Corporate Parenting for young people in care –
Making the difference?

Jo Dixon and Jenny Lee

With

Mike Stein, Harriet Guhirwa, Sharn Bowley and
Catch22 NCAS Peer Researchers

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A forward looking social business, Catch22 has more than 200 years' experience of providing public services that help people turn their lives around.

We work with troubled and vulnerable people, helping them to steer clear of crime or substance misuse, do the best they can in education or employment, and play a full part in their family or community.
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Acknowledgements

This report is the product of many people’s hard work, encouragement and commitment over the past four years, as is the successful completion of the study.

Our sincere thanks to the Big Lottery for funding and supporting the study.

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We are also grateful to all staff at Catch22 NCAS past and present, who have contributed their immense skills and knowledge to the study and for commenting on the report. Also, thanks to members of the National Leaving Care Benchmarking Forum for offering feedback and insights on emerging findings over the years and contributing to the contextual data.

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Finally and most importantly, thank you to all the young people who participated in the study including the many who were willing to share their stories by taking part in interviews and also to members of our young people’s reference group for their time, insights and commitment. We are indebted to the 36 peer researchers who spent their summers attending training and analysis workshops and trekking out to local authorities to conduct interviews. There was fun, drama and hard work along the way and always lots of energy, enthusiasm and professionalism in carrying out their interviews with young people in and from care.

Jo Dixon, Research Manager
Chapter 1: Introduction

Jo Dixon

Would this be good enough for my children?

‘I asked everybody involved to look at the matter from the point of view of the children and to ask whether the care provided would have been good enough for them when they were children, and whether it would be good enough for their own children?’

Frank Dobson 2006

In 2006, the National Leaving Care Advisory Service (NLCAS) produced a report entitled ‘Can the state be a good parent? Making the Difference for Looked After Children and Care Leavers’ based on the What Makes The Difference project (WMTD). In that report, Frank Dobson MP outlined the progress and also the challenges ahead for corporate parenting. Five years on, the organisation involved in carrying out that research (now Catch22 NCAS) began further research across 12 local authorities to explore whether corporate parenting is making a difference. This report details what we found out. Our research provides an update on corporate parenting from the perspective of policy and senior managers, social workers and leaving care workers, and importantly, of young people themselves.

What is corporate parenting?

What it is not, as many will agree, is a particularly grounded term. Though the phrase might be well understood and common parlance within children’s social care nowadays, it begins to blur as it moves beyond the immediate boundaries of work involving care experienced youth. There remains lack of clarity amongst some professionals in aligned services such as health, justice and employment services, on their roles and responsibilities as ‘extended corporate parents’. As we note later in this report, even many of those young people to whom the term applies, have not heard of it or are not entirely sure what it means.

Furthermore, the term has no legal or statutory status. It is in most respects a principle or concept, yet one that carries a powerful ethos.

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1 National Leaving Care Advisory Service and What Makes the Difference? (2006) Rt Hon. Frank Dobson MP. From then to now: why the political case for good parenting still needs to be made in Can the state be a good parent? Making the Difference for Looked After Children and Care Leavers. London, Rainer
A brief history of corporate parenting

Though the concept of corporate parenting was evident within the 1989 Children Act and the 1991 Utting Report the first use of the term itself is often attributed to the then Secretary of State for Health, Frank Dobson MP in his letter to local authorities when launching the 1998 Quality Protects initiative. Mr Dobson argued that children and young people in care deserved the kind of support that any decent and responsible parents would give to their own children and when developing, delivering and assessing provision for young people in and from care, he urged councillors to apply the simple test ‘would this be good enough for my children?’

More recently, corporate parenting has featured in a number of legislative developments (as discussed in Chapter 4) which have emphasised the relevance of corporate parenting for those transitioning out of care, as well as those still in care. This includes receiving renewed focus as part of the Access All Areas campaign which has informed the government Care Leaver Strategy.

In this report, we define corporate parenting as an approach founded on the principle that the local authority, collectively with other relevant services, should have the same aspirations and provide the same kind of care that any good parent would provide for their own children.

Although the concept is increasingly becoming embedded in the current legal and policy framework we know that outcomes for young people from care continue to be mixed. To use Mike Stein’s typology for care leavers: some do well; some get by and other more vulnerable young people struggle considerably.²

Our study attempts to bring together a snapshot view of how young people in and from care are doing with an overview of how corporate parenting is operating in practice from the broad perspectives of senior policy staff, frontline staff and young people themselves. Our research produced a wealth of data on a range of topics. For the purpose of this report, we have focused on three key areas considered to be central to good quality corporate parenting and young people’s overall progress:

1. Young people’s home situation,
2. Young people’s participation in education, employment or training,
3. Young people’s general wellbeing.

The study considered what helps and what needs to improve to enable two things; for children and young people in and from care to receive the best support available and for the collective that make up their corporate parents to fulfil the role of a good parent. In this report we present messages to corporate parents and pose the question raised in the title ‘would this be good enough for my children?’

The structure of the report

1. Introduction

Chapter 1 provides an overview of corporate parenting and the structure of the report.

2. Aims and methodology

Chapter 2 outlines the aims and objectives of the overall study, which are, to understand how corporate parenting is working in practice; what poses a risk and what helps young people moving on from care; and to test out whether the peer research methodology represents a successful approach to carrying out research with young people in and from care. We also discuss the sources of data gathered and used in this report, the methods used for wider data collection and for the statistical and thematic analysis of that data.

3. Peer research

Chapter 3 focuses on our peer research (PR) approach. As this methodology was both central to the study aims and carrying out the research, we commissioned an independent evaluation of the method to understand its impact on young people involved and on the overall research project. This chapter outlines the PR model used in the research, including our approach to recruitment, training and support of peer researchers. We draw upon feedback from young people and local authority staff during training and from the independent evaluation to demonstrate the benefits and challenges involved in the approach and outline lessons learned and recommendations for future work using PR.

4. Corporate parenting – making the difference?

Chapter 4 provides an overview of how corporate parenting is working in practice, from the perspective of senior policy and practice managers and frontline workers within children’s social care and young people in and from care themselves. Importantly, the chapter also includes the views of professionals from a range of other agencies that make up the corporate family. Key messages arising from the data are used to highlight the challenges of delivering good quality corporate parenting as well as the necessary ingredients for effective, good quality care.

5. Introducing the young people

Chapter 5 introduces the research sample; young people who were interviewed over the three years of snapshot data collection and those involved in the follow-up interviews. The chapter describes the general characteristics of the research sample in terms of gender, ethnicity and additional needs to explore representativeness with the general care and leaving care population. We also look at young people’s care history and basic care experiences, such as age and reasons for entry to care, and placement stability to
explore need. The final section of the chapter explores young people’s views on their participation in decision-making and readiness for independent living.

6. Care and post care accommodation

Chapter 6 describes where young people were living at the time of the snapshot interviews, whether a care placement or post care accommodation. It explores accommodation stability, suitability, choice and support and considers factors that enable lead professionals to support young people with their accommodation. We look at how satisfied young people are with where they are living and how safe they feel in their local areas. The chapter also draws upon data gathered from follow-up interviews to explore young people’s perceptions of what home means to them. This provides a deeper insight into young people’s accommodation experiences. The chapter highlights messages for policy and practice.

7. Participation in education, employment and training

Here we look at young people’s participation in compulsory education and post-compulsory education, employment and training. It explores education disruption for those in education in the year prior to interview, and progress in terms of attendance and attainment. The chapter provides an overview of care leaver’s participation status in comparison to trends in recent years and uses national data to explore comparability with young people within the national care population and young people generally. It includes a particular focus on participation in further and higher education, drawing upon follow-up interviews to understand motivation, facilitators and obstacles to continuing in FE and HE. Information from lead professionals provides some insight into the challenges of supporting young people with their education, employment and training, and includes practice messages for other corporate parents.

8. Health, wellbeing and risk

Chapter 8 describes young people’s health and wellbeing, drawing upon information from lead professionals and young people’s self-reports. We explore the presence of sensory, physical and learning impairments within the group, as well as evidence of physical and mental ill health. This chapter includes a focus on young people’s subjective wellbeing, which explores happiness with a range of life areas as well as overall wellbeing. Findings from this research are situated within the context of existing research and national data to provide a comparison with other young people. We also look at young people’s involvement in risk behaviour and sources of support to address their needs.

9. Conclusion: Leaving Care - what makes the difference?

Chapter 9 summarises the key findings from chapters five to eight on the factors that can contribute to or hamper good corporate parenting and positive progress as young people make the journey through care.
The chapter concludes by bringing together key findings and messages from young people, lead professionals and senior managers on what facilitates progress and how corporate parenting is and should be operating.

Appendices

1. Independent Evaluation of the corporate parenting study’s peer research approach
2. Characteristics of snapshot and follow-up participants
Chapter 2: Aims and methodology

Jo Dixon

‘If we seriously mean to improve life conditions for children we must as a minimum precondition, establish reporting systems in which they are heard themselves as well as reported on by others’.3

Headlines: Aims and methodology

• 12 English local authorities participated over three years via interviews and surveys with young people, social workers and leaving care workers (lead professionals), service managers and other relevant agencies involved in corporate parenting.
• There was a high level of young people’s participation in shaping and delivering the research (36 care leavers worked as peer researchers and 579 young people in care or care leavers were interviewed by the peer research team).
• One of the largest peer research studies to look at children in care and leaving care and one of the first studies to both use and test out a peer research methodology.

Research background and aims

The research was funded by the Big Lottery and was led by Catch22 National Care Advisory Service (NCAS) in collaboration with researchers from the Social Policy Research Unit at the University of York (Jo Dixon on secondment as research manager and Mike Stein as consultant). It was carried out by the research team (research manager, sessional research assistant, Jenny Lee, and peer research team) together with the Catch22 NCAS participation team (Harriet Guhirwa, Sharn Bowley and Jade Ward). The policy survey was supported by the Catch22 Policy team (Claire Baker, Linda Briheim-Crookall, and Emily Fennell). The research took place between July 2010 and December 2014 across 12 English local authorities.

The main aims of the research were to:

• Understand how corporate parenting is being delivered across English local authorities from the perspective of Children’s Services and other ‘partner’ agencies;
• Explore the risk and protective factors that impact upon young people’s care experience and progress and consider their progress in comparison to other care and non-care young people.

In addition to the aims of the research enquiry, two further objectives of the overall study were to:

- Test out the peer research methodology, to understand the impact of the model on young people, and the research process, and the effectiveness and use of evidence gathered from young people by young people.
- Generate evidence based recommendations for policy and practice.

The main data collection activity involved three annual rounds of data gathering each summer 2011 to 2013.

**Methodology**

The research employed a mixed methods approach drawing upon statistical data gathered from participants via survey data, standardised measures and analysis of existing national and local authority data sets on young people in care and, in the case of the latter on young people in general. Qualitative material was gathered from questionnaires to lead professionals and policy staff and from snapshot interviews and in-depth interviews with young people. Focus groups with young people and lead professionals also provided useful insights and experiences. The study data collection comprised five key elements:

### 1. Policy survey

A short policy questionnaire was sent to the Director of Children’s Services (DCS) across each of the participating areas in year 2 (2012). The purpose of the survey was to explore how corporate parenting was being delivered within the local authorities. It included information on the framework for delivering and monitoring corporate parenting activity and how corporate parenting partnerships were being developed and operating, including examples of best practice and any obstacles arising. Information was also gathered on how local authorities (LAs) were responding to changes in legislation and policy and how this had impacted on corporate parenting.

In addition to this, short policy surveys were sent out to leaving care service managers in years 3 and 4 (2013 & 14) to gather information on topical issues such as staying put and caseload quotas as well as partnership working with other agencies.

There is an expectation that departments and services within the council share corporate parenting responsibility. It was important, therefore, to explore partnership working from the perspective of other agencies as well as children’s services. A parallel questionnaire was sent to relevant departments and services to gather information on their approach to CP and working relationships with children’s services.

Lead professionals taking part in the snapshot survey were also asked for their views on how corporate parenting was operating in their area and what helps and hinders them in carrying out their role as corporate parents. Overall, the policy survey provided an opportunity to gain an understanding of how corporate parenting is operating across different
local authorities, from the perspective of a range of services involved in providing support to young people in and from care.

Table 2.1 Policy survey – data collected

<table>
<thead>
<tr>
<th>Data collection type</th>
<th>Year of study</th>
<th>Frequency</th>
<th>Response rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Questionnaire to DCS or senior manager</td>
<td>2012</td>
<td>4</td>
<td>33%</td>
</tr>
<tr>
<td>Questionnaire to Leaving Care Service</td>
<td>2013</td>
<td>32</td>
<td>45%</td>
</tr>
<tr>
<td>Questionnaires to CP partners</td>
<td>2014</td>
<td>9</td>
<td>75%</td>
</tr>
<tr>
<td>Questionnaires to CP partners</td>
<td>2014</td>
<td>25</td>
<td>50% (At least 1 questionnaire returned from 6 LAs)</td>
</tr>
<tr>
<td>Lead professionals – CP questions - Snapshot</td>
<td>2011 - 2013</td>
<td>398</td>
<td>n/a</td>
</tr>
<tr>
<td>Lead professionals – CP questions - Follow-up</td>
<td>2012 &amp; 2013</td>
<td>68</td>
<td>n/a</td>
</tr>
<tr>
<td>Young people – CP questions - Snapshot</td>
<td>2011 - 2013</td>
<td>579</td>
<td>n/a</td>
</tr>
</tbody>
</table>

2. **Annual snapshot interviews**

**Sampling**

Snapshot interviews of young people were conducted in years 1, 2 and 3. Each year a sample of young people from each of the 12 participating LAs was invited to attend interview days to complete a questionnaire, administered face to face by a care leaver peer researcher.

Young people were eligible to take part in the study if they were between the ages of 13 and 21 and were currently in care or had left care.

We opted for an open approach to sampling rather than specifying any predefined quotas based on certain characteristics or level of need (e.g. a specific number of males, young parents, care leavers, etc.). Reasons for this included the relatively small numbers of eligible young people per LA, which made it difficult to be too prescriptive, and uncertainty about the ease of finding participants. Nevertheless, we did request that a wide range of young people were invited to take part.

**Data collection**

Information was gathered via a questionnaire administered during a face to face meeting with a peer researcher. Meetings were held at an LA (or similar) venue. Interview schedules included questions on young people’s characteristics, difficulties, current circumstances, views on services and support available to them. They were also asked for their views on what makes a ‘good corporate parent’.

Parallel data was gathered via a questionnaire from the lead professional (whether a social worker or leaving care worker) on young people’s care history, current living circumstances, activity, wellbeing and risk issues. We also gathered information on support and services provided to meet their needs. In addition, lead professionals were asked for their own views on what factors facilitate and hamper effective corporate parenting for young people in and
from care. This provided lead professionals with an opportunity to reflect upon their wider work with young people.

3. **Follow-up interviews**

A subsample of young people was selected from the year 1 snapshot to follow-up over the following two years. This group formed a case study group, which enabled the research to track a small group of young people over time and gather in depth information via face to face interviews with young people and questionnaires or telephone interviews with their lead professionals. An initial aim of the follow-up study included issuing a questionnaire to carers; however, as most of the young people in the group had left their care placement, this was not feasible.

The inclusion of a follow-up group not only introduced a longitudinal element to the research but also provided an opportunity to explore particular issues in greater detail.

In year 2 the follow-up group was selected from those who had agreed to further contact, were aged 16 or over and in some form of education as their primary activity at snapshot in year 1. The aim was to recruit five young people from each local authority, with a spread of characteristics and education types across the sub-sample.

The follow-up interviews focused on the themes of accommodation and participation in education, employment and training (EET) in the year since the young person was first interviewed. As usual the interviews were conducted by peer researchers administered through questionnaires, but also recorded to capture the qualitative data in depth.

The aims of the follow-up in year 3 were to look at transitions for young people leaving care and experiment with a conversational approach to the interviews, focusing on the changes and significant life events identified by the young person. The interviews were recorded and primarily participant led; the PRs using a topic guide to prompt when needed.

The sub-sample consisted of two groups:

   a) Those that participated in the follow-up the previous year.
   b) Young people who, at snapshot in year 2, had recently left care, were approaching 18 or were due to move to semi/independent living.

Some of the statistical measures and questions asked at snapshot were repeated at both follow-up time points. Questionnaires were also sent to lead professionals for the follow-up group to enable them to comment on the young person’s progress and also to reflect on wider factors that had impacted upon their work with looked after young people and care leavers in general.

4. **Focus groups**

Focus groups were held with young people each year (yr1 to 3) to gather feedback on the emerging findings from the research. Six focus groups were held (five with young people and one with leaving care workers). The purpose of the focus groups was two-fold: first, to test
out interim findings and second, to gather views on particular issues including participation in education and corporate parenting.

5. **Annual review of national and local statistics**

Data was collected each year on the care population and young people in general. This has involved a review of annual government data on children in and leaving care as well as national statistics on young people in general. For example, school attendance and qualifications, NEET, participation in EET, homelessness etc. This work has been used to inform the broader context for the study and to compare how young people in and from care are progressing in relation to their peers.

**Young people’s participation**

An important and integral commitment of the study was to maintain young people at the centre of the research and engage them in all aspects of the process. Young people were involved in the research process in the following ways:

1. Young people were engaged in large numbers as research participants, as discussed later in this chapter, 579 young people were interviewed for the study.
2. A young people’s Reference Group was set up to help guide and oversee the research process, materials and findings.
3. A peer research methodology was adopted to enable care experienced young people to receive training and support to carry out interviews with their peers in another local authority.

**Young People’s Reference Group (YPRG)**

The YPRG comprised between six to eight care experienced young people who met two to three times per year to develop information material and to advise on the peer researcher recruitment pack, research instruments (snapshot questionnaire and follow-up interview) and the appropriateness of the methodology for gathering data from other young people. Members of the YPRG also assisted with thematic analysis of qualitative data from young people and lead professional questionnaires and interviews. In addition the group have provided feedback on emerging findings, which helped to guide year 3 data collection, and have contributed to the dissemination of research findings to practitioners.

**Peer Researchers**

As discussed earlier and again in more detail in chapter 3, an objective of the research was to test out the peer research model and methodology.

At the outset of the study two care experienced young people aged 18 or over were recruited from each participating local authority (n= 24) in year 1. Most of the peer researchers remained with the study for at least two years, with nine remaining throughout. Around six young people left in years 2 and years 3 due to other commitments, including full time work, studies and parenthood. These young people were replaced by care leavers from the
relevant local authorities meaning a total of 36 young people worked as peer researchers over the three years of the data collection. As discussed in the following chapter, peer researchers received training and support from the Catch22 NCAS participation workers (Harriet Guhiriwa, Sharn Bowley and Jade Ward) and the research manager (Jo Dixon) to carry out the research. A member of staff from the young people’s local authorities (area research co-ordinator) was also asked to support young people to carry out the role.

Two training courses were held each year for peer researchers. A member of local authority staff was invited to attend in years 1 and 2. Training took place on a University Campus and involved a two day residential course (including refresher courses in years 2 and 3).

**Research Sites**

The research was conducted across 12 local authorities (LAs) in England, at least one LA from each of the nine regions (North East, North West, Yorkshire and Humber, East Midlands, West Midlands South West, South East, East of England and London). The original project aimed to engage with eighteen LAs and this number were initially invited to participate, two refused immediately and we selected a further two to replace them. The LAs were selected to be representative of the different types of LA, geographic areas and on the basis of the size of the children in care population. Some consideration was given to the performance of the LA and of children’s services according to the Ofsted 2009 and 2010 reports, to ensure that a mixture of LAs that were considered to be performing well and not so well were represented.

Letters accompanied by a research briefing note outlining the study and a Memorandum of Understanding (MoU) were sent out to the Director of Children’s Services for each of the selected local authorities on the 1st November 2010. The DCS was asked to sign and return the MoU if they were willing to participate. Contact was also made by email with key staff in the selected authorities asking them to actively support the research taking place in their relevant LAs.

Recruitment of LAs ended in mid-January 2011 with agreement from 13 local authorities, although one later dropped out leaving us with 12 and representing 66% of the target number of LAs (12 of 18):

<table>
<thead>
<tr>
<th>LA type</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unitary</td>
<td>2</td>
</tr>
<tr>
<td>Metropolitan</td>
<td>5</td>
</tr>
<tr>
<td>County</td>
<td>4</td>
</tr>
<tr>
<td>London Borough</td>
<td>1</td>
</tr>
</tbody>
</table>

The study was successful in retaining all 12 local authorities throughout the whole project, with active participation in the three years of research activity. This was despite a number of changes within LAs including service structure and change of lead personnel.
Recruiting the research sample - the numbers

The snapshot interviews took place between June and October each summer in 2011, 2012 and 2013 in each of the 12 LAs. Local authority social and leaving care workers, supported by the area research co-ordinator (ARCs), were asked to identify a group of young people between the ages of 13-21 in and from care to attend an interview day arranged at local authority offices. In most cases, interview events took place over two or three days.

The target sample was 774 young people; 30 young people from each LA in year 1 (n=390), 20 in year 2 (n=240) and 12 in year 3 (n=144). The aim was to reduce the sample in years 2 and 3 and introduce a follow-up sample. As discussed later, we achieved 75%, with 579 young people taking part in snapshot interviews. In addition, 69 individual young people from the snapshot group took part in follow-up interviews in year 2 and/or year 3. As shown in table 2.3, an overall total of 666 snapshot and follow-up interviews were carried out.

There was some variation in participation rates across the local authority areas (ranging from 43 – 70 young people). Whilst in some cases this reflected the size and structure of the local authority and the looked after and leaving care populations, it also indicates some of the difficulties experienced in recruiting in the areas and the differing approaches taken by ARCs and other local authority staff to promoting and encouraging participation, e.g. holding summer barbeques to coincide with interview events, advertising interview days and providing refreshments.

Table 2.3 Young people’s participation by local authority area

<table>
<thead>
<tr>
<th>LA area</th>
<th>Number of snapshot interviews with young people</th>
<th>Number of interviews with young people in year 2 and 3</th>
<th>Number of follow up interviews with young people in year 2 and 3</th>
<th>Number of YP participating in each of the 3 years of data collection (case studies)</th>
<th>Total number of interviews with YP in each LA</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>58</td>
<td>12</td>
<td>2</td>
<td>70</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>52</td>
<td>4</td>
<td>0</td>
<td>56</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>55</td>
<td>8</td>
<td>2</td>
<td>63</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>39</td>
<td>4</td>
<td>0</td>
<td>43</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>49</td>
<td>8</td>
<td>3</td>
<td>57</td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>36</td>
<td>7</td>
<td>1</td>
<td>43</td>
<td></td>
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<tr>
<td>7.</td>
<td>41</td>
<td>10</td>
<td>3</td>
<td>51</td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>58</td>
<td>6</td>
<td>1</td>
<td>64</td>
<td></td>
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<tr>
<td>9.</td>
<td>46</td>
<td>6</td>
<td>1</td>
<td>52</td>
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<td><strong>579</strong></td>
<td><strong>87</strong></td>
<td><strong>18</strong></td>
<td><strong>666</strong></td>
<td></td>
</tr>
</tbody>
</table>

The majority of the interviews took place face to face with a peer researcher in a local authority office over two to four days. A small number of young people were unable to travel to the office so telephone interviews were conducted. In a few cases, where peer
researchers were unable to attend all of their interview days, interviews were carried out by a member of the research team.

**Gathering Data from Lead Professionals**

Young people were asked for permission for the study to send a questionnaire to their lead professional (LP), whether a social worker or leaving care worker/Personal Adviser, to gather further information. Most young people agreed and the LP was contacted with a postal questionnaire. Some LPs were working with more than one participating young person and therefore received more than one questionnaire.

The LP was asked to return their questionnaire within one week of receiving it. The initial response rates were poor during each year of data collection. As previous studies have noted, carrying out research within children’s social care is increasingly difficult\(^4\). Reasons for this include the very real and pressing priorities and escalating caseloads of busy practitioners and on several occasions the study fieldwork coincided with Ofsted inspections or service restructuring. On occasion it may also reflect practitioner’s mistrust or ambivalence towards research, which can result in gatekeeping, either through a reluctance to refer young people to the research or by non-completion of questionnaires. In any event, we encountered some delay in receiving responses despite our attempts to minimise the amount of additional work created by the research. A review of timescales of responses for the year 2 data showed that the average time taken to return the questionnaire was 31 days and ranged from one day to three months. This meant that worker data on young people was often received some weeks after the young person's interviews, during which time the young person's circumstance might have changed. This posed some difficulties during analysis as additional work to synchronise data and make sense of timelines was needed.

To maximise the response rate, deadlines were extended and LPs were contacted via reminder emails and telephone calls. Electronic versions of the questionnaire and telephone interviews were offered. In year 1, a shortened version of the LP questionnaire, which focused mainly on the factual questions, was sent out. This version was also available in years 2 and 3. LP information was provided by postal questionnaire, electronic questionnaire or telephone interview for 398 of the 579 young people, as shown in Table 2.4. This represents a respectable response rate of 69% and provides data on over two thirds of young people in the sample.

Questionnaires were also sent to lead professionals of young people participating in the follow-up in years 2 and 3. We received LP data on over three quarters (78%) of the follow-up group.

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Table 2.4  Lead professional participation rates by local authority

<table>
<thead>
<tr>
<th>LA area</th>
<th>LP Snapshot (N &amp; % returns)</th>
<th>LP Follow ups for years 2 and 3. (N &amp; % returns)</th>
<th>Total LP returns in each LA (N &amp; % returns)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>38 (66%)</td>
<td>8 (67%)</td>
<td>46 (66%)</td>
</tr>
<tr>
<td>2.</td>
<td>36 (69%)</td>
<td>2 (50%)</td>
<td>38 (68%)</td>
</tr>
<tr>
<td>3.</td>
<td>39 (71%)</td>
<td>7 (88%)</td>
<td>46 (73%)</td>
</tr>
<tr>
<td>4.</td>
<td>28 (72%)</td>
<td>4 (100%)</td>
<td>32 (74%)</td>
</tr>
<tr>
<td>5.</td>
<td>33 (67%)</td>
<td>6 (75%)</td>
<td>39 (68%)</td>
</tr>
<tr>
<td>6.</td>
<td>19 (53%)</td>
<td>6 (86%)</td>
<td>25 (58%)</td>
</tr>
<tr>
<td>7.</td>
<td>26 (63%)</td>
<td>10 (100%)</td>
<td>36 (71%)</td>
</tr>
<tr>
<td>8.</td>
<td>43 (74%)</td>
<td>6 (100%)</td>
<td>49 (77%)</td>
</tr>
<tr>
<td>9.</td>
<td>27 (59%)</td>
<td>2 (33%)</td>
<td>29 (56%)</td>
</tr>
<tr>
<td>10.</td>
<td>41 (84%)</td>
<td>5 (83%)</td>
<td>46 (84%)</td>
</tr>
<tr>
<td>11.</td>
<td>28 (67%)</td>
<td>9 (82%)</td>
<td>37 (70%)</td>
</tr>
<tr>
<td>12.</td>
<td>40 (74%)</td>
<td>3 (60%)</td>
<td>43 (73%)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>398 (69%)</td>
</tr>
</tbody>
</table>

Table 2.5  Summary of data collected

<table>
<thead>
<tr>
<th>Data collection type</th>
<th>Year 1</th>
<th>Year 2</th>
<th>Year 3</th>
<th>Total data</th>
</tr>
</thead>
<tbody>
<tr>
<td>YP Snapshot</td>
<td>299</td>
<td>176</td>
<td>104</td>
<td>579</td>
</tr>
<tr>
<td>LP Snapshot</td>
<td>209</td>
<td>111</td>
<td>78</td>
<td>398</td>
</tr>
<tr>
<td>YP Follow-up</td>
<td>-</td>
<td>52</td>
<td>35</td>
<td>87</td>
</tr>
<tr>
<td>LP Follow-up</td>
<td>-</td>
<td>40</td>
<td>28</td>
<td>68</td>
</tr>
<tr>
<td>Case Studies</td>
<td>Snapshot</td>
<td>FU 1</td>
<td>FU 2</td>
<td>18</td>
</tr>
<tr>
<td></td>
<td></td>
<td>87 interviews with 69 individuals</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Data analysis

Quantitative data from surveys and national and local statistics was analysed using a statistical analysis package (SPSS). A range of statistical tests were used including bivariate and multivariate analysis. Qualitative data, derived from the views and perspectives of participants was analysed to explore themes and issues.

Statistical analysis

We have used a range of statistical tests in this report. As with most social science research, we opted to use non-parametric tests (which make fewer assumptions about the data). We have mostly reported test results in footnotes so as not to disturb flow of commentary.

We have used a combination of univariate analysis (frequencies) and bivariate analysis including Chi square for categorical data, Kruskall Wallis and Mann Whitney U Tests to
compare means and Correlations for scale data. Measures, such as subjective wellbeing were tested for validity using factor analysis and reliability tests.

**A note on P values:**

The P value is the estimated probability of a result being *statistically significant* if it is unlikely to have occurred by chance. As with most research in this area we refer to a test being *statistically significant* if P < 0.05. Conventionally the following levels are used and have been reported in this research:

- P < 0.05 - 5% (less than 1 in 20 chance of being wrong)
- P < 0.01 - 1% (less than 1 in a hundred chance of being wrong)
- P < 0.001 - .1% (less than 1 in a thousand chance of being wrong)

In some cases, we give the exact P value if it is significant (e.g. P = 0.001).

**Qualitative analysis**

Qualitative data gathered from the snapshot interviews were entered onto the SPSS database and used to produce case profiles and later downloaded into MS Word. Qualitative data from the follow-up interviews was transcribed. Transcriptions were used for thematic and content analysis undertaken by Catch22 NCAS research and participation staff and members of the young person’s analysis and dissemination group (i.e. peer researchers and members of the Young People’s Reference Group). We opted to use a manual process for qualitative analysis rather than a qualitative analysis package, as this offered the most convenient and accessible means of working with young people in groups to understand and identify themes within the data. It provided a more hands-on approach. Some basic text analysis (using word search in MS Word) was also used to identify common themes and issues.

Our analysis process during workshops with young people consisted of members forming subgroups based on overarching topics (e.g. accommodation, education, employment and training, corporate parenting and wellbeing and risk). The subgroups read through transcripts and case profiles to identify, via colour coding, common themes and categories relevant to their topic. These were discussed in end of session focus groups to narrow down key themes, identify cross cutting themes and feedback on the relevance of emerging themes and issues. Though time-consuming and consequently perhaps not as thorough, this approach proved to be an effective and thought provoking means of engaging with the data.

In all we used a range of methodological approaches to enable us to achieve the aims of the study effectively. This included drawing together data from a wide range of sources and employing participatory methods to ensure the voices of young people were heard.
Research Ethics

The research was approved by the Association of Directors of Children’s Services and by the Catch22 Research Ethics Committee. Care was taken throughout all aspects of the study (design, training, fieldwork, data collection and analysis and reporting) to conduct the study according to rigorous ethical protocols used in previous research carried out by the lead researchers at the Social Policy Research Unit, University of York. This includes the steps outlined below.

A number of ethical issues arise in research involving vulnerable young people. It was necessary for all staff involved in handling the data and contacting young people to have had a Criminal Records Bureaus/DBS check. This included research and participation staff and members of the peer research team.

Training provided to the peer research team ensured that good interview practice and fieldwork safety was adhered to throughout and training covered the following issues:

Informed consent

Young people and practitioners participating in interviews were provided with written information detailing the aims of the research, purpose of the interview, what would happen to their information and contact details for further information. In addition, at the start of each interview the peer researchers went through a consent checklist with participants to remind them of the purpose of the interview, that participation was voluntary, that they could refuse to answer questions or withdraw from the research at any time, that information was confidential and anonymous and requesting permission to contact their lead professional for further information. Only where young people gave their signed agreement that they understood and were willing take part did the interview begin.

Anonymity, confidentiality and disclosure

We employed a number of strategies to ensure anonymity and confidentiality throughout all stages of the research. Information such as contact details and names were kept separately from questionnaire data and any further identifying information was removed from research reports and outputs.

Identity (ID) codes were assigned to all participants and used on questionnaires, interview and focus group schedules. These were used during the course of data entry and all transcripts were anonymised. The participating local authorities were also assigned an ID code.

All research participants were assured of confidentiality. In addition, we employed a clear policy for the management of disclosure, whereby participants might reveal information that suggests they or someone close to them is at risk of harm. Procedures for dealing with such incidents were covered in detail during the peer research training and peer researchers were given a standard explanation of how disclosure would be handled during the course of an interview i.e. they explained to the participant that the exception to confidentiality was if they
disclosed something that suggested they were at risk, in which case the peer researcher would need to tell the research manager (or member of staff facilitating the interview event).

**Data storage and security**

Electronic data:

- All contact databases were password protected and stored with a password protected folder on a secure site, hosted by Catch22.
- Research data was entered on to an SPSS database stored within a password protected folder on the University of York secure server.

Questionnaires and interview schedules:

- All hard copies of data were stored in a locked filing cabinet or secure location, within a locked office at the University of York. Offices were only accessible using staff key cards.
- Contact details and keys to allocated ID codes were kept in separate locations.
Chapter 3: Involving young people as peer researchers - what works?

Jo Dixon, Harriet Guhirwa and Sharn Bowley

‘He found the insight into other young people’s experiences very interesting and reflected on these deeply, in some way he was contributing to improve future experiences of young people’. (ARC’s comments on peer researcher.)

Headlines: Peer research

- Thirty nine care leavers attended peer research training and 36 went on to work with the study as peer researchers carrying out interviews with over 579 other young people in and from care.
- Residential training courses and refresher events were held each year looking at interview techniques, research ethics, conducting safe interviews and fieldwork procedures in addition to workshops on analysis and dissemination.
- Peer researchers joined with members of the young people’s reference group to undertake analysis of qualitative data and feedback on the findings.
- An independent review of the peer research process stated a positive impact on peer researchers with increased confidence, self-efficacy, communication and organisational skills, reported by young people and from staff supporting the young people.
- Challenges for young people included dealing with interviewee non-attendance and a lack of support from wider local authority staff during recruitment and fieldwork.
- Challenges for the project included the increased time and resources associated with managing and supporting a large group of interviewers (e.g. arranging travel, out of hours support and accompanying some researchers to interview).
- Members of the peer research team have gained further skills and experience by presenting findings at national and international academic and practitioner conferences and working on further research studies of young people in care.

Involving young people as peer researchers

One of the aims of the Corporate Parenting study was to test out a peer research methodology with young people in and from care. In using the approach, the study sought to enhance the model and approach developed by Catch22 NCAS during their earlier research studies, which had involved care experienced youth as peer researchers. These previous
studies, though clearly successful, had not routinely assessed the method, so it was important that the current study included an inbuilt evaluation framework to review how the peer research model was working from the perspective of:

- young people working as peer researchers;
- young people being interviewed by peer researchers; and
- Key members of staff supporting the model, including local authority area research co-ordinators and the Catch22 NCAS research and participation staff.

This chapter describes the process of implementing the peer research model, what it involved, how it was supported and its impact on the research and the young people themselves.

**What is Peer Research?**

Peer Research (PR) is embedded within the tradition of participatory and empowerment research. It assumes the perspective that peers are experts within the area of their own experience. Examples of PR in social care research include social worker’s researching their colleagues, foster carers researching other foster carers and care experienced young people researching other young people in and from care.

PR often involves the peer researcher interviewing or facilitating focus groups with their peers. To be truly effective and inclusive, peer researchers should ideally take an active and participatory role in all aspects of the research process from set-up to dissemination, not just the data collection.

The model developed by Catch22 National Care Advisory Service (NCAS), and used in the current study, is based on a commitment to ensure that any research on young people in and from care should involve care experienced young people themselves, whether as participants or peer researchers or both, and from the very beginning of a study through to its conclusion.

Catch22 NCAS has both a strong history and well regarded expertise in developing and supporting PR within studies of children and young people in and leaving care, in the UK and internationally.\(^5\) Built upon partnerships with academic researchers,\(^6\) local authorities, international organisations and public bodies Catch22 NCAS remains at the forefront of developing training and support for young people as peer researchers. From the first peer research project in 2006 (What Makes The Difference?) to the current Corporate Parenting research, Catch22 NCAS has worked with over 70 care leavers to train and support them as peer researchers. Ongoing work includes supporting care leavers to carry out research on the Fostering Network’s Head Heart and Hands evaluation with Loughborough University, as well as an evaluation of the Siblings Together programme with the University of Oxford.

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\(^6\) Catch22 NCAS has carried out peer research with academics from the Universities of Loughborough, Oxford and York.
**Why use peer research?**

The involvement of care leavers as peer researchers must be meaningful and provide both peer researchers and the young people they interview with a positive experience. Peer research methodology brings advantages for young people as peer researchers and participants as well as for the research overall. The benefits for young people include addressing hierarchical relationships by minimising the potential for power imbalances between researchers and participants; facilitating a greater depth and insight into the research subject by harnessing the power of empathy and shared understanding or ‘common ground’ (PR); and supporting advocacy for, with and by children and young people by maximising opportunities to hear young people’s views. Importantly, employing young people as peer researchers provides actual work experience that brings with it the opportunities to gain knowledge and valuable research, wider life and employment skills for those working as peer researchers.

**The Catch22 NCAS Peer Research Model**

![Diagram of the Catch22 NCAS Peer Research Model](image)

**Recruitment**

Recruitment information was designed in collaboration with a Young People’s Reference Group, set up specifically for this project. Every attempt was made to ensure that the information was accessible and that it clearly set out the job description, i.e. aims and purpose of the study, the peer research role and the person specification (including key skills and abilities). The role of the peer researchers involved contact with vulnerable children and young people, so a CRB/DBS check was required for the post. This was processed by Catch22 or the relevant local authority. The peer research role was intended to constitute
paid work experience on a sessional basis. PRs were paid per interview and were supervised by staff from the Catch22 NCAS participation and research teams.

**Training**

The Catch22 NCAS training model was updated and tailored to meet the needs of the current study.

All peer researchers received training in research skills, effective communication and, importantly, fieldwork and interview safety. Initial research training events included sessions on ethics, data protection and risk management, arranging interviews, conducting safe interviews, group work and role play to test out and feedback on the research interview schedules. Subsequent training events included sessions on analysing qualitative data, focus groups to interpret key themes and dissemination skills.

**Support throughout the study**

The Catch22 NCAS model promotes a well-supported PR opportunity. In addition to support from the research team and the participation team, it is important that local authority staff can offer support to enable young people to undertake the PR role. In the current study, this involved agreement from participating local authorities to appoint a named member of staff to liaise directly with the research team and peer researchers. This staff member, known as area research co-ordinator (ARC) was crucial to the success of the model and assisted with recruitment and support of PRs, as well as helping to set up interview days and recruit young people to take part in the interviews. During the fieldwork stage (July to Sept 2011, 2012 and 2013) this could prove a time consuming task and required considerable commitment from the ARCs, some of whom provided a high level of their own time and support to ensure that the interview days were a success and that young people were welcomed and had a positive experience.

‘Carrying out the role (of ARC) on top of a full-time workload meant there was not a lot of time in which to organise everything and speak to peer researchers’ (ARC).

‘A restructure in our service meant that there has been a turnover of staff during the time of the interviews follow ups’ (ARC).

‘My service has given me the flexibility to plan my schedule and have made available all the finances I needed to plan and organise the interviews’ (ARC).

In addition, Catch22 NCAS participation worker(s) provided emotional and practical support and managed the peer research team on a day-to-day basis during the fieldwork phase. This involved supporting young people through training and maintaining regular contact to ensure that any individual needs or issues relevant to their participation as peer researchers were identified and addressed. For example, for some peer researchers, travelling to their partner LA to carry out interviews was the first time they had left their local area. When ARCs were unable to accompany the peer researchers, the participation or research manager travelled to the LA to accompany the peer researcher. The participation worker and research manager were responsible for arranging travel and hotel accommodation for.
the peer researchers and for maintaining contact during the fieldwork visit. They were also responsible for conducting debrief sessions after the fieldwork. Very occasionally, this resulted in having to address difficult issues that had arisen during or after interviews.

**Exit support**

Peer researchers received a certificate of participation and achievement at the end of the project. They have also been offered support with CVs and the opportunity to approach Catch22 NCAS for reference letters where required.

**Peer Research in the corporate parenting study**

Young people aged 18 and over who had been in care in the 12 study local authority’s, were recruited and trained as peer researchers. To protect confidentiality of data and minimise the chance that participants could be known to peer researchers and vice versa, our model of peer research requires that peer researchers do not conduct interviews in their own LA. Instead, LAs were paired up and peer researchers travelled to the partner LA to carry out interviews there.

With support and supervision from the Catch22 NCAS participation team, research manager and ARC, PRs assisted with the development of the interview schedules, recruiting young people and conducting interviews with children and young people aged 13 and above in and from care across the 12 local authorities. PRs also took part in in the analysis, write up and dissemination of the interview data.

**Recruitment, training and support**

The first cohort of 24 peer researchers was recruited in 2011 and training took place in April of that year. All but three went on to carry out interviews with young people during the summer (June–September 2011). One young person felt unable to continue after the training, due to concerns about the emotional impact of hearing about other young people’s care experiences and two were not available to interview during the summer. Three more young people were recruited in their place and attended individual training days.

In years 2 and 3, a further 12 young people (six each year) were recruited and attended training, to replace cohort 1 peer researchers who were unable to continue after the first year due to other commitments, whether full time work, becoming a parent or because they were out of contact, as was the case for one young person. One member of cohort 3 attended training but was subsequently unavailable to interview.

In total, therefore, 39 young people were recruited and attended peer researcher training and 90% (36) went on to carry out interviews. Nine peer researchers worked with the project for the full three years. Feedback gathered at the end of each full and refresher training event suggested that all young people who attended benefited in terms of increased skills (communication, listening and team work), however, that some young people felt unable or unwilling to continue at all demonstrates the need for careful selection for the role. While some local authorities held recruitment interviews and some selected young people they
considered suitable, at least one LA sent young people to the training without fully explaining the project to them.

Overall, the training events were successful in terms of being very well attended, engaging with and up skilling the peer researchers, and equipping the project with a competent and enthusiastic peer research team.

‘The initial training sessions we did alongside the refresh were well attended with the young people demonstrating commitment and a desire to learn’ (Senior Participation Manager).

The peer research experience

Overall, as discussed in the next section, the peer research experience was positive from the perspective of peer researchers and the research itself, though there were challenges along the way.

The peer researchers, on reflection, considered the training to have been comprehensive and valuable, providing them with the skills to carry out the interviews;

‘I was given enough information in order to carry out the interviews and I knew what to do if I was put in a difficult situation, i.e. someone being difficult or aggressive.’ (Peer researcher).

‘Because we had all the training to equip us for the research and the support of social workers made us able to carry out the [research] comfortably.’ (Peer researcher).

One peer researcher felt that it would be useful to have more time to practise the interview. This is certainly something that needs attention as the two day training was extremely intensive and covered a wide range of topics and skills necessary for carrying out the interviews. Though role play offered some time to practise interviews, future training might consider ways to incorporate more practise time. One option could be to work with young people remotely (e.g. telephone interviews) after the training and prior to interviews taking place. In any event, young people were likely to improve with practise and having overcome initial anxieties, most reported how much they enjoyed the experience, as suggested by the following peer researcher who said:

‘Was nervous at first, but after the first one, gets a lot easier’ (Peer Researcher).

Three fieldwork phases took place (summer 2011, 2012 and 2013) and involved pairs of peer researchers travelling to a partner LA for one to two days at a time to carry out up to 15 prearranged interviews per area. Interview days involved several interviews taking place at a LA or youth service venue. In some cases, 10 interviews (five per peer researcher) took place in one day. The interview days could therefore prove intensive and tiring for peer researchers. On the other hand, where interviewees failed to turn up for interview on time or at all, the peer researchers could spend hours sitting around waiting to carry out interviews. This could prove frustrating for peer researchers who had given up other work or had travelled a distance to interview. In some cases this time in the LA office was used to carry out telephone interviews with young people or to contact young people to invite them to
Recruitment of young people to interview relied heavily on the support of local authority staff, including managers, the ARCs and the local workers who had been asked to circulate information about the interview days to young people they worked with and to refer them directly to the study. Whilst in some areas this was successfully achieved by holding events for young people to attend during the interview day (e.g. a summer barbeque), in other LAs we struggled to enlist the help of staff to refer young people for interview. As one ARC commented:

‘Managers were initially keen for us to take part in the research but have since shown little interest. Colleagues’ high workloads meant they weren’t always forthcoming in making referrals’. ARC

Where this happened the peer researchers noted that it was:

‘Frustrating. Staff from the… authority were not helpful…badly organized’ (Peer Researcher).

In a small number of cases, young people who just happened to be in the office (for example, collecting money or meeting with their social worker) were drafted in to be interviewed at short notice.

Generally the interviews themselves were overall a successful and positive experience. Most of our peer research team commented that it had been a valuable experience for many reasons. Feedback from peer researchers highlighted the impact of their experiences on personal, social and practical skills, including improved communication skills and greater confidence in talking to new people.

‘I feel more confident in talking to people now and I can now pay attention to detail in order to pick out appropriate meaning in people’s statements’ (Peer Researcher).

ARCs, also commented on how much the peer researchers had enjoyed and benefited from the experience:

‘[It] developed their knowledge, awareness, confidence, communication skills, understanding of research, and an opportunity to hear other young people’s care experiences’ (ARC)

Gaining insight into other young people’s experiences of care could prompt peer researchers to reflect on their own experiences.

‘Really interesting to see how others [young people in care] saw things’ (Peer Researcher).

‘I gained more self-esteem and confidence as a result of doing the peer research. I was able to relate to young people better and it also led to me doing different pieces of work with young people within the local authority’ (Peer Researcher).’

One lead professional commented,
'Those that actually carried out the interviews found that hearing about other care experiences has enabled them to put their own experiences into a wider context and make sense of their history' (ARC).

Improved timekeeping and a sense of responsibility and achievement in successfully negotiating their travel around the country were also highlighted by peer researchers and ARCS, ‘being professional’ and being ‘able to arrange and keep appointments’ were amongst some of the benefits of the experience.

Of course, it is important to note that as with most research in this area, there is the potential for peer researchers to hear sensitive and distressing information. As one noted ‘it was emotional and physically draining...but valuable life experience’ (Peer Researcher). It is essential, therefore that peer researchers receive training and support to cope with such information during and after the interviews. There were only a handful of occasions during the study, that disclosure or concerning information led to peer researchers employing the disclosure procedure, whereby they explained to participants that they were unable to keep certain information confidential and this resulted in discussions between the peer researcher and research manager that eventually led to the participants leaving care or social worker being asked to check back with the participant.

**Research data**

The use of peer research methods within research can bring methodological benefits. The quality of information gathered through interview can be enhanced by peer researchers as they and the participants can share a mutual understanding of the research topic and a common language that helps build rapport and support communication. Young people who might usually avoid research participation might also feel more inclined to engage in the process, facilitating participation of traditionally ‘hard to reach’ voices and minimising attrition. There was certainly evidence of high participation rates and in the majority of cases the quality and quantity of data gathered during interviews suggested that interviews had gone well and that interviewees had been willing to share their views and experiences openly.

‘People generally were open which made it easier. Felt I had spent my time doing a considerable thing’ (Peer Researcher).

A survey of 120 young people who had been interviewed in year 3 was carried out for the Independent Evaluation. It showed strong agreement that young people should always be involved in research that is about them (69%) and most (57%) had a positive response to being interviewed by someone with a similar experience to them.

The overall quality of the data was good, though there was some variation. This is not unusual in studies that employ a large team of fieldworkers or interviewers to collect data. In our own team of 36 peer researchers over the three years some variation had been anticipated. It was also evident that while some peer researchers were natural interviewers from the start, many more improved as they gained more experience. There was some evidence that interview data had been affected by language barriers, either where the interviewer or interviewee had struggled with English.
The challenges

The particular experiences, benefits and challenges for young people as outlined above are discussed in detail in the Independent Evaluation detailed in Appendix 1. The views of ARCs are also presented in the evaluation, including the challenges of facilitating the research process alongside their usual work. In most cases this had required considerable support from their own managers and colleagues, which, as discussed earlier in this chapter, had been available to varying degrees.

From the perspective of the Catch22 NCAS research and participation team, the peer research methodology was central to the way we carried out all aspects of the study. It represented an additional dimension to the usual deployment of a research project. It did therefore hold added challenges.

It required closer attention to research ethics and fieldwork safety procedures for example, in some cases carrying out risk assessments for peer researchers attending training or interview venues as well as implementing protocols for safe exit strategies during interviews should either the interviewee or peer researcher become uncomfortable or upset. It also required an ‘on call’ procedure whereby the Catch22 NCAS research manager or participation worker (and in some cases ARC) were responsible for checking in with peer researchers after the interview day to make sure they had arrived home safely. Of course this is good practice with any research but we felt a heightened sense of responsibility to ensure interview and overall fieldwork safety. This required additional time and resources to be built into the set up and fieldwork stages of the study.

We also had to rethink our data collection procedures. To minimise the potential risks associated with peer researchers interviewing in participants own homes as and when they were referred to the study, we instead opted to contain the fieldwork by holding interviews during a discrete time window (i.e. two or three days during the summer holidays) within a single venue in each local authority. Even so, managing the logistics of supporting up to 24 peer researchers to travel across 12 local authorities to carry out around 200 interviews each summer proved to be a time consuming undertaking requiring almost military precision in its planning. Whilst in some local authorities, the ARCs arranged young people’s travel and, where necessary, hotel accommodation, in many instances this was carried out by the Catch22 NCAS research manager and participation worker.

There is no question that peer research can be time and therefore resource heavy, it is certainly not an inexpensive option for carrying out research. It is essential; however, that sufficient resources, support and procedures are in place to ensure that it is carried out safely, effectively and successfully.

‘I feel strongly that we should not compromise or cut corners on young people’s involvement to make PR work to suit a budget or a tight timescale. I understand the importance of needing to work to a (tight) budget but it should not be for the sake of reducing the training for young people for example. That could be something quite tricky for the future with regards to funding but I like to think this study demonstrates the impact and value of PR by doing it correctly and with the right support and these are areas we should not compromise on’. (Catch22 NCAS Participation Manager).
Outcomes

In addition to the positive outcomes highlighted in the independent review of the peer research, there have been further opportunities for some members of the peer research team to build on their skills and experiences.

This has mainly been achieved through involvement in the dissemination of the research. Two members of the peer research team have presented at international conferences (EUSARF 2012 Glasgow and EUSARF 2014 Copenhagen). Peer researchers have presented research findings to a national leaving care managers meeting (attended by 68 leaving care representatives from 65 local authorities).

Three members of the peer research team have also gone on to work as peer researchers with the University of Oxford’s Rees Centre on studies looking at siblings in care and the education experience of young people in care.

Does peer research make a difference?

Our experience of over the past three years of data collection suggests that peer research does make a difference – to the research study, the young people carrying out the role of peer researchers, those young people interviewed by a peer researcher and, though early days, to those who can make use of the research findings.

Thirty nine care leavers were recruited and received training and 36 were supported to carry out interviews with other young people in and from care. Feedback on the training and experience suggested a positive impact on the individual young people. The scale of their achievement and success of their contribution to the research and knowledge in this area is demonstrated by the number of participants interviewed (579 young people) and the data and subsequent findings contained in this report.

In addition to this achievement, an important aim of this study was to explore the use of peer research as a methodological approach to research with young people in and from care. From our own perspective, the peer research component of the study was successful on a number of levels. It successfully achieved its aims; namely to provide a group of care experienced youth with new skills and experiences; to develop a skilled peer research team to carry out interviews and contribute to each stage of the research, from design to dissemination; and to develop a model of peer research to use across the Catch22 organisation. It was also successful in terms of providing a positive experience for interviewees as shown in feedback from participants.
The Independent evaluation of the PR approach concluded:

‘This project shows us the difference between simple participation and building self-efficacy. The attention paid to the needs of young people, their training and support, meant that their experience was not simply one of joining in. Instead they were able to feel fully involved and fully part of the project. Being responsible for working in other local authorities, arranging their interviews and travel heightened their feeling of self-efficacy, that intangible quality which is at the root of progress for vulnerable young people.’ (Independent evaluation of PR methodology and impact)

Overall, to make peer research happen successfully requires a strong commitment to facilitating young people’s participation, demonstrated through effective support networks and sufficient time and resources to ensure that the experience is not tokenistic but is positive, meaningful and enriching for all those involved.
Chapter 4: Making Corporate Parenting Happen
Mike Stein and Jo Dixon

‘A good parent? Someone who looks after you, loves you the way you are, understands you, listens to you and won’t walk away when things get tough’
(Young person, research participant)

Introduction

At the heart of ‘corporate parenting’ is a simple message: those who have responsibility to care for young people who cannot live with their families should have the same aspirations as parents do for their own children, and they should work together to parent them. Making that happen has proved far more difficult.

Since the statutory framework for inter-agency co-operation was laid down by the Children Act 1989 and the idea of ‘corporate parenting’ introduced as a key component of the Quality Protects programme in 1998 – ‘What if this was my child? Would it be good enough for them?’7 – both research and Government information has shown that young people living in and leaving care, overall, fare very poorly in their education, employment, mental health and well-being, in comparison with young people in the general population.8

This has led to a strengthening of the legal and policy framework. The Children Act 2004 contained a ‘duty’ for agencies ‘to cooperate’. The importance of multi-agency work and corporate parenting is detailed in both the current Guidance on Care Planning and Transitions, implemented from April 2011. Corporate parenting has also been kept high on the policy agenda by the ‘cross-departmental’ Care Leaver Strategy, introduced in October 2013, containing within it endorsement of the main recommendations of the Access All Areas9 report - for improving working together arrangements across central Government departments.10

Corporate parenting is a complex jigsaw, bringing together local, regional and national services, extending to elected members, senior managers, middle managers, specialist staff, and

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7 John Hutton, Minister of State for Social Services 1988 launching Quality Protects – following the Secretary of State, Frank Dobson’s ‘launch’ letter (21/9/1998) highlighting the responsibility of local government ‘to provide the kind of loyal support that any good parent would give to their children’
8 Stein M (2012) Young people leaving care, supporting pathways to adulthood, JKP
frontline practitioners and carers – and who else? Young people themselves, of course! And making it happen will therefore require co-ordinated and consistent actions at these different levels - political, strategic, operational, practice and service user. Who would have thought parenting could be so complicated? But perhaps corporate parenting is just a contemporary recognition that – ‘It takes a village to raise a child’.

In this context, the aim of this chapter is to explore the implications of the research findings for putting corporate parenting into practice. The chapter is informed by the views of the key participants: senior managers from Children’s Services and leaving care teams; representatives from different agencies; lead professionals; and young people themselves (see Chapter 2 for details of the methodology). The material contained within the chapter is organised around four main themes: corporate parenting documentation; making corporate parenting effective; the organisation and delivery of services and changes in services.

Corporate parenting documentation

Having clear documentation on local corporate parenting approach is important as it identifies the leadership, structures, processes and staffing for putting a local authorities’ vison of corporate parenting into practice. In doing so it can also provide a ‘model of effective corporate parenting.’

In 2012, at the beginning of the research data collection, a review was carried out of the corporate parenting documentation from the 12 participating local authorities. The focus of the review was to describe the types of information contained within the documents and identify a composite model.

There was a lot of variation in the information contained within the documents. For example, one local authority provided just a 2-sided general information leaflet aimed at the general public. Three local authorities, although making passing reference to ‘corporate parenting’, produced more general child care policy and practice documentation. One authority produced a very dated descriptive overview of the challenges and issues, as distinct from strategic documentation; however, the documents provided by six local authorities contained detailed corporate parenting plans and strategies, although there were significant differences. For example, in one local authority the approach was to integrate their corporate parenting plans with the Children and Young Person’s plan, and in another local authority their plans were integrated within their City Corporate plan. In another local authority the documentation included their Children and Young Person Plan and a linked Looked-After Children Strategy.

In November 2014 a rapid web-based review of the 12 local authorities’ corporate parenting plans was carried out. This showed that all local authorities had up-to-date plans that were easily accessible on their websites. There was less variation than in 2012, in that most identified clear goals, time-scales, those responsible for delivery and the governance

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arrangements. Importantly, most local authorities identified clear links with children in care councils and the young people’s pledge.

Below (see Fig 4.1) is an example of a coherent strategic approach derived from our analysis of different local authorities documentation – these areas provide a structure for ‘making corporate parenting happen’ and contain the key elements that a comprehensive strategy document should focus upon.

It may also be very helpful if there were versions of the plan produced for young people and members of the public.
### Making Corporate Parenting Happen: having a coherent strategy

#### Foreword
- by lead cabinet member and young person to illustrate key commitment and co-production

#### Corporate parenting values:
- these should address the 3 big questions: if this was my child would it be good enough for him or her? If I were that child, would it have been good enough for me? and how could I make it even better?

#### Principles:
- identifies key principles highlighting looked after children are entitled to same care, support stability, health and education as our own children; flexibility of services; participation; access to universal services; diversity; CP continuing after 18; challenging negative perceptions; commitment and teamwork

#### Pledge:
- The Pledge informs all of the work – and should lead to continual monitoring of performance in conjunction with the Children In Care Council

#### Standards:
- being a corporate parent involves commitment and involvement in panel meetings; training; celebrating success of LAC; foster homes and children’s homes meet standards of ‘homeliness, friendliness and openness of cares and staff’; meeting with young people and listening

#### Features of Outstanding corporate parenting:
- identifies features of outstanding CP and how they are implemented

#### Multi-Agency Looked After Partnership (MALAP):
- identifies priorities relevant to particular authority for example: placement stability and attachment; preparation for adult life, and; communication and participation

#### Priorities for improving Corporate Parenting:
- listening and responding; supporting CP; actions to improve service quality and impact; actions to engage the Council in CP

#### Corporate Parenting Improvement Plan:
- identifies the main areas of activity; whose responsibility it is to address them and the timescale for addressing them.

#### What success will look like:
- identifies outcomes, for example: increased stability; improved health; improved educational outcomes; places to go and things to do high quality staff; quality and safety of placements; emotional wellbeing and making a positive contribution, and; achieving future economic wellbeing
Making corporate parenting effective: the views of senior managers, professionals from other agencies, lead professionals and young people

The research carried out a policy and practice survey of the 12 participating local authorities, a relatively small number compared to the national picture of 152 authorities in England. To compensate, we have been able to contextualise and compare the findings and experiences of our study local authorities by situating them within a broader survey, using the same questionnaires, that was administered to members of the National Leaving Care Benchmarking Forum (NLCBF) (up to 68 members) during 2013–14. This has allowed us to comment more generally on corporate parenting as well as situate the responses from our study local authorities within the broader national picture.

Inter-agency cooperation is at the heart of effective corporate parenting. The research literature has captured the complexity of developing integrated working including: bringing together team members with different occupational backgrounds and understandings; having time for team building; establishing joint activities; and developing joint protocols (Anning et al 200612). In this section of the chapter, the views of those staff responsible for ‘making corporate parenting happen’ - and those on the ‘receiving end’, young people themselves are explored.

The views of senior managers and lead professionals

The critical role of elected members and senior officers in implementing ‘effective corporate parenting’ is highlighted by Hart and Williams (200813). They identify 3 main levels of responsibility:

1. Universal responsibility - awareness and knowledge of every elected member and manager;
2. Targeted responsibility – for councillors and managers of children’s services who have more involvement and responsibility for children’s services; and
3. Specialist responsibility – where corporate parenting is ‘at the heart’ of a member or senior managers role.14

Our 2012 policy survey identified the managerial and organisational arrangements for implementing corporate parenting policy in a small proportion of the local authorities in the study. The arrangements were similar in all four participating authorities that responded to the survey. In each authority there was a lead member of staff and a corporate parenting panel or forum with council member representation. In three of the authorities the Multi-

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13 Ibid
14 Ibid
Agency Looked-After Children Panel (MALAP) had a key role in monitoring and quality assessing the implementation of corporate parenting through receiving reports.

The 2012 policy survey of senior managers also provided information on corporate parenting policy within four of the participating local authorities. They identified what they considered contributed to ‘effective corporate parenting’ and what they saw as the ‘barriers’ both important in ‘making corporate parenting happen (as detailed in Table 4.1 below)

**Table 4.1 Making Corporate Parenting Happen – what is effective and what are the barriers? Senior managers’ views**

<table>
<thead>
<tr>
<th>Effective</th>
<th>Barriers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Member commitment</td>
<td>Not all elected members ‘buying in’</td>
</tr>
<tr>
<td>Partnership working</td>
<td>High expectations and limited resources</td>
</tr>
<tr>
<td>Training of staff</td>
<td>Impact of austerity measures</td>
</tr>
<tr>
<td>Shared vision</td>
<td>Very high numbers of looked after children</td>
</tr>
<tr>
<td>Officer support</td>
<td>Shortage of accommodation options</td>
</tr>
<tr>
<td>Involvement of young people</td>
<td>Poor quality of ‘out of authority’ placements</td>
</tr>
<tr>
<td>Commitment to young people’s pledge</td>
<td></td>
</tr>
</tbody>
</table>

This picture is complemented by the main areas identified by lead professionals when asked what helped them act as good corporate parents’ (table 4.2), or presented ‘obstacles’.

**Table 4.2 Making Corporate Parenting Happen – what helps you act as a good corporate parent? Lead professionals views**

<table>
<thead>
<tr>
<th>Facilitators of good corporate parenting</th>
<th>Illustrative quotes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Multi-agency working was valued by workers - Good links, relationships, joint protocols.</td>
<td>Good networks with a wide range of agencies within [LA]. Having a good knowledge and awareness of key issues impacting and services available.</td>
</tr>
<tr>
<td>Having time, resources and flexibility to meet specific needs - Face to face time, creativity in approach.</td>
<td>The legacy of a good stable foster placement. Supporting the young person with the changes to his care when reaching the age of eighteen. (What is said, is actually done). Striving to work with the young person with more frequent visits, and at venues of choice. Working on goals together and seeking to understand and act within the best interest of the young person. Empowerment. Trying thinking outside of the ‘box’ whilst within the framework of competing demands. Admitting when things go wrong and working to maintain a developing relationship. Finally, being able to spend time with the young person.</td>
</tr>
<tr>
<td><strong>The importance of building relationships with young people and families.</strong></td>
<td>Listening to the views and feelings of young people, families and carers. Working with the 'individual' rather than having a 'blanket approach' to all young people.</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td><strong>Having effective systems within local authority, including knowledge and adherence to legislation, clear procedures, good management support, supervision and opportunities for training.</strong></td>
<td>Strong leadership. Willingness to challenge. Interpretation of policy &amp; procedure. Good practice. Reflection. Resources. Good senior management. Good team work. Working relationships with partnership agencies.</td>
</tr>
<tr>
<td><strong>The personal qualities of individual workers and colleagues - Skills, commitment, experience and knowledge, knowing how to engage with and do the best for young people you are working with.</strong></td>
<td>The ability to strike a good working relationship with the young person. To fully explain my role and responsibilities and to gain trust. This takes time and opportunity to form. Also networking of other agencies to assist in providing a good level of support and to advocate on behalf of the yp. Understanding of yp's needs and what they want and available options to them.</td>
</tr>
<tr>
<td><strong>Listening to young people both collectives and individually</strong></td>
<td>Being able to do participation events to engage YP... Being Young person focused and listening to their wishes and views.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Obstacles to good corporate parenting</strong></th>
<th><strong>Illustrative quotes</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Difficulties in engaging other services.</strong></td>
<td>Accessing other services, e.g. Transitions and Mental Health Services for 18+ young people. Benefits - No strong links, e.g. no lead person to discuss over 18's issues. Supported accommodation for 18+ young people.</td>
</tr>
<tr>
<td><strong>Incongruent or conflicting procedures/rules/criteria for eligibility across services.</strong></td>
<td>Difficulty in engaging young people. Assessments that young people who are adults do not want, e.g. pathway plan, content of plan not age appropriate. Lack of understanding from outside agencies. Referral process to other agencies such as housing when young people have had numerous placement breakdowns.</td>
</tr>
<tr>
<td><strong>High case loads affecting quality time with young people – spread too thinly.</strong></td>
<td>Time restrictions due to caseloads. Respecting the young person's rights while working within policy guidelines, e.g. frequency of visits.</td>
</tr>
<tr>
<td><strong>Too much bureaucracy/paperwork.</strong></td>
<td>Work pressures. Larger caseload. A lot of paperwork - duplicate recording. If we were working from the same hymn sheet that would help. Not as much time to spend with the young people doing what you love to do. If I had more time for one-to-one, the young people would be more satisfied.</td>
</tr>
</tbody>
</table>
Limited resources, lack of appropriate placements and services and budget cuts.

Young people (or families) not wanting to engage with services.

Funding from the LA is too low! Mental health services in [LA] don’t always work well with other agencies. No policy on young people over 21 returning to education. Very difficult to get legal advice from the LA when needed. IRO’s no longer available for Pathway reviews. Placement availability, language barriers, lack of appropriate services/resources, non-engagement of yp, resistance from other agencies on occasion to agree to a joint plan.

Parents or those with parental responsibility not engaging. Budgets or funding to enable young people to do as their peers, e.g. trips out to places … and lack of understanding by others of their situation.

Lead professionals were also asked to provide examples of their local authority or other services acting as a good corporate parent. The examples most often cited (Fig. 4.2) were: children in care councils; effective multi-agency work; supporting young people in different ways on their pathways to adulthood; council apprenticeship and accommodation schemes; employing participation workers; and investment in leaving care staff specialising in education, training, housing, employment and volunteering.

**Figure 4.2 Professionals’ Examples of good corporate parenting**

1. Children in care councils
2. Effective multi-agency work
3. Supporting young people on their pathways to adulthood
4. Council apprenticeship and accommodation schemes
5. Employing participation workers
6. Investment in specialist leaving care staff
How are corporate parents viewed by leaving care managers and professional staff from other agencies?

Earlier policy research carried out in Scotland on the role of ‘corporate parents’ showed a wide variation in how other agencies were seen by both senior managers responsible for leaving care services and professionals from other agencies\(^\text{15}\). The research also showed that where inter-agency working agreements – or protocols – were in place they were seen as generally positive and, importantly, ‘they increased young people’s access to a wide range of resources, including accommodation, employment and training’. Both these issues are explored below in the current research.

In 2013 Catch22 NCAS carried out a survey of a sample of 32 local authorities involved in the National Leaving Care Benchmarking Forum (NLCBF) looking at views on corporate parenting. This included two of the local authorities participating in the study. The survey of leaving care managers showed that youth offending teams and education providers (schools, further and higher education) were seen as the best corporate parents, with over 80 per cent of local authorities rating them as ‘good’ or ‘very good’. By contrast, most respondents considered adult mental health services (88%) and Jobcentre plus (66%) as ‘poor’ or ‘very poor’ corporate parents\(^\text{16}\).

In 2014, this survey was repeated with the 12 study local authorities. Eight responded. Services that were rated highly by leaving care managers were: Further Education and Universities, Youth Offending Teams, Disability Services and core services for Looked-After Children and Leaving Care. Consistent with the 2013 study, Job Centre Plus and Adult Mental Health Services were most likely to be rated as ‘poor’ or ‘very poor’. However one local authority rated work with Probation, CAMHS, Leisure and Asylum Seeking Young People as ‘very poor’.

In 2014 information was also collected from professional staff from other agencies and services from six of the twelve participating local authorities. In total, this included service responses from housing; health; leisure; education; skills and advocacy. A varied picture emerges from the findings. Most of the ‘other departments/agencies’ rated their current arrangements with Children’s Services for work with looked after children as ‘good’ (72%) or ‘very good’ (17%) and with young people leaving care as ‘good’ (63%) or ‘very good’ (5%) – but a third (32%) rated their work as ‘poor’. Clearly whoever was asked and whatever time point there is substantial room for improvement.

Joint-working protocols

The 2013 NLCBF survey, which included two of our study participating local authorities, found that there were large discrepancies in the use of joint working policies: just over a quarter of the local authorities (28%) had no joint working agreements in place. They were

\(^{15}\) Dixon J and Stein M (2005) Leaving Care, throughcare and aftercare in Scotland, JKP
\(^{16}\) Internal report Catch22 NCAS report (2014) Extended corporate parenting – Are local services good parents to care leavers?
most common with housing, youth offending teams, careers services and Child and Adolescent Mental Health Services (CAMHS). Whereas some local authorities made good use of joint agreements in developing services, the survey found that ‘the existence of joint working policies was not consistently associated with services being perceived as good parents’ highlighting the importance of policies going hand in hand with ‘active engagement’.

The 2013 NLCBF survey also identified some of the key issues underpinning support for care leavers. They are likely to be better supported: by services focussing on children and young people than those aimed at adults; when the needs of care leavers are prioritised; when there is communication, data sharing and joint working between services; and when services are tailored to their needs.

The information gathered from staff from other agencies showed that overall over half (57%) had a formal agreement with children’s services for work with looked after children and under half (43%) had no agreement. For young people leaving care just over half (52%) had an agreement and just under a half (48%) had no agreement. Most of the departments had an identifiable staff member with responsibility for liaising with children’s services for work with looked after children (80% responded ‘yes’) and for young people leaving care (70% responded ‘yes’).

Just over three quarters of looked after young people and just over two thirds of young people leaving care were involved in meetings or discussions about service development and delivery. Most of the ‘other Departments’ responded that they were involved in inter-agency meetings to plan or review their contribution to children’s services – 84 per cent for work with looked after children and 67 per cent for work with young people leaving care.

The main implications arising from these findings are detailed below (see Fig. 4.3):

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17 Ibid
18 Ibid
What makes a good Corporate Parent? Young People’s Views

In addition to gathering data on corporate parenting from senior managers and lead professionals, young people participating in the peer research snapshot interviews were also asked about their views on what makes a good corporate parent. Data from 579 young people were gathered. Importantly, the thematic analysis of qualitative data was carried out by the young people’s analysis group, which consisted of peer researchers and members of the study’s young people’s reference group.

What is a corporate parent?

Past peer research, carried out in 2007 as part of the What Makes the Difference? Project, found that less than a quarter (23%) of young people said that they had heard of the phrase ‘corporate parent’ - ‘but of these only a handful had an approximately correct understanding of what it meant’ (WMTD, Rainer and NCB, 2008). A selection of young people’s interpretations from this previous study included:

However, some young people did ‘hit the nail on the head’:

‘Being with you every step of the way’ ‘means your social worker acts like your parent’ ‘An alternative to mum and dad but a government body’

Had things changed by the time we spoke to you people over four years later? Our current research also found that few young people were familiar with the term ‘corporate parenting’ with just over one quarter (26%) having heard of the term. However, regardless of response, in the current research, the peer researchers read out the following standard definition of corporate parenting - to ensure that all the participants had a shared understanding of the term.

“This is where your local authority and those working with it should treat young people in and from care as they would treat their own children. For example, professionals should do the best they can to help young people in care to reach their full potential just as any good parent would.”

What makes a good parent?

Figure 4.4: What makes a good parent?

Of more centrality to their lives, young people were also asked to define what makes a good parent or carer, based either on their experience or an ‘ideal’ view. The young people’s analysis group carried out a thematic exploration of the responses and highlighted the qualities that they considered most representative.
A basic text analysis of a large number of responses (n=541) from young people was also carried out to explore which words appeared most frequently and were, therefore, potentially most important to young people. The diagram below shows the eight most common words used to describe a good parent, the larger the text, the more frequent the word appeared in young people’s responses.

**Figure 4.5** Young people’s views – what makes a good parent or carer?

Listening to young people was by far the most common attribute expected of a good parent, appearing in 30 per cent of responses (n=162). This was followed by support (n=111) and help (n=84). Showing love or enabling a young people to feel loved came up in 11 per cent of responses (n=58), and providing a safe place to live or keeping them safe was quoted 27 times. Showing respect for young people, their views or for their culture was highlighted in 4 per cent of cases (n=22) as was being treated like family and wanting the best or having their best interests at heart, (n=14).

The following quotes reflect young people’s views on good parenting:

‘listens to you, understands where you’re coming from, treat like family…. keeps you safe and prepared to compromise with you, do what’s best for the child (&) not turn back on you, get you the best in life’.

‘Someone who looks after you, loves you the way you are, understands you, listens to you and won’t walk away when things get tough’.
This analysis of young people’s views is consistent with the findings of the *What Makes the Difference?* project \(^{20}\). As they conclude:

> So what made the difference? For these young people: feeling and knowing that people consistently cared for them as individuals; experiencing this care in all areas of their lives; stability and fewer placements; getting a real say in crucial decisions such as placements; and extra practical support where this is needed, as well as ongoing emotional and psychological support and help when needed’ (p15)

Our analysis also reflects the body of research on parenting styles which shows that it is the ‘authoritative parenting’ approach combining love, emotional warmth, physical care, safety, stability, guidance and boundaries and stimulation that is most likely to contribute to a young person’s present and future well-being (see Rees *et al* 2011\(^{21}\)). It is these qualities that give meaning to corporate parenting for young people living in care, as well providing the foundation stones for moving on from care. As Hart and Williams have advocated in their *NCB toolkit, Requirements of Good Corporate Parenting* (2008\(^{22}\)) this requires corporate parents to listen to their children and young people, hear their views and work with them to achieve what they want from life. Their toolkit urges Councils to want the best for their children and young people by considering how council decisions impact on them, what they need to fulfil their potential and what needs to be in place to support them?

**How did young people rate their local authorities as carers?**

Young people in our sample were asked to use their own definitions, and what they understood of corporate parenting, to rate their local authority in terms of being a ‘good’ or ‘poor’ corporate parent (n=569). A scale of 0 (very poor) to 5 (very good) was used. The majority of young people rated their local authority positively with 88 per cent scoring them 3 or above with an overall mode of 4 suggesting that most considered their local authority to be doing a good job. The remaining 12 per cent of young people were less positive, with 5 per cent rating their local authority as a poor corporate parent (see Table 4.3 below).

**Table 4.3. Young people’s rating of their Local Authority**

<table>
<thead>
<tr>
<th>CP</th>
<th>Frequency</th>
<th>Percent %</th>
</tr>
</thead>
<tbody>
<tr>
<td>very poor parent</td>
<td>26</td>
<td>4.6</td>
</tr>
<tr>
<td>1</td>
<td>22</td>
<td>3.9</td>
</tr>
<tr>
<td>2</td>
<td>28</td>
<td>4.9</td>
</tr>
<tr>
<td>3</td>
<td>140</td>
<td>24.6</td>
</tr>
<tr>
<td>4</td>
<td>186</td>
<td>32.7</td>
</tr>
<tr>
<td>very good parent</td>
<td>167</td>
<td>29.3</td>
</tr>
<tr>
<td>Total</td>
<td>569</td>
<td>100.0</td>
</tr>
</tbody>
</table>

\(^{20}\) Ibid
\(^{21}\) Rees G, Stein M, Hicks L and Gorin S (2011) *Adolescent Neglect, Research, policy and practice*, JKP – see chapter 9, p28
\(^{22}\) Ibid
Whilst responses were generally positive, there were some interesting group differences in overall ratings. For example, there was a significant association between the local authority area and how positively they were rated, with one area receiving the highest mean score and a different area receiving the lowest (Kruskall Wallis, p=0.05).

When we looked in more detail at the area that received the lowest rating we saw that young people were able to identify examples of why they perceived their authority to be a poor parent; the most common issues related to the absence or lack of communication and low levels of direct contact with lead professionals.

‘[The] Social worker, I’ve not heard from her for considerable time, [she’s] late, no responsibility, never here’ (17 year old female)

‘My social worker is not available to talk ever’. (18 year old female)

‘They’re not supportive. Never discuss life. If not asked then no help and no communication’. (20 year old female)

There was also a significant difference in young people’s rating of their local authorities depending on whether or not they were still in care (Mann Whitney U, p=0.04). The care leaver group appeared more likely than those young people in care, to give a lower score, indicating a greater tendency to be dissatisfied with their corporate parents. It is difficult to be sure why this might be. It could reflect the transfer to a leaving care service or it could be a reflection of general discontent with life and/or support post care, for example, as reported in chapters 6 and 8, care leavers were more likely to be unhappy with where they were living and had a lower sense of wellbeing than young people still in care.

The main implications arising from these findings are identified below (see Fig. 4.6)
Figure 4.6

Making Corporate Parenting happen - young people’s perspectives

| Young people’s views of ‘good parenting’ | reflect wider research findings on ‘authoritative parenting’ – young people want to be to be listened to, to be loved, to be supported, to be helped, to be respected, to be safe and often, to be given boundaries. |
| Making this happen for young people in care | requires good quality placements. This will require rigorous selection of carers who can meet the diverse needs of the different groups of children and young people who come into care, and who experience different pathways through care into adulthood. |
| It will also require policies, support services and training, | that will equip foster and residential carers with the skills to provide ‘authoritative’ parenting and at the same time not encumber them with unnecessary bureaucratic processes that may undermine their caring role and stigmatisate the children and young people they are looking after. |
| Social workers, personal advisers and other professional staff | have an important role to play – in seeing young people regularly, in listening to them and in involving them in all decisions that affect their lives. |

The organisation and delivery of services

Earlier research has identified different models of service organisation and delivery - see Stein (2012\textsuperscript{23}) for a review. The introduction of the Children (Leaving Care) Act 2000 and the strengthening of the legal and policy framework, has led to two main organisational developments: first, more clearly defined roles and responsibilities of staff, and, second, more formalised multi-agency work – or what has been described as ‘a corporate parenting case model’, embracing different models of organisation\textsuperscript{24}. As well as models of service delivery, this section will also explore the findings on selected components of the corporate parenting role: pathway planning and workload; staying put policies and health and well-being.

The organisation of services

The 2014 NLCBF research based on the views of leaving care managers identified three main models of service provision: a 16+ service, an 18 plus service and a throughcare service. Data is available on eight of the study local authorities but we are able to put this in context of a larger survey of 48 local authorities, which shows us that just over one third had a through care service, a third had a 16+ service and just under a third had an 18+ service. Most of the services (82\%) were provided ‘in house’, the remaining 8 per cent being

\textsuperscript{23} Ibid
\textsuperscript{24} Ibid
outsourced. In contrast, our study LAs who responded to the survey were more likely to describe themselves as having a 16+ structure (n=6) compared to a throughcare model (n=20) or 18+ service design.

The main strengths of the 16+ service identified by the leaving care managers included staff skill, motivation and specialist expertise, continuity of care for young people and being able to respond to their individual needs. The managers of the through care service and 18 plus services also highlighted the continuity of care – ‘the young person has the same worker’ ‘continuity up to 18 not just 16 years of age’. The main challenges they identified facing their services included restructuring, merging with LAC teams, working with young people with complex needs and ‘finding them suitable accommodation to meet their needs’.

Generally both our research and past studies indicate that there is no one ideal model to fit all local authorities and the local population needs. Furthermore to date there is a limited research basis to establish the most effective model to deliver a service to care leavers. The most appropriate model will depend on the situation within the local authority, and how they weigh the two key demands:

a) Providing continuity of relationship which is being highlighted as a key requirement;
b) Ensuring that workers have the capacity to focus on the needs of care leavers and the needs of this group are not being lost because the worker has cases which taken greater priority.

Whatever the model of delivering the lead professional role to care leavers it is clear that the Local Authority must have the structure and capacity to manage the work with its other directorates and partner agencies to ensure that all the services it provides are focused on improving outcomes for care leavers. This is time consuming work and requires involvement at a strategic level to ensure that the necessary links and opportunities are created.

Pathway planning and case loads

In our local authorities all of the leaving care managers rated the process of transferring from care plans to pathways plans as either ‘very good’ or ‘good’. Their views on how the process could be improved included:

‘more user friendly pathway plans’, ‘a 16+ representative attending the Looked After Children Review for young people aged 15’, ‘more awareness of what assessment is required at what point would help ensure all 16+ have pathway plans’.

In relation to case-loads, comparing social workers with personal advisers, the personal adviser’s typically had a higher case load, ranging from 16-30 cases compared to 15-25 for social workers. Some young people will of course require more support and contact time than others local authorities will often employ a weighting system to allow for this. It was not possible in the survey, however, to gauge the complexity of the allocated cases and other influences on case allocation. We did explore young people’s perceptions of the level of contact with their lead professional, whether social or leaving care worker. The majority (72%, 415) of young people in the snapshot study said that they had the ‘right amount of contact, whilst 4% (24) felt there was too much contact. Just over one fifth (22%) said they
did not have enough contact with their lead professional. Overall therefore, most young people were relatively happy with the amount of time they spent with their lead professional, though there is clearly a need to free up more time for workers to ensure that all young people feel supported.

**Staying Put policies**

Supporting care leavers to stay with their former foster carers (‘staying put’ arrangements) have generally been welcomed by practitioners and young people – although concerns have been raised that similar arrangements have not been introduced for young people living in children’s homes.

The NLCBF survey of the eight participating local authorities showed that seven had a policy covering ‘staying put’ and the policy was ‘in development’ in the other authority. The numbers of young people staying put ranged from 10-50 young people, with the majority stating that the number was in the 20’s. The survey was conducted prior to the new duty and hence the responses showed that the circumstances in which young people could stay put in foster care varied between the local authorities:

[Staying put is open to] ‘all young people if the placement is meeting their needs’; ‘young people in further or higher education’; ‘young people can stay put if they are not continuing in education’; ‘young people in foster care and our supported lodging scheme – and young people in residential services can move onto the supported lodgings scheme’;

The survey also showed that the payment to the carer was made up of a combination of sources (housing benefit, children services contribution, young person’s contribution, maintenance allowance) dependent on the young person’s circumstances. Finally, in only one of the local authorities was there a specialist ‘staying put’ worker.

It should be noted that the survey was conducted before the Children and Families Act 2014 introduced a duty on local authorities to offer staying put to all young people. Hence, some of the conditionality illustrated should have been lifted.

**Health and well-being policy**

Both research and official data has shown that young people living in and leaving care have high levels of physical and mental health needs.

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The 2014 NLCBMF survey of participating local authorities showed that young people’s health and well-being was assessed prior to leaving care for either all young people (about two thirds of local authorities) or some young people (a third of local authorities). This was usually carried out by Looked After Children nurses as part of the pathway planning review process for young people up to 18 years of age.

Respondents also commented:
‘Health assessments are occasionally refused by young people’..... ‘Some of our young people prefer to attend universal services rather than be assessed by our Looked after nurses – which is their choice’

The survey also showed that in only one authority was all young people’s health and well-being assessed after leaving care. In all the remaining authorities this applied to ‘some young people’. When this happened it was sometimes part of the ongoing reviews of pathway plans or agreed with the young person, sometimes ‘depending on the level of need’. At this stage different forms of assessment were identified, including:

‘health service assessments up-loaded onto our ICS system’; ‘pathway plan assessment’ ‘referral to adult services’; ‘young people encouraged to use universal services’; ‘adult service transition will allow for an assessment which often starts before a young person turns 17’.

Only one of the participating authorities did not have either a specialist worker in their team or support for care leavers health and wellbeing through an external agency. This included jointly funded leaving care nurses:

‘a part-time mental health worker and strong links with LAC nurses, sexual health nurses, drug and alcohol teams and adult services – also a part-time member of staff who supports young people with emotional difficulties that don’t meet the criteria for mental health services’;

‘We have a team of professionals, health education and CAMHS including a virtual Head Teacher and a Child and Adolescent psychiatrist dedicated to LAC and care leavers’

Most of the participating authorities responded that they received support or training to deal with young people’s health and well-being issues:

‘We have a regular meeting with a CAMHS worker and a ‘slot’ when a worker can receive professional consultation’

The main implications arising from these findings are identified below (see Fig. 4.7)
Changes in services

This research has taken place against the background of a dynamic policy context which has implications for the role of corporate parents. This has included: the implementation of the Children and Young Person’s Act 2008, and the Care Planning and Transitions Guidance, from April 2011; the Care Leaver Strategy from October 2013, and the introduction of the ‘Staying Put’ arrangements from May 2014. Also, the Social Justice Cabinet committee has been given responsibility for overseeing the implementation and review of the Care Leaver strategy – reinforcing a commitment to corporate parenting at governmental level.

However, the implementation of these new responsibilities is also taking place at a time of reduced funding to local authorities which is impacting on both direct services and complementary local services and provision. This final section of this chapter presents the views of lead professionals and young people about the changes in policy and practice taking place during year two and three of the research.

28 National Care Advisory Service(2011) Making the Cut: Planning Transitions for Care Leavers in an Age of Austerity, NCAS
The views of lead professional

Lead professionals contributing to the follow-up studies in years 2 and 3 (n= 68) were asked to identify changes in ‘policy and practice’ which have had a ‘positive’ or ‘negative’ impact on work with young people (see Fig. 4.8 below).

Fig. 4.8 Corporate Parenting – changes in policy and practice

<table>
<thead>
<tr>
<th>Year 2 (2012)</th>
<th>Service</th>
<th>Positive</th>
<th>Negative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accommodation</td>
<td>Staying put</td>
<td>Lack of supported accommodation</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Having emergency places</td>
<td>Lack of providers</td>
<td></td>
</tr>
<tr>
<td></td>
<td>New care leavers protocol</td>
<td>Need more 1-bedded accommodation</td>
<td></td>
</tr>
<tr>
<td>EET</td>
<td>New employment worker</td>
<td>Closure of Connexions service</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Networking with College</td>
<td>Increase in University fees</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Year 3 (2013)</th>
<th>Service</th>
<th>Positive</th>
<th>Negative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accommodation</td>
<td>New protocols</td>
<td>Lack of affordable housing</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Supported lodgings</td>
<td>Lack of ‘priority’ for young people</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Single referral process</td>
<td></td>
<td></td>
</tr>
<tr>
<td>EET</td>
<td>New training opportunities</td>
<td>Reduction in Connexions service</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Extension of PA role to 25</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Finance</td>
<td></td>
<td>Impact of benefit changes and lower level of LA financial support</td>
<td></td>
</tr>
<tr>
<td>Health &amp; wellbeing</td>
<td>In-house nurse</td>
<td>Harder to get NHS appointments</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Mental health specialist</td>
<td>Reduction in support services – sexual health advice</td>
<td></td>
</tr>
</tbody>
</table>

The lead professionals contributing to the two follow-up studies were also asked to identify ‘what had helped them most’ and ‘what were the main challenges’. Responses to the former included: staff support and good supervision; links with other agencies; multi-agency working; training opportunities and the Care Leavers Charter. The main challengers were seen as; austerity measures rapid review of corporate parenting policy; benefit changes; restructuring of services; budget cuts; pressure to get young people out of placements; increased caseloads; and financial constraints and their impact on young people.

Changes in services – the views of young people

Young people (n=571) were asked if they had noticed any changes to the service they received from their local authority. Only one in five (19%, 106) indicated that they were aware of changes, whether good or bad. Two thirds (62%) of these were care leavers. There was no difference across the local authority areas. The types of changes noticed by
young people included positive changes such as an improvement in the way social and leaving care workers treated the young people they were working with. Given the average age of the study group (17 years) and the fact that most were care leavers, it seems reasonable to assume that this might reflect the transition from looked after services and the approach of the leaving care service.

‘Leaving care worker talking to me, better relationship’. (18 year old)
‘Workers are trying to make more of an effort to get to know young people more’. (14 year old)
‘A lot more contact [from worker], ringing me, checking that I’m alright, things have got a lot better. Better at listening and speaking to me more maturely ’. (16 year old)
‘Listen to me more, like talking to as more adult’. (16 year old)

Reports of negative changes, meanwhile, largely involved awareness of cut backs to services, finance and staffing, suggesting that wider policy changes and economic challenges affecting local authorities had impacted upon services and were recognised by young people themselves. Young people also identified reduction or removal of activities and allowances. Whilst this might again reflect a change in service due to age and status, some young people directly associated this with reduced resources within their local authority.

‘Leaving care worker can’t take me out to McDonalds anymore, its costs too much’. (19 year old)
‘Groups and activities have stopped, funding tighter’. (18 year old)
‘Cuts, can’t do as much, no trips’. (21 year old)
‘no Christmas money’. (19 year old)

A key theme throughout their responses was the perception that ‘cut backs’ had led to reorganisation and reduction in support services within children’s services.

‘Cut backs, no taxis. Stricter on qualifications, I lost social worker due to this’. (16 yr. old)
‘Lack of money, the service may be withdrawn’. (18 year olds)
‘Cut backs and team changes. Workers have lost their jobs, funding’s have been cut.’ (17 year olds)
‘Less spending and reduction in staff.’ (19 year old)

Budget cuts, they give vouchers instead of money for electric, when I have an emergency. Cut backs of money and re-shuffling, I’ve [had] four different Personal Advisers’. (19 and 18 year olds)
Chapter 5: Introducing the young people and their care experience

Jenny Lee

When I first left care I couldn’t do anything, social services helped me to manage money and how to look after myself (female, age 20).

I didn’t know what to expect and wasn’t prepared at all (female, age 20)

This chapter will describe the personal characteristics of the young people participating in the study, together with their care histories and preparation for independence. Comparison with the national population of young people in and post-care, sheds light on the representativeness of our study population and gives confidence in the applicability of our findings. Understanding key aspects of young people’s care careers, such as stability, age at entry to care and on leaving and how these may have a bearing on their outcomes. The final section of this chapter explores young people’s views on their participation in decision-making and readiness for living independently.

Headlines: Young people’s characteristics

- The characteristics of the young people in the study broadly reflect those of children looked after and care leavers in England.
- Unaccompanied Asylum Seeking Children and young parents are over-represented in the study sample than found in national data.
- 4 in 10 (39%) of the study sample entered care as teenagers.
- Two fifths had 5 or more care placements in their care career.
- The majority of those in care had experienced relative stability in the twelve months prior to interview.
- The main reason for entry to care was abuse and/or neglect.
- 58% of the study sample are care leavers and, of these, over half felt it was their choice to leave their final care placement.
- The young people had confidence in their independence skills, but less so with managing money.
- The vast majority felt they had enough say in decisions about their lives, but only 15% found their pathway plan “very useful”.

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29 Care leavers are defined by the study as those over 18 at interview and those under 18 not living in a regulated care placement.
Characteristics of the young people

Just over half of the young people interviewed at snapshot were female (52%, n=299). Three quarters defined themselves as white (76%, n=440), 8% (n=46) were of mixed heritage, 6% Asian (n=38) and 6% Black/Black British (n=37). A third of the young people from minority ethnic backgrounds came from the London local authority. The age at snapshot ranged from 11 to 23, although only eleven young people (2%) fell outside the target age range for the study of 13 to 21 years. The mean, median and modal age at snapshot was 17. The characteristics of the follow-up groups in years 2 and 3 reflect those of the full snapshot population. By default the young people are, on average, older at interview, 70% being 18 or over at year 2 follow-up and 77% at year 3.30

This breakdown of gender and ethnic origin is broadly consistent with the national statistics for looked after children in England31. In recent years females have made up 45% of the care population and white young people approximately 74%. Nearly 1 in 10 (9%_ of those in care are of mixed heritage, 7% Black/Black British and 4% Asian.

Unaccompanied Asylum Seeking Children

One in ten of young people in the sample (n=56) were identified as Unaccompanied Asylum Seeking Children (UASC) and, as such, were over-represented in the study sample. UASC were older in age at snapshot, two thirds being 18 or over and the median age being 19. Also, they were more likely to be male (73% of the total UASC). Latest government figures indicate that 2.9% of those looked after in England were UASC and, of these, 89% were young men and 76% were aged 16 or over. UASC in our study came from 10 out of the 12 local authorities, with a large proportion (43%, n=24) coming from the London authority. This variation was significant32 and may have an impact when comparing young people’s situations and outcomes across the authorities.

The majority of UASC (82%) in our study were defined as care leavers and were living independently or semi-independently. UASC in the study were most likely to enter care as a teenager, aged 13 – 16. Most (89%) were in some form of education, employment or training, predominantly further education.

Young parents

At snapshot 12.5% of the young people (n=69) had a child and/or they or their partner were about to have a child. A quarter of these young people were under 18 when interviewed (n=17) and just over a quarter were male (n=18). Latest government figures indicate that around 2% of females looked after in England are mothers (n=300 out of 14,540 females aged 12 and other) compared to 7.7% of females under 18 in the study sample.

30 Please see Chapter 2 for details of how the follow-up groups in years 2 and 3 were selected and the Appendix for an overview of the characteristics of young people in the study.
32 Pearson Chi Squared p = 0.000
Six young parents participating in the study were in care and the remainder were care leavers. Young parents were predominantly living independently (60%) with a further fifth living in semi-independent accommodation. Over half were participating in some form of education, employment and training, whilst 31% were classified as NEET (not in any form of education, employment and training) and 17% were caring for their child on a full-time basis.

**Care History – Age at entry**

The age young people came into care ranged from 0 (as babies) to 17 years old. The mean age was 10 and mode 13 years old, with 39% (n=220) entering care as teenagers. It is possible that, on occasion, the young people found it difficult to remember the exact age they had entered care, however comparison to the responses from lead professionals is favourable; the mean age of the first and only or most recent entry to care being 11 and just under 50% of the young people entering care as teenagers. It should be noted that a fifth of teenage entrants were UASC. Previous research suggests teenage entrants fare worse compared to young people who come into care early and find stability.

**Care History – Movement in and out of care**

Lead professionals were asked how many times the young person had entered care. The vast majority (80%, n=309) had been in care on one occasion only, with 12% (n=45) experiencing two care episodes and 8% (n=32) three or more care episodes. These figures broadly reflect the national picture.

Turning to placement stability whilst in care, the majority of young people had had four or less care placements in their care career (i.e. since first coming into care) as can be seen in Table 5.1. A sizeable minority (40%, n=146) had had 5 or more placements, indicating a higher level of movement and possible instability. There was no significant association between number of care placements and local authority or gender.

Around two fifths (43%) of young people aged 18 and over (i.e. had ceased to be looked after) had experienced five or more placements in their care career. This is slightly lower than comparable national statistics, where around 50% of young people aged 18 or over had experienced five or more care settings in their last care episode.

**Table 5.1 Lead professional data on number of care placements experienced by young person**

<table>
<thead>
<tr>
<th>Number of care placements throughout care history</th>
<th>All young people % (N)</th>
<th>Young people aged 18 and over % (N)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>15.8 (58)</td>
<td>13.0 (25)</td>
</tr>
<tr>
<td>2 to 4</td>
<td>44.4 (163)</td>
<td>43.8 (84)</td>
</tr>
<tr>
<td>5 to 9</td>
<td>26.7 (98)</td>
<td>24.5 (47)</td>
</tr>
<tr>
<td>10 or more</td>
<td>13.1 (48)</td>
<td>18.8 (36)</td>
</tr>
<tr>
<td>Total</td>
<td>100 (367)</td>
<td>100 (192)</td>
</tr>
</tbody>
</table>
If we consider placement stability for our young people in the last twelve months to when they were interviewed, we find that the vast majority of young people had either not moved or had one change of placement (90%, n=226). As such, 10% of young people may be considered to have had higher levels of instability in the last 12 months (i.e. three or more placements). In chapter 6 we will see that when young people self-reported on the number of places where they had lived in the last year (either in care or post care accommodation), 30% reported that they had lived in three or more places. Placement instability is generally considered to have a negative influence on young people’s outcomes and well-being. However, other factors should be considered. For example, a planned move to more suitable accommodation is likely to be beneficial to the young person and some placements are established as short-term (e.g. as preparation for long-term accommodation) and/or specialist.

Care History – Reason’s for Entry to Care

In keeping with the national perspective, the main reason for young people entering care was abuse and/or neglect. National statistics show 62% of all children looked after in England had a category of need of “Abuse or neglect” compared to 55% of young people in our study. A further quarter of the national care population had a category of need of “Family dysfunction” or “Family in acute stress”, 16% and 9% respectively. This may be loosely compared to the umbrella terms of “breakdown of young person and family relationship” and “parent unable to provide care” used in our study. It should be noted that lead professionals often cited multiple reasons for entry to care.

Table 5.2 Main reason for young person entering care

<table>
<thead>
<tr>
<th>Main reason for young person entering care</th>
<th>% (N)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abuse and/or Neglect</td>
<td>55.2 (218)</td>
</tr>
<tr>
<td>Parent unable to provide care</td>
<td>25.8 (102)</td>
</tr>
<tr>
<td>Breakdown of young person and family relationship</td>
<td>23.0 (91)</td>
</tr>
<tr>
<td>Child’s behaviour</td>
<td>13.9 (55)</td>
</tr>
<tr>
<td>Other (including UASC)</td>
<td>15.7 (62)</td>
</tr>
</tbody>
</table>

Care status

Nearly half (48%, n=189) of young people were considered no longer looked after by their lead professional. Of these only two young people (aged 21) were no longer receiving services at the time of snapshot interview. For the purposes of the study, care leavers were defined as those young people aged 18 or over at interview, together with young people under-18 living in independent or semi-independent accommodation (i.e. not a regulated care placement.). Over half of the sample (58%), were care leavers according to this definition and, of these, 82 individuals were aged 16 or 17 (24% of all the care leavers).

34 Lead professionals could tick multiple options.
There was no significant association between the study’s definition of care leaver and local authority or gender.

Of those categorised as looked after by the lead professional, half were on a full care order (n = 105) and 43% were accommodated on a voluntary agreement under Section 20 of the Children Act 1989 (n = 90). The remaining 6% (n = 13) were “other”, including 1 on a placement order and 1 remanded into care. The legal status of 58% of all children looked after in England on the 31.03.14 was “Care Order”, whilst 28% were accommodated under section 20.

### Leaving Care

Care leavers in our study were asked the important question of whether they felt they had a choice about leaving care. Over half of the young people felt it had been their choice to leave at the point they did, but a sizeable minority felt they had no choice (32%, n = 83). There appeared to be a significant association between feelings of having a choice whether to leave and the local authority. The proportion of care leavers who felt it was “my choice” being higher than might be expected in some authorities (82% of those responding to this question in two local authorities) and proportion of care leavers who felt they had “no choice” being higher than might be expected in others (notably, 57% of those responding to this question in one local authority). This suggests that choice and perception of choice is something that can be embedded in practice and lessons from more successful local authorities should be disseminated to those who need to develop this area of work. There was no association between gender or UASC and choice.

**Figure 5.1  Care leavers’ views – did you have a choice about leaving care?**

- **My choice**: 52%
- **Some choice**: 16%
- **No choice**: 32%

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35 Pearson Chi Squared p = 0.000
Table 5.3 describes care leaver’s final care placement, as defined by their lead professional. Care leavers were most likely to leave care from a foster placement (40%). However, 30% left from some form of semi-independent living and 6 individuals from a B & B. Government figures revealed that 38% left care from foster care, whilst 30% left from “other placements in the community” and 21% from “secure units, children’s homes and hostels”. Although definitions of placement type may vary, it would appear that the study data broadly reflects national figures.

Table 5.3  Lead professional views of final care placement

<table>
<thead>
<tr>
<th>Final Care placement as defined by lead professional</th>
<th>% (N)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foster Care</td>
<td>39.6 (72)</td>
</tr>
<tr>
<td>Residential Setting (including children’s home)</td>
<td>17.0 (31)</td>
</tr>
<tr>
<td>Semi-independent Accommodation (including supported lodgings)</td>
<td>29.6 (54)</td>
</tr>
<tr>
<td>Independent living</td>
<td>4.9 (9)</td>
</tr>
<tr>
<td>B&amp;B</td>
<td>3.3 (6)</td>
</tr>
<tr>
<td>Other (including with parents)</td>
<td>5.0 (10)</td>
</tr>
<tr>
<td>Total</td>
<td>100 (182)</td>
</tr>
</tbody>
</table>

Preparation, planning and participation

The study explored young people’s preparation for independence and their participation in decisions about their lives. The majority of young people were confident about their independence skills (see Table 5.4), in particular their self-care skills. This was supported by the lead professionals, three quarters of whom judged the young person's self-care to be quite competent or competent for their age. Care leavers appeared to be more likely to feel able to cook, wash and iron and keep their living space clean and tidy than those in care. Young people' confidence in their abilities to manage their money was much less apparent. This was not associated with their care leaver status or age. As we will see in Chapter 6, a large number of care leavers are taking on the responsibilities of their own tenancy from an early age. As such, our messages to Corporate Parents include prioritising money management training and budgeting schemes.

Table 5.4  Young people’s preparation for independence – skills audit

<table>
<thead>
<tr>
<th>Independence skill</th>
<th>How well young person feels able to do % (n=)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Very well</td>
<td>Quite well</td>
</tr>
<tr>
<td>Cooking</td>
<td>53.4 (307)</td>
<td>37.0 (213)</td>
</tr>
<tr>
<td>Washing and ironing</td>
<td>59.6 (340)</td>
<td>30.7 (175)</td>
</tr>
<tr>
<td>Keeping your home/room clean and tidy</td>
<td>57.7 (332)</td>
<td>28.9 (166)</td>
</tr>
<tr>
<td>Self care</td>
<td>85.0 (488)</td>
<td>14.1 (81)</td>
</tr>
<tr>
<td>Managing your money</td>
<td>37.2 (213)</td>
<td>37.2 (213)</td>
</tr>
<tr>
<td>Finding out where to get help and information</td>
<td>62.3 (356)</td>
<td>29.9 (171)</td>
</tr>
</tbody>
</table>

36 Pearson Chi-Square Test p = 0.000 in all cases.
The vast majority of young people felt they had enough say in decisions about their life (86%, 484), with no significant difference between those in care and care leavers. The 79 young people who did not feel they had enough say (14%) were represented across all local authorities. However, there appeared to be a significant variation between local authorities (range 3% and 28%)\(^{38}\). Young people were also asked about their involvement in groups that help to make decisions about young people in care/care leavers, e.g. Children in Care Council or Children’s Rights Group. Just under a third (31%, n=176) of young people said they were involved in such groups.

Young people aged 16 and over, who had left their care placement, were asked to reflect on whether they had received enough information and support to begin living on their own. The majority (68%, n=180) said they had, with no apparent differences across the local authorities. Young people aged 16 and over were also generally happy with the amount of say they had in their pathway plan (82%, n=257). However, when asked how useful they felt the pathway plan was to them (in snapshot years 2 and 3) young people were most likely to answer “quite useful” and more than four in ten (45%, n=84) answered “not very useful” or “not at all useful”.

Figure 5.2 Young people’s views on their Pathway Plans

The young people who did not find their pathway plan useful commented on the lack of applicability to their lives and timescales. There appears to be little sense of ownership for these young people. Those that found the pathway planning process a positive experience refer to it assisting them with reflection and evaluation, target setting and keeping on track.

\(^{38}\) Pearson Chi Squared \(p = 0.028\)
<table>
<thead>
<tr>
<th>Pathway plan rated as not useful</th>
<th>Because they just repeat my old reviews and they never update them (female, age 17)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Because I learn from my own mistakes and I hate being time tabled (female, age 16)</td>
</tr>
<tr>
<td></td>
<td>Repeated, no help to you, same words all the time, repetitive (female, age 18)</td>
</tr>
<tr>
<td></td>
<td>Because what's the point, I'm going to do my own thing anyway (female, age 19)</td>
</tr>
<tr>
<td></td>
<td>It's just people talking about me (female, age 19)</td>
</tr>
<tr>
<td></td>
<td>You don't use it. I've seen it but more for social workers than me (female, age 19)</td>
</tr>
<tr>
<td></td>
<td>Everything changes, circumstances change (male, age 20)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Pathway plan rated as quite or very useful</th>
<th>Because it direct[s] me to the path of achievements - it sets clear aims and objectives for me as to what I want in life (male, age 20)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Because it's always good to know where you went wrong so you can try change it (female, age 21)</td>
</tr>
<tr>
<td></td>
<td>Helps me keep on track (female, age 16)</td>
</tr>
<tr>
<td></td>
<td>About planning for the future. Helps set out future and provide help if needed (female, age 20)</td>
</tr>
<tr>
<td></td>
<td>When puts down goals have been able to use as 'stepping stone' (female, age 20)</td>
</tr>
<tr>
<td></td>
<td>Help me look back to see how I changed in life. It's quite shocking (female, age 20)</td>
</tr>
<tr>
<td></td>
<td>They tell me what to do to improve my future (male, age 20)</td>
</tr>
</tbody>
</table>
Messages for Corporate Parents

- Many care leavers (around a third) felt they had no choice about leaving care, but this was heavily weighted in some local authorities so that either a significant majority or a minority of young people felt they had a choice. Lack of choice is therefore not necessarily inherent to the system, but something that local authorities can influence and have within their power to improve.

- Our data showed that around 43% left care from accommodation other than foster care or residential care. It is important that young people who move into unregulated placements at 16 or 17 do not automatically lose their care status. The key to the process is the scrutiny of support and consideration of the choices of young people. Corporate parents should review whether such moves are positive for young people, check that they get adequate support and assistance in these ‘other arrangements’ and what the options are for young people who do not manage more independently, for example, do they have the option of return to a care placement. Corporate parents should ensure that they have the statutory safeguards in place to scrutinise such decisions, i.e. if a young person moves to an unregulated placement under 18 the decision should be reviewed by the IRO and signed off by the Director of Children’s Services.

- Although young people seemed to have a high level of confidence in their own independence skills, money management is clearly a concern to many. As we will see in Chapter 6, care leavers continue to take on the responsibilities of their own tenancies from an early age and express concerns about the stresses of paying the bills. Corporate parents should ensure that care leavers financial capabilities are built up through the care and pathway planning process and support given to young people and their lead professionals who are pivotal in co-ordinating their preparation for independence. There is existing good practice to learn from including encouraging savings from an early age (e.g. building on the Junior ISA Scheme through which the government already contributes to looked after children), exploring delegated budgets to assist those in care to test their skills with the support of carers or other workers (such as the budget holding lead professionals pilot39); partnerships with local banks and financial institutions and local or online financial management schemes provided by public, private or voluntary organisations locally and on-line.

- Although Pathway Plans were found to be useful to a number of young people, many found the process irrelevant and went their own way. A central and pressing question for corporate parents should be: what might be done to increase the sense of ownership and engagement for these young people? Can the plan be broken down into manageable steps and promoted as a contract between the corporate parent and young person; a tool for driving changes? Introducing more accessible one page summaries which pull together actions agreed and who should be completing them and working with young people to encourage using alternative formats (such as online sites and mobile applications).

Chapter 6: Care and Post Care

Accommodation

Jenny Lee

‘Prepare young people before they move out independently. Teach them how to cook and budget. Take their time, don’t rush into things, get support’. (Male, age 20)

‘[Good things about care] Not a boring moment, caring, loving, treats me as part of the family. [Bad things about care] Reaching the age of 18 and having to move on’. (Female, age 17)

‘Because of location, it is a mainly white area so I feel I am the minority. There are a lot of older people who have negative views about black people. The flat is far away from the area I grew up in. I have struggled with bills’. (Male, age 19)

Headlines: Accommodation

- 60% of those in care in our sample were in a foster care placement.
- 45% of care leavers were living independently, with young people taking on the responsibilities of managing their own tenancy at various ages but at the earliest from aged 16.
- 70% had lived in 1 or 2 places in the last year, but care leavers were less likely to experience stability.
- 83% felt supported when moving to their current accommodation, valuing planned moves and both practical and emotional help.
- The vast majority of young people were happy with their current accommodation, but care leavers and young women were less likely to feel satisfied.
- Home meant safety, security, being part of a family and cared for, feeling comfortable, having somewhere to sleep and eat, making the place your own and having freedom.
- Lead professionals judged the majority of current accommodation as very suitable.

Introduction

In 2013 in England nearly 10,000 young people left care aged 16 or over. These young people often move to independent living much earlier than other young people; the majority have left their last care placement (foster care or residential home) by the age of 18 and some as early as 16. This experience is the opposite to that of other young people leaving home whose experience is often more gradual with the option to return home for support for
short or long periods of time. As a group care leavers are over-represented in indicators of social exclusion including homelessness.

There are a number of reasons why the transition towards independent living is difficult:

- The young age at which care leavers are expected to make this transition
- The inadequate range of appropriate accommodation and support available;
- And the quality of the planning and preparation received by care leavers.

Consequently we know from practice and research that young people do best with:

- Good practical and emotional preparation for independence.
- Gradual, supported transitions with choice, control and flexibility about where they live, how they are supported and how quickly things change.
- Follow up support as needed.\(^{40}\)

Our research provides a timely opportunity to look at how our large sample of young people are faring in this crucial area.

**Where young people were living**

Young people in and from care live in a wide variety of arrangements and our data demonstrated this. At snapshot a quarter of young people were living in foster care and a quarter in independent living (See Table 6.1). Those living independently were predominantly in their own tenancy (94%, \(n=147\)), whilst those in foster care were largely placed with non-relatives (80%, \(n=117\)). Twenty one individuals from 10 local authorities were judged to be “Staying Put”, i.e. remaining with their former foster carer beyond 18.

Of the 122 young people in semi-independent accommodation over half were living in supported lodgings (56%, \(n=68\)), the remaining in hostels with on-site support (15%, 18) or other forms of transitional accommodation (30%, \(n=36\)). All twelve local authorities had young people living in supported lodgings, the range being from two young people to thirteen (a third of the participants from this authority).

<table>
<thead>
<tr>
<th>Type of accommodation</th>
<th>Frequency</th>
<th>Valid Percent %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foster Care (with relatives or non-relatives)</td>
<td>146</td>
<td>25.3</td>
</tr>
<tr>
<td>Residential Settings (including children's homes)</td>
<td>92</td>
<td>16.0</td>
</tr>
<tr>
<td>With parents or relatives (on an order or informally)</td>
<td>23</td>
<td>4.0</td>
</tr>
<tr>
<td>Independent living (own tenancy, shared housing)</td>
<td>149</td>
<td>25.7</td>
</tr>
<tr>
<td>Semi-independent (including supported lodgings)</td>
<td>122</td>
<td>21.1</td>
</tr>
<tr>
<td>Staying Put</td>
<td>21</td>
<td>3.6</td>
</tr>
<tr>
<td>Homeless or B&amp;B</td>
<td>5</td>
<td>0.9</td>
</tr>
<tr>
<td>Other and informal settings (e.g. staying with friends)</td>
<td>18</td>
<td>3.1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>576</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

Although only 4 young people stated they were living in Bed and Breakfast accommodation at snapshot, it was possible to identify 23 individuals from 9 local authorities that had stayed in a B&B, either currently and/or previously (self-reported and/or reported by the lead professional). At least five of the twenty three were 17 years old at the point they stayed in the B&B. Although for some young people a B&B may be the best accommodation in a moment of crisis, any period of time in emergency accommodation is worrying and the government has recently reiterated that stays in B&Bs should be short term (no more than 2 working days)\(^{41}\).

Just over 60% of the young people in care were in some sort of foster care placement, with nearly 34% residing in a children’s home either within or out of the local authority, or another form of residential setting. By the definition in our study, those in independent living were judged to be care leavers.\(^{42}\) Nearly half (45%) of the care leavers were living in independent accommodation and just over a third (36%) in supported accommodation.

Table 6.2 Where young people were living – comparing those in care with care leavers

<table>
<thead>
<tr>
<th>Type of accommodation</th>
<th>In care</th>
<th>Care leavers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foster Care</td>
<td>146 (60.6%)</td>
<td>0</td>
</tr>
<tr>
<td>Residential Settings</td>
<td>81 (33.6%)</td>
<td>11 (3.3%)</td>
</tr>
<tr>
<td>With parents or relatives</td>
<td>12 (5.0%)</td>
<td>11 (3.3%)</td>
</tr>
<tr>
<td>Independent living</td>
<td>0</td>
<td>149 (44.5%)</td>
</tr>
<tr>
<td>Semi-independent</td>
<td>0</td>
<td>122 (36.4%)</td>
</tr>
<tr>
<td>Staying Put</td>
<td>0</td>
<td>21 (6.3%)</td>
</tr>
<tr>
<td>Homeless or B&amp;B</td>
<td>1 (0.4%)</td>
<td>4 (1.2%)</td>
</tr>
<tr>
<td>Other and informal settings</td>
<td>1 (0.4%)</td>
<td>17 (5.1%)</td>
</tr>
<tr>
<td>Total</td>
<td>241 (100%)</td>
<td>335 (100%)</td>
</tr>
</tbody>
</table>

If we breakdown current accommodation by age groups we find that 96% of the young people under 16 years are living in some sort of care placement; 59% in foster care and 37% in residential. 5 individuals were placed with parents. Table 6.3 describes where 16 and 17 year olds were living in comparison to the data provided by the Department for Education (2013).

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\(^{42}\) Care leavers are defined by the study as those over 18 at interview and those under 18 not living in a regulated care placement.
Table 6.3 16 and 17 year olds accommodation compared to DfE data

<table>
<thead>
<tr>
<th>Study</th>
<th>Type of accommodation</th>
<th>% of 16 &amp; 17 year olds (N = )</th>
<th>DfE 2013</th>
<th>Type of accommodation</th>
<th>% of 16 &amp; 17 year old looked after children</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foster Care</td>
<td>35.4% (67)</td>
<td>Foster Care</td>
<td>51%</td>
<td>Foster Care</td>
<td></td>
</tr>
<tr>
<td>Residential Settings</td>
<td>16.4% (31)</td>
<td>Residential care</td>
<td>22%</td>
<td>Residential care</td>
<td></td>
</tr>
<tr>
<td>With parents or relatives</td>
<td>3.7% (7)</td>
<td>With their parents</td>
<td>4%</td>
<td>Other arrangements</td>
<td>22%</td>
</tr>
<tr>
<td>All other</td>
<td>44.4% (84)</td>
<td>Other arrangements</td>
<td>22%</td>
<td>22%</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>100 (N = 189)</td>
<td></td>
<td>100</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

It would appear that a greater percentage of 16 and 17 year olds in the study are living in accommodation other than a care placement (“All other” 44%, n=84). The majority of our study group of 16 and 17 years olds was living in semi-independent accommodation (n=60), whilst 19 were living independently. The nineteen 16/17 year olds living independently were from 50% of the local authorities only.

Table 6.4 describes in more detail the age of young people living in semi-independent accommodation and independently. As might be expected, as the age of the young person increases, the likelihood they will be living independently increases and, correspondingly, their chance of staying in accommodation with a support element decreases. However, it would appear that care leavers continue to take on the responsibilities of their own tenancy from a young age. In contrast, in the general population the proportion of young adults aged 20 – 24 continuing to live with their parents has risen, particularly since the economic downturn43.

Table 6.4 Age of young people living in semi-independent and independent accommodation

<table>
<thead>
<tr>
<th>Age</th>
<th>Semi-independent accommodation % (N)</th>
<th>Independent living % (N)</th>
</tr>
</thead>
<tbody>
<tr>
<td>16</td>
<td>12% (14)</td>
<td>3% (4)</td>
</tr>
<tr>
<td>17</td>
<td>38% (46)</td>
<td>10% (15)</td>
</tr>
<tr>
<td>18</td>
<td>22% (27)</td>
<td>22% (33)</td>
</tr>
<tr>
<td>19</td>
<td>13% (16)</td>
<td>22% (32)</td>
</tr>
<tr>
<td>20</td>
<td>12% (15)</td>
<td>31% (47)</td>
</tr>
<tr>
<td>21</td>
<td>2% (3)</td>
<td>10% (15)</td>
</tr>
<tr>
<td>22</td>
<td>1% (1)</td>
<td>2.0% (3)</td>
</tr>
<tr>
<td>Total</td>
<td>100 (122)</td>
<td>100 (149)</td>
</tr>
</tbody>
</table>

For the first time this year (2014) government statistics were collected on outcomes for older care leavers aged 20 to 21, which expands the data set as previously only data on 19 year olds was included. Data collected from local authorities contains information on current

accommodation, along with a rating from local authority as to suitability. Table 6.5 compares the current accommodation of 19 to 21 years olds participating in the study against the data collected on a national basis. Although the study contains small numbers in this age range (n=163 in total), it would appear they are more likely to be living independently than the national data.

Table 6.5  Accommodation options for 19, 20 and 21 year olds

<table>
<thead>
<tr>
<th>Type of accommodation</th>
<th>19 years %</th>
<th>20 years %</th>
<th>21 years %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Study</td>
<td>National</td>
<td>Study</td>
<td>National</td>
</tr>
<tr>
<td>Residential Settings</td>
<td>4.5</td>
<td>4</td>
<td>4.2</td>
</tr>
<tr>
<td>With parents or relatives</td>
<td>7.5</td>
<td>13</td>
<td>4.2</td>
</tr>
<tr>
<td>Independent living</td>
<td>47.8</td>
<td>38</td>
<td>65.3</td>
</tr>
<tr>
<td>Semi-independent</td>
<td>23.9</td>
<td>26</td>
<td>20.8</td>
</tr>
<tr>
<td>Staying Put</td>
<td>9.0</td>
<td>6</td>
<td>2.8</td>
</tr>
<tr>
<td>Homeless (NFA) or B&amp;B</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Other and informal settings</td>
<td>7.5</td>
<td>12</td>
<td>2.8</td>
</tr>
<tr>
<td>Total</td>
<td>100 (N=67)</td>
<td>100 (N=8,090(^{45}))</td>
<td>100 (N=7,820)</td>
</tr>
</tbody>
</table>

Stability over the previous year

Young people were asked how many places they had lived in during the last year and also how long they had lived in their current accommodation (See Table 6.6). Nearly half (45%) of young people had lived in one place during the year, with the range being from 1 to 19 places. 30% of young people had lived in 3 or more places in the last year, care leavers being more likely to have experienced instability than those in care. In year 1 of data collection, reasons were given for the young people’s most recent move. Those young people who had experienced greater instability explained that their previous accommodation had been short-term/emergency or their longer-term placement had broken down.

About half (47%) of the young people had been living in their current accommodation for 12 or more months, with the range being from a matter of days to 15 years or so in stable foster care placements. The median number of months was 10. These figures were supported by the responses given by the lead professionals. In addition, 105 young people appeared to have moved in the time period between completing the young person’s snapshot questionnaire and the lead professional’s questionnaire.

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\(^{45}\) National statistics – As on 31.03.14 - Semi-independent includes supported lodgings and foyers for all year groups. Other includes in custody, ordinary lodgings and all other categories for all year groups.

\(^{46}\) National statistics – As on 31.03.14 - The number of care leavers they have information for - all year groups.

\(^{47}\) Pearson Chi-Square Test p = 0.000
It should be noted that some young people may only have been able to estimate their responses to questions about stability, e.g. young people experiencing multiple moves or those who had lived in a foster care placement for a number of years. In 49 cases (8% of the total sample) there was some discrepancy in reporting i.e. the number of moves was contradicted by the number of months in the current accommodation.

Table 6.6 Number of places lived in over the last year

<table>
<thead>
<tr>
<th>Number of places lived in</th>
<th>Number of months in current accommodation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>44.5 (249)</td>
</tr>
<tr>
<td>2</td>
<td>25.4 (142)</td>
</tr>
<tr>
<td>3 or more</td>
<td>30.1 (168)</td>
</tr>
<tr>
<td>Total</td>
<td>100 (559)</td>
</tr>
</tbody>
</table>

Support and choice about current accommodation

Young people were asked about moving to their current accommodation, including whether they had felt supported, received sufficient information about the place they would be living and how much of a choice they had been given. For those young people who had been living in the same place for well over 12 months, these questions may not have been so pertinent. The majority, 83% (n=461), did feel supported. In data collection years 2 and 3, young people were asked which sources of support had been most helpful in settling the young person into their current home. Social workers were mentioned most often, followed by foster carers and supportive family members.

Young people valued practical and emotional support from their support staff. Whilst young people who did not feel supported mentioned feeling alone and being left to sort out the move themselves.

Helping me move all my stuff. Supporting me step by step in the moving process. Someone to talk to about alcohol and anger issues. (Male, 19)

Dying to move out so I accepted the first flat. Social worker helped with moving out, hostel workers helped with bills and advice. (female, 19)

It was hard to get in contact with the right people at the Social work office and they didn’t really help me out. (Female, 18)

Didn’t get support from anyone, just myself. No one listened, and when I came to 16 I was ready to move into semi supported accommodation, but was told by leaving care worker that I wasn’t ready and the process was too long. Found this wrong and made enquiries about moving and had 2 interviews within a week and moved into semi supported accommodation. (Male, 18)
Table 6.7 describes young people’s views on whether they felt they had a choice about the move and sufficient information (both in and post-care). 43% (n=242) of young people felt it was their choice to move into their current accommodation, whilst 33% (n=184) said they had no choice, a sizeable minority. There appears to be an association between care status and a feeling of having a choice about their accommodation; care leavers being more likely to say it was their choice and those in care more likely to say that they did not have a choice. By default, there is also an association between age and a feeling of having a choice.

Table 6.7 Young people’s views on if they felt they had a choice about moving

<table>
<thead>
<tr>
<th>Choice about moving to current accommodation</th>
<th>Information about current accommodation</th>
</tr>
</thead>
<tbody>
<tr>
<td>It was my choice 42.8 (242)</td>
<td>I was given enough information 56.3 (309)</td>
</tr>
<tr>
<td>I had some choice 24.6 (139)</td>
<td>I was given a little information 25.7 (141)</td>
</tr>
<tr>
<td>I had no choice 32.6 (184)</td>
<td>I was given no information 18.0 (99)</td>
</tr>
<tr>
<td><strong>Total 100 (565)</strong></td>
<td><strong>Total 100 (549)</strong></td>
</tr>
</tbody>
</table>

The majority of young people (56%) felt that they had received enough information about their current accommodation. Young people welcomed being given information about the placement and if they were moving into independence, support with the financial aspects. Young people who did not feel in control of the decision mention being moved at short notice or having no information about their new carers.

Never really felt like they needed to be in care tired of being told what to do. [given information] about what a tenancy really means and options, benefits, didn’t really get questions answered/did not get help finding a house. (Female, 19)

Booklet, pictures, information on children, slowly integrated, best method in moving, well supported. (Female, 13)

Just got moved - staying with a friend over the weekend while they found - never met them - nerve wracking. (Male, 16)

I have been moved several times without being told why, so I am used to being moved with no apparent reason. (Female, 16)

**Satisfaction and security**

Young people were asked how happy they were with their current accommodation (see Figure 6.1). The majority of young people were either very or quite happy in their accommodation (88%, n=502). The high level of satisfaction was supported by a mean score of 8.05 when young people were asked how happy they were with “the home you live in” on

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48 Pearson Chi-Square Test p = 0.000
a scale of 0 to 10. The mean scores varied across the twelve local authorities, ranging from 7.15 (n=52) to 8.73 (n=49), but this was not a significant pattern.

**Figure 6.1** Young people’s satisfaction with accommodation

The 72 young people (12%) who were not happy with their current accommodation were more likely to be care leavers. In addition, the Mann Whitney U test was used to compare the mean scores of the happiness scale (as described above) for care leavers and young people in care, 7.50 (n=325) and 8.79 (n=240) respectively. Again, the test suggested an association. The satisfaction levels of those in care was further evidenced by the finding that 61% (n=140) were “very happy” with their carers’, the mean score being 8.90.

Young people (in and post-care) shared their views on the “good” and “bad” things about where they currently live and the following key themes were identified as being pertinent to their level of satisfaction, be it positive or negative:

- The quality of the accommodation, belongings, fixtures and fittings;
- Relationships with neighbours and the safety and quality of the local area;
- Formal and informal support, good relationships and a sense of belonging;
- Developing a sense of independence and freedom;
- Attention to their health and well-being;
- Location of the placement or accommodation and distance to EET provider or local amenities.

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49 See Chapter 8 for details about this measure.
50 Kruskall Wallis Test p = 0.109
51 Pearson Chi-Square Test p = 0.000
52 Mann-Whitney U Test p = 0.000
53 Qualitative themes identified by the Young People’s Analysis and Dissemination Group.
I didn't want to go. Good - Most staff nice. Lots of activities…& pocket money. Bad - most residents smoke and are underage. Don't have friends. Misbehaving residents. (Male, age 13)

no arguments, independence, you get to make decisions, make mistakes and learn from them. [Bad] - Having to budget. (Female, age 21)

They make me feel like part of the family, they include [me] in different things they were doing. I call them mum and dad. Activities. Apart from its middle of nowhere, it's 12 miles from my sister. (Female, age 16)

Can have freedom; college and friends and support nearby. Isolating sometimes, say 3am feel bad can't confide in anyone. (Male, age 18)

My neighbours are ok, nice and quiet. I still don't have enough stuff and it's too far from town - 45 minutes walking. But when I'm at home it's not comfortable - no fridge, no curtains. (Male, age 20)

They are my family, I get all the love and support I ever need from them. (Female, age 17)

Young people were asked to rate whether the phrase “Some young people have a secure and stable place to live” was how they had been feeling in the last three months. 67% (n=380) responded that this was “just like me”. Those in care were more likely to respond positively to this question than care leavers. They were also asked to rate their happiness on a scale of 0 to 10 with: a) their local area and b) how safe they feel. The importance of the locality for young people was high-lighted in the qualitative analysis above and the mean score for satisfaction with local area was 7.05 (n=566).

There was a significant association between whether the young person was in care and happiness with the local area. Care leavers were less likely to rate their happiness with the local area highly (mean score 6.63 n=326). In the main, young people seemed to feel safe, with an average score of 8.51 (n=564), but again the mean score for care leavers was lower. Although the general picture is of high average “happiness” scores, there appears to be an emerging picture of care leavers being less satisfied with their accommodation and local area, and feeling less safe and secure.

Young women had lower mean scores than young men for happiness with home, local area and how safe they felt, although there only appeared to be a significant association between happiness with local area and gender.

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54 Pearson Chi-Square Test p = 0.001
55 Mann-Whitney U Test p = 0.000
56 Mann-Whitney U Test p = 0.000
57 Mann-Whitney U Test p = 0.004
Home - what does it mean to young people?

Our study was interested in looking in greater depth at young people’s views about their living situations, in particular their perceptions of home. At Year 2 follow-up interview young people were asked what ‘home’ means to them, their experience of care placements that felt like home and what might help them and their peers to feel more at home in their accommodation. Familiar themes emerged:

Table 6.8: Young people’s views

| Home equating to feeling safe, secure, part of family, cared for, feeling comfortable, relaxed, somewhere to sleep and eat, making the place your own, having your own things, freedom | Male, 22: Sense of belonging, memories, personal belongings  
Female, 19: Feeling comfortable. Feeling close and part of the family. Knowing you can go back there.  
Female, 18: Cosy place that reflects me.  
Female, 18: A family, a roof over my head, food, having a laugh, love.  
Female, 17: My room to be my own. People to welcome you and speak to you and treat you equally.  
Male, 18: Home is where you go to sleep and relax. Where - being happy, feel comfortable, free to do what you want. |
| --- | --- |
| What helps somewhere feel like home? Time to settle in, planning, introductions and viewings, independence training, practical help, safety, trust and respect, communication and consistency. | Female, 18: Takes a while to settle in. The first month felt I couldn’t cope, wait a while - you will settle in. Money situation - don’t think you’ll have enough to pay for everything but it works out. Don’t panic.  
Male, 17: By creating stories that highlight what life is like in care & moving into care accommodation.  
Female, 17: Introduce the families first before moving in. It will help take away the tension etc.  
Male, 20: Prepare yp before they move out independently. Teach them how to cook and budget. Take their time, don’t rush into things, get support.  
Male, 19: Finding the right carer, treats you like their own family, same SW |
Introducing a young care leaver taking on the responsibilities of his own tenancy

Danny was 18 and living in his own tenancy when he was first interviewed (2011). He had moved into independence from a foyer and his final care placement was recorded as supported lodgings. Danny said it had been his choice to become independent, that he had received enough information and felt supported. He felt very happy in his current accommodation. When asked why, he said: “Parties, being able to be independent and not having no-one to tell me what to do.” Danny’s Personal Adviser (PA) felt his tenancy was very suitable and he was settled.

At interview Danny defined himself as having a disability and was attending a college course. His PA said that he had ADHD and that he had had a number of behavioural difficulties in the past, for which there had been input from CAMHS. The PA felt these difficulties were a barrier to participation in education, employment and training and that Danny needed help building his confidence. All things considered, Danny was judged to be “doing ok” by the PA who felt there were issues regarding his willingness to engage with the support offered. Danny felt happy with the level of contact with friends and family and was seen as having a good quality relationship with at least one family member. He said his best support came from his PA “…because she gives me jokes. Helps me when I need help.”

At the first follow-up interview, twelve months later, Danny was still living in the same housing association tenancy. At this stage he said he felt quite happy there “…because I haven’t got my whole house sorted out yet so I’m not that happy, when it’s done then I’ll be happy.” and very safe because “it’s in the middle of nowhere”. Danny was asked what home means to him and said “My house, chilling on my bed, the fact that it’s mine and all my stuff’s in there and yeah better than living in care, much better.”

He reflected that he may feel more at home if: “They could have given me more money to put towards my house…I don’t even know how I managed to get my stuff. It’s hard to budget on what they give you.” His PA again stated that his accommodation was very suitable and that he was coping there. She said that he was being supported to maintain his tenancy by the “Housing support officer - one of the local housing associations works in partnership with us to provide a support worker. They can assist with bills, benefits, sourcing household goods repairs etc. as well as some social contact.”

Danny was currently NEET and wanted to continue with the trade he had receiving training for at college. His PA said “[Danny] is an able student but attendance lets him down. This was due to various issues including mental health, no money for travel and falling out with peers local to college.” There was no evidence of current behavioural difficulties. Danny again identified his PA as the most useful source of support “because she helps me with all problems, e.g. Job centre, housing.”

A further year on [so 2 years since we first interviewed Danny], aged 20 and still living in the same tenancy, Danny was able to reflect on his current circumstances. He said: “Everything has kind of gone well this year. I kind of sorted myself out. I’ve had a good time… I used to
not really buy shopping and stuff like that and I’d be hanging around with all the wrong people and that so I didn’t really look after myself, but because my girlfriend is pregnant, I’ve changed the way I am completely. I’m like a nice person... Yeah I’ve painted my house, and buying stuff for my house and that.”

Danny was NEET and claiming Employment Support Allowance. When asked about his health he said: “I sorted out all my ADHD tablets and that. I basically just changed the way I am altogether really like I’ve completely stopped hanging around and just like I’d rather do something with my day than sit around with my day like I used to.” Danny was still being supported by the same PA and he valued this. The PA continued to rate the accommodation as very suitable and felt he was coping there. The support she felt had helped Danny in his accommodation was “Support with housing benefits, liaising with tenancy support officer”, whilst the difficulties she had encountered in the past year were “Benefit sanctions affecting housing benefits, poor communication with housing association.” Danny had received support from adult mental health over the last year.

Danny seemed to have a more considered view of how happy he was with his home and the local area, scoring them at the mid-point on the scale. He talked about his instability whilst in care and how he had grown in independence and maturity. “I was in a residential home and then I went into supported lodgings, then I went into a house [Foyer] - big massive place that everyone just gets chucked into before you get your house. I’ve become a lot more independent than I was because I used to just rely on everyone to do everything for me.” When asked whether he felt ready to move to independence he said: “I wasn’t ready to move, I wasn’t ready to leave there because I’ve been moved around so much and you get moved from one place to another place and once you get settled down, you move again. So it’s like kind of horrible really. You just get used to people and then you move. Then you come out of care and your just like sent to somewhere [Foyer] where loads of teenagers are and you just end up going the wrong way with your life. That’s basically what happens.”

**Lead professional views on suitability of accommodation**

Lead professionals were asked to rate the suitability of the current accommodation and how settled they felt the young person was on a four point scale (See Table 6.9). Both suitability and being settled rated highly across all 12 local authorities and there appeared to be no significant difference between those in care and care leavers or between males and females. This is interesting, given the findings above indicating that care leavers appeared to have lower levels of satisfaction. The relationship with carers, (where appropriate and not including those in independent living), was also rated very positively. Over half of lead professionals 55.5% (n=117) judged the relationship between the young person and main carer to be very good, with only 10.4% (n=22) rating the relationship as poor or very poor.
Table 6.9   Views of lead professionals on suitability of accommodation

<table>
<thead>
<tr>
<th>How suitable the current accommodation is for the young person's needs % (n)</th>
<th>How settled the lead professional thinks the young person is in the current accommodation % (n)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 = Very suitable</td>
<td>4 = Completely settled</td>
</tr>
<tr>
<td>57% (216)</td>
<td>43% (165)</td>
</tr>
<tr>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>27% (103)</td>
<td>35% (132)</td>
</tr>
<tr>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>12% (45)</td>
<td>17% (63)</td>
</tr>
<tr>
<td>4 = Not at all suitable</td>
<td>1 = Not at all settled</td>
</tr>
<tr>
<td>4% (16)</td>
<td>5% (20)</td>
</tr>
<tr>
<td>Total</td>
<td>Total</td>
</tr>
<tr>
<td>100 (380)</td>
<td>100 (380)</td>
</tr>
</tbody>
</table>

Key themes, drawn from the lead professional’s views on suitability and being settled (see Table 6.10 below), echoed the messages raised by young people about happiness with accommodation and what home means to them:

- Support, good quality relationships with carers and support staff, high levels of skills and understanding;
- The quality of the accommodation, accommodation meeting the young person’s need, availability;
- The quality of the local area and distance to amenities, friends, education, safety;
- Independence skills and ability of the young person to cope;
- Stability and security in the placement;
- The young person’s behaviour and wishes;
- Relationships with birth family.

It should be noted that, under Schedule 6 of Care Planning Regulations 201058, local authorities must have due regard for the following when assessing whether unregulated accommodation is suitable for a care leaver: facilities and services provided; the state of repair; location; support; the tenancy status; financial commitments and affordability. These criteria reflect the themes raised by both the young people and lead professionals in terms of what constitutes satisfactory and suitable home.

### Table 6.10  Main themes relating to suitability of accommodation

<table>
<thead>
<tr>
<th>Lead professional rated the accommodation as very suitable/suitable</th>
<th>Male, 21: Young person now shares a tenancy with his brother. The accommodation is a new build with a secure entrance and in a nice apartment block and nice area.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male, 14: Foster carers understand how young person is and how best to meet their needs, good location for school and able to maintain contact with birth parents.</td>
<td></td>
</tr>
<tr>
<td>Male, 17: It is in a nice area he wants to live in. Gets on well with providers. Correct level of independence.</td>
<td></td>
</tr>
<tr>
<td>Male, 20: It is in the area he wanted to be. Nice flat, close to public transport lines, shops, etc.</td>
<td></td>
</tr>
<tr>
<td>Male, 18: The young person wished to remain in education and remaining settled at his foster carers was a big factor in enabling him to feel he could continue as he would be in settled accommodation with carers he regards as family.</td>
<td></td>
</tr>
<tr>
<td>Male, 20: Young person chose the area he wanted to reside in and made an informed choice around single bedded accommodation appropriate to his needs and took into consideration financial responsibilities towards cost and payment of utility bills. Young person was prompted to consider these issues and worked closely with myself to find suitable/appropriate accommodation.</td>
<td></td>
</tr>
<tr>
<td>Female, 15: Provides support, stability and at a level she requires. Shown dedication to providing care at times of extreme stress.</td>
<td></td>
</tr>
<tr>
<td>Female, 17: Meets all needs, stability, loving environment, support to gain independence.</td>
<td></td>
</tr>
<tr>
<td>Male, 15: Young person benefits from the residential setting due to his behavioural problems and attachment difficulties. Young Person gets an excellent education on site which is tailored to him. Young Person gets support from the staff and also gets therapeutic support.</td>
<td></td>
</tr>
<tr>
<td>Male, 17: Absolutely the best place for him. He is very happy. He is able to build relationships with his extended family and has autonomy.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Lead professional rated the accommodation as less suitable or not suitable</th>
<th>Female, 18: Staying with friends or family - sleeping on sofa, awaiting access to supported housing, very unstable arrangement currently.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female, 18: Because of other things in the young person’s life it was the best option at the time. Relationship with mum difficult-can lead to arguments. Mum moody, volatile.</td>
<td></td>
</tr>
<tr>
<td>Female, 18: Young person has had to adjust to living on her own and has had some problems with youth’s smoking cannabis outside her door and street - police have been informed but youth are still in the street.</td>
<td></td>
</tr>
<tr>
<td>Female, 20: 2 bed accommodation for [Young person], her partner and son. Currently studying for [University] course. No space for course work or revision. Computer and studying area in small lounge shared by all 3. Flat has mould issues. She would like an exchange.</td>
<td></td>
</tr>
<tr>
<td>Male, 17: He’s getting to the point when he’s ready to move on [to semi-independent living]. He’s maturing. The residential unit can meet his needs but are not pushing towards semi-independence. It’s about picking the right time-when’s he’s ready.</td>
<td></td>
</tr>
</tbody>
</table>
Lead professional views on support

Lead professionals were asked to outline any support offered to the young person with their placement or current accommodation and any constraints or difficulties they had encountered in providing or accessing support. Themes are identified below, together with illustrative quotes.

Support and enablers:

- Holistic/"wrap around" support, including housing, EET, family and health interventions.
- Meeting the individual needs of the young person, including religious, cultural, intensive support, respite, staying put, semi-independent.
- Assisting with independence skills, including money management and benefit applications.
- Practical help and use of the Leaving Care Grant, finance, furnishings.
- Emotional and behavioural support.
- Good quality on-site and floating support offered by accommodation providers.
- Assisting with isolation and providing activities.
- Positive relationships with professionals, including regular meetings.
- Supporting the young person’s choices and assistance when positive outcomes do not result.
- The young person’s willingness to engage with the support offered.

Constraints and barriers:

- Lack of appropriate placements and support, including “Staying Put” opportunities and holistic support for young people with complex needs.
- Lack of resources and financial constraints, including problems accessing resources and long waiting lists.
- The young person does not wish to engage with the support offered or their behaviour leads to options being limited.
- Difficulties with the benefits system and debt for the young person.
- Housing support and accommodation providers not meeting the needs of the young person or up-dating the lead professional.
- Geographical isolation – the young person is some distance from specialist support, education or their lead professional.
- Relationship with the birth family was unconstructive.

Male, 14: Language barrier an issue - interpreter used to minimize this. Access to other young people of similar background/culture - activities found and supported. Access to religious facilities sought/supported – young people located preferred mosque after trying out different ones. YP initially lonely and isolated - activities/groups accessed to minimise this.

Female, 17: YP has her own support worker whom she trusts and likes and has known for over a year. Support worker gives YP a lot of support and help and takes her to
appointments/ has a chat every week. Difficulties that I encounter are around funding, or lack of it, as all requests for support, continuation of the placement post 18, have to go to a management panel who either approve or decline the request from social workers. We are in the process of trying to get adult services (including mental health).

Female, 19: Community support was in place to try to improve relationships. Difficulties because out of county. Try to support [YP] to become independent but she does not want to leave her dad. Parent very negative.

Female, 18: YP is new to me and I am building a relationship with her. So far there only seems to be issues with finances - i.e. YP's foster placement converted to a lodgings one at the usual rate but YP is actually at Uni so her carers should not be getting the normal rate and also they thought YP would get income support and she doesn't and they don't get housing benefit for her either.

Male, 18: YP has had No Fixed Abode for several months after being evicted from a privately rented bedsit. The 18+ Team have attempted to support YP to find emergency accommodation through Housing Options, but he has not been able to handle the waiting periods and as such has stopped and started the process rather than sticking it out and waiting for the right support.

Male, 17: YP supported in placement by myself and in education/training through Connexions service worker attached to my team. This is relevant as YP has decided to change direction in training/education. YP may wish to remain with carers on supported lodgings basis and this will depend on number of such placements can be financed at that time.

Female, 18: YP was assisted by the Leaving Care Service to spend her Leaving Care Grant. As she was under 18 when initially moving in she was also supported financially. YP has been assisted with applying for relevant benefits and communicating with other professional agencies, i.e. housing benefit and housing. Leaving care restraints were lack of resources in actual spending of her LCG, i.e. purchase orders only being for 1 shop and no choice for YP to use others.

Female, 17: YP would like to remain in placement post 18 but maybe unable to due to the reduction in foster allowance under continuing care.

Female, 21: Went through appeal and provided evidence for case. Ensured that she did not sign for new property as I considered it a health and safety risk. Long list of support required and given.

Male, 18: The young person has control of his money which is good but due to his learning difficulty it can be difficult for him to budget. Staff at the accommodation will help him budget. The young person would benefit from adult services in time but he is low on the threshold and would be considered to have capacity to run his own life. There could be more specialised accommodation for young people provided in [town] to aid.

Female, 19: The young person has had good support from keyworkers at present and previous accommodation - both accommodations are provided by the same agency. YP was
reluctant at first to live in supported housing (wanted own flat) but now understands the need for this.

Male, 18: As the young person wishes to remain within the former foster placement whilst at University, the focus of the support goes mainly to the young person in the form of weekly financial support. All educational needs are supported by the Local Authority. As it is no longer a ‘foster placement’, the care package changes and is reduced and goes directly to the young person. The difficulties surround the transition process. Dealing with competing agendas and correcting misconceptions surrounding entitlements are and how they operate.
Messages for Corporate Parents

- Care leavers continue to move into independent accommodation from an early age, taking on considerable responsibilities to maintain their tenancies and pay the bills. It is essential for services to work with the young person to ensure they are “tenancy ready” and to ensure this is not a ‘one off’ programme but built into ongoing support. To support this there should be joint protocols and training with social housing providers, and flexibility with nominations to housing option, given the needs and vulnerabilities of care leavers so that accommodation is available when young people have demonstrated they are ready.

- Accommodation remains a key aspect of stability and security. In general young people felt happy with their accommodation, local area and safety, but care leavers were less satisfied. To respond to this areas should make sure they have clear mechanisms in place to receive feedback from care leavers on key indicators such as the suitability of the accommodation, the location and the support they are receiving and such monitoring should ensure any problems or threats to sustainability of accommodation are picked up at the earliest opportunity.

- Corporate Parents need to integrate the principles and areas in the statutory guidance in Schedule 6 of the The Care Planning, Placement and Case Review (England) Regulations 2010 which define suitability and use such criteria to assess unregulated placements for young people. The key criteria in the schedule, together with the themes outlined by young people and lead professionals in this chapter, could prove a useful tool in commissioning, matching and arranging young people’s accommodation.

- Given the views of lead professionals about what helped young people in their accommodation or placement and the constraints they were faced with, investing in strategic thinking with corporate parent partners is beneficial to those ‘on the ground’. For example, developing protocols and partnerships with the local Job Centre Plus office, including devising mechanisms to alert support staff if benefit applications and payments are delayed or there is a threat of sanctions which will inevitably have a ‘knock on’ effect to housing stability.

  Young people highlighted the benefits of planning, pre-placement viewings and meetings, and being given information and support about housing options. Lead professionals need to feel confident in supporting young people in this aspect of their lives and to have colleagues to turn to for expert advice as and when needed.

- A small number of in the study appeared to be in some kind of Staying Put arrangement with their foster carers (i.e. 6% of care leavers) and eleven young people were in some kind of “residential setting” aged 18 plus (likely to include some semi-independent accommodation or unregulated placements). In addition, some lead professionals commented on the lack of resources available to fund Staying Put options. It is recommended that Corporate Parents continue to work hard to make such opportunities available where possible and appropriate and that an element of flexibility is be built into accommodation pathways for care leavers. Care leavers may take on a tenancy and realise they are not ready and would like to return to a more supported environment to build on their skills and resilience. It is highly likely that their pathway to independence may not be linear and that support will be needed to make sure young people avoid housing instability and are given a flexible and responsive service.
Chapter 7: Participation in education, employment and training

Jo Dixon

‘Education, I’d never thought I could make it but I can’ (17 year old male).

Headlines: Education, Employment and Training

• Our study echoed previous work which shows that young people in and from care continue to experience much higher rates of school disruption, such as exclusions and truancy, compared to school children generally.
• Like other young people in care, our sample of young people in and leaving care fell far behind other school leavers in terms of academic attainment.
• In this research young men and those who experience placement instability in care continue to do less well in terms of education attainment on leaving school.
• The link between attainment and future EET outcomes was reflected in the study sample. None of those who were Not in education, employment or training (NEET) had achieved the national indicator of attainment of 5 A*-C grade GCSEs.
• While our data reflects existing evidence that care experienced youth do worse in participation in post-16 EET than young people generally, young people in the our study appeared to be doing slightly better than other young people in and from care nationally. A higher percentage of young people in this study were engaged in further education and fewer were NEET. Most (80%) of the young people in this study were considered by their lead professional to be doing well in their EET activity.
• Education engagement or success was the most prominent indication of personal achievement, highlighted by young people in our study sample. This was particularly so when young people felt they had overcome difficulties to ‘make it’.
• Our analysis showed that the facilitators for education participation include young people’s own motivation and determination, choosing the right course, as well as emotional, practical and financial support from corporate parents and family and friends.
• The main barriers to participating in education included a lack of support, personal difficulties, the cost of tuition fees and a lack of financial resources.
Education, employment and training (EET) – the policy, research and practice context

Participation in education, employment and training for young people in and leaving care has been an area of particular focus for policy, practice and research over the past decade. Considerable effort has been invested in putting in place support to improve young people’s educational and career experiences and outcomes. The introduction of guidance specifically on education and looked after children along with designated teachers and the Virtual School Head\(^{59}\) and the Government’s recent move to this role on a statutory footing signals to corporate parents the importance of championing the education of looked after children. Other developments include increased opportunities for young people to continue or revisit their education through strategies to support ‘second chance’ learning, which extended financial support and government schemes directed solely at improving the employability of care experienced youth such as the FromCare2Work programme\(^{60}\).

Research and national data

Evidence from national statistics for England and recent research suggests that despite some narrowing of the gap between care experienced youth and other young people, those in and from care remain at a disadvantage in terms of educational outcomes and post-16 participation.

National government data\(^{61}\) shows that the educational achievement of looked after children at key stage 1, 2 and importantly 4 (GCSE and equivalent) has continued to improve across all measures including maths and English. Despite this, the attainment gap between looked after and all school children has not improved and children generally continuing to achieve much higher than looked after children at all key stages.

Education participation and attainment

Information on education participation and qualifications was gathered during interviews with young people in our study. Just over one fifth (22%, \(n=125\)) of the study sample were still in some form of compulsory education at the time of interview, whether in school, specialist education provision or within their residential unit. Two young people (1%) of school age had no education provision. Ratings from workers suggested that most (83%) of the young

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\(^{59}\) The virtual school head will ensure the educational attainment of the children they look after is tracked and monitored as if the children attended a single school.


people had a positive experience of school, though one in ten were described as hating school.\textsuperscript{62}

**Disruption to young people’s education**

Difficulties related to school attendance have been a consistent finding throughout the literature on young people in and from care. Estimates from the last decade suggest that around 30\% of looked after children (LAC) were out of mainstream education through truancy or exclusion at any one time\textsuperscript{63}. Consistent with existing research and national data, there was evidence of educational disruption for young people in the study sample. Around two in every ten (17\%, \(n=101\)) of those still in education at the time of interview had received a fixed term exclusion in the past year and one in ten (9\%, \(n=49\)) had been permanently excluded. Though exclusions for the care population have decreased in recent years, the rates in our study are considerably higher than figures for all school children. Official figures\textsuperscript{64} showed that 4\% of all school children received fixed term exclusions and 1\% were permanently excluded, much lower than figures for our group of young people in care and care leaver. More recent government statistics for all looked after children; suggest they are three times as likely to have a fixed term exclusion and twice as likely to be permanently excluded from school and in comparison to all school children. In addition, one quarter (25\%, \(n=145\)) of those at school or college had truanted in the past year, compared to around 15\% of all school children who admitted to truanting\textsuperscript{65}.

**Table 7.1  School disruption and attainment**

<table>
<thead>
<tr>
<th>Education</th>
<th>% Study sample</th>
<th>% All school children</th>
</tr>
</thead>
<tbody>
<tr>
<td>Truancy</td>
<td>24% (145)</td>
<td>15%</td>
</tr>
<tr>
<td>Fixed exclusion</td>
<td>17% (101)</td>
<td>4%</td>
</tr>
<tr>
<td>Permanent exclusion</td>
<td>9% (49)</td>
<td>1%</td>
</tr>
<tr>
<td>Achieved 5+ A*-C GCSEs</td>
<td>15% (32)</td>
<td>80%</td>
</tr>
</tbody>
</table>

Truancy and exclusion have been shown to present risk factors for young people generally in terms of future economic and social participation, not least due to the impact non-attendance can have on educational performance and qualifications. We will look at risk factors such as this, in more detail later in the report.

**Education attainment**

Research evidence and national statistics over the past two decades also highlight the consistently poor educational outcomes experienced by young people from care in relation

\textsuperscript{62} Workers were asked to rate young people in terms of their approach to school on a scale of 1 (hates school) to 4 (enjoys school). 10\% were rated 4, 7\% -2, 30\% rated 3 and just over half (53\%) were rated 4.


\textsuperscript{64} Department for Education (2013) Outcomes for Children Looked After by Local Authorities in England, as at 31 March 2013 London: DFE

to school leavers in general. Evidence from our own study shows a continuing pattern of underachievement both in and on leaving compulsory education.

For those young people still in compulsory education, over half (56%, n=49) were considered by their workers to be performing at an average level or above in all or most subjects. Around four in 10 young people (45%, n=40), however, were considered to be doing less well with 14% being described as performing well below average ability in all school subjects.  

Based on worker information for young people aged 14 and over (i.e. those who had reached key stage 4 and for whom a qualification might be possible) just over half (58%, n=193) of young people for whom information was available had at least one qualification at GCSE, AS or A level, including two 14 year olds and two 15 years olds who had already achieved GCSEs. This rose to 64% (n=204) when NVQs were taken into account. Young people themselves reported having between 1 and 18 GCSEs. Around one in five young people (18%, n=99) had Maths and English GCSEs, and 5% (n=11) had at least one A level according to workers.

When using the national indicator of 5+ A*-Cs GCSEs or equivalent to assess progress, however, we found that far fewer young people in the study sample had achieved this. Only 15% of those aged 14 and above compared to 37% of all looked after children and 80% of all school children had reached this level of attainment.

There was no difference in attainment at this level across the local authority areas or the type of accommodation that young people were living in at the time of the interview. It might be worth noting, however, that when looking at the percentage of young people who had five or more A*-C grades within each accommodation type those ‘staying put’ with former foster carers appeared proportionally (though not significantly) more likely to have achieved this level (42% of those staying put). It is too soon to conclude that this indicates that staying put leads to better education outcomes. It is more likely to reflect a tendency for those doing well in education to benefit from staying put options and could be linked to likelihood that they have found stability in the care system.

There was a significant gender difference in attainment with girls being three times more likely than boys to have achieved 5+ A*-C GCSE grades and equally, there was a strong association between placement movement and attainment. Using a cut off of five or more placements during their care career we found that almost all (90%) of those who had reached this level of attainment had fewer than five placements compared to only 10% of those who had moved more often. This might also link to educational attainment and

66 Workers were asked to rate young people’s education performance in all subjects over the past three months on a scale of 1 (all well below average ability) to 4 (all well above average ability). 14% were rated 1, 31% rated 2, 33% rated 3 and 22% rated 4.
67 A Chi square test of 5+ A*- C GCSEs or equivalent by gender showed a significant difference (p=.002) with almost one quarter of girls aged 14 and over (22%, n=26) compared to 7% (n=8) of boys having achieved this level.
68 A Chi square test of 5+ A*- C GCSEs or equivalent by five or more placements in care career showed a significant difference (p=.001) with almost all those with fewer than five placements having 5+ A*- C GCSEs or equivalent compared to only 10% of those with five or more placements.
staying put, which is in most cases an indication of stability. It also reiterates the message that placement movement in care is a risk factor for education attainment and demonstrates the need to put in place measures to minimise placement breakdown and instability.

These are not new messages. As with previous research, our study shows that young men and those who experience placement instability in care continue to do less well in terms of education attainment on leaving school.

In addition to gathering information on young people’s academic accomplishments, our Young People’s Reference Group felt it important to give young people the opportunity to talk about their wider achievements and successes to showcase some positive messages from young people and avoid too narrow a focus on performance indicators of attainment. Analysis carried out by the young person’s analysis and dissemination group showed that young people often self-reported that qualifications were for many, their best achievement to date, thus demonstrating the importance that young people themselves attached to education, a sense of pride also came from a range of other sources.

**Young people’s best achievement: a peer research analysis**

Young people were asked to tell us about their best achievement to date. A content analysis carried out by peer researchers suggested that achievements tended to fall into the following range of categories, listed in order of prominence.

Academic (n=191 cases), Vocational/training (n=155 cases), Relationships, including being a parent, social, familial (n=94 cases), Sport (n=67 cases), Independence, e.g. own flat (n=58 cases), Jobs/work (n=36 cases), Sorting self out, e.g. overcoming drug issues (21 cases).

In some cases young people were unable to cite any best achievements: Don’t know/none (n=31 cases),

These areas were further collapsed into three broad themes; 1. educational/vocational, 2. personal and 3. recognition.

The most common theme was educational and vocational achievements. Young people talked about completing their school studies or further education and training courses and acquiring qualifications ‘finishing my first year at college’ and ‘to have achieved my 3 A levels at the highest grade’. For some young people, their education achievements had involved overcoming difficulties:

‘Getting back into school after being expelled for 3 years’

‘My maths GCSE, I initially struggled but caught up’

‘Completing high school while in the middle of a rough patch’

‘Being where I’ve been and still get a job’

Getting a place at college or university or finding a job were also commonly highlighted as
best achievements, for example ‘getting a place at Medical School, Oxford University’ and ‘getting admission into college because I never thought I would make it’. This included evidence of second chance or return to learning: ‘[Best achievement] was coming out of school with hardly any qualifications and building them up in college’.

Young people also identified a range of achievements that appeared to meet personal goals and targets. These could relate to renewing or forming new relationships with family, friends and partners. Reaching an important stage or status in their life, such as ‘getting a girlfriend’, becoming a parent and beginning their own family ‘my two children and my house’ and ‘being a mum to my baby’. Becoming independent, moving on from care and setting up home also gave a sense of fulfilment:

‘Getting my own house’

‘My own place’

‘Becoming independent and having my own flat’

‘Becoming independent and knowing what I want in life’

For some young people the acknowledgement of having overcome difficult family circumstance was foremost;

‘It’s hard to live without parents but I have managed’

‘I had to be brave when social services refused to let me go … with my [parents]’

‘Not getting caught up in trouble because I grew up around bad influenced people, I am proud I am good and achieving in education’

Achievements also included personal attributes such as growing up, ‘being more mature, see everyone’s point of view’ or addressing and overcoming types of behaviour or problems.

‘Being able to control my anger over the past year or so’

‘Getting my life back on track’

‘Not getting nicked and not absconding from residential, it’s amazing how much I’ve come on’

‘I turned my life around because I was a drug addict’

A third category related to recognition, for example receiving awards for activities, behaviour and sporting successes:

‘Acknowledged two years in a row… for good people in the community’

‘Playing rugby for the county’

‘I was the first girl champion in my club’

‘My Princes Trust [award] a real confidence boost’

For some, ‘getting a smart phone’ and ‘making awesome spaghetti bolognese’ were amongst their many achievements. Only a small number of young people were unable to identify any achievements.
Young people’s participation in education, employment and training

Young people were asked about their participation in education, employment and training at the time of the snapshot interview. Information was provided by almost all (98%). We have looked at participation in comparison to national statistics for young people in and leaving care as well as young people aged 16-24 in general.

As shown in table 7.2 and noted earlier, just under a quarter of young people in the study sample were in compulsory education.

**Table 7.2 Activities for school aged young people**

<table>
<thead>
<tr>
<th>Activity</th>
<th>% of all study sample (n)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Compulsory education</td>
<td></td>
</tr>
<tr>
<td>Mainstream school</td>
<td>22 (125)</td>
</tr>
<tr>
<td>Special unit in mainstream school</td>
<td>0.5 (3)</td>
</tr>
<tr>
<td>Special needs day school</td>
<td>1 (5)</td>
</tr>
<tr>
<td>Residential home education</td>
<td>0.2 (1)</td>
</tr>
<tr>
<td>Pupil Referral Unit</td>
<td>0.2 (1)</td>
</tr>
<tr>
<td>No education provision</td>
<td>0.3 (2)</td>
</tr>
</tbody>
</table>

Most of the young people in the study sample were aged 16 and over so many had left school at the time of the snapshot interview\(^{69}\). To enable comparison with national statistics, we looked at the main activity for young people aged 16 and over within the study group (n=444), as detailed in Table 7.3 and shown in Figure 7.2. It was encouraging to find that around two fifths of young people (43%, n= 192) had continued their education with 40% (n=179) engaged in further education at school or college and 3% (n=13) attending University. Some young people were engaged in short courses such as ‘adult literacy and numeracy’, ‘personal development course’ and ‘basic skills course’ as well as NVQs, BTECs and different types of degrees.

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\(^{69}\) The school leaving age at the time of data collection was 16 years of age. New legislation states that as of September 2013 the education leaving age was 17 and from 2015 it will rise again to 18. Young people will be required to stay in some form of education or training until their 18th birthday. Research shows that young people who carry on learning or training until the age of 18 earn more money are likely to be healthier and less likely to be in trouble with the police.
### Table 7.3  EET activity for young people aged 16 and over

<table>
<thead>
<tr>
<th>Activity</th>
<th>% of 16-24 year olds in the study (n)</th>
<th>% of care leavers aged 19, 20 &amp; 21 (n)</th>
<th>Study</th>
<th>National*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Post -16 education</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Still at school</td>
<td>3 (13)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Further Education</td>
<td>40 (179)</td>
<td>28 (45)</td>
<td>19</td>
<td></td>
</tr>
<tr>
<td>Higher Education (University)</td>
<td>3 (13)</td>
<td>7 (12)</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Work, training/apprenticeship</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Full time employment</td>
<td>4 (18)</td>
<td>7 (12)</td>
<td>20</td>
<td></td>
</tr>
<tr>
<td>Part time employment</td>
<td>5 (20)</td>
<td>6 (10)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Apprenticeship</td>
<td>3 (15)</td>
<td>5 (8)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Training</td>
<td>3 (11)</td>
<td>2 (3)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Work experience placement</td>
<td>1 (6)</td>
<td>3 (4)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not in education or training or employment (NEET)</td>
<td>17 (77)</td>
<td>25 (41)</td>
<td>33</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Waiting to start FE/HE</td>
<td>8 (36)</td>
<td>4 (7)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other - various</td>
<td>4 (33)</td>
<td>5 (8)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Caring for child</td>
<td>3 (11)</td>
<td>5 (8)</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Missing information</td>
<td>3 (12)</td>
<td>3 (5)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>100 (444)</td>
<td>100 (163)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Comparison with national figures are presented where available

Fewer than one in ten was involved with some form of work training (7%, n=32) or full or part time employment (9%, n=38). This is much lower in comparison to national statistics, which suggest that around 52% of all 16 – 24 year olds generally are in some form of employment. This, in some part, is due to the increased numbers of young people within the study sample being engaged in further or higher education, as discussed later.

Other activities included caring for their child (3%) and taking on voluntary or cash in hand work. Due to the timing of the annual data collection (June – September) it was unsurprising to find that 8% (n=36) were waiting to take up college or university places. One young person commented that they were prevented from engaging in any activities as they were on bail. Some young people meanwhile were engaged in more than one activity. Most often this involved attending college alongside having a part time job.

An indication of how well young people were doing in education, employment and training was sought from young people’s lead professionals, via a measure of progress and a measure of attendance over the three months prior to interview. Using a four point scale of 1 (very good) to 4 (very poor), most young people who were currently in EET were considered to be doing well on both accounts, as shown in Figure 7.1. Around one fifth,

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71 Ratings of progress (N=292) and attendance (N=300) was analysed for those young people who said they were in education, employment and training at snapshot interview (i.e. excludes those who said they were NEET).
however, were not doing so well (scoring 3 or 4), with just under 10% being described as having very poor attendance (7%) or making very poor progress (8%).

**Figure 7.1  Lead Professional’s ratings of young people’s progress and attendance in EET**

![Bar chart showing ratings of progress and attendance](image)

Ratings of progress and attendance were highly correlated\(^{72}\) so it seemed reasonable to combine them in our analysis to create an overall measure of how well young people were doing. Scores ranged from 2 (doing very well in both) to 8 (very poor in both). We used a score of between 2 and 4 to indicate doing well in EET and 5 or above to indicate they were not doing well. As shown in table 7.4 below, the majority of young people in EET were considered to be doing well, whilst one in five were doing less well.

\(^{72}\) A chi square test showed a strong association between progress and attendance (p=.000). It is worth noting that whilst all of those who had poor attendance were rated as making very poor progress in EET, not all of those making very poor progress had poor attendance indicating that for some young people other factors were impacting upon progress.
Table 7.4  Overall measure of how well young people were doing in EET

<table>
<thead>
<tr>
<th>Score</th>
<th>Percent (n)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>46 (132)</td>
</tr>
<tr>
<td>3</td>
<td>17 (50)</td>
</tr>
<tr>
<td>4</td>
<td>17 (50)</td>
</tr>
<tr>
<td>5</td>
<td>6 (17)</td>
</tr>
<tr>
<td>6</td>
<td>8 (22)</td>
</tr>
<tr>
<td>7</td>
<td>1 (3)</td>
</tr>
<tr>
<td>8</td>
<td>5 (16)</td>
</tr>
<tr>
<td>Total</td>
<td>100 (290)</td>
</tr>
<tr>
<td>Doing well in EET</td>
<td>80 % (232)</td>
</tr>
<tr>
<td>Not doing well in EET</td>
<td>20% (58)</td>
</tr>
</tbody>
</table>

Slightly more young people in the study sample were not in education, employment or training (NEET), 17% (77) compared to 13.3%\(^\text{73}\) of young people generally.

**Young people who were NEET**

Analysis carried out on the NEET status of young people aged 16 and over showed no difference across local authority area or gender. There was, however, a significant association with qualifications and NEET status, with none of the young people who were NEET at interview having 5 or more A*-C grade GCSEs compared to 18% of those who were in some form of EET who had achieved this level.\(^\text{74}\) This further demonstrates the importance of qualifications as a protective factor for securing employment and engagement in training and post compulsory education. It also supports the extension of education support to care leavers up to age 25 allowing those who have not yet fulfilled their education aspirations to ‘catch up’ and return to education.

The prevalence of economic inactivity within the study sample cannot be disconnected from wider factors within the general youth labour market, which have affected high youth unemployment rates and have resulted in squeezed and increasingly competitive career options for young people. Further exploration of the NEET group showed that just over one quarter (27%, n=18) had been NEET for the past year; however, most had been involved in some activity during the year prior to interview. Most commonly this had involved further education (32%, n=21) and also employment (18%, n=12). This suggests that almost one third had completed or dropped out of college and that almost two in ten within the NEET group had lost or given up their job. A further 15% (n=10) had become NEET after participating in trainee and apprenticeship placements. Understanding the causes of non-

\(^\text{73}\) Office For National Statistics (2014) Young People Not in Education, Employment or Training (NEET), August 2014, London: ONS. 13.3% of 16 – 24 years were NEET between April and June 2014.

\(^\text{74}\) A Chi Square test showed a significant association between whether a young person was NEET or EET and whether or not they has 5 or more a*-C grade GCSE) Based on 177 cases of young people aged 16 and over. (p=.014)
participation, whether following drop out or completion of a course or apprenticeship is not straightforward, however, care experienced youth are likely to face greater challenges finding and sustaining career opportunities due to the tendency towards poor qualifications or competing priorities associated with taking on independent living much sooner than their peers.

Workers suggested that many young people within the NEET group were actively looking for new opportunities,

‘Apprenticeship, training and work experience placements all being considered’ (20yr old male)

‘She’s looking for [a] formal activity course, FE [or] HE self-study course as she is very creative and has lots of hobbies [but] struggles with groups or classrooms’. (17yr female)

However, they also identified others who appeared to face greater difficulties. Workers regarded some young people as unable to work:

‘Was enrolled at college but now on the sick due to depression’ (18yr female)

‘NEET - due to immigration status and access to public funding/resources. (19 yr old male area)

Whilst others were perceived as simply unwilling to take up EET opportunities:

‘This young person refuses to engage in education, employment or training. Professionals continue to encourage that they engage. (17yr old female)

‘He has no interest in training, work or employment’. (20yr old male)

Young people who were NEET were asked what they would like to do and what would help them to do it. For some young people, particular ‘qualifications and work experience’ or ‘taster courses’ were needed to take up their chosen career ‘doing my level 2 would help’, ‘volunteering and qualifications’ whilst others wanted specialist advice or help with EET. Help from Connexions type support came up frequently, ‘Support from connexions, someone to help find a course’. In some cases, young people outlined the personal qualities they needed to overcome the challenges of getting into education, training or work ‘motivation needed and encouragement, help with applications, someone to go through them’.

Care leavers aged 19-21

For those young people aged 19 to 21 years, the most common activity was further education, which at 28% was higher than the national figure (19%). The percentage at University reflected the general picture of low numbers and just under one quarter (23%, n=64) of 19-21 year olds in the study was in work or work training courses, slightly higher than care leavers generally, with 14% of the study group working full or part time. A further quarter was NEET compared to one third of care leavers nationally (see Table 7.3).
On balance, therefore, while our data reflects existing evidence that care experienced youth do worse than young people generally, young people in the current study appeared to be doing slightly better in terms of overall participation than those young people in and from care nationally. There may be several explanations for this, including perhaps, sampling procedures in the local authorities. Nevertheless, there was some indication that continuing education was a common option. This might reflect the increased support and incentives for care leavers taking up this option, through for example, second chance learning, extending Personal Advisor support to age 25 and the Higher education bursary.

To understand more about young people’s choices and experiences post-16 we have drawn upon findings from year 2 follow-up information form young people and professionals.

**Understanding participation**

The Young Person’s reference group highlighted participation in education as an area for further exploration during year 2 follow-up interviews. A sub-sample of young people (n=52) who were in education in year 1 were selected for follow-up interviews in year 2. The focus of the interview was young people’s participation in education or subsequent employment or training over the year between interviews to explore decisions around participation, the types of courses undertaken and reasons for moving on from education.

The age range of the follow up group was 15-22 years. At year 1 snapshot, this sub-sample of young people had been enrolled in a range of education provision including school, college and university. Courses ranged from short term basic numeracy or literacy courses, ESOL courses, GCSEs at school or college, A levels, NVQ’s and BTECs, diplomas to undergraduate and post graduate degree level courses.
At follow-up point only a small proportion, less than one third (27%, n=14), were still in education one year later, though all but two had remained on the same course. Those young people who were no longer in education were asked for the main reasons for leaving the course. Of the 32 who responded, the most common reason was young people completing their course of study (53%, n=17). This in part reflects the short term nature of some of the courses studied. One young person had left college early to take up another course but was unable to secure funding and was NEET at follow-up.

**Table 7.5 Reasons for leaving education course**

<table>
<thead>
<tr>
<th>Reasons</th>
<th>Valid Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>End of compulsory school</td>
<td>3% (1)</td>
</tr>
<tr>
<td>Course came to an end</td>
<td>50% (16)</td>
</tr>
<tr>
<td>Left early to take up work, training or another course</td>
<td>3% (1)</td>
</tr>
<tr>
<td>Left early due to other circumstances</td>
<td>44% (14)</td>
</tr>
</tbody>
</table>

A concerning finding was the relatively high dropout rate for those who had been in education. Four in 10 young people (44%, n=14) had left their course early due to circumstances related to ability, personal troubles or financial difficulties, as discussed further below. Whilst three of the young people had subsequently found full or part time work and three were applying for further courses, half of those who had left early were NEET at follow-up interview.

This highlights the need to ensure young people are matched with the correct education options and are provided with the level and range of support to enable them to continue education.

**What helps young people participate in EET?**

‘A lot of support and motivation from leaving care staff, including support with travel and wake up calls, involvement in children in care groups has helped [yp] to stay involved’. Lead professional

To examine further some of the barriers and facilitators to participation in EET young people and lead professionals who took part in year 2 follow up were asked for their views on what has or might help. In addition, two focus groups were held with the young person’s reference group and a group of area research co-ordinators (ARCs) from four of the participating LAs, to explore barriers and facilitators to participation. Often, barriers and facilitators were different sides of the same coin, for example whilst access to support enabled participation, a lack of support proved a barrier. A thematic analysis of the data was carried out by members of the research team and the young people’s analysis group and a number of key themes emerged.

Young people were asked what had helped them get into education and what advice they would give to other young people who might be considering entering education. Though
most of the young people in the follow-up were still in education, some had moved on to employment or training so responses included wider participation.

**Personal Drive (motivation and aspirations)**

A strong message arising from young people’s interviews and focus group responses was the importance of personal drive to succeed and ‘excel’. Having the motivation to do something and a determination to succeed was seen as an essential driver in achieving positive outcomes. There was also the acknowledgement that without self-motivation, support from professionals might prove fruitless.

‘Your own motivation, to want to achieve’

‘Motivation, if they really want to do the course’

‘I chose to do this course, I did it myself, I went to college on my own and enrolled…it is the person who has to be motivated and want to do it otherwise social services cannot help’

Lead professionals also noted the importance of young people’s own motivation and ambition in helping them participate ‘what has helped her is her own determination to learn and want to learn and accept support offered by others’, however, they also pointed out the importance for young people to be motivated, either by the encouragement of carers, friends, tutors or other professionals or by interesting opportunities.

‘It takes [young person’s] own good motivation and encouragement from staff and family’ (lead professional)

‘She is focused and very clear about where she wants to be in the future in terms her education and career. This determination has helped her a lot and also the issue of education is always discussed during reviews, Personal Education Plans…before she started college which was also helpful’ (lead professional)

‘We are dealing with young people so … you know, you got to make it interesting…not you go with this approach that ok you have got to find a job, it sounds really boring…if we had means of making the whole approach a bit more... young people focused, fun, interesting, it would help a lot, …are Universities interested? Do they recognise their role in recruiting care leavers’ (Area research co-ordinator)

Where young people were struggling, this was sometimes attributed to a lack of motivation, self-belief or encouragement; ‘[Young person’s] lack of motivation has been an obstacle’, ‘…has low confidence in her abilities’, ‘she has dropped out of several training courses, she has needed encouragement’.

Combined with motivation was choosing the right course; something that will appeal to young people’s interests and motivate them to sustain participation. Young people warned against taking on a course for other reasons, such as financial incentives.

‘You’ve got to want to do it, take a while to settle in and don’t go for something you’re not interested in’. (Young person)
‘Choose what you like and want to do’. (Young person)

‘If you want to do it fine, but don’t just do it because you get money’. (Young person)

‘Know what they want to do first, be sure the course is right before starting’. (Young person)

The consequences of accepting or choosing the wrong course was noted in young people’s reasons for dropping out of education:

‘Left course, didn’t like the course, I did the entire first year, didn’t like it so didn’t continue.’ (Young person)

‘Didn’t want to do it anymore, lost interest and left two months ago.’ (Young person)

**Expectations and stigma**

Related to the above themes, was the impact of others’ expectations of care leavers, whether this involved having high expectations and aspirations for them or conversely low expectations, which could amount to young people being stigmatised.

One young person who was in their second year of University told us ‘for me it was my foster carer that has drilled it into me that I am capable of doing what I want to do.’ (Young person focus group)

Another told us that challenging the negative stereotypes and wanting to be the same as others had motivated her to apply for university:

‘For me I wanted to do that, I didn’t want to be different and everyone else going to university and going to college and I didn’t want to be the Leaving Care girl who didn’t do it. I wanted to be the girl who did do it. And I know you don’t do that in other things but I think in that kind of context you kind of sometimes want to. You want to fit in a bit more.’ (Young person focus group)

Lead professionals talked about some of the difficulties they encountered in trying support their young people to find EET opportunities, which included having to challenge a lack of aspiration and negative stereotyping from carers or employers.

‘Some [young people] don’t have that support…to build that level of aspiration… we were trying to get [young person] into somewhere to get some experience and the foster carer… on jobseekers said ‘what, you are going to go out the house for that?’, I thought like you’re just fighting a losing battle,…it’s like a culture thing, well, I’m not going to work, I’m going to go on jobseekers’ (Area research co-ordinator).

‘There’s a lot of companies, [where] the stigmas for being in care is still there ‘ ooh well, I’m risking some money , I want somebody stable not somebody like that’, so it’s trying to overcome that as well’ (Area research co-ordinator).
Personal circumstances and disincentives

Obstacles to young people participating in EET and also sustaining participation related to their own personal circumstances as well as wider societal factors.

For some young people, coping with personal troubles such as bereavement, family problems or difficult circumstances prevented them from continuing participation or taking up EET opportunities. One young man who left his college course early told us ‘work was hard to achieve…things going on in [my] life, consequences of stuff that had happened and the tutor wasn’t supportive’. Another told us ‘my personal issues at home and [I] found it hard to catch up’.

In discussing reasons for dropping out or ending their course prematurely, problems associated with health and risk behaviour were also apparent ‘I kept getting into trouble which led to getting kicked out [of college]’, ‘I was ill, kept getting a virus and had issues with my family’. For another, barriers to participation included ‘a lack of confidence, health issues, increasing mental health issues, low mood and social isolation.’

Becoming a parent was highlighted by several young people who had struggled with their education. For one young woman the ‘being a single parent, if my child was ill I would have to take time off and the nursery fees’ were an obstacle, though some young people also felt strongly that parenthood should not be a barrier to participation,

‘A lot of girls think they can’t do it because they have a kid, where actually if you put that down on your application form you’ll see that there is a section where if you need childcare you’ve got it.’ (Young Person’s Focus Group)

Focusing on more immediate ‘priorities’ such as addressing difficulties could prove a diversion from EET:

‘I think some of my young people have such chaotic lives that just the concept of doing anything that they could commit to on a regular basis is just a complete anathema to them. They have got their families kicking off, you know, they have got all sorts of people staying at their houses, they have got mental health issues, you know trying to avoid going to prison and you say oh do you want to go to college and they just look at you, like how is that my priority?’ (Lead professional)

The need to find stable accommodation and setting up home were also highlighted as distractions to participating in EET for care leavers.

‘Problems with his flat, outstanding repairs that have required him to stay in and wait for repairs was an obstacle.’ (Lead professional)

‘While at college he felt uncomfortable with the foster carers he was with’. (Lead professional)
‘I think the idea is you want to sort the basics first don’t you. You know you’ve got to have the solid, the grounds first accommodation and finances.’ (Area research co-ordinator)

This reflects findings from existing research that shows that a priority for many care leavers is establishing a home base from which to begin addressing other area of their lives, such as participation in EET\textsuperscript{75} this was reflected in the views of lead professional in this study.

Other obstacles to participation and reasons for drop out included having to travel a ‘distance from home’ and the cost of meeting ‘travel expenses’ or ‘childcare costs’. Young people and lead professionals also referred to the financial disincentives of participation, whether this was the high cost of university fees or low paid apprenticeships or employment, perhaps directed at young people living with family but which prove difficult or unaffordable for those young people living independently.

‘We were told to push apprenticeships but our young people normally get to like 18 or 19 and they …move into their own place and are finally ready to do an apprenticeship and they just couldn’t afford it, they would be worse off so we find that’s a real barrier and we have had young people who have been offered an apprenticeship and then had to turn it down which is like … not what you are trying to promote because they would be better off staying on job seekers allowance than doing an apprenticeship.’ (Area research co-ordinator)

This demonstrates the need for providing extra support, where required, to help young people find and maintain EET opportunities in the course of personal, social and financial challenges.

**Information and support**

Young people felt that information was a key element to helping care experienced young people into EET. This included knowing about financial entitlements and work placements and tasters that are out there. They also felt strongly that information needed to be accessible and provided in different formats so that it was available to as many young people as possible, regardless of their circumstances (suggestions included newsletters, texts and a Facebook page with updates).

Support, whether professional or informal was considered essential ‘having that one person whoever they are’ (YP focus group). Examples of practical support included help with completing college, training and work application forms; wake up calls to ensure young people made it to college and work on time and financial assistance with travel, clothing or college materials. A young person who was studying alongside an apprenticeship explained how they had been supported:

‘Got help with going to introductory events, setting it up with my social worker and [support] worker, support to get all sorted…help with buying books and my AS levels paid for because of [my] low wages as an apprentice. [The difficulties] was my social

anxiety, but I’ve had the support to overcome this. The apprenticeship has helped me grow in confidence to go to night classes’.

Their Lead Professional added, ‘[YP] is very intelligent …with health problems…and was supported by Connexions to apply for the apprenticeship and advised on evening AS classes. [YP] was given money for interview clothes, was financially supported until paid… given money for books and travel costs and supported to apply to a local charity for …college equipment’.

There was evidence of a good extended corporate parenting approach to addressing young people’s needs. Lead professionals highlighted the positive impact of specialist staff joining the leaving care team ‘a positive change is the specialist employment worker position is now on board full time, work[ing] with young people individually towards EET’. Other examples of good corporate parenting included the introduction of dedicated support workers within education settings,

‘One of the colleges has a dedicated children in care youth worker now which is really helpful because they are the first point of contact and they can also liaise with [leaving care team] and the tutors if there are any difficulties’. (Area research co-ordinator)

‘We have a dedicated Universities worker who has his finger on the pulse of which universities are offering which bursaries …or paying all the fees for looked after kids…. I mean that’s worth 27 grand worth of incentive, so because he’s doing nothing but university stuff he knows the best places to direct them and gives that support.’(Areas research co-ordinator)

Lead professionals and young people also commented on the importance of co-operative and supportive teachers, tutors and employers in helping young people to sustain participation in EET.

‘The positive attitude from school staff, they’ve not been deterred by [young person’s] challenging behaviour’. (Lead professional)

‘College gave [young person] a chance. Due to their circumstances they had [developed] mental health problems which college helped with while [young person] attended.’ (Lead professional)

‘Supportive training provider who understands the difficulties young people face living independently.’ (Lead professional)

‘Support from my course tutors and leaving care team….to get free course and learning support fund money.’ (Young person)

A lack of co-operation from extended corporate parents, however, was highlighted as a barrier to young people doing well in EET as noted by the following lead professionals;

‘The school’s inconsistent approach and lack of understanding of his [needs].’ (Lead professional)
'More sympathetic benefits advisors so that there are not long delays when changing benefit, resulting in [young person] for the new benefit to come through with no income in place to pay bills or buy food or travel to and from the training provider.’ (Lead professional)

‘There was a difficult period where his course tutors didn’t understand his needs, [college] appear very discriminatory and unwilling to accept young people with any extra needs.’ (Lead professional)

[Young person] started course but asked to leave… [there’s] a lack of places that can help young people with mental health issues who have no diagnosis.’ (Lead professional)

The support of carers was also prominent amongst young people and workers responses. ‘I still have contact with my foster carer and she helps me a lot as far as that goes, like getting involved in the college…to sort of guide you. ‘Look there’s this going on, get involved’ and stuff like that’. (Young person focus group member). The lead professional of another young person noted that their young person’s achievements were helped by the ‘excellent support from carers and their constant liaison with teaching staff.’

Young people felt that support, both practical and emotional, should be there whether or not a young person was doing well and whenever they needed it.

‘You need positive reinforcement when you do something good– to be proud of your achievements but that it is also needed when you are at your lowest ebb’ (Young Person focus group).

‘I have such a really good support worker…and all the support I have got off her is what has made me get off my arse and go and do it’ (Young person focus group).

A lack of support meanwhile was highlighted amongst the barriers to participating in EET. For example, one young person felt they’d had no help, ‘it was just me.’ Furthermore, when asked about any obstacles to succeeding, they felt that their foster carers had not been supportive ‘they made distractions’. A lack of financial support was also noted ‘I didn’t get financial support and travel was too far’.

Responses from lead professionals on general barriers to supporting care experienced young people’s participation with EET, revealed concerns over the impact of cuts to specialist EET information and services such as closure of Connexions’. Several lead professional commented on this as a negative change to EET support:

‘A reduction in the Connexions service has meant that the availability of staff to work pro-actively one to one with difficult to engage young people has been significantly less’.

‘Connexions service has been cut back and the local office closed so connexions workers have no base to see young people so have to rely on using rooms in other organisations’.

A second issue to feature prominently amongst the concerns of lead professionals was the impact of reduced financial support for EET. One worker commented, ‘we have fewer
apprenticeships due to cuts’. Several highlighted the impact of rising education fees and reduced funding options

‘Increase in University costs means less of an incentive to care leavers as tuition fees are no longer paid for’.

‘Our University budget has been cut, I feel this will adversely affect the number of young people we have that progress to higher education’.

‘The current raise in tuition fees has impacted negatively on the willingness of care leavers to engage in higher education as some will not want to be burden with debts’.

‘The bursary, now a lots of young people are not entitled to it, they receive less which has a negative impact on participation in eet’ (Lead Professional)

Worries about the impact of austerity measures were also a concern raised by young people:

‘There’s that much of a cut in local authorities that your tuition fees are going up but our monies are not going up, they are going down. The kids that are leaving care now, what option do they have? They are not going to put our monies up to £18,000 so you can pay £9000 tuition fees and then you’ve got a little bit extra to keep living on. They aren’t going to do that.’ (Young person focus group)
Messages for corporate parents

- Education disruption and leaving school with few or no qualifications is a consistent finding in research and practice evidence for young people in and leaving care. Despite over a decade of concentrated efforts to improve the education experience of looked after children our research suggests corporate parents can still do better, and in fact, they must do better.

- There is far greater understanding of the barriers to education participation and attainment for young people in care. Uncertainty and instability in young people’s home lives, the impact of past and ongoing trauma and difficulties, the legacy of early disadvantage (a predictor of poor attainment for all school children) and the prospect of moving out of care, which for those who continue to leave their care placement at 16 and 17, coincides with key stage 4 studies and exams. These can all play a part. The challenge for corporate parents is to provide support to overcome these obstacles and ensure that looked after children and care leavers have the same educational aspirations, experiences and opportunities as any other child.

- To do this, we need to understand why looked after children are more likely than other school children to be excluded from school. Our study showed that looked after young people are far more likely than others to truant and be excluded. How can the role of VSH and designated teacher impact upon this? What can be done to reduce or find alternatives to excluding vulnerable young people from participating in education? Corporate parents also need to tackle the causes of truancy by developing strategies to reduce disengagement.

- Whilst our evidence leaves little doubt as to the negative impact these issues have on young people’s school outcomes and the longer term implications for employment prospects, this and existing research also shows those who do well at school are likely to do well in other life areas. A good education experience can therefore act as a protective factor. School can offer young people in care a source of stability, some respite and ‘time-out’ or simply the chance to be a child in an otherwise uncertain and troubled childhood. Many of the young people in our study highlighted academic successes as their greatest achievement. School, therefore, offers a real opportunity to help those in care to have the same experiences, aspirations and chances as any other child.

- Turning to attainment, national data suggests a narrowing of the attainment gap between young people in care and school leavers generally, but is this good enough? Our research shows a continuation of the trend for care leavers to have fewer qualifications than non-care peers. But is this a fair comparison? There may be valid reasons why some young people in care do not complete their school careers at the same level as other school leavers. It is clear that some care leavers will return to education at a later stage but this will only happen if they are confident that they will be supported and it is their corporate parent who they will rely on. Duties exist in legislation to support this but continued cuts and austerity mean young people and lead professionals remain uncertain as to whether such support will always materialise.
Research has shown that the strongest predictors of educational performance are social background and parenting and that those from disadvantage backgrounds and who have experienced poor parenting tend to do less well. Taking this and the higher likelihood of school disruption into account most looked after children might be considered doubly disadvantaged when trying cope with the demands and pressures of school exams. Corporate parenting needs to address this through high quality compensatory parenting – providing attachment and stability, to enable young people in care to overcome early obstacles to educational success.

In supporting young people to overcome early disadvantage, it might be useful to consider poor education attainment at the point of leaving school as a delay in young people’s education trajectory. In this sense, young people’s progress or ‘outcomes’ in education can be reframed as interrupted rather than unsuccessful. Whilst this highlights the absolute importance of continued support through the PA to 25 function, and for ‘second chance learning’ options and the level of resources and support necessary to enable young people to make the most of options in the early years after leaving care, it should of course not let corporate parents off the hook in ensuring that looked after children and young people have the same opportunities to succeed and excel in exams as other school children.

Corporate parents, therefore, like any other good parent, need to enable the children in their care to make the most of their education opportunities; to have good attendance, avoiding truancy and exclusions and once there, engage with all that school has to offer. They should also ensure that young people receive the help they need to be well prepared for and see through their qualifications. Getting this right, remains a challenge for corporate parents, however, sticking with the young person and getting it right at some point can prevent dealing with the personal, social and economic consequences of non-participation further down the line.

The picture for participation in EET after school is on the surface a positive one for our research sample. The most common activity for those who had left school was further education. This reflects the increased practice and policy focus on getting young people into education and the financial and broader support (e.g. bursary’s, extended access to income support and Personal Adviser to 25 duty) to enable young people to take up college opportunities. The challenge is to support young people to sustain participation by finding the right course to suit their needs, ensuring they receive emotional and practical support to enable them to address personal difficulties that might threaten attendance, performance and participation and ensuring adequate financial support to meet the costs of education, including travel, materials, child care and fees.

Addressing the high numbers who are NEET after care requires more focus on improving young people’s employability prospects. This can come from improved educational outcomes but can also be achieved through work experience and training programmes that focus on improving young people’s work readiness, confidence and motivation as well as more overt work related skills. Examples of close links between leaving care services and local employers and training providers and having access to specialist employment workers, sometimes based within the team can facilitate increased opportunities for young people.

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Chapter 8: Health, wellbeing and risk

Jo Dixon

‘I support young people with weekly visits. Young person previously had contact with youth offending which was supportive and a strong on-going relationship with drugs and alcohol worker. Young person works well with CAMHS who can contain Young person’s worries and frustrations regarding their issues’. (Lead Professional)

Headlines: Health

- Most young people in the study were considered to be healthy and most did not have physical, learning or mental health difficulties.
- Nevertheless, a sizable minority had additional needs related to poor physical or mental health or impairments.
- Two-fifths (40%) of young people were considered to have problems with emotional and behavioural development, including low mood, depression, psychological disturbance, self-harm and suicide attempts.
- Around one in 10 were considered to have mental ill health, with those aged 16 and over being twice as likely as 13-15 year olds to have mental health problems.
- The link between past events and mental and emotional health was evident in young people and lead professionals comments.
- A measure of subjective wellbeing suggested that overall, young people were generally positive about their lives. The aspects they were least happy with where their family and the area they lived in.
- Care leavers appeared to have a lower feeling of overall wellbeing than those still in care and overall wellbeing differed significantly across the study local authority areas.
- Levels of involvement in risky behaviour appeared high in comparison with the general population of young people (e.g. running away, offending, drug and alcohol use). Around one in ten demonstrated mid to high level involvement with risk behaviour at time of interview. Risk behaviour demonstrates vulnerability, can compromise health and personal safety and is a predictor of poor progress in other life areas including housing stability and participation in education, employment and training.

Health and wellbeing – the context

As the opening quote illustrates some young people in and from care have high levels of need related to their health and wellbeing. Research and practice evidence shows that these needs can be associated with the reasons that brought young people into care, their experiences in care or the stresses associated with leaving care. This group of young
people will often need to draw heavily on support and resources, and social workers and leaving care workers can sometimes feel overwhelmed by the level of support required to help these young people\textsuperscript{77}. Despite this, health and wellbeing has, in the past, been a somewhat neglected area and we are still on the threshold of fully understanding the extent and patterns of young people’s health and wellbeing needs, how these needs are identified and assessed, what skills and training care professionals require to do this and how services are best able to address their young people’s needs.

The health and wellbeing of care leavers, as well as looked after children, is becoming an area of increased focus for policy and practice through a range of recent initiatives. Health and wellbeing continues to be key element of Pathway Planning and statutory guidance outlines what this should entail (to be revised soon). There is an increased government commitment to care-proofing involving Department of Health through the Care Leaver Strategy. There is also an increased focus on health in the new Ofsted inspection framework and plans to bring together inspections with the Care Quality Commission in the near future\textsuperscript{78}. A series of practice guidance has also been issued.

These resources can be used by local authority services not only to provide guidance on what can and should be done within services to improve the health and wellbeing of care leavers, but they can also be used as potential levers with external partners in the health field and can be helpful in explaining the language used by the sector. Recently announced broader government policy on supporting young people’s mental health is also relevant for care leavers\textsuperscript{79} proposals set out how changes in local service planning and delivery will make a difference to the lives of people with mental health problems over the next few years. This includes improved access to psychological therapies for children and young people across England and an end to the cliff-edge of lost support as young people with mental health needs reach the age of 18. Of particular relevance to care leavers, the document promises that the Government will support NHS England to develop a service specification for transition from Child and Adolescent Mental Health Services (CAMHS). They will also undertake a high-level scoping study to examine evidence for both physical and mental health services focused on the 15-24 year age group and the implications this might have for care pathways, social workers and health professionals in the UK.

The current study placed a particular focus on the wellbeing of young people aged 13 – 21 years in and from care. It also gathered information on health needs and the level and type difficulties, including risk behaviour, experienced by young people in the study.


Health needs within the sample

Young people’s general health and impairments

Data on the health and impairment needs within the total care population is not routinely collected at national level. This is in part due to the changing nature and occurrence of health problems (e.g. short or long term, acute or chronic conditions) and the challenges of accurately defining ‘disability’ (e.g. whether to include learning impairment(s))\(^\text{80}\). It is therefore difficult to get an accurate indication of the extent of these difficulties within the care and leaving care group, though research suggests that in general, the health of young people in and leaving care is likely to be poorer than their peers in the general population\(^\text{81}\). Estimates of the level of disabled children in care, meanwhile, vary from ten to 25 percent of the looked after population\(^\text{82}\).

In the current study, information gathered from young people’s self-reports (n=579) and lead professional data (n=398) suggested that the majority of young people in the research sample did not have physical, learning or mental health difficulties. With regards to general health, for example almost all (90%, n=339) young people were considered by their lead professional to have relatively good health.\(^\text{83}\) This was supported by young people’s own views, where around three quarters (77%, 447) reported that they did not have difficulties related to poor physical or mental health or learning or other impairments. Most (80%) reported being reasonably to very happy with their overall health.\(^\text{84}\)

With regards to identifying specific health and impairment needs of young people in the research, we relied on the lead professional data for analysis, asking them to indicate whether young people had any of the following difficulties.

\(^{80}\) Gordon D, Parker R, and Loughran F (2000) Disabled Children in Britain: A re-analysis of the OPCS Disability

\(^{81}\) Haywood. J. and James, C. (2008) Improving the health of children in care and care leavers in London (Care Services Improvement Partnership.


\(^{83}\) Lead Professionals were asked to rate young people on their overall health and most were scored three or above on a four point scale of health (1 being frequently ill to 4 being normally well), with two thirds (65%, 246) being described by their Lead Professional as ‘normally well’.

\(^{84}\) Young people rated how happy they felt with their health on a scale of 0 not at all happy to 10 very happy. 80% rated themselves 6 or above. One third rated themselves 10 – very happy.
The extent of individual need is shown in Table 8.1. The most common difficulties appeared to be special educational needs (SEN) and mental health problems.

Using a combined measure to indicate the presence of physical, sensory, learning and/or mental health difficulties, just over one third (36%, n=124) of young people were described, by their lead professional, as having at least one of these difficulties. This is slightly higher than findings on health and disability in recent research on young people in and leaving care; a sample of 10-15 year olds in care reported a total of 29% with a disability or health difficulty and a study of care leavers aged 16 – 19 years reported 27% with a sensory, physical, learning disability and/or mental health difficulty. It is, however, much lower than one national survey of looked after children that reported that two thirds had one or more physical health problem including sight impairments, speech or language problems, difficulties with coordination and asthma. The latter study focused specifically on health issues.

In any event, up to one third of our research sample appeared to have additional needs related to their physical or mental health or impairment. The types of difficulties reported provide some indication of the issues that impacted upon young people’s day to day lives and included speech impediments, asthma, epilepsy, and physical and mobility difficulties such as curvature of the spine. Problems related to obesity and eating disorders were also evident as were sleeping problems. In fact, around four in 10 (43%) young people reported problems eating or sleeping. In our study there was also evidence of multiple health problems and 5% of young people were identified as having two or more health related difficulties, for some young people this led to a high level of need.

‘Young person has SEN and their current school has been very supportive. Young person presented with outbursts in school… would become restless, tapping or beginning

Table 8.1  Lead professional data on young people’s health, mental health and impairments.

<table>
<thead>
<tr>
<th>Difficulty</th>
<th>Present (n)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical disability</td>
<td>3% (9)</td>
</tr>
<tr>
<td>Sensory impairment</td>
<td>3% (9)</td>
</tr>
<tr>
<td>Chronic health problems</td>
<td>2% (8)</td>
</tr>
<tr>
<td>Mental health problems</td>
<td>14% (48)</td>
</tr>
<tr>
<td>Diagnosis of ADHD</td>
<td>9% (31)</td>
</tr>
<tr>
<td>Other learning disability</td>
<td>13% (46)</td>
</tr>
<tr>
<td>Other diagnosed difficulty</td>
<td>7% (23)</td>
</tr>
<tr>
<td>Statement of SEN</td>
<td>15% (57)</td>
</tr>
</tbody>
</table>

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87 17% reported this problem was ‘a bit like me’, 13% ‘quite like me’ and 13% ‘just like me’.
to rock. Young person dislikes being in confined spaces, their carer gets attention by eye contact and trying to explain everything. Young person's sleep patterns very erratic and took a long time to settle down…they woke several times during the night. Young person was diagnosed with ADHD and prescribed [medication] …… now has [counselling] regarding managing behaviour. YP has hay fever, hearing problems and inhalers for asthma.’ (Lead Professional)

Formal diagnoses of learning difficulties/disabilities appeared particularly evident in lead professionals’ reports. For example, 5% (n=10) of young people from the year one cohort had a diagnosis on the autistic spectrum (Autism, Asperger’s etc.) and 9% of all young people had a diagnosis of ADHD. A further indication of the extent of difficulties was the number of young people in the research that had a statement of SEN. Over one in ten (15%) of all young people in the research and almost one quarter (22%) of those aged under 18 were statemented. Though similar to the percentage of all children in care (28%) it is in sharp contrast to the 3% of all school children in the general population, who have a statement of SEN.

**Young people’s emotional and mental health**

Whilst there remains a lack of available evidence on the extent and impact of poor health for young people in and leaving care, that which is available tends to focus on mental health. Research over the past two decades suggests a higher prevalence of mental ill Health within care experienced children and adults. Research carried out in the 1990’s reported half of all young people in foster care and 96% of those in residential care had a mental disorder and more recent research indicates that care experienced young people are around five times more likely to have mental health problems compared to the general youth population, even when compared to children from the most deprived areas. Conduct disorders and emotional disorders such as anxiety and depression are the most common issues detected.

National data suggests that half of five to 16 year olds in care present as borderline or cause for concern in relation to their emotional and behavioural health, as measured by the Strengths and Difficulties questionnaire (SDQ).

Emotional and mental health difficulties were also prominent within our own research sample, constituting the most common health issue identified by lead professionals (see Table 8.1). Around 14% (n=48) of young people in the sample were identified as having

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88 Additional, detailed information relating to health and disability needs was gathered from Lead Professionals for the year one cohort of young people.
mental health difficulties, however, it is likely that the true extent of mental ill health is more accurately reflected in wider emotional and behavioural issues evident within the sample. For example, lead professionals’ reports suggested that two out of every five young people (40%, n=157) had problems related to their emotional and behavioural development.\(^{92}\)

The types of issues described by lead professionals included anxiety and low mood, with 8% (n=17) of those interviewed in year one, experiencing depression. Some young people in the study had been sectioned under the Mental Health Act and difficulties due to psychological disturbance and development were also noted. Furthermore, lead professionals’ reports showed that around one third of young people in the study (32%, n=103) had self-harmed and almost one in five (17%, n=54) had attempted suicide in the past. Research on youth self-harm and suicide, which identifies some of the risk and protective factors for self-harm or suicide, indicates that the background and complex circumstance of young people in and leaving care can result in greater vulnerability to these behaviours. Indeed, International research suggests that care experienced youth are more likely to harm themselves and are also at greater risk of both attempted and completed suicide than their peers.\(^{93}\)

Lead professionals identified a link with young people’s past or early childhood experiences and their current emotional state.

‘She appears to have some emotional difficulties—coming to terms with the loss of her family and the feeling of rejection from mother. This seems to have had some impact on her emotional wellbeing and development. [YP] states that in order for her to function daily she turns to cannabis for relieve. The daily use appears to have hampered her mental development.’ (Lead Professional of 17 year old female)

‘Emotional difficulties associated with early childhood experiences resulting in mental health issues today - depression, low mood.’ (Lead Professional of 21 year old female).

The link between past events and current mental and emotional health is perhaps unsurprising given that many young people had come into care for reasons of abuse and neglect, and almost all had experienced separation from their families. Though still in its infancy, there is a growing body of neurological research on the impact of childhood trauma and maltreatment on the development of the brain and subsequent psychological traits. Studies of both adults and children who have experienced abuse or neglect show differences both in the structure (i.e. shape and size) and the functioning (i.e. activity and ability to perform cognitive processes) of the brain, due to early adversity.\(^{94}\)

Following on from this, is evidence that mental health problems are more likely to emerge in later adolescence and early adulthood. Research on mental health in the general population

\(^{92}\) Using a scale of 1 (serious problems exist) to 4 (no problems) for emotional and behavioural development, Lead Professionals rated 31% of young people ‘2’ and 9% ‘1’ indicating serious difficulties.


shows that for adults with long-term mental health problems, half had experienced their first symptoms during childhood and three quarters before their mid-20s.

In our own study, mental health problems seemed to become more common with age. Young people aged 16 and over appeared twice as likely as the 13-15 age group to be described as having a mental health problem (16% and 8% respectively) though not statistically significant. Equally and possibly related to age, care leavers were more likely than young people still in care, to have mental health problems (17% compared to 10%), demonstrating that for some young people, mental health problems may not manifest until late teens, thus emphasising the need for continued professional focus and support during the transition from care to independent living.

This occurrence of difficulties within our research sample demonstrates the vulnerability of the care population to poor emotional and mental wellbeing during adolescence and potentially into adulthood. As noted earlier, existing research has shown that looked after children and care leavers are at high risk of poor mental health due to multiple psychological and social risk factors. A more detailed exploration of young people’s mental health was considered problematic within the scope and the peer research methodology of the current study we instead used a measure of wellbeing as a means of considering how young people were doing.

**Young people’s subjective wellbeing**

The concept of wellbeing generally refers to people’s quality of life. The literature suggests that wellbeing falls into two categories; psychological wellbeing (akin to self-esteem, mental and emotional health) and subjective wellbeing (happiness and life satisfaction). Several studies have looked at the subjective wellbeing of youth in general, one of the largest being carried out by The Children’s Society (TCS) survey of wellbeing in the general population of five to 15 year olds. Whilst studies have included care experienced youth within the overall samples, we are not aware of any existing research specifically on the subjective wellbeing of children in and from care. Our study, which gathered information on subjective wellbeing from all young people participating in the snapshot and follow-up interviews, contributes to closing the gap in our knowledge within this area.

Young people were asked to fill out a self-completion checklist on how happy they were with key aspects of their lives. The checklist replicated measures used by TCS, and

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96 Discussions at the questionnaire planning stage with our young people’s reference group suggested that gathering data on the sensitive area of mental health could prove difficult within a peer research interview hence the decision to gather more limited data from the lead professional and focus on young people’s accounts of wellbeing. Research on the mental health of care leavers has since been carried out at Queens University Belfast (Berni Kelly and colleagues) using a peer research approach.
98 The majority of young people completed the checklist themselves at the end of their interview with a peer researcher. Research notes suggest that in a minority of cases, where young people expressed difficulties with literacy or for whom English was a second language, the checklist was administered
included 13 items. Young people were asked to score each item on an 11 point scale (0 = not at all happy to 10 = very happy). The maximum score per item was, therefore, 10.

**Young people’s happiness with individual life domains**

We have used the mean scores to illustrate how happy young people were with each life domain, the higher the mean, the more young people expressed happiness and vice versa. To provide further indication of the distribution of young people who were happy and unhappy with life domains, table 8.2 shows the percentage who indicated they were generally happy or unhappy within each domain as well as the percentage of young people at both extremes (e.g. scoring 0 – not at all happy or 10 – very happy). As illustrated by table 8.2 most young people appeared generally happy with all domains of their lives (i.e. domain means ranged from 7.05 to 8.58 out of a maximum of 10). This represents a similar picture to the general youth population (TCS research reported means of 7.7) suggesting that overall, young people in and from care appear no more or less happy than other young people with these particular life domains.

**Table 8.2. Young people’s happiness with domains of their lives.**

<table>
<thead>
<tr>
<th>How happy are you with:</th>
<th>Group Mean per item</th>
<th>% not at all happy</th>
<th>% Not so happy (i.e. below midpoint 5)</th>
<th>% happy (i.e. above midpoint 5)</th>
<th>% very happy</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Your health</td>
<td>7.90</td>
<td>1</td>
<td>19</td>
<td>81</td>
<td>36</td>
</tr>
<tr>
<td>b. Your appearance (how you look)</td>
<td>7.44</td>
<td>3</td>
<td>23</td>
<td>77</td>
<td>28</td>
</tr>
<tr>
<td>c. The way you use your time</td>
<td>7.44</td>
<td>1</td>
<td>26</td>
<td>74</td>
<td>31</td>
</tr>
<tr>
<td>d. Your future (what might happen to you later in life)</td>
<td>7.35</td>
<td>2</td>
<td>25</td>
<td>75</td>
<td>27</td>
</tr>
<tr>
<td>e. Your family</td>
<td>7.15</td>
<td>7</td>
<td>30</td>
<td>70</td>
<td>41</td>
</tr>
<tr>
<td>f. Your friends</td>
<td>8.58</td>
<td>1</td>
<td>10</td>
<td>90</td>
<td>49</td>
</tr>
<tr>
<td>g. The home you live in</td>
<td>8.05</td>
<td>3</td>
<td>16</td>
<td>84</td>
<td>45</td>
</tr>
<tr>
<td>h. Your carers</td>
<td>8.43</td>
<td>2</td>
<td>14</td>
<td>86</td>
<td>53</td>
</tr>
<tr>
<td>i. The things you have (money and things you own)</td>
<td>7.88</td>
<td>3</td>
<td>18</td>
<td>82</td>
<td>38</td>
</tr>
<tr>
<td>j. Your school/ college/employment (in general)</td>
<td>7.73</td>
<td>4</td>
<td>19</td>
<td>81</td>
<td>37</td>
</tr>
<tr>
<td>k. Your local area</td>
<td>7.05</td>
<td>5</td>
<td>28</td>
<td>72</td>
<td>29</td>
</tr>
<tr>
<td>l. The amount of choice you have in life</td>
<td>7.96</td>
<td>2</td>
<td>17</td>
<td>83</td>
<td>41</td>
</tr>
<tr>
<td>m. How safe you feel</td>
<td>8.51</td>
<td>3</td>
<td>11</td>
<td>89</td>
<td>53</td>
</tr>
</tbody>
</table>

by the peer researcher. There is no evidence to suggest that this has had any adverse affects on overall results.
There were some notable comparisons between young people in our research and the general population.

As was the case with young people generally, the domain that young people in our research appeared most happy with was friendships\(^9^9\) (see figure 8.2). Almost all (90%, n=506) young people indicated that they were happy with their friends and almost half said they were very happy, demonstrating strongly, the importance of social networks.

The research group also appeared happy with how safe they felt and the home they lived in, which, as discussed in chapter six, reflects positively on young people’s accommodation in and after care.

**Figure 8.2**  The proportion of young people who are unhappy & happy with each life domain

<table>
<thead>
<tr>
<th>Domain</th>
<th>0</th>
<th>10</th>
<th>20</th>
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<th>40</th>
<th>50</th>
<th>60</th>
<th>70</th>
<th>80</th>
<th>90</th>
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<tbody>
<tr>
<td>a. Your health</td>
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<td>c. The way you use your time</td>
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<td>d. Your future (what might happen to you…)</td>
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<td>e. Your family</td>
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<td>f. Your friends</td>
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<td>g. The home you live in</td>
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<td>h. Your local area</td>
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<td>i. The things you have (money and things…)</td>
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<td>k. Your local area</td>
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<td>l. The amount of choice you have in life</td>
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<td>m. How safe you feel</td>
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<td>n. The things you have (money and things…)</td>
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</table>

The domains young people in our research appeared least happy with (according to the mean score) were local area (mean 7.05), with 5% (n=28) indicating they were very unhappy and, importantly, their family (mean 7.15). Almost one third (30% n=165) of the research sample was unhappy and almost one in 10 said they were very unhappy with their family. This is in contrast to the general population for whom family is a domain that most children and young people are most happy with. That young people in our research were more likely to express unhappiness with their family, this raises a number of issues. Importantly, TCS research on young people generally found that happiness with family was the aspect most strongly associated with one’s overall wellbeing. This carries implications for young people in

\(^9^9\) The friendship domain had the highest mean (8.58) of all 13 domains.
and from care in terms of the impact of dissatisfaction with family on overall wellbeing. TCS research also suggested that family relationships rather than structure had a greater impact on wellbeing. We are unable to say whether the unhappiness expressed by young people in our research was with the family directly or with the situation (e.g. a lack of contact) and also whether this related to their birth or substitute family. There was, however, some indication based on Lead Professional views on the frequency and quality of young people’s contact with family that suggested only 32% (n=126) of young people were considered to have good quality family contact (i.e. one family member with whom they had regular contact at least monthly, that was considered helpful). Overall, this suggests that helping young people to resolve family issues might improve overall wellbeing and indicates the need for greater focus on family relationships, either to help young people to maintain contact, where appropriate, and build positive relationships with parents, siblings and extended family, or to receive support to come to terms with the loss of family contacts.

**Young people’s overall wellbeing**

A measure of young people’s overall wellbeing was calculated using the checklist. Two items had been added for the purpose of this study and the target population (how happy are you with your carers and how happy are you with school, college or work). These items were subsequently removed from the overall wellbeing analysis. A reliability test on the remaining 11 items showed a high level of consistency, which allowed confidence that the items worked well as an overall measure (Cronbach’s Alpha .877).

Young people’s scores ranged from 16 to 110 (the maximum score) with a higher score indicating greater happiness. Five per cent of the group (31 young people) scored 110, indicating that they were very happy with all life domains.

Research undertaken by TCS on global wellbeing found that compared to all young people, those who did not live with their parents (e.g. living with extended family or in foster/residential care) had a lower sense of wellbeing than children living with immediate family. It was, therefore, somewhat contrary to expectations that the average wellbeing score for young people in our research was high (a mean of 85.3 out of a possible 110). This suggests that young people in and from care have a relatively positive sense of overall wellbeing, as illustrated by the clustering of cases towards the higher end of the scale, shown in figure 8.3, with over half (57%) of the sample having an overall wellbeing score of 85 or above.

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100 Analysis including these items suggested that their removal from the overall measure of wellbeing would not have statistically affected the overall wellbeing model. For example, how happy a young person was with their carer and how happy they were with family had a similar affect on the overall model. As more young people had rated the family item than the carer item (as many had already moved on from care) we decided to drop carer from the model and keep family in. The school, work item was also removed due to low responses to this item and the fact that, statistically, it did not contribute greatly to the overall model.

101 A Cronbach’s alpha coefficient (0 – 1) is used to test the internal consistency of a group of items in a measure, i.e. how closely related a set of items are as a group. A score of 0.7 and above is considered a good indication that items work well together (are broadly measuring the same thing).

102 TCS global wellbeing measure included questions not asked of the current research sample (how happy are you with life as a whole and how they felt their lives were going).
Although most young people in the research had a positive sense of wellbeing there were some significant group differences.

There was evidence that local authority area impacted upon young people’s overall wellbeing. Young people’s wellbeing score was significantly lower in some of our study local authority areas, whilst, on average, young people from two areas in particular appeared to have a higher sense of overall wellbeing. It is difficult to be certain as to why this was so. It may well reflect young people’s general feelings about the area that they live in due to location, access to amenities or immediate neighbourhood. There was certainly some indication from the individual domains that young people from three of the study areas tended to be less happy with the area they lived than those from other areas, though the pattern of responses varied for some areas suggesting that wider factors were influencing the reasons why wellbeing was lower in some areas.

Another group difference suggested that girls within our sample tended to have a lower sense of wellbeing than boys ($p=0.000^{104}$), which reflects findings from research on young people in general.

$^{103}$ A comparison of means using a Kruskall Wallis Test, reported a significant association between overall wellbeing and local authority area ($p=0.014$) based on 544 cases.

$^{104}$ Mann Whitney U test for comparing overall wellbeing scores by 1. gender – showed a significant difference between boys and girls, with means of 81.79 for girls compared to 89.20 for boys ($p=0.000$) and 2. a significant difference in wellbeing between those in care and care leavers - means of 80.98 for care leavers compared to 91.06 ($p=0.000$).
Importantly, we also found that the care leaver group had lower overall wellbeing than young people still in care (p=0.000). This is quite a complex issue to unpick. We first considered an age effect as TCS research on young people in general suggests wellbeing tends to decrease with age, however, the TCS research focused on 10 – 15 year olds only, whilst our care leaver group was predominantly aged 16 and over. Further work by researchers working on wellbeing suggests that wellbeing ‘begins to increase again in young adults’ in which case the reverse is true of our sample suggesting that young people who have left care appear to have lower wellbeing than their peers in the general population. Certainly if we look at research on what might be considered psychological wellbeing there is evidence that care leavers do less well and existing research consistently shows that care leavers and care experienced adults are at greater risk of poor mental health.

A possible explanation is that major life events tend to result in ‘shocks’ to wellbeing so it might be that our care leaver group have suffered a dip in wellbeing as a result of adjusting to the transition from care to independent living. This resonates with evidence form existing research on care leavers. For example young people taking part in the Scottish Health Feedback Survey reported that leaving care had a negative impact on their overall health and research carried out with care leavers in England, reported a deterioration in mental wellbeing (as measured by the GHQ) for young people in the year or so after leaving care. This research found an increase in symptoms measured by the GHQ for 41% of the care leavers between over a nine month period between baseline and follow-up interview in addition to a two fold increase in reports of general health problems, including anxiety, stress and depression.

Again, this adds weight to the need for focused attention on the potential impact of leaving care on young people and the need for emotional as well as practical support during this time, an issue we return to at the end of this chapter.

**Difficulties and risky behaviour**

In addition to exploring young people’s health and wellbeing, we also looked at broader lifestyle issues that might suggest a risk predictor for future progress. There was evidence that around one third of young people in our study had experienced or was continuing to experience risky behaviour.

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106 Scottish Health Feedback Survey (2001) *Researching the Health of Young People in and Leaving Care in Glasgow*. The Big Step, Glasgow

107 The General Health Questionnaire (GHQ ) screens for changes in mental health problems such as depression, anxiety, social dysfunction, though not used to make a clinical diagnosis of long term mental illness it can identify mental / psychological distress and poor mental wellbeing which can interfere with normal functioning.
Substance misuse

Research on drug and alcohol use within the care and leaving care population suggests a higher risk of substance misuse when compared with young people in general\textsuperscript{108}. An earlier study of care leavers also points to links between substance misuse and poor progress during the transition from care. Young people with substance misuse problems were more likely to have unstable early housing experiences, including more post care moves and a higher likelihood of homelessness when compared to young people who had no problems with substance misuse. This previous study also reported an association between substance misuse and poor education and employment outcomes and with having poor mental health and poor life satisfaction.

One fifth (20%, $n=126$) of young people in our study said they had used drugs in the past three months\textsuperscript{109} and around one third (34%, $n=196$) reported problem alcohol use. There was some evidence of under reporting from young people, particularly in relation to drug use. Data gathered from lead professionals, whilst reflecting young people’s reports of alcohol use, suggested that drug use was more widespread with one third (33%, $n=112$) being considered to misuse drugs and 32% ($n=110$) being described as having problem alcohol use currently or in the past. This is considerably higher than figures for the care population nationally, which reports 4% of 10-17 years old have a substance misuse problem. The proportion rises to 11% for those aged 16-17 indicating it is more common amongst older children, which may in part explain the higher rate found in our sample of older young people.

Taking all reports into consideration, data from young people and lead professionals suggested evidence of past or current substance misuse for half (49%) of young people in the sample, higher than an earlier study of young people from care, which reported one third had substance misuse problems. There was no difference between males and females, however, there was some suggestion of an age difference, with, fewer young people below the age of 16 years having such difficulties compared to their older peers (24% compared to 57% of those aged 16 and over $p=.000$).\textsuperscript{110}

There are clear public health risks associated with substance misuse as well as the increased vulnerability of young people under the influence of drugs or alcohol, including becoming the perpetrators or indeed victims of crimes. Whilst there is a clear need for the risks associated with alcohol and drug use to be addressed early as part of healthy lifestyle and wellbeing support from carers, lead professionals and looked after children’s nurses, there is also a need for strong links with specialists. A survey of 32 local authority leaving care managers carried out by Catch22 NCAS in 2013, which replicated this study’s policy


\textsuperscript{109} Young people were asked to indicate whether in the past three months they a) drank a lot of alcohol and b) used drugs by responding not like me, a bit like me, quite like me and just like me. The latter three responses were used to indicate the percentage reporting substance use.

\textsuperscript{110} A chi squared test on evidence of substance misuse was carried out by age was significant ($p=.0000$) though not for gender ($p=.320$)
survey showed good working relationships between children’s social care and drug and alcohol services. Over 80% of responding leaving care managers felt that drug and alcohol services were good corporate parents and a quarter had joint working policies with these services. However, the survey suggested that some young people were better supported than others. Several respondents highlighted differences in the quality of services for under-18s compared to older care leavers.

**Offending**

Existing research also reports higher rates of offending amongst care experienced youth compared with non-looked after peers. Official statistics show looked after young people aged 10-17 were almost three times more likely to have received a, final reprimand or conviction compared with of all young people 6% compared to 2%). Research also shows that up to half the young people in youth offender institutions are or have been, in care and that around one quarter of the adult prison population has been in care. The link between care and offending, is not, however, straightforward; young people in care may have been exposed to greater risk factors, such as social disadvantage and exclusion and of course some young people will come into the care system because of offending, for example in particular circumstances through the remand process.

As with substance misuse, involvement with offending has been shown to increase young people’s risk of poor post-care outcomes, e.g. more housing moves and a higher risk of being NEET after care and a greater risk of poor mental wellbeing and feeling less positive about life in general.

There was some evidence of recent offending in the current study with just over one quarter (26%, n=151) of young people reporting that they had been in trouble with the police in the three months prior to interview. In addition, lead professional data on past and current offending suggested that around one third (36%, n=134) of young people had been involved in offending at some point. This included, in the past year alone, 8% (n=27) receiving a final warning and 11% (n=37) being convicted of an offence (the number of convictions ranged from 1 to 19 in the past year). For some young people, offences had involved theft and aggressive or anti-social behaviour, often being attributed to substance misuse and associating with negative peers groups, as the following responses show:

‘Low level offending, [young person] often present when peers are offending’ (Lead Professional of 14 year old female).

There were also examples of one off incidents related to young people’s behaviour within the foster or residential homes, which had resulted in police involvement with the young person.

‘There was a one-off incident where [she] was accused of theft. Foster care and social worker tried to talk to young person about this, however she has not wanted to discuss incident’ (Lead Professional of 15yr old female).

'There was an issue when she was reported to the police due to criminal damage to her bedroom. In a temper tantrum [she] trashed her bedroom' (Lead Professional of 16 year old female).

'He has been involved with police due to damage to the home and has 2 warnings. Police involvement with community officer' (Lead Professional of 15 year old male).

‘Difficulties with lodger who was harassing me [I] reacted under stress’. (21 year old female)

Addressing the causes of offending is a challenge for local authorities and relies on diverting young people from crime and negative peer pressure by engaging them in positive activities and helping them to feel integrated within their local community. It is also important to build links with local police and youth justice professionals to ensure that they are aware of the additional needs and risks facing young people in and from care. Interestingly, the 2013 Catch22 NCAS survey of leaving care managers found that Youth Offending Teams (YOTs) were the highest rated service in terms of being good corporate parents. They were also amongst the most likely services to have joint working agreements with leaving care services. This is further reflects in the Government’s Care Leaver Strategy which reports ‘the Youth Justice Board (YJB) has carried out significant work with young people who are under 18 who are or have been in care’. This includes ‘the YJB funds dedicated social workers in all under-18 young offender institutions to meet the needs of looked after children and care leavers’.

Running away

Running away or going missing is an example of risk behaviour often associated with care experienced youth. Running away from home or care is generally defined as staying away from home overnight without permission. The growing body of research in this area shows that running away places children and young people at huge risk in terms of their personal safety and, as is increasingly recognised, of sexual exploitation. Research also shows that it is a risk factor for poor outcomes in other areas of young people’s lives which can result in a troubled transition to adulthood, including placement instability, detachment from education, involvement in offending and a stepping stone into adult homelessness.

Recent research shows that rates of running away from home are much higher for young people in foster and residential care in comparison to their non-care peers. In our study around one fifth (22%, n=119) of young people aged 13–22 years, reported running away in the three months prior to interview. Information from lead professionals on past

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112 The Children Society define the term ‘running away’ to refer to young people who indicated that they had either run away or been forced to leave home, and had stayed away overnight on at least one occasion.

evidence of young people running away suggested that almost twice as many, amounting to around two in five young people (39%, n=131) had run away at some point in their lives.

The potential risk that running away poses to young people’s personal safety and wellbeing is accompanied by the knock on effects on other key life areas that can subsequently impact on their ability to successfully manage and adjust to the transition to independent adulthood. Clearly there remains a need for corporate parents to understand more about why young people run away and what safeguards can be put in place to prevent it or prevent further harm if they do run. In recognition of this, new guidance has been introduced for local authorities to provide ‘return interviews’ with an independent practitioner to help address the reasons for the missing episode. Given the high rates and associated risks of running away for this already vulnerable group, it is important that corporate parents adhere to the guidance to explore the predictors and patterns of running away within their local context, to better protect the young people in their care. This also reiterates the need for strong links and joint protocols between children’s social care and the police as key corporate parents.

**Multiple risk behaviour**

Risk behaviour and difficulties often coexist or overlap. For example, we have seen already that some young people were drawn into offending due to substance misuse. We used the extensive data in our study to construct a measure of risk behaviour to identify which young people were ‘currently’ involved in one or more risk behaviours. Risk behaviours included being in trouble with the police and alcohol and drug use. As shown in table 8.3 almost one quarter (23%, n=134) of young people were involved in two or three risk behaviours during the three months prior to interview.

<table>
<thead>
<tr>
<th>Number risk behaviours reported by young people</th>
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<tbody>
<tr>
<td>Frequency (n)</td>
</tr>
<tr>
<td>No risk areas</td>
</tr>
<tr>
<td>One risk area</td>
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<tr>
<td>Two risk areas</td>
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<tr>
<td>Three risk areas</td>
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In addition to this we also looked at the level of risk based on how young people had scored their involvement in the risk behaviour on a scale of 1 (no involvement) to 4. Total summed scores ranged from 3 (no involvement) to 12 (high risk involvement). Around one in ten young people (13%) in the study reported mid to high level risk behaviour. There was no gender difference or difference between those in care or care leavers.

Table 8.4  Level of current involvement in risk behaviour

<table>
<thead>
<tr>
<th>Level of Risk</th>
<th>Frequency (n)</th>
<th>Percent %</th>
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<tbody>
<tr>
<td>No current risk behaviour (score of 3)</td>
<td>297</td>
<td>52</td>
</tr>
<tr>
<td>Current low level involvement with risk (score 4 – 6)</td>
<td>200</td>
<td>35</td>
</tr>
<tr>
<td>Current mid-level involvement with risk (score 7 -9)</td>
<td>52</td>
<td>9</td>
</tr>
<tr>
<td>Current high level involvement with risk (score 10-12)</td>
<td>19</td>
<td>4</td>
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**Support to meet young people’s health needs**

The relatively high level of need related to health, impairments, wellbeing and risk behaviour demonstrated within our research sample emphasises the necessity for early and effective assessments of need and access to a range of professionals to support young people in and from care. Evidence from this research shows that in most cases, young people were receiving some level of support to address and manage their needs and difficulties, though there were also examples of young people being unable or unwilling to access the appropriate support.

Young people in the year one cohort were asked about the support they had received for their health and wellbeing difficulties. In addition, each year, lead professionals were asked to indicate which others professional's young people had been in contact with in the previous six months. Responses demonstrated the broad range of people involved in supporting young people with their health, wellbeing and related difficulties. Lead professionals’ reports on sources of support showed that 45% (n=179) of young people had visited a health worker (GP, Nurse, Hospital services) in the previous six months whilst almost one quarter (22%, n=85) had received services from CAMHS. Almost one in ten had been in contact with drug and alcohol projects (8%, n=33) and/or Youth Offending Teams (7%, n=27).

In addition to the support from specialist workers, young people clearly often valued the help they received form from their lead professionals, which included emotional and practical support with health, wellbeing and difficulties, demonstrating the holistic nature of the lead professional role.

‘[I’m] worried about the future, but I often have a chat with my social worker. Hopefully the feelings will stop as time goes by’ (16 year old male).

*The local authority said to [my leaving care worker] you can’t answer your phone after 5 o’clock but I need support at night time cos that’s when I get stressed and things hit me most, and she argues that’s when she needs to be my corporate parent, and I go ‘well I’ve done this today’ and she says ‘well done you’ve done right well today’ and that helps me move a step further’ (Young person focus group).

‘Learning difficulties, dyslexia help from social worker and lodgings worker, for depression [I] see counsellor every week’(17 year old female).

Carers and social networks also provided support to address young people’s needs.

‘Residential workers provided a good, supportive environment…support with temper’ (17 year old female).
‘Family has supported, especially boyfriend, they have been good listeners’ (17 year old female).

‘My boyfriend supports me by encouraging [me] that I should always think positive…my boyfriend’s family support me because my own family does not’ (17 year old female).

Responses indicated that some young people were dealing with the difficulties themselves. In some cases, this reflected an unwillingness to engage with relevant services either due to apathy or reluctance to accept the need for support. Where this happened, it could fall to lead professionals to continue to offer support.

‘I was meant to get help with my anger issues, but I can’t be bothered. I will deal with it on my own’ (17 year old female).

‘Keyworker and staff offer what support he will accept. He refuses specific therapeutic help such as CAMHS - does not wish to discuss his experiences prior to care’ (Lead professional of 14 year old male).

‘A young person’s mental or emotional well-being may prevent them from being able to engage…and affects…the amount of time of your own time you have available to them, when you work with so many other young people’ (Lead Professional).

Reluctance to engage with services presents a barrier to making full use of health and support agencies and having difficulties assessed and addressed early. Work carried out by the children’s commissioner suggests that young people want more flexible access to services – in effect, what they need and when they need it.

Having good relationships with health professionals and services, and also having specialist workers attached to the social work or leaving care team could assist workers in accessing the range of support that was needed and valued by young people to address health and risk related difficulties.

What has helped is working with adult services, drug services really give a lot of support to [young person] and health services within team help looked after children who are embarrassed about going to GP’ (Lead Professional).

‘There is good access to lower tier mental health support for 18 plus care leavers. Our team also has a brilliant mental health specialist to support our work’ (Lead Professional).

‘Health wise things [are] going well. The-in-house nurse gets access to dentists, GPs, health appointments and such’ (Lead Professional).

‘Children’s home employed a therapist as the local CAMHS was not helpful’ (Lead Professional of 18 year old female).

There was some evidence that at times Lead Professionals struggled to access CAMHS and Adult Mental Health Teams, due to long waiting lists or differences of opinion about the level of need or eligibility criteria.
‘It took two years of me pushing for a cognitive assessment which was eventually offered by CAMHs, which pointed to a learning disability’ (Lead Professional of 18 year old female)

‘We had to make repeated referrals to mental health services. Each time she had to talk to someone different. I had to drive her there as mental health would not support travel costs and the young person couldn’t afford them’ (Lead Professional of 20 year old female)

‘No one will do a learning disability assessment for her to access adult services’ (Lead Professional of 20 year old female)

‘As usual, it’s is getting harder and harder to get NHS appointments for mental health and counselling services’ (Lead Professional).

‘Health care has remained problematic. Her concerns were initially ignored, which has resulted in further health problems; probably due to a culture in which teenage patients aren’t taken seriously’ (Lead professional of 21 year old female).

The difficulties in accessing relevant mental health support was reflected in the policy survey of leaving care managers within our own local authorities where, as reported earlier, adult mental health services were most likely to be rated as ‘poor’ or ‘very poor’ corporate parents and within the wider survey of 32 local authorities carried out by Catch22 NCAS. The wider survey found that adult mental health services was the least likely service to be rated as a ‘good’ or ‘very good’ corporate parents (13% of respondents). Child and Adolescent Mental Health Services (CAMHS) meanwhile received more positive ratings (63% good or very good) as corporate parents. CAMHS were also more likely to have joint working agreements (44%) compared to adults mental health services (9%).
A young person with a number of emotional and behavioural needs describes her experience at three different time points

Zoe was 16 and living in a local authority children’s home when she was first interviewed in 2011. She said she was quite happy in her placement and had lived there for two months. Zoe had experienced considerable instability in the last year reporting that she had lived in 7 different places. She said that she had had no choice when she moved to this placement and had not been given information or support in the move. Zoe was waiting to go to college and had passed some GCSEs, despite having had a school exclusion in the last year. She said that her GCSE results were her best achievement.

Zoe reported a number of well-being concerns at her first interview. These included anger issues, some problems with eating and sleeping, the use of drugs and alcohol and running away behaviour. She did not feel she was good at coping with problems and worried about something that might happen in the future. Zoe said that her ex-foster carers had offered her the best support and that she was currently not having enough contact with her social worker. Her use of drugs and alcohol had been an identified as an issue but Zoe did not want to engage with services at this stage: ‘I was previously told I should get help with my alcohol and drugs issues but I don’t think I need it. I am fine’. Zoe appeared generally happy with key domains of her life, but seemed to be less content with the way she used her time and her family.

At the first follow-up interview, twelve months later, Zoe had been living with her mum for a month. Zoe said this was her choice and she was quite happy there: ‘I’m with family. When I’m with my mum I feel safe.’ Zoe had been at college doing an NVQ but had had to leave due to an incident concerning her behaviour. She was about to start a job search course. At this stage she reported less behavioural and well-being concerns and seemed to be happier with key domains of her life. She was seeing a drug and alcohol worker on a regular basis: ‘Drug and alcohol team worker - one-to-one sessions, take me out, help me move on’.

Four months later, her lead professional reported that Zoe was living in her own tenancy with support. The tenancy was seen as suitable, but Zoe did not seem to be coping well. The lead professional feels that there are a number of barriers to Zoe participating in some form of EET: ‘Lack of confidence and self-esteem. Poor influences from family. Distraction from peers and boyfriends’.

A further year on [so 2 years since we first interviewed Zoe], aged 18, she is again living with her mother as she had broken the conditions of her tenancy agreement. She had liked the freedom that living independently had given her. She was at college and doing a work placement and was feeling positive about her studies and her future: ‘Yeah I want to go to University and do caring and that and open my own business when I’m older, but now I’m at a placement...It's really good there’. She feels that her participation in EET has also helped to improve her relationship with her mother: ‘Me and my mum are getting on more now because I’m out doing my own thing and she’s proud of me and when I come home we’ve
got lots to talk about because she’s been at work. Before because I was in the house all day she’d get annoyed at me and be like go do something with your life, now it's really good’.

Zoe talked about the encouragement given to her by her college tutors, but feels less positive about the support she received from the leaving care service. She feels they have too many young people to see and was unhappy that she no longer saw her previous lead professional who she was particularly close to and had helped her through a difficult time: ‘I had a [lead professional] and I was really close to her and then last year I took an overdose and she came in hospital with me and…she was really nice, and then when I came back they changed my [lead professional]. They changed my worker, the one I was really close to they just changed her.

Zoe explains that she has had a very difficult year coping with problems with eating, alcohol use and anxiety. She is much less happy in key areas of her life and continues to feel she is not good at coping with problems. However, she does seem to feel well supported all things considered and less worried about the future. She says that education has been a positive force for good: ‘Education has completely changed my life this year…What I’ve always said is you know when you’re at uni, what’s it when you have a degree and you get to wear them stupid hats. I’ve always said I wanted to do that and I will do. That’s something that I am going to do’.

She has a message for corporate parents: ‘I reckon you get treated differently. I reckon now that I’m older I’ll get treated different. I do think but yeah, more contact really if they say they’re going to ring you just make sure they ring you’.
Messages for corporate parents

• The findings reported in this chapter suggest that many young people in and from care are vulnerable to difficulties related to mental ill health and risk behaviour. Such difficulties increase their vulnerability to poor progress and complex needs as they make the journey into adulthood.

• Corporate parents have a responsibility to be aware of and address the health and wellbeing needs of their children and young people. This requires early identification of physical and mental ill health and additional needs related to physical or learning impairments and involvement in risk behaviour. This can best be achieved through holistic and ongoing assessments; however, as we have seen in this chapter, it requires support from a range of sources including carers, family and lead professionals as well as specialist services.

• Developing joint working protocols and the inclusion of specialist workers within the social work or leaving care team can smooth access to a range of support services and professionals to address difficulties and meet young people’s immediate and longer term needs.

• Our study, together with existing research suggests an increased risk of onset of mental ill health during the late teenage years for young people who have experienced childhood trauma. This can often coincide with the transition from care, which itself can prove stressful and detrimental to young people’s overall wellbeing. This suggests a need for more detailed explorations of the complex area of mental health and wellbeing to understand how the various facets of care experienced young people’s lives interact. The impact of early experiences, in-care experiences as well as the potential for distress and uncertainty on leaving care will all play a part and unpicking this will be essential to understanding what support is needed and when.

• These findings add further weight to the need for appropriate and accessible support to address emotional and mental health needs at this significant interchange in the lives of young people leaving care. Leaving care assessments and pathway plans could place more focus on both physical and mental health as well as the wider lifestyle and wellbeing needs. Equally, we have seen that access to specialist mental health services for those aged 18+ continues to be a challenge. It is necessary for more effective and efficient routes into and between CAMHS and adult mental health services to ensure that young people can access support to meet their needs.

• Proposed developments related to addressing young people’s mental health and emotional needs, such as the imminent review of the statutory guidance on promoting the health and wellbeing of looked after children, the increased focus on health in the new Ofsted inspection framework and wider initiatives such as Closing the Gap, to examine both physical and mental health services focused on the 15-24 year age group in general have the potential to smooth the pathway to accessing relevant support.
Chapter 9: Messages for corporate parents – summary and conclusion

Jo Dixon

A good ‘corporate’ parent is:

‘Someone who can create good structure, is passionate and wants to be a parent, prepared to do their duty no matter what’

‘Make you feel looked after and cared for’

‘Someone who doesn’t judge me…who will always have my back’

‘Treat you the same as other children’

(Young people interview respondents).

Corporate Parenting, as discussed, refers to the collective responsibility of children’s services together with relevant partner agencies to provide the same support and opportunities for children in and from care that any good parent would provide for their own children.

As the opening quotes from young people participating in the study suggest, young people want to know that their corporate parents are looking out for them, will care for them and do their best for them. This study goes someway to finding out if and how this is being achieved.

Our study had three mains aims; to describe how corporate parenting was working in practice across 12 English local authorities; to explore young people’s experiences of care and leaving care to understand the risk and protective factors that contribute or impede positive progress; and to develop and test out the peer research approach to carrying out research with young people in and from care.

These aims have been addressed during the course of this four year Big Lottery Funded study, as described in the preceding chapters. In this final chapter we bring together the main findings from the research and present the key messages and recommendations arising from these findings.
Summarising the key findings

Peer Research

Thirty six care experienced young people undertook training and work as peer researchers, carrying out interviews with 579 young people in and from care. Overall, the interviews went well, producing a wealth of data on young people’s experiences, progress and perspectives on corporate parenting. The success of the peer research approach was evidenced by the creation of a competent and enthusiastic peer research team, successful completion of interviews and by the positive impact it had on the peer researchers themselves, as shown in the independent evaluation and our own monitoring. The increased confidence, insight and overall skills of the peer researchers were demonstrated not least through their contribution to the analysis of findings and through delivering presentations of the findings to national and international conference audiences made up of practitioners and academics. The main challenges of the approach include the level and extent of support needed to facilitate the process. This relies heavily on contributions from local authority staff, and we have seen that in an already overstretched and sometimes understaffed environment, obtaining support for research is often a low priority. Where support is possible, it can make an immense difference to young people’s experiences of the process. Sufficient time and resources are also required within the research team and research budget to ensure robust and regular training and support throughout each stage of the peer research process.

Recommendations for future work involving peer researcher include a strong endorsement for investing in young people and the skills and insights they can bring to the research process as well as take away from the experience. The peer research model has been replicated in other Catch22 NCAS research; however, it might equally be used to train young people to undertake local consultations on service delivery, as one lead professional notes ‘participation of young people is essential in developing service delivery’ with the proviso that it ‘must not be tokenistic’.

Corporate Parenting

This report has presented our research findings in relation to corporate parenting documentation, making corporate parenting effective, the organisation and delivery of services; and changes in services. The main implications arising from the findings for ‘making corporate parenting happen’ include:

- **Having a coherent strategy aided by joint working and protocols** which make transparent the roles and responsibilities of each service. A culture of joint working should be promoted by joint training and development days and working practices, including, secondments, planned visits to provide services and co-location.

- **Effective corporate parenting is seen by senior managers** as being assisted by: council member commitment; partnership working; training of staff; a shared vision; officer support; involvement of young people; and commitment to the young people’s pledge.
• **Effective corporate parenting is seen by lead professionals** as being helped by networking; links with other agencies; quality of relationships with young people; support from team members; good supervision; management training; access to a range of resources; and good quality placements.

**Young people’s views of corporate parenting**

• Young people’s views of ‘good parenting’ reflect wider research findings on ‘authoritative parenting’ – young people want to be loved, to be listened to, to be supported, to be respected and to be safe.
• Making this happen for young people in care requires good quality placements. This will require rigorous selection of carers and placement option to meet the diverse needs of the different groups of children and young people who come into care, and who experience different pathways through care.
• It will also require policies, support services and training, that will equip foster and residential carers with the skills to provide ‘authoritative’ parenting and at the same time not encumber them with unnecessary bureaucratic processes that may undermine their caring role and stigmatise the children and young people they are looking after.
• Social workers, personal advisers and other professional staff have an important role to play – in seeing young people regularly, in listening to them and in involving them in all decisions which affect their lives.

**Organisation and delivery of services**

• There is no definitive model of service delivery. Different models of service provision whether, 16 plus, 18 plus or through care teams should ensure that young people have continuity of care, and, skilled and trained staff who are able to respond to young people’s individual needs.
• Young people’s transfer from care planning to pathway planning should be a seamless process, and pathway plans should be user friendly and engage young people.
• The role of the Independent Reviewing Officer for ‘relevant’ and ‘former relevant’ young people should be reviewed.
• ‘Staying Put’ arrangements are being implemented in different ways by different local authorities – the opportunity to share experiences may well further policy development.
• Young people should be given the opportunity for health assessment after leaving care.

The lead professionals and young people have identified both positive and negative changes during the study period. Examples given of improvements in policy and practice include new resources for services, the introduction of staying put and the extension of the personal adviser role for young people up to 25 years of age. But both groups were aware of cut backs in services, by, for example, reduced budgets, reduction in support services, increases in workloads and the impact of benefit changes.
Characteristics and Care History

As shown our study sample is broadly representative of the English care and leaving care population. Some notable differences include the higher numbers of UASC and young parents in the study. Overall the care histories (age and reasons for coming into care and most common care placement) reflected the national picture. Our key findings in this area suggest a number of messages around support for ‘late entrants’ to care, placement stability and early exits from care.

There were a sizeable proportion of young people who entered care at a later age. Previous research suggests that older entrants to care are more likely to fare worse during and aftercare, often failing to settle and presenting with more entrenched difficulties. Whilst there is a clear need for earlier intervention and appropriate adolescent and family support for those on the edge of care it is also important that corporate parents recognise the potential for increased risk, for example of placement breakdown or complex needs attached to teenage entrants.

Though there was a good degree of placement stability in the sample (60%) there was continued evidence of placement instability and disruption, with two-fifths (40%) of young people having five or more placement moves during their care career. Research and practice evidence identifies instability as a risk factor for poor progress through care and future difficulties. For example, we have seen that young people experiencing five or more placements did less well in education attainment than those with more stable care careers. This reiterates the need for more placement options and availability to increase choice and allow for matching young people with appropriate placements, as well as strategies to help young people to settle in care.

Despite considerable policy focus on delaying young people’s move from care, just under half (48%) of the study’s care leaver group had moved on from their care placement to semi/independent living aged 17 or under, far sooner than young people in the general population leave home to take on the responsibilities of independent living. One third felt that they did not have a choice in when they left care. Taking on such a challenge at such a young age, and as we have seen, at a time when young people are likely to be emotionally vulnerable requires a considerable back up team to provide support in finding appropriate accommodation, help to manage their home and the associate financial implications of independent living - budgeting was certainly an area in which young people felt least competent. Importantly there is a need for corporate parents to have the flexibility and resources to be there if things go wrong with a range of alternative options. Homelessness and use of B&Bs were evident within the study sample.

Accommodation

In many cases, young people’s accommodation appeared to be successful, providing them with suitable care and post care homes that the majority of young people were happy with accommodation. This suggest that for the most part corporate parents were getting it right,
providing young people with appropriate placements and accommodation options considered ‘suitable’ and providing a safety net if things did go wrong.

Those who were unhappy were more likely to be care leavers. The study found that the most common type of post care accommodation was ‘own tenancy’. It is difficult to tell whether the dissatisfaction expressed relates to the type of accommodation, the location, and problems with the neighbourhood or with young people’s ability to manage their accommodation. In any event, this reflects the need for a broader range of suitable post-care accommodation in terms of the types of options available, the level of independence and the location.

**Participation in education, employment and training**

Young people in our study had experienced far higher rates of truancy and exclusion than generally found in the school population. This is concerning and places vulnerable young people at further disadvantage. We know from existing research evidence that truancy and exclusion present risk factors for young people generally, including increased vulnerability to unemployment and risk behaviour such as offending.

Linked to education disruption, was finding evidence of poor attainment for young people in and leaving care. Only 15% of those aged 14 and over in the study had achieved 5 or more A*-C GCSEs. This is lower than care leavers nationally (37%) though both compare poorly to the 80% of all school children in England who achieve this level of attainment. Furthermore, we found a clear link between poor attainment and non-participation in education, employment and training after care – where none of the young people in the NEET group had qualifications at this level.

It is also important to note the relatively low numbers of young people from care who achieve Maths and English GCSEs (around one in five young people in the current study). These core subjects are essential now for access to both HE and Apprenticeships. Poor performance in Maths and English tends to feature prominently in the care population and might be explained by the impact early trauma or maltreatment and the affects upon cognitive ability in these areas. It is important that Corporate Parents address this through assessment and additional tutoring when children first come into contact with children’s services. Increased options for improving Maths and English performance could, for example, represent a good use of the pupil premium.

Despite a range of policy and practice developments over the past decade, these findings demonstrate the need for further attention to young people’s education. In particular we need to understand more about the role of carers in facilitating and encouraging young people’s participation in education – we saw in chapter 7 that personal motivation and determination was an important factor for young people. Equally there is a need to explore the role of designated teachers and the Virtual School Head, for example, the need for joint working arrangements between them and children’s services to address the causes of truancy and exclusion. A key priority could be finding alternatives to exclusion from education provision for vulnerable young people, which in itself could impact upon educational achievement.
Young people’s participation in post care EET revealed a positive story of increased use of further education options. The most common activity for young people in our study sample was education (FE or HE). This might indeed reflect the increased focus on making this a viable option by including access to ongoing leaving care support and improved links with education providers, better financial support and increased availability to a range of FE options. Whilst in some cases, courses were fairly low level or short term; there were examples of young people undertaking NVQs, BTECs and degree courses. Though clearly an area in which much work has been undertaken, there remains a need for corporate parents to build on this success to ensure that once in education; young people receive the support and resources to sustain participation. As discussed, there was evidence of early drop-out due to embarking upon the wrong course, contending with personal difficulties and the cost of fees and associated expenses.

Our analysis of young people and lead professional perspectives on what helps young people engage with education and more broadly training and work demonstrates the importance of instilling a sense of self belief and confidence in young people early on so that they have the resources and motivation to set goals and achieve them. This can come from a stable, caring home environment, but as we have shown, can also come from the encouragement and high aspirations of those closest to the child – carers, family and social workers, as well as extended corporate parents such as education and training providers and employers. In addition to emotional support, practical help was also vital to young people’s participation; whether that came in the form of financial support for courses, travel to college, the purchase of clothes or materials or a wakeup call to make sure they weren’t late for work. In short, the kind of support any good parent would provide for their own child.

There was some recognition of wider barriers such as financial disincentives - the high cost of University fees, the associated costs of attending college and the low pay associated with apprenticeships and in some case pay for young workers, as well as the loss of essential support and specialists due to services being cut back.

Overcoming negative stereotypes held by training providers and employers was also highlighted as a challenge. Recent steps to address this include leaving care teams working with employers and college tutors to raise awareness of some of the needs of care leavers and the increase of positive opportunities for care experience young people within the community, through for example, social action.

**Health, wellbeing and risk**

The majority of young people reported good health. There was, however evidence of additional needs related to a general or mental ill health or impairment for one third of young people in the study. Difficulties related to poor mental and emotional health were particularly prominent, with four in ten young people being described as having problems with emotional and behavioural development and one in 10 having poor mental health. Young people aged 16 and over, most of whom were care leavers, were more likely than younger children to have a mental health problem.
Our study introduced a measure of young people’s subjective wellbeing for young people in and from care, previously used with young people in the general population. There was a high level of overall wellbeing within the study group suggesting that young people in and from care were no more or less positive about their life in general than other young people. There were some notable differences that suggested local area made a difference to wellbeing and girls tended to have lower wellbeing than boys. Of particular interest, care leavers had lower wellbeing than young people still in care, which, based on studies of wellbeing in the general population, was unlikely to be related solely to age.

This suggests scope for more attention to the emotional and mental wellbeing of young people during the transition from care. This might be achieved by being routinely carried out as part of a leaving care assessment. We saw in chapter 4 that whilst most NLCBF local authorities surveyed in 2014 carried out an assessment of mental wellbeing need for younger children, there was considerable variation in whether or not care leavers received such an assessment prior to leaving care (one third commented that only some young people would receive an assessment of health and wellbeing). Furthermore, only one of the 32 responding authorities said that health and assessments were routinely carried for all young people after leaving care. It was apparent that some young people received an assessment if there was a clear perceived need, though even then the type of assessments used varied.

Examples of a good corporate parenting approach to health and wellbeing needs included having a specialist health or mental health specialist within the team, including jointly funded health workers, and provision for lead professionals to receive specific training on health and wellbeing issues or having access to a mental health specialist for staff to consult with.

The level of vulnerability and additional need within the study sample was also reflected in the extent of risk behaviour present, which appeared high in comparison to the general youth population. One in ten young people reported mid to high level involvement in risk behaviour (substance misuse and/or offending), with a further one in five (22%) having run away during the three months prior to interview.

Involvement in behaviour such as drug and alcohol use and running away poses risks to young people’s health, wellbeing and personal safety. Such risky behaviour also presents risk for future progress and outcomes. Addressing the reasons for risky behaviour might be achieved through diversionary activities such as sport, drama, volunteering or other positive pursuits. We have heard from both young people and professionals, however, that opportunities for such activities are in danger of being lost as local authorities are forced to cut back on services and staff time ‘groups and activities have stopped [as] funding is tighter’ (18 year old YP) and asked about the barriers to being a good corporate parent, one lead professional commented ‘finances, I can’t take yp out…we don’t have the same freedom’.

Examples of positive corporate parenting to address risky behaviour included having closer links and good working practice with specialist drug and alcohol workers (considered to be
amongst the best corporate parents in the 2014 policy survey) and having closer links with local police regarding both offending and also running away.

Though there was evidence that where available, support from CAMHS was valued by young people and lead professionals, accessing CAMHS and also Adult Mental Health was highlighted as a frustration for many lead professionals who felt that their young people were being let down by lengthy waiting lists and varying thresholds for services. It sees generally the case that CAMHS is in need of an overhaul and steps are underway to review the service, however, there remains a need for young people in and from care to be considered a priority group for service given their history and increased vulnerability.

**Concluding comments**

Our research shows that many young people in the study were doing well. Most were happy with their accommodation, a relatively high proportion of young people were in some form of education including those who had left compulsory schooling, testing out further and higher education options to varying degrees of success, and the majority of young people reported a positive sense of overall wellbeing, being particularly happy with their friendships.

For some, however, the picture was not so positive. We found evidence of high need related to mental ill health and emotional difficulties, examples of high levels of involvement in risk behaviour such as substance misuse, running away and offending and it was apparent that school disengagement, whether through truancy, exclusions or poor attainment continued to exceed levels found within the general population of school children and young people, placing those in and from care at a disadvantage in terms of reaching their educational and future employment potential. In addition, for a relatively small group there was evidence of accommodation instability with 30% having lived in three or more places in the year prior to interview.

In terms of young people’s progress overall, we relied on young people’s lead professionals for the final overview. They were asked to provide information on a range of areas such as where young people were living, their EET status, family contact, general and mental health and impairments and care history. At the end of the questionnaire they were asked to give an overall indication of how well they considered young people to being doing all things considered and in relation to other young people they worked with.

Information was available for 228 young people (74% of the care leaver group) and showed that around two fifths (43%) were reported to be doing well, a further two fifths (44%) were doing ok and 13% were not doing well. The following comments reiterate some of the messages contained in the report about what influences young people’s progress.

*For those considered not to be doing well:*

Female, 17: *Her mental health problems (and also family background) have blocked progress.*
Male, 20: YP’s lack of family support, his lack of motivation in looking for employment/training/education. YP is totally demotivated. Prefers security of benefits, with his partner. Little is expected.

Male, 20: Unfortunately YP’s emotional and behavioural development has been his biggest problem. His lack of anger management and self-control has caused a general disengagement.

For those considered to be doing well:

Male, 19: Remarkable resilience. YP wanted to get on with it by himself and did not want social services involvement. He is happy to have leaving care services by his side. LC services are able to support him beyond 19.

Male, 17: A good team of carers/support workers/professionals around him. Young person developing maturity.

Male, 20: He is able to follow his ambitions and he is working, has purpose and good support networks from the dept/employer.

Female, 19: Long term foster care placement provided positive attachment and stability.

Female, 18: Having stability and a good support network from her previous carer, a good relationship with personal advisor, but the main reason is her determination and self-belief that she can be very successful and accepting the support of offer, her engagement.

Female, 20: The young person’s ability and maturity. Living with grandparents, contact with mum and living near-by siblings have helped her sense of identity and helped her understand why she is in care.

Young people’s personal experiences and characteristics clearly made a difference to how well they were doing. Alongside this we found evidence of good corporate parenting, where young people talked of the support they had received from a range of members of the corporate family, including carers, lead professionals, education and training providers, housing support worker, specialist workers such as health or drug and alcohol services and their own friends and family. There were also examples of effective joint working, where agencies came together through joint protocols or basing specialist workers within social work and leaving care teams to provide a comprehensive, multi-disciplinary support network to address individual need.

As we have seen earlier in the report, however, there were also examples of inadequate corporate parenting where young people felt let down by the lack of support or access to services. This was echoed by some lead professionals. For example, many felt that increased administrative work prevented them from spending quality face to face time with their young people. Lead Professionals also noted in particular, the continued frustrations of negotiating timely and appropriate support for young people with mental health and
emotional difficulties. Waiting lists and incongruent thresholds for young adults accessing CAMHS and Adult Mental Health services featured strongly, as did the interminable challenge of supporting young people to engage with support services.

So where does this leave us? The research covered many aspects of providing and experiencing corporate parenting for young people in and from care. In doing so it revealed many familiar findings as well as some new important insights into what might make a difference to young people’s progress.

Whilst our interpretation of the findings has resulted in a number of recommendations as discussed throughout this report, we will leave the concluding messages on what make good corporate parenting happen? to the frontline professionals who are tasked with the daily role of corporate parents to young people in and from care:

‘A common sense approach so young people are not disadvantaged whilst looked after’.

‘Corporate parenting to extend beyond 18, parenting is not a 9-5 job, young people, particularly care leavers need more help’

‘We need more resources, more emergency and supported accommodation to care leavers, we need better educational provision for those that have missed out. We need a benefits system that supports one of the most vulnerable groups, also mental health access and support in the community, counselling readily available’.

‘For us it’s about being accessible, being more proactive and befriending to the point where trust is earned. Good parents are those that nurture to independence. We must never lose sight of the issues and barriers that living in care produces’. 
Appendix 1  Independent Evaluation of Peer Research Process

Undertaken by: Lucy Sweetman Consultancy & Communications, June 2014

Introduction

Over the past nine years, Catch22’s National Care Advisory Service (Catch22 NCAS) has worked on a number of national and international research studies involving care experienced young people as peer researchers. Catch22 NCAS’s research on Corporate Parenting for Young People in and from Care is one of the largest studies to use the peer research methodology with care leavers. Over the four year project, funded by the Big Lottery, 36 care experienced young people received training and support from NCAS to carry out face to face interviews with 579 young people in and from care across 12 local authorities.

This report uses data collected during the project to evaluate the peer research process and explore the factors that would guarantee the success of any future peer research project.

The peer research methodology in brief

Thirty six care experienced young people received training and support from Catch22 NCAS to carry out the face-to-face interviews with 579 young people in and from care.

Peer researchers were fully trained at the beginning of the project. Before each period of data collection, new peer researchers received the full training and existing peer researchers joined the training on the second day for a ‘refresher’.

The research interviews took place during the summer of each year of the study. The peer researchers, with support from their local authority worker (who acted as area research coordinators for the study), arranged and completed the interviews, travelling to a ‘partner’ authority to interview up to fifteen young people each per year.

The peer researchers were paid for each interview and had the opportunity also to be involved in the analysis workshops and the dissemination of the data. These activities, although out of the scope of this report, have been particularly successful. One peer researcher has presented at a European conference and another has had a paper accepted for a conference later in 2014.
The purpose of this evaluation

At the end of each period of data collection in the research project, peer researchers, area research coordinators (ARCs) and relevant Catch22 NCAS staff completed questionnaires and telephone interviews to contribute to the evaluation of the peer research process and methodology. A short evaluation report was produced each year to contribute to the ongoing learning from the project.

The purpose of the evaluation was to:

- Gather feedback on how the peer research process was experienced from the point of view of peer researchers and ARCs.
- Use the results of the evaluation each year to inform the on-going development and implementation of the peer research process in the local authorities over the course of the study.
- Contribute to the broader academic, policy and practitioner dialogue around participatory and peer research methodologies.

Outline of this report

This report combines the evaluation data from each year. It addresses the reasons for using a peer research methodology, the history of peer research within the organisation and gives a summary of the activity undertaken as part of the peer research element of the project. It summarises and analyses the data from each of the collection points and discusses the main themes arising across the length of the study. It makes recommendations relevant both to Catch22 NCAS and other organisations carrying out peer research with service users, in particular care-experienced young people.

Catch22 NCAS and peer research

Catch22 NCAS has a long history of involving young people in peer research going back to its legacy project ‘What Makes the Difference?’ (WMTD) in 2005. Although not the first organisation to involve young people as researchers, (Save the Children released guidance on methodologies and training in the early 2000s), WMTD’s work to engage care-experienced young people was novel. With the National Children’s Bureau as a research partner, WMTD made great strides in creating the methodology that has been used and further developed in this project.

WMTD was only the beginning, since then Catch22 NCAS, as it has become, has continued to use a peer research methodology, in conjunction with new research partners and on a range of projects. To quote from their website, the organisation uses peer research because:

“Peer Research recognises that young people are experts by experience but it is also about providing young people with the opportunity to learn new and transferable skills and be involved in a specialist area that is normally inaccessible to the vast majority of care leavers.”

Since then Catch22 NCAS has produced, in conjunction with SOS Children’s Villages and Loughborough University’s Centre for Child and Family Research, a pamphlet on good
practice in peer research.

In the years since WMTD first used a peer research methodology to explore young people’s views of care, other organisations involved in the lives of all kinds of young people have used peer research as a way to involve their service users.

**Content of the evaluation**

The evaluation questionnaires focused on the following: recruitment and retention of peer researchers, training and support for peer researchers, logistical arrangements, emotional and practical support for peer researchers, the experience of local authority staff undertaking the role of area research coordinators (ARCs) in supporting the peer researchers and the role of local authorities in supporting both the ARCs and the peer researchers.

Data from the final year includes responses from young people interviewed by the peer researchers. This data gives us an insight into the value as perceived by young people of being interviewed by a peer.

**Data collection**

**Profile of participants in the evaluation**

In year one a brief electronic questionnaire was sent to peer researchers and area research coordinators. Seven peer researchers and nine ARCs responded. The peer researchers were aged 19 to 22; all were in education or employment at the time of the research.

In year two, 22 peer researchers participated in the data collection. Of these, 16 were involved the previous year and six were new to the peer research process and the project. Of these, four completed the evaluation questionnaire.

Peer researchers who responded to the questionnaire were aged between 20 and 23 years. Of the four respondents, one was working full-time, one was working part-time, one was studying full-time and the final respondent was working part-time and studying part-time.

Of the nine ARCs who completed the questionnaire in year two, four were case-holding and five were not.

In year three, eight peer researchers completed an evaluation questionnaire. Of these, six had been involved in the peer research since 2011, one since 2012 and one since 2013. Five were female and three were male. The peer researchers were aged between 22 and 26. Two were in full-time work, three in full-time study. Two were volunteering and another was in part-time work.

120 young people in care completed a short post-interview questionnaire seeking their views on their experience of being interviewed by another care-experienced young person.

None of the ARCs responded to requests for telephone interviews or completed a questionnaire. One member of NCAS staff participated in a telephone interview.
Table A1: numbers of respondents to the evaluation in each year of the project

<table>
<thead>
<tr>
<th>Year</th>
<th>Peer Researchers</th>
<th>ARCS</th>
<th>Young people who were interviewed by peer researchers</th>
<th>NCAS staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year One</td>
<td>7</td>
<td>9</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Year Two</td>
<td>4</td>
<td>9</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Year Three</td>
<td>8</td>
<td>0</td>
<td>120</td>
<td>1</td>
</tr>
</tbody>
</table>

Recruitment and retention of peer researchers

Young people were recruited as peer researchers through a variety of methods. Those ARCs who did not have an allocated caseload were able to commit more time to promoting the project with case-holding colleagues and groups or individual young people directly. Those with caseloads used team meetings and email to alert colleagues to the opportunity, setting out the criteria for the role and asking for young people to be identified.

Some peer researchers from year one were unable to continue with the project, often because of educational or work commitments and in one case, a family issue making the time commitment difficult. Those that did stay on for year two, did so, in the ARCs’ view, because they had enjoyed the first year and benefited from the encouragement, support and financial incentive on offer. One ARC identified a peer researcher who was strongly motivated by their experience the previous year, including having had the opportunity to meet other care experienced young people:

“He found the insight into other young people’s experiences very interesting and reflected on these deeply, so I think he was keen to continue with the study in order to find out more and feel that in some way he was contributing to improve future experiences of young people.”

The young people all said that they received adequate information and a good explanation of the role to help them decide to be a peer researcher. This either came from leaflets or someone talking to them directly about what would be involved.

Reasons for getting involved in the peer research and expectations

Throughout the three years of data collection, the peer researchers were asked about their reasons for getting involved in the study and how they thought they might benefit.

In year one, peer researchers said it was an interesting study and they welcomed the opportunity to talk with other young people about their experiences of living in care. The research process was seen as a new experience, with the benefits of developing their communication skills and confidence and receiving payment for their work.

In year two, the peer researchers thought that the study or being a peer researcher sounded interesting. Of the four respondents, three felt that being involved would either help them get
a job or learn new skills. All the peer researchers identified either the opportunity to research care or meet other young people in care as a key factor for getting involved. When asked what they hoped to achieve, the peer researchers identified an interest in developing new skills, improving their confidence and increasing their knowledge of the social issues involved.

In year three, peer researchers once again cited the opportunity to learn new skills and talk with other care-experienced young people as their reasons for getting involved. What they hoped to achieve in year three had moved on to include the development of specialist research skills and experience as well as “influencing change”. Only one of the respondents in year three was new to the project.

Year three peer researchers gave the following responses when asked what they’d like to achieve:

“[I’d like some] skills that I can use in the future.”

“Influencing change from a national survey.”

“Gaining experience in research.”

“An insight from other points of view of the care system and some valuable experience of working with young people.”

**Training provided by Catch22 NCAS**

New peer researchers participated in a two-day residential training course at the University of York. In years two and three, existing peer researchers attended the second part of the course for a ‘refresher’. The project’s academic research manager and the Catch22 NCAS participation team delivered the training to the young people. The course covered interview techniques, research ethics and fieldwork safety. The peer researchers also had the opportunity to practise their interviewing skills through role-play. The participation team ensured that the course was built around team-building activities and provided for the evening’s leisure time.

The majority of peer researchers in year one said that the training provided by NCAS covered the wide variety of skills required to carry out their role as peer researchers:

“I was given enough information in order to carry out the interviews and I knew what to do if I was put in a difficult situation, i.e. someone being difficult or aggressive.”

“Because we had all the training to equip us for the research and the support of social workers made us able to carry out the [research] comfortably.”

In year two, some of the ARCs felt that the young people needed more training on communication skills. Peer researchers themselves felt well prepared by the training on the whole but said that more help with techniques when interviewing young people with English as a second language was needed. They also asked for more time to practise their
interviewing skills.

Perhaps reflecting the development of the experienced peer researchers in year three, one respondent thought that transcripts from the previous year’s interviews would be helpful in training. A more recently trained peer researcher again asked for more time to practise interviewing skills and one asked for more written material to support the training.

Otherwise, the NCAS training for peer researchers was felt to be very helpful and that it prepared the researchers very well for the task in hand.

**Young people’s experiences of being peer researchers**

Participation in the study was viewed positively throughout the data collection period. In year one, peer researchers identified the opportunity to talk with other care-experienced young people as particularly valuable.

“No really interesting to see how others [young people in care] saw things.”

These views were echoed by the ARCs, who commented on how much the peer researchers had enjoyed the process and grown in confidence:

“[It] developed their knowledge, awareness, confidence, communication skills, understanding of research, an opportunity to hear other young people’s care experiences.”

The training, married with their growing experience of leading the interviews, led to improved levels of confidence and the development of new skills.

“I feel more confident in talking to people now and I can now pay attention to detail in order to pick out appropriate meaning in people’s statements.”

“I am studying health and social care at college and all of these skills I can use in my placements that I work in.”

In year two, the responses of the peer researchers deepened, reflecting on the emotional experience of being involved.

“I enjoyed it. It gave me more confidence to talk to new people.”

“Emotional and physically draining. But valuable life experience.”

“Good experience. People generally were open which made it easier. Felt I had spent my time doing a considerable thing.”

“Nervous at first, but after the first one, gets a lot easier.”

When asked what was difficult about carrying out the interviews, one peer researcher said they had struggled with the accent of one young person they interviewed. Another
responded that they found it difficult trying to engage a young person who they felt was “only there for the voucher”. On the administrative side, only one peer researcher felt that the paperwork was “too much”, the rest of the respondents felt that it was “just right”. Only one respondent found the paperwork hard to understand. They said:

“Sometimes some bits didn’t make sense unless read with other relevant stuff or the actual questionnaire.”

One area research coordinator felt that the peer researchers would have benefited from more training on being flexible and creative when planning the visits.

Responses in year three shared some points with years one and two. For some it was “interesting”, “fun”, “a great experience”; one respondent in particular found it “scary at first but after a few interviews I felt more confident”. One respondent clearly had a difficult time with logistical arrangements at her partner local authority. For her, it was a “frustrating” experience where “staff from the… authority were not helpful” and “badly organised”. This was an experienced peer researcher who had been with the project from the start and clearly had high expectations. Her responses make it very clear that the training and support provided by NCAS was “fine”. Her reflection on the experience was that it forced her to “think on her feet” thereby causing her self-confidence to grow.

**Benefits of participation for peer researchers**

It was the ARCs who were best placed overall to identify the positive impact of participation in the study. That said, in year one, the peer researchers felt that the chance to speak to other young people with different perspectives on care was really helpful.

“Really interesting to see how others [young people in care] saw things.”

In year two, peer researchers described the confidence they discovered in learning to talk to people they didn’t know and the additional new skills they had picked up. For one peer researcher, this meant “good hints to carry out research, which are beneficial for my studies” and “carrying out relatively long-length interviews which I hadn’t done before”. Other new skills included “speaking with people with poor language skills”, “Communication skills, prose and hints to make someone say more about a subject or to be more precise”. All the peer researchers said that these skills would benefit them in their studies or job-hunting.

In year two the ARCs felt that the research project had benefited the young people who took part, identifying noticeable increases in confidence and self-esteem among the peer researchers. Many noted their involvement had benefited their studies. Most interestingly, several respondents identified increased empathy for and understanding of others’ experiences of the care system which, in turn, gave them a new perspective on their own experience.

One coordinator said:

“Those that actually carried out the interviews found that hearing about other care experiences has enabled them to put their own experiences into a wider context and make sense of...their history.”
Another said:

“I think many of the young people felt that the research process was rather therapeutic, as it gave them an opportunity to open up about their previous (some more emotive than others) experience, in terms of some of them having to re-live the reasons why they had to come into care and so on.”

Other benefits were more straightforward, an experience of “being professional” and having responsibility, including being “able to arrange and keep appointments etc...”

There were some negative impacts on the young people, including the frustration of long-planned-for interviews that didn’t happen because the interviewees did not attend. Also, some of the peer researchers found it difficult to hear other young people’s more traumatic experiences. One comment from a coordinator highlighted the difficulty for a peer researcher when an interviewee was hard to engage:

“There were a couple of instances (voiced to me) where a peer researcher may have found it a little difficult to engage with the y.p they were interviewing. I appreciate that they were trained, but some of the skills necessary in these types of instance are sometimes quite difficult to acquire, and experience over a long period of time is needed. The y.p still did a great job, however, due to the fairly low level training, this may have hindered them a little and too the results / data gathered.”

Peer researchers in year three had familiar things to say about improved communication skills and growing confidence. One mentioned “having to talk to different age ranges, time management” as skills he had picked up during the study. The same peer researcher mentioned a new ability to “…[probe] deeper into a conversation to get better answers, ‘reading between the lines’...” The third year respondents also mentioned some difficulties with young people not attending interviews or being difficult to communicate with.

**Providing support for peer researchers**

In year one, the area research coordinators identified a number of factors that aided the peer researchers in the completion of their tasks. These included:

- Having the time to inform, support and develop relationships with the peer researchers.
- Building on the success of the Catch22 NCAS training and ensuring that content is detailed, but also user friendly.
- On-going support to travel to unknown locations.
- Help with overcoming difficulties experienced when liaising with local authorities to set up interviews and developing the confidence of peer researchers with phone calls and contact.

However, this didn’t always work out as planned:

“Carrying out the role (of ARC) on top of a full-time workload meant there was not a lot of time in which to organise everything and speak to peer researchers.”
In year two, when asked what factors enabled the area research coordinators to provide support for the peer researchers, there were two broad responses. Firstly, that senior management within the authority was supportive of the project and therefore ensured that enough time was available to undertake the commitment to the research project and secondly, that the existing relationships with young people made providing support straightforward. One ARC said:

“We also have flexible working hours and this means I can plan ahead according to my schedule.”

There was a strong feeling that support from management was vital to the success of the process.

“Managers were initially keen for us to take part in the research but have since shown little interest. Colleagues’ high workloads meant they weren’t always forthcoming in making referrals and completing follow up questionnaires. A restructure in our service meant that there has been a turnover of staff during the time of the interviews/follow ups.”

“My service has given me the flexibility to plan my schedule and have made available all the finances I needed to plan and organise the interviews.”

Inevitably, some ARCs found that their existing workload made providing support to the peer researchers difficult. “Balancing this responsibility with my day-to-day duties and caseload” was a common concern.

All the peer researchers in year two were happy with the support they received from their area research coordinator, including help with transport, finance and making ticket bookings. One peer researcher said their ARC kept them updated on the project while another said they didn’t get any particular support but that, “if I needed support, I could contact her”. None of the peer researchers identified anything that would have made that support better.

Year three responses showed that most peer researchers were well supported by the area research coordinators but that there were, in some cases, problems with assistance at partner authorities.

All the area research coordinators felt that they had good support and information from Catch22 NCAS to fulfil their roles and that support and the ability of the organisation to “step-in” when required or answer questions made the process easier. Hindrances were mostly practical with ARCs struggling to find interview venues or having to chase referrals from social workers for interviewees. For the rural authorities, the cost and practicality of transporting young people to enable them to participate was a dominant issue.

While being able to offer vouchers to peer researchers and interviewees was noted as positive, some ARCS felt that not being able to offer cash to young people led to fewer volunteers being recruited.

Most of the ARCs felt their expectations had been met; they were unsurprised by the range of tasks needed to support the peer researchers and in setting up the interviews in their own authority. However two of the coordinators felt that they had not expected the tasks to
impinge so heavily on their working day. Both of them were case holding staff, although one said: “At the beginning I did not expect so much work and running around but as it is my second year I am used to now.”

Most ARCs in year two rated the personal benefit they experienced, on a scale of 1-5, as 3 or above. One rated the benefit at 1, feeling that mostly the process had been burdensome. Some felt that they had benefited from developing better relationships with the young people involved as well as making contact with new young people; others felt that they had learned from the opportunity to work with other local authorities. Once again, personal workload was mentioned here as a critical factor in the process.

**Development issues raised during the project**

Throughout the study there have been common factors for success and common requests for extra support.

ARCs were clear that carrying out the role on top of a full workload was extremely difficult and made it hard to offer high quality support to all the peer researchers.

Peer researchers wanted early and regular contact with ARCs and clear information about the study. There was also a request for additional training on interviewing young people who were less able to communicate.

In year two, the area research coordinators and peer researchers’ responses suggested a number of clear lessons for the final year of peer research:

- Training/refresher courses should provide more time to practise interview skills and have a greater focus on communication skills. They should include input on engaging both reluctant interviewees and those for whom English is a second language.
- Clear communication should be provided by NCAS about the project, such as instructions about the requirements of the research.
- Reduce the administrative demands of the project.
- Catch22 NCAS should assist ARCs in communicating the benefits of the project to local authority management.
- Follow-up questionnaires to workers should be reduced in size to make them more manageable. An online response mechanism should be considered.
- Consideration should be given, if possible, to using cash rather than vouchers to reward participation.

Peer researchers in year three were clear that the training and information from Catch22 NCAS met their needs on the whole. There was one request for more information to be written down and one for more interview practice (this was from a researcher who was new to the project that year). One peer researcher asked for more help with prompts for follow-up questions.

The biggest concern in year three was the consistency of support from the ARCs in partner authorities. One young person had a very negative experience in her partner authority through a lack of organisation and young people being “dragged in” to speak to her. Many
peer researchers asked for more availability from the ARCs and more help with practical arrangements such as purchasing and booking tickets.

**Year three responses from interviewees**

In year three, 120 young people were asked to complete a short questionnaire directly after being interviewed by a peer researcher. The questionnaire was completed anonymously and immediately sealed in an envelope. The aim of the short questionnaire was to determine whether young people felt there was any tangible benefit to being interviewed by another young person or a care-experienced person.

The findings showed high levels of support for having the chance to talk with another young person from care, 59.7% agreed that it was “easy”. Asked whether they would rather be interviewed by someone who has been in care, 56.8% agreed very much that this was preferable.

68.9% of young people felt that they should be involved in research about them and 78.2% agreed that “getting young people’s views helps to make services better”. The second point was made with the proviso in one case that “it depends on whether they listen to those views”. Interviewees were also very happy to be involved in research again with one young person making clear that they preferred face-to-face interviews to telephone interviews.

**Comments from NCAS staff member**

A short telephone interview with an NCAS team member confirmed some of the findings of the peer research evaluation.

The third year of data collection was much more difficult for the peer researchers and area research coordinators. Pressures within local authorities around Ofsted inspections and restructuring of services made recruiting young people to the study and undertaking interviews hard to arrange. However, those local authorities that organised events for young people found it easier to complete their required interviews.

The experience of the long-term peer researchers meant that the area research coordinators were less involved in training in year three and had less work to do to support the young people. Having said that, the open-ended nature of the third year questionnaire was hard to manage even for the more experienced peer researchers. This is reflected in the evaluation findings with young people asking for more assistance with “follow-up” questions.

**Discussion**

There are very clear benefits to the participation of young people in peer research projects. As a longitudinal study, in this project we were able to see the development of young people’s confidence and skills over time. Not only were the peer researchers reporting
growing levels of confidence, self-assuredness and self-efficacy, their responses in the third year of data collection showed a much more sophisticated view of the work they were doing and the factors they believed would make it successful. The peer researchers considered themselves to be specialists; for the training in the third year they asked for transcripts from the previous year, they reported that they had learned skills that enabled them to “go deeper” in their questioning.

If we list the skills the peer researchers acquired during the study, we find most of the following: administration, organisation, logistics, interpersonal skills, emotional intelligence, relationship building, collaboration and data-handling. Not all of these were taught in the training program!

Throughout each year of data collection, peer researchers reported increased levels of confidence and the ability to make relationships. In year two, it took the area research coordinators to fully assess the skills and qualities the peer researchers had developed. The peer researchers themselves did not or could not fully comprehend the range of skills they had acquired. This maybe tells us something about the importance of regular feedback to peer researchers, helping them see and acknowledge the new skills and aptitudes they have developed.

This peer research project tells us something about degrees of participation and engagement. We often talk about the importance of involving young people in these kinds of projects but too often we only take the first couple of steps, leaving young people only partially involved and therefore only partially benefiting.

This project shows us the difference between simple participation and building self-efficacy. The attention paid to the needs of young people, their training and support, meant that their experience was not simply one of joining in. Instead they were able to feel fully involved and fully part of the project. Being responsible for working in other local authorities, arranging their interviews and travel heightened their feeling of self-efficacy, that intangible quality which is at the root of progress for vulnerable young people.

Similarly the depth of their involvement made them feel valued and caused them also to value the experience of those that they interviewed. Because they were being asked to be such an integral part of the project, they understood the value to the project of their own and others’ lived experience.

Young people who participated as interviewees in the project very strongly agreed that young people should always be involved in research that is about them. They also had a positive response to being interviewed by someone with a similar experience to them. We can assume perhaps that this may have led to more honesty and openness in their responses, making the findings of the research more revealing.

It's very hard not to draw the conclusion that the use of peer research in this study was valuable to the young people themselves, to the local authorities involved and to the data gathered over time.

The experience of the peer researchers, the area coordinators and the staff from NCAS reminds us that any project of this type can be lifted or undone by poor project management
and planning. And while there were hiccups and difficulties along the way, the methodology showed itself to be sound when seen alongside the outcomes for the peer researchers themselves.

The recommendations made each year by both the peer researchers and the area research coordinators stand as guidance to any future project of this nature. Inevitably they are concerned with the quality of training, the quality of communication between parties and the logistical arrangements affecting the research.

**Recommendations in summary**

- High-quality training for peer researchers is essential. There should be plenty of time for peer researchers to practise their skills and build their confidence before they go out into the field. If possible refresher training should always be made available, including opportunities to address issues that have arisen in the previous year’s fieldwork.
- The research process must be given full support within local authorities. The area research coordinator is only the first line of that support. Management must be fully committed for the peer research model to work. This should include making allowances for the lead member of staff’s workload.
- There must be excellent communication between the research institution, the local authority and the peer researcher. This should include regular updates on the progress of the research, clear and regularly reinforced expectations on all parties and celebrations of achievements to date.
- Interviewees must be fully informed of the purpose and organisation of the peer research project when they are recruited to the project.
- Logistical problems must be overcome. Although organisational systems can be unwieldy, solutions must be found to ensure that problems with purchasing tickets, arranging travel or reimbursing young people’s costs don’t overwhelm the purpose of the work.
## Appendix 2 – Characteristics of snapshot and follow-up participants

<table>
<thead>
<tr>
<th></th>
<th>Snapshot % (N = 579) (Year 1, 2 and 3) 2011, 2012 and 2013</th>
<th>Follow-up 1 in 2012 % (N = 52)</th>
<th>Follow-up 2 in 2013 % (N = 35 - including 18 interviewed at Follow-up 1)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Gender</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>51.6 (299)</td>
<td>53.8 (28)</td>
<td>51.4 (18)</td>
</tr>
<tr>
<td>Male</td>
<td>48.4 (280)</td>
<td>46.2 (24)</td>
<td>48.6 (17)</td>
</tr>
<tr>
<td><strong>Ethnic Origin</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>76.3 (440)</td>
<td>73.1 (38)</td>
<td>74.3 (26)</td>
</tr>
<tr>
<td>Black or Black British</td>
<td>6.4 (37)</td>
<td>1.9 (1)</td>
<td>5.7 (2)</td>
</tr>
<tr>
<td>Asian</td>
<td>6.6 (38)</td>
<td>3.8 (2)</td>
<td>2.9 (1)</td>
</tr>
<tr>
<td>Mixed heritage</td>
<td>8.0 (46)</td>
<td>15.3 (8)</td>
<td>11.5 (4)</td>
</tr>
<tr>
<td>Any other ethnic group</td>
<td>2.8 (16)</td>
<td>5.8 (3)</td>
<td>5.7 (2)</td>
</tr>
<tr>
<td><strong>Age at interview (categories)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15 years and under</td>
<td>23.3 (135)</td>
<td>1.9 (1)</td>
<td>2.9 (1)</td>
</tr>
<tr>
<td>16 &amp; 17</td>
<td>32.8 (190)</td>
<td>28.8 (15)</td>
<td>20.0 (7)</td>
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<tr>
<td>18</td>
<td>14.7 (85)</td>
<td>26.9 (14)</td>
<td>25.7 (9)</td>
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<td>19 years and over</td>
<td>29.2 (169)</td>
<td>42.3 (22)</td>
<td>51.4 (18)</td>
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<tr>
<td>Unaccompanied Asylum Seeking Child</td>
<td>10.0 (56)</td>
<td>11.5 (6)</td>
<td>8.6 (3)</td>
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<tr>
<td>Has a child &amp;/or is pregnant/partner pregnant</td>
<td>12.5 (69)</td>
<td>11.5 (6)</td>
<td>8.6 (3) – minimum number</td>
</tr>
</tbody>
</table>