I'll go wi you and talk to Vernon [Manager of unit].</p>	<p>Young people were able to demonstrate support through their use of verbal and physical encouragement, including encouragement in pursuing a job or school exams. Encouragement was one of the few aspects of a social currency in which the age of the residents appeared to hold sway. Older residents were able to reflect on their own experiences and use these reflections to persuade younger members not to make similar 'mistakes'. Such support extended to young people who were trying to make a change in their lives or to move on to the next stage of the care process. The groups viewed those who criticized such behaviour as destructive. When one of the young men was considering applying for a job, the others asked him questions about the position and two of them stood next to him whilst he telephoned the company to request an application form. When he later returned from an interview and said that he had been offered the job everyone clapped, cheered and patted him on the back. Such obvious displays of encouragement were less frequent than the more understated ones, which often occurred in conversation. Atypical example is the following extract from a tea-time conversation between Bryony and Christine:</p> <p>In the course of this exchange Bryony was encouraging Christine in the pursuit of gaining qualifications, not only by demonstrating an interest in her progress but also by the disclosure of her own regret at an early exit from education.</p>	
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	<p>The young people involved are discussing Malcolm's difficulties with his mother: Malcolm: There's no point in going home to an overnight. My Ma just goes out anyway.</p> <p>Bryony: Dinnae go home. Just tell the staff you're not going.</p> <p>Malcolm: I ken ( I know). I'm wanting to like, if I go and she doesnae bide (stay) in it just makes it worse between us.</p> <p>Bryony: Aye, dinnae go.</p> <p>Malcolm: I'll hae to tell the staff I'm no going and that's it.</p> <p>Bryony: I'll go wi you and talk to Vernon [Manager of unit]. Here Bryony acts as the collaborator. She acknowledges Malcolm's situation and agrees with his proposed refusal to attend home access. She increases her level of support by offering to accompany him when he discusses his position with the officer in charge.</p> <p>Bryony: Did you have an exam today?</p> <p>Christine: Aye.</p> <p>Bryony: I thought yours were finished?</p> <p>Christine: It's just drama left.</p> <p>Bryony: How did it go today?</p> <p>Christine: Nae bad, aye.</p> <p>Bryony: Sometimes I wish I had stayed on at the school. It's good that you are. You should stick in</p>	<p>As a result of her encouragement and her use of self-disclosure Bryony was granted momentary credibility by those present. She was seen to be 'doing the right thing' and undertaking this task well. Non-participation in education was seen by many of the older residents as their biggest regret.</p> <p>Young people also offered encouragement in taking action with regard to family or relationships. This was often more than offering advice and involved verbally or physically encouraging someone's 'plan of action'. The following conversation illustrates the point..</p>	
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3.1.4 LACYP: Having someone to talk to

Sub theme	Paper	Direct participant data	Author description of data	Authors analysis (conclusions, implications, recommendations)
Importance of being listened to	Baldry and Kemmis (1998)	<p>I like it that I can talk about how I am feeling and also get treated like an adult.</p> <p>My social worker is someone I can trust and talk to.</p>	<p>Young people's comments clearly identified the qualities that they valued. Those most frequently mentioned were being listened to and having your views respected p.131</p> <p>Significantly, the majority of young people (82 per cent) felt their views were listened to, although rather fewer (65 per cent) said they were consulted about the decisions about daily routines made within their home; 1 in 7 said they were not consulted, which is similar to the Who Cares study at 1 in 8. Ninety per cent of the young people in the study said they had an adult whom they could confide in. This person was most often their foster carer, social worker or key worker. However, there were six young people who said they had no-one to talk to, representing 8.5 per cent of the sample. p.131</p> <p>They had clear views about what they thought may be a good or a bad social worker. The qualities most appreciated in a good social worker were: genuine interest, being listened to, meeting up with young people as arranged, getting things done as agreed, being open and honest, and maintaining links with young people's families. p.133</p>	No data available

	<p>Leeson (2007)</p>	<p>He told me, 'They don't listen to children'.</p> <p>N shook his head when recalling this memory - 'all I wanted to do was make them listen'.</p>	<p>All talked about feeling alienated from their social workers, many of whom were not local. All of the boys were in placement 'out of county', at least two from counties many miles away. This meant poor communication with their social workers. Frequently, the only contact was through formal review structures and at key moments such as placement crises or when the boy was no longer eligible to remain in the home. All felt this was not a good time to get their message across and were doubtful their social workers would hear what they had to say, anyway. S related several examples of such occasions, when he would be too upset or bewildered to make good use of the time with his social worker, who he felt, as a consequence, did not really know him and was unlikely to represent him effectively.</p> <p>N expressed similar feelings, talking about when he was 5 years old and he had been very unhappy in his foster home and had tried to talk about this to his social worker. When he felt he had not been listened to, he started running away and behaving badly. He felt powerless and that this choice of action was his only recourse. This was labelled as poor behaviour and evidence that he was disturbed rather than he was N shook his head when recalling this memory - 'all I wanted to do was make them listen'. Recognizing that this had got him into trouble, he felt he had little choice. He accepted that this had given him a label that had proved impossible to change.</p>	<p>Many have shown children meaningfully interacting with their environment, making sense of what is happening around them and having clear judgements, values and attitudes to voice (Alderson 2000; Lancaster 2002; Moss &amp; Petrie 2002). They are not passive recipients, people in waiting or citizens in potential (James &amp; James 2004, p. 35), but active participants in their world. Ignoring their voices or preventing them from being heard through overzealous notions of protection is both dangerous and manifestly unfair (Hendrick 2003; John 2003). Although policy-makers acknowledge this and are making steps to ensure children in care meaningfully participate in decision-making about their care (Department for Education and Skills 2006), research shows there is a long way to go (Parker 2006), especially for the younger child (Jowett &amp; O'Laughlin 2005; Thomas 2005). The last word has to be from one of the boys: 'we need real choices, we need time to think and we need people who are prepared to listen and help' (S, July 2005).</p>
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			<p>S felt social workers did not care about the children in their care, that they were more concerned with paperwork, fulfilling obligations that he was not aware of, and being seen to do something. He cited as an example the decision to move him to his current placement that had been made in haste, with very little consultation with either him or his parents.</p>	
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	<p>Barnes (2007)</p>	<p>'I always tell children's rights cos they'll sort out with it straight away. It's like they take it up as soon as they can'.</p> <p>'Rights of children's attitude are brilliant cos they're actually always polite, always willing to listen to you and always understand you.'</p> <p>'I feel my views are heard and they involve me in decisions. They treat me like an adult.'</p> <p>'I find it hard to trust people, to let people walk into my life and sort of deal with me. And I haven't found any difficulties with her (rights worker).'</p>	<p>There were however common features that these young people said they wanted and appreciated in all professionals. Caring was an important aspect of these and will be considered in relation to Diller's (1996) features of an ethic of care cited above. Some of the qualities young people appreciated were personal ones such as friendliness and a sense of fun. Others were about good practice and professionalism such as being trustworthy, honest, reliable, easily contactable and providing a quick, efficient response. These features relate to Diller's (1996) principle of 'acting on behalf of the cared for'. For example, Nina, a 17 year old, now living independently, said that despite her experiences of moves and rejection in the looked after system she was able to trust her rights worker.</p> <p>Other young people explained that they appreciated the responsiveness of their workers</p> <p>Esther, an 18 year old care leaver appreciated help from children's rights in relation to her own child</p>	<p>The majority appreciated the caring relationship encountered from rights workers but had difficulty with some attempts to represent their rights and concerns. In particular, the care arrangements of young people could be jeopardised by taking up issues out of context, without regard for their dependence on carers. This is clearly a dilemma facing children's rights professionals and one which requires further debate. Although there is no easy solution to balancing principles of rights and care, the application of an ethic of care which incorporates the best principles of caring without the associated paternalism deserves consideration as a way forward for young people and their advocates.</p>
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			Another cluster of qualities that the young people appreciated in their workers were those of demonstrating respect and interest, listening, valuing them and treating them as equals and individuals, not 'like a child'. These can be related to Diller's (1996) concept of 'engrossment', that is accepting another's views and feelings as one's own and are central to a care ethic. Here are a few of the many comments in the research made by young people about these qualities.	
	Skuse and Ward (2003)	<p>"In the early stage when I was going into care I received 'anger management', because of what happened to my father and at that point I was very much agitated....Yes it helped, tremendously, but I also underwent bereavement counselling as well to help me come to terms with what had happened to my father." (Rob. Age at entry: 14 years. Age left: 18 years old.)</p> <p>"It helped a lot because, I know it was only three or four sessions, but it helped me to get the stress out - they gave me forms on stress management and things like that. It was a very positive thing for me to do...I'm not letting anyone ruin my life, because I had a crap childhood and I am not letting them ruin my adult years as well. I am sick of people walking over me. Why do you feel you had a crap childhood? Well my dad left when I was three and my mum was depressed for as long as I can remember - I saw her</p>	<p>While they could not always remember how frequently they had seen a mental health professional, most of the young people aged ten and over were able to say whether they thought the support offered had been helpful. Of the ten young people who had received support while looked after, four had found it largely unhelpful and five largely helpful. One was undecided. It should, of course, be acknowledged that these perceptions come with benefit of hindsight, and the view at the time of the intervention may have been very different.</p> <p>Rob was one of the two young people who thought that the counselling he had received had 'helped a lot'. After his father's suicide he had been cared for by his grandparents for a while, but became looked after when they could no longer do so. Whilst in the care of the CSSR, Rob received anger management counselling on a twice weekly basis for six months and bereavement counselling on a weekly basis for two to three years:</p> <p>Alison thought she had benefited by the two years she had spent in</p>	<p>There is substantial evidence that a high proportion of the young people in this study had emotional and behavioural difficulties at both entry to and discharge from care or accommodation. At a personal level, such difficulties are likely to have affected their immediate and long-term life chances and their ability to fulfil their potential. As the report on the full cohort will demonstrate more clearly, evidence of emotional and behavioural difficulty was closely related to poor academic performance, school exclusion, offending behaviour and placement instability - all indicators of outcome that CSSRs are required to monitor in order to demonstrate how far they are meeting developmental objectives for vulnerable children and young people. It therefore seems clear that in order to improve outcomes at both an individual and a strategic level, the extensive emotional and behavioural needs of this population should be recognised and appropriate therapeutic support provided.</p> <p>However, in designing and delivering appropriate support, it is obviously necessary to talk and to listen to the young people concerned. At present they are virtually the</p>

		<p>slit her wrists and then she set fire to the house with herself in it. I found a suicide note in her bedroom when I was twelve so stuff like that made things not very stable for a child to be growing up in and around it. The times I wanted to die I just don't know. I was really hormonal when I was a kid. I just couldn't cope with anything. I got picked on at school and hated my step dad. I never saw my mum because she was always working. It was just horrible".          (Alison. Age at entry: 15 years. Age left 17 years old.)          "Did you find it useful?          Really useful. It's nice talking to somebody.          So would you say it helped you then, talking to someone? Do you think you felt happier?          Nothing changed. It's like it does change, but it's like, you know, you can't. When they tell you your past will go. But it's not going to. It's truly not. But it's nice talking to somebody."          (Ann. Age at entry: 14 years. Age left: 18 years old.)</p> <p>"I saw a psychiatrist because I had taken an overdose ..I think I was about fifteen at the time. It was a woman. I only saw her once and the reason for that was because she didn't understand me. I thought she would be able to help me sort myself out, but she kept asking questions like 'Why have you come here?' "          (Gina. Age at entry: 14 years. Age</p>	<p>accommodation. She had had five placements during this time, but these included one long one in which she developed in confidence and felt a growing sense of security. At the first interview she was living independently and working full time. While she was looked after she had received therapeutic support, which she felt had 'helped a lot'. Her comments shed further light on the types of experience that many young people who come into the care system have had to contend with, emphasising the likely need to provide substantial mental health support to this population:</p> <p>Of the three young people who thought seeing a mental health professional had 'helped a bit', Ann, for instance did not think there had been any lasting value:</p> <p>On the other hand Gina and Joanne, who both found the intervention had not helped at all, did not feel that the support offered was appropriate to their needs:</p> <p>To be effective, therapeutic interventions must appear relevant to the young people concerned. Yet a number of responses reveal a lack of understanding on the part of both the young people and the professionals. Gina and Joanne's comments above, for instance, demonstrate how communication is obviously an issue that needs to be addressed if interventions are to be more effective. Joanne's experiences may reflect a particular therapeutic technique whereby the therapist tries to help the young person</p>	<p>only source of information concerning the amount of support provided, and will remain so until systematic recording improves. However, more importantly, not only should they, as service users, have a right to be consulted, but their perceptions of what is helpful and what is not are invaluable. Their responses to the interview questions confirm the findings of many other studies that access to mental health support can be patchy for children looked after and that the type of help they are offered can be easily misunderstood or judged inappropriate by recipients (National Assembly for Wales, 2002). A number of initiatives introduced through Quality Protects have been designed to address these issues, but were not yet in place at the time this cohort were looked after. It should also be noted that although there were several who were not satisfied with the support they received, about half the young people found professional interventions to have been helpful, some of them extremely so.</p> <p>Summary</p> <ul style="list-style-type: none"> <li>• The case notes held insufficient information about the emotional and behavioural difficulties experienced by these children and young people, or the support and services they were offered and/or received.</li> <li>• Interviews showed that where support was provided it was not always appropriate. Services needed to be relevant to the needs of the individual child, taking into account their views and feelings.</li> <li>• More children and young people received services from mental health professionals after discharge from care or accommodation.</li> </ul>
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		<p>left:16 years old.)</p> <p>"They were useless as well (psychiatrist). Cos they just don't understand, just didn't listen...I just thought they were being funny, the stuff they used to say to you. Like 'If you wanted to die, why don't you do it properly?' and stuff like that. But it were attention I wanted, not as in 'Look at me', it were more of a cry for help really."</p> <p>(Joanne. Age at entry: 14 years. Age left:16 years old.)</p> <p>"Did it help you?</p> <p>No, because there was nothing wrong with me and people would not believe me at first about what had happened at my Mum and Dad's. The first one I went to, the child one, they made me play in the sand and do a picture with people and children and that, and she kept asking me if I was all right. .... So I really got to the point that I thought I would have to make things up to get them away from asking me all the time and they did not accept that I was OK....It didn't help at all with me getting this, but in the long run it did sort things out....because they got my Mum and Dad in and that is when they found out that they had a problem and that is when they started seeing them and I stopped seeing them."</p> <p>(Lara. Age at entry: 15 years. Age left:17 years old.)</p> <p>"I saw the psychologist because my Dad was telling him bad things</p>	<p>explain what they have done and explore the reasons for their actions. The line of questioning in Gina's case may reflect a similar approach or may indicate that although a referral had been made to child and adolescent mental health services (CAMHS) from social services, the psychiatrist had been given very little information about her and was simply trying to find out what had happened.</p> <p>Two of the young people, who had seen mental health professionals before they were looked after, did not regard themselves as having any difficulties. They considered that any problems lay with their parents rather than themselves, but had not been able to persuade anyone that a referral would be inappropriate:</p> <p>Access to services</p> <p>One of the issues raised in the consultation on the new Guidance on the Health of Looked After Children was the ease with which vulnerable young people can be discouraged from seeking medical advice, with long-term consequences for their future health and wellbeing (Ward, Jones, Lynch and Skuse, 2002). Adolescent perceptions that mental health professionals do not understand them are likely not only to be disempowering but also to inhibit further contact with the mental health service in the future (Buston, 2002). This was the situation with Gina, who stopped attending the psychiatrist's clinic after the first visit, as described above; however she still believed that it would have been good for her to have had some</p>	<p>Access to professional support whilst looked after was more problematic.</p> <ul style="list-style-type: none"> <li>• Seven young people commented that they would have valued someone impartial who would listen to them and allow them to discuss issues of concern. They would have valued a mentor or befriender instead of, or in addition to, professional support services.</li> </ul>
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		<p>have someone to talk to? I don't know. I really felt the same. I went because they told me. I went in, talked to him and I felt exactly the same.....I answered this before from social services, they asked me exactly the same question - I suppose I could say it helped a bit." (Gary. Age at entry: 9 years. Age left:12 years old.)</p> <p>"I think I would have liked to have talked to someone, because I needed to sort my head out, I was sort of everywhere and nowhere, so my head needed to be sorted out. What about your social worker? She was really nice and I wouldn't say anything about her, but I couldn't talk to her about things. She was like my mum and would tell me that you mustn't do this and that and I loved her for it, because she was constantly telling me to be good. But I couldn't tell her how upset I was and what had gone on." (Gina. Age at entry: 14 years. Age left:16 years old.)</p> <p>"Who would you have liked to have seen? Anyone. What would you have liked to see them for? "Just to talk to them and them ask me how my day's been, how the week's been." (Marcus. Age at entry: 9 years. Age left:12 years old.)</p>	<p>medical records get lost or delayed, notification of outpatients appointments may be missed and opportunities for intervention lost. These are common problems when children are looked after away from home, which the new Health Guidance (Department of Health, 2002b) is intended to address. Such difficulties were encountered by some of the interviewees. For instance, the mother of one young man with learning disabilities had to advocate strongly on his behalf to get her son seen by an educational psychologist. However, she moved house frequently, records failed to keep up and he consequently received a somewhat patchy service. Moreover, with personnel changes and appointments spread out over a long time, she felt that overall he had not benefited:</p> <p>Another young woman saw a psychiatrist on a regular basis (at first weekly and then monthly), which she reported was helpful in getting things out of her system. However, she stopped attending when the therapist involved moved to another post. Attachment to one therapist and reluctance to change personnel is commonly known but this is particularly problematic for vulnerable children who can take considerable time to develop trusting relationships.</p> <p>Mentoring Seven young people reported that they would have liked to have seen someone to help them with their problems. This group included two who had already had some therapeutic support. Many of the comments from this group focused on</p>	
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		<p>"I am not sure, but I know I wish that someone would have listened to me but I don't know if a therapist would have been the right person." (Saul. Age at entry: 16 years. Age left: 18 years old.)</p> <p>"Somebody to listen to me properly, to understand where I'm coming from, but you, you never get that in care, never." (Joanne. Age at entry: 14 years. Age left: 16 years old)</p> <p>"Who would you like to see? Psychiatrist. I feel I would like to talk to an impartial person. I realise I have a few problems but it is always a help to speak to someone impartial." (Louise. Age at entry: 16 years. Age left 19 years old.)</p> <p>Marcus and his family had been receiving family therapy since he and his brother had returned to the care of his mother: So how often do you go there [family therapy]? About once a month. And do you find that helpful? No Why is that? Because it's not enough time. Just not enough time, we don't go enough. How often would you like to go? Twice a week...twice a week would probably help. So what kind of things do you talk about there?</p>	<p>their need to have someone who was not involved in their case to listen to them and allow them to get things off their chest. Their comments did not imply that they felt they needed to see a mental health professional so much as to have someone to take an interest in their lives and listen to them without prejudice. This is perhaps an area where independent visitors or befrienders could be used to a greater extent, in a mentoring role. Certainly, the research team often felt that interviewees valued the experience of having someone to visit them who would just listen to whatever they had to say. This point has come up in other studies of young people looked after away from home (Fletcher, 1993; Shaw 1998), though there is more evidence that young people felt they needed someone to talk to in the current study.</p> <p>As explored in greater depth in Chapter Six, frequent changes of placement of young people and their looked after peers create an unstable environment where friendships have little time to develop and are often cut short. Neither do these young people have the same opportunities to talk to their birth parents about their thoughts and concerns. Whilst residential staff and foster carers do fulfil this role, most adults they meet have a professional interest in the child involved. Comments get reported and noted in files, making minor concerns or worries into bigger issues than they perhaps were. Such an environment can stifle free expression and exploration of one's feelings. As Stanley et al (2002) note:</p>	
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		<p>How's the day been? What have you done? What's been fun?  Would you say it helps a lot, helps a bit, doesn't help much or doesn't help at all?  It helps a lot. Sometimes."  (Marcus. Age at entry: 9 years. Age left: 12 years old.)</p> <p>I thought, I was considering it. I was considering all the options at the time. I would have probably gone for it, but now, I still think my way's best. Well, for me.  So you're not considering it any longer. When you were, who would you have liked to have seen. What type of person?  Someone that would just really listen, you know, not sort of ... I've seen a psychiatrist before, going back to when I was about twelve, thirteen, but they just used to ask questions, and that don't help you, asking questions. I think I just needed someone to talk to, somebody that I didn't know that I could just tell things to, and then, just forget that I'd told them.  Basically, just to get them out, if you understand that."  (Chloe. Age at entry: 13 years. Age left: 16 years old.)</p>	<p>It is evident from the previous chapter that for some vulnerable young people therapeutic intervention from mental health services may be the best course of action, although many deny the extent of mental health symptoms.  Nevertheless, the notion of just having someone to talk to may be particularly salient for many other young people who do not have the same opportunities for companionship and sharing information as their peers in the community. Most individuals value the opportunity to offload frustrations, and professional psychotherapeutic intervention is not always necessary or appropriate. Rather, having someone who is available on a regular basis and who is prepared to listen to them can often be beneficial, as Marcus, Saul and Joanne suggest:</p> <p>Mental health support after leaving care or accommodation  So far this chapter has explored young people's experience of mental health services during the time that they were looked after. Six of the younger children and eight of those aged ten and over (29% of the sample) reported at the first interview that they had seen a mental health professional after they left care or accommodation. While six of them (two Nine and Unders and four Ten and Overs) had received mental health support whilst they were looked after, eight of them had not previously done so. Overall, more children and young people had received services from a mental health professional after discharge than during the care episode, supporting findings from other studies</p>	
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			<p>that suggest access to mental health support can be more problematic for children and young people in the care system than for those in the community (Ward, 1995). A further five young people from the older group said they would have liked to see a professional or to have been able to continue seeing one, indicating that almost half of those in this age-group (48%) may have felt the need of psychotherapeutic support after their care episode was over:</p> <p>Chloe had recently been detained under the Mental Health Act 1983 on account of her self-harming behaviour (cutting). She also reported having recently lost seven stones in weight through bulimia. At the time of the first interview she was aged seventeen. She had been discharged home from hospital three months previously. Although she had been promised a social worker she had not yet been allocated one. She had also asked to see a counsellor but was still waiting for an appointment. Chloe's comments reinforced the point made earlier in this chapter (p.68) concerning the ease with which vulnerable young people can be discouraged from seeking necessary medical support: she stated that she would only ask for help once and, as it had not been forthcoming, she would manage on her own:</p>	
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<p><b>Subtheme:</b> Confidentiality</p>	<p>Blower et al. (2004) Mental health of "looked after" children: a needs assessment</p>	<p>Most of it is difficult. Find it difficult to talk about when I was raped. Because it is upsetting and sometimes can't find the right words.</p> <p>Wouldn't tell staff lots of things - like bad things I do because I might get in trouble.</p> <p>When my Dad drinks I don't tell then because they will stop me going home. I like going home because it means I get out.</p> <p>It easy to talk about . . . problems; easy to talk about the bad. Hard to talk about school because it's good. Hard to talk about the good.</p> <p>Don't want to talk about my sister's death.</p> <p>Football is easy to talk about. How you feel is a bit hard.</p> <p>It's all difficult but it is hard to explain why.</p> <p>Some things are more difficult. I tend to bottle things up - personal things I find hard to talk about and serious things.</p>	<p>"They felt torn between wanting their carers to know enough about them to meet their needs, and feeling that they had little privacy. They complained about the use of logbooks, although appreciating the need for staff to communicate and remember things about them." p. 124</p> <p>Of the children and young people who participated in these interviews, 39 said that they did confide in other people. Younger children named a small, close network of relationships (mainly foster carers and birth family). Teenagers in residential care had a wider network, including professionals (mainly care staff), family and friends, with 10 young people naming another young person as their sole, actual or ideal confidant. Nine interviewees said that they do not talk to anyone. This subgroup did not appear to be different from the rest of the sample in terms of placement, age or gender. Reasons given for not confiding included feeling that nobody was available to them, that they prefer to rely on themselves, or that they did not trust anyone else.</p> <p>When 'ideal' sources of support were discussed, it emerged that only eight of the children or young people were already confiding in that person, who was most likely to be a member of their family of origin. Five young people named a fictitious person or celebrity as their ideal confidant. Younger children tended to describe sources of support in more functional terms (e.g. 'they help you and do things with you', 'they fix things and that's them over'), whereas teenagers spoke more directly of emotional needs ('they listen and they understand'). Half of the interviewees said it was 'easy' to talk about 'anything'; the rest were highly discriminating in selecting what to</p>	<p>In general, topics such as school, sport and friendships were easier to discuss than family members, 'bad things' the young person had done, sex, bereavement, feelings and traumatic experiences. Difficult subjects were easier to discuss with friends than family members. Overall it seemed that some topics were difficult to discuss because they were distressing to the young person or hard to communicate; other subjects were avoided because of an anticipated negative reaction from another person.</p>
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	Barnes (2007)	'Some things you tell a social worker and they ALL know about it. But if I tell (rights worker) and she doesn't think I was in danger she'd keep it to herself'.	For example, Tina, a young woman of 16 in residential care, talked about a complaint she had made about staff behaviour through an advocate who regularly visited the residential home to take up issues on behalf of young people there. She was horrified that all the staff were aware of her complaint and she was subsequently called a 'grasser' by two of the staff. Whereas she had hoped her complaint would remain confidential, anonymity had been impossible in a small residential unit.		
	Fleming et al (2005)	' . . . do things for themselves and social workers can check it's being done'.  'Young people depend on the Social Worker providing the service for you'.  'I don't like it when new staff (Residential Social Workers) organise appointments behind my back . . . I just won't go'	Most young people were satisfied with arrangements for addressing health issues, and several were complimentary about the role of their social worker in helping to discuss private matters such as sex and contraception. The social worker was preferred here to the foster parent, the latter being too close and likely to provoke embarrassment. A few young people found it virtually impossible to talk to anyone about confidential health matters.  The young people felt that health was covered adequately in the periodic 'Looked After Children Reviews'. They were grateful that 'embarrassing things like sex and relationships were not talked about'.	This study has highlighted that, mirroring previous research findings (West, 1995), health is a very 'live' issue for young people and their foster carers and social workers. It is reassuring that teenagers who are looked after, without exception (100% return), feel health is valued in their placement and they appear broadly content with the arrangements in place for addressing health. However, also identified is the low uptake of the statutory medical (56%), with the loss of opportunity for opportunistic health promotion. This trend is reflected in other research studies (Butler & Payne, 1997), where uptake was recorded at 50% and Polnay & Ward's study (2000) where uptake was as low as 25%. Given that few issues or recommendations were arising from over half of those who had medicals completed, one would question, in accord with Broad (1999), the value or appropriateness of the medical examination in adequately addressing young people's health issues.	
	Bundle, A. (2002) Health information	'It would depend on if the staff were sitting in, because if it was someone I didn't know well and I was told, right you can come and	'For one, the staff member who accompanied her to the appointment	In the area in which the study home is situated, mainstream secondary schools have regular school nurse 'dropin' clinics, in addition to health interviews	3

	and teenagers in residential care: a qualitative study to identify young people's views	talk to the doctor about your eating, but . . . was coming in, I wouldn't talk in front of her. But if I was told a member of staff was sitting outside the door or if I was told I'd have a member of staff I felt comfortable with, it wouldn't be a problem'	was important, as was having a choice of whether this person would remain outside the consulting room'  'Confidentiality was not asked as a specific question, but was raised by four people as being important, and implied by a further four who said they would not tell staff the reason for wanting an appointment if the matter was personal'	offered to all Year 7 pupils. The use of a school nurse to provide a similar service in residential children's homes would give these young people easier access to a knowledgeable health professional, with an opportunity to talk confidentially about their own health concerns and to discuss any written health information they receive. The nurse could facilitate referrals where required and also address such issues as incomplete immunisations.	
	Barnes (2007) Young People's Views of Children's Rights and Advocacy Services: A Case for 'Caring' Advocacy?	'I think that when you make a complaint it's just awkward. It is— cos if I make a complaint I go for a route that no one else is going to catch up on, so my social worker won't know I've made a complaint, my foster carer doesn't know I've made the complaint and only children's rights—so it doesn't go any further than that—so I'm happy'.  'Personally, if I was in foster care again I'd never make a complaint about a foster carer again—about what they've done to you—and I'd say that to anybody in care. And I do know quite a few people in care'd say, don't make a complaint because it's not worth it.'	For example, Tina, a young woman of 16 in residential care, talked about a complaint she had made about staff behaviour through an advocate who regularly visited the residential home to take up issues on behalf of young people there. She was horrified that all the staff were aware of her complaint and she was subsequently called a 'grasser' by two of the staff. Whereas she had hoped her complaint would remain confidential, anonymity had been impossible in a small residential unit.  Their dependence on carers for basic care needs of food, shelter and emotional support made young people who asserted their rights particularly vulnerable. Rejection by carers was a strong likelihood. Tim, quoted above, talked about the great pains he took to make sure that any concern he raised with children's rights would not pose a risk to the stability of his foster placement  Young people were not always able to predict the outcome of their actions or those of children's rights workers on their behalf. Sally, quoted earlier, had	Considering these examples in terms of Diller's (1996) ethics of care: firstly, a basic ontological position of relationality implies seeing children and young people in necessary relation to others, that is their family, their environment their 'carers' and their professional workers rather than in isolation. The young people quoted above were not happy for rights considerations to take precedence over their care arrangements. Children's rights and advocacy workers were dealing with them as if in isolation, as autonomous individuals, as recommended by current Advocacy Standards (Department of Health, 2002) but I would argue, together with Arneil (2002) and Bell (2002), that consideration of young people's relationships is vital. Clearly this is not to ignore the impact of oppressive relationships, but it is important to take account of young people's need for care and their attachments.  This was illustrated by the two young women quoted above who found that their rights were asserted without account of the context of their situation. In the complex and often fragile interrelationships outlined by some of the young people, context needs to be understood in order to avoid	4

			made a complaint about her foster carers and was consequently moved from the home and was facing having to live in 'a scabby little hostel'. She regretted having made the complaint.	repercussions for them and the stability of their care.  There is also the argument stated above that considering care first could ignore the impact of oppressive relationships. Whilst there is no clear-cut solution to this dilemma, to always put rights first risks disrupting young people's care arrangements unnecessarily. Sevenhuijsen (1998) suggests that this should not be an 'either or' dilemma but that an ethic of care should feature more positively alongside rights perspectives.	
	Munro, E. (2001) Empowering looked-after children	No data available	When asked what they would do if they wanted to complain, the children in this study said they would approach an adult to act as an advocate for them. All but one of the children could readily identify to whom they would turn to in that sort of situation. Many went on to give examples of how they had been helped. The adult identified as an advocate ranged from a birth relative, e.g. an older sibling, to the foster carer, a teacher, or the social worker. The variety of people who were identified as being helpful suggests that it is a personal matter and the person significant to the child may not be the one the system would identify as their official supporter.	These findings are more positive than those of Butler and Williamson (1994) who report a greater degree of loss of confidence in all professionals and reluctance to turn to them for help.	4
	Munro, E. (2001) Empowering looked-after children	'I felt really let down because I thought I had been talking to her privately but I saw she had written it all down in the file for anyone to read. I wouldn't have said anything to her if I had known she was going to do that'  'She has told me what kinds of things she would pass on to my	One major difference between corporate parenting and ordinary families is the number of people involved in a child's care. It is essential to share information for good planning and care but, from the child's point of view, this can seem very intrusive. Again, the problem reflects the normal processes of growing up. Teenagers develop autonomy and increasing privacy as part of maturation	Butler and Williamson's research also highlighted the importance and perceived lack of confidentiality to children: 'there is a pervasive feeling amongst children and young people that even a commitment to confidentiality is, too often, a 'false promise' and that information divulged will then be 'spread around' without the consent of the individual concerned' (1994, p.78).	5

		<p>social worker so I know the rest of it will be kept secret.'</p>	<p>but, for a child in care, it is difficult to achieve that same sense of privacy. Several of the older teenagers complained of the lack of confidentiality and, hence, a reluctance to share their thoughts and feelings because it would all get written down in their file and read by strangers Another described how embarrassed she had been when she realised that it was widely known that she had started taking the contraceptive pill.</p> <p>Another praised her psychiatrist for offering a secure and confidential relationship.</p> <p>The Action and Assessment records, which some of the young people had started to complete, were singled out for criticism in asking so much personal information which the young people were unsure how it was going to be used and who would have access to it.</p>		
	<p>Skuse and Ward (2003)</p>	<p>"That's a sore subject. I was told by my foster carer, and so were all the other children, that if we had fights with her we desperately needed to see a therapist. But I didn't go into care because I had problems. I think it is beneficial for everyone to speak to someone impartial about your problems but to be told that you need to speak to someone because you have problems is not a good way to go about this. Do you wish you had seen someone? Yes I do wish but because it was being used as a weapon it was</p>	<p>Another young woman demonstrated how sensitive young people can be discouraged from accepting support if they are made to feel that it is being used as a threat rather than an opportunity:</p>	<p>Perhaps, however, one of the more telling points to come out of their discussions with the interviewers was the frequency with which these vulnerable young people expressed the need for someone to whom they could talk to confidentially, who would listen to them without feeling the need to make a record or take professional action.</p>	

		<p>something I didn't want to do because I was being told I had to do it...If it had been put in a constructive way I probably would have done, but because I was being told I had problems, I decided that I could deal with this myself.</p> <p>Who would you have liked to have seen?</p> <p>I think someone impartial because everyone has a vested interest somewhere, even the people I met from the social services.</p> <p>How do you think it would have helped you?</p> <p>Just to be able to step away from the situation and deal with it without so much emotion because everyone was just thinking about themselves and I think whilst I was in this situation it was very emotional and I felt pressured to be 'happy' within the social services. As long as you are happy that's fine. There was an awful lot of pressure because that is what the social services are there for. To put you in a position of getting somewhere in life, otherwise you will be on the streets."</p> <p>(Louise. Age at entry: 16 years. Age left 19 years old.)</p> <p>"..there's loads of times I've wanted to talk to someone about all of it, but I just never have, because I think, if I talk to someone about them, other people are gonna know, and it's</p>			
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		<p>gonna cause more problems. Keep them at the back of the head, and that's all done....Cause I think, if you start telling people things, that's when your problems start coming out, if you keep them at the back of your head, they stay there, and no problems. But if you start talking about them, and that, that's when they all come round, and then you start getting the memories, and that's what makes you go backwards. So you should keep them at the back of your head, that's what I say.</p> <p>So even when all these people were suggesting you saw someone, did you think that was a good idea and you'd have liked to have done it or not?</p>			
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### 3.1.5 LACYP: Contact with birth families

Sub theme	Study	Direct participant data	Author description of data	Authors analysis (conclusions, implications, recommendations)
Desire to maintain contact with birth families	Baldry and Kemmis (1998)	No data available	Most (89 per cent) said they had contact but many (43 per cent) were clear that they wanted more,	No data available
	Biehal and Wade (1996)	No data available	<p>They had felt hurt and angry about their past experiences, but the loneliness, stresses and crises they experienced on leaving care prompted them, or their parents, to attempt a rapprochement. These young people showed a poignant need for reconciliation and cautiously responded to parental overtures despite having experienced years of rejection, as in the case of one young woman who had been sexually abused by her stepfather</p> <p>Some young people who had been consistently rejected by parents for many years had built up idealised pictures of them, constructing explanatory narratives of their lives which sought to exonerate parents or rationalise their behaviour. Sometimes by blaming themselves or by blaming social workers. They tried to reconstruct their parents' actions in positive ways, or tried to construct narratives which would explain why parents had given them up or failed to maintain contact without tarnishing their image of the parent. These conflicts led some to blame themselves for the abuse or rejection they had suffered and left them confused about relationships in general. Others cherished fantasies of rebuilding relationships with rejecting parents and became angry if any suggestion of blame was attributed to a parent, even after suffering serious physical or sexual abuse at their hands</p>	No data available

	Buchanan (1995)	<p>You should be allowed to go and see your family</p> <p>You are supposed to stay near your parents and family</p> <p>For a start I don't think children should be taken away. Like now they try to keep you with your parents as much as possible.</p>	Overall young people were happy that the new Act should encourage greater efforts to be made to keep young people with their families.	No data available
	Bullock et al. (1990)	I would rather be at home, to be with my mum	No data available	No data available
	Butler and Charles (1999)	No data available	'the young people continued to see birth as a powerful, special bond, no matter how positive the reality of substitute care'	No data available

	<p>Heptinstall et al (2001)</p>	<p>He placed both his birth parents in the inner circle of his map and when asked why, he said : 'Because they are just family, and family is important to me.'</p> <p>Robert placed the postman in the 'formal others' section of his map, explaining that he was important 'Because he brings me letters from my brothers and sisters'.</p> <p>Claire said her younger brother, who lived in the same foster family, was very important to her 'Because he is the only one of my family I live with'.</p>	<p>The majority of foster children placed their birth mothers in the inner circle of their maps (10/15) compared with only half of the birth fathers known to children (6/11). The four children who did not know their fathers' identity omitted them from their maps. It is perhaps surprising that so many children placed their parents in the inner circle, since in most cases they were taken away from their parents because of poor care and contact with them was very variable. Foster children were particularly remarkable in including birth fathers in their maps even though they had not seen them for many years. Children who lived with their lone mother or a step-father and who had not had any contact with their birth fathers for a long time frequently omitted them from their maps altogether. Yet several foster children placed their long-lost birth fathers in their maps, including one boy who only knew his father from a photograph. Another boy included his birth father who had died six years previously. In contrast, four children who lived with their widowed mothers did not include their fathers in their maps.</p> <p>Gail (12) and her younger sister had lived with the same foster family for five years after being removed from their mother's care because of abuse and neglect. Gail said she felt 'terrible' not living with her mother.</p>	<p>Foster children frequently communicated the importance they attached to birth parents and siblings, not by accurately expressing their feelings, but by placing them in their maps of important others, in particular fathers with whom they had not had contact for many years and siblings they had never met. As David indicated, no matter how inadequate or unavailable their parents may be, they still form an important part of children's own representations of family life.</p> <p>The near symbolic meaning children seemed to attach to birth parents and siblings adds to the ongoing debate on the importance of maintaining contact with birth families and placing siblings together in foster care. Children may have unrealistic and idealised views of their families, but these images remain important.</p>
	<p>Hill et al (1996)</p>		<p>The main reasons for preferring residential care were - already having a family; concern about hurting their own family; greater perceived independence or freedom in residential care; liking the company of peers; and seeing families as stressful.</p>	<p>No data available</p>

	Munro(2001)		<p>Looked after children's desire to see more of their birth families was also reported in Shaw's study where only 51% of her sample were seeing their family as much as they would like. For children aged 8-11, the figure was even lower at 37% (Shaw, 1998, p.31).</p> <p>It was clear from their discussions that their birth mother was still a vivid and central character in their lives even when, as in two cases, she was mainly a source of distress. For the rest, comments about the birth mother indicated many positive aspects to the relationship mixed with an awareness of her difficulties or shortcomings. For instance, one spoke of her mother being a heroin addict and showed some compassion for her inability to give up. The importance of the birth mother seemed true regardless of the child's length of time in care, the reasons they gave for their admission to care, or their satisfaction with their placement.</p>	No data available
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	Stevens and Boyce (2006)		<p>Young people discussed the importance of staying in contact with families. This standard was rated as one of the most important</p> <p>Of fifteen people 5 rated keeping in touch as most important standard - a total of 6 rated it as one of their 3 most important standards - overall appears to be the most important issue addressed within the standards - by far received the most votes as the most important standard - others received 2 or 1 votes</p> <p>1 arriving for the first time (2)  2 first meetings (4)  3 keeping in touch (6)  4 support arrangement (3)  5 your environment (1)  6 feeling safe and secure (6)  7 management and staffing (5)  8 rights and responsibilities (0)  9 making choices (2)  10 eating well (1)  11 keeping well-lifestyle (3)  12 keeping well - medication (2)  13 learning (1)  14 private life (5)  15 daily life (2)  16 supporting communication (2)  17 moving on (0)  18 concerns and complaints (0)  19 advocacy (0)  Authors analysis (conclusions, implications, recommendations)</p>	No data available
	Thomas and O'Kane (1999)	<p>I felt as if I was being taken away from my mother and I'd never see her again (boy aged 10)</p> <p>I love my brothers and sisters and I really want to see them... but I haven't seen them for the last 3 years no. (Boy aged 10)</p>	<p>Most children wanted to see their families and were puzzled or angry if they were not allowed to. This was particularly so if children were separated from brothers and sisters.</p>	No data available

	Timms and Thoburn (2006)	I wish I lived with my mum cos we get on now plus I miss my baby brothers. I miss them that much that sometimes I want a baby myself. I'd love to see my brother and have him living with me. I have brothers and sisters but I only see my 2 year old brother because my other siblings have moved and I don't know where they are. Longer time with dad and mum and to see my previous fosterers.	Their most strongly expressed opinions were with respect to decisions about whether, how often and where they had contact with birth parents and siblings. p.167	No data available
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Subtheme:  Reasons for desirability of contact	Baldry and Kemmis (1998)	<p>I would like to visit where my Mum was buried—for me to move on, I have to see for myself if she's really dead or I'm dreaming.</p> <p>I would like to see my Nan and Granddad because they have done everything for me and I love them very much.</p>		
	Heptinstall et al (2001)		<p>It seemed that siblings had a particular significance for foster children. Those living with a brother or sister did not always get on well, yet their sibling was precious to them. Claire said her younger brother, who lived in the same foster family, was very important to her 'Because he is the only one of my family I live with'. It was as if siblings, in particular absent siblings, more than birth parents, symbolised the family they once had. Perhaps siblings were of particular importance because, unlike birth parents who had often failed them, siblings reminded them of some positive elements of being part of a family.</p>	<p>Foster children, attached an almost symbolic importance to their siblings, who appeared to represent continuity in the face of considerable disruption and change. The near symbolic meaning children seemed to attach to birth parents and siblings adds to the ongoing debate on the importance of maintaining contact with birth families and placing siblings together in foster care. Children may have unrealistic and idealised views of their families, but these images remain important.</p>
	Timms and Thoburn (2006)	<p>I wish I lived with my mum cos we get on now plus I miss my baby brothers. I miss them that much that sometimes I want a baby myself. I'd love to see my brother and have him living with me. I have brothers and sisters but I only see my 2 year old brother because my other siblings have moved and I don't know where they are. Longer time with dad and mum and to see my previous fosterers.</p>	No data available	<p>the potential of the people the children still hold dear to provide not only reassurance that they are still loved and valued, but also information, advocacy, support and practical help.</p>



<b>Subtheme:</b> Service providers are a barrier	Baldry and Kemmis (1998)	No data available	The qualities most appreciated in a good social worker were: genuine interest, being listened to, meeting up with young people as arranged, getting things done as agreed, being open and honest, and maintaining links with young people's families. p.133	No data available
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	Biehal and Wade (1996)	No data available	No data available	<p>Second, given the importance of informal social supports for successful transition, there remains a continuing need once young people have left care for counselling and mediation around family relationships. Our data suggests that support in this area from professionals tended to fall away. However, to focus on this solely at the leaving care stage would be insufficient. Leaving care, although a pivotal point in young people's lives, needs to form an integral part of a wider child care strategy that links prevention, substitute care and after care. Helping young people to develop and sustain the social supports they will need when they leave care should form a central strand of child care planning and be continuously in mind throughout the time they are looked after. A holistic approach, involving where possible, parents, extended family, substitute carers and social workers would offer young people the best chance of continuity in support through care and beyond.</p> <p>Finally, planning for leaving care requires joint working arrangements to be established between professionals within the authority (for example, carers, field social workers, specialist leaving care workers) and with outside agencies. If work on family relationships is to retain a high priority at this time of stressful change, then a written leaving care plan needs to explicitly codify roles and responsibilities and have arrangements in place for the regular monitoring and review of progress. The need expressed by many of the young people in our study for some reconciliation with their families was too poignant for support in this area to be undertaken, if at all, on an ad hoc basis.</p>
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	<p>Buchanan (1995)</p>	<p>You should be allowed to go and see your family unless you are in danger. At the moment my social worker is saying no, but I am still going behind her back and going to see them.</p> <p>You are supposed to stay near your parents and family. But if you have been sexually abused you get moved away. At the end of the day everyone has to have contact with their family.</p> <p>For a start I don't think children should be taken away. Like now they try to keep you with your parents as much as possible. We did not have any help at all, we were just whipped away that was it.</p>	<p>There was a consistent theme throughout all the groups that young people knew whether they wanted contact with their families or not, but for one reason or another those around them often had different ideas about what was in their best interests.</p> <p>They often found it difficult to accept that they could not see their parents at the moment (especially in sexual abuse cases) and yet they were aware that as soon as they left care no-one could stop them returning home.</p>	<p>No data available</p>
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	<p>Bullock et al. (1990)</p>	<p>No, there is nothing I really dislike about the Centre except I would rather be at home, to be with my mum. My mum has been down here and, then, I wasn't supposed to go home but I walked out. I asked the staff, they said no, so I walked out.</p> <p>I don't like the social worker much because he said 'I've been down here more times than your mum since you've been here'. I didn't like that. Because my mum only gets certain money per week and she's not always very well.</p>	<p>No data available</p>	<p>Moreover, in the case of Richard, failure to encourage contacts and links with home was used at the case conference to suggest that 'he shows little interest or respect for his immediate family'.</p> <p>Further, there is little exploration of the long-term consequences of the case conference decisions, particularly with regard to links and contacts with home. Fourthly, as the primary focus of the review is to find a placement, the family links of the child remain a secondary consideration. Moreover, once the case conference decision has been agreed, the momentum tends to die away and weeks must elapse before the agreed placement is actually made (Millham et al., 1986). At no point in the assessment period is any response sought from the potential placement as to its suitability as regards the young person's need for family contact. Rather, the placement is faced with a fait accompli. Thus, the weaknesses in preparing the two children for initial separation from their families are repeated for new placements which, incidentally, then complete their own periods of assessment. Finally, in the eventual placement of the child, many latent problems, which had not been fully explored during the assessment, became apparent on the child's departure. Even the most cursory of glances at the perceptions and interactions of our two subjects suggested that both could survive and would be happy in a residential setting but that Matthew would prefer to be in his mother's home and that Richard could thrive in his home community with the aid of close social work supervision. In the end there was little withering of family links for either boy, but this was by fortune rather than by design</p>
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	Butler and Charles (1999)	No data available	'One young man described the distress created by his carer's perception of his natural father's thoughtlessness. The idea that similarities with his father rendered his 'nature' impervious to change led in part to his decision that he had to leave.'	Strathclyde's (1988) evidence of foster carers' increasing hostility to natural parents suggests an investment in and attachment to young people over time. Social workers could usefully explore carers' potential 'rivalries' with birth parents in terms of differences in material standards, emotional expression and pressure to be 'super-parents'. Accepting that this 'other' family has an active, enduring influence, even when there is no contact, could reduce competition with the blood tie. p.18
	Munro, E. (2001)	She [his mother] used to feel uncomfortable at the reviews because the social workers weren't nice to her so she stopped coming.'	<p>A major source of conflict with social workers was the amount of contact allowed with the birth family, particularly with the mother. Most of the children raised the subject. Two reported having stable and satisfactory contact but the rest were dissatisfied with both the amount of contact and their involvement in deciding how much contact there should be. One girl was worried that her mother, who had depression, might commit suicide if she was not allowed sufficient contact. At the same time, she was scared that the social worker might end contact altogether although she could give no clear reason why this might happen. The issue was clearly causing her considerable distress. Another young person was mystified as to why he was only allowed to phone his mother at set times though he would like to feel she was in reach at any time.</p> <p>A few were clearly very sensitive to the way their birth mothers were treated by professionals and concerned that she might feel uncomfortable and therefore be deterred from attending reviews and staying involved in their lives.</p>	No data available

	Stevens and Boyce (2006)	They never helped me stay in touch with my family ... I done a photo album of my life story and have kept it. (Female, 17)	Three quarters of the group reported experiencing difficulty in this area ... Just under half of the group reported that staff were too busy to facilitate family meetings and there could be difficulties in physically accommodating visitors. In some cases, visits were restricted because young people were at risk from family members. p.3. While some young people had staff who helped them to keep contact, others were not given the assistance they required. p.12	No data available
	Thomas and O'Kane (1999)		Most children wanted to see their families and were puzzled or angry if they were not allowed to. This was particularly so if children were separated from brothers and sisters.	No data available
	Timms and Thoburn (2006)		Although there were similarities in the issues raised by the children and by the professionals, on two issues there was a striking difference between both the volume of comments and the particular approach taken and language used. First, professionals gave far less time in their responses to the importance of maintaining relationships with important people from the past, especially siblings ... The question of continuity came up most frequently in the context of links with birth family members, friends and previous carers. There is evidence from other studies that more effort is being put into securing appropriate contact arrangements when children first leave home. However, from the evidence of these children and from research studies (Beek & Schofield, 2004; Cleaver, 2000; Sinclair et al., 2004b), once the care proceedings have ended or children move into a long-term placement, the efforts to ensure that comfortable contact is maintained slip down the priority list. As we noted when reporting the findings on contact, this appears to be an area where children's wishes are frequently being disregarded.	An important minority felt let down by what they saw as inadequate, incompetent and uncaring staff. Such inadequacies are being masked by a lack of imaginative ways of making sure that children's voices are heard and their energies engaged.

<b>Subtheme:</b>  Impact of having or losing contact	Biehal and Wade (1996)	<p>It just felt weird, you know, your mum coming to see you and not knowing what to say to her after so long being with her, you just feel scared of talking to her, you know. You have to grow to know your mum again and grow to know your brother and sister again.</p> <p>There are still problems. Like, she's too nice. she doesn't tell me off enough, it's just like friends, you know what I mean? It's not like a mother/daughter relationship, it's weird.</p>	<p>For many of the young people who continued to be looked after until their late teens and had had poor relationships with their families before they were separated from them, these had not improved while they were being looked after. Even where relationships had been less problematic, separation sometimes created additional strains, leaving young people feeling they did not really know their families any more.</p> <p>Despite the young people's understandable caution, crises such as homelessness. or, in the case of two young people, a complete mental breakdown, sometimes brought them closer to parents. Several spoke of the strain that separation had placed on relationships and of the gradual process of re-establishing a modus vivendum. (i.e. without maintaining contact re-establishing relationships is hard)</p>	<p>Of the 21 young people who had positive relationships with their parents when they first left care, all but one had maintained regular contact during most of the time they were being looked after. Contact had been welcomed and encouraged by social workers and carers. Even though regular access did not lead to reunification with parents, in these cases it at least allowed the child and family to keep in touch. It enabled them to maintain and, in a few cases improve, their relationship. For those young people for whom we have evidence that regular family contact was not maintained in care, the majority had poor relationships with parents on leaving care. In looking specifically at young people who leave care in their late teens we see the consequences for many young people of low levels of contact with their families during the time they are looked after, whatever the reasons for this lack of contact. In this our findings add further weight to earlier research which has emphasised the importance of maintaining family links for children who are looked after (Fanshel &amp; Shinn, 1978; Millham, Bullock, Hosie &amp; Haak, 1986).</p>
	Bullock et al. (1990)	No data available	<p>However, as his attachment to his new 'home' grew, links with the natural family home dwindled.</p> <p>However, it was difficult for the community home setting to compensate for Matthew's fading links with his family</p>	No data available

	Hill et al (1996)	No data available	The family loyalty factor was illustrated by one adolescent who had wondered about asking for a foster placement, but changed his mind fearing that his grandmother, with whom he stayed each weekend, would be jealous. Even more strongly, another teenager asserted that he would not want to consider a new family as "I see nothing wrong with the family I've got." p.81	No data available
	Thomas and O'Kane (1999)	No data available	Most children wanted to see their families and were puzzled or angry if they were not allowed to. This was particularly so if children were separated from brothers and sisters.	No data available
	Timms and Thoburn (2006)	No data available	Given our findings on the large numbers who feel unable to make their wishes known, especially in court proceedings, it is likely that judges and solicitors will be unaware, in many cases, of the grief and likely long-term harm caused by these losses; especially to older siblings, who will often have played a significant nurturing role in the lives of their young brothers and sisters. There are implications here for the implementation of the Adoption and Children Act 2002, since it will be important to ensure that older siblings can make the court aware of their wish where they desire to retain meaningful links with siblings placed for adoption. p.165-166 Where more consultation was called for by the young people, it was with respect to day-to-day decisions such as bedtimes, pocket money and 'sleep-overs', as well as in relation to big decisions about whether they should move on from their placements.	The challenge is also thrown up by our findings of ensuring that children's safe and stable placements do not come at the expense of maintaining relationships with parents, relatives, siblings, previous carers and friends. Throughout the comments, there is evidence of the grief caused by these losses
<b>Subtheme:</b> Contact with	Baldry and Kemmis (1998)	No data available	Issues around contact were individual to each young person and hugely important to them	No data available



birth families is a complex and sensitive issue	Biehal and Wade (1996)	If anybody mentions me family I just say I haven't got none. I don't want to know 'em. (some respondents took the opposite view)	<p>Many of the young people with poor family relationships (including the group who spoke of clear parental rejection) developed strategies to help them deal with their distress, either through seeking to distance themselves from their families or through constructing idealised images of their parents.</p> <p>For a third (7) of the young mothers, parenthood had led to a renewal of family relationships and an increase in contact. Mostly this was welcomed. In some instances had been longed for, but was seldom unproblematic.</p>	No data available
	Buchanan (1995)	I have been away so long I don't want to go home. My Dad used to be battering me every day, and I don't want that anymore.	No data available	No data available
	Bullock et al. (1990)	No data available	Richard demonstrated no obvious concern about his lack of family contact, nor did he offer any sign that his social workers hoped to maintain his links with home.	No data available

	Heptinstall et al (2001)	<p>Claire gave the impression of being indifferent to her mother's lack of contact. When asked whether she would like to see her mother more often, Claire shrugged her shoulders and said: 'It's not my fault, not my problem. She didn't come and contact us.' But when asked whether she would like to live with her mother again, she said: 'Sometimes I do when I miss her, but sometimes I'm angry with her and I don't want to.'</p> <p>Gail expressed sympathy for her mother's difficulties: 'My mum tried to look after me but I understand that she couldn't cope with me that much . . . I felt sorry for my mum.'</p>	<p>Just as foster children appeared to have difficulty in explaining the importance of their carers, few elaborated on the importance of their birth parents. Most foster children said their parents were important to them 'Because she is my mum' or 'Because he is my dad'. Foster children were clearly caught in a dilemma when asked to express the importance of their birth parents. On the one hand, they undoubtedly continued to love them, but on the other hand, they had to come to terms with very negative feelings about them and their care. As a result, several children placed their birth parents in the inner circle of their maps, while at the same time giving a rather negative account.</p> <p>David presented a very clear example of such contradictory feelings. He had lost contact with his birth father after his parents separated when he was three. He continued to live with his mother, but experienced a disturbed family life until he was placed in care at the age of seven. The account of his difficult home life came not from David himself, but from his foster carer who was his mother's sister. David's mother visited him sporadically, usually turning up without prior warning. David said he preferred not to see his mother at all because her visits upset him a lot.</p>	No data available
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### 3.1.6 Theme: Stigma and prejudice

Sub theme	Study	Direct participant data	Author description of data	Authors analysis (conclusions, implications, recommendations)
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Negative attitudes towards LACYP	Blower et al (2004)	No data available	Young people regarded mental illness as something about which they were curious, but from which they wanted to dissociate themselves. They were suspicious of mental health professionals whom they described as inaccessible and irrelevant to their needs. They complained about already being 'stigmatized' for 'being in care' and were concerned that a label of mental illness might stigmatize them further	Although young people seemed generally satisfied with their care experience, some current sources of anxiety for them, such as personal safety and discriminatory attitudes and practices, might be alleviated by attention to existing recommendations.
	Buchanan (1995)	When you say you are in a children's home people think you are a tramp or something.  Fostered ... with me I say it is my family ... it avoids problems.	It was however, the less tangible issues about their care experience that were most important to the young people ... The first issue is the stigma young people feel about living in the care system.	The stigma of being in care is the X factor on young people's self esteem which influences all other aspects of their lives.

	<p>Martin and Jackson (2002)</p>	<p>I think in terms of the stigma attached to being in care, lack of opportunities available, they are automatically seen as being underachievers anyway. Trouble makers as well . . . I remember somebody saying to me "You're in care because you're naughty" and it's like you're immediately set up to fail.</p> <p>Children in care . . . should be talked about and it shouldn't be a thing to be ashamed of and something you'd prefer your peers not to know.</p>	<p>Nearly a third of our sample (32%) stressed the need to overcome negative stereotypes of looked-after children. It is generally assumed that children in residential or foster care are there because of personal deficit of character or behaviour, when most come into care as a result of family circumstances and through no fault of their own. In addition many children are discriminated against and made to feel they are of inferior intelligence.</p> <p>A few of the participants also commented on the need to ensure that teachers are aware of the unfair labels of disruptiveness or low intelligence often given to looked-after children.</p> <p>This might seem obvious. However, many of the participants remarked on the exceptionally low expectations and lack of interest in education among the staff in the residential homes where they had lived. Brenda Kerr, now a residential social worker herself, felt that anything she had achieved was entirely through her own efforts: her children's home had done nothing to help.</p> <p>Over a third (37%) of the high achievers reported their worries about the laissez-faire attitude shown by carers in residential homes towards school attendance. Schooling is frequently missed due to care appointments or by the move to a new school in the middle of a term. Truancing is tolerated, barely remarked on.</p>	<p>Low expectations about the ability and potential of children in care need to be challenged.</p> <p>Regardless of the child's current level of achievement (which has usually been depressed by breaks in schooling and painful experiences), there should be an expectation that he or she will continue in education to the age of 18, and if possible go on to further study or training.</p> <p>It is well established that a substantial proportion of children in care have very low self-esteem, which is partly due to their experiences of abuse and rejection by their families (Schofield et al. 2000), but also to the negative stereotypes inflicted on them by society. Unlike other forms of prejudice, such as race or sexual orientation, which are discussed at length in the media, the public is mainly unaware of the discrimination faced by looked-after children.</p>
	<p>Mullan et al (2007)</p>	<p>No data available</p>	<p>Young people were not only reminded of their feelings of difference because of the policies and procedures that impacted on their lives, but a significant number spoke of experiences of name-calling and differential treatment outside the care setting too. They mentioned particularly hurtful comments about their families not loving them or them not living in a "real family".</p>	<p>No data available</p>

	West (1995)	<p>Yes it was a problem, people automatically thought I'd been an offender and in trouble with the police</p> <p>'yes although I didn't feel ashamed I know that people were curious as to why I was in care and there were occasions where there were general assumptions about either being bad or rejected. Y'know'. Instead 'people at work didn't know'; 'they didn't find out'.</p>	<p>Only ten respondents felt that it made no difference whether anyone knew that they had been in care, that people they met 'weren't bothered' were ok or 'they don't act in anyway they treat me the same'. The other reactions may be seen under three heading, in ascending order of significance: curiosity, sympathy, a criminal / trouble make label</p> <p>Many young people felt that stigmatisation directly had an effect on their opportunities for work. They felt it would be necessary to keep their past from their work-mates who might not trust them, might make assumptions about their character, might 'take the piss' or might even be 'overly sympathetic'</p>	<p>Local and central government must:</p> <p>run publicity promoting positive images of young people in and from care;</p> <p>make information about the care system and why young people go into care widely available</p>
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Sub theme	Study	Direct participant data	Author description of data	Authors analysis (conclusions, implications, recommendations)
Curiosity and pity	Buchanan (1995)	You say you are in care and lots of people feel sorry for you. I hate that feeling.	In some cases, young people felt smothered by the well-meaning sympathy of those they came into contact with	The young people's comments were bitterly reminiscent of Lord Butler Sloss famous remark during the Cleveland Child Care Inquiry, "The child is a person not an object of concern" (Butler Sloss 1988).
	West (1995)	<p>'feel sorry for me'</p> <p>'some people are sympathetic'</p> <p>'they sometimes wonder how you ever managed to carry on with your life'.</p> <p>'Some people treat you like you're not normal but most of my friends are in care anyway - e.g. people ask you did you get fed, did you have money etc'</p> <p>'most people see you as a pitiful person but most of my friends are in care'.</p>	<p>Only ten respondents felt that it made no difference whether anyone knew that they had been in care, that people they met 'weren't bothered' were ok or 'they don't act in anyway they treat me the same'. The other reactions may be seen under three heading, in ascending order of significance: curiosity, sympathy, a criminal / trouble make label.</p> <p>Some found that people were most often curious and wanting to know why. This proved difficult to those care leavers who didn't want to discuss their lives.</p>	No data available

Sub theme	Study	Direct participant data	Author description of data	Authors analysis (conclusions, implications, recommendations)
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wanting to feel 'normal' and being made to feel different	Blower et al. (2004)	No data available	They also described ways in which residential care both protected them from and made them more vulnerable to risks. For example, they regarded conspicuous fire safety equipment as reassuring, given their experiences of other young people setting fires on the premises, but 'off-putting' to their friends when they visited	discriminatory attitudes and practices, might be alleviated by attention to existing recommendations (Skinner, 1992)
	Butler and Charles (1999)	She (foster sister) might get an occasional slap ... I would never get a smack...it is difficult to say why I was treated different...I can't pinpoint the reasons why	Several young people recalled how their adaptability and incorporation into their substitute family was limited by a sense of 'feeling different' in terms of their individual needs and care status. This in turn was compounded by their experience of being treated and judged differently from the family's natural children.	No data available
	Luke and Coyne (2008)	No data available	Participants described feeling negative when experiences highlighted their sense of 'difference' from other children. For PH, being different was particularly noticeable at school and at college where she had had to explain what it meant to be in foster care.	In addition, the interview analysis suggested that Harter's model might be further extended when examining foster children's self-esteem to incorporate the importance of being made to feel normal and included.

	<p>Martin and Jackson (2002)</p>	<p>I felt that in the care system . . . you don't really tend to meet everyday people, and that's obviously when clubs and societies outside of school are quite good. Like Cubs or Girl Guides really because you're out in a different environment and that obviously would affect how you see things.</p> <p>I think they should be given more money to spend for their educational things, like say if they wanted to go on an outdoor pursuit course.</p> <p>With my drama, music, sport, I needed to have the encouragement and resources. So if someone was in that position, I would make sure they had the resources and didn't feel out of it in terms of their clothing and their mixing with friends.</p>	<p>We asked all our respondents: 'What would you say are the three main things that should be done to improve the opportunities for children in care to do well in school?' Nearly everyone stressed the importance of 'normalization' in children's day-to-day lives. They wanted to be the same as other people, not standing out amongst their peers as different or peculiar. They suggested that looked-after children should be given the freedom and support, and also the finance, to take part in outside hobbies and interests. This would help them to socialize confidently with their peers and help them to feel less awkward and inhibited about themselves.</p> <p>Some respondents linked the problem of truanting to the issue of normalization. Their recommendation was to make it as unacceptable for looked-after children to truant as it is for those who are not in the care system. Bryan Good argued that school attendance should be enforced and made the norm by fostering an educational home environment p.125</p> <p>Although acknowledging that greater support from teachers is needed, 45% of the sample, as we said earlier, also wanted to stress that care must be taken to avoid stigmatizing the child or making them feel picked out in any way.</p>	<p>Going to school is the normal experience of children, and those in care should be as much like the others as possible. Regular school attendance should be assumed and enforced.</p> <p>Looked-after children should be given the maximum encouragement to participate in school and out-of-school activities. This is another aspect of normalization and promoting resilience. Financial considerations should not be allowed to stand in their way.</p> <p>Children in care should be given opportunities to meet and spend time with people outside the care system.</p> <p>The school needs to have information in order to provide appropriate support, but the information must be used sensitively to avoid singling the child out in any way.</p>
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	Mullan et al (2007)	All the time my mates are out having good craic [fun] and all enjoying themselves and all while I'm stuck here looking at about 80 walls or something. What do you do whenever you come in here you're not even allowed to be a child, you're not allowed to be a young person? . . . They own you more or less, and it really annoys me. (Young woman, aged 14, residential care).	While a small number of young people did note that care provided them with a better life than they would have had at home, a large number pointed to the risks or negatives present in their lives directly due to being in care. Feelings around being in care centred for many on being away from their families, far from home and the huge sense of loss when their family broke down. Coupled with this sense of loss and related to the lack of control over their lives was what many young people referred to as the lack of a sense of "normality" in their live. Young people were not only reminded of their feelings of difference because of the policies and procedures that impacted on their lives, but a significant number spoke of experiences of name-calling and differential treatment outside the care setting too. They mentioned particularly hurtful comments about their families not loving them or them not living in a "real family".	Leisure space, time and activity is another area that is not only valuable for good emotional health (Iwasaki & Schneider, 2003) and linked to "normality" as young people noted, but in some of these young peoples' lives it provided a sense of achievement that they did not gain through formal education
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Sub theme	Study	Direct participant data	Author description of data	Authors analysis (conclusions, implications, recommendations)
Addressing the problem of stigma and prejudice	Blower et al. (2004)	No data available	No data available	Discriminatory attitudes and practices, might be alleviated by attention to existing recommendations (Skinner, 1992)
	Buchanan (1995)	Fostered ... with me I say it is my family ... it avoids problems.	No data available	No data available
	Luke and Coyne (2008)	No data available	No data available	the interview analysis suggested that Harter's model might be further extended when examining foster children's self-esteem to incorporate the importance of being made to feel normal and included



<p>Martin and Jackson (2002)</p>	<p>I think the best way to deal with stigma is to actually talk about it and maybe produce children's literature to help other children understand it better.</p> <p>'I think we have to get across to the pupil that the fact that they are in care makes no difference to their educational ability. I think there is a sort of mind set which says because you are in care you are not actually going to achieve or do very much.'</p> <p>'It is important for teachers to know that individual pupils in a class are in care, because they do need extra attention, they do need looking after to make sure that they are not being bullied or pressured.'</p> <p>'The teachers should have a more sympathetic attitude towards children who are in care and recognize that they have some special needs. And often it's just making time to listen.'</p> <p>'I think that's a double edged one. 'Cause you don't want to single people out. You have to think creatively about what that individual person needs.'</p> <p>'Make sure that social worker visits and things are done way out of school time, and out of school property so they are never noted within school as being abnormal.'</p> <p>'There needs to be a good information link in terms of keeping schools informed of what's going on with the child generally, and indicators as to why the child might not be achieving.'</p> <p>'Basically the care staff should liaise well with school teachers. Teachers should attend case conferences and be involved in the life of the young</p>	<p>In response to the question 'What changes would you like to see in the schools themselves to improve the opportunities of looked-after children?', 76% of the sample said that they would like to see more support from teachers.</p> <p>Although acknowledging that greater support from teachers is needed, 45% of the sample, as we said earlier, also wanted to stress that care must be taken to avoid stigmatizing the child or making them feel picked out in any way.</p> <p>On the other hand, most of our respondents emphasized the importance of good communication between the school and social workers and carers.</p> <p>While extra support in school would be welcome, most participants wanted to feel accepted by their peers as 'normal', and stressed the need for sensitivity about the way in which help is given. p.127</p> <p>A few of the participants also commented on the need to ensure that teachers are aware of the unfair labels of disruptiveness or low intelligence often given to looked-after children. It is important for teachers to help children recognize their true potential as valued individuals.</p>	<p>Unlike other forms of prejudice, such as race or sexual orientation, which are discussed at length in the media, the public is mainly unaware of the discrimination faced by looked-after children.</p> <p>Going to school is the normal experience of children, and those in care should be as much like the others as possible. Regular school attendance should be assumed and enforced.</p> <p>Looked-after children should be given the maximum encouragement to participate in school and out-of-school activities. This is another aspect of normalization and promoting resilience. Financial considerations should not be allowed to stand in their way.</p> <p>Children in care should be given opportunities to meet and spend time with people outside the care system.</p> <p>Low expectations about the ability and potential of children in care need to be challenged.</p> <p>Schools and teachers should be better informed about the care system. Good communication between social workers and schools is essential.</p> <p>The school needs to have information in order to provide appropriate support, but the information must be used sensitively to avoid singling the child out in any way.</p>
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	Mullan et al (2007)	No data available	No data available	Leisure space, time and activity is another area that is not only valuable for good emotional health (Iwasaki & Schneider, 2003) and linked to "normality" as young people noted, but in some of these young peoples' lives it provided a sense of achievement that they did not gain through formal education.
	West (1995)	'yes although I didn't feel ashamed I know that people were curious as to why I was in care and there were occasions where there were general assumptions about either being bad or rejected. Y'know'. Instead 'people at work didn't know'; 'they didn't find out'.	No data available	Local and central government must: run publicity promoting positive images of young people in and from care;  make information about the care system and why young people go into care widely available

### 3.1.7 LACYP education

Sub theme	Study	Direct participant data	Author description of data	Authors analysis (conclusions, implications, recommendations)
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<p>Encouragement to attend and do well at school</p>	<p>Ajayi and Quigley (2003)</p>	<p>No data available</p>	<p>In a few cases, young people described carers who were not supportive of their wish to go to university, suggesting that they should get a job or take a vocational course instead</p> <p>One participant twice requested a change of foster placement because he felt so discouraged by his foster carers' indifference to his school experience.</p> <p>Even those who could turn to former foster carers and had a good circle of friends seemed to feel the want of concern from their local authority and to have a sense of being abandoned, like Mona, quoted in Chapter 6. Many of them commented that it was strange that social services departments, having invested so much in their education, were so indifferent to what happened to them. They would have liked to receive the occasional friendly telephone call instead of contact only occurring when they made a request (and sometimes not even then).</p> <p>There is a useful analogy to be made here with the behaviour of ordinary parents of university students, who expect fewer visits home and less frequent phone calls as the years go by, but continue to be strongly interested in the experiences of their children and would be greatly concerned if they lost contact with them.</p>	<p>No data available</p>
	<p>Allen (2003)</p>	<p>Children in care should be encouraged to keep up their education</p> <p>Don't think they were bothered. If I skived, they could not do much about it.</p>	<p>Although the majority of the sample felt that their care experience had a detrimental impact on their schooling, some of the young people were more positive. For example, Mike changed schools as a result of a move into foster care. Compared with the lack of support he received at his previous school, he felt that his new teachers were interested and supportive. He described the positive impact of this new environment on his ability to complete his work and on his general self-confidence. He attributed the fact that he finished school and embarked on work with a day release scheme to these changes.</p>	<p>No data available</p>

	Barn (2005)	<p>... they have no boundaries being in care, basically you could do what you wanted. Being a child I hadn't any sense of responsibility, I was pushing boundaries like teenagers do. That was the result of that. (Joanne, white young person, 21, Leyford)</p> <p>I knew that I had the ability to do well and, because they believed in me, they gave me the chance to like to go to ... support me through college. I'm now in university becoming like a social worker, training to be a social worker. (Focus group, Marcos, mixed heritage young person, 23, Heatherton)</p>	Some young people believed that they had not been given good educational opportunities and adequate support while in care (Borland et al ., 1998). Young people who had been excluded and sent to Pupil Referral Units (PRU), and others who described their own behaviour as unruly and wild, encountered little encouragement and interest from those around them	Social services and schools must promote positive educational aspirations for young people in care.
	Buchanan (1995)	I am not at school at the moment. . I don't fit into normal comprehensives (secondary schooling). there is no help or encouragement to go back to school.	No data available	No data available
	Cameron (2007)	[Foster carers] made me go to school, came out with four As	<p>Four respondents mentioned foster care as positively supporting educational achievement, for example providing an environment in which educational participation and success were valued</p> <p>In practice, support for educational participation was often substantially lacking. The obstacles were both structural ... and also interpersonal.</p>	No data available

	<p>Harker et al. (2004)</p>	<p>The carer, if you can call them that, didn't even bother to notice if you went to school or not.' (18-year-old, independent living)</p> <p>My latest social worker really helps support me. She's just like [foster carer]. Every time she comes she's like "how are you getting on at school?" That's the first question she asks except for like "how are you?" and I'm like "oh fine" but then I have to rush upstairs and get my studies down and show her and stuff like that. She's really nice. I've had her about a year now I suppose . . . all of my social workers have been good but I think she takes more interest in school. (12-year-old, foster care)</p>	<p>The degree of support for education provided within care placements was the most frequently mentioned factor. Eighteen (of 56) young people commented that the level of encouragement to succeed educationally and the promotion of school/college attendance within their care placements had assisted their progress.</p> <p>A number of young people in secondary schools commented on commendation or rewards systems, which were appreciated for acknowledging young people's efforts and serving as a motivational factor that could promote further success.</p> <p>young people commented that they had received little or no support for their education within care placements.</p> <p>Twenty-four young people mentioned foster and residential carers at both interviews as individuals who supported young people's education by advising and encouraging them. The importance of foster carers praising young people for their achievements and communicating high expectations for their educational progress and behaviour was noted. As well as acknowledging young people's efforts through verbal praise, some young people greatly appreciated earning material rewards (e.g. money, books, outings) from their carers as an added incentive to apply themselves to their studies</p> <p>children also appeared to appreciate their social workers showing a genuine interest in their education. Negative comments relating to carers focused on absence of support and encouragement for educational progress throughout a young person's care history</p> <p>The greatest reported awareness and involvement with project activities related to schemes to acknowledge and encourage achievement. Achievement awards ceremonies were widely known and most of the sample had attended an event. There was unanimous agreement that these were most enjoyable events and the majority of young people believed that they could serve to motivate future progress.</p>	<p>No data available</p>
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	<p>Martin and Jackson (2002)</p>	<p>'It's about staff encouraging and taking an interest in the children they care for, and even if the kid isn't motivated to keep on trying to get them to do their best.'</p> <p>'I needed someone there for me and to praise me when I did something right . . . there was no positive reinforcement, there is hardly any at all in the care system.'</p> <p>'Simple things like encouragement is what's lacking in basic institutions like children's homes . . . also emotional support.' (Sara Druce, an information technology consultant)</p> <p>'The importance of school is not highlighted enough</p>	<p>The most frequent advice given by our sample was to emphasize the necessity for a child to receive positive encouragement from significant others. Seventy-four per cent of participants stressed the vital importance of residential carers, foster carers or parents showing an active interest in their education and giving them support and encouragement to do well.</p> <p>Over a third (37%) of the high achievers reported their worries about the laissez-faire attitude shown by carers in residential homes towards school attendance. Schooling is frequently missed due to care appointments or by the move to a new school in the middle of a term. Truancing is tolerated, barely remarked on.</p>	<p>Much more attention should be paid to the educational experience and attitudes of foster carers. They should be quite clear that promoting children's educational attainment is a major part of their role and they should be given maximum support in achieving that aim - for example by ensuring that they have financial resources to pay for extra tuition, encouraging interests and activities, and paying for school trips and outings.</p> <p>Looked-after children should be given the maximum encouragement to participate in school and out-of-school activities.</p> <p>Regardless of the child's current level of achievement (which has usually been depressed by breaks in schooling and painful experiences), there should be an expectation that he or she will continue in education to the age of 18, and if possible go on to further study or training.</p> <p>Social workers and carers should take a keen interest in education and convey that to the child by providing good facilities for study and showing appreciation for achievement.</p> <p>For those who do obtain university or college places (at present no more than 1 in a 100), the local authority should recognize its responsibility as a corporate parent to celebrate their achievement and give them the same level of practical support and encouragement that a good parent would.</p>
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	Skuse and Ward (2003)	<p>They drum in your head that as soon as you turn sixteen or as soon as you leave care you go into a flat and you need to get yourself a job, as there's no time for college and you basically need to get a job to support yourself. That is what is drummed into you.</p> <p>I loved it. They got me back into school and I was doing well ... Helped me with school which I never stuck at before.</p> <p>My foster parents, the last ones I had, were really good and they made me do my studying when I had study leave and I had to do my homework</p>	Some of these young people still found that their situation limited their opportunities. They were discouraged from spending time gaining qualifications because of a perceived need for them to become self-sufficient as soon as possible,	No data available
	West (1995)	<p>No support</p> <p>I wasn't encouraged and I didn't have any qualifications</p> <p>Did not get supported</p>	Progression beyond 16 years requires some encouragement, particularly for young people poorly or unsupported in school life, about to leave care and with low incomes. Just over 40% said they had been encouraged to continue in education and go onto to 6th form college, FE college and university. Here friends, partners and relatives featured strongly, with a few teachers and social workers.	Social services must ensure that young people in and from care are supported and encouraged at school and encouraged to continue in education beyond 16 years

Sub theme	Study	Direct participant data	Author description of data	Authors analysis (conclusions, implications, recommendations)
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<p>Practical and financial support for education</p>	<p>Ajayi and Quigley (2003)</p>	<p>I had no clue and I didn't know how to get into contact with them ever, so I would never know who to speak to ask for help . . . They started off by making a verbal agreement that they would be in touch once a month and it wasn't. It wasn't even once every six months. It was just like, well, never . . .</p>	<p>There were reportedly many cases where the student's named after-care worker or personal adviser had moved on without a successor being appointed. In one case the whole department had moved to a new address without informing the student. This falling off of contact particularly affected students in their third year when social services departments and after-care teams seemed to take the view that students should need less support, being older and more experienced. In fact the reverse was true. Because of the much greater academic demands of the third year and the build up of anxiety about debt, this was the time when many young people were in particular need of an informed and sympathetic adult to listen to their problems and offer helpful advice.</p> <p>Although surprisingly few cited money problems as the main reason for their decision to leave prematurely, there was no doubt from their case histories that constant financial worry was an important contributory factor. When local authorities failed to provide adequate payment for living costs and accommodation, students were liable to run into debt or to take on far too many hours of paid work to avoid it. Declining academic performance and increasing anxiety and depression often followed.</p>	<p>If local authorities want their high-achieving care leavers to complete their courses successfully they must budget to provide them with adequate support.</p>
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	Allen (2003)	Care leavers have to find work to continue with their education. You need money to live.	<p>Financial concerns were a significant factor in influencing the young people's plans. Interviewees talked about the need to earn 'proper' money as opposed to training wages or being dependent on benefits. A number of young people mentioned the difficulties of funding themselves should they wish to continue with their studies or access a low-paid training scheme. For example, Nancy did well in her GCSEs and had originally planned to study after completing Year 11 schooling, but finally decided to find employment because of financial worries.</p> <p>Inevitably, many of the young people's moves into work or education were shaped by their financial circumstances. They did not have the opportunity of easing themselves into adulthood by working, studying, or both, while living in the family home. Interviewees talked about the complications of the benefit system where income is taken into account when calculating housing benefit. The perceived complications deterred some interviewees from attempting to combine part-time work and study the way that many of their peers did. Instead, some interviewees felt that their financial circumstances obliged them to abandon any thoughts of continuing their education and concentrate on finding work.</p>	<p>Care leavers living independently need practical and emotional support to continue with their education. Schools and colleges could assist young care leavers by ensuring that systems are in place to address their particular needs.</p> <p>Professionals could help by ensuring that young people are properly informed about the support they are entitled to after care and that benefit entitlements are regularly reviewed.</p> <p>Young people need financial support to enable them to resume their basic education in later life. Support should be equivalent to that which they would have received when they were in the education system.</p> <p>Welfare benefits and training allowances should reflect the additional costs associated with living independently compared with a young person living in the home environment.</p> <p>Local authorities should exploit the opportunities given within the Children (Leaving Care) Act 2000 to ensure that young people leaving care are not disadvantaged from going on to further and higher education due to a lack of financial support.</p>
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	Barn (2005)	<p>But the kind of help that I needed [when he dropped college] was the kind of help I needed from the start. The fact of having social workers actually sit and talk and take notice, understand what your needs and your problems are, then something's going to be done about it. (Chris, mixed heritage young person, 19)</p> <p>Yeah I mean they helped me get into college the first time. You know they helped me get into college the second time, which I start soon. So you know they're quite ... you know they do everything ... They gave me my computer, so that I could do my writing course. (Focus group, Veronica, Caribbean young woman, 20)</p> <p>I need things for my course like a computer, I need to buy art folders and notebooks ... I've spoken to my social worker and I don't know what she's going to do ... I just can't afford them with the £42 that they give. I have to eat. (Defrim, Kosovan young person, 19)</p>	<p>The young people who had received help from social services with their studies emphasised that this input had been invaluable</p> <p>Those at university presented as more settled and financially comfortable than their peers attending further education colleges, and were able to provide a number of examples where the local authority in particular had supported them with their studies.</p>	No data available
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	Cameron (2007)	University, three years of studying and unnecessary debt and [I] might not have a job at the end of it. If someone could tell me I'd get no university debts I'd be more inspired to go.	<p>Fourteen of those currently participating in education and 17 of those not currently in education reported one or more incidents of lack of support, either for their current education or for their plans for education in the future.</p> <p>For example, Angel (18 years, black African female), was 'not getting the support I need at the moment', even though she was at college studying for A levels. She was entitled to neither income support, nor Education Maintenance Allowance<sup>3</sup> because she was also working part time to gain relevant work experience in social services before going to university. Lulu (18 years, white female) claimed that she would be pressured to work full time to pay her rent and bills, thereby jeopardising both her college course, and subsequently the opportunity of a university place, if social services forced her to go on Jobseeker's Allowance rather than supported her financially.</p>	In practice, support for educational participation was often substantially lacking. The obstacles were both structural, particularly for those attending further education colleges, who struggled to achieve their educational goals while trying to balance access to welfare benefits and independent living, and also interpersonal...
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	Harker et al. (2004)	<p>I got a real shock that they could expect children to be put there, but I was dumped there for a couple of months. It really was unbelievably bad and there was no way I could sit in there and do homework and stuff.</p>	<p>In terms of attempts to improve facilities in care placements, young people in receipt of computers tended to comment that this had a beneficial impact on their education since they were able to use the computer for homework assignments and improve the presentation of their work.</p> <p>Some young people had received book tokens, which could be redeemed through attendance at a literacy promotion evening at a local bookstore. Those involved were enthusiastic about the opportunity and appreciated being able to select their own reading materials.</p> <p>Young people in residential centres provided positive comments regarding the extended range of reading materials available in their placement. A scheme whereby monthly deliveries of books and magazines from local libraries were made to centres was seen as particularly helpful in ensuring that a range of reading materials was available.</p> <p>Training schemes to enable carers to effectively support young people's education also appeared to have had some impact for young people. Those in residential care reported that they had noticed an improvement in the approach of staff as a consequence of training activities. However, young people in foster placements had little knowledge that training schemes were available for their carers, or indeed whether carers had attended such schemes.</p>	
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	<p>Martin and Jackson (2002)</p>	<p>There was no desk at the home. If I worked I used to get a plank of wood and just work on there from the bed.</p> <p>‘There needs to be the right type of environment, like I never had a desk where I could work or anything like that.’</p> <p>‘There should be books and there should be a desk, there should be a work area that is quiet where they can go and read and do homework and things.’</p> <p>‘We used to have loads of books, and a bookshelf, and you’d go to the library and pick books for yourself. I’d go to bed early to read.’</p> <p>‘You are not going to be able to concentrate on learning and studying [with so many upsetting things going on in your life]. It should be a foregone conclusion that you get extra tuition.’</p> <p>I think there’s got to be support for kids who leave care and go on to university. I mean real practical support. They need money. They need somewhere they can go back to for help. They need people they can rely on for advice. All the sort of things that ordinary undergraduates take for granted, that they get from their family.</p> <p>‘I had a lot of support from social services ... Once they got an individual who was going on</p>	<p>Over half the sample (58%) commented on the startling lack of practical resources in children’s residential homes. Many homes lacked basic necessities such as books, a desk or a quiet room in which to do homework or study.</p> <p>Over a quarter of the sample advised that intensive one-to-one teaching should be provided to the child whenever it is needed)</p> <p>In response to the question ‘In moving into higher education what should be done differently and why?’, 74% stressed that more financial help was needed, and 45% highlighted accommodation problems, particularly during vacations</p>	<p>The educational environment and practical resources for study in residential units require urgent attention.</p> <p>It might be argued that our respondents were in children’s homes some time ago and everything has changed now. There certainly have been improvements, but Rees, in the course of very recent research on the educational environment provided in residential units, found exactly the same problems that these high achievers experienced - a boy obliged to do his homework on an upturned drawer, essential stationery having to be bought from pocket money, the only reading matter in any of the homes a tabloid newspaper (Rees 2001).</p> <p>Young people in higher education need continuing support, financial, practical and emotional.</p> <p>If ex-care students are to complete their courses successfully, social services should provide them with appropriate accommodation and sufficient money to cover living costs all year around.</p> <p>The local authority should recognize its responsibility as a corporate parent to celebrate their achievement and give them the same level of practical support and encouragement that a good parent would.</p>
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	Skuse and Ward (2003)	<p>What happened was, there was a project within the county that helps young people who are having difficulties to carry on in mainstream education but in different ways, i.e., I went to college and I am training to be a chef. So, the money was taken away from the school and put into the college pot.</p> <p>I had a computer I would use as well to do my homework on. I could always do my English assignments on that which meant I got a better grade because there wasn't so many spellings. It's a shame I hadn't gone there when I was six. I might have been slightly more intelligent.</p>	No data available	Some of the evidence in this chapter demonstrates why young people who come into care or accommodation often have an educational deficit that needs to be overcome if they are to achieve satisfactory progress. Heath et al (1994) note that 'greater than average progress needs greater than average inputs'. They suggest that better training for foster carers and residential staff, better qualified staff and carers and greater emphasis on education as a vehicle for improving life chances will help encourage more looked after young people towards educational success.
	West (1995)	<p>Left because not enough money and couldn't afford it.</p> <p>Left for various reasons - homelessness, mental breakdown, lack of funding</p> <p>'this vacation period is being looked into but as of yet there is no set procedure. I personally had to write to the director to ask for the rent to be paid on my flat'</p>	<p>Practical problems also intrude, often linked with finance, such as how and where to live during college or university vacation, especially given that students are not entitled to housing benefit.</p> <p>In addition there are complex rules on benefit for young people studying full time up to A-level or equivalent and once over 19 years entitlement ceases.</p>	Social services must ensure proper finance and support is available for all young people from care to continue or return to education (at any level) up to 24 years

Sub theme	Study	Direct participant data	Author description of data	Authors analysis (conclusions, implications, recommendations)
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Education specific support	Ajayi and Quigley (2003)	No data available	<p>Mona decided to leave her course because she repeatedly failed assignments, not through lack of ability but because she did not understand what was being asked of her and could get no help from a tutor. As she put it, 'I felt that I was flogging a dead horse.</p> <p>Few of our participants found Student Support Services in their institution helpful and some had had no contact with personal tutors. For these young people the only available source of help when something went seriously wrong was the Social Services Department. Yet, accessing such support was by no means straightforward and often caused intense frustration.</p> <p>Many students reported difficulty in obtaining informed advice when choosing courses and institutions or at critical moments such as when A level results were published. The majority were happy with their choice even though there was a strong element of chance about it, but those who drifted into courses to which they were unsuited or committed themselves to long journeys or uncongenial institutions regretted not having been better advised. The HEIs have an important role to play here, and the growth of compacts between colleges and universities and local authorities is an encouraging sign. However, as yet the strong policy steer from the Government on widening participation does not seem to have raised awareness of the particular needs of care leavers.</p>	No data available
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	Allen (2003)	I would like help with writing and help with spelling.	Eighty per cent said they felt they needed extra help with reading, writing and maths. Like other studies before, this one highlighted education and especially basic maths and English as a major issue for those in the care system	Special attention to the educational needs of this group is also essential. Equipping looked after young people with basic educational skills is crucial since it impacts on the rest of a young person's life. It is fundamental not only in relation to the opportunities that education may open for future employment but in terms of how it helps provide young people with feelings of self-worth and self-esteem. This survey revealed a very clear need and wish by the young people for help with their educational needs, and to improve their written English in particular.
	Barn (2005)	Basically ... I would have liked, in the personal development plans, I would have liked them to lay out 'Where do you want to go in the future?... What are your aspirations? Where would you like to go? How can we help you develop as a person?' Because if you're developed as a person then you can live on your own more successfully generally. I would have liked them to ask me ... courses or places to look for courses. But I didn't get none of that. (Craig, mixed heritage young person, 16, Leyford)	No data available	No data available



	Harker et al. (2004)		<p>The third factor in explaining improved or sustained good progress, suggested by 11 young people, focused on support available in schools or colleges. Eight of these young people had experienced a change of school placement due to natural primary/secondary or secondary/further education transitions and believed that the increased autonomy and responsibility associated with their new educational establishment enabled them to engage better with the curriculum</p> <p>Teachers continued to be the most frequently mentioned people fulfilling a supportive role at follow-up interview, although the number of young people mentioning them did fall slightly. Twenty-nine young people described how teachers supported academic achievement, and motivated them to believe in their ability. Teachers were mentioned as providing both study-specific and emotional support.</p>	No data available
	Martin and Jackson (2002)	'What you need is good advice and a lot more support while you're in university	76% of the sample said that they would like to see more support from teachers.	No data available

Sub theme	Paper	Direct participant data	Author description of data	Authors analysis (conclusions, implications, recommendations)
Emotional support	Allen (2003)	No data available	No data available	Care leavers living independently need practical and emotional support to continue with their education. Schools and colleges could assist young care leavers by ensuring that systems are in place to address their particular needs. Peers or mentors in educational establishments might encourage young people to remain committed to their education while in the looked after system or after care.

	Harker et al. (2004)	Yes my teacher. She was really good at listening to my problems and stuff when there wasn't really anyone else I could talk to about them outside of school.' (18-year-old, independent living)	Teachers continued to be the most frequently mentioned people fulfilling a supportive role at follow-up interview, although the number of young people mentioning them did fall slightly. Twenty-nine young people described how teachers supported academic achievement, and motivated them to believe in their ability. Teachers were mentioned as providing both study-specific and emotional support.	No data available
	Martin and Jackson (2002)	<p>'The teachers should have a more sympathetic attitude towards children who are in care and recognize that they have some special needs. And often it's just making time to listen.'</p> <p>I think the role model or mentor is somebody that you'd see on a weekly basis, that comes to your home or you could go to them or whatever. You'd do stuff with them or they'd take you to museums and art galleries, places of interest, or go away with you for a weekend . . . that they were there for you and knew where you're coming from.'</p> <p>'What you need is good advice and a lot more support while you're in university . . . You need a guardian angel to get you through.'</p>	<p>social services are often unaware of the norms of the university or college, that during the vacations most students go home to their parents, and consequently are expected to leave the halls of residence or student houses during these times. She commented that instead of paying for the individual to stay alone during the vacations in student accommodation, which can be a very lonely and dispiriting experience, it would be far better to provide them with their own flat</p> <p>Most of the high achievers spoke of a special relationship with at least one person, within or outside the care system, who made time to listen to them and make them feel valued. This individual often acted as a mentor or a role model, and helped to motivate them to work hard at school and to go on to university.</p> <p>Other participants recommended that the role model or mentor should play a very active part in the child's life and form a close bond with her or him.</p> <p>A third of the sample mentioned the continuing need for a mentor or a friendly adult who understands what they are experiencing during higher education. What they seemed to have in mind was not another professional but someone more like an educational godparent, outside the care system, who would take on this task as a voluntary activity and form a special relationship with an individual young person over many years</p>	<p>Young people in higher education need continuing support, financial, practical and emotional</p> <p>Previous research also indicates that a positive role model in the child's life setting who is willing to spend time with them fosters resilience</p>

Sub theme	Paper	Direct participant data	Author description of data	Authors analysis (conclusions,
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				implications, recommendations)
Emotional toll of events leading to being looked after	Ajayi and Quigley (2003)	No data available	Most of those who dropped out had endured severe physical, sexual or emotional abuse during childhood. While these experiences tended to be relegated to the backs of their minds while they were in the relatively protected environment of school and foster home, once out on their own intrusive thoughts could resurface. At university, these young people often reported difficulty in forming new relationships and could find themselves quite isolated emotionally. Some told us that they experienced flashbacks or periods of severe depression. This could happen unpredictably so that they found themselves unable to study for long periods, and sometimes were unable to ask for help. Once they failed to submit assignments on time the work piled up into what they saw as an impossible load. Having nowhere to turn for advice or support, running away from the problem seemed the only solution.	No data available
	Chase et al (2006)	I left school at 13 ... this is what really pisses me off ... I had troubles at home, I got to school and let a couple of troubles go ... so I got kicked out and no other school would take me ... they never let no one teach me until I was 16. They just expect you to get on with it.	No data available	No data available
	Harker et al. (2004)	No data available	However, there were still 12 young people who continued to believe that being looked after had made their education worse. The explanation provided was invariably that the young person had failed to recover from falling behind in their education as a result of being in care. For some young people this was due to the distress associated with being taken into care and separated from their birth family.	No data available

	Martin and Jackson (2002)	No data available	No data available	Regardless of the child's current level of achievement (which has usually been depressed by breaks in schooling and painful experiences), there should be an expectation that he or she will continue in education to the age of 18, and if possible go on to further study or training.
	West (1995)	Left for various reasons - homelessness, mental breakdown, lack of funding  I didn't follow through to the end because when I had trouble at home and left in January... I found it hard to concentrate and keep up with attending because I was upset and confused.	No data available	No data available

Sub theme	Paper	Direct participant data	Author description of data	Authors analysis (conclusions, implications, recommendations)
Barrier to educational success - Stereotyping and stigma in schools	Allen (2003)	No data available	Others mentioned concerns that teachers had preconceived ideas about them because of their care history. Isaac believed that teachers did not push him enough or provide enough guidance. He felt his potential was not recognised and this, in turn, undermined his self-confidence	No data available
	Baldry and Kemmis (1998)	I have been sad and depressed, the way I have been treated at school.	No data available	No data available

	Barn (2005)	<p>School was all right I suppose. But it's funny because I was in care ... people used to think it's something weird, they used to talk about 'Oh she doesn't have a mum, she doesn't have a dad, she's in care', so it was a horrible experience I suppose. But, I just had to be strong. (Sarah, African young person, 18, Crowford)</p> <p>The only time they took an interest in my schooling was when I got suspended for fighting ... That was it, me and her both got suspended and then we got appointed the same social worker and that's when you know, after I went back to school, after a couple of weeks I got put on report and that's when they started noticing. It didn't mean that they done anything special, you know they still omitted to do certain stuff, they just had a meeting every month ... asked the teachers about my behaviour but not about my school work (Veronica, Caribbean young person, 20, Heatherton)</p>	<p>Many of the young people interviewed were able to recount some positive experiences of their time at school. However, some argued that their care status had affected the dynamic between them and their teachers (Jackson and Sachdev, 2001). Some respondents recalled feeling pitied and/or being picked on.</p>	No data available
	Buchanan (1995)		<p>The third issue raised by young people was not on our original topic list. This was the educational disadvantage young people experienced when being looked after by the State.</p>	
	Chase et al (2006)	<p>I was 13 and you left me out for another good three years without education ... Now I am looking for a job, no qualifications, only factory jobs—I've got to end up doing this all my life. (Aged 20, parent at 19, one child)</p>	No data available	No data available

	Harker et al. (2004)	<p>'To me it seemed as if they'd never come across the situation of having someone in care who wanted to go to university and they didn't know what to do because they'd just never considered what their policy might be. To me that suggests they've got very low expectations, which OK might be based on the fact that no-one's done it before, but that shouldn't stop you thinking that one of these days some young people might come out with good enough grades to go and you need to plan what you can do for them. There's all these things like this project that are supposed to help people like me get a better education but if they don't seem to expect you to get as far as university it's sending out a bit of a mixed message.' (18-year-old, independent living)</p>	<p>One young person reporting a shift to 'average' believed that low expectations on the part of teachers had prevented them being given adequate support for their education.</p> <p>In addition to receiving little support within a care placement, one young person also reported that they had experienced negative stereotyping within school whereby some teaching staff were seen to hold low expectations of young people who were looked after.</p> <p>Other young people reported having experienced bullying at school when fellow students discovered they were looked after. The lack of understanding shown and the level of taunting could serve to de-moralize and de-motivate.</p> <p>Two young people felt that they had suffered from teachers holding negative stereotypes that looked after children were more likely to exhibit behaviour problems and have lower academic attainment than non-looked after children.</p>	No data available
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	Martin and Jackson (2002)	<p>I think in terms of the stigma attached to being in care, lack of opportunities available, they are automatically seen as being underachievers anyway. Trouble makers as well ... I remember somebody saying to me "You're in care because you're naughty" and it's like you're immediately set up to fail.</p> <p>I think we have to get across to the pupil that the fact that they are in care makes no difference to their educational ability. I think there is a sort of mind set which says because you are in care you are not actually going to achieve or do very much.</p>	<p>Nearly a third of our sample (32%) stressed the need to overcome negative stereotypes of looked-after children. It is generally assumed that children in residential or foster care are there because of personal deficit of character or behaviour, when most come into care as a result of family circumstances and through no fault of their own. In addition many children are discriminated against and made to feel they are of inferior intelligence.</p> <p>A few of the participants also commented on the need to ensure that teachers are aware of the unfair labels of disruptiveness or low intelligence often given to looked-after children</p>	Low expectations about the ability and potential of children in care need to be challenged
	Skuse and Ward (2003)	No data available	No data available	Expectations for looked after children are notoriously low (Parker et al, 1991) and there is still a widespread assumption that almost all are destined for unskilled or semi-skilled employment. Indeed, as Jackson (2001) notes, it is 'normally perceived as a success if a child in care attends school regularly up to the official leaving age, acquires the minimum skills of literacy and numeracy required for survival in an industrial society and displays no serious behaviour problems'.
	West (1995)	I have been to college for three days but the response I got off the teachers was unacceptable.	Again the issue of support and attitudes of teaching staff is important. Only a few young people reported being treated differently at college because they had been in care, but for them it could be significant; 'living on my own at 16, college tutor told me that she disapproved of this'; they were extremely patronising I got a hard time.	No data available

Sub theme	Paper	Direct participant data	Author description of data	Authors analysis (conclusions,
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				<b>implications, recommendations)</b>
Lack of continuity in school careers	Allen (2003)	<p>Sandy felt that she gave up at school around Year 8:</p> <p>What was the point in trying to please people, because you would just get moved on again?</p>	<p>Alison attributed not doing as well as expected in her GCSEs to a move in her final year of school when she 'lost interest in school and education'</p> <p>Young people who did not reach their potential at school because of frequent moves and the disruption they entailed also developed low self-esteem and lacked confidence: additional obstacles to succeeding after school.</p> <p>Frequent moves also sent mixed messages to the young people. For example, Mandy commented on the tension between prioritising education and arranging placements. She felt that the low priority that education took when placements necessitated a change of school was at odds with the expectation that young people would take their education and training seriously in later life.</p>	<p>Care placements frequently involved a change of school. Practitioners should strive to ensure that placements avoid a change of school unless it would benefit the young person's education.</p> <p>Young people who moved schools often found themselves behind or out of kilter with the new curriculum. Systems need to be in place to ensure that either different schools are following the same curriculum or the young person is given help to catch up.</p>
	Buchanan (1995)		<p>Overall 27% of the young people were out of school and/or employment. There was evidence that social workers placed greater emphasis on the potential of therapeutic relationships in a new placement rather than building on existing relationships in an existing child's school. By changing schools, young people lost touch with their friends, their school work and sometime their future education.</p>	No data available



	Chase et al (2006)		<p>Many of the young people interviewed reported missing out on education because of illness, exclusions or frequently moving placements. Many left school at an early age with few or no qualifications. Lack of career and educational opportunities as a result of being disengaged with education for long periods of time was described as a risk factor for early pregnancy by many of the professionals interviewed, whereas engagement with education was viewed as a protective factor. Factors that led to a disrupted education and the subsequent impact on career and employment opportunities were clearly described by one young man</p> <p>One important consequence of a disrupted education was that the young people interviewed described having no or little access to school-based sex education.</p>	No data available
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	<p>Harker et al. (2004)</p>	<p>I think things improved because of being in the same place. I had a fair bit of moving around at first, but then I got settled here and things definitely improved. It's just easier to think about school and stuff when you don't have to worry where you're at [in terms of placement].' (18-year-old, foster care)</p> <p>'I think last time I might have said better because I'd not been here that long so maybe it was more of a contrast to what I'd had at home. Whereas now, I mean I've been here for nearly 2 years so it just feels normal to be getting supported and stuff.' (16-year-old, foster care)</p>	<p>It also appeared important that support was associated with a stable care placement, and young people believed that being in a long-term placement was conducive to educational progress.</p> <p>The notion of feeling settled within a placement was seen to have a positive impact on education for eight of the young people who had remained in the same placement. However, a further eight young people had experienced at least one placement move. Despite such placement change, most of these young people felt that being looked after had increased the range of individuals taking an interest in their education and this was beneficial to them.</p> <p>Placement stability was the sole explanation given to explain shifts in perceived impact by the seven young people who changed from recording a positive impact to no effect. For these young people, the constant level of support for their education had begun to be viewed as a natural aspect of their lives and was no longer seen as making a significant impact.</p> <p>Stability of care placement was also cited as the main reason why young people who felt being looked after had not impacted on their education at original interview reported that it had a positive impact at follow-up. The three young people falling into this category all explained that at the time of their first interview they had not experienced their current placement for long enough to appreciate the support available to them. In addition, the six young people who changed from reporting a negative effect to a positive one explained their altered perceptions in terms of length of time in their current placement. All of the young people had remained within the same placement since their original interview (with the exception of one young person who had moved to independent living two months before follow-up) and believed that this had enabled them to benefit from available educational support as well as enabling them to feel secure enough to concentrate on their education.</p> <p>Social workers continued to feature relatively frequently in terms of individuals who had hindered educational progress. The majority of comments</p>	<p>No data available</p>
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	<p>Martin and Jackson (2002)</p>	<p>But if they missed two years of their school at the age of 13, they can't go back to school when they're 15 and just carry on and when you're put into care everybody thinks it's normal to change schools. I think that's the most disruptive thing that can happen.'</p> <p>One of the key things is stability, it's not to move kids unless it's absolutely necessary, and if you are going to move them don't move them from their school</p>	<p>On the other hand, most of our respondents emphasized the importance of good communication between the school and social workers and carers.</p> <p>It was also noted that a mentor should have a consistent relationship with the child over time and should follow that child through to adulthood.</p>	<p>No data available</p>
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	<p>Skuse and Ward (2003)</p>	<p>So how do you feel about the fact that you didn't change school when you were in care?          Amazing. I put my foot down. ...Because they said, when I went to live with my P and K, that they'd change school and I said 'No you can't make me change again.' I was in my final, you know, exam year and I was fed up with moving schools and having to make friends again...my foster mum used to drop me at school on her way to work and I'd catch two buses home. (Alison. Age at entry: 15 years. Age left: 17 years old.)</p> <p>I always said from the beginning that if I had to change school I wouldn't go - because I had always been quite bright at school so it was a pretty positive thing that I wanted to stay at my own school, because I wanted to do well - but if they had put me in another school, it would have just been another change in my life that I didn't want, and luckily they agreed that the school was important to me, so they let me stay at [school name]. (Eliza. Age at entry: 12 years, Age left: 13 years old. Readmitted at age 14; living in a semi-independent unit at interview).</p> <p>Did you move schools due to placement ever?</p>	<p>No data available</p>	<p>Negative factors such as frequent changes of domicile and school, or a culture that devalues educational achievements are not exclusive to the care system ... For some, the period spent in care or accommodation represented a time of stability in a life characterised by constant change. Gary, for instance, was looked after between the ages of nine and twelve and during this period had had only one placement and no changes of school. However, while living with his family he had had seven school changes in eight years and this had severely impacted upon his approach to education. Despite achieving two level fives and one level four in his SATs, taken while he was looked after at age eleven, by the time he was first interviewed (at age thirteen) he had returned to his family but was no longer in school. His refusal to attend focused upon the frequent changes of school he had experienced before and after being looked after and the difficulties of 'always being the new kid in school.'</p> <p>School can be one of the few areas of stability for young people whose personal lives are characterised by constant change. It can also be one of the few 'normal' places for children who are living in residential units (see Bharbra et al, 2002). CSSRs often recognise the importance of keeping a child at a familiar school when they become looked after or move placement, and make complicated transport arrangements to sustain the situation. Such arrangements appeared to be an area of particular importance to the young people.</p> <p style="text-align: right;">236</p> <p>Stability appeared to be a major factor in the educational attainments of these young people.</p>
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	West (1995)	I didn't follow through to the end because when I had trouble at home and left in January... I found it hard to concentrate and keep up with attending because I was upset and confused.	No data available	No data available
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Sub theme	Paper	Direct participant data	Author description of data	Authors analysis (conclusions, implications, recommendations)
Barrier to educational success - residential care	Ajayi and Quigley (2003)	<p>I was the only child in the home who went to school. I had work to do and the other kids would be kicking off, sometimes all night, and I had to go to school in the mornings. The others had no motivation. The staff didn't push them. . . . The only person who helped me was the only educated one, the one with a degree.</p> <p>My problem was just, like, I was doing A-levels, everyone else was on the dole. They played their music full blast and didn't care about me studying. And then we had to share the kitchen and cleaning duties and I was the only one who did my bit. . .</p>	<p>One young woman, who played a very active role in groups for looked after children in her local area, attributed her own success to having placements only in foster care. In her opinion placement in residential care was equivalent to 'being thrown on the educational scrapheap'.</p> <p>Foster care presented a very much more mixed picture. In many cases foster carers were said to have provided consistent support and encouragement for education. Perhaps most importantly they often had high expectations for the young people they looked after. They insisted on regular school attendance, advocated for the young person if trouble arose, provided congenial study conditions, supervised and helped with homework and often contributed to purchase or upgrading of computers and other equipment. Several interviewees expressed appreciation of the discipline and structure provided by their foster home.</p> <p>It would be quite wrong, therefore, to suggest that foster care was without its problems, but it was usually a final, successful foster placement that enabled the young person to go to university, even if they had had several previous ones where they were not happy.</p> <p>For those young people who were successful not only in accessing but staying in higher education, foster families were usually the most important source of motivation and continuing support.</p>	

	Allen (2003)	<p>'Foster parents gave me encouragement and took me to college interview. They have been supportive since with all aspects of my life.'</p> <p>As Mandy said, talking about careers advice, she would listen to her foster carers most: 'because they were at you 24 hours a day'.</p>	<p>A number of young people felt that the move into residential care had a negative influence on their education. For some care leavers this was because their peer group were negative about school. For example, Tanya felt that although staff were supportive, her involvement with a peer group in the unit 'who didn't care' meant she did not complete her GCSEs. Other interviewees believed that residential staff were too lax and had low expectations of the young people. For example, Elizabeth explained that she played truant because staff in her residential unit let her get 'away with murder'. Overall, a number of the young people felt that there was too little support generally with education when in care.</p>	
	Barn R (2005)	<p>I would have liked to be put in a proper school. Because I feel that [X] Centre that I was in, that's where all the troublesome kids, that's for kids that have been in trouble with the police, got criminal records, things like that. And it wasn't until then that I actually started getting myself into more trouble. I mean just go in your break and you'd go outside and kids would be smoking weed and that outside ... do you know what I mean? (Lucy, mixed parentage young person, 16, Petersfield)</p>		

	Cameron (2007)	<p>"They [foster carers] made me go to school, came out with four As. If I hadn't gone to foster carers I don't know what would have happened.</p>	<p>Only four respondents mentioned foster care as positively supporting educational achievement, for example providing an environment in which educational participation and success were valued and resources made available for study. Also encouragement</p> <p>Matthew (18 years, white male) had completed A levels at the time of interview, despite disruptions in his home life, and was waiting to find out if he had obtained sufficiently high grades to take up a place in his preferred university. He had been supported through the final stages of schooling by his foster carers, both of whom were teachers, and he planned to stay with them during the university vacations as a private arrangement.</p> <p>However, 12 (out of 51 with educational qualifications and any foster care experience) young people had had negative experiences of foster care, and in two cases this directly affected their education. In both examples, the foster carer reportedly questioned the young person's academic abilities, suggesting that he or she was 'thick' or 'stupid' and was not capable of going to college, despite having obtained GCSEs, but should instead go to work and pay rent.</p>	
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	Harker et al. (2004)	<p>'One of the places I ended up in was just disgusting, absolutely filthy, I got a real shock that they could expect children to be put there, but I was dumped there for a couple of months. It really was unbelievably bad and there was no way I could sit in there and do homework and stuff. Plus the carer, if you can call them that, didn't even bother to notice if you went to school or not.' (18-year-old, independent living)</p>	<p>whilst another young person had experienced placement change involving a period in residential care, which was associated with reduced school attendance</p> <p>'The 16 young people who continued to describe being looked after as improving their education invariably attributed this to the availability of support in care placements. Young people felt that they had continued to experience a higher level of support for their education within care settings than in parental homes.</p>	
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	Martin and Jackson (2002)	Another problem that stems from the lack of encouragement to attend school is the high amount of truanting that is not corrected in many residential homes.'	<p>Over half the sample (58%) commented on the startling lack of practical resources in children's residential homes. Many homes lacked basic necessities such as books, a desk or a quiet room in which to do homework or study.</p> <p>By contrast, foster care was much more likely to provide good study facilities. For example, Laura Shales, who is now working as a teacher, talks very positively about the facilities provided by her foster parents</p> <p>Many of the participants remarked on the exceptionally low expectations and lack of interest in education among the staff in the residential homes where they had lived.</p> <p>Over a third (37%) of the high achievers reported their worries about the laissez-faire attitude shown by carers in residential homes towards school attendance. Schooling is frequently missed due to care appointments or by the move to a new school in the middle of a term. Truanting is tolerated, barely remarked on.</p> <p>Some respondents linked the problem of truanting to the issue of normalization. Their recommendation was to make it as unacceptable for looked-after children to truant as it is for those who are not in the care system.</p>	<p>The educational environment and practical resources for study in residential units require urgent attention.</p> <p>The low educational level of many residential workers in this country, compared with other parts of Europe, is well known, and can only be addressed at policy level. However, fieldworkers could take an active interest in the quality of educational and recreational facilities provided for children in residential units and alert managers to shortcomings and opportunities for improvement. Even without additional money, far more effective use could be made of resources already available within the education service and the community, as Rees (2001) has pointed out.</p>
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Sub theme	Paper	Direct participant data	Author description of data	Authors analysis (conclusions, implications, recommendations)
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Self reliance	Ajayi and Quigley (2003)	<p>When everything else fell apart I focused on school.</p> <p>But it was, well this is what I have always wanted to do and so there is no point quitting now because I am so near the end.</p>	<p>Many of our respondents commented that during their time in residential care they differed from the other young people living there in wanting to do well in their schoolwork.</p>	No data available
	Barn R (2005)	No data available	<p>Those respondents who had been displaced from their countries of origin found the education system extremely isolating, yet appeared to cope with this by adopting a disciplined approach to their studies, determined to make the best of any opportunities afforded to them.</p> <p>Many of the young people suggested that educational achievement was recognised as a vehicle towards a better quality of life. Those who had left school with few or no qualifications had little belief in their abilities to make improvements. Lack of confidence, apathy and fear of repeating negative school experiences appeared to be holding back some young people.</p>	No data available

	Cameron (2007)	<p>I needed to be in education or in a job where I could get a career out of it. I want to do something with my life because I have seen how bad it can be with other people.</p> <p>Thinking about enrolling in college again to complete my painting and decorating courses . . . Just so I've got a little bit more experience because that's basically what I want to do . . . [I've been] asked . . . to start up a business . . . [and] I like to do things that challenge us.</p> <p>Ekua (21 years, white female) explained that she attained her GCSEs despite lack of support from her foster carer 'because when I was at school I did work and I did pay attention'.</p>	<p>Fourteen of those in college recounted examples where they had been the principal agent of their educational direction and success.</p> <p>John A (18 years, white male) found out about a training scheme through a friend and changed from a subject about which he was unenthusiastic to one he was confident he would enjoy.</p> <p>Another young man had demonstrated self-reliance in serving both his own interests and those of his younger brother.</p>	<p>Among those currently attending college (which included further education, university, sixth-form college or other vocational college), the predominant themes in response to questions about how they arranged entry and managed participation were self-reliance and taking the initiative.</p> <p>In many cases, the key to success was reliance on their own resources, taking the initiative, rather than relying on any external sources of formal support, regardless of availability.</p>
	Harker et al. (2004)	No data available	<p>Secondly, 12 young people felt that their personal motivation and appreciation of the importance of education served as an important factor in ensuring that they did well. Six young people commented that they had consistently applied themselves to their studies irrespective of any distress or distractions associated with being looked after, whilst the remaining six believed that age-related changes had contributed to their progress. Increased maturity was seen to enable young people to appreciate the value of education and apply themselves more fully to their studies. In addition, some young people felt that drawing closer to the school leaving age emphasized the importance of applying themselves more ardently to their studies.</p>	No data available

	Martin and Jackson (2002)	No data available	Brenda Kerr, now a residential social worker herself, felt that anything she had achieved was entirely through her own efforts: her children's home had done nothing to help	No data available
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### 3.1.8 LACYP: Professionals

Sub theme	Study	Direct participant data	Author description of data	Authors analysis (conclusions, implications, recommendations)
continuity	Allen (2003)	'Social workers are sometimes very judgemental and do not realise how scared, vulnerable and nervous it feels to be in care. Why should I let some one else know my feelings and thought? And subsequently the reaction comes out the wrong way - anger, bad behaviour ...'	Interviewees described annoyance at having to retell their story to new social workers. In some cases, young people could not be bothered to recite their stories again.	Professional support is likely to be most effective where there is continuity of key workers. In order to maximise continuity of support the LA and other agencies should ensure there is sufficient flexibility within staff roles and across professional boundaries to ensure that ongoing support is available to care leavers.
	Baldry and Kemmis (1998)	No data available	The level of instability and inconsistency in relationships between social workers and young people was, however, concerning. Only 8(11 per cent) had one social worker whilst being looked after, and 42 per cent had had three or more. Most had only had their social worker for a short period—52 per cent for a year or less, and only 1 in 5 had had the same social worker for 2 years or more.	No data available

	Leeson (2007)	No data available	<p>For two boys, their key worker had changed regularly as the residential home they lived in had experienced considerable difficulties with staff retention and sickness. This meant they felt further isolated within formal structures, having no one they felt they could trust to represent their views.</p> <p>N talked about regular changes in social work personnel, meaning he had no meaningful relationship in which he could discuss what was happening and that this experience had been echoed throughout his time in care. Especially difficult had been his experiences of having new social workers at times of change, meaning he had no say, as they did not have a relationship.</p>	No data available
	Munro (2001)	<p>‘It makes you feel neglected, when they keep changing’.</p> <p>‘What’s the point of getting to know your new social worker when she will probably be gone soon?’</p>	The biggest complaint about social workers (from eight children) was the high turnover and the subsequent disruption for them. They had all kept an exact tally of how many they had had and some of the figures seemed unusually high, e.g. two reported having had six different social workers in the past two years. One of these said he had not even been informed of one change and had discovered it by chance	In relation to continuity, research and the Department of Health (1996) have highlighted the importance of continuity of placement, rather than of social worker. However, placement changes were only criticised strongly by one young person in this study.

	Skuse and Ward (2003)	<p>"took a bit of a shine to me and kept buying me things with her own money, so I was told, so they gave me another one, who I didn't like very much."</p> <p>"I got on very well with one of them and she still writes to me although she now lives abroad." (Lara. Age at entry: 15 years. Age left:17 years old.)</p> <p>"She's actually left now. She's going to come and see me later on. She's finished work and she's going to come for a drink, just to say Hi. To see how I am" (Gina. Age at entry: 14 years. Age left:16 years old.)</p>	As her comments demonstrate, the relationship between a social worker and a service user should essentially be a professional one, circumscribed by the expectations of the employing organization. However, some social workers had chosen to continue the relationship after their professional responsibilities ceased. The ongoing nature of these relationships were spoken about very positively by the young people concerned and were clearly a source of pride for them:	Such contacts are clearly beneficial to the young people concerned, no doubt exactly because they are beyond the requirements of professional practice, and demonstrate that the young person is valued in their own right, and not simply as part of a caseload.
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Sub theme	Paper	Direct participant data	Author description of data	Authors analysis (conclusions, implications, recommendations)
relationship	Allen (2003)	Sandy commented: 'Social workers should take more time to get to know you, have social visits, like come down for a coffee when nothing is wrong.'	As well as continuity of relationship, a number of interviewees mentioned the need for more informal and personal care. Young people talked about professionals getting to know them better, for example by finding out about their interests and by offering some out-of-office hours... Tanya, with particular issues around pregnancy, felt she needed someone to talk to 'like a Mum'. Mandy had lots of contact from both social services and from supported housing providers. However she still wanted 'someone to listen to you more personal'.	Professional and informal support was crucial to the young person's success. The care leavers benefited from help, usually from professionals, with developing and pursuing career options. Emotional encouragement, often from family and substitute family members, helped young people to stay engaged in what they were doing. Professionals in a befriending role, such as sessional workers, were also helpful in this respect.

	Baldry and Kemmis (1998)	<p>I like it that I can talk about how I am feeling and also get treated like an adult.</p> <p>My social worker is someone I can trust and talk to.</p>	<p>They had clear views about what they thought may be a good or a bad social worker. The qualities most appreciated in a good social worker were: genuine interest, being listened to, meeting up with young people as arranged, getting things done as agreed, being open and honest, and maintaining links with young people's families. p.133</p>	No data available
	Barnes (2007)	<p>I find it hard to trust people, to let people walk into my life and sort of deal with me. And I haven't found any difficulties with her (rights worker).'</p>	<p>There were however common features that these young people said they wanted and appreciated in all professionals. Caring was an important aspect of these.</p> <p>Some of the qualities young people appreciated were personal ones such as friendliness and a sense of fun.</p> <p>Another cluster of qualities that the young people appreciated in their workers were those of demonstrating respect and interest, listening, valuing them and treating them as equals and individuals, not 'like a child'.</p> <p>The majority appreciated the caring relationship encountered from rights workers.</p>	<p>These can be related to Diller's (1996) concept of 'engrossment', that is accepting another's views and feelings as one's own and are central to a care ethic</p>

	Leeson (2007)	No data available	<p>All talked about feeling alienated from their social workers, many of whom were not local ... Frequently, the only contact was through formal review structures and at key moments such as placement crises or when the boy was no longer eligible to remain in the home. All felt this was not a good time to get their message across and were doubtful their social workers would hear what they had to say, anyway. S related several examples of such occasions, when he would be too upset or bewildered to make good use of the time with his social worker, who he felt, as a consequence, did not really know him and was unlikely to represent him effectively.</p> <p>S felt social workers did not care about the children in their care, that they were more concerned with paperwork, fulfilling obligations that he was not aware of, and being seen to do something. He cited as an example the decision to move him to his current placement that had been made in haste, with very little consultation with either him or his parents.</p>	No data available
	Martin and Jackson(2002)	My social worker at the time I never saw because he assumed everything was OK because I seemed to be a stable person, but I wasn't, I was anxious. I could have gained by having the situation monitored more closely.'(Shara Mookerjee, a civil engineer)	Over a quarter of participants emphasized the importance of having a good relationship with their social worker . Most stressed the need to be able to contact the social worker freely for support and advice, and conversely that the social worker should regularly contact the young person and show a genuine concern for their welfare. It cannot be assumed that because there are no overt problems the child does not need social work support.	No data available



	Munro (2001)	'Someone who can talk to children, get to know them, take them out, and phone regularly so they keep in touch with what is happening'	Social workers were also criticised for their reliability in everyday matters such as keeping appointments on time or holding reviews on time. Children interpreted this carelessness as a sign of their low priority in the social worker's life.	Comments on the quality of social work support are likely to be biased towards those who had a complaint to make since those who had a more positive and unproblematic experience were less likely to dwell on the issue in depth. However, Butler and Williamson's research bears out both the approving and critical opinions. They report that many children are seeking a 'more emotional, empathic level of interaction' but that the experience for many is, in contrast, an 'almost technical, allegedly 'robotic' nature of professional interventions in children's lives'
	Skuse and Ward (2003)	No data available	Although there is, of course, a danger of a practitioner becoming too involved in a case, and possibly undermining the work of others, it is nevertheless worthy of note that small gestures of support which were outside the normal provision were very warmly remembered by the young people; the classification of a good social worker often included notions of someone 'going out of their way for you' or someone who 'put themselves out for you'.	Such contacts are clearly beneficial to the young people concerned, no doubt exactly because they are beyond the requirements of professional practice, and demonstrate that the young person is valued in their own right, and not simply as part of a caseload ... Most social workers who exercised a relationship beyond professional boundaries confined it to cards or letters and occasional visits; the pleasure that these brought further reinforces the point explored in greater depth in other chapters, that so many of these children and young people had very low expectations of either the attention or the opportunities that might be regarded as their right.

Sub theme	Paper	Direct participant data	Author description of data	Authors analysis (conclusions, implications, recommendations)
Being listened to	Baldry and Kemmis(1998)	No data available	<p>Young people's comments clearly identified the qualities that they valued. Those most frequently mentioned were being listened to and having your views respected p.131</p> <p>They had clear views about what they thought may be a good or a bad social worker. The qualities most appreciated in a good social worker were: genuine interest, being listened to, meeting up with young people as arranged, getting things done as agreed, being open and honest, and maintaining links with young people's families. p.133</p>	No data available
	Barnes (2007)	<p>Rights of children's attitude are brilliant cos they're actually always polite, always willing to listen to you and always understand you.'</p> <p>'I feel my views are heard and they involve me in decisions. They treat me like an adult.'</p>	No data available	No data available

	Leeson (2007)	<p>He told me, 'They don't listen to children'.</p> <p>N shook his head when recalling this memory - 'all I wanted to do was make them listen'.</p>	<p>That attempts to communicate their feelings had met with a lack of understanding from key adults, as the methods the boys had used had apparently not been recognized or had been misconstrued. S recalled a time at school, when he was 7, when he felt he had been misunderstood - he got up to open a window, despite numerous requests for fresh air, and got 'jumped on' as the staff felt he was about to walk out. Through discussion, he agreed that he had been distressed at the time and they could have easily misread his actions. What upset him most was that they did not check out his motives or listen when he protested.</p> <p>N expressed similar feelings, talking about when he was 5 years old and he had been very unhappy in his foster home and had tried to talk about this to his social worker. When he felt he had not been listened to, he started running away and behaving badly. He felt powerless and that this choice of action was his only recourse. This was labelled as poor behaviour and evidence that he was disturbed rather than he was and he shook his head when recalling this memory - 'all I wanted to do was make them listen'. Recognizing that this had got him into trouble, he felt he had little choice. He accepted that this had given him a label that had proved impossible to change.</p>	<p>Many have shown children meaningfully interacting with their environment, making sense of what is happening around them and having clear judgements, values and attitudes to voice (Alderson 2000; Lancaster 2002; Moss &amp; Petrie 2002). They are not passive recipients, people in waiting or citizens in potential (James &amp; James 2004, p. 35), but active participants in their world. Ignoring their voices or preventing them from being heard through overzealous notions of protection is both dangerous and manifestly unfair (Hendrick 2003; John 2003). Although policy-makers acknowledge this and are making steps to ensure children in care meaningfully participate in decision-making about their care (Department for Education and Skills 2006), research shows there is a long way to go (Parker 2006), especially for the younger child (Jowett &amp; O'Laughlin 2005; Thomas 2005). The last word has to be from one of the boys: 'we need real choices, we need time to think and we need people who are prepared to listen and help' (S, July 2005).</p>
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Sub theme	Study	Direct participant data	Author description of data	Authors analysis (conclusions, implications, recommendations)
Being there - Accessibility/Reliability	Baldry and Kemmis (1998)	No data available	The qualities most appreciated in a good social worker were: genuine interest, being listened to, meeting up with young people as arranged	No data available

	Barnes (2007)	No data available	Common features that these young people said they wanted and appreciated in all professionals ... such as being trustworthy, honest, reliable, easily contactable and providing a quick, efficient response.	No data available
	Martin and Jackson (2002)	A social worker is still important because she used to see me, not that often, but she kept in touch . . . and whenever I had trouble say with studying I knew I could pick up the phone and she'd be there for me.	Most stressed the need to be able to contact the social worker freely for support and advice, and conversely that the social worker should regularly contact the young person and show a genuine concern for their welfare. It cannot be assumed that because there are no overt problems the child does not need social work support.	No data available

	Skuse and Ward (2003)	<p>Did you find that helpful and how often did you see them?</p> <p>Once a week and the first one was really helpful</p> <p>(Lara. Age at entry: 15 years. Age left:17 years old.)</p> <p>At the time of the first interview (two and a half years after she ceased to be accommodated), this young woman still had frequent contact with her social worker:</p> <p>“When did you last see your social worker?</p> <p>About six months ago, but she is coming out to see me next week though and I phone her if I need her and then she phones me. Sometimes it is difficult to get it together.</p> <p>So when was the last time you spoke on the phone? This morning.”</p> <p>(Lara. Age at entry: 15 years. Age left:17 years old.)</p>	<p>Some of those interviewed were unhappy with the level of support they received. One young man reported returning to the care of his mother following an alleged sexual assault by the foster carers' own child. He had not seen a social worker since he ceased to be accommodated.</p> <p>Gina, who had moved into independent living, had not been in contact with social services between the Section 20 arrangement ceasing when she was sixteen and the time of her first interview 29 months later. During the first interview, however, she revealed a substantial level of distress and, at her request, social services were contacted and became involved in her welfare again. A year later, at the second interview, Gina was still in touch with her social service department and was receiving regular support, which had enabled her to begin to sort out her problems</p>	No data available
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Sub theme	Study	Direct participant data	Author description of data	Authors analysis (conclusions, implications, recommendations)
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Getting things done	Allen (2003)	'They are good if you ask for help and something gets done about it. Many social workers say they will do things but don't come up with the goods.'	Not all social workers were rated, however - only those that lived up to the promises they made.	<p>Young people also required support with practical aspects of independent living. Where young people did not receive this support, the issues they had to contend with, such as substance abuse, relationship breakdown and moving home, could tip the balance against them remaining in their work, training or educational situations.</p> <p>Young people's endeavours to continue with their chosen work or study options were often hindered by having to deal with considerable adversity in other aspects of their lives. Care leavers are more likely to stay in their jobs or training and educational roles if they have help with the other pressing issues they face, such as stable housing and financial security.</p>
	Baldry and Kemmis (1998)	No data available	They had clear views about what they thought may be a good or a bad social worker. The qualities most appreciated in a good social worker were: genuine interest, being listened to, meeting up with young people as arranged, getting things done as agreed, being open and honest, and maintaining links with young people's families. p.133	No data available
	Barnes (2007)	'I always tell children's rights cos they'll sort out with it straight away. It's like they take it up as soon as they can'.	Other young people explained that they appreciated the responsiveness of their workers	No data available
	Martin and Jackson	'My social worker is brilliant, if I want anything I ring her and she'll chase things for me, or help me sort things out, or speak to people for me. She's a person who if you are stuck in a corner she's there for you.' (Reena Landon, college student)	No data available	No data available

	Munro (2001)	'She would sort out anything that was bothering me'.	Social workers were also criticised for their reliability in everyday matters such as keeping appointments on time or holding reviews on time.	No data available
	Skuse and Ward (2003)	"I have seen them to help me out with my housing or if I have problems with my DSS or information etc."  "...the last time I spoke to a social worker was about a week and a half ago when I was enquiring about what was happening with this child minder I am supposed to be getting. And prior to that, maybe nine months ago or so."  "I had outreach workers when I left. They help you make friends and everything and as I was totally away from my friends, they take you out and take you to the pictures or things like that if you can't make friends in the area."	No data available	No data available

Sub theme	Paper	Direct participant data	Author description of data	Authors analysis (conclusions, implications, recommendations)
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Power	Leeson (2007)		<p>N expressed similar feelings, talking about when he was 5 years old and he had been very unhappy in his foster home and had tried to talk about this to his social worker. When he felt he had not been listened to, he started running away and behaving badly. He felt powerless and that this choice of action was his only recourse. This was labelled as poor behaviour and evidence that he was disturbed rather than he was and he shook his head when recalling this memory - 'all I wanted to do was make them listen'. Recognizing that this had got him into trouble, he felt he had little choice. He accepted that this had given him a label that had proved impossible to change.</p> <p>S felt social workers did not care about the children in their care, that they were more concerned with paperwork, fulfilling obligations that he was not aware of, and being seen to do something. He cited as an example the decision to move him to his current placement that had been made in haste, with very little consultation with either him or his parents.</p> <p>None of the boys remembered seeing any reports that had been written about them or that they had been offered the opportunity to write, draw or represent their views in ways that made sense to them. All reported a feeling that the formal processes happened around them with an expectation that they would passively go along with the resultant decisions.</p>	<p>There needs to be recognition of the power adults have in children's lives. Adults caring for children in these situations wield considerable power vested in them by the authority, but are not always aware of the power they hold simply by being adults. There is an anxiety to protect the children from making mistakes, making the wrong decisions. This fits with the nature of current social work practice being risk-averse, but leads to serious questions about why children are being denied the right to make mistakes, draw their own conclusions and learn, or even to have the right to change their minds</p>
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	Munro (2001)		<p>All mentioned the importance of the social worker in their lives. The social worker was seen as very powerful and, when the relationship worked well, as a very strong ally.</p> <p>Social workers were also criticised for their reliability in everyday matters such as keeping appointments on time or holding reviews on time. Children interpreted this carelessness as a sign of their low priority in the social worker's life. One young person, reporting on the failure to hold her reviews regularly, was very angry but also felt helpless to alter matters.</p>	<p>The complaints of the children in this study are corroborated by other research that has shown that looked after children have less opportunity than average to participate in decisions or take risks (Page and Clark, 1977, Social Services Inspectorate, 1985, Berridge, 1985).</p> <p>Shemmings' (2000) and Trinder's (1997) research both reveal a worrying tendency for professionals to see children's development as a dichotomy rather than a continuum. They are 'classified as either subjects or objects, competent or incompetent, reliable or unreliable, harmed by decision making or harmed by exclusion, wanting to participate or not wanting to participate (Trinder, 1997, p.301). This is at odds with the developmental perspective of a gradual acquisition of competence and perhaps explains the frustrations reported in this study of feeling excluded. It raises serious concerns about how major a change is needed for professionals to help children with the slow, maturational process of increasing power and autonomy.</p>
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### 3.1.9 LACYP: Preparation and support for leaving care

Sub theme	Paper	Direct participant data	Author description of data	Authors analysis (conclusions, implications, recommendations)
Preparation for leaving care	Allen (2003)	No data available	All young people who leave school have to cope with the move into the adult world of work, training or further education. But young people leaving care must also cope with the strains of managing their own budget, sorting out and keeping their accommodation, and caring for themselves. A sense emerged from the interviews that this was often too much. Young people fared better when they received practical help with day-to-day tasks of living.	No data available

Barn (2005)	<p>... well my foster parents they started preparing me beforehand, before my social worker, because they [social services department] didn't start preparing me until the year I was leaving ... I had good foster parents and they prepared me a lot, more than the social workers. They don't really prepare you. But like my foster family ... they prepared me a lot without me even realising.</p>	<p>Some young people were quite critical of the lack of support in general they had received from the local authority, but spoke highly of the input they had received from foster carers and semi-independent placements. One young woman in particular from Harwood maintained that her placement at such a unit had given her the opportunity to take responsibility for practical and domestic aspects of her life.</p> <p>The role of foster carers in helping to prepare young people for leaving care was a common theme in the accounts from young people. They felt that this had been an ongoing process whereby they were being equipped to learn basic skills such as cooking and cleaning, and being organised and self-disciplined.</p> <p>It is also important to note that some young people experienced severe placement disruption while in care. The lack of similar positive foster experiences for these young people is a concern.</p>	<p>Pathway planning should pay equal attention to a young person's capacity to manage independently and leaving care services should invest more time and resources in skill-building programmes. Focused/tailored approaches to budgeting, which take account of different scenarios in which young people may find themselves, are important. Also, follow-up support to settle young people in their new environment would ensure that young people don't feel abandoned and isolated, and are given practical advice that could be applied to their own situation.</p>
Buchanan (1995)	<p>At home I started cooking at nine. When I was in care I did not start until I was 13.</p> <p>If we need to change a plug we get an electrician.</p>	<p>The lack of opportunities to learn about the everyday skills necessary for living was vividly illustrated by the young people.</p>	<p>No data available</p>
Chase et al (2006)	<p>No data available</p>	<p>Where there was a well-established leaving care service, the change in young parent's perceptions of, and relationships with social services, were marked. Young people described the holistic nature of the support and the very different types of interaction they had with leaving care workers compared to previous social workers</p>	<p>No data available</p>

Mullan et al (2007)	No data available	Only a small number of young people said they had a good awareness of the potentially difficult realities of life after care and felt prepared for these because of the skills they had been learning.	<p>The prospect of leaving care was a source of anticipation, with young people being anxious to get out of care and have their own place. This deep-rooted desire to leave care as early as possible meant, however, that some young people were not fully prepared for the drastic change in circumstances.</p> <p>Greater preparation for the realities and risks of life after care could be more fully integrated into young people's care plans and the impact of the Children (Leaving Care) Act (Northern Ireland) 2002 remains to be seen.</p>
West (1995)	<p>Just teach people about cooking and stuff so they've got food idea about what to do</p> <p>Teach all the kids about the basic before they leave care</p> <p>I personally would make sure young kids are fully aware of the difficulties of everyday living.</p> <p>Start people off at 14 and make sure they can do it before they leave care.</p> <p>By starting earlier instead of leaving it to the last minute</p> <p>I would like support to mean help and advice, not learning to be independent after you have left</p> <p>Most kids don't know how hard it is on your own. Make sure they're not disillusioned</p>	<p>In total 49 claimed to have had some preparation but 15 of these said they had done it by themselves, they had been alert to needs and 'watched and learned'. Nine said they had no preparation at all for leaving care.</p> <p>60% reported that when they left care they found there were life skills they didn't have. In particular half did not know how to manage their money and nearly a quarter did not know how much things cost.</p> <p>Most YP felt that preparation could be improved and made suggestions. Some focus on particular skills. Others made pleas for more training. Many felt that social work staff needed more training in areas of preparation.</p> <p>There was a strong feeling that preparation should begin earlier, while YP were still in care. For others the key to the right preparation was to always talk and listen to YP in care and after care.</p>	<p>-Preparation should start by 14 years or when entering care</p> <p>Leaving care planning meetings should be regularly held for all</p> <p>preparation should include:</p> <ul style="list-style-type: none"> <li>- managing money and budgeting;</li> <li>health; developing a social life</li> <li>- understanding and doing tasks of daily living while in care;</li> <li>- arrangements for after care-support</li> </ul> <p>-Preparation methods content should be by negotiation with the young person</p> <p>-Preparation must be flexible, suited to and chosen by the young person</p> <p>-Young people should choose when to leave care.</p> <p>-Social services must ensure young people make decisions and are involved in leaving care processes and that staff understand their definitions.</p>

Sub theme	Paper	Direct participant data	Author description of data	Authors analysis (conclusions, implications, recommendations)
A support network to provide practical help and emotional support	Allen (2003)		<p>Foster carers provided a substitute family structure for some of the young people. Ninety per cent of the sample had been in foster care at some point in their lives. At the first interview 33 per cent (n=11) of care leavers described foster carers as part of their support network and 35 per cent (n=7) at the second interview.</p> <p>The interviewees identified some months after leaving care, previous foster carers that in the first interview had not been mentioned, as being important in their support network. This seemed to reflect the young people's increased awareness, having spent time living independently, of the value of being able to drop in on their foster carers, and receive help with their laundry, the occasional meal, or encouragement in what they were doing.</p> <p>All the young people in work at the time of the second interview listed a member of their family or an ex-foster carer in their support network. Care leavers who retained some contact with their family or foster carers could turn to them for basic support, e.g. an evening meal, help with a phone call or filling in forms, a chat after a bad day at work. Supported housing also offered a halfway house for some of these young people. For example, Ellis listed people at his supported housing project among those he would talk to for advice about making future life changes.</p>	<p>Overall, having someone consistently available - a family or substitute family member or professional - seemed to provide the young person with the stability they required to ride out difficulties, stay engaged in their economic activity or develop plans for the future.</p> <p>Professional and informal support was crucial to the young person's success. The care leavers benefited from help, usually from professionals, with developing and pursuing career options. Emotional encouragement, often from family and substitute family members, helped young people to stay engaged in what they were doing. Professionals in a befriending role, such as sessional workers, were also helpful in this respect.</p> <p>Young people also required support with practical aspects of independent living. Where young people did not receive this support, the issues they had to contend with, such as substance abuse, relationship breakdown and moving home, could tip the balance against them remaining in their work, training or educational situations.</p>

Barn (2005)	<p>But like my foster family, I'm still on the phone to them now, even though they've stopped fostering me now, but we still stay on the phone and I'll go and meet them and everything (Kylie, white British young person, 20, Benton)</p> <p>Me and my foster mum kind of get on well ... we do sit down and talk about girl stuff, you know the changes I ask her about it and she explains it. If I have a problem with cooking myself a suitable meal, she'll sit down and write a diet for me. (Frances, African young person, 19, Petersfield)</p>	<p>The role of foster carers in helping to prepare young people for leaving care was a common theme in the accounts from young people ... They also felt emotionally supported and continued to maintain contact with the carer after leaving care.</p> <p>A major concern for young people was the lack of after-care support. The social services' expectation that, on being placed in their own accommodation, a young person should be able to live independently was a shock for many young people.</p>	Follow-up support to settle young people in their new environment would ensure that young people don't feel abandoned and isolated, and are given practical advice that could be applied to their own situation.
Buchanan (1995)	<p>I think I am ready to leave care but it makes you frightened. Even though social services are a load of c... there is security that somebody is there. They say I am capable ... but after nine years ... they can't just put me out.</p> <p>It would help if there was a drop-in centre where you could get some help.</p> <p>I visited my old home (residential establishment) and it was quite painful. I was told to go away. No-one told me that I would not have anything.</p>	No data available	No data available

	<p>Chase et al (2006)</p>	<p>I was living in a new place with 2 children and I had changed. I went from happy-go-lucky to really miserable. I had panic attacks and anxiety, and my boyfriend used to say I had depression, but the doctor said I was all right. I got myself back together really slowly and realised what was happening. I don't think I even looked in the mirror for about 2 years. (Young woman, age 21 parent at 17, 2 children)</p> <p>I saw her (family support worker) as a friend and told her everything. But I realised in the end that everything that I told her was brought up at the case conference and used against me. She stabbed me in the back really. I didn't have other people to talk to—I was on my own with X (baby), I didn't see mum or dad so I saw her as a friend that's why I can't trust them no more. (Young woman, age 18, parent at 17, 1 child)</p>	<p>A number of young mothers described episodes of post-natal depression, and this was commonly recognized by professionals interviewed. However, few young women asked for help or assistance, in some cases citing fear of having their child taken away. Those that did ask for help described common experiences of not being listened to or their feelings being quickly dismissed.</p> <p>Moreover, the association of social services interventions following their own family breakdowns or being taken into care, and the failure of services to have provided adequate support in the past, meant that once pregnant, young people often felt a need to 'go it alone' and did not ask for help and support.</p>	<p>(There is a) need for an independent advocate or neutral source of support for all young parents involved in child protection procedures.</p> <p>There is still much to be done by local authorities in terms of promoting the shared responsibility for young people in and leaving care. Clearly social services departments alone cannot adequately provide for young parents during their transition from care.</p> <p>Underpinning all of these efforts should be a shared understanding of how the experiences of stigma and marginalization that many young people have experienced might deter them from seeking out the support they need. Only then can a key support worker, such as a leaving care personal advisor, effectively become the interface between a young person and a comprehensive range of support services.</p> <p>Less than half the young women interviewed had received any professional help with the emotional impact of finding out they were pregnant. More fundamentally, young people in and leaving care lack emotional support from when they first enter the care system... Relatively few young people in the study, however, reported having access to a personal advisor or specialist leaving care support worker. Those who did commented on the holistic emotional and practical support that was provided and how it starkly contrasted with their previous relationships with professionals.</p>
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	Martin and Jackson (2002)	I think there's got to be support for kids who leave care and go on to university. I mean real practical support. They need money. They need somewhere they can go back to for help. They need people they can rely on for advice. All the sort of things that ordinary undergraduates take for granted, that they get from their family.	No data available	Young people in higher education need continuing support, financial, practical and emotional.
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	<p>West (1995)</p>	<p>Don't drop all support, after leaving care - keep an eye on them.</p> <p>When I left care my support died on me. After I took an overdose I got more help.</p> <p>Being able to talk to someone if you don't find you're coping is very important.</p> <p>Build social networks while in care.</p> <p>While you're in care they should encourage you to meet people.</p> <p>Support should last: The rest of your life - after all your family do not limit the support they give you.</p> <p>For as long as help is needed. If you're in care you usually leave earlier than most people, so you need more support.</p> <p>Kinds of support: Someone being there when I needed, even if it's just an ear'</p> <p>Encouragement knowing there is something to fall back on if you end up having problems.</p> <p>Support means to me that I should get personal and financial help.</p> <p>What people would want is for somebody who's already been in care to help those in care now'</p>	<p>For the young people underpinning the notion of support is the idea that in good families parents would be available for listening, advice and guidance beyond the age of 16 years and after leaving home. Family support is not always limited to talking but may be practical in the form of for example, physical labour, transport, or be financial in the form of cash or gifts.</p> <p>40% of the YP said they received no support at all after leaving care.</p> <p>Some received support in various forms from social worker, other from foster parents, parents, brothers/sisters, friends or from voluntary organisations. Some of this support they got was helpful and half said that the support had been offered to them. But only a quarter of those received any support regarded it as adequate.</p> <p>The word support is used a lot but often with vague meaning. Young people were clear that in this context it means primarily listening and talking with someone trusted and who was there when needed. The form of help was mostly defined (apart from listening) as advice and advocacy around housing and money and occasionally meaning financial assistance.</p> <p>Young people were generally clear that support should be more available and advertised, that is should be at the behest of the young person, in their control.</p> <p>Well over half specified social services in various guises - as social worker, residential social workers or leaving care worker. A few said support should come from family and friends, while others though social services should fund the facilitation of post care groups or that support should come from older carer leavers.</p> <p>A majority felt that social life and networks could be improved.</p>	<p>social services must ensure that support is available to care leavers, beyond the age of 18</p> <p>the care leaver must decide who and how support is given</p> <p>support must include being available when needed, and providing advice and advocacy</p> <p>the care leaver must decide when support ends</p> <p>there should be national and local leaving care phone-in and drop-in organisations, run by young people</p> <p>social networks outside care should be developed before leaving care (ex-care leavers might be involved in this)</p>
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Sub theme	Paper	Direct participant data	Author description of data	Authors analysis (conclusions, implications, recommendations)
Access to information and advice	Allen (2003)	I would rather receive help when I need it, for example, accurate information on leaving care grants and the grants to be made available when they are required - this could be planned before leaving care.	Young people also mentioned a lack of advice and information on education, training and employment options and the need for more support to find work, sort out accommodation and access 'leaving care' grants.	The interviews also revealed care leavers' limited knowledge about their benefit entitlements, such as the LA's discretion to top up care leaver benefits for the purposes of education, employment or training. Ignorance of their entitlement reflects poorly on the LA's success in and commitment to ensuring young people receive all the support to which they are entitled.

	<p>Barn (2005)</p>	<p>The initial leaving care bit I didn't have ... I mean there wasn't any preparation for that. There was no one to talk to me about what my options were.</p> <p>Upon my 16th birthday I was introduced to the Leaving Care Team and we done something called a pathway plan. And I just got questions like: what can I do? what do I need help with? For example, do you need help with budgeting? can you make an appointment at the doctor's? So I told them everything honestly and nothing come of it really.</p> <p>I think there can be quite a lot of information on what is going on. They made sure they spent time with me so that I understood what was going on.</p> <p>I don't think I know too much about my rights ... Even though they explained to me about the semi-independence I never got that kind of in-depth of it ... So I thought that maybe they could have given me more knowledge on that section because then, I could have probably gone for that and got myself extra prepared for moving now.</p> <p>I never got shown a copy of the Leaving Care Act; I never got told what I was completely entitled to.</p>	<p>Several young people maintained that the quality of preparation was inextricably linked to the calibre of a young person's personal adviser. This view was particularly prevalent in Harwood where respondents participating in a focus group expressed strong feelings about this matter. As far as they were concerned, the fact that they had been well supported and informed about their entitlements had nothing to do with the actual system, but was due to the individual commitment and effectiveness of their allocated workers. In contrast, respondents from Benton and Crowford maintained that their negative experiences were a direct result of an unfair and inconsistent system and its practices. Young people's views about inconsistent and unfair practices were often about money and principally about leaving care grants, which varied in and between local authorities:</p> <p>Evidence gathered from the qualitative interviews highlights this as an area young people were unhappy about. One individual who made reference to his pathway plan was evidently unclear about the status of this document. While the majority of respondents were aware that plans had been made regarding their transition, their role in this process emerged as minimal.</p> <p>There were a handful of positive experiences regarding the planning process and the majority of these were made by young people from Harwood. The accounts of these young people indicate the importance of a participatory approach involving the dissemination of information, working in partnership and valuing young people as citizens.</p>	<p>The study shows that, without an adequate knowledge base about rights and entitlements, and an appropriate skills base, young people are ill-equipped to manage accelerated social change.</p> <p>Young people preparing to leave care should receive up-to-date information about rights, entitlements and service provision. This should take the form of written, audio/visual and other types of media to engage with a diversity of care leavers.</p>
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	Chase et al (2006)	No data available	No data available	In terms of supporting young parents, local authorities could usefully rethink pre- and post- birth child protection assessments and increase young people's participation and understanding of the processes involved.
	West (1995)	More advice Having some sort of guide of helpful organisations	No data available	support must include being available when needed, and providing advice and advocacy  Social services must ensure young people make decisions and are involved in leaving care processes

Sub theme	Paper	Direct participant data	Author description of data	Authors analysis (conclusions, implications, recommendations)
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<p>greater financial support and advice for managing finances</p>	<p>Barn (2005)</p>	<p>We are managing on benefits, but if [partner] got a job we would have to pay full housing, which would mean we were worse off.</p> <p>A minute ago, I was outside and saw this bloke writing a list of things he needed and how much money. He said he wanted like £300, the social worker said that would be possible. But nothing like that has been done with me.</p> <p>I think the most thing that, um, I needed help with really was financial area ... because you don't really know how expensive things can be.</p> <p>But in terms of helping me to budget and manage money and all that I didn't really have much support.</p> <p>My spending habits are really bad. I have three years' rent arrears yet I still went out and bought a leather sofa.</p> <p>I remember I got a letter about budgeting and I went to one of their lessons and it didn't really help me. They think that budgeting is about buying cheap food and that's not what it's about. It's about being able to buy everything that you need without putting yourself in debt.</p>	<p>Financial concerns were a significant factor in influencing the young people's plans. Interviewees talked about the need to earn 'proper' money as opposed to training wages or being dependent on benefits. A number of young people mentioned the difficulties of funding themselves should they wish to continue with their studies or access a low-paid training scheme. For example, Nancy did well in her GCSEs and had originally planned to study after completing Year 11 schooling, but finally decided to find employment because of financial worries.</p> <p>Inevitably, many of the young people's moves into work or education were shaped by their financial circumstances. They did not have the opportunity of easing themselves into adulthood by working, studying, or both, while living in the family home. Interviewees talked about the complications of the benefit system where income is taken into account when calculating housing benefit. The perceived complications deterred some interviewees from attempting to combine part-time work and study the way that many of their peers did. Instead, some interviewees felt that their financial circumstances obliged them to abandon any thoughts of continuing their education and concentrate on finding work.</p> <p>Young parents were particularly aware of the limited and poorly paid job opportunities available to them because of a lack of qualifications. They talked about feeling caught in a benefits trap, unable to earn enough to compensate for the lost benefits.</p> <p>Young people's views about inconsistent and unfair practices were often about money and principally about leaving care grants, which varied in and between local authorities.</p> <p>Money, how to manage it and its significance on a daily basis was a common feature in all the interviews, and, in line with our quantitative data, young people identified this area as their most serious concern. All those interviewed had experienced financial hardship.</p> <p>(Participants) expressed feelings of powerlessness and a sense of low self-worth with their financial predicament, and believed that this was a specific need</p>	<ul style="list-style-type: none"> <li>• Young people were deterred from continuing with their education or accessing training because of financial concerns. Professionals could help by ensuring that young people are properly informed about the support they are entitled to after care and that benefit entitlements are regularly reviewed.</li> <li>• Young people need financial support to enable them to resume their basic education in later life. Support should be equivalent to that which they would have received when they were in the education system.</li> <li>• Welfare benefits and training allowances should reflect the additional costs associated with living independently compared with a young person living in the home environment. Care leavers require additional financial support from their local authority to enable them to pursue training options, even when the young person is over 18 and no longer the sole responsibility of the LA.</li> <li>• Local authorities should exploit the opportunities given within the Children (Leaving Care) Act 2000 to ensure that young people leaving care are not disadvantaged from going on to further and higher education due to a lack of financial support.</li> <li>• Focused/tailored approaches to budgeting, which take account of different scenarios in which young people may find themselves, are important</li> </ul>
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	Buchanan (1995)	<p>Money is the biggest problem on leaving care.</p> <p>No-one told me that I would not have anything. I can't afford to eat, let alone pay for the train fares to visit social services.</p>	No data available	No data available
	Martin and Jackson (2002)	<p>I think there's got to be support for kids who leave care and go on to university. I mean real practical support. They need money.</p> <p>I had a lot of support from social services, and they did everything they could in terms of financial assistance to help me you know, maintain the flat and have a reasonable time at university. They gave me assistance with books so that my grant would actually go on accommodation costs</p>	In response to the question 'In moving into higher education what should be done differently and why?', 74% stressed that more financial help was needed.	<p>Young people in higher education need continuing support, financial, practical and emotional.</p> <p>If ex-care students are to complete their courses successfully, social services should provide them with appropriate accommodation and sufficient money to cover living costs all year around.</p>

	West (1995)	<p>I didn't get told by .... that I needed to pay water rates and poll tax (council tax) so I am not in debt with them.</p> <p>'there should be more help with budgeting and stuff'</p> <p>£32.18, how are you meant to live off that especially if you go to college?</p> <p>Personally I'm not desperate for money as I am in full-time education, but the benefits from social services needs to be reworked.</p> <p>There's not much you can do after you've paid for everything.</p> <p>The benefit that I get is very low income for me and my child, I can barely buy clothes for myself let alone my kid.</p> <p>I don't have enough money to buy clothes and buy reading glasses.</p>	<p>60 % reported that when they left care they found there were life skills they didn't have. In particular half did not know how to manage their money and nearly a quarter did not know how much things cost.</p> <p>The majority (81.3%) said their income was not enough. The minority had hope of larger incomes when they finally left school or college. For most young people especially those on benefit, their income was simply not enough.</p> <p>Most reported being able to pay only for necessities, such as food and fuel but even this was difficult with a child on benefit.</p> <p>Those still financed by social services also had problems.</p> <p>Although there was a consensus that income was too low, most thought that about or even less than a £1000 would be enough to live independently. For some this amount clearly did not include rent, where £50 to £60 was thought to be sufficient - about £15 more than the benefit level. These income levels may be linked to employment aspirations.</p> <p>Some felt that their opportunities to develop a social life were restricted by low income.</p>	<p>YP of 16 and over should be entitled to benefit in the same way and at the same rate as those over 25 years of age.</p> <p>Social services must ensure care leavers under 21 years have enough to live on (minimum level of benefit at current over 25 years rate).</p>
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Sub theme	Paper	Direct participant data	Author description of data	Authors analysis (conclusions, implications, recommendations)
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<p>Housing for care leavers</p>	<p>Barn (2005)</p>	<p>I've had to get heaters ... really old ... it's one of these things that blow black stinky smoke out so I've not put it on, something from the 1950s.</p> <p>I had to kit the whole place out, it cost me hundreds and hundreds and hundreds of pounds because it was in a bad state ... had an infestation of cockroaches ... The whole place stank, it took me months to get the smell out. There was cockroach droppings all over the linen closet, everything. It was terrible, terrible. It was horrible in there. It was horrible and they [Social Services] refused to help me. They said you know if you turn it down that's all you're going to get.</p> <p>I was living in ... it was kind of a halfway house, but not a halfway house because I'm not a criminal ... So, when I moved in, there was like five young people under 18 and two over 35 ... it was a strange, strange place. So somebody moved out, another person moved in that had just come out of jail and they decided that they weren't really going to try to change their ways and started selling drugs from there and using my name to buy lots of equipment, and I'm blacklisted because of it. It wasn't a good place.</p> <p>I wouldn't have taken this flat ... I love the flat but it's too many flights of stairs for me and I was pregnant and then having to carry my pram and my daughter and my shopping up the stairs, six flights it's ridiculous. They knew my</p>	<p>Many of the young people interviewed informed researchers that they had had very few options in choosing where to live after leaving care. Many felt they had been offered places that were totally unsuitable, yet had been informed that, if they declined to accept, they would be placed at the bottom of the allocations list and would face potential homelessness. It also became apparent that their health and safety was put at risk</p> <p>Some young people were placed in hostels, which made them feel isolated and marginalised. They felt they were exposed to behaviours that presented a risk to their safety and protection</p> <p>The variability of service provision was in evidence from the accounts of young people. One asylum seeker from one of our London authorities explained that he had had three different addresses in his 18th year and had been compelled to move because each place had been unsuitable. One dwelling was so poor that it affected his health; when he decided to leave he found himself homeless</p> <p>The living arrangements of a few young parents were also a cause for concern. Some young mothers with small babies were given unsuitable housing located on higher floors of tower blocks with no lift. One mother felt she did not have the skills to present her case with authority, and cited this as the reason why she had been consistently ignored by both the housing and social services departments</p> <p>The majority of young people lived in areas with a fairly mixed ethnic composition and seemed satisfied with their local amenities. However, very few respondents appeared to have integrated well into their local communities, and expressed their uncertainty and lack of skill and knowledge about achieving this. Others were content to keep local people at a distance. From the interviews, their sense of loneliness and isolation was palpable, as they knew very few individuals in the neighbourhood.</p> <p>Living alone was a difficult and frightening experience for some young people</p>	<p>The accounts of young people from our interviews suggest that a number of key factors are influential in young people's poor housing and homelessness experiences. These include early discharge from care at 16 or 17, inadequate preparation for leaving care, unplanned departure from care and unsuitable housing.</p> <p>While much effort is made to house young people when they leave care, evidence on preparation and after care (see Chapter 8) suggests that more time should be invested in supporting young people to maintain a tenancy. Lack of skill in managing their finances is not the only factor when experiencing rent arrears. Our study suggests that those who were able to negotiate and articulate their difficulties were more likely to recover from such situations. One young person from Heatherton was reluctant to approach social services to ask for help, fearing a negative response. As a consequence, matters deteriorated and he ended up losing his tenancy. In contrast, another young woman from Harwood who was conscious of her poor budgeting skills had managed to negotiate an affordable sum to reduce her arrears and hence keep her flat. Our study shows that young people require consistent support to secure and maintain appropriate accommodation.</p> <p>A multi-agency approach must be adopted to develop a strategy that ensures young people receive the support they need to maintain tenancies.</p> <p>To enable them to make an informed decision, young people should be provided with user-friendly information detailing post-care housing options.</p>
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	Chase et al (2006)	<p>You have this responsibility to make sure that your child comes into a safe home. I was in a hostel and then I moved to this mother and baby hostel, it was like a drug house it was disgusting rats and mice and ants. I begged everyone to move me on. In the end I was lucky enough to have a decent social worker and a decent council worker.</p> <p>When we found out that X (partner) was pregnant, I was offered help, but not her or the baby. I was offered a one bedroom flat and told she could sleep at the flat but not live there, as she was not a care leaver.</p>	Both young people and professionals identified unstable or inappropriate housing as a major stumbling block, and interviewees described being placed in poor quality or unsafe accommodation as compounding the difficulties they faced in bringing up their child(ren). Many experienced housing that was dirty, or where they were surrounded by drug users, or exposed to violence. The temporary nature of accommodation and serial moves meant that it was difficult to develop any sense of security or stability.	The provision of good quality and appropriate housing for young fathers as well as mothers clearly needs to be prioritized through local authority multi-agency forums.
	Martin and Jackson (2002)	<p>If you're in higher education and all you're worried about is where you're going to live next summer, it's not going to help your performance at all</p> <p>I had a lot of support from social services, and they did everything they could in terms of financial assistance to help me you know, maintain the flat and have a reasonable time at university</p>	45% highlighted accommodation problems, particularly during vacations. Shara Mookerjee noted that social services are often unaware of the norms of the university or college, that during the vacations most students go home to their parents, and consequently are expected to leave the halls of residence or student houses during these times. She commented that instead of paying for the individual to stay alone during the vacations in student accommodation, which can be a very lonely and dispiriting experience, it would be far better to provide them with their own flat. This would also overcome their vulnerability to homelessness. Patricia Morton, a teacher studying part-time for a PhD, found herself with nowhere to go one Christmas vacation whilst completing her undergraduate degree, and in desperation spent the three-day holiday sleeping in a railway station.	If ex-care students are to complete their courses successfully, social services should provide them with appropriate accommodation

	West (1995)	<p>Social services help a lot</p> <p>You are top priority when you leave care.</p> <p>The areas you're put in are nearly always rough</p> <p>[It's] easier, but the housing they give you is not satisfactory</p> <p>It's the reputation of being care. Landlords expect you to 'smash their house up' or simply 'cos people don't want to know.</p>	<p>Young people were split as to whether it is harder or easier for care leavers to get housing, than for others. Under half said it was easier, apparently based on ideas on homelessness legislation (that young people from care are automatically entitled to housing)</p> <p>But many also suggested that (housing given was not adequate)</p> <p>Those who thought it is harder for care leavers cited public stigmatisation and misconceptions.</p>	<p>Young people should be able to choose their first home after care from a range of suitable accommodation and areas</p> <p>They should be able to stay permanently if they choose</p> <p>Social services should ensure care leavers know how to get and use help if they choose to move</p> <p>All care leavers should get a leaving care grant to help with housing</p> <p>The leaving care grant should be a minimum of £2k with an additional substantial sum for special medical needs, pregnancy or parenthood and there will be a need for regional variation upwards. Funds for this must be made available by central government.</p>
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### 3.2 Carers Themes

#### 3.2.1 Carers: Relationship with social workers

Sub theme	Paper	Direct participant data	Author description of data	Authors analysis (conclusions, implications, recommendations)
Appreciation	Pitcher (2002)		As regards their role, many felt unrecognised and taken for granted by social services, who they said were liable to make decisions without consulting them. Others recognised that social services had less need to worry, or to supervise their grandchildren, than if they were with foster carers.	Despite its limitations, however, the study has helped to identify a number of issues for grandparent carers that we had not previously recognised. These include: <ul style="list-style-type: none"> <li>• a recognition of the grandparent carers' needs in the earliest weeks of the placement,</li> <li>• the fact that grandparents are likely to have other caring roles;</li> <li>• the dynamic between the grandparent and the social services agency, and how attention given to consultation and explanation can make a big difference;</li> </ul>

	<p>Sellick et al. (1994)</p>	<p>We started to answer a lot of emergencies for overnight stays which was good. It was nice you could answer a need in the service. So we actually felt wanted. WE actually felt we'd got an important role which to all carers is important. We began to feel needed, wanted.</p> <p>It's about acceptance of each others roles and recognising that there are major differences between what a social worker does and what a carer does. And they are equally as important as the other one.</p> <p>If there's something wrong with my child I can seek help but there's only so much you can do with a child that's not yours. And it's frustrating when you know that something is happening, something is wrong and you can't do anything and the people who are supposed to be doing something are not taking you seriously at all.</p> <p>We don't get heard and I think it's because we have no status. I think we're treated badly by society as a whole. We're not given the credibility, the status that we deserve. When we talk about the experience that we have that's not looked upon as experience by some social workers. Most in my opinion. It's just the odd social worker and I think 'gosh, that's a good one'. Most think well you're not really trained in anything. It makes me think we need to get a university degree and letters behind our names so we can say something and somebody will listen. That's a very frustrating part about being a foster parent. That when you say something you're not believed.</p>	<p>Interwoven in the sections are broader themes which emerged throughout the interviews such as the emphasis on recognition.</p> <p>Successful and satisfactory working relationship between foster cares and their link social workers seemed to exist where ht parties valued each other personally. Foster carers who felt valued by children's social workers acknowledged that in the ways in which they were included in the wider tasks and responsibilities of short term care. Recognition and participation were key factors. A working relationship was valued where there was a real sense of partnership between worker and carer which each making a contribution which was valued and recognised by the other. This sense of mutual respect also seems to get carers through a dispute with the social worker. Social workers who made themselves available and whose practice could be relied upon were seen as showing recognition of round the clock nature of fostering.</p>	<p>The support which foster cares valued from agency staff, both workers and managers alike, was characterized by a service which provided personal and professional commitment to cares and children' recognition; access to staff around the clock' and information, all delivered in a context of partnership and teamwork. Carers who on the other hand felt unsupported did so when workers were unavailable and their managers uninformed; and when they had to struggle against a bureaucracy which disregarded or excluded them.</p>
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	<p>Sellick (1994)</p>	<p>I felt she was doing her job perfectly but actually when it comes to the welfare of the child maybe it was done too much by the book. It was the only time I thought 'well if only she could see it from a mother's point of view.'</p> <p>You can't always go by the book. You know, that person has done that the book says you should do it this way. It doesn't work for everyone, all the kids are different.</p> <p>The good social worker got promotion to be a Team Manager with the elderly. He was a friend to the children. He would play with them. He started life story work. If they were upset he would want to know why. The children felt totally at ease with him which I think is important.</p> <p>A good worker is: 'I think one that is interested in the child and one who listens'</p> <p>He doesn't know his job. He has no idea about kids. He hasn't. He's got no idea of that kid and that bothers me. He's not capable. He's so thoughtless. I don't get any feedback.</p> <p>He's available he's approachable. He's an absolute hoot as he talks jargon all the time and I have to interpret to the kids. But he's kind, he actually cares enormously about the kids. p.67 (team managers)</p>	<p>Three carers each of whom fostered for different agencies felt both that their experience had been undermined and the children's individual needs overlooked by link social workers. p.62</p> <p>Those social workers who demonstrably shared in the care of the children were especially valued.</p>	<p>The support which foster cares valued from agency staff, both workers and managers alike, was characterized by a service which provided personal and professional commitment to cares and children' recognition; access to staff around the clock' and information, all delivered in a context of partnership and teamwork. Carers who on the other hand felt unsupported did so when workers were unavailable and their managers uninformed; and when they had to struggle against a bureaucracy which disregarded or excluded them.</p>
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	Strover (1996)	<p>One couple said they felt like 'an item to be used', 'part of the fixtures and fittings'.</p> <p>'The child is taken back when they sit fit'.</p> <p>She remarked: 'i thought the letters were wonderful and i felt like framing them'.</p> <p>.</p>	<p>The instances when they had been genuinely thanked or praised for their work were very much appreciated. Comments made at reviews had often made them feel valued. One couple recounted with pride how at the end of a review they had been sincerely thanked for their work in general. yet it was clear that very few letters of thanks had been received considering the number of children and length of time involved.</p> <p>Six foster parents who had a total of over ninety years' experience with nearly four hundred children received only ten letters of thanks between them. The remaining five received none. Three of the letters were to the same foster parent about the same child.</p> <p>Some people felt distinctly unappreciated.</p> <p>They thought social workers really needed to know far more about what it is like to be on the receiving end of social work practice.</p>	<p>My small sample suggests for the sake of the children and for their own satisfaction the end of a placement should generally incorporate:</p> <ul style="list-style-type: none"> <li>- written acknowledgement of the work they have done.</li> </ul>
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	Strover (1996)	<p>'show you care for both foster carers and children'</p> <p>'always find time to listen to foster carers; they often need to 'offload' to someone</p> <p>'Listen to us, especially when it comes to children leaving us'</p> <p>'ask foster parents about kids, we have them longer than you see them'</p> <p>'treat foster parents as part of the team'</p> <p>'don't assume that foster carers are infallible. we need breaks sometimes but are expected to carry on'.</p> <p>'realise that foster parents have some life of their own</p>	No reported data	No reported data
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Sub theme	Paper	Direct participant data	Author description of data	Authors analysis (conclusions, implications, recommendations)
To be informed	Hardwick (2005)		Carers felt that it was very difficult to support the child in making sense of their past/present experiences if they did not know 'the story' of why that child was in care. Many of the fostered children had little understanding or knowledge about why they were looked after and looked to the foster carers for an explanation.	

	<p>Strover (1996)</p>	<p>'You just get told the baby will leave next week'.</p> <p>'Right from the start we thought it wouldn't work, children been uprooted for the sake of a 'policy' only to return to go elsewhere far more disturbed as a result.</p> <p>'they should have gone for what they'd got, rather than be dogmatic to the point of destruction</p> <p>'it left us looking for help and suggestions.... it was an unhappy time'.</p> <p>'we were left in limbo with nothing'</p> <p>'when a child leaves, you have a feeling of big emptiness'</p>	<p>When asked how they felt about the endings of placement, they all considered it 'good' when endings were planned, phased and with foster parents actively involved. Rushed endings had often left them feeling they had let the child down and thus they too were upset. An opportunity to accompany children to a new placement and subsequently to visit gave pleasure when it was made possible.</p> <p>With regard to preparation for ending they all felt the ending needed to be planned part of the placement so that foster parents and children were both prepared for the move.</p> <p>They should be able to work with the social worker and not just be left to do it on their own.</p> <p>Eight foster parents described situations where placements of pre-adoptive babies of children 'freed' for adoption while in their care had been left to 'drift'. Mutual attachment had become so strong that they often wanted to adopt them themselves. In such circumstances attempts to force ending caused great distress, yet it was, as they pointed out not they who had let the placement drag on. Five foster parents felt that without planning or preparation for the ending of a difficult placement, where there is no end in sight, you tend to feel the strain more. This can contribute to a breakdown</p> <p>I enquired whether their opinion about the best ways of handling an ending was asked for or considered. Generally they did not feel part of a team but they did value and appreciate occasions when their views had been sought and considered. It was often hard when they were not consulted and half the sample were able to cite very sad consequences of their views being ignored and subsequent placements breaking down.</p> <p>By 'policy' they usually meant the pre-arranged plan that social workers had for the children in</p>	<p>My small sample strongly suggests that for the sake of the children and for their own satisfaction the end of a placement should generally incorporate time for</p> <ul style="list-style-type: none"> <li>- planning and preparation in which they, the foster carers are crucially involved,</li> <li>- opportunities for foster parents to be able to show continuity of for caring</li> <li>- follow-up discussion of the placement in which their knowledge and feelings are given due weight and respect</li> <li>- the availability of continued support and counselling after ending.</li> </ul> <p>In practice social workers almost invariably have to devote themselves to more pressing problems and are, if not overworked, working to capacity. They would need extra time, space and information. More social workers might well be called for. Also in practice as most foster parents know only too well. once a child has left, they are usually asked to take on another within a very short time, if not immediately. Therefore foster parents often cannot, any more than social workers, afford the luxury of pausing to assess their situation, needs, feelings of future requirements. Yet placements, even if they do not break down, are seldom problem free. How much valuable feedback information may be being lost it is hard to judge.</p>
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	<p>Sellick (1994)</p>	<p>You're talking about basic things. It's not as if you want to know something deadly secret about someone's past. Things which might seem trivial to someone one the end of a telephone but are relevant to you otherwise you wouldn't be asking.</p> <p>These three carers described situations where information had been concealed about children who were known by their social workers to have been sexually abused.</p> <p>I knew she was trying to tell me something. What was difficult about that was the social worker hadn't told me but the girl herself had told my son and he told me. I then asked the social worker who said 'oh yes but don't approach her, it must be forgotten.'</p> <p>That again goes back to the social worker. It came up at a review. We were horrified because nobody mentioned anything to us. But the boys had come out with a few things. It was like they were trying to tell us but not directly. They wanted us to know something odd had happened.</p> <p>I was out one day. She was at work and a cabinet fell on her foot. My husband was the only person here when the shop rang up. He goes and gets her and brings her back in the car. WE discovered three days later that the abuse had taken place in a car.</p>	<p>Foster carers regularly spoke about being ill informed by social workers about children and their families. p.65</p> <p>AT times the holding back of information showed naivety or at other times a deliberate action on behalf of social workers who feared carers would refuse to accept some children if they knew the whole truth about them.</p> <p>Experiences such as these (withholding of information about children known to have been sexually abused) impressed upon some carers the importance of attending meetings so that they could both hear and ask for specific information. Yet again though carers spoke about exclusion and the discovery of crucial meetings after they had happened - discoveries which not only disappointed but left a sour taste.</p>	<p>The support which foster cares valued from agency staff, both workers and managers alike, was characterized by a service which provided personal and professional commitment to cares and children' recognition; access to staff around the clock' and information, all delivered in a context of partnership and teamwork. Carers who on the other hand felt unsupported did so when workers were unavailable and their managers uninformed; and when they had to struggle against a bureaucracy which disregarded or excluded them.</p>
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	<p>'involve foster parents and tell us what to expect when a child is in therapy'.</p> <p>'tell me how the children that have left me are getting on'.</p> <p>'be honest when placing a child'.</p>	No reported data	No reported data
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### 3.2.2 'Being a foster parent / Doing a Job'

Theme	study	Direct participant data	Author description of data	Authors analysis (conclusions, implications, recommendations)
'Being a foster parent / Doing a Job'	Kirton (2001)	<p>'I have had children who have been as good as gold, no problem whatsoever, and for them it's money for old rope. And at the other end of the scale you get children who are a complete nightmare and you spend your whole day - and night -running around after them . . . and in that case the money you get is nothing like realistic.'</p> <p>'I mean, it's one hell of a job. One hell of a commitment. You live, breathe and sleep fostering. It actually consumes your life.'</p> <p>'It has crossed my mind. I think, "Oh, no, this one is worth twice as much as another child" . . . but if the chemistry isn't right between you, they can be diabolical and if it's fine, you can handle it.'</p> <p>'Having had both ends of the spectrum age-wise, I feel it's totally unjustified. Because I have tiny children who are 24 hours-a-day full care. They don't wash themselves, dress themselves, go to the toilet themselves. They're awake in the night. And they're constantly with you. Taking them shopping, taking them everywhere.'</p> <p>'I wanted to do it as a job and I certainly wouldn't have done it for nothing because financially we couldn't have afforded to do it for nothing.'</p>	<p>The broad verdicts offered by carers on their payments were as follows: 13 thought them 'OK', six 'too low' (including descriptions such as 'disgusting' and 'diabolical'), and one 'too high'.</p> <p>By far the biggest bone of contention, however, concerned the banding of payments according to age. Higher payments for older children are usually justified on grounds of extra maintenance costs and more challenging behaviour, which makes recruitment of carers more difficult. While a few carers supported this view, a clear majority rejected both arguments.</p> <p>A small majority of carers, however, accorded payment a relatively low place, including one who volunteered that she 'would still do it for nothing'.</p>	<p>Both the comments on variable challenges and commitment highlight a key problem in theorizing the nature of foster care, its demands and rewards. Perhaps almost uniquely, foster care straddles the public and private domains, and the institutions of labour market and family. This location permits the use of different reference points from which to construe the tasks of foster care. It may, for instance, be portrayed straightforwardly as 'work', as in frequent references to 24 hours/365 days and hence very low hourly rates of pay. The alternative reference point is that of 'family life', albeit with additional demands and challenges. This helps to explain how, when the extra demands are low, payment may be seen as 'money for old rope', but that when very high their disruptive effect can easily outweigh any financial considerations. What makes payment in foster care particularly complex is that on the one hand the domains of 'work' and 'family' are assumed to rest upon quite different, even opposing, value systems (including with respect to money), while on the other, are required to function seamlessly.</p> <p>The testimony of foster carers reported here can cast some light on these processes, demonstrating both the importance of payment but also the limits of its influence. In theoretical terms, this</p>

		<p>'I feel quite strongly that I'm doing more than my job. I probably spend 30 hours a week talking to this girl. OK, I could say, "well, I'm not going to do any counselling with this girl. I'm just going to be a foster mum and I'll leave that to Social Services", but when you see a child suffering and you know you've got the ability to help that suffering, what do you do? And yet I know that I'm not being paid for that.'</p>		<p>reflects the hybrid nature of foster care as both public and private, its twin reference points of 'work' and 'family', and the resultant difficulties of managing the competing demands and values within a single enterprise. The importance of payment was evident in various ways, including a 'need to work' on the part of female carers, a near universal assumption that paying foster carers was appropriate, and in several cases, reliance on fostering income. Majority views expressed on skill recognition and career structures also indicate the strength of labour market values. Payment was found to act as (at least partial) compensation for some of the most challenging aspects of foster care and those that were low on other satisfactions. It is interesting to note here the substantial support for higher payments being linked to more difficult placements. Above all, the testimony of carers showed that awareness of financial issues provides an important thread running through many aspects of fostering, to a greater extent than is usually recognized.</p>
<p>Children In Scotland (2006) My turn to talk?: the participation of looked after and accommodated children in decision-making concerning their care: report summary</p>		<p>'Money is the children's; we are not rewarded for what we do. It would be better if we were paid a wage.'</p> <p>'The allowances no way cover for the care of the children, we are definitely out of pocket since taking up fostering. When you ask the Council for any extra help, i.e. clothing, activities etc, they say it is built into the 'elastic' allowance.'</p> <p>'Fostered children should be treated the same as other children in the house. Sometimes the finance precludes this if you do not dig into your own pocket.'</p> <p>I provide care 24/7 for a child with Asperger's Syndrome. I am not recognised as a specialist carer, or paid accordingly.'</p>	<p>In this survey, foster carers were asked to identify whether or not they had any income in addition to their income from fostering. Almost 9 per cent of these foster carers' households state they have no source of income other than fostering (in the Table below these are included in the 28 per cent of foster carers who have an income of less than £10,000). It can be assumed, therefore, that in these households fostering allowances and fees are an essential component of the household budget. In this survey, a number of respondents expressed the view that they would prefer to be paid a wage for the work they do.</p> <p>This survey identifies a widespread</p>	<p>Until the fostering allowances reflect the real costs of caring for children, and fostering fees reward foster carers adequately for their time, skills and experience, there will be a need for some foster carers to obtain additional employment outside the home.</p> <p>The extent to which current allowances fall short of the real costs of care is a matter that requires urgent attention and fundamental review. The variations in discretionary payments add further confusion and create further inequities in the service.</p> <p>It is unclear what impact this level of dissatisfaction with fees has had on the recruitment and retention of foster carers. There is, however, a lower level of dissatisfaction, 47 per cent, with fees within the</p>

		<p>No retainer fee is paid in this council area. There are no rewards for attending training sessions. In bringing fostering into a professional arena, foster carers should be paid as professionals, i.e. salaries.'</p> <p>The fees do not relate to the fact this is a 24-hour job, 7 days a week. All the risks involved, paperwork, meetings, school, dealing with parents and the social work department.'</p> <p>Money received is the children's; we are not rewarded for what we do. It would be better if we were paid a wage.'</p> <p>'No provision made for pensions, long-term illness, loss of earnings when carers wish to go on holiday on their own and children go to respite.'</p>	<p>dissatisfaction with fees, with 63 per cent of all foster carers considering that they are not adequately rewarded for the work they do in fostering. There is also significant confusion surrounding the way fees are calculated and how foster carers move from one level of payment to the next. This level of concern represents a further decrease in satisfaction by foster carers from the 58 per cent dissatisfaction recorded in the 1999 study.</p> <p>Many took the opportunity offered in this survey to explain the reasons for their dissatisfaction:</p>	<p>voluntary and independent sectors. It is commonly assumed that higher levels of fees are paid by some voluntary and independent fostering agencies.</p> <p>Key point In order to create a professionally trained foster carer workforce, there is a need to increase the availability of fees.</p>
	Sinclair et al. (2005)	<p>'fostering children fits with my lifestyle and gives me nothing but pleasure. I enjoy it and do not think of fostering as a job of working toil'</p> <p>'I am happy with the payment. I have no strong feelings at present as i am devoted to my foster child'.</p> <p>'some members of my family have said we went into fostering for the money. The money is irrelevant.'</p> <p>'as a foster carer we would like to see some benefits for foster parents as this is a lot of hard work on a family especially when you have difficult children'.</p> <p>'I do think fostering should be classed as a</p>	<p>there were disagreement among carers about the importance of payment but the majority did feel that fostering was a job of work that should be properly rewarded. Nevertheless some felt that the compensations outweighed the financial loss.</p>	<p>First, most, not all foster carers see fostering as a job that should be appropriately rewarded. This view of foster care has implications for fees and allowances. The more adequately these foster carers are rewarded, the higher their morale is likely to be. For other foster carers, reward is less important but there is no evidence that their morale would be eroded by higher fees or allowances. Other considerations that arise from this view of foster care include the possibility of pensions and the desirability of qualifications that would equip the foster carer for other work if he or she wanted to do it.</p>

		proper job with wages paid to a foster carer s it is hard, demanding, time consuming, not just taking care of the children, but they also have to deal with contact for the family, meeting with social workers and a lot more people in their own homes. any allowance is for the placement and most is cancelled out by the needs of the placement, very little is left over for treats.'		
	Kirton (2001)	<p>'Definitely doing a job. We are encouraged not to think of ourselves as parents any more. That is not the job you do. Our job is . . . a lot of the time to rehab home, or to share care.'</p> <p>'It depends on the child you took on. I have a child that's with me on a permanent basis and I class him as mine. And then I have another child who's been with me four years but I know he's not mine because he's so close to his family. So you hold back. So I suppose you'd class that as a job.'</p> <p>'Gosh, this is a job because I wouldn't be doing it if I didn't have to.'</p>	No reported data	<p>Among those who responded that foster care was both parenting and job, three distinct themes can be identified. The first was that of parenting but within a system that brought job-like requirements, such as form-filling and attending meetings. A second theme was that of differentiating according to the type of placement. Usually, this revolved around the degree of permanence and/or ties with birth family.</p> <p>This study has explored the ways in which foster carers construct their task from the reference points of 'work' and 'family'. The values of work, including attitudes towards payment, have been shown to grow with distance from what is regarded as 'ordinary parenting'. This can be seen in two ways. The first is that carers may have a fundamental orientation to fostering, e.g. they may view all foster care as 'work'. A second emerges when carers make judgements about different aspects of fostering, or different placements, with some classified as 'work' and others as 'parenting'.</p>
	Sinclair et al. (2005)	<p>Fostering is only part of our life. I have a demanding and stressful job which dominates a lot of my/our time. Fostering has to try and fit around us.</p> <p>'As a single carer i have to consider whether</p>	No reported data	Foster care influences and is influenced by employment and financial position of main carer

		<p>the child to be placed will be affected by my need to work. Although I am trained as a teacher and this fits in with children in mainstream education, it is not always possible to take on children who are excluded from school for financial reasons.'</p> <p>'Full time employment and shifts is causing problems with inset days after school scare / money involved'</p> <p>'at first i had to give my job up as my placement can't be left on his own with my husband i now work a couple of hours in the afternoon'.</p> <p>'my husband finds that meetings with social workers during the day Mon-Fri place a pressure on him as he has to re-schedule his work day'</p>		
	<p>Sellick et al. (1994)</p>	<p><i>Agency pay:</i>          'We've got it just about right'          'I think we are happy with the money'          'The principles of fostering are the same but here you are paid as a professional, treated as a professional.'</p> <p><i>Local authority pay:</i>          'The local authority allowance did not cover the destruction to my house and I couldn't afford to give up work.'</p> <p>There is a payment problem. I think payment is diabolical. It's about the worst thing. To say you're doing fostering for the money is not true. But it's really diabolical the amount we get paid especially compared to child minders who have children without problems.</p> <p>It's not just the money. You're not getting paid enough really and truly because it's a</p>	<p>Those foster carers who had joined the independent agencies spoke as if they had discovered a new world. Fostering now gave them a living wage ... some had been able to give up their jobs in order to work exclusively at fostering. p.86</p> <p>The manner in which they were paid: both the systems of payment and the attitudes of staff were described by the carers in ways which ranged from anger to hopelessness. To begin with the allowances were generally seen as inadequate especially when viewed alongside the realities and demands of fostering. Carers did not consider that payment either rewarded them properly or offered recognition for their work.</p> <p>A very common complaint about payment referred to delay. Financial</p>	<p>Fair payment, recognition, and the ability to commit themselves to full time fostering seemed also to create a real sense of loyalty to their (private) agencies which was lacking elsewhere. p.87</p> <p>For local authorities there is a price to pay for muddle and delay: the loss of respect and loyalty from carers.</p> <p>The story that foster carers tell about payments seems to teach one major lesson: independent agencies get it right and local authorities get it wrong. Adequate payments, efficiently paid, realistic rates for retainers, and swift compensation for damage seem to lead to job satisfaction and respect for the agency and its staff. For local authority carers the reverse is true. The carers interviewed here have carried on regardless finding other compensations through the disadvantages of inadequate</p>

	<p>round the clock job.</p> <p>The allowances aren't enough to meet the needs of the youngster anyway the reward you get for doing the job has to go to subsidize the allowance.</p> <p><i>Delay in payment</i> It's very difficult because we get paid two weeks in arrears. And it usually takes them a week or two to get that going so you can have a child for a month without getting any money.</p> <p>That's a sore subject. The first child I had it was nine weeks before I got any money. And when children come to you they come with practically nothing so you have to go out and spend. It all then came in a lump sum but what do you do in the meantime?</p> <p>Sometimes you get paid for this week but not the week before. You have to always keep a check. If you don't chase it up they won't come and tell you 'we owe you'.</p> <p>We had a lot of stuff that went missing and got damaged by two girls. So we put in an insurance claim to the council back in November (3 months previously) but we've heard nothing. So we live with slashed carpets and blown up music centres.</p> <p>I waited 18 months for money to get my wall repaired. It cost £389.</p> <p><i>Banding</i> It's wrong because the more work you do with that child and settle them down and bring them into a normal environment and get them happy you lose out. You totally lose out because of the banding system.</p>	<p>systems or departmental inefficiencies tended to delay the payment of regular allowances. At other times payment for extra expenses especially to compensate for damage seemed to never arrive. A sample of foster carers from different local authorities who describe experiences of waiting for payments expose some bureaucratic shortcomings</p> <p><i>Compensation</i> Only one carer ... spoke positively of repairing the damage. The rest described situations characterised by delay, apparently arbitrary discretion, and dependence upon social work staff to deal with damage.</p> <p><i>Banding</i> The system of banding - calculating the level of payment according to changes in the child's behaviour and development - drew universal criticism from those carers whose local authorities operate this system.</p>	<p>payment systems.</p>
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		<p>And the better that child becomes the banding goes down and down and down.</p> <p>There is this wonderful system that if you do your job really well then the banding drops dramatically and as a result, of course they are abused.</p>		
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### 3.2.3 Carers: Relationship with LACYP

Theme	Paper	Direct participant data	Author description of data	Authors analysis (conclusions, implications, recommendations)
Carers Relationship with LACYP	Addy et al. (2006)	<p>In her interview Mrs T highlighted how a child in care can feel stigmatised: 'I think there is kind of a stigma when you've been in care and others know ... people think there must be something wrong with you when they find out you've been in care, its like a stigma that lasts a long time (Mrs T 1:19)' and how children in care struggle to fit in with the rest of their peer group:</p> <p>'they might have to change schools ... it would be more difficult for them to settle in ... they might be bullied as well (Mrs T 2:45)' 'and you've also got to think like when she goes to school and her teacher says give this to your parents and she's like 'my mum and dad or the people I'm living with?' (Mrs S 4: 130)'</p>	No reported data	<p>These statements reflect the difficult, and in terms of natural life transitions, the asynchronous transition from being a grandparent to being a parent.</p> <p>'Within this construct all three carers highlighted how, by becoming a kinship foster carer, their role within the family had changed considerably'</p>
	Butler et al. (1999)	<p>"I did expect after 6 months' hard work to start seeing the light at the end of the tunnel"</p> <p>"I would have expected over the years to have indoctrinated her with a true sense of values, not the ones that she came with"</p>	'In return for love and care, most emphasized the rewards to be derived from fostering. They highlighted the importance of reciprocity; young people's expression of gratitude; and their ability to 'fit into' normative I thought "She's had a bad start, given a nice environment and a loving family she will change"" family systems as key indicators of their role satisfaction.	No reported data



	<p>Schofield, and Beek (2005)</p>	<p>“Sometimes when Darren (13) is in bed at night and he’s asleep he really is a little boy and I very often look at him and think he’s had no control over his life and he is very vulnerable. Well, I feel protective”.</p> <p>“I just hope I’ve got enough time to help Tania (13) on her way, that’s my fear. Will I have enough time to make the difference so that she can grow and move on into adulthood you know? That’s the little cloud”.</p> <p>“We, you know, we hope we can help her for as long as possible and still be somewhere in her life for as long as she wants us to be. Like I said, we’re so glad that she found us and we found her you know. We couldn’t imagine life now without Danielle”.</p> <p>“Jerry (10) always wants cuddles. He likes to be tucked up at night. I do occasionally put his clothes on for him, to make him feel a bit special. He likes that” (Phase 1).</p> <p>“Whichever one of us picks Sean (8) up from school, his face lights up. He’ll see you across the playground. And he’ll run up to you and wrap his arms around you—it’s lovely” (Phase 1).</p> <p>“I think it’s like I’m standing there with no other reason to be there than to be there for her and I think that Hayley (10) feels that that’s special, you know” (Phase 2).</p>	<p>For some carers, the intensity of their constant mental awareness and availability was very similar to that of the maternal preoccupation described by Winnicott (1965) in relation to newborn infants. Carers talked of being preoccupied with thoughts of the child during the school day, spending hours talking to partners, or lying awake at night trying to think through how best to tackle problems for the child.</p> <p>Availability was communicated in a range of verbal and non-verbal ways to ensure that children could learn to trust. Often carers were aware that parental availability that might seem ordinary for some older children would have additional meanings for their foster children. In particular, children valued the small but important signs of availability and ritual around bedtime.</p>	<p>No reported data</p>
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	<p>Kirton (2001)</p>	<p>'To me it's like, winning a battle. To get that child back on his feet again. Just seeing them develop into normal children after the horrific start they've had . . . that's my cup of tea.'</p> <p>'There's skills and skills. To me this job consists of tender loving care. And being a parent. And that's it. They tell me, "oh, you're good at this, you're good at that". But as far as I'm concerned it's common sense, love, being there for the kids, being there to help the parents, and that's it.'</p> <p>'I actually spent two weeks solid in hospital last year with one little girl that we had with a broken leg. And I slept there. Now, if that was a job I would've come home every night and clocked off. But you don't. You're there all the time.'</p> <p>'I feel quite strongly that I'm doing more than my job. I probably spend 30 hours a week talking to this girl. OK, I could say, "well, I'm not going to do any counselling with this girl. I'm just going to be a foster mum and I'll leave that to Social Services", but when you see a child suffering and you know you've got the ability to help that suffering, what do you do? And yet I know that I'm not being paid for that.'</p> <p>'It depends on the child you took on. I have a child that's with me on a permanent basis and I class him as mine. And then I have another child who's been with me four years but I know he's not mine because he's so close to his family. So you hold back. So I suppose you'd class that as a job.'</p>	<p>The broad responses were that 11 carers described foster care as more akin to parenting (although with certain qualifications) only three identified it clearly as a job, while the remaining six portrayed it as a hybrid.</p> <p>The real complexity, however, was to be found in carers' discursive construction of 'parenting' and 'job'. For those who emphasized parenting, the key factors related to the intrinsic value of child care. Although no longer a legal requirement, the obligation to look after children 'as your own' still exerted a powerful influence, while some carers also chose to talk in terms of love. Similarly emphasized were the intrinsic rewards of foster care, which reflected its challenges and the commitment required</p>	<p>The broad responses were that 11 carers described foster care as more akin to parenting (although with certain qualifications), only three identified it clearly as a job, while the remaining six portrayed it as a hybrid. Given that all placements attracted fees, this significant 'parental' emphasis seems surprising. Yet the headline findings mask a more complex set of judgements and reference points. One obvious sign of complexity was that there appeared to be no correlation between views on 'parenting or job' and those on levels of payment. Thus, there were some carers who professed a strong parental orientation whilst believing that the fee they received for this was (grossly) inadequate.</p> <p>Overall, it can be seen that despite the receipt of fees, discourses of 'parenting' figured prominently for many carers. It has sometimes been argued that a 'parental' emphasis may signify a narrow, 'exclusive' model of foster care (Holman 1975; Verity 1999). However, it may be that carers have readily absorbed the features of an inclusive model, but nonetheless see 'parenting' at its core.</p> <p>This study has explored the ways in which foster carers construct their task from the reference points of 'work' and 'family'. The values of work, including attitudes towards payment, have been shown to grow with distance from what is regarded as 'ordinary parenting'. This can be seen in two ways. The first is that carers may have a fundamental orientation to fostering, e.g. they may view all foster care as 'work'. A second emerges when carers make judgements about different aspects of fostering, or different placements, with some classified as 'work' and others as 'parenting'</p>
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	<p>Schofield and Beek (2005)</p>	<p>“He’s funny, he’s fun, and very rewarding in the fact that he has made such good progress. That’s a good reward, because when I think of what he used to be, all the trouble he used to be in, and now I think he’s sort of quite a confident young man”.</p> <p>“Megan’s a much more confident child than she was before, much more. She’ll take part in classroom activities. She’ll be the leading role in the play; she’ll be the leader of the gang of children rather than the one that tags on the end”.</p> <p>“Dean’s got much more belief in himself, much more commitment in himself and much more self-discipline”.</p>	<p>'Foster carers talked of their pride in the children and found particular satisfaction in the progress they had made. Colin’s carers took much pleasure in sharing their home with him.</p> <p>The foster mother told the researcher that life with Colin (15) could be a 'laugh a minute' and described him with great warmth.'</p> <p>'The carers' accounts frequently demonstrated the ways in which they were able to fully embrace and accept both the positive and negative attributes of their child, with their descriptions often juxtaposing the two.'</p>	<p>'From the earliest interactions with their new born infants, parents begin the process of conferring a positive sense of self. If they provide full and unconditional acceptance, loving words, gestures, and tones of voice, they convey to their child the sense that he or she is loved and loveable, a subject of interest, joy, concern, and value to others.</p> <p>As children grow and develop, parents will continue to generate environments in which children can feel a sense of achievement, accomplish tasks, receive praise, and experience themselves as valued and special.'</p> <p>'Their carers' confidence in them and their abilities (and the carefully orchestrated experiences of success) gave the children greater confidence in themselves.'</p>
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	<p>Hardwick (2005)</p>	<p>As one foster carer said: This is the best chance of this child being happy and well adjusted. If the placement breaks down they'll be back in residential again.</p>	<p>All the foster carers agreed that it was only possible to really engage with the child in a meaningful and helpful way by treating them as if they were their own children. However, some had been criticised by social workers for referring to them as 'our kids'. The carers felt that social services often put them in a double-bind situation whereby they were meant to care for their foster children as if they were their own, yet accept that they were looked after by the local authority, reducing the carer's role to that of childminder. They discussed the need to create 'loving boundaries' for the children. This entailed setting clear rules about what was acceptable, about personal space and about how to keep all members of the household safe. Carers felt that these boundaries created a different environment for foster children since they largely ruled out the kind of spontaneity or intimacy to be found in non-fostering families (e.g. they could not jump into bed and curl up to foster mum or experience 'togetherness' in the bathroom). Foster carers strongly recognised the need for such clear rules but, as the sessions went on, also understood the importance of not sacrificing closeness and intimacy with their foster children. There was an increasing awareness of this being vital for a child's sense of well-being. The opportunity to share ideas with other carers was perceived as helpful in developing the skills required to keep the balance between keeping safe and being close. They recognised that their homes needed to be 'extraordinary' - a safe, loving and therapeutic environment that could respond to the challenging behaviour and emotional needs of the foster children.</p>	<p>Through attending the group, the foster carers developed their knowledge of how to meet the challenge of balancing keeping the child and other family members safe with maintaining physical and emotional closeness. Without this closeness it was recognised that the carers' potential to offer a therapeutic relationship with the child would be impaired. As Farmer and Pollock (1998) argue, the best outcome in terms of behaviour for the child comes when they have been 'helped to explore difficult experiences and feelings both in a therapeutic relationship and in their everyday lives in care' (p 184).</p>
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### 3.3.4 Carers: Wider Support Networks

Theme	Paper	Direct participant data	Author description of data	Authors analysis (conclusions, implications, recommendations)
Wider Support Networks	Sinclair et al. (2005)	<p>'both our daughters who were fostered before being adopted are very supportive with our placements. One long-term foster child enjoys children coming into our home with knowledge that he is staying permanently'</p> <p>'my husband is the most important source of support I get because we discuss everything about the foster children and work very closely together'</p> <p>'my family are all married now and are supportive but one son feels we should give more time to our grandchildren'.</p> <p>'we all work very hard as a family to help them feel loved and cared for and soon they feel worth something'.</p> <p>'my children have been very supportive and caring. They take part in settling children when come into care'.</p> <p>'my family, my sons and daughter involved my foster children from the start, they took them out and involved them and never made out they were any different from anybody else'.</p>	Family members could support the foster carer's belief that that they were doing was worthwhile and provide practical and emotional support.	Not data available

	<p>Maclay et al. (2006) Surviving the System as a Foster Carer</p>	<p>'Yeah, so I've got my own sort of network of support really. Plus then you've got other carers who you can be quite free to talk to in general.'</p>	<p>'As a result, foster carers described how quickly they developed networks to provide the high levels of support they require to look after children. These support networks combine input from social services representatives alongside personal, peer and other professional sources. Many talked about the role that their own families play in supporting foster children in their care, whether by playing a foster grandparent, aunt, uncle or sibling role or by supporting the carer themselves. Some also described how they regularly telephone other carers for help with their foster children, on both practical matters and for advice.</p> <p>'Foster carers reported operating professional support networks almost entirely independently of social services to compensate for perceived low support from overstretched supervising social workers. They made independent links with specific professionals such as doctors, teachers and favoured social workers. Participants also reported establishing their own network within social services, allowing them to bypass their link worker to make things run smoothly.</p>	<p>No reported data</p>
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	Sellick (1994)	<p>I tend to go to people who I know will be sympathetic to what I want to hear but at the same time they know what I've been through.</p> <p>If you are really uptight about something then you'll use whoever is as a sounding board. You knew that they know what you're talking about because they've been doing it. They totally understand. And it gives you more confidence because you can go into a meeting knowing that it's not just me because other foster carers have the same opinion.</p> <p>My husband and I needed some support from a foster carer who would have been outside the system. I think that's very important because there are times when you want to get away from it. You just hate the kids, you can't stand them anymore. And you don't want to tell a social worker that because you know he's going to go away and write something down.</p> <p>There's lots of things you can't put in words to a social worker. There are some things you can only share with another foster carer.</p> <p>They tend to open up with me more than they would with people in authority which is good because you can then sort their problems out and get to the nitty gritty of things. With someone in authority they can hold back. But with a friend, and I only regard myself as a friend really, they will open up a little bit more and I can give them some support.</p>	<p>Carers from each of the six agencies provide and benefit from mutual support which on the whole they set up and maintain themselves.</p> <p>Carers spoke about the importance of empathy. For all carers mutual support was an entirely positive experience and no one saw it as a hindrance. p.72</p> <p>It was clear that some carers valued the ability, even perhaps reserved the right, to choose another carer for support.</p> <p>Mutual support has another benefit to some foster carers. Although this is based on empathy it appears to go beyond this were a foster carer needs complete trust and confidence which cannot be guaranteed by a social worker.</p>	<p>Mutual support then operates along formal, semi-formal and informal lines. Much seems to depend on what is available locally but where there is a choice foster carers make use of it. The need for mutual support, irrespective of the quality of agency support and the benefits derived from it were clearly evident. p.75</p>
	Hardwick(2005)	No reported data	<p>The opportunity to share ideas with other carers was perceived as helpful in developing the skills required to keep the balance between keeping safe and being close.</p> <p>Participants discussed their own</p>	<p>The foster care group provides an example of one method of addressing the foster carers' needs and, indirectly, those of a highly vulnerable group of children - one that appeared to be long awaited and greatly appreciated by the foster carers.</p>

			<p>knowledge of sexual abuse, their foster children's experience of it and how these affected both the child and themselves as foster carers. This brought up personal issues for carers, some of whom had been abused as children.</p> <p>The overall feeling was that such discussions were very helpful as the group itself was a very supportive and safe environment. Certain issues were explored in depth.</p> <p>For many of the foster carers, it was the first opportunity they had had to talk about their own feelings in relation to sexual abuse and the impact of the behaviour and emotional needs of looked after children who had been sexually abused.</p> <p>All the foster carers, at some point during the 12 sessions, found the group helpful in assisting them to deal with a 'here and now situation' in relation to their foster placement. Most importantly, at least two carers stated that the support and advice offered by the group had maintained their placement. Others felt the information gave them insight into why previous placements had broken down.</p> <p>All admitted to sometimes finding fostering very stressful.</p>	<p>The group began with 11 members and two facilitators and five months later the same membership had been maintained.</p> <p>The participants described in this paper are examples of foster carers who had struggled as best they could without appropriate training and support to provide care for foster children with challenging sexualised behaviour. The group gave them an opportunity to understand their past experiences and ensure that they had the knowledge, support and skills for the future. This type of group would seem to be particularly appropriate for this category of foster carer - one with difficult past experiences that require exploration and understanding to allow for the development of new knowledge and skills.</p>
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			<p>Participants also found the group helped them develop creative strategies to deal with difficult behaviours.</p> <p>They gained from sharing their experiences of dealing with the continual challenge of living in a home environment that had to be based on what felt like rigid rules and boundaries in order to protect the child and other family members.</p> <p>All reported that the group had helped them to understand better their role and to appreciate how their responsibility and proximity to the child enabled them to contribute to the assessment of the child's needs and offer therapeutic help.</p> <p>Support to foster carers All the foster carers felt the group directly addressed the initial issue of support, which they gained both from one another and the facilitators. They found themselves feeling less frustrated with their social workers and having greater insight into the pressures of their role. The group also provided them with an informal network within the foster care community, with carers exchanging telephone numbers and arranging meetings outside the scheduled group sessions.</p>	
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### 3.2.5 Carers: Training

Theme	Study	Direct participant data	Author description of data	Authors analysis (conclusions, implications, recommendations)
Training	Fleming et al. (2005)	No reported data	<p>Both residential and foster-carers highlighted their needs for training in many health related issues. They indicated this should include awareness of health trends, mental health awareness, developmental issues, understanding and coping techniques and resilience for young people. Foster-Carers, particularly, indicated a programme covering Sex Education and appropriate relationships would be particularly valuable in assisting them. They marked up the need to ensure all carers had access to appropriate materials to assist them in their role and increased choice and availability in the range of materials.</p> <p>Participants highlighted the value of peer education for young people and the value of young people accessing community or school organisations where positive health messages are promoted. The value of drawing on the experiences of young adults (particularly young single parents) would assist in making real the issues for looked after young people. Joint working initiatives with Carer/Field Social Worker, young person, health professional were always seen as beneficial.</p>	<p>In addition to ability to access services, a key element of health promotion, mental health and lifestyle-related health promotion issues such as substance use and sexual behaviour are identified as important to all of these young people (DoH, 2002b). Both residential social workers and carers identified themselves as key providers of such inputs and education, training and other support must be in place to support them. Clearly there is a need for focused inter professional planning to enable such training to be delivered by experts who both understand their discipline and also Looked After Young People and their parents. However, it must be remembered that interruption to effective delivery of health promotion can be effected by moves, disruption of placements and 'pressures' of various types (Berridge &amp; Cleaver, 1988), and disruption of attachments (Troutman et al., 2000; Triseliotes et al., 1989) and these issues must be addressed (McDonald, 1996).</p>
	Children In Scotland (2006)	No reported data	<p>The evidence from this survey is that foster carers place high value on access to good quality training and are keen to embrace further training. Many foster carers listed a number of courses they had attended over the last five years, and some illustrated their confidence in their agency's commitment to training:</p> <p>The feedback from most of the training provided to foster carers is positive, but</p>	<p>Training for foster carers needs to be available and accessible to all carers across the country and further consideration needs to be given to the design and dissemination of foster carer training to address the logistical reasons for non participation.</p>

			<p>this training is rarely accredited and, as a result, many foster carers are unable to demonstrate their development of knowledge and skill.</p> <p>Of further concern is that access to training is not consistent across all fostering agencies, and 21 per cent of foster carers indicated they had attended no training in the last two years. This was explored further and those who had not attended training in the last two years explained their reasons for this, as shown in the table below.</p> <p>Some foster carers indicated more than one reason for not attending training, but overall, in 50 per cent of cases, the reasons for not participating in training are concerned with the timing of the training and the lack of child care cover to support foster carers' attendance. This, combined with 14 per cent identifying distance as a factor, highlights a further logistical issue that needs to be addressed when delivering training to this dispersed population. It is of concern that 12 per cent of foster carers have not been offered any training in the last two years. The focus, quality and the lack of accreditation of training are not major reasons for non-participation.</p>	
	Hardwick, Louise (2005)	No reported data	<p>A number of videos, booklets, information packs and therapeutic strategies were used over the 12 sessions to assist foster carers in understanding the impact of sexual abuse.</p> <p>Participants felt that all this information was very useful and should be part and parcel of a foster carer's equipment kit. They found that it developed their basis of</p>	<p>From the foster carers' pre-group interviews it was evident they wanted and needed more information on the needs of the looked after child with sexualised behaviour. They wanted advice on how to make their homes an extraordinary environment that could provide safety to the looked after child and other children living in or visiting the home. They looked to training to achieve this, together with allied appropriate support from social</p>

			<p>knowledge and understanding. It also helped them to develop strategies for responding appropriately to the needs of their foster children. Of particular declared use was information on the Children Act (1989). The carers had little previous knowledge of child protection procedures and their roles and responsibilities within the process. They felt disempowered throughout any investigative process, often bypassed by professionals, and were not always consulted or used as an essential source of information about the child. The foster carers also lacked understanding of the roles and responsibilities of the various agencies involved and were frequently not informed of any progress or of the outcomes of an investigation. One carer did not know what a Schedule One offender was, even though one of their foster children had such a parent.</p> <p>Sharing Experiences The foster carers found that the formal information provided gave them a 'survival kit' to help assess and appropriately respond to the needs of the children they cared for. They felt that all foster carers should have access to these resources.</p>	<p>services and other foster carers.</p> <p>The group highlighted that it is not always possible to know which looked after child has been sexually abused or will display sexualised behaviour, but that all foster carers should receive substantial training about the needs of these children and strategies for responding to them</p>
	Sellick (1994)	<p>Foster parents do need training, ongoing training, because it's a job, an arm of social services.</p> <p>Now we're going on more courses, which is great, child protection, sexual abuse, quite a lot, which is marvellous because I find the more I know the more relaxed I feel ... some of the course the social workers and team leaders go on you're invited to</p>	<p>The provision of training by the agencies was received by the carers with mixed reactions. Training they felt may well enable them to do a better job and become better informed, especially if they are training alongside social workers. All too often though they were not and training tended to be short, infrequent and inaccessible. Training was also delivered without much consultation.</p>	<p>The appropriate choice of training topics, well delivered, were views by some foster carers as a source of recognition, and also partnership if they were trained alongside social workers.</p> <p>Other foster carers felt that their agencies could provide more training and that insufficient training or courses which were inaccessible showed a lack of recognition.</p>

		<p>as well. It's good.</p> <p>Why can't we be trained with social workers? Why can't the training go on at the same time? Thus serving a purpose so that cares and social workers get to know each other in a different context. So you know what people can or can't do.</p> <p>They could do a lot more training. I would like to go on courses about health and AIDS. There are a lot of courses I'd like to attend but nobody tells you how to apply for them. Courses that I know would benefit me.</p> <p>A lot of people can't get to them. It isn't made a condition which it should be. They don't pay people for being trained. You get expenses only depending on what it is and who suggests you go. If you've got a difficult kid with you can't go because you can't ask a baby sitter to look after them.</p>		
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### 3.2.6 Carers Relationship with Birth Parents

Theme	Paper	Direct participant data	Author description of data	Authors analysis (conclusions, implications, recommendations)
Carers Relationship with Birth Parents	Children In Scotland (2006)	<p>‘‘They are pleased they are able to visit their Mum. They accept they can’t live with her.’</p> <p>‘It is a 100-mile trip.’ (Monthly contact).</p> <p>‘One day a week has to be kept free of appointments so as not to interrupt the continuity and to be available to pick up the pieces when it doesn’t happen or is so distressing for the children.’</p> <p>‘Terrible impact, foster child very upset, angry, confused. Can take up to five days to settle.’</p>	<p>Maintaining contact with their birth family is very important for children who are separated in public care, and it is a major task for foster carers. In this survey 80 per cent of children have contact with their birth parents and more than 31 per cent of them see them weekly or fortnightly. While foster carers are supportive of the need for contact, almost 50 per cent of them report considerable impact on the fostered children and their family as a result of birth family contact.</p>	<p>The task of foster carers often extends to working with the child’s parents, facilitating contact, and mediating with the child to minimise the distress and difficulties that it creates. This can also include maintaining contact with brothers and sisters and extended members of the family from whom the child may be separated.</p> <p>A substantial element of the work of foster carers involves maintaining links with birth families, through facilitating contact and supporting the child. This means that carers need skills in working with adults as well as children.</p>
	Butler et al. (1999)	<p>‘I couldn’t believe that somebody could allow that to happen to their daughter and yet still remain in contact’</p>	<p>Most carers viewed birth families as a hindrance, unhelpful and problematic, blocking young people’s capacity to better themselves.’</p> <p>‘Carers were angered by parents’ perceived abdication of responsibility for their children’</p>	<p>This fear of contamination and belief in ‘kid gloves’ treatment reinforced carers’ negative attitudes towards natural parents.’</p>

	Rashid (2000)	No data reported	<p>A major strength of the foster families described here was their ability and readiness to help the children retain, and in some instances regain, contact with members of their birth families. In Delroy's case this did not happen, and that was due to the fact that all contact with his parents and any other members of his family had been lost many years before he joined Mrs B's family. Mrs B found it difficult to have direct contact with Joseph's and Joanne's father, because of his opposition to their placement in a black family. However, Joseph kept in touch with him and she did meet him at Joseph's wedding. All the other foster carers tried to keep the family links alive.</p> <p>Darren retained contact with his father when he joined Mr and Mrs D's family. In time Darren's father became part of their extended family. He would call in and ask their advice about financial matters and they regarded him as another son of the household. When he decided to remarry, they were invited to the wedding.</p> <p>Interestingly, Darren refused to be an usher at the ceremony and at the reception afterwards preferred to join Mr and Mrs D's table rather than sit with his father.</p> <p>However, the continued contact with his father was important for Darren. Contact with his mother was not successful. She arranged to visit but did not do so and Darren felt this deeply.</p>	<p>It is very evident that the foster families recognised the importance of the children's contacts with birth relatives and felt secure enough to encourage them. Their view of fostering resembled Holman's (1980) inclusive model, which accords well with Alexander's view of the black family, as flexible and resilient enough to include 'fictive kin', such as Darren's father or Frankie's brother. This appears to have served the children and young people, and indeed their birth relatives, well.</p>
	Wilson et al. (2000)	We have experienced threats of serious physical violence against us and this child	No data reported	No data reported

		from natural parents with previous convictions of serious violence including murder... in these circumstances where it is known that there is past serious violence we don't think it appropriate for natural families to know the name or address of the people caring for the child. (Wilson et al. 2000)		
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### 3.2.7 Carers: Accessibility and acceptability of services

Subtheme: Accessibility	Paper	Direct participant data	Author description of data	Authors analysis (conclusions, implications, recommendations)
	Addy and MacKechnie (2006) The Difficulties Faced by Kinship Carers in Accessing Mental Health Services	<p>'I think you should get a leaflet or something telling you where you can go for help (Mrs T 6:186)'</p> <p>'Hold one of them (referring to training session) and you'd be able to explain the different options and agencies and how you help with stuff (Mr R 8:236)'</p> <p>All had suggestions of how to go about removing this stigma: Running teaching courses in schools and things talking about problems and how psychologists can help (Mrs T 7:212). Meeting people in informal settings (Mrs S 7:221). I reckon it would be better if it was developed as a different sector outside the ... I mean you could have psychiatrists and people there but it wouldn't be as a psychological problem (Mr R 6:164).</p>	<p>The final construct to emerge from the transcripts related to Ways to improve carers' current access to mental health services. Within this construct a number of themes emerged. Both Mr R and Mrs T expressed a need for more information about the services and both suggested ways of providing such information</p> <p>All of the carers felt that there was a stigma surrounding mental health services which had to be removed before people would access them.</p> <p>The last theme to emerge within this construct was one raised by all three carers and related to services being more flexible in their approach to service provision. Some of these examples also relate to the stigma aspect of attending a hospital-based service, but all seem to suggest that the traditional method of meeting people within hospital clinics is dated and off-putting for this population.</p>	<p>The carers in this study felt that services should be both open and trustworthy. To achieve this, services should cooperate with each other to provide means of informal support and training. Only through continued informal contact will carers be able to trust services and view them as open. In addition the carers identified a lack of knowledge about what Kinship carers services could offer and a stigma about attending a mental health service.</p> <p>Providing mental health screening at the point of inception into care is likely to reduce this stigma, as mental health provision becomes a 'routine' part of the care process. This could also provide the opportunity to educate potential users about mental health issues and provide information about available resources.</p>



	<p>Burgess et al. (2003) A Support Team for Foster Carers: The Views and Perceptions of Service Users</p>	<p>'the quality of the support at the moment stinks'          'the social worker couldn't help'          'there are lots of dissatisfied carers'          'very dissatisfied with the fostering service'          'I had a feeling of no support'          'It just wasn't one problem'          'we needed everybody to sit down and talk through the issues'          'the problem was not being resolved'          'we needed more but nothing was done'          'needed to get everybody together'          'I was at the end of my tether'          'I nearly gave up and jacked it all in'          'I was exhausted'          'I needed someone to explain the behaviours'          'I wanted somebody to understand my actions'          'I couldn't work it out, I needed</p>	<p>'There were some inconsistencies in the way in which foster carers found out about the new service'</p> <p>'Four foster carers raised a number of concerns about their referral'</p> <p>'Most foster carers were dissatisfied with the support they had received prior to commencement'</p>	<p>'Communication: new support teams must be explicit about their remit, giving clear information about why and how foster carers could access the service.'</p>
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	Callaghan (2003) Developing new mental health services for looked after children: a focus group study	"And of course they tell you they can't see the child until they're in a stable placement, but how on earth is the child supposed to get stable until they get help?"	<p>'Attempting to provide a stable environment for the young person while receiving little support was a source of considerable frustration, especially for social workers whose accounts indicated that young people's needs for mental health intervention should be assessed with minimum delay to determine whether referral to CAMHS is appropriate and whether intervention would be helpful'</p> <p>'The language of 'abnormality' and the differentiation between looked after and other children were viewed as alienating young people from services and were regarded as an important source of young people's denial of their mental health problems and their resistance to mental health services:</p>	<p>'To deal with concerns that the referral route to CAMHS was unclear, a single route of referrals through childcare operations managers was initially piloted. However, the logistics of this quickly became unmanageable and it appeared that this system would only further slow down the processing of referrals. Therefore referrals are now processed directly from social workers, link workers and residential social workers. Primary mental health workers receive the referrals and usually discuss the child in detail with the referrer. A referral form has been developed and is completed at this point. The standardisation of this procedure ensures consistency and appropriateness of referrals</p>
	Hardwick, Louise (2005) Fostering children with sexualised behaviour	No reported data	<p>Participation of male partners Some carers were disappointed that their male partners were unable to join the group owing to work commitments. In response, one of the facilitators ran an evening session for interested male carers which were attended by three partners.</p> <p>This disappointment was rooted in concern about the impact of fostering children with challenging behaviour on their partners. The women described how any sexualised behaviour from a child made their partners very cautious about potential allegations, resulting in them taking a background role in day-to-day child care. As Farmer and Pollock (1998) point out, this approach results in an additional burden being placed on the foster mother.</p>	<p>The need to involve male foster carers fully in training opportunities was also highlighted. Male foster carers may feel vulnerable to allegations and protect themselves by increasingly withdrawing from the fostering role. Planning for any future group would need to take more account of running the sessions at times when male partners could attend. It should directly address the importance of their attendance without, as Newstone (2000) argues, focusing on their involvement solely in relation to risk.</p>

Subtheme: Acceptability	Burgess et al. (2003)	'I'm handling the children differently' 'helped me put a reward system in place' 'I'm more confident' 'learned new techniques, new insights' 'child behaviour is much better' 'not as violent' 'better behaviour'	'Foster carers felt that they had experienced changes in their psychological well-being following project intervention.'  '..it is clear that many of the foster carers perceived a positive change to their emotions and feelings due to their involvement with the project'  'most foster carers interviewed not only described changes in the care they provided, but also felt that the children in their care had perceived these and had themselves changed as a result'  'some foster carers felt that the project would help to recruit and retain foster carers'	'This study shows that such a team can have a positive effect upon the psychological well-being of foster carers, their child management, and upon the children themselves. Foster carers in this study have further suggested that such interventions will have a favourable impact upon recruitment and retention and help to preserve longer and more stable placements.'
	Burgess et al. (2003)	'the personal contacts were excellent' 'spoke to me as a fellow professional' 'they were consistent' 'it was very accessible' 'they offered practical help which worked' 'the combination of all the team and their expertise was very powerful' 'to talk through issues' I knew I could just phone for support'	Nine of the ten foster carers interviewed believed the project's intervention had focused primarily on them rather than on the child'  'Foster carers were impressed by the nature of project interventions'	'Interdisciplinary: new initiatives must be inter-disciplinary as this facilitates necessary and rapid permeations into health, social and educational systems in order to achieve solutions to the problems facing foster carers'

	<p>Callaghan (2003) Developing new mental health services for looked after children: a focus group study</p>	<p>One thing I'm really aware of is the need to develop a common language. For example, when you do get a service, what you get as a typical outcome is a letter in psychiatric jargon, summarising everything you already know. There's no indication of how to manage the problem, of what should be done, and there's often no involvement of social services in the whole process.</p> <p>We've got to work with that person all the time, so when we come to actually set up a therapeutic programme, you've got to be able to understand what's happening, through dialogue with the mental health professional who's working with that young person. So not only do we have to work with the young person, but we've also got to understand what the therapist's ideas are and how to implement and support those. (Childcare operations worker)</p> <p>Foster Carer 5: It depends which way the wind's blowing and who's on duty, I think. Foster Carer 1: The support is very patchy. On a good day, if you ring up, you'll get someone supportive, but on a bad day . Foster Carer 5: I personally would say, to be fair to the fostering team, they do their utmost. And if you have a child who has a good child ops worker, it helps a lot and it's great. If you've got a lousy care ops worker, then you've got problems.</p> <p>I went into his room, and he had a glass over his arm, and I thought, oh, great, I didn't know he was a</p>	<p>'In all focus groups, there was some discussion about the need for good working partnerships between CAMHS, social services, residential social workers and foster carers.</p> <p>'Some participants suggested that there needed to be a better understanding of the way in which the various agencies operated and the language that was used</p> <p>'The nature and quality of feedback from CAMHS to social services, foster carers and residential social workers were highlighted as a particular source of frustration for carers and several felt that poor communication in this area actively prevented them from providing the best possible care to the young person</p> <p>'Participants highlighted the need for close working relationships between CAMHS professionals and the person providing day-to-day care for the child.</p> <p>'Although foster carers recognised that social services were under considerable strain and that resources within the service were stretched, accounts suggest that they experienced the support systems as unreliable</p> <p>'They reported poor communication with social services and a sense that vital information about the young person in their care was often withheld, especially for the more needy children</p> <p>'Within this context, foster carers also did not perceive a great deal of support from existing CAMHS</p>	<p>These concerns indicate a need for better inter-agency working relationships and more open and clearly defined channels of communication.</p>
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	<p>Hardwick, Louise (2005) Fostering children with sexualised behaviour</p>	<p>No reported data</p>	<p>The opportunity to share ideas with other carers was perceived as helpful in developing the skills required to keep the balance between keeping safe and being close.</p> <p>Participants discussed their own knowledge of sexual abuse, their foster children's experience of it and how these affected both the child and themselves as foster carers. This brought up personal issues for carers, some of whom had been abused as children.</p> <p>The overall feeling was that such discussions were very helpful as the group itself was a very supportive and safe environment. Certain issues were explored in depth.</p> <p>The issue of 'unprotective' mothers evoked very strong feelings but as the sessions progressed, people gained some insight into their position as they understood more about how perpetrators operate.</p> <p>For many of the foster carers, it was the first opportunity they had had to talk about their own feelings in relation to sexual abuse and the impact of the behaviour and emotional needs of looked after children who had been sexually abused.</p> <p>Their foster carers' handbook emphasised the need for confidentiality concerning foster children, so that carers had never before felt free to talk about their experiences. They felt the openness in the group helped develop their understanding and knowledge and had a therapeutic effect on them.</p>	<p>The foster care group provides an example of one method of addressing the foster carers' needs and, indirectly, those of a highly vulnerable group of children - one that appeared to be long awaited and greatly appreciated by the foster carers.</p> <p>The group began with 11 members and two facilitators and five months later the same membership had been maintained.</p> <p>The participants described in this paper are examples of foster carers who had struggled as best they could without appropriate training and support to provide care for foster children with challenging sexualised behaviour. The group gave them an opportunity to understand their past experiences and ensure that they had the knowledge, support and skills for the future. This type of group would seem to be particularly appropriate for this category of foster carer - one with difficult past experiences that require exploration and understanding to allow for the development of new knowledge and skills.</p>
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	Levinson (1992)	Another dissatisfaction for some foster carers was that they got little back by way of emotional responsiveness, and in at least two cases this was further complicated by the fact that the young people involved retained very close links with Daisybank.(Levinson 1992)	No reported data	No reported data
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### 3.2.8 Carers: Kinship carer tensions

Theme	Study	Direct participant data	Author description of data	Authors analysis (conclusions, implications, recommendations)
Kinship carer tensions	Addy et al. (2006//)	<p>"In the past I was their Grandma, now I'm like their mum (Mrs T 8:252)"</p> <p>"But its other stuff like keeping up with pop stars and her mates and things (Mrs S 5: 141)"</p> <p>although you are grandparents you can't be as like normal grandparents and she's not like your child or your grandchild (Mr R 9:254)</p> <p>I'm too close whereas if they are going to someone who's not involved I guess carers are not told as much as I know about the situation, whereas I know everything, and yes it can be difficult because the children are trying to keep a relationship with their parents. It would be better for foster parents to have a child that they were unrelated to (Mrs T 3:90).</p> <p>if there are any problems between us, and you see the girl is our granddaughter, so if we have any problems with the mother the problem's duplicated because its my granddaughter's problem as well (Mr R 1:17).</p>	All three carers highlighted how they felt 'stuck in the middle' and in conflict with their own needs, those of the child, and those of the child's biological parents	These statements reflect the difficult, and in terms of natural life transitions, the asynchronous transition from being a grandparent to being a parent. 'Within this construct all three carers highlighted how, by becoming a kinship foster carer, their role within the family had changed considerably'

		<p>well you've got to think what the child you're looking after, what the parents of them would be thinking in situations and try to do that.</p> <p>But we are not supposed to have contact with them (Mrs S 1:6).</p>		
	Pitcher (2002)	No reported data	<p>For the majority, even if they had suspected that they would need to step in at some time, starting to care for the child was a major adjustment. It required the sudden dropping or adjusting of all other commitments and plans, and the adoption of a new lifestyle. One of the most commonly mentioned examples of this was that grandparents were no longer able to do things spontaneously. Arranging for babysitters required advance planning. Their daytime activities had to take account of the need to be back for their grandchildren at the end of the school day. Other changes included giving up work, or reducing work hours, and having to take on extra domestic tasks, especially washing.</p> <p>Being responsible for the care of a younger child meant being more 'tied down', which led to a reduction in social contact. In at least two cases in which a new partner was involved with a grandmother, care of the grandchild contributed to the breakdown of the relationship, but in other cases it led to grandmothers (and in one case a grandfather) gaining a new respect for their partner. It encouraged them to face issues together that they would not otherwise have confronted. There</p>	<p>Despite its limitations, however, the study has helped to identify a number of issues for grandparent carers that we had not previously recognised. These include:</p> <ul style="list-style-type: none"> <li>• a recognition of the grandparent carers' needs in the earliest weeks of the placement, and also their reluctance to ask for help, or to know how to ask. It is also likely that grandparents do not have accurate information about the alternatives for their grandchild;</li> <li>• the psychological value of a proper contingency plan;</li> <li>• the issue of isolation among grandparent carers;</li> <li>• the fact that grandparents are likely to have other caring roles;</li> <li>• the dynamic between the grandparent and the social services agency, and how attention given to consultation and explanation can make a big difference;</li> <li>• the importance of a named worker;</li> <li>• the big differences in provision, depending on history rather than current need;</li> <li>• children in placement with their grandparents share more experiences in common with children in non-relative care than we might assume. These include feelings of disloyalty towards their mother, social stigma and confusion over differences in parenting styles and values;</li> <li>• the importance of grandparents</li> </ul>

			were many couples, however, for whom their relationship was not enhanced.	<p>appreciating, and delighting in, their grandchild as a key factor in determining the success of a placement;</p> <ul style="list-style-type: none"> <li>• the need for clear, written information about entitlements and levels of support from agencies;</li> <li>• the need for social services to have a clear policy on grandparents as carers</li> </ul>
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### 3.3. Parents theme

#### 3.3.1 Continuity of contact with birth children

Theme	Paper	Direct participant data	Author description of data	Authors analysis (conclusions, implications, recommendations)
Continuity of contact with birth children	Pitcher (2002)	No reported data	'I know it's not just pressure for them': the mothers' views In the same way as for the children, I chose to interview three mothers, who represented different care arrangements: permanent substitute care with the grandparents, a parent anticipating rehabilitation and a long-term partnership arrangement in which the mother had a learning difficulty.	No reported data



			<p>The three mothers, though each came from a different kind of situation, all expressed the view that they needed to continue to play an important part in their child's life. Grandparents who listened to their views, and did not seem to be taking away their role as mother, were valued for being able to give their own son or daughter the upbringing they could not.</p> <p>The parents liked to feel that they could make a useful contribution, even if it was doing DIY or doing washing. They wanted to feel that their parents, or parents-in-law, were caring because they enjoyed being with the child, not because they 'had to'. In the words of one mother: 'I know my parents are happy and it's not just pressure for them.'</p>	
	Fleming et al. (2005)	"I don't feel that well supported. I have to go to the Social Worker - I'm afraid they think I can't cope".	All parents wanted to be involved, but needed strong, consistent support from professionals throughout the process of a child being looked after. Interestingly, this correlates exactly with previous research carried out in Northern Ireland in 1988, which concluded that parents needed respect, a structured consistent approach, emotional support, practical help, and proper explanation of procedures. Interestingly, no parent had any significant involvement in issues relating to their child's health while in care	Also highlighted is the limited role played by parents of Looked After Young People. While the majority of young people may be comfortable with this arrangement, this situation raises concerns about parents including disempowerment, poor self-esteem, lack of confidence, relatively low value placed on their own or their children's health issues. Parental involvement therefore requires further exploration to ensure the perceived 'distance' between parents and their (looked after) child(ren) does not exacerbate problems already experienced by families (Bradshaw & Millar, 1991; Horgan & Sinclair, 1997).

### 3.4 LACYP: Details of studies included in the in-depth review

	Item	Study aims	Sample size and characteristics	Methods for data collection	Methods for data analysis	Outcomes identified in the study	Overall weight of evidence
1	Ajayi and Quigley (2003) Care leavers entering higher education: the provision of	To explore the experiences of the small minority of care leavers who continue into higher education	<p>Sample size 129</p> <p>Sex 70% female* 30% male</p>	<p><u>One-to-one interview</u></p> <p>The first interview was unstructured: researchers asked the young person to tell the story of his or her life. An interview guide was used only</p>	Interviews were tape-recorded, transcribed as far as resources allowed, and analysed using SPSS and the NVivo qualitative data analysis package.	<p>Education</p> <p>Minor theme - Future financial security</p>	+

	financial and personal support		<p>Age Not stated</p> <p>Ethnicity 48% White British 30% Black or Black British 9% Asian or Asian British 8% other 5% mixed</p> <p>Status Not stated</p> <p>*approximate proportions across all three cohorts</p>	to ensure that all relevant areas were covered, and the interviewer attempted to follow the unfolding narrative rather than to ask a series of questions. Some interviewees needed more prompting than others, but in general they were eager to talk about themselves and their experiences. Some of the interviews lasted as long as three hours.			
2	Allen (2003) Into the mainstream: Care leavers entering work, education and training	To understand the factors that affected the care leaver's ability to engage in education, training and employment from the young person's perspective	<p>Sample size 36</p> <p>Sex 21 female 15 male</p> <p>Age 16 to 21 years</p> <p>Ethnicity Not stated</p> <p>Status Care leavers Half the group left care or went to live in the community on a care order at the age of 16; nine left when they were 17 and seven when they were 18.</p>	<p><u>One-to-one interview</u> Semi-structured interviews explored education, training and employment history of the interviewee, support networks available during this time and details about the interviewee's situation, such as their accommodation and financial circumstances.</p> <p>A follow-up interview provided an opportunity to find out about the young person's progress during the preceding year and examine, in more depth, issues raised in the first interview.</p>	Thematic Analysis	Being supported Education Professionals Leaving care	+
3	Baldry and Kemmis (1998) What is it like to	To ask the young people about the care they were	<p>Sample size 71 (35 interview, 36 postal</p>	<p><u>One-to-one interview</u> informal structured interviews with an independent</p>	Not specified	Having someone to talk to	+

	<p>be looked after by a local authority? Research note</p>	<p>receiving and to use their feedback to check how far it was meeting the requirements and standards of the Children Act and the relevant regulations and guidance.</p>	<p>questionnaire)</p> <p>Sex 35 female 36 male;</p> <p>age 11 aged 6-9 years 30 aged 10-13 years 30 aged 14 plus</p> <p>Ethnicity 11 black African 1 black other 29 white 13 of mixed parentage 17 other/not specified</p> <p>Placement type 38 - LA foster homes 17 - independent foster homes 14 - residential care 2 - living in own accommodation</p>	<p>interviewer</p> <p>Self-completion postal questionnaire.</p> <p>A detailed list of closed and open questions ... were organized in a format that could be used as a questionnaire for young people to complete themselves, and as the basis for informal structured interviews with young people.</p>		<p>Contact with birth families</p> <p>Education</p> <p>Professionals</p> <p>Minor theme - Preparation for and information about placements</p>	
4	<p>Barn (2005) Life after care: The experiences of young people from different ethnic groups</p>	<p>To explore the impact of ethnicity on social exclusion experienced by care leavers in a range of areas such as education, housing, employment and training.</p> <p>To ascertain their views and experiences in order to develop a picture of the</p>	<p>Sample size 36*</p> <p>Sex 16 male 20 female</p> <p>Age Over half of young people were aged between 19 and 20, followed by two-fifths who were between 16 and 18. A small proportion (less than a tenth) were aged</p>	<p>One-to-one interview</p> <p>A semi-structured interview schedule and a topic guide for focus group discussions were devised to explore the views and experiences of young people. The major areas explored included preparation for leaving care, experiences since leaving care, housing/homelessness, education/employment/income, crime, neighbourhood, substance misuse, relationships, prejudice/discrimination and identity.</p>	<p>Tape-recorded interviews were transcribed verbatim. A thematic analysis using the Grounded Theory approach was used by the research team to identify the emerging and comparative themes under each topic area (Glaser and Strauss, 1967; Glaser, 2002).</p>	<p>Education</p> <p>Leaving care</p> <p>Minor theme - Future financial security</p>	+

		nature and extent to which young people felt supported to become active citizens.	<p>21 or older.</p> <p>Ethnicity  11 African Caribbean  8 African  3 Asians  10 mixed parentage  4 white</p> <p>Placement type  Care leavers</p> <p>*261 respondents completed a quantitative questionnaire, designed to elicit profile data and an understanding of the patterns and outcomes of care leavers - Self-completion questionnaire data not relevant for this review</p>				
5	Barnes (2007) Young People's Views of Children's Rights and Advocacy Services: A Case for 'Caring' Advocacy?	To explore in depth children's and young people's experiences and views about work undertaken with them by children's rights and social care professionals and to consider any implications for the delivery of children's rights services. p.144	<p>Sample size  20</p> <p>Sex  11 Female  9 Male</p> <p>Age  12-20</p> <p>Ethnicity  Mainly White British.  4 - minority ethnic groups</p> <p>Placement type  Six young people had been in both foster and residential care, two in residential only and the</p>	<u>One-to-one interview</u>	Not specified	Having someone to talk to  Professionals	+

			remainder had been in foster care only.				
6	Biehal and Wade (1996) Looking back, looking forward: Care leavers, families and change	To chart the experiences of transition for a sample of young people leaving the care of these authorities over their first 18-24 months of independence; to explore the support made available to them from carers, social workers and, in particular, leaving care schemes; and to evaluate the outcomes of scheme intervention for these young people. To explore the importance for young people of establishing informal social networks of support as they attempt to find their feet in the adult world.	<p>Sample size 74*</p> <p>Sex 39% male 61% female</p> <p>Age 16- 19 years</p> <p>Ethnicity 9 - black or of black mixed heritage</p> <p>Placement type Care leavers</p> <p>*social workers and leaving care workers were also interviewed</p>	<p><u>One-to-one interview</u> Semi structured interviews with young people focused on their experience of being looked after - for example, the types and quality of placements they had experienced, patterns of movement, educational progress and sense of involvement in decision making - and connected these care careers to the progress they felt they were making in key post-care transition areas.</p> <p>These included their early housing careers, education and employment options, their progress in developing life skills and in building a sustaining network of social supports. Interviews with professionals covered similar ground. This approach enabled us to gather rich data on the experiences and perceptions of those involved, chart longer term careers and evaluate the impact of professional interventions.</p>	Not specified	<p>Love</p> <p>A sense of belonging</p> <p>Being supported</p> <p>Contact with birth families</p>	+
7	Blower et al (2004) Mental health of "looked after" children: a needs assessment	This article describes the needs assessment phase of a mental health service development for looked after children	<p>Sample size 5*</p> <p>Sex 4 male 1 female</p> <p>age mean age 12.87 years**</p>	<p><u>One-to-one interview</u> <u>Focus group Interviews</u> Individual and group interviews conducted by project psychiatrists and a social worker.*</p> <p>We asked participants about their beliefs about, experience</p>	<p>Interviews were audio-taped and transcribed for analysis according to the 'Framework' method (Ritchie &amp; Spencer, 1994).</p> <p>Samples of transcripts were recoded using the thematic framework to aid</p>	<p>Having someone to talk to</p> <p>Stigma and prejudice</p>	+

			<p>Ethnicity Not stated</p> <p>Status 3 in residential school 2 in children's home</p> <p>*one aspect of multi-method approach - only data from these interviews used for review - a total of 48 participants were involved in other aspects of the research **age of five participants not given - mean age given for total sample of 48</p>	<p>of and ways of coping with, mental health problems; their experience of being 'in care'; their sources of support, and their suggestions for a mental health service for looked after young people.</p> <p>*one aspect of a multi-method approach - only data from these interviews used for this research</p>	dependability.		
8	<p>Broad (2004) Kinship care for children in the UK: messages from research, lessons for policy and practice</p>	<p>This article presents a comprehensive overview of kinship care, or as it is also known, family and friends care.</p> <p>The aim of the article is to raise awareness, and provide information, about a hitherto largely invisible, yet expanding placement option being widely used in child welfare systems in the UK, in Europe and elsewhere.</p>	<p>Sample size 50*</p> <p>Sex 30 Female 20 Male</p> <p>Age 11-25</p> <p>Ethnicity 23 - Caribbean/Guyanese 18 - British 6 - African</p> <p>Placement type Kinship care</p> <p>* Also examined the views of the kinship carers and social workers</p>	<p><u>One-to-one interview</u> 'structured interviews'</p>	<p>Yes - provide description of the method(s) used Each of the structured interviews with the young people (20) were coded against 11 key themes that had emerged as significant issues in an earlier pilot study (Broad, 2001a).</p>	<p>Love</p> <p>Minor theme- Personal safety and security</p>	+

9	Buchanan (1995) Young Peoples Views on Being Looked after in out-of-Home-Care under the Children-Act-1989	To elicit the views on The Children Act 1989 of forty five young people who were currently being looked after by English local authorities in out-of-home-care.	<p>Sample size 45</p> <p>Sex 26 Female 19 Male</p> <p>Age 10-17</p> <p>Ethnicity 36 - White European 9 - Afro-Caribbean/other minority ethnic group</p> <p>Placement type 25 - Residential care 13 - Foster care 7 - Supported lodgings</p>	<p><u>One-to-one interview</u></p> <p>Young people attended three meetings of two hours each.</p> <p>It was felt important to discuss issues that were of current concern to the young people. An initial pilot study of front-line agencies in direct contact with young people elicited ten topics.</p> <p>Over three meetings, each group discussed all the topics but sometimes in a different order. The format for group meetings remained broadly comparable. Young people completed a personal questionnaire at the final group meeting, and were encouraged to raise other matters that were important to them. All meetings were recorded on tape.</p>	<p>Emerging themes from the groups were coded, and assessed to what extent they appeared across the groups. Those themes that emerged consistently in all the groups were felt to be of most significance. Themes emerging from groups were also cross-checked with those emerging from questionnaires.</p> <p>A consultation process took place with some of the young people who commented on the first draft of the findings and made minor changes which they felt better represented their views.</p> <p>Meetings were held in each local authority and a special report prepared. Representatives at these meetings were asked to make recommendations for the final report.</p>	<p>Contact with birth families</p> <p>Stigma and prejudice</p> <p>Education</p> <p>Leaving care</p> <p>Minor theme - Preparation for and information about placements</p> <p>Minor theme - Future financial security</p>	++
10	Bullock et al (1990) The problems of managing the family contacts of children in residential care	To explore the problems of managing and maintaining family contact for children admitted to a residential establishment and investigates the reasons why care plans so frequently drift from initial	<p>Sample size 2</p> <p>Sex Male</p> <p>Age 1 - 13 years 1 - 11 years</p> <p>Ethnicity Not stated</p>	<p><u>One-to-one interview</u></p> <p><u>Participant observations</u></p> <p>Firstly, observations were recorded on the reception and subsequent interaction of the two boys during their stay in the centre. This included participant observation at key moments, such as admission and discharge, and an analysis pioneered by Bales (1950) of interaction within the</p>	Not specified	Contact with birth families	-

		intentions.	Placement type Residential care	establishment at selected times. A log of the boys' activities was also kept by staff. Secondly, data were extracted from the children's files; and, thirdly, both the boys and their field and residential social workers were interviewed before, during and after their sojourn in residence. We also interviewed their families and attended case reviews.			
11	Bundle (2002) Health information and teenagers in residential care: a qualitative study to identify young people's views	To clarify what a specific group of teenagers in residential care see as important in the area of health information.	Sample size 22*  Sex 12 male 10 female  Age 11 - 13-14 years 11 - 15-16 years  Ethnicity  Placement type Residential care  *Four who completed the Health Information Topic list declined interview.	<u>One-to-one interview</u> <u>Self-completion questionnaires</u>  Two pilot interviews with LACYF and an additional discussion with two other young people (not in public care) about the variety of issues that could be included under the heading 'health', were used to develop a 'Health Information Topics' list. The list contained 25 suggestions and each resident was asked to choose up to ten topics they wanted information about. They were not asked to put these in order of priority, nor were they asked to indicate if they had previously received information on these topics. They could add further topics if they wished. The Health Information Topics list was completed prior to semi-structured interviews.	Frequency data were produced from the Health Information Topics list. Information from interviews was analysed by identifying themes and categories, collating responses to each question and coding the information	Having someone to talk to  Minor theme - Health information	+
12	Butler and Charles (1999) "The past, the present, but never the	To assess the processes involved in fostering breakdown in terms of the interactions,	Sample size 5*  Sex Mixed - numbers not	<u>One-to-one interview</u> Taped two-hour interviews, shaped by a semi-structured schedule, were conducted at the respondents' chosen venue.	Data analysis pinpointed recurring themes and patterns as well as instances of difference within and across the	Love  A sense of belonging	+



	future': thematic representations of fostering disruption	negotiations and adjustments between the respective parties over time and to examine the critical points contributing to an increase in young people's vulnerability to placement disruption and subsequent crises such as homelessness.	given Age 16-20 years  Ethnicity White and African-Caribbean - numbers not clear  Placement type Foster care  *Also 6 carers		carers' and young people's groups.	Contact with birth families  Stigma and prejudice  Minor theme - Preparation for and information about placements	
13	Cameron (2007) Education and self-reliance among care leavers	To compare the experiences of young people who had been looked after by local authorities with those who had had difficulties but had not been in local authority care, focusing in particular on young people's access to and use of health, education, housing, employment and other services. A key objective was to identify features of young people's lives that facilitated service use.	Sample size 80 Sex 69% female 31% male  Age Mean age 19, most respondents 18-20 years  Ethnicity 31% ethnic minorities  Placement type Care leavers	<u>One-to-one interview</u> In-depth interviews covering family background, evaluations of local authority care experiences, informal sources of support, use of formal services and future prospects were completed face to face and recorded for later transcription.	Analysis was structured initially around the interview schedule questions, although not exclusively: transcripts were coded for data pertaining to questions that emerged in other sections of the interview.  Analysis then proceeded on a thematic basis, looking in all cases for evidence of the operationalisation of concepts identified from the wider literature on services of potential relevance for care leavers' experience. Self-reliance was one of these concepts.	Education	+
14	Chase et al	To explore factors	Sample size	<u>One-to-one interview</u>	Interview transcripts were	Love	+

	(2006) Pregnancy and Parenthood among Young People In and Leaving Care: What Are the Influencing Factors, and What Makes a Difference in Providing Support?	contributing to early pregnancy and parenthood among young people in and leaving local authority care, to determine the kinds of support available to young parents and to identify what enables or prevents them from receiving the support they need. Chase.	63* Sex 47 female 16 male Age 15-23 years Ethnicity 20% came from minority ethnic backgrounds Placement type Care leavers *Semi-structured interviews were also conducted with a total of 78 professionals and carers with experience of working with young people who are looked after and/or young parents	Interviews covered a number of broad questions including young people's feelings, reactions and responses to the pregnancy and to becoming a parent; who and what had helped, or not helped, from conception through to the time of interview; from where and how they had learned about sex and relationships and the types of care that they had experienced, although, for ethical reasons, researchers did not probe about the circumstances surrounding young people entering the care system.	analysed using the constant comparative method (Glaser & Strauss, 1967) to elicit recurrent themes identified by interviewees. A search for 'negative instances' (Merriam, 2002; Seale, 2002) was subsequently conducted before using each of these principal themes to present respondents' accounts of their experiences.	Being supported Education Leaving care Minor theme - Preparation for and information about placements Minor theme - Health information Minor theme - Trust	
15	Emond (2003) Putting the Care into Residential Care: The Role of Young People	To explore the ways in which young people in residential care offer each other support	Sample size 13 Sex Mixed - numbers not given Age Not stated Ethnicity Not stated Placement type Residential care	Participant observation Site 1: resident for 6 months in 5 night on and 2 nights off, then resident for a single 4 night block per month for 6 months Site 2: resident for a single 4 night block per month for 6 months	Bourdieu's work on competences and practices informed the data analysis.	Being supported	+
16	Fleming et al (2005) An	To identify how the promotion of the	Sample size 8*	One-to-one interview	Content analysis was employed whereby each	Having someone to talk to	+

	exploration of the health and social wellbeing needs of looked after young people - A multi-method approach	health and social wellbeing of looked after young people could be enhanced.	Sex 5 female 3 male  Age Most were older (i.e. 14 + years)  Ethnicity Not stated  Placement type Residential and foster care.  * Also Focus Group with three male and two female Foster Carers		response was broken down into units of meaning in order to analyse the micro-content.  Data were coded and sorted by searching for similar words, patterns and themes which yielded categories and subcategories (Lane et al., 2001), these were revised on a number of occasions as thematic analysis was cross-referenced across transcripts for interviews and focus groups respectively (Goetz & LeCompte, 1981).	Minor theme - Health information	
17	Harker et al (2004) Who takes care of education 18 months on? A follow-up study of looked after children's perceptions of support for educational progress	To establish whether any differences have emerged over time in their perceptions of the level and type of educational support received, including factors that support and hinder progress.  To examine young people's awareness of project activities and their perceptions of any impact these may have upon their educational progress.	Sample size 56  Sex 26 Female 30 Male  Age 12-19  Ethnicity 49 - 'White' 7 - 'Black'  Placement type 29 - Foster care 12 - Kinship care 9 - Independent living 6 - Residential care	<u>One-to-one interview</u> All interviews with young people were held at their home address and most were held after school hours. The interview schedule included open-ended and closed-ended questions to elicit information on young people's educational and care experience. In addition to revisiting questions from the first round of interviews, the follow-up schedule also included questions to establish young people's awareness of project related activities. Where young people were aware of any activities or change they were asked to indicate whether this had made a difference to their educational progress.	Not stated - percentage provided for responses to individual questions.	Education	+
18	Heptinstall et al	To examine	Sample size	<u>One-to-one interview</u>	Not specified	Love	+

	(2001) Adjusting to a foster family: children's perspectives	children's perspectives and experiences of family life, not only in terms of its meaning and importance, but also in terms of the care children receive and the care they contribute.	63 Sex 7 Female 8 Male Boys: Age 11-13  Ethnicity Not stated  Placement type Foster care	Individual interviews. We included a range of methods which took account of children's interests and competences, such as vignettes and visual ways of mapping children's social networks and families.		A sense of belonging  Being supported  Contact with birth families	
19	Hill et al (1996) Fostering adolescents in Britain: Outcomes and processes	To examine the range, combinations and sequence of services made available for a sample of 116 young people aged 13-17. The primary emphasis was on qualitative understanding of participants' perspectives on expectations, processes and consequences.	Sample size 116  Sex  Age 13-17 years  Ethnicity 95% of the sample were of white Caucasian ethnic background  Placement type Foster care	<u>One-to-one interview</u> The primary emphasis was on qualitative understanding of participants' perspectives on expectations, processes and consequences.  Whenever possible, interviews were conducted twice, one year apart, and included the social worker,  Supplementary information was obtained from case records and by a self-completion questionnaire from carers at the time of the first round of interviews.	Not specified	A sense of belonging  Being supported  Contact with birth families	+
20	Leeson (2007) My life in care: experiences of non-participation in decision-making processes	This paper draws on research with four young people, looking at their experiences of involvement in a variety of decision-making processes	Sample size 4  Sex Male  Age 12-14 years	<u>One-to-one interview</u> Semi-structured interviews involving the use of activities and pictures with the two boys who were less articulate. A short list of interview questions used as prompts for our discussions. The discussion	Analysed different narratives, looking for common themes or threads.  Their body language was also used for analysis as they communicated	Having someone to talk to  Professionals	+

		whilst in the care of the local authority.	Ethnicity Not stated  Placement type residential foster setting	began to take its own course as each boy told his story, remembering the key moments in his life when he was aware of other people making decisions on his behalf. The research thus moved from an interview situation to storytelling, offering the opportunity for an analysis of the boys' narrative.	through hunched shoulders, clenched fists, choice of words and a variety of open and closed postures.		
21	Luke and Coyne (2008) Fostering self-esteem: Exploring adult recollections on the influence of foster parents	To explore the ways in which a small sample of adults felt their self-esteem had been influenced by foster parents, using Harter's (1986) dual-influence model of self-esteem as a theoretical basis.	Sample size 5  Sex 4 male 1 female  Age 18-46 years  Ethnicity All white British  Placement type Foster care	<u>One-to-one interview</u> Semi-structured interviews. An interview schedule was used to guide the interview, but any interesting points were followed up with further questioning.  The schedule covered three main areas: foster placement details (age at entry into and exit from foster care, number of placements, details of longest placement), self-esteem over time (feelings of self-worth at entry into care and now, any sense of change), and memories of self-esteem (recollections of times in foster care when participants felt good about themselves, ways in which foster carers acted or could have acted to make the child feel good).	Recordings were transcribed by the researcher and subjected to a thematic analysis.  A second coder chose a random section from each participant's transcript to code independently, covering approximately 10% of the total material coded. Inter-coder reliability was acceptable throughout (k = 0.879).	Love  A sense of belonging Being supported  Stigma and prejudice	+

22	Martin and Jackson (2002) Educational success for children in public care: advice from a group of high achievers	To examine the opinions of 38 high achieving young people who spent at least a year in residential or foster care on what they think are the best ways to enhance the educational experience of looked-after children.	<p>Sample size 38</p> <p>Sex 12 men 26 women</p> <p>Age Mean age 26 years</p> <p>Ethnicity 55% White British, 8% African-Caribbean 36% Asian, Chinese or mixed parentage.</p> <p>Placement type Residential and foster care</p>	<p><u>One-to-one interview</u> In-depth, semi-structured interviews usually took between 2 and 3 hours and used open-ended questions to explore in greater depth the participant's family background, school experience, care experience, higher education, career and personal aspirations, and achievements. All interviews were taped and later transcribed.</p> <p>At the end of the interview each participant was asked for his or her personal advice and recommendations on how social work and care practice could be improved in order to enhance the educational experience of children in residential and foster home settings and also at school, college and university.</p>	All interviews were taped and transcribed. No further details on analysis provided.	<p>Being supported</p> <p>Stigma and prejudice</p> <p>Education</p> <p>Professionals</p> <p>Leaving care</p>	+
23	Mullan et al (2007) 'Care Just Changes Your Life': Factors Impacting upon the Mental Health of Children and Young People with Experiences of Care in Northern Ireland	To identify the emotional, psychological and mental health needs of looked after children and care leavers aged between 12 and 25 years old.	<p>Sample size 51</p> <p>Sex 27 female 24 were male</p> <p>Age 21 - 12-14 years 16 - 15-17 years 14 - 18 years and over</p> <p>Ethnicity Not stated</p> <p>Placement type Around one-third in</p>	<u>Focus group interviews</u>	<p>With consent, interviews and focus groups were recorded digitally and full verbatim transcripts were made.</p> <p>A thematic content approach was used for analysis the research team read and re-read the transcripts and coded key themes. To facilitate this process, the team met frequently for discussions to draw out the main themes and a residential was held with the Young</p>	<p>A sense of belonging</p> <p>Stigma and prejudice</p> <p>Leaving care</p>	+

			residential care, one-third in foster care and one-third in aftercare		People's Advisory Group to discuss the analysis. A computer-assisted programme (NUD*IST) was used to assist with this process.		
24	Munro (2001) Empowering looked-after children	To ascertain from children their views on being looked after and the degree of power they felt they had to influence decisions made about them	<p>Sample size 15</p> <p>Sex 8 Female 7 Male</p> <p>Age 10 years: 1 14 years: 4 15 years: 4 16 years: 3 17 years: 3</p> <p>Ethnicity 7 Black 8 White</p> <p>Placement type 2 - residential care 13 - foster care</p>	One-to-one interview 'Unstructured interviews'	Not specified	<p>Having someone to talk to</p> <p>Contact with birth families</p> <p>Professionals</p>	+
25	Pitcher (2002) Placement with grandparents: the issues for grandparents who care for their grandchildren	To understand the needs of grandparents who take on the care of their grand children following abuse or neglect	<p>Sample size 4</p> <p>Sex 3 female 1 male</p> <p>Age 6 - 16</p> <p>Ethnicity</p> <p>Placement type</p>	One-to-one interview Individual interviews in home setting	Not specified	A sense of belonging	+

			Kinship care				
26	Schofield and Beek (2005) Providing a secure base: parenting children in long-term foster family care	To report on a longitudinal study of children growing up in long-term foster family care. The study focuses attention on the challenges for foster carers in providing a secure base for foster children in middle childhood and early adolescence, who have come predominantly from backgrounds of abuse, neglect, and psychosocial adversity.	Sample size 52* Sex Age Ethnicity Not specified Placement type Foster care *Also interviews with foster carers - numbers not given	<u>One-to-one interview</u> Interviews with children at both phases focused on eliciting their view of their family relationships, school, friendships and activities.  *Information on interviews with foster carers given in Carers table.	Analysed findings according to a model of five key care giving dimensions that are central in attachment theory. . Promoting trust in availability . Promoting reflective function . Promoting self-esteem . Promoting autonomy . Promoting family membership	A sense of belonging  Being supported	+
27	Schofield (2003) Part of the family: pathways through foster care	To explore adult stories, and what they might tell us about the experience of foster care.	Sample size 40 Sex 75 Female 25 Male Age 10- 18-19 years 25 - 20-22 years 37 - 23-25 years 27 - 26-30 years Ethnicity 80 White British 20 Ethnic minority Placement type Foster care	<u>One-to-one interview</u>	The interviews were transcribed in detail.  The authors interests in terms of attachment, resilience and the existing literature on foster care and its outcomes were also a feature of making sense of the interview data.  In reviewing all the stories it seemed that there were some elements that might assist in grouping them for analysis, ways in which different pathways could be defined.	A sense of belonging	+
28	Sinclair et al	To find out why, as	Sample size	<u>Self-completion questionnaire</u> -	We analysed them as a	Love	++



	(2001) "A life more ordinary': What children want from foster placements	well as whether, children like or dislike their care	150 Sex Male and female - numbers not given  Age Above and below the age of 10 - but range and numbers not given  Ethnicity Some ethnic minorities were represented but numbers not given  Placement type Foster care	we used eight open questions • What I like about the placement is . . . • One thing I don't like about the placement is . . . • The main difference between me and this family is . . . • What I feel about this difference is . . . • My two wishes for the future are . . . • Is there anything that social workers have done for you that you liked? • Is there anything that social workers have done for you that you disliked? • Is there any advice you would like to give to social services?	whole using Winmax (a computer package for analysing qualitative data), looking for themes and, as discussed earlier, connections with the situation in which the children found themselves.	A sense of belonging  Minor theme - Less bureaucracy and more individualised support	
29	Skuse and Ward (2003) Outcomes for Looked After Children: Children's Views of Care and Accommodation. An interim report to the Department of Health	To find out what children who are looked after by CSSRs think of the care that they receive and to use this information to inform how CSSRs can understand their performance better, monitor their services for looked after children more effectively, identify where improvements can be made and decide how scarce resources can be better deployed.	Sample size First interview: 49 children Second interview: 25 (approx 1 year later)  Sex Male and female - numbers not given  Age 9 years or under - 22 10 years and over - 27  Ethnicity All but 10 of the LACYP interviewed were of White British descent.  Placement type Not stated	<u>One-to-one interview</u>	All interviews were tape recorded and later transcribed. They were then analysed thematically (see Becker and Bryman, 2004).	A sense of belonging  Having someone to talk to  Education  Professionals  Minor theme - Personal possessions	+

30	Steckley and Kendrick (2008)	Its main aim is to give voice to those most directly affected by the use of physical restraint in residential childcare, in order to inform the development of policy and practice.	<p>Sample size 37</p> <p>Sex 11 female 26 male</p> <p>Age 10 and 17</p> <p>Ethnicity</p> <p>Placement type Residential care</p>	<u>One-to-one interview</u> semi-structured interviews. All interviews were transcribed, and coding.	Analysis of the material utilized qualitative research software	Minor theme - appropriate physical restraint	+
31	Stevens and Boyce (2006) The National Care Standards: hearing the voices of young people in residential care	To elicit the views of young people on the National Care Standards.	<p>Sample size 24</p> <p>Sex 8 female 16 male</p> <p>Age 15 - 19 years</p> <p>Ethnicity From all over Scotland</p> <p>Placement type Residential care</p>	<u>Focus group interviews</u> with questions on the individual standards.	The data were analysed using themes clustered around the questions asked in each of the focus groups.	<p>Being supported</p> <p>Contact with birth families</p> <p>Minor theme - Trust</p> <p>Minor theme - Personal safety and security</p>	-
32	Thomas and O'Kane (1999) Experiences of decision-making in middle childhood: the example of children 'looked after' by local authorities	To investigate the extent of participation by LACYP children aged between 8-12 about decisions that affect them	<p>Sample size 47</p> <p>Sex 29 male 18 Female</p> <p>Age &lt; 11 years - 21 &gt; 11 years - 26</p> <p>Ethnicity They were overwhelmingly white</p>	<u>One-to-one interview</u> Interviews involved activity-based materials to record decision making and the people involved in them, and to talk about their experiences of being involved and their views on the matter.	The interviews tape recorded and transcribed verbatim and the text was analysed using ATLAS/ti for interesting themes; some of the codes used came from the initial research questions, while others arose from the process of reading the interview text.	Contact with birth families	+

			British (study conducted in Wales)				
			Placement type Not stated				
33	Timms and Thoburn (2006) <i>Your Shout! Looked after Children's Perspectives on the Children Act 1989</i>	This article reports on a survey of the views of 735 children and young people who were looked after by UK local authorities. Information was sought on children's involvement in court processes and care planning, on whether being in care helped these children to feel safe and on contact arrangements with family and with others who were important to them.	Sample size 735  Sex 296 Male 438 Female  Age  Ethnicity White British 625 Black Caribbean 19 Black British 15 Black African 12 Pakistani 6 Indian 3 British Asian 3 Bangladeshi 2 Chinese 0 Other 42 Not stated 58	<u>Self-completion questionnaire</u> 'a six-sided A4 fold-over leaflet, brightly coloured ... 'free text' boxes ... and structured 'tick-box' style questions.  11 questions, grouped under five headings: 'About you', 'You and the court', 'Your care plan', 'Contact with family and friends' and 'Safety in care'. A final section comprised two free text boxes asking the young people what they would like to have been different in the past and seeking comments about anything they would hope to be different in the future.	Not specified	A sense of belonging  Contact with birth families  Minor theme - Less bureaucracy and more individualised support	+
34	Tyrer et al (2005) <i>"Dealing with It": Experiences of Young Fathers in and Leaving Care</i>	This paper analyses data of relevance to the experience of young fathers who have been looked after—to consider how the needs of these young men might be better addressed through policy and practice.	Sample size 16  Sex Male  Age 15-23  Ethnicity 13 white British mixed parentage 1 African 1 Black British of African-	<u>One-to-one interview</u> In-depth semi-structured interviews, using a pre-tested discussion tool	Findings from all interviews were analysed using constant comparative method (Glaser and Strauss, 1967) to elicit recurrent themes identified by interviewees.  A search for 'negative instances' (Merriam, 2002; Seale, 2002) took place prior to confirmation of themes.	Minor theme - Less bureaucracy and more individualised support  Minor theme - Trust	+

			Caribbean background Placement type Not stated				
35	West (1995) You're on your own: young people's research in leaving care	To research the experiences of young people who have left care	Sample size 77 Sex Male and female - numbers not given Age 15 to 25+. Ethnicity Majority White British Placement type Majority residential care	One-to-one interview	All quotations are taken from the researchers' written interviews with young people and are reproduced as they were received.	Stigma and prejudice Education Leaving care	+

### 3.5 FAC: Details of studies included in the in-depth review

Study	Study Aims	Sample size and	Methods for data collection	Methods for data analysis	Outcomes	Overall
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			characteristics			identified in study	weight of evidence
1.	Addy and MacKechnie (2006) The Difficulties Faced by Kinship Carers in Accessing Mental Health Services	This small study is an attempt to gain some insight into the experiences of kinship carers, their understanding of the purpose and role of mental health services, and how they may feel about accessing these services. It is hoped that this insight will provide information on how mental health services can support this underrepresented group' p.15	<u>Sample</u> Three case studies <u>Sex</u> Two women and one man <u>Age</u> Only the age of 2 of 3 participants were provided (Mrs T, aged 70, and Mrs S, aged 59) <u>Ethnicity</u> Not stated <u>Domestic status</u> Not stated	<u>One-to-one interview</u> The three participants were interviewed twice, on two separate occasions, with each interview lasting an hour. The interviews were semi-structured with key questions acting as prompts to further discussion. The interviews were taped, with each participant's consent, and the tapes were transcribed verbatim.	<u>Yes - refer to a named method</u> The transcripts were then subjected to interpretative phenomenological analysis (Smith, 1995, 1996).	i) Carers relationship with social workers ii) Accessibility and acceptability of services iii) Kinship carer tensions	+
2.	Burgess et al. (2003) A Support Team for Foster Carers: The Views and Perceptions of Service Users	The study aimed to determine foster carers' experiences and perceptions of a new inter-disciplinary Primary care and Support project set up to support foster carers	<u>Sample</u> 10 <u>Sex</u> Not stated <u>Age</u> Not stated <u>Ethnicity</u> White British: 20 <u>Domestic status</u> Not stated	<u>One-to-one interview</u> The questionnaire focused on three main avenues for investigation: 1) User access to the project 2) User perceptions of the perceptions of the process when in contact with the project 3) User perceptions of the outcome of the projects interventions Interviews took place between February and June 2000 in foster carers' homes. The length of interviews varied between 30 and 90 minutes. All of the ten interviews were tape-recorded and contemporaneous notes were also made.	<u>Yes - provide description of the method(s) used</u> 'First, emerging themes were elicited from the contemporaneous notes. Secondly these were developed during review of each parallel tape recording. Finally two independent observers were requested to generate their own emerging themes. In subsequent discussion final themes were discussed and agreed upon.'	i) Accessibility and acceptability of services	+
3.	Butler and Charles (1999) "The past, the present, but	This study aimed to assess the processes involved in fostering breakdown in terms of the interactions,	<u>Sample</u> 9 <u>Sex</u> Not stated	<u>One-to-one interview</u> Taped two-hour interviews, shaped by a semi-structured schedule, were	<u>Yes - provide description of the method(s) used</u> Data analysis pinpointed recurring themes and patterns	i) Carers' relationship with LACYP ii) Birth Parents	+

	never the future': thematic representations of fostering disruption	negotiations and adjustments between the respective parties over time. The primary objective was to examine the critical points contributing to an increase in young people's vulnerability to placement disruption and subsequent crises such as homelessness. (p.10)	<u>Age</u> Not stated <u>Ethnicity</u> All White: <u>Domestic status</u> Not stated	conducted at the respondents' chosen venue and then fully transcribed.	as well as instances of difference within and across the carers' and young people's groups. Emergent patterns from the data related to foster carers' hopes of tangible and intangible rewards; these held varying degrees of significance but contrasted sharply with young people's limited expectations of substitute care. Not clear description but implied emergent approach.		
4.	Callaghan et al. (2003) Developing new mental health services for looked after children: a focus group study	The authors 'describe the use of focus groups with various stakeholders - social services staff, foster carers and residential social workers - to inform the development of a specialist mental health team for looked after children.' abstract	<u>Sample</u> 14 <u>Sex</u> Not stated <u>Age</u> Not stated <u>Ethnicity</u> Not stated <u>Domestic status</u> Not stated	<u>Focus group interview</u> The focus groups took place before the establishment of the mental health team for looked after children. Participants were interviewed similar groups (e.g. foster carers were interviewed in one group). We attempted to subvert normative pressures within the focus groups by asking for dissenting opinions and directing questions evenly across each group. Focus group discussions were audio taped and transcribed verbatim. A prompt or topic list was used to guide the interviews. This was initially composed of the key issues identified by the interagency steering group but was revised throughout the study as new issues emerged during the focus groups. The first author facilitated the sessions.	<u>Yes - refer to a named method</u> 'Data analysis was guided by the grounded theory analytic process described by Strauss and Corbin (1990). Each paragraph of the transcript was considered in close detail and concepts relevant to understanding participants' perceptions of existing mental health services for looked after children were developed and labelled (Pidgeon and Henwood, 1996).'	i) Accessibility and acceptability of services	
5.	Children In Scotland (2006) My turn to	The Scottish Executive commissioned the survey to profile foster carers in order	<u>Sample</u> 693 <u>Sex</u>	<u>Self-completion questionnaire</u>	Not specified	i) 'being a parent / doing a job' ii) Training	-

	talk?: the participation of looked after and accommodated children in decision-making concerning their care: report summary	to improve the foster care services in Scotland.	Not stated <u>Age</u> Not stated <u>Ethnicity</u> Not stated <u>Domestic status</u> Not stated			iii) Birth Parents	
6.	Fleming (2005) An exploration of the health and social wellbeing needs of looked after young people - A multi-method approach	The study aimed to identify how the promotion of the health and social wellbeing of looked after young people could be enhanced using a four-stage triangulated research design employing qualitative and quantitative elements. Stage 1 sought to identify relevant health issues from a representative sample of case files and found low uptake of statutory medical assessments, relatively few physical health problems and higher levels of mental health and behavioural problems including self-esteem and self-image issues. Stage 2 sought to ascertain, through two focus groups, the views of those caring for looked after young people, foster carers and residential social workers.	<u>Sample</u> 5 carers 5 parents <u>Sex</u> 2 female 2 male <u>Age</u> Not stated <u>Ethnicity</u> Not stated <u>Domestic status</u> Not stated	<u>Focus group interview</u> with carers and parents	<u>Yes - provide description of the method(s) used</u> Content analysis (Parahoo, 1997) was employed whereby each response was broken down into units of meaning in order to analyse the micro-content. Five key stages were used in the construction of the data analysis framework: familiarisation, identifying a key thematic framework, indexing, charting and mapping and interpretation of key objectives (Ritchie & Spenser, 1994). Data were coded and sorted by searching for similar words, patterns and themes which yielded categories and subcategories (Lane et al., 2001), these were revised on a number of occasions as thematic analysis was cross-referenced across transcripts for interviews and focus groups respectively (Goetz & LeCompte, 1981).	<u>Carers views</u> i) Training <u>Parents views</u> i) Continued parental involvement with children	+
7.	Hardwick	The study aimed to evaluate	<u>Sample</u>	<u>Focus group interview</u>	Not specified	i) Carers	-

	(2005) Fostering children with sexualised behaviour	the views of foster carers attending a training and support group for carers looking after children with sexualised behaviour to determine whether there was any value in extending this approach.	9 <u>Sex</u> Female: 9 <u>Age</u> Not stated <u>Ethnicity</u> Not stated <u>Domestic status</u> Couples: 5 Single carers: 4	Data were collated from the pre- and post-interviews,		relationship with social workers ii) Carers' relationship with LACYP iii) Wider support networks iv) Training v) Accessibility and acceptability of services	
8.	Kirton (2001) Love and money: payment, motivation and the fostering task	The study aimed to explore the place of payment within foster care. The focus was on charting how carers perceive their task as 'parenting' or 'job', whether and how they experience payment as compensation or as an appropriate reward for their skills. The study also examined the ways in which payment may impact upon the practice of foster care, for example in decision making over the taking or ending of placements and the provision of aftercare support for care leavers.	<u>Sample</u> 20 <u>Sex</u> Mixed sex <u>Age</u> Not stated <u>Ethnicity</u> White British: 20 <u>Domestic status</u> Not stated	<u>One-to-one interview</u> <u>Semi-structured interviews</u>	Not specified	i) 'being a parent / doing a job' ii) Carers' relationship with LACYP	-
9.	Levinson (1992) Daisybank 1983-1989. An Audit of a Residential Home Preparing Adolescents for Permanent Placements	This paper describes the evaluation of a small children's home, Daisybank, set up to prepare adolescents, who had been in care for several years, to live in permanent placements.	<u>Sample</u> 7 <u>Sex</u> Not stated <u>Age</u> Not stated <u>Ethnicity</u> Not stated <u>Domestic status</u> Not stated	<u>One-to-one interview</u> 'Several methods were used, including a six-month period of participant observation on a day a week basis, followed by interviews, based on semi-structured questionnaires, with all the past and present residents (n = 20), the current and recent staff (n = 17) and the foster carers and adoptive parents of residents who had	<u>Yes - refer to a named method</u> no info on data analysis from interviews. Some named tests undertaken (Nowicki-Stickland Test, Rutter "A" forms and Achenbach Questionnaires but no detail provided on how these were analysed.	i) acceptability of services	-



				<p>left the unit, at least for their first placements (n = 7). Residents and ex-residents were also asked to complete the Nowicki-Stickland Test relating to locus of control. Foster carers, adoptive parents and residential staff both at Daisybank and in other residential homes to which ex-residents of Daisybank had moved were also asked to complete Rutter "A" forms (Rutter, Tizard and Whitmore, 1970) and Achenbach Questionnaires (Achenbach and Edelbrock, 1979). Although the Rutter questionnaire is widely used to assess probable psychiatric disturbance in children in the U.K., it was initially designed for use with for 11 -year-olds, and was not appropriate for some of the older young people in our sample whose age range at the time study 10 to 21 years. The Achenbach makes allowances for different age groups of children, and although it was standardized in the U.S.A., it has also been used in Europe (Achenbach et al., 1987).'</p> <p>Observation</p> <p>Self-completion questionnaire</p>			
10	Maclay et al. (2006) Surviving the System as a Foster Carer	The study aimed to explore the quality of the relationship between foster carers and local authority social workers and how it	<p><u>Sample</u> 9</p> <p><u>Sex</u> Female: 8 Male: 1</p>	<p><u>One-to-one interview</u></p>	<p>Yes - refer to a named method</p> <p>Data analysis followed principles of Interpretative Phenomenological Analysis</p>	<p>i) Carers relationship with social workers ii) wider support networks</p>	++

		develops	<u>Age</u> Not stated <u>Ethnicity</u> White UK: 9 <u>Domestic status</u> Couples: 1 Single: 7		(IPA) (Smith, 1996) in which the researcher constantly moves between the verbal data in the transcript and emerging themes, modifying and confirming them as appropriate.		
11	Nixon (1997) The limits of support in foster care	The study aimed to explore the support provided for foster carers who had experienced an allegation of abuse against a member of their immediate family. The study had a specific focus on their support needs and experiences during the period of investigation and its aftermath.	<u>Sample</u> 67 <u>Sex</u> Mixed sex <u>Age</u> 27-62 years old <u>Domestic Status</u> Couples: 56 Singles: 11	<u>One-to-one interview</u> <u>Self-completion questionnaire</u>	Yes - provide description of the method(s) used  limited info provided: themes were taken from 'the topic headings covered in the questionnaire and semi-structured interview'	i) Carers relationship with social workers	+
12	Pitcher (2002) Placement with grandparents: the issues for grandparents who care for their grandchildren	The study aimed to understand the needs of grandparents who take on the care of their grand children following abuse or neglect	<u>Sample</u> 33 sets of grandparents <u>Sex</u> Mixed sex <u>Age</u> Not stated <u>Ethnicity</u> Not stated <u>Domestic status</u> Couples: 27 Single: 8  <u>Parents</u> Sample: 3 No other information provided	<u>One-to-one interview</u>	<u>Not specified</u>  Just general description of interviews structured under 4 headings of:  i) Beginning to care for your grandchild ii) Relationships within the family iii) Parenting the second time around iv) Working with social services	<u>Carers views</u> i) Carers relationship with social workers  <u>Parents views</u> i) Continued parental involvement with children	+
13	Rashid (2000) The strengths of black families: appropriate placements for	The study reported on six black foster carers and identifies their strengths in helping the children in their care to settle in their new families, deal with issues of	<u>Sample</u> 6 <u>Sex</u> Mixed sex <u>Age</u> ages ranged from	<u>One-to-one interview</u>	Not specified	i) Wider support networks ii) Birth Parents	-

	all	racism and identity and retain contact with their birth families.	mid-30s to late 50s <u>Ethnicity</u> Black <u>Domestic status</u> Couples: 3 Separated: 2 Widow: 1 .				
14	Schofield and Beek, (2005) Providing a secure base: parenting children in long-term foster family care	To report on a longitudinal study of children growing up in long-term foster family care. The study focuses attention on the challenges for foster carers in providing a secure base for foster children in middle childhood and early adolescence, who have come predominantly from backgrounds of abuse, neglect, and psychosocial adversity	Sample size and characteristics for carers was not reported	<u>One-to-one interview</u>	<u>Yes - provide description of the method(s) used</u> The authors describe the framework they use to analyse the data...  In analysing the parenting of these challenging children in the early stages of placement we used the dimension of sensitivity and the related dimensions of acceptance, co-operation, and accessibility, which were proposed by Ainsworth and colleagues (1971, 1978) to explain the roots of secure and insecure attachment patterns in infancy. Since it was the impact of parenting on children's development that was of significance for the study, we reframed these dimensions to focus on the links with specific developmental benefits for children.  This gave us four key care giving dimensions that linked with developmental goals that are central in attachment theory, but also link well with theories	i) Carers' relationship with LACYP	+

					<p>of resilience (Gilligan, 2000; Rutter, 1999; Sroufe, 1997).</p> <ul style="list-style-type: none"> <li>. Promoting trust in availability</li> <li>. Promoting reflective function</li> <li>. Promoting self-esteem</li> <li>. Promoting autonomy</li> </ul> <p>These are also core concepts that are recognizable for social workers, although reflective function is perhaps only beginning to be understood and used in practice (Howe, Brandon, Hinings, &amp; Schofield, 1999).</p> <p>Affect regulation was conceptualized as deriving from a combination of felt security and reflective function. The choice of dimensions and language was primarily made to highlight the differences and similarities between Ainsworth's original model of parenting in intact dyads in infancy and the very different context of caregiving for unrelated and previously maltreated foster children in middle childhood and adolescence. To these four dimensions we added a fifth: <i>Promoting family membership</i></p>		
18	Sellick (1994) Supporting short-term foster carers	The study explored the 'scope and content of support as experienced by a number of foster carers' p.49	<u>Sample</u> 18 <u>Sex</u> Female: 15 Male: 3	<u>One-to-one interview</u> This is a small scale qualitative research study based on a series of interviews with foster carers. Its characteristics are	<u>Yes - refer to a named method</u> The study attempt to generate an understanding of those views and experiences by extracting themes and	i) Carers relationship with social workers ii) 'Being a parent / doing a	+

			<p><u>Age</u> Not stated</p> <p><u>Ethnicity</u> White: 15 Black: 3</p> <p><u>Domestic status</u> Partners: 11 Single: 7</p>	<p>those highlighted by Shaw (1975): its witnesses are a small sample of current users of foster care support services; its approach is descriptive and relies to a great extent on extracts of interviews which in turn result from a loosely structured schedule of open ended questions and an exploration of the views and experiences of the carers.</p> <p>Each interview was tape recorded and took place at the homes of foster carers or sometimes at an agency or authority office. After an initial exchange of information and introductions the carers described support in relation to a specific example or examples of children for whom they had cared and families and staff with whom they had worked. A list of support topics which I had compiled from the literature survey and from my own practice experience was given to the foster carers usually mid-way into the interviews. This list became a kind of agenda which we talked through together. Mostly by the time we reached the stage where we looked at it some of its topics had already been raised by the carers. Other had not occurred to them. One, recognition, had not occurred to me. The second carer interviewed emphasized it so</p>	<p>concepts as set out by Strauss (1987)</p>	<p>job'</p> <p>iii) Wider support networks</p> <p>iv) Training</p>	
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				strongly that I added it to the list. Several foster carers who were subsequently interviewed emphasized it too.			
16	Sheldon (2002) "A word in your ear': a study of foster carers' attitudes to recommending fostering to others	To examine foster carer attitudes to recommending foster caring to others and so gauge the 'health' of the service'.	<u>Sample</u> 156 <u>Sex</u> <u>Mixed sex</u> <u>Age</u> 35-64 <u>Ethnicity</u> White: 156 <u>Domestic status</u> Couples: 68 Single: 88 (all female)	<u>One-to-one interview</u> <u>Self-completion questionnaire</u>	<u>Yes - provide description of the method(s) used</u> Simple descriptive statistics of percentage of respondents answering in different ways plus some direct quotes as examples	i) Carers relationship with social workers	+
17	Sinclair et al. (2005) Foster carers. Why they stay and why they leave	To study foster care because it is an important activity. (p.8)	<u>Sample</u> 944 <u>Sex</u> Female: 887 Male: 57 <u>Age</u> 21-75 <u>Ethnicity</u> Not stated <u>Domestic Status</u> Not stated	<u>Self-completion questionnaire</u>	<u>Yes - provide description of the method(s) used</u> 'we approached the analysis in three steps. 1)we have tried to describe the source of support or the nature of the satisfaction or difficulty. 2)we have tried to predict the likelihood that they will be satisfied or dissatisfied 3) we have examined whether certain interventions tended to produce more successful outcomes than predicted	i) Carers relationship with social workers ii) 'Being a parent / doing a job' iii) Wider support networks	-
18	Strover (1996) How foster parents experience social work with particular reference to placement endings	To find out about foster parents experience of social work with particular reference to placement endings.	<u>Sample</u> 20 <u>Sex</u> Men and women (10 pairs) <u>Age</u> Not stated <u>Ethnicity</u> Not stated <u>Domestic status</u> Couples: 20	<u>One-to-one interview</u> <u>Self-completion questionnaire</u>	<u>Not specified</u>	i) Carers relationship with social workers	-
19	Wilson et al	This study examines the	<u>Sample</u>	<u>Self-completion questionnaire</u>	<u>Not specified</u>	i) birth parents	+

	(2000) The Trouble with Foster Care: The Impact of Stressful "Events" on Foster Carers	proportion of stressful events (e.g., family tensions, disruptions) that fosters experienced and their impact on carers stress, satisfaction and intention to continue fostering.	932 <u>Sex</u> <u>Mixed sex</u> <u>Age</u>				
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