



## “So what am I?” – Multiple perspectives on young people's experience of leaving care<sup>☆</sup>



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### ABSTRACT

This pilot study explores young people's experience of leaving care in the United Kingdom. It draws on qualitative data obtained from two focus groups, one with young people and another with professionals, as well as ethnographical and autoethnographical data from the researcher. The data were subject to separate thematic analyses and key themes identified. In bringing together these analyses, a picture emerged of young people trying to make a transition and develop a new identity, whilst in the midst of an unstable environment which often served to undermine their journey. Key implications for policy, practice and future research are discussed, and suggest a need to review and potentially revise some of the core structures which underpin the provision of support to those in the care system.

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## 1. Introduction

### 1.1. Background and policy context

In 2012, 67,050 young people were 'looked after' by local authorities in the UK (mostly living with foster parents) because their birth parents were unable to provide them with adequate care (Department for Education, 2012b). Those being looked after can 'leave care' from the age of 16, and must do so by 18. Of the 10,000 young people aged 16 or over who left in 2012, approximately one third did so before they were 18, with almost all the remainder doing so on their eighteenth birthday (Table D3, Department for Education, 2012a).

Stein (2006a) notes that their journey into adulthood is "...both accelerated and compressed" (p. 274). They make the transition to independent living far earlier and more rapidly than their peers, generally without the option to return. Alongside setting up home, often in a new area, they must move on from school, and some may also be setting up their own family. They undertake this journey against a backdrop of difficult life experiences, sometimes amidst unsupportive family relationships, and with little time to allow psychological adjustment to

these changes. They are among "...the most excluded groups of young people in society" (Stein, 2006b p.423).

Under the auspices of the Children (Leaving Care) Act 2000, those who leave care are entitled to support from their local authority until the age of 21, or 24 if they are in approved programmes of education or training. This includes a duty by the local authority to keep in touch, assess and meet their needs, offer financial assistance and maintain them in suitable accommodation (Stein, 2012). This should be underpinned by the development of a comprehensive leaving care plan ('pathway plan') from the age of 16, drawn up with a consistent individual acting as a 'personal adviser' throughout their transition. The Children and Young Persons Act (2008) extended this provision to the age of 25 (for those in education or training), as well as requiring local authorities to take account of young people's views in relation to leaving care, and provide a Higher Education Bursary.

More recently, in an effort to provide care leavers<sup>1</sup> with a gradual transition to adulthood, local authorities have been required to develop a 'Staying Put' policy (Department for Education, 2013). This provides

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<sup>1</sup> Use of the term 'care leaver' in this paper is consistent with its use by professionals in the field, and refers to young people aged 16 or over, who have been looked after by the local authority, and are in receipt of some form of on-going service from the local authority (National Care Advisory Service, 2013). In effect, these are young people for whom a pathway plan has been developed, and should be being actively applied.

for the possibility of young people remaining in foster placements beyond their eighteenth birthday, though they are no longer deemed to be 'in care' – in effect they are lodgers, and their former foster carers become their landlord, though the guidance advises that this need not lead to the young person being treated differently. There is, though, no obligation on the part of foster carers to offer a Staying Put placement, and both the qualifying criteria and levels of funding to carers for doing so are set by the local authority.

Alongside these statutory obligations, the UK has seen significant cuts in the funding of public services. For example, the *National Care Advisory Service's* (2012) survey of 34 leaving care service managers found that services were supporting increased numbers of care leavers with reduced or static budgets. The majority reported increased case-loads for staff, and some reported reduced contact with care leavers, and a greater tendency to work reactively in response to crises. Furthermore, most respondents described cuts in related external services, including those associated with housing, careers support and adult health and social care.

Consequently, there is a tension between the obligations of local authorities and their capacity to meet them, and thus this represents a critical period in which to explore the experiences of young people at the heart of this process.

### 1.2. Care leavers' experiences of support from professionals

Whilst many care leavers draw on informal support from friends and family, previous studies, both in the UK and internationally, have demonstrated the often crucial role of consistent professionals in meeting both emotional and practical needs during this transition (Geenen & Powers, 2007; Harris, 2009; Johnson et al., 2010; Rogers, 2011; Singer, Berzin, & Hokanson, 2013; Stein, 2008).

However, in a review of the relevant literature, Hiles, Moss, Wright, and Dallos (2013) note that care leavers' experiences of social support from professionals vary greatly. These differences extend to practical needs, including both financial assistance, and support for access to housing, employment, education and training. Thus some care leavers are able to have their essential needs met whereas others, it seems, are not. In seeking to understand these experiences of support, Hiles et al. (2013) emphasise the relational and transitional context in which it occurs:

“... past experiences (of loss, poor support or violations of trust), as well as the move towards the development of a new identity as 'independent', meant that young people struggled to ask for support, even when it was most needed. Those offering support needed to demonstrate at least some genuine understanding of, and concern for, that individual's current experiences, in order that they might be sufficiently trusted for the support to be accepted. Reliability and consistency of approach helped to sustain this engagement.” (p. 30)

Thus one might imagine that these individual differences in support are, to some extent, a product of the particular relational interaction between the professional and the care leaver. However, since the expectations of professionals (identified above) are relatively modest and consistent with their expertise, this doesn't seem to provide an adequate account for the differing experiences of care leavers. The authors call for further research with all parties to explore and better understand these experiences, a call which seems particularly pertinent in light of the current pressures being experienced by leaving care services.

### 1.3. Understanding care leavers' experiences of support

Various theoretical approaches could inform an exploration of these experiences of support. Attachment theory is perhaps the

most widely discussed, providing a basis from which to understand the dyadic nature of the interaction between those offering support and those accepting it. This suggests that experiences care leavers have had from primary care givers in the past, underpin the relational strategies which they draw upon when being supported in the present (Dallos & Comley-Ross, 2005; Schofield, 2002; Stein, 2006b). Broader approaches include consideration of the whole social networks in which care leavers are embedded, and the impact of disruption to these whilst in care and during transition (McMahon & Curtin, 2012).

These approaches and others have informed previous study methodologies, including the use of individual interviews and focus groups, which have, for example, identified factors that might sustain positive experiences of support (Amaral, 2011; Geenen & Powers, 2007; Harris, 2009). However, there has been little opportunity to unpack the experience of care leavers in the UK in the present moment, at a time when the care leaving system is under considerable strain (a context which may also be applicable more broadly, given the internationally widespread constraints on public funding).

The present study seeks to address this by privileging the knowledge of those at the heart of the leaving care system in providing a basis for moving forwards. The study does so in the belief that this is most likely to open up possibilities for change now, rather than these lying buried beneath a dominant discourse of past difficulties and present disadvantage. This approach is aligned with 'action research', which also places an emphasis on participants taking an active role in the development and execution of the research (Reason & Bradbury, 2001). In the current context, both care leavers and those who directly support them are considered to be participants, since the experiences of both parties are inextricably intertwined.

The study is also consistent with 'third phase' systemic practice, with the therapist (or researcher) adopting a non-expert, facilitatory role alongside those whom they seek to support (Dallos & Draper, 2010). In line with social constructionist ideas, it promotes polyvocality, that is, the surfacing of multiple 'voices' or narratives in relation to the research area (Gergen, 1999). This was supported through the use of focus groups to encourage the development and co-construction of narratives, and a 'reflecting team' which further supports the development of multiple perspectives, and potentially allows reflection on outsider perspectives without these becoming privileged (Andersen, 1987; Kosny, 2003).

The researcher is also aware of his own role as an active agent within the research process. That is, he brings his own experiences and assumptions, as well as being an outsider encountering the leaving care 'ecosystem'. In keeping with the qualitative tradition, the researcher has made use of bracketing interviews and a reflective journal to provide insight into these influences, and to make both these and the research process more transparent to the reader (Ahern, 1999; Rolls & Relf, 2006). In addition, the researcher's positioning provides the basis for a novel ethnographic strand to this research, with his own experience of participation representing autoethnographic data (du Preez, 2008; McLeod, 2001).

## 2. Aims

This pilot study seeks to give voice to young people, and the professionals working alongside them, in their transition from care. It aims to surface their experiences of this transition, and the support available, at a time when the leaving care system is under increased pressure. In surfacing these experiences and bringing together the perspectives of all parties, including the ethnographic observations of the researcher, implications for policy, practice and future research can be considered, with a view to driving change. Alongside these core aims, specific attention will be devoted to exploring the issue of individual variability in support experiences.

**3. Methods**

**3.1. Design**

The study employed a cross-sectional qualitative design, as outlined in Fig. 1.

**3.2. Ethics**

This study acted as a pilot for a broader study proposal which received ethical approval from the NHS Research Ethics Committee (REC Reference: 12/SW/0147), and there was on-going contact with this committee and relevant research and development departments regarding minor changes to the methodology.

**3.3. Phase 1 – focus group with care leavers**

**3.3.1. Participants**

Potential participants were selected opportunistically, based on their attendance at a care leavers' group, and in line with the inclusion criteria set out in Fig. 2.

Six white, British, male care leavers aged between 16 and 22 (mean 18.8) chose to take part, and were given a five pounds high street gift voucher (and reimbursed any travel expenses) for doing so.

**3.3.2. Procedure**

The researcher was invited to attend a regular meeting of this group by a youth participation worker and to introduce the study. Interested individuals were then provided with an invitation letter and information sheet, and written informed consent was obtained by meeting with them on an individual basis.

The focus group was then facilitated by the researcher and a support worker from Child and Adolescent Mental Health Services (CAMHS). Key areas of conversation were introduced by the researcher, focusing initially on some key terms (e.g. “care leaver”, “social network”, “people who are important to you”, “people who offer you support”) before moving on to garner feedback and ideas about the research study itself.

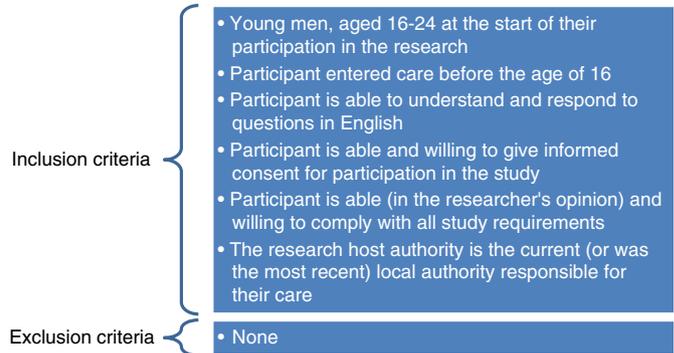


Fig. 2. Inclusion and exclusion criteria for Phase 1 participants.

The group was audio-recorded (with consent) and lasted 70 min, with a 10 minute break halfway through.

**3.4. Phase 2 – focus group with health and social care professionals**

**3.4.1. Participants**

Potential participants were identified opportunistically by LT from her contacts in this field. Four health and social care professionals chose to take part, all were white British, three female and one male. One participant was a social worker within a care leavers' service, another was a family therapist working with care leavers, a third was a community care worker within a young people's accommodation service, and the fourth a fostering social worker. All worked in the same locality as the Phase 1 care leavers and were thus part of the Health and Social Care services used by these earlier participants. No payments were made to these participants.

**3.4.2. Procedure**

The participants were approached by LT, and those who were interested in taking part were subsequently provided with an information sheet by the researcher.

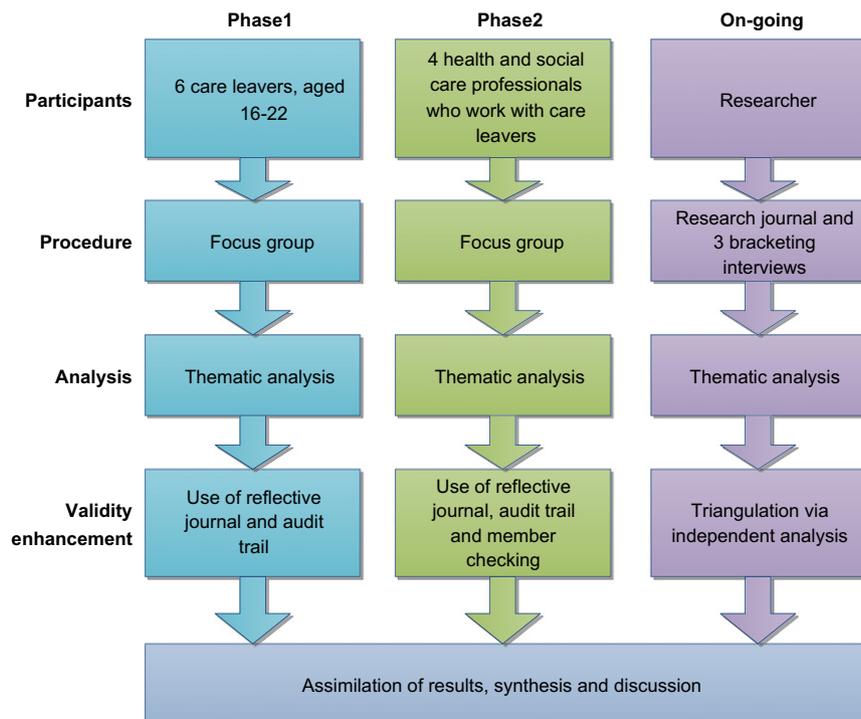


Fig. 1. Summary of study methodology.

The focus group was arranged and facilitated by the researcher, and the discussion initiated with an open question regarding people's understandings and experiences of the processes involved in leaving care. The researcher then sought to promote natural conversation within the group, occasionally guiding the conversation to ensure reasonable consistency with the study aims.

At two points during the group, discussion was paused and the reflecting teams (LT and DM) were invited to offer their observations and reflections, which were then incorporated into subsequent group discussion. The group was audio-recorded (with consent) and lasted 79 min.

### 3.5. Analysis of focus group data

#### 3.5.1. Analytic approach

A broadly realist stance was adopted, reporting on the described reality of participants and supported by an inductive, semantic approach to analysis. This is consistent with the action research framework, since it privileges the experience as described by the participants, rather than as interpreted by the researcher.

Thematic analysis was chosen as its theoretically flexible nature could support this approach, whilst still allowing the data to be organised and described in rich detail. The focus groups were transcribed by the researcher, transcripts were loaded into nVivo 10 qualitative research software, and separate thematic analyses were carried out on the data arising from each group, in accordance with the methodology outlined by Braun and Clarke (2006; Appendix A).

#### 3.5.2. Validity enhancement techniques

In the interests of transparency, the process of analysis and the thinking underpinning many of the decisions made was recorded in the research journal. Alongside this, static copies of the nVivo data were taken at regular intervals to provide an audit trail.

Candidate themes from the second focus group were checked back with participants for accuracy of analysis via a process of 'member checking' (Cohen & Crabtree, 2008). One participant replied within the time available and broadly concurred with the analysis, as well as offering feedback which was incorporated into the final themes. Unfortunately a combination of elapsed time and pragmatic factors precluded the use of a similar approach to verifying the data from the first group.

### 3.6. Researcher data

#### 3.6.1. Participant

The researcher is a white, British male in his thirties, currently approaching completion of a Doctorate in Clinical Psychology, for which the present study comprises one component.

#### 3.6.2. Procedure

A journal was kept by the researcher for the latter 18 months of the research process. This recorded his experience, and the content lies somewhere between an ethnographic account, in so far as it represents observations of the 'ecosystem' being researched, and an autoethnography, in as much as it records the lived experience of the researcher and makes some reflections on this experience in the context of the researcher's own life.

In addition, three bracketing interviews were conducted with DM – early on in the research process, before the first focus group and before data analysis began.

#### 3.6.3. Analysis

The research journal was transcribed, and the portion covering the research process was combined with transcripts of the bracketing interviews, and the whole loaded into nVivo 10 and subject to a single

thematic analysis. Data were excluded if they did not relate to the study aims.

#### 3.6.4. Validity enhancement techniques

In addition to the transparency techniques previously mentioned, a triangulation approach was adopted in relation to the analysis of these data. RD independently analysed the research journal, and discussion and consideration of these inter-analyst data led to refinements of the candidate themes initially identified by the researcher.

#### 3.6.5. Researcher positioning and reflexivity

These data also served to highlight the researcher's positioning in relation to the subject area. The data illustrate the connections I had made between the experiences of care leavers, and my own experience of transition from adolescence, and it is perhaps as a consequence of this that I adopted an advocacy stance in relation to care leavers. I'm also amidst another major life transition, having spent the last three years in different clinical 'placements', with different supervisors, whilst trying to develop my own identity and think about future employment. Throughout this process I have needed to further develop and draw on my own network of support.

Thus I am approaching this research area sensitised to the importance of social support in my own life, and the challenges of transition and identity development. These ideas will no doubt have informed my areas of inquiry and analysis, but I hope that in making both these ideas and the research process transparent to the reader, the extent of any influence can be assessed.

## 4. Results

### 4.1. Approach to data presentation

The three data sets were subject to individual thematic analyses, the results of which are presented. The approach taken to describing these themes is consistent with an action research framework, in that it seeks to accurately represent the views and experiences of the participants, rather than privilege the interpretations of the authors. However, a brief *Commentary* has been included for each theme which provides an opportunity for the researcher to reflect on some of his own understandings of these data.

### 4.2. Influence of gender

Participation was restricted to a single gender within the Phase 1 focus group (young men) to afford a more homogenous sample, given the small number of participants that could form part of this pilot study, and the potential differences between men and women in terms of their use of social networks and support (Flaherty & Richman, 1989). Further, the researcher and two of the remaining three authors are male, as was the co-facilitator of the Phase 1 focus group. Thus gender is likely to have influenced both the content and nature of the discourse that arose within the group, as well as the subsequent interpretation of data by the authors. For example, one might wonder whether female participants would have chosen the same areas of conversation, or indeed have talked about them in the same way (e.g. the use of a violent metaphor in Section 4.3.3.2 to describe disruption to social networks). Equally, the questions that were posed by the researcher within these groups, threads of conversation that were encouraged, and the subsequent understandings of these conversations are all likely to have been influenced by the researcher's gender (as well as other factors identified in Section 3.6.5).

### 4.3. Phase 1 focus group

#### 4.3.1. Overview

Three core themes relevant to the study aims were identified (*Leaving the system*, *The constantly changing social network* and *Lived experiences of support*), along with seven sub-themes. In addition, a fourth theme (*The research process*) was identified which was of relevance to methodological considerations in future research studies (Appendix B.1).

#### 4.3.2. “Leaving the system”

“I was always called a care leaver from the age of 16 upwards anyway, so it was like, well, so what am I? I’m a care leaver all between 16 and 21 but I’m still in care, so how come I’m a care leaver?”

This theme explores young people’s experiences in relation to their developing sense of identity and independence during their transition from care (Fig. 3).



Fig. 3. Sub-themes of *Leaving the system*.

4.3.2.1. *“So what am I?”*. Participants described confusion over their identity, on the one hand being told that they’re leaving care (not least via the ‘care leaver’ label), whilst on the other retaining contact with services for up to 8 years after the label is introduced. Whilst some valued the extra support that the label brings, others experienced support as having ended at 18, or simply ignored this change in ‘status’. The term ‘care leaver’ was seen as “professionals’ language”. Young people avoid using it, since those outside the system do not understand it, and their experience is that it attracts negative judgements from others.

4.3.2.2. *Balancing support with expectations of independence*. Participants described a significant change in terms of expectations of independence when they turn 16. This was seen as being accompanied by a greater sense of freedom and they identified problems when this freedom wasn’t provided, for example if a young person ‘stays put’ with foster carers and those carers fail to offer the greater freedom that might be expected of them. Employment seemed to be a key aspect of this developing independence for some participants.

4.3.2.3. *Commentary*. *I was struck by what seemed to be the considerable challenge of trying to develop a positive identity whilst being in a perpetual state of transition, and labelled by society in a way that appears to both attract stigma and reinforce separateness from peers. This seems to be further complicated by the delicate balance between providing support and undermining young people’s sense of agency and self-efficacy.*

#### 4.3.3. The constantly changing social network

“And people have different social networks for doing different things, like some people obviously will have their, their friends who will go out drinking with them because they all do the same thing and they all have a laugh together...and then they’ll have, like



Fig. 4. Sub-themes of *The constantly changing social network*.

another group of friends, like, where they maybe go to college together <...>”

Participants described a dynamic social network that evolved to reflect the changing needs and contexts of the individual (Fig. 4). It consists of multiple smaller networks, each segregated from the other and subject to influence both from the outside and those at its core.

4.3.3.1. *Segregated groups of important people*. Participants described a range of different groups of individuals within their network, including multiple friendship groups, neighbours, family,<sup>2</sup> professionals and work colleagues. Groups were generally described in terms of being separate from each other, and performing different roles, though their relative importance varied between participants. Partners, family and friends were all possibilities for being at the heart of the network (i.e. the most important people to the young person), though there was a suggestion that the concept of family was itself transitory, since the relationship to foster carers becomes more distant over time.

Relationships with professionals were seen as essential, though their professional status acted as a barrier to trust for some, and most participants emphasised their separateness from other social groups.

4.3.3.2. *Risk of violent explosions in the network*. At least one participant experienced their entire support network as fragile, susceptible to unexpected and violent explosions at its core, “like a grenade going off”. That is, their entire network was felt to be susceptible to damage by the actions of those closest to them.

4.3.3.3. *Broader social network influences*. One participant noted the potential impact of government policy on their life, though most saw this as negative. The role of digital social networks was more widely discussed. Participation in these, particularly ‘Facebook’, is a given and there is stigma associated with using ‘outdated’ online networks. Facebook was also seen as reflecting much wider social trends, that is, if something is popular (e.g. a game), it will be on Facebook.

4.3.3.4. *Commentary*. *This theme seems to emphasise the individual nature of care leavers’ social networks, and to me reinforces the need for this to be mapped out and taken account of when supporting young people in transition. The potential fragility, illustrated through the use of a graphic metaphor, suggests that some young people may have had repeated experiences of their entire networks being damaged.*

#### 4.3.4. Lived experiences of support

“I suppose you get different people for different support depending on what relationship you have with them, ‘cause you’ll go to somebody for help maybe finding a job for someone that you’re not so

<sup>2</sup> The use of the term ‘family’ was ambiguous at times, but in general seemed to be associated with foster family experiences rather than birth family.

open with but are willing to, like, who are really good at helping you...write, write a CV or something for instance but, for...anything, like, really personal, d'ya know what I mean, you'd have to have someone you have a relationship with...who you're really open with <...>"

Participants described struggles in obtaining the support they needed both from professionals and other members of their social network (Fig. 5). They discussed the nature of these different support experiences, as well as factors that contributed to effective, supportive relationships.

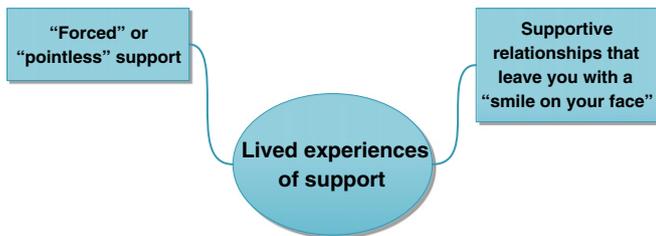


Fig. 5. Sub-themes of *Lived experiences of support*.

**4.3.4.1. Supportive relationships that leave you with a “smile on your face”.** Support was considered to be highly individual and arise in the context of a relationship. The nature and type of support that might be sought and accepted varied with the closeness of these relationships. Participants talked of quickly identifying those people who were of most help, both amongst friends and professionals, and being drawn to them. However, they noted that sometimes a young person may need support but not want it and that sometimes, too, it may be difficult to judge who's most helpful.

Reliability (i.e. someone being “there for you”), trust, and feeling that someone is genuinely interested in you, are key characteristics of successful relationships. Helpful support needs to be honest, even if that means saying things that may be difficult to hear. One participant spoke of the importance of being “given a chance” (in the context of being offered a job), and another of the need to help you to see beyond current difficulties.

**4.3.4.2. “Forced” or “pointless” support.** Whilst participants described some experiences of support not being available, they also noted frequent experiences of being offered the wrong type of support (“pointless”) at best, or having support “forced” upon them at worst. Support often seemed to be something that was given, rather than negotiated, and in the process young people's wishes or knowledge of their own needs could go unheard. One participant noted that unhelpful support could come from non-professionals too, for example being encouraged by peers to ignore problems rather than address them.

**4.3.4.3. Commentary.** *I was drawn to the experiences of “forced” support, wondering what it must feel like for a young person to have a clear understanding of their needs, yet to have these ignored and different needs forced upon them. It seemed to me that this could be experienced as abusive, and if nothing else, must surely engender a sense of powerlessness.*

#### 4.4. Phase 2 focus group

##### 4.4.1. Overview

Three themes were identified (*The train wreck at 18*, *Service design and development* and *Working as a professional*), along with 11 sub-themes.

##### 4.4.2. The “train wreck” at 18

“It's like a train...yes it's like a train wreck, suddenly at 18, I, I definitely articulate that to young people as best I can, and say, you might be kicking against us right now, but, at 18, it will be most likely quite a different world”

This theme explores the tensions to which young people are subject as they turn 18 and must leave care (Fig. 6). Participants described uncertainty in terms of the support and accommodation available, alongside an arguably inappropriate push for independence. Support from carers could be invaluable during this time though was not without its challenges.

**4.4.2.1. Staying put or moving on – life in limbo whilst others decide.** Participants articulated a state of limbo for young people, in which they approach their eighteenth birthday knowing that they will no longer be ‘in care’, yet uncertain whether they can ‘stay put’ with their foster carers or will be ‘moving on’ to new accommodation. Staying put is the exception, requiring both young people and the professionals working with them to fight for the necessary funding, which is unlikely to be authorised unless the young person attracts labels such as ‘risky’ or ‘vulnerable’.

Yet moving on is an equally fraught process in which the provision of continued financial support was uncertain, and often only available to those who complied with the wishes of ‘the system’ by remaining in education. Those without such funding must use statutory adult services instead. Young people who wish to live independently must demonstrate that they have the skills to manage a tenancy (though there are some ‘training flats’ available to support them in this). Those offered supported accommodation instead may be obliged to take drug tests, which could represent a further barrier.

**4.4.2.2. The paradoxical push to independence.** There was a simultaneous recognition that the experiences that care leavers have had may leave them needing additional support, alongside an acknowledgement of an active push towards independence at a far earlier age than most of their peers. Indeed, it was noted that even professionals turn to others for support rather than being entirely ‘independent’, and thus managing the balance between autonomy and dependence was seen as a vexed issue.

Participants described having insufficient time to prepare some young people for this transition, and noted that it could be particularly difficult for those with a history of placement instability. The potential costs of providing inadequate support (i.e. physical or mental ill-health and the potential for criminality) were felt to be high.

Young people were described as making this transition often without the “secure base” or “safety net” provided by parents or potentially

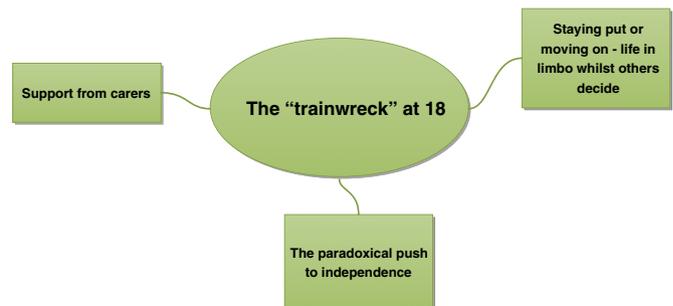


Fig. 6. Sub-themes of *The “train wreck” at 18*.

foster carers. Thus, unlike their peers, they may have no parental figure to turn to for advice, yet they can't afford to make mistakes (e.g. in terms of independent living). They may also lack essential skills, such as the ability to manage their budget.

**4.4.2.3. Support from carers.** Some care leavers are “lucky” in receiving exceptional support from their carers, above and beyond their remit (e.g. offering support beyond 18 without being funded to do so). However, it was felt that some carers could struggle with identifying and managing their responsibilities within the care leaving process, as well as managing the tension between offering support and allowing independence.

**4.4.2.4. Commentary.** *I was struck by the metaphor of a “train wreck” – this suggested to me a sense of immediacy, of disaster striking at the age of 18. Yet it suggested, too, that this disaster was predictable – that professionals were aware that the tracks stop but are nonetheless unable to avert disaster. It seemed to me that young people are setup to fail, that the train is pushed over the tracks regardless of the inevitable crash, and that they are largely powerless in this process. All the decisions in regard to accommodation or financial support seem to happen regardless of their wishes, and arguably normative adolescent pushes for autonomy (e.g. rejecting education) are punished with rejection.*

#### 4.4.3. Service design and development

“What social services are doing they're modelling the the client, we've become chaotic just like the client [laughter] [imported path- imported pathology isn't it?] yeah yeah, we have done, cos we're we're all we're responding to the chaos and to the erm erm rea- reactions to the crises <...>”

This theme reflects a range of challenges within and between the current services that support care leavers, as well as providing suggestions for future improvement (Fig. 7).

**4.4.3.1. Problems in a chaotic system.** The system was described as chaotic and complex, forced to respond to crises with the inevitable risk that those not in crisis receive less support or simply go unnoticed, “falling through the net”. Poor staff retention and the use of temporary staff (who may not know local services) can leave young people without any consistency or continuity of relationship. This can combine with subjective decision making, and result in different young people inappropriately receiving different services and support.

**4.4.3.2. Gaps and barriers between services.** These service problems were seen as being compounded by a lack of integration between CAMHS and other children's services, insufficient joint working, differing expectations of these services, and criticism between services.

The transition to adult services, too, was seen as being challenging, due to different eligibility criteria for these services and a less flexible approach towards engagement. Young people who failed to meet these criteria, or who were unable to engage in the required manner, were at risk of falling through the gap between services. Some children's services have tried to be flexible with their age boundaries to bridge this gap, though there was concern that there wasn't more flexibility from adult services in regards to eligibility and engagement.

**4.4.3.3. Policies that may promote unwanted consequences.** Whilst not explicitly stated by participants (though later confirmed through member checking), a number of processes were discussed which appeared to be the result of well-intentioned policy, but might have paradoxical side effects. These include support being associated with escalation in risk, and disengaging from adult mental health services being associated with re-engagement of children's services. In addition, young people engaged in education (arguably those who are most able) were felt to be offered more support, perhaps leaving an isolated middle ground of low risk but vulnerable people. Finally, it was noted that care leavers returning to their birth parents for more than six months lose their eligibility for support.

**4.4.3.4. Attempting to manage amidst insufficient funds.** Underpinning many of the challenges was a pervasive sense of insufficient funding, which was felt to be particularly acute with reductions introduced to address the UK deficit. Participants felt that it was a fight to meet even the most basic needs of young people, such as accommodation. Funding drops were believed to have driven short-term planning, despite the potential long-term cost-savings of maintaining placement stability or providing adequate care leaving support. Bringing private placements in-house has reduced costs but must be accompanied by adequate carer support.

**4.4.3.5. Improving the system.** The need for proactive and preventative approaches was emphasised, particularly greater investment in supporting placement stability. This should be supported by reduced caseloads, and a more systematic and consistent approach to offering support, by sufficiently skilled professionals. Integration and joint working across all children's services was felt to be necessary and a transitional service between children's and adults' might help to bridge the gaps identified. Young people should be offered support for a sufficient length of time after leaving care (perhaps aided by a ‘virtual team’) and should have a guarantee to remain in placement if they wish. Funding should be steered towards training and support to in-house carers, rather than private placements.

**4.4.3.6. Commentary.** *Participants noted that insufficient funds seem to be forcing leaving care services to react to crises rather than engage in more supportive (and cost-effective) long-term planning. To me, this suggests that services are underpinned by a flawed financial model, perhaps a product of the complexity of assessing costs across the numerous services involved, and the transient nature of the political system. There seemed to be a cumulative effect of reductions, with leaving care services also trying to manage the consequences of CAMHS and adult mental health teams feeling equally stretched. Given this context, on re-reading the opening quote, I found myself wondering to what extent the system might be representing “imported pathology” and to what extent it may be iatrogenic for some young people.*

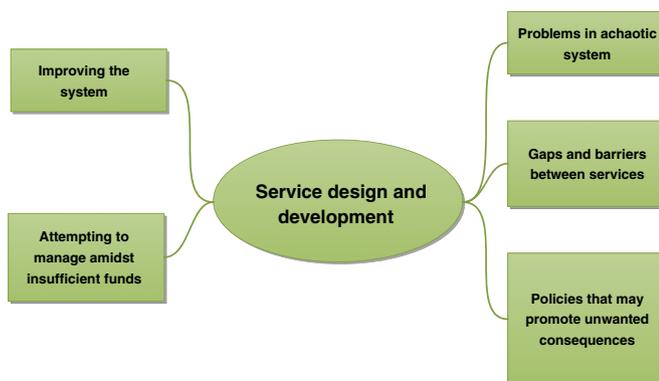


Fig. 7. Sub-themes of Service design and development.

#### 4.4.4. Working as a professional

“Especially if you're the only person that they they invest any trust in. This girl particularly, she, I was literally the only person that she would believe I would do what I said I would do.”

This theme explores the experience of working as a professional to support care leavers, from the challenges of building supportive relationships and the emotive nature of this work, through to “fighting” with managers in an attempt to ensure that young people's basic needs are met (Fig. 8).

**4.4.4.1. Building relationships with young people and carers.** Engaging with young people, and going on to build and sustain a trusting relationship with them, was seen as critical to providing effective support. This often required a proactive approach to engagement and took time to develop. Difficulties in the relationship were to be expected and required the professional to stay alongside the young person. Both carers and young people were felt to value a sense of being “held in mind”, with support being available if needed. Participants varied on the extent and openness with which they talked with young people about activity on their behalf ‘behind the scenes’, particularly about potential problems, and the value of this was debated.

**4.4.4.2. “We want to do better for our kids”.** Some participants emphasised their emotional connection to the young people that they have worked with, sometimes for years, and the moral obligation they felt towards providing and fighting for the best support for them. This can lead, for example, to pushing service boundaries to offer support beyond 18, or in one case an “office whip round” for emergency food.

**4.4.4.3. Fighting and pleading with those above.** Participants described having to “beg” for money on behalf of their young people, to meet even their most basic needs. Their powerlessness in relation to the budgets and decision making of others was seen to mirror that experienced by those whom they worked with, and they described being subject to frequent system changes, arising from the changing interests of the political parties of the time. They described specific challenges in relation to managing the way in which time was distributed across significant caseloads, and a lack of agency in terms of their ability to obtain support from other services (e.g. CAMHS).

**4.4.4.4. Commentary.** *There seems to be both the desire and knowledge on the part of the participants to support care leavers effectively, yet the constraints of the system often prevent them from doing so. It seems that at times professionals find themselves placed in an impossible position – either they work beyond their remit or hours, in fulfilment of the ‘moral’ contract they have towards those whom they support, or they work within these constraints and must manage the emotional pain of sometimes letting young people down. The data suggest that the former approach is being*



Fig. 8. Sub-themes of Working as a professional.

*adopted at least some of the time, but this might come with its own costs in terms of professionals feeling over-stretched, undervalued and struggling to manage a work–life balance.*

#### 4.5. Inter-group comparison

Fig. 9 identifies core connections between the data arising from the two focus groups, as well as highlighting areas of difference.

##### 4.5.1. Similarities and differences

There were key areas of connection around issues of identity and transition between the “Leaving the system” theme of Phase 1 and *The “train wreck” at 18* theme of Phase 2. However, whilst professionals’ focus was on the paradoxical nature of this push to independence, young people were more concerned with their autonomy being stymied, particularly in relation to the role of carers. Professionals spoke about the challenges of ‘staying put’ or moving on, which mirrored young people's dilemmas in respect of their identity as ‘care leavers’, though young people made little mention of the uncertainty or complexity surrounding this process.

Both young people and professionals discussed the relational nature of support, broadly agreeing on what is necessary for helpful relationships, and the emotional connection discussed by professionals (“we want to do better for our kids”) speaks to the two-way nature of these relationships. Perhaps less consensus was reached in relation to problematic relationships – whilst young people did note a lack of adequate support, as reflected by professionals, their predominant focus in this context was on “Forced” or “pointless” support. Professionals noted poor staff retention and the use of temporary staff who may not know local services, and it may be that this underpins some of the experiences of young people, though this is far from clear.

There was also some notable divergence in relation to some of the key topics of interest between the two groups, though it should be noted that this will have been strongly influenced by the topic guides used (Appendices B.1, B.2). Young people talked at some length about the role and importance of social networks in their lives, though there was no significant discussion of this amongst professionals. Equally, professionals talked about the significant service challenges that they faced, and their personal experience of trying to work in the midst of these, but young people made no reference to these directly, and only a passing reference to the influence of the political system on their lives.

##### 4.5.2. Further observations on discourse

Discussion in both groups was emotive at times, as illustrated through the use of resonant language and graphic metaphors, captured within some of the theme titles. This was perhaps most evident in relation to contexts in which people felt powerless, for example the “forced” support and social network explosions experienced by care leavers, and the “begging”, “pleading” and inability to prevent the “train wreck” experienced by professionals.

Professionals were able to share some of their more personal feelings in relation to the subject area, and were supported to do so by their peers, but this was less evident amongst the young people who took part (and tended to be ignored or dismissed by their peers when it occurred), perhaps reflecting the greater sense of safety experienced by the former.

##### 4.5.3. Commentary

*Curiously, young people made little mention of the many challenges surrounding transition that were identified by professionals, and whilst both groups highlighted relationships as important, young people were concerned with the whole expanse of their support network, rather than focussed on those with professionals. This is difficult to interpret, but perhaps suggests different priorities across the two groups and a need to ensure that these are closely aligned.*



4.6.2.3. *Observations on care leavers' support.* The care leavers group was seen as being helpful in supporting participants to make connections with fellow care leavers, yet overall the researcher experienced a sense that there were many processes that separated care leavers from their peers outside of the care system. The researcher also experienced a sense that some professionals had low expectations of care leavers, and was left wondering whether this might implicitly promote low achievement. This seemed to reflect a similar challenge in the balance of offering support without undermining self-efficacy, or alienating those with fewer support needs.

It seemed, too, that some care leavers had been let down in terms of the support they had received, despite trying hard to engage with the system, and were left feeling angry and rejected as a result.

4.6.2.4. *Commentary.* *I find myself again reflecting on a system in which all the participants, care leavers and professionals alike, seem overwhelmed. I wonder what processes take place in such a context, and whether, for example, the sense of low expectations of care leavers may be a way for some professionals to manage their own distress at being part of a system which can unwittingly let some care leavers down.*

## 5. Discussion

### 5.1. Synthesis

This pilot study aimed to surface the experiences of young people and the professionals working with them during the process of leaving care. A predominant theme was of young people trying to make a transition and develop a new identity, whilst in the midst of an unstable environment which undermined this process. Young people described the stigma of being labelled a 'care leaver', and could only 'stay put' if they attracted other negative labels, such as 'risky' or 'vulnerable'. This makes positive identity development difficult, and might potentially drive a negative spiral in pursuit of such a label. Independence is held aloft as a goal for young people, arguably inappropriately so, given the interdependent nature of most adults' lives, yet both young people and professionals felt that the support to reach this goal is often inadequate, with some young people experiencing it as forced upon them. It can thus only serve to set some young people up to fail, presumably undermining rather than supporting their sense of self-efficacy. Whilst professionals try to work closely with young people to meet their needs, the reality is that both young people and those supporting them largely lack the necessary power in respect of key decisions around accommodation and financial support. Both are subject to the decisions of those in more powerful positions, ultimately the transitory political system of the day, and thus are left managing feelings of frustration and powerlessness that result.

A secondary aim explored individual variability in support. Support was described by all as a relational process built on trust. However, staff turnover and caseload pressures make the necessary time and consistency hard to achieve. Likewise, prioritising those young people most at risk may afford less time for those not at risk or more actively undermine such relationships (e.g. through cancelled meetings). Further, the processes around gaining support for young people were idiosyncratic, relying on the individual professional's working knowledge of local services, often lacking for temporary staff. They also appear to be subjective in terms of the way in which needs are assessed and labels ascribed, and bidding (or begging) occurs for funding. Some professionals may be more successful in this competitive process than others, and some also go above and beyond the remit of their role in supporting young people.

### 5.2. Identity development and transition

Mulkerns and Owen (2008) distinguish between two broad theoretical approaches to understanding identity development during

adolescence, those based around a differentiation model, which posit that young people 'separate' and individuate from parental figures in developing their own identity, and relational-cultural models, which are critical of this emphasis on a push to independence and suggest that individuals experience growth through their connections to others. The findings suggest a dominant discourse informed by the former approach. Thus young people are left wrestling with the potential paradox of how to enlist or allow support without undermining their autonomy, against a probable backdrop of previously unhelpful or harmful experiences of 'support'.

Bridges (2009) argues that successful transitions involve three processes, of "letting go" (managing loss), managing in a "neutral zone" (psychologically adjusting to changes) and making a "new beginning" (developing a new identity). Whilst the focus for practical support seems to be around establishing a new beginning, the uncertainty (in regards to both the possible continuity of foster placements and eligibility for financial assistance) undermines support of the other transitional processes.

Further, when certainty arrives, it precipitates a rapid move to this new beginning without sufficient time for these processes. Bridges (2009) argues that lack of adequate attention to the neutral zone can leave people blaming themselves when the transition inevitably doesn't work, or frightened and trying to abandon the transition (e.g. young people disengaging from adult mental health services and re-engaging with children's services).

Whilst some care leavers retain on-going contact with their foster carers, others are required to 'separate' from these attachment figures, and manage feelings of sadness, anxiety or anger, associated with such separation and loss (influenced by internal working models of earlier attachments), whilst all the time being urged forward to an uncertain future (Bowlby, 1998).

### 5.3. Implications for policy and practice

Many of the problems identified by professionals were attributed to a lack of adequate funding, but could more accurately be understood as a lack of effective long-term financial modelling and planning. Those in and leaving care are supported by services based on multiple funding streams, including education, health, social care and youth justice, as well as third sector organisations. The costs of providing (or not providing) adequate support are potentially incurred across the lifespan of individuals, and are interconnected (e.g. placement instability is associated with poorer 'outcomes' – Ward, 2009). Thus assessing these on a lifespan basis, rather than at arbitrary stages, could prove more efficient and effective in the long term.

For example, rather than being based on an allocation of a fixed pot of local authority funds at transition time, young people could instead have individual funding based around their support needs across their whole care journey. This might be thought of as extending the current pathway plan backwards to the child's arrival into care, and underpinning it with regularly reviewed financial support (funded from central government resources). This would be consistent with the current personalisation agenda, which has driven personal budgets within social care (Department of Health, 2007).

This alternative would empower those in and leaving care by placing them in charge of their support as their capacity allows (with social worker support, as necessary), ensuring funds and support 'move' with them, creating systemic incentives to improving placement stability (because long term central costs would then be reduced) and promoting effective support through competition to provide good quality services. Professionals working with young people would potentially be freed from fighting and begging for money, and enabled instead to focus on assessment and high quality service provision. Such an approach is not without potential problems – e.g. challenges in assessing young people's needs, keeping the process on-going, and financial

pressures to underestimate these – but it may open up possibilities for change which don't exist within the current model.

Allied to this, professionals emphasised the importance of joint working across all services supporting young people, and particularly at the interface between social care, CAMHS and adult mental health services. This is in line with other research which advocates for a more integrative (and personalised) approach to working with young people in transition (Shaheen & Kersley, 2011).

Young people noted that it was friends, partners and family who were at the centre of their support networks, but also highlighted the fragility of these. This suggests an important role for professionals in supporting these relationships, in line with previous research (Hiles et al., 2013; McMahon & Curtin, 2012).

Finally, the high workloads of professionals, emotional nature of the work, perceived lack of power, and the potential conflict between the values of professionals (in supporting young people) and the current values of the organisational context (in reducing costs) may all interact to place professionals at high risk of burnout, which may provide one explanation for the high levels of staff turnover (Maslach, Schaufeli, & Leiter, 2001). Specific interventions to address burnout may be helpful (Awa, Plaumann, & Walter, 2010).

#### 5.4. Implications for future research

There are some specific recommendations that arise in relation to the process of conducting future research in this field (as well as those put forward by young people in Appendix B.1), and may serve to address some of the recruitment issues encountered in this pilot study. Involving both young people and professionals as co-researchers, rather than just as participants, may reduce problems of engagement, since these co-researchers are embedded within the communities of interest and better placed to engage other participants. It would also support the collaborative development of a research agenda to meet the needs of all involved, and any barriers could be identified and discussed openly, early on in the research process. Another approach may be to undertake research in the context of existing wider programmes, such as the periodic review by the Children's Rights Director for England. Finally, the complex division of roles and responsibilities between the sponsor, R&D departments and the NHS REC undoubtedly caused delays in this research, which might have been addressed through the development of a simple and transparent communication protocol.

In terms of the content of future research, a clear case has been made for building on existing economic studies of the cost of supporting care leavers, by taking a lifespan approach to calculating costs, and carefully considering the long-term financial impact on related services of inadequate early or transitional service provision. Individual case study data might helpfully complement existing population-based models (e.g. Shaheen & Kersley, 2011).

In line with the recommendation by professionals for a more systematic approach to offering support, and the varied experiences of young people, further research into the detailed decision-making underpinning current support provision would be illuminating and may provide the foundation for developing a more systematic approach in the future. Such research might, for example, comprise a case study series supported by interviews with all involved in specific recent decisions parties (e.g. young person, social worker, service manager), such as offers of financial assistance.

Finally, it has been noted that the present study represents a pilot. This might again be helpfully expanded by complementing further focus group research with individual interviews, both with young people and members of their support network (professionals and non-professionals alike). This would provide further depth to some of the tentative understandings reached here.

#### 5.5. Strengths

This pilot study drew on multiple experiences of the care leaving process, from different perspectives, providing some triangulation of the key themes that emerged, as well as allowing some tentative understandings of these experiences to be reached. Multiple approaches were used to strengthen the validity of both the data gathering and subsequent analysis (creating a supportive group environment, bracketing interviews, research journal, member checking, discussions with supervisors, and independent analysis of researcher data).

#### 5.6. Limitations

The participants were selected opportunistically and may have had a particular bias or agenda in taking part. They were also few in number and from the same locality. Those young people who took part might be considered to have stronger social support networks than some of their care leaving peers, since they were engaged in a care leavers' group. The research was not 'true' action research, in as much as it did not fully involve participants "both in the questioning and sensemaking that informs the research, and in the action which is its focus" (Reason & Bradbury, 2001 p. 2). Indeed only one participant, from the Phase 2 focus group, took part in the member checking process. Finally, despite the precautions outlined, it is likely that the analysis will have been influenced by the researcher's a priori knowledge of the subject area, and the sequential accumulation of the research data.

### 6. Conclusions

Despite these limitations, perhaps most notably the small-scale nature of this pilot study, it sheds further light on young people's experience of leaving care, and in particular the policies and resulting processes that inadvertently serve to undermine this transition. Young people, and the professionals working with them, seem to be pushed into fighting against a system which sets them up to fail. A number of implications for policy, practice and future research have been discussed, and it is hoped that these might act as a clarion call for reviewing and potentially revising some of the core structures which underpin this system.

#### Acknowledgements

The authors would like to thank those people who gave their time to this research, both participants and others who supported recruitment, without whom it would not have been possible. The authors are also grateful to Laura Bunday for her feedback on the *Discussion*. Finally, the researcher would like to thank his wife for providing the 'secure base' which underpinned both this research and his transition to clinical psychology, as well as for her practical help in transcription and reviewing drafts.

#### Appendix A. Analysis

##### A.1. Overview of analysis

Three separate thematic analyses were carried out and completed sequentially, for the first and second focus groups and finally the researcher data. The detailed approach taken is outlined in Fig. A.1. It draws on the approach outlined by Braun and Clarke (2006) with modest adaptations for use with nVivo 10 qualitative research software, as informed by Bazeley (2007).

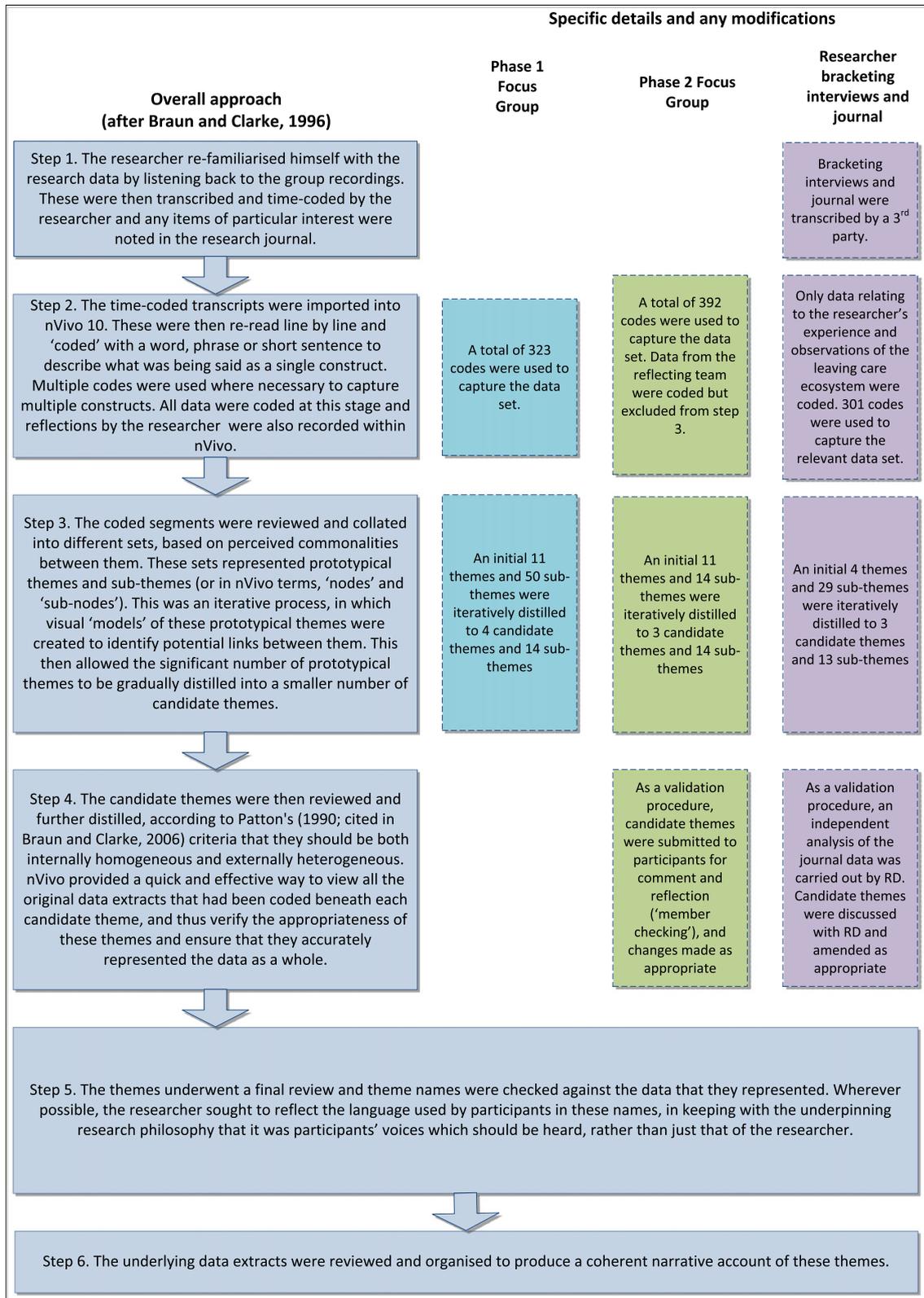


Fig. A.1. Summary of the process of analysis for all three data sets.

## Appendix B. Results

### B.1. Additional themes identified in Phase 1 focus group

#### B.1.1. The research process

This represents the final theme identified from the Phase 1 group data (Fig. B.1).

“...sometimes it's ...obviously I know it's got, I know you've done a whole thing of like, oh if you're uncomfortable you don't have to and whatever....but...it's just that it's...easier to get the information that's required for your research if it's in a more comfortable, an actual comfortable place...”

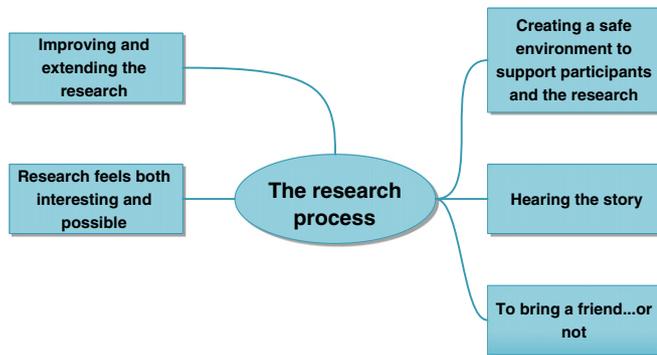


Fig. B.1. Sub-themes of *The research process*.

Young people were happy to offer their feedback on the proposed research as a whole and the methodology in particular. They emphasised the importance of creating a safe environment for participants and adequately bearing witness to their story, and discussed dilemmas in respect of participants bringing a friend along with them. Overall, they considered the research to be interesting and feasible, whilst providing some suggestions for improvements.

**B.1.1.1. Creating a safe environment to support participants and the research.** Young people emphasised the importance of using an interview environment that allowed the participant to feel safe and comfortable, both to support the young person and consequently to maximise their engagement in the interview process. The environment should be negotiated with the young person in advance and free from likely disturbance. Various suggestions were made for possible venues, including college, workplace or NHS premises (e.g. GP clinics).

In terms of the interview itself, young people noted the potential for it to be upsetting to some, but felt that the safeguards in place (in particular the prior warning of the content and the ability for the interviewee to choose not to answer a question) were adequate. One young person emphasised that the interviewer should be responsive to any discomfort in the participant, and that areas of conversation that appeared too intrusive should not be pursued. It was of note that the term ‘interview’ held negative connotations with a police interview for at least one young person, and thus might be best avoided.

**B.1.1.2. Hearing the story.** The importance of working flexibly with participants in regard to the length of the interview was emphasised, providing sufficient time to bear witness to the participants' story, where this felt helpful to do so, but also balancing this with a sense of containment in regards to the amount of material disclosed. There was a sense that young people had experiences of not feeling adequately heard, particularly in a comparison made to ten minute GP appointments, and this was set against the frequent complexity of their lives.

**B.1.1.3. To bring a friend...or not.** Having invited the young people to comment on the idea of bringing someone along to the interview, there was considerable debate about how best to manage this. Young people mentioned that having someone from the support network there might bias the data, since they might feel obliged to describe their support network differently, particularly in relation to that individual. One young person suggested having someone independent might be helpful, whereas another suggested a friend might offer better support. Whilst there was no clear conclusion, there was a suggestion that ultimately the interviewer may need to manage the interview process or data analysis to control for any bias that they considered to be present.

**B.1.1.4. Research feels both interesting and possible.** Notwithstanding feedback elsewhere, young people felt that the research materials and methodology made sense to them and they would be willing to take part in the research themselves, or invite friends to do so. Interestingly one young person commented that they would need to know their friend “well enough”, though at least two participants suggested that they could immediately think of people who they would consider approaching.

**B.1.1.5. Improving and extending the research.** A number of suggestions were made to improve and extend the research, including the use of a consistent venue to ensure that there was no venue effect on the material disclosed (though this may be at odds with negotiating the venue individually with participants) as well as the suggestion to augment the interview data with a paper-based questionnaire survey. One young person was confused by the use of the word “appendix” in the materials, re-emphasising the need to be mindful of language in this context.

### B.2. Additional themes identified in the researcher data

#### B.2.1. Overview

Two themes were identified (*Broad research challenges* and *Personal experience of research*) in addition to that described in the main body of the study, along with 8 sub-themes. Discussion of these has been confined to this appendix, as it is difficult to identify how much of the personal journey articulated in these relates to the specific research environment, and how much might be considered the challenging but normative journey of conducting research as a trainee clinical psychologist (David, 2006).

#### B.2.2. Broad research challenges

“The ethics forms have required a super-human effort to complete and the barriers to effective research with this group feel high. No one is sure about consent, no one is sure about which REC, the research spans multiple organisations and no one really wants to drive it. Those who work in the field are incredibly stretched and research is understandably the last thing on their mind <...>” (Journal extract)



Fig. B.2. Sub-themes of *Broad research challenges*.

This theme explores the spectrum of challenges, from passive processes to more overt practical challenges, which were experienced as acting as a barrier to the research (Fig. B.2).

**B.2.2.1. Processes undermining research.** Conversations early on in the research process painted a picture of research with care leavers as being difficult, beset by problems of recruitment and different to research with other young people. This active discouragement was experienced as giving way to more implicit criticism over the course of the research. It seemed, too, that the researcher's agenda differed to that of the initial partner service, and this may have contributed to the sense of research being seen as ancillary or of low priority.

**B.2.2.2. Ethics and R&D – barriers both real and imagined.** The volume of work necessary to comply with ethics and R&D requirements was overwhelming and highly anxiety provoking. The rigid framework required was perceived to inhibit the flexible development of the research in response to the dynamic environment in which it was taking place. However, at least some of this perception seemed to be the result of different understandings of roles and responsibilities between R&D departments, the Sponsor and the REC. Likewise, some areas of the study that were seen as contentious by others (and thus raised anxiety in the researcher) were not seen as problematic by the REC.

**B.2.2.3. Recruitment and other practical hurdles.** There were significant hurdles to be overcome in conducting research which potentially spanned social care and multiple healthcare contexts, predominantly in terms of identifying and obtaining the necessary approvals. Recruitment of both care leavers and professionals was a considerable challenge, though the apparent ease of recruiting care leavers when able to talk to them directly suggested that at least some difficulties may lie at the interfaces to care leavers. There was, though, a need for flexibility of approach to maximise engagement (for both groups of participants), particularly in relation to the practicalities of organising the focus groups and arranging informed consent.

**B.2.2.4. Commentary.** An overall initial positioning of care leavers by others as difficult to engage, for me gave way to a sense of the systems and processes around care leavers being difficult to engage. Data elsewhere suggests that this could simply be a product of an over-stretched system, or perhaps arguably misguided benevolence intended to protect these young people from potential harm.

### B.2.3. Personal experience of research

"I'm utterly fed up of desperately trying to ingratiate myself to all involved on the periphery of the research yet still getting nowhere in return. Promises are left un-kept, and people just don't want to be involved <...>" (Journal extract)

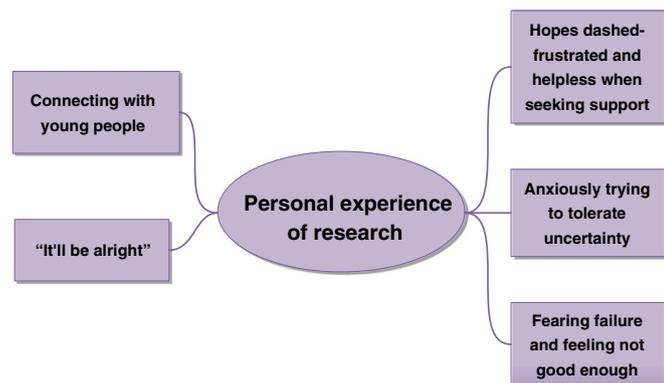


Fig. B.3. Sub-themes of Personal experience of research.

This theme represents an autoethnographical exploration of my personal journey as a researcher within this context (Fig. B.3).

**B.2.3.1. Hopes dashed – frustrated and helpless when seeking support.** I experienced myself as powerless within a system that repeatedly let me down. Promised support often never materialised; emails and telephone calls were frequently unreturned. This left me feeling frustrated and angry, at times moving from a reflective position to inwardly criticising others, but outwardly repeatedly begging for support. I found myself frequently wondering how much these experiences mirrored those of the young people whom I was working with.

**B.2.3.2. Anxiously trying to tolerate uncertainty.** Changes in the research contacts, processes, direction and aims, as well as difficulties with recruitment, left me in a constant state of uncertainty, often matched by a similar level of anxiety (and amplified by comparable experiences in my clinical work). I felt "lost" in the research, and again wondered whether young people in 'the system' felt similarly.

**B.2.3.3. Fearing failure and not feeling good enough.** I felt overwhelmed with the volume of work at times and hopeless about effecting change through the research. Alongside this, I experienced a lack of agency, as well as feelings of being deskilled and incompetent, engendered through a sense of being perceived as naïve by others. Set against a tendency towards perfectionism, this made for an uncomfortable sense of fearing failure and not feeling good enough, and I found myself wondering whether young people may also be left blaming themselves, or feeling incompetent as a result of the failures in the system around them.

**B.2.3.4. "It'll be alright".** A successful initial focus group helped me to feel more positive about the research, and a diverse and complementary supervision team allowed me to move from feeling trapped within the system to adopting an observer position. My broader social network was also a critical source of support.

**B.2.3.5. Connecting with young people.** As well as feeling more immediate connections in the room with the young people I worked with, and the stories that they chose to share, the research process took me on a journey towards considering my own experiences of peer groups and transition, both at their age and currently. I began to see young people more clearly as allies in the research, feeling that I would adopt a peer researcher approach for any future research.

**B.2.3.6. Commentary.** The research journey has been highly emotive for me, and my experiences throughout it served to further strengthen my empathy towards young people leaving the care system. It is evident, too, that however strong my intention to pursue an action research agenda, it is only through the process of the research that I moved from seeing young people as participants, to seeing them as a co-researchers and experts in their own experience.

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