Executive Summary Creating our lives

A participatory study, commissioned by NICE, was conducted by eight care experienced young advisors and six academics at The Centre for Children and Young People's Participation, University of Central Lancashire. The study sought the perspectives of at least 30 looked after children whose experiences or identities were under-represented in previous published research. It took place from 2019-20. During this time the Covid-19 pandemic conditions limited access to some potential participants. To increase inclusion of a range of experiences we therefore also drew on previous consultations.

In total, using co-created creative focus groups and interviews, the research captured the perspectives of 47 looked after children and young people (LACYP), 39 of whom were aged between 6 and 17 years[1]. They were from a range of local authorities across England. Some participants had significant health and wellbeing concerns (HWC); experience of child sexual exploitation or going missing (CSEM[2]) or special educational needs and disabilities (SEND). Some were lesbian, gay, bisexual, transgender, queer or intersex (LGBTQI); of Black, Asian or minority ethnic heritage (BAME); placed out of area (OOA) or young parents.

An accessible summary of our initial analysis was reviewed by all recruiting organisations and the young people they work with where possible. Young people's feedback guided the final analysis and report. **The central message is that adults need to build and maintain caring relationships and to do their jobs properly, backed up by action and resources.**

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

Theme 1: Supporting care and placement stability

Appropriate placements and **continuity in caring relationships** are key drivers of stability. Participants valued **gentle introductions** to placements and people which involved supporting '*a build-up*' of getting to know carers before moving in, receiving information and explanations, welcoming staff or carers and accessible social work support at the early stages of a new placement. Participants wanted attentive listening from adults who sought to **understand and respond to them as individuals.**

This was achieved when foster carers, residential workers and key workers:
- got to know children's interests and preferences over time
- connected them to opportunities that responded to these interests and preferences

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[1] 8 of the 11 young parents in the study were aged 18 and over.
[2] Experiences of CSE and going missing do not always intersect, but these characteristics overlapped significantly in our data.

- set aside preconceptions
- ensured consistency and communication across staff teams
- adapted rules to individual situations.

> *It's like the heart to hearts isn't it, do you know like? … You [carers and professionals] need to know the words to say to like to settle you and calm you down, because your mum's not going to be there.*

Stability was described[3] as related to **care being clearly demonstrated,** unconditional, based on belief in and knowledge of individuals, and accompanied by the investment of frequent and consistent time, affection and commitment. **Doing things together** was described as building relationships between children and young people, carers, workers and foster family members; enabling understanding of interests and needs and as an expression of care. The joint activities participants valued included making food together, sharing meals, regular and one-off leisure activities and professionals sharing some details of their lives.

Involvement in everyday and care planning decisions was valued[4] and was described as being achieved through listening and being listened to; sharing information; direct involvement in discussions; not being judgemental; and children making decisions for themselves. Participants appreciated commitment to their involvement (from staff, carers and social workers); attention to timing of meetings; helping to understand things; and honesty.

In formal settings, **support of an advocate** was useful for some participants, as was i**nformation** about the meeting, and **involvement of other people**. Involvement in decisions about placements and care required **enabling attitudes**, willingness to look into requests, attention to language, provision of ideas and action to implement the practical matters.

Staying together as a family unit, which was important for some children, was facilitated when social workers and carers believed in and committed to **shared sibling placements**, and by carers **integrating birth family members into placements** (when they could not live together). Some participants (in foster and residential care) valued **feeling treated like one of the family**, being welcomed by wider foster family members, building bonds with residential staff, sharing activities (particularly holidays) and maintaining bonds when these had been established.

Some participants described the importance of **homeliness**, connection to **outdoor environments** (gardens or parks), **private space** within placements[5] and **shared safe spaces** that enabled connection to other people[6]. **Out of hours accessible support** from known

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[3] Including for participants who were LGBTQI or BAME and those with experience of HWC, CSEM, SEND and parenting
[4] Including for participants with experience of CSEM, SEND, OOA ment and parenting
[5] Especially for older, SEND or LGBTQI participants
[6] Particularly for parents

1 workers or supporters was beneficial for participants in some placements[7]. But having both
2 space and opportunities to stay connected with others was key.

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

5 Theme 2: Relationships and Contact

6 Participants described positive relationships and contact
7 arrangements[8] being facilitated where workers and carers
8 valued the importance of chosen family members and friends.
9 This required **recognition of emotional bonds** (with wider
10 family members, adopted family and friends) and of the
11 consequences of disruption.

12 **Involvement in decision making** ensured that some participants had contact with chosen
13 important people. Involvement in decisions required commitment, safe space to name
14 contact wishes, information about what is possible, emotional support to process this, social
15 worker acceptance that their judgement might be wrong and willingness to support and
16 follow children and young people's changing and divergent wishes.

17 **Coordinated action** was requested to ensure contact plans are put into place once they had
18 been decided. Participants described how this involved social workers contacting family
19 members, sharing information between professionals, plus communication, accountability
20 and challenge about any lack of progress.

21 Young people[9] particularly enjoyed **contact that involved activity** (e.g. leisure activity or
22 sharing a meal). Participants described how this required **funding** (for travel, outings,
23 holidays) and **passports, encouragement and trust**, particularly when meeting with friends.

24 *'And they [cousins] go on holiday with us. They go on holiday with us. '*

25 Some young people **valued ongoing parental involvement** in their daily lives. They described
26 how this required social worker understanding of the difference between different parents
27 and the emotional weight of certain attachments. Support for participants to learn additional
28 communication skills was needed in some instances (provided by carers and specialists).

29 Research participants preferred unsupervised contact in many cases, but **supervision** was
30 accepted as necessary in some situations. Supervision was experienced supportively when
31 friendliness and silence were well-balanced; contact centres were appropriate for all ages and
32 contact spaces in prisons were friendly; and when the need for supervision was reviewed.

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[7] Particularly participants with experience of going missing and young parents
[8] Including for BAME, NWC, SEND and OOA participants
[9] Including participants with SEND

1 ## Theme 3: Promoting physical, mental and emotional health and wellbeing

2 Participants[10] described their wellbeing as promoted by **secure caring connections** with
3 friends, caring placements, family and family-like connections, independent visitors and
4 caring respite workers. These connections were facilitated when there was **continuity of**
5 **workers**, **accessible premises** and **appropriate levels of confidentiality**. Participants
6 consulted during data analysis emphasised that it is one thing to say that children must be
7 given support but *'children also need to know exactly who they can get support from'* and
8 who they can rely on. Some children and young people did not have this kind of support**.**

9 Participants'[11] **comfort when attending medical assessments** was facilitated by support and
10 encouragement from foster carers and staff, to get young people used to attending and by
11 relaxed health professionals who talked directly to children.

12 The importance of **information sharing** and **involvement in decision making** was highlighted
13 in relation to wellbeing[12] and echoed across all other themes. But for some participants, there
14 was an emphasis on the negative impact of experiencing lack of control.

15 Participants consulted during data analysis emphasised the importance of **trauma informed**
16 **approaches**. Significant personal stories that some participants told in interviews[13] indicated
17 that support to process and integrate trauma could involve: all professionals paying attention
18 to visual stimuli, understanding the connection between body and emotions and recognising
19 the potential impact of the physical presence of professionals and family members. It was
20 suggested that all professionals and carers required awareness of how trauma affects many
21 children in care and that they should understand, rather than stigmatising, trauma-related
22 behaviour. Value was also seen in specialist trauma informed counselling.

23 Some participants[14] reported skills in self-managing suffering; sometimes this involved just
24 coping (in a pattern that followed childhood experience). **Support to develop further coping**
25 **strategies** included self-soothing by connecting with nature, art and music and letting off
26 steam and the availability of a trusted social care professional.

27 **Activities outside school** (or during their free time at school)
28 were very frequently reported as facilitators of wellbeing[15].
29 Access to activities was facilitated when carers, social workers
30 and independent visitors provided encouragement, trust and

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[10]Including children with all selected characteristics

[11] Including younger children, older young people and participants with SEND

[12] Including by participants with experience of CSEM

[13] Including participants of all ages who were BAME or who have experience of HWC, SEND, and CSEM

[14] Including participants who were , BAME and those with experience of CSEM, HWC, SEND and parenting

[15] Including participants who were , BAME and those with experience of CSEM, HWC, SEND and parenting

1 resources (financial support, introducing activities and
2 enabling attendance).

3 For some participants[16], support and understanding from trusted carers or staff and family
4 enabled young people to **feel safe and to address issues of identity**. Creating a safe home
5 and specialist help from psychiatrists and the police was useful for some. Understanding of
6 sexism may also enable carers and staff to support positive gender identities.

7 **Collective spaces in which to discuss experience of being in care**, and how to improve the
8 experiences of others, promoted wellbeing for some participants. It was facilitated when
9 these activities were enjoyable, creative and involved opportunities to talk to workers they
10 trusted.

Theme 4: Supporting Learning

12 Some participants described how teachers, education workers, foster carers and social work
13 staff could support their education by **being understanding and accepting**, being available,
14 adapting and responding to needs and interests, enabling and advising them, by being caring
15 and showing mutual trust.

16 They[17] described how attainment was facilitated by teachers, mentors and tutors who had
17 **caring attitudes and regularly made time** for young people and by **flexible systems**. Some
18 participants described the value of being supported to
19 make and follow choices and pursue relevant learning.

20 This involved encouraging them to achieve their best or
21 diversifying the subjects offered and the transition speeds
22 expected. It also involved participants **leading the**
23 **decision-making** about their own education.

24 Participants[18] reported that stigma about being in care and other aspects of **bullying were**
25 **reduced** when prejudice was consistently challenged, there was **provision of buddying with**
26 **looked after peers, peer mentoring and safe spaces in schools** and when understanding
27 about care experience increased. A supportive friendship group could enable school
28 attendance and attainment.

29 Some participants said that carers and birth parents had facilitated learning by **accessing**
30 **resources** for them (funding for trips, tutors, extra-curricular experiences or diagnosis).

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[16] Participants who were female or LGBTQI or who had experience of CSE and HWC
[17] Including participants with experience of CSEM, SEND, HWC and parenting
[18] Including participants who are LGBTQI and BAME and those with experience of HWC, CSEM, SEND and parenting

Learning and health and wellbeing were connected for many young people[19]. Facilitators of **wellbeing within learning** include supportive school environments; funding for regular access to gyms, physical activities and clubs; interest groups linked to virtual schools; mental health initiatives informed by pupils; accessible safeguarding officers, mentoring, and whole school programmes.

> *There's like the... Safeguarding Officer, she's just like 'Is anyone's like at home alright for you?' Just does that. But you've got pastoral supports in every year, so I just go to my pastoral support and they'll do whatever they need to do.*

For some participants[20], **supportive and comfortable travel to school** promoted access and feelings of security. These facilitative conditions were provided by foster carers, consistent taxi and transport drivers who demonstrated care and individual understanding, and reaching out to non-attending teenagers through provision of transport and encouragement.

For some,[21] **clear information about pupil premium** facilitated access to additional activities and potentially lifechanging opportunities.

For young parents, attending education was facilitated by **recognition of their caring responsibilities**, **adequate payment of childcare costs** and understanding that the cheapest options might not be feasible, financial help for college costs, **flexibility in benefits thresholds**, and **non-discriminatory attitudes** from educational establishments.

Mentor, careers service, social work staff, carer and birth family support to enable some participants[22] **to follow their self-determined goals** was key as young people started to think about careers and entry to higher education. Support involved **encouragement, understanding and provision of financ**e. More consistent encouragement and finance from social workers and leaving care workers was requested.

Theme 5: Return to birth families or special guardianship

In a few interviews, participants spoke of transition out of care. Some described this being facilitated by **continuity of caring relationships with workers** who demonstrated care, conveyed fair expectations and provided leisure activities. Participants also valued the **availability of beds in a respite unit with high staff ratios.**

Some participants valued **direct access to supportive workers and places (by phone, drop in and outreach)** where these provided continuity of caring relationships with workers and **welcoming 24-hour services**.

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[19] Including participants who were of BAME heritage and those with experience of HWC, CSE or SEND
[20] Including participants who were young children and those with experience of CSEM
[21] Including participants who were BAME
[22] Including participants who were BAME and those with experience of CSEM, OOA and parenting

1   Some participants described how **slow transitions**, with young people maintaining contact
2   with specialist services and dropping back into more intensive support when needed,
3   facilitated returning home and the benefit of time to understand and address any difficulties.

4   Moving to special guardianship or home was facilitated by **involvement in decision making**.
5   This required the **support of an advocate, keyworker or parent** who ensured that children
6   and young people's views were heard. Good communication skills and the creation of safe
7   spaces was beneficial.

8   In the early stages of considering a move back home, and during the early stages of a return
9   home, some participants valued **specialist support to develop relationships within family**
10 **units** or to assist **troubleshooting with parents**. For some participants, returning to live with
11 their family was facilitated by being **integrated into family networks and communities**.

12 ## Theme 6: Preparing care leavers for independent living

13 Some teenage participants had unanswered questions
14 about leaving care. They indicated that **secure**
15 **relationships, stability in existing placements, and ongoing**
16 **support** would be reassuring as would well-timed
17 conversations about leaving care options and reduce
18 anxieties.

19 Participants who were preparing for care leaving or growing in independence valued **learning**
20 **cooking (including culturally specific meals), budgeting, shopping and cleaning skills**. They
21 appreciated foster carers, schools and leaving care workers who helped them to learn these
22 skills and to **understand the importance of connecting** to community health and leisure
23 services. Connecting to these also relied on social workers providing **financial resources and**
24 **encouragement.**

25 Some participants raised concerns about **assumptions regarding the age at which young**
26 **people leave care and the pressure** to move into more independent accommodation before
27 they are ready. Some[23] reported the value of support from professionals who challenged the
28 urgency of timescales and instead prioritised quality and appropriateness. For some
29 participants, this enabled transitions to be done in a staged manner **consistent with young**
30 **people's own sense of timing**.

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

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[23] Including young people with experience of HWC, SEND and parenting

1 Some participants described how transitions to leaving care can be facilitated by **enabling**
2 **them to take a lead in making plans**, working alongside them to follow these plans and
3 recognising that time to learn from mistakes might be needed. Lack of or perceived lack of
4 choice of options was a barrier.

5 **Ongoing supportive relationships[24]** through contact with former carers or family was
6 reported to facilitate wellbeing in leaving care where these provided **support with finance,**
7 **ongoing care and practical assistance**.

8 Participants[25] valued **collaboration between professionals** in their transitions to leaving care.
9 This involved finding time to identify and make connections with other professionals who
10 could offer support to care leavers.

11 ## Cross-Cutting Questions and Recommendations

12 Four cross cutting barriers to delivering support to children and young people in the ways
13 they requested emerged from the data. These, explained in brief below, were discussed by
14 the young researchers and academics who worked together to develop recommendations.

15 **Continuity of caring relationships** promotes wellbeing, whilst the frequently reported lack of
16 continuity disrupts trusting relationships (with social workers, specialist staff or placements)
17 and creates distress. Senior managers' knowledge of individual children, their support for
18 their teams and professional competence in navigating risk can reduce disruption. Continuity
19 of caring relationships relies on the dedication of individual members of staff (who maintain
20 connections despite high workloads), staff having adequate time, and long term funding.

21

22 **Children and young people's capacity for involvement in decisions** relies on workers' trust
23 in children and young people, which in turn relies on continuity of caring relationship, respect
24 for children and young people's capacity, and staff's acceptance of their own fallibility.
25 Involving children and young people in selection of staff may ensure recruitment of staff with
26 appropriate appreciation of children's capacities. Additional resources for services are also
27 needed, to ensure that children and young people's decisions can be implemented.

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29 **Tensions between competing agendas and the best interests of the child** were evident
30 across all themes. Children and young people were offered limited and sometimes inadequate
31 options; the impossibility of these choices may be masked. Emotional support may be needed
32 to ensure that all agendas can be laid open for honest discussion.

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34 **Need for a greater focus towards resolution** emerged as a strong theme in data analysis.
35 Many children and young people alluded to unresolved issues related to not knowing key

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[24] Including young people with experience of HWC and parenting
[25] Including and young people with experience of HWC and parenting

information about their families or the reasons for decisions about contact. Participants valued support from social care staff to seek information and life story work, but these well-known processes were not happening consistently. System level change may be needed to ensure that workers have the time and training needed for these activities.

Key recommendations from the young people's steering group

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

2. **Train carers on how to build trusting relationships, including:**
   - How to discuss and negotiate with children.
   - How to build opportunities for independence.
   - How to consistently demonstrate care and understanding of trauma.

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

4. **Ensure education staff's practice includes:**
   - Discussing with children what needs doing and let them choose when to do things
   - Talking and getting to know children, e.g. ask how their day has been.
   - Working around, and adapting to, looked after children's needs.
   - Thinking about priorities – children and their wellbeing first (not qualifications and money).

- Providing resources – helping children instead of saying it is not their responsibility.

5. **Ensure that all professionals, and particularly those in health settings:**
   - Are friendly and address children directly.
   - Provide information and opportunities for children and young people to voice their concerns.
   - Enable children to lead decision making.
   - Have a clear understanding of trauma and how to support children with this.

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

   - *How can social workers and social care staff have enough time and support to build trusting and trustworthy relationships with looked after children and young people?*

   - *How can parents and carers get the time and support they need to build trusting and trustworthy relationships with looked after children and young people?*

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

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

   - *Who knows looked after children and young people well enough to make decisions with them?*

   - *Are decisions made because of lack of money?*

   - *Are children and young people's wishes respected as much as possible?*

   - *How can professionals share information and discuss their concerns with children and young people?*

   - *How can professionals make sure these conversations increase children and young people's influence in decisions?*

   - *How can professionals and carers get the time and skills needed to understand trauma?*

   - *How can professionals support looked after children and young people to understand their histories and build hopeful futures?*

For the full report please contact TheCentre@uclan.ac.uk