

**Foster care for adolescent entrants: Navigating fragmentation  
and growth through enduring fostering relationships**

**PhD Thesis**

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## **Abstract**

Adolescents are the largest group of young people in the care system, and the largest cohort entering care each year (Department for Education, 2024b). Adolescent entrants, in this research, are defined as young people who enter, or re-enter foster care aged eleven or older. However, there remains a lack of sufficient research acknowledging the challenges and the opportunities for support of adolescent entrants to foster care and their foster carers.

This qualitative research aims to deepen understanding of the experience of foster care for adolescent entrants. The study developed conceptual and theoretical insights into how relationships are experienced by adolescent entrants and their foster carers, in order to reframe and reconceptualise foster care as an intervention for adolescent entrants.

Data were collected through semi-structured interviews with adolescent entrants (n=11) (both adolescents in foster care and adults with care-experience), and foster carers (n=12) with experience of caring for adolescent entrants. Data collection took place prior and during the COVID19 pandemic, therefore interviews include face-to-face and via virtual technologies. Constructivist grounded theory methodology guided the research process.

Findings identified eleven conceptual categories of the experience of foster care for adolescent entrants, grouped into three contexts: navigating the foster care system; negotiating adolescence and emerging adulthood; and navigating enduring fostering relationships. The overarching grounded theory model developed from the empirical data suggests that an adolescent entrant's experience of foster care is underpinned by the concepts of fragmentation, growth and endurance. Fostering relationships are central to how adolescent entrants navigate fragmentation and growth across adolescence, the effects of which are seen well into adulthood. The impact of quality, committed and supportive relationships between adolescent entrants and their foster carers, even if the relationship itself does not endure, was the central concept bringing all the findings together.

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### **Abbreviations**

ADCS	Association of Directors of Children's Services
ASW	Adolescent Social Worker
CA 1989	The Children Act 1989
CAMHS	Child and Adolescent Mental Health Service
CGT	Constructivist Grounded Theory
CINP	Child in Need Plan
CPP	Child Protection Plan
CSE	Child Sexual Exploitation
FP	Foster Placement(s)
GT	Grounded Theory
IRO	Independent Reviewing Officer
IWM	Internal Working Model
KS	Key Stage
LA	Local Authority
LCP	Life Course Perspective
MRes	Masters in Social Science Research Methods
MST	Multi-Systemic Therapy

MTFC	Multi-Dimensional Treatment Foster Care
NEET	Not in Education, Employment or Training
NWD	No Wrong Door
PPCT	Process, Person, Context, Time
PR	Parental Responsibility
SB	Secure Base
SGO	Special Guardianship Order
SIL	Semi-independent Living
SL	Supported Lodgings
TIMB	This is my Baby
UEA	University of East Anglia
UK	United Kingdom
US	United States of America

## **Chapter 1: Introduction**

Adolescents are the largest group of young people in the care system, and continue to be the largest cohort entering care each year (Department for Education, 2024b). Despite this, there remains a lack of sufficient research acknowledging the challenges and the opportunities for support of adolescent entrants to foster care and their foster carers. Adolescent entrants are defined in this research as young people who entered or re-entered foster care aged 11 or older. This aligns with the definition set out in the research by Sinclair et al. (2007), where the needs and experiences of adolescent entrants were recognised as being distinct to the needs and experiences of young people who entered care under the age of 11 – referred to as adolescent graduates.

When thinking about the experience of foster care for adolescent entrants, it is important to consider this within a developmental framework. Adolescence is a time of rapid and dynamic developmental growth, spanning a range of important physiological, neurobiological, cognitive and psychosocial changes (Bonnie and Backes, 2019), that take place across the transitional period from childhood to adulthood. Characterised by increasing independence and exploration, adolescence is widely understood as a particular time of risk and vulnerability (Sawyer et al., 2018), associated with risk-taking behaviour and experimentation (Crone and van Duijvenvoorde, 2021). However, rather than problematising adolescence, it is important to emphasise that this developmental stage is often framed as ‘a window of opportunity’ (Denworth, 2021), where the role of relationships with others and systems can scaffold and support an adolescent to thrive (Bonnie et al., 2019).

The *Children Act 1989* (CA 1989) continues to be an essential legal and policy framework governing all social work interventions for children and their families. The overarching purpose of the care system is to facilitate stability for all children and young people, irrespective of age or permanence plan. With this goal in mind, there has been a persistent focus with each new government on the quality of care provision and concerns for the psychosocial outcomes for all children and young people in care and care leavers (Department for Education and Skills, 2007; Department for Education, 2023a)

Despite this, a focus on the specific needs and experiences of adolescents in care, and adolescent entrants to foster care in particular were notably absent in terms of policy agenda until 2007. This acknowledgement in the *Care Matters* initiative (Department for Education and Skills, 2007), paved the way for adolescent entrants in and on the edge of care to be

recognised as a diverse group of young people in need of support (Department for Education, 2014b). However, this focus did emphasise adolescent entrants in and on the edge of care as a group of young people for whom tailored support may facilitate them to safely remain in their birth family, as a means to prevent an unnecessary care entry.

In social work practice, there is often an assumption that adolescent entrants do not need a new family, and this, coupled with the policy discourse outlined previously, frames a foster care intervention in terms of permanence plan for adolescent entrants as a last resort (Biehal, 2005b; Boddy et al., 2008; Schofield et al., 2008). Despite this policy and practice discourse centred on preventing care entry for adolescents, young people aged 10 years or older continue to be the largest cohort both within the care system (65%) and entering the care system each year (55%) (Department for Education, 2024b). Foster care also continues to be the placement of choice for the majority of children and young people in care (67%) (Department for Education, 2024b).

In terms of journeys through care, the experiences of adolescent entrants can be broadly grouped into two pathways: those who stay in care for a short time, with the purpose of care being to facilitate a return to birth family, or as a stepping stone to independence; and those who remain in care long-term (Sinclair et al., 2007; Neil et al., 2019). However, irrespective of pathway, adolescent entrants experience the highest levels of instability in care, and are most likely to re-enter care following a disrupted return to birth family (Neil et al., 2019; Neil et al., 2020; Ford and McKay, 2024). The experience of quality relationships with foster carers is an important protective factor both in terms of supporting stability and promoting positive psychosocial outcomes for all children and young people in care and care leavers (Hemmings, 2011; Rock et al., 2015; Feather et al., 2024).

There is a substantial evidence base emphasising the importance of relationships with foster carers for children and young people growing up in foster care (Schofield et al., 2000; Farmer et al., 2004; Sinclair et al., 2007; Schofield and Beek, 2009). There is also evidence to suggest that adolescent graduates, despite experiences of instability in care, were able to move to a new placement in adolescence and settle in long-term foster care (Schofield and Beek, 2009; Oke et al., 2013; Nicoleau-Poliard et al., 2024). Whilst the experiences of adolescent entrants to foster care are captured in some studies (Farmer et al., 2004; Schofield et al., 2011; Rehill et al., 2022), there is a notable gap in research which focuses specifically on the experience of foster care for adolescent entrants, particularly the experience of relationships between adolescent entrants and their foster carers. This thesis reports a qualitative study which aims to fill this gap on the topic of foster care for adolescent

entrants, with a particular focus on how relationships are experienced between adolescent entrants to foster care and their foster carers.

My interest in this topic stems from my practice as a social worker in a local authority (LA) fostering service, and my experience of supporting foster carers who care for adolescent entrants in particular. In researching and writing a narrative literature review on the topic of foster care for adolescents which formed part of the assessment for my continuing professional development as a social worker, I was struck by the paucity of research on the specific needs and experiences of foster care for adolescent entrants. This was the motivation to undertake a Masters in social science research methods (MRes). My MRes research study employed semi-structured qualitative interviews to explore the experiences of foster carers (n=5) who cared for adolescent entrants (Speer, 2017). The experience of relationship building both within and beyond the end of the foster placement was the key finding from the study. All foster carers shared their experiences of continuing to have a role in the lives of the adolescent entrants they had cared for, sometimes despite a placement ending under difficult circumstances and in an unplanned way (Speer, 2017).

## **1.1 Thesis aims**

The research presented in this thesis builds on my MRes study. The aim is to fill the gap in research focussing on the experiences of foster care for adolescent entrants. The overarching aims of the research were:

- To deepen understanding of the experience of foster care for adolescent entrants;
- To examine the role of relationships between adolescent entrants and foster carers;
- To develop conceptual and theoretical insights into how relationships are experienced by adolescent entrants and foster carers;
- To amplify the voices and lived experiences of adolescent entrants to foster care and their foster carers, through the critical lens of relationships, to broaden, reframe and reconceptualise foster care for adolescent entrants.

These aims were addressed through the following research questions:

1. How do adolescent entrants experience their relationships with their foster carers?
2. How do foster carers experience their relationships with adolescent entrants?
3. What role is the birth family perceived to play in the quality of relationships between adolescent entrants and foster carers?

4. How are social workers, and the systems for care planning perceived to impact the quality of relationships between adolescent entrants and foster carers?

## 1.2 Approach to literature reviewing

Constructivist grounded theory (CGT) (Charmaz, 2006) is the methodological framework which underpins the entire research process, and this also guided the approach to reviewing the literature. Whilst CGT and the methodological decision making in relation to this study will be explored in Chapter Five, there are debates in grounded theory as to the timing of *when* to review the literature. Reviewing the literature prior to data analysis for Glaser and Strauss (1967), for example, risks the researcher bringing preconceived ideas and should be avoided. Whilst Charmaz (2014) acknowledges that this positioning presents challenges to staying grounded in the data, she also emphasises the importance of navigating the practical restrictions of conducting research. For example, prior to being accepted to undertake a doctoral research project, a review of relevant literature was included in the research process, and this was also a requirement to gain ethical approval to conduct the empirical research. For a researcher to have no pre-existing understanding of the topic under investigation is therefore unlikely, a point acknowledged by (Charmaz, 2014).

There is also 'a difference between an open mind and an empty head,' (Dey, 1999, p251). Given this context, the approach to conducting the literature review was both an inductive and iterative process, aligning with CGT principles and approaching the literature with an informed – but crucially open – mind. For example, the early stages of examining the literature focussed on the experiences of adolescent entrants in foster care, however this lens was broadened to include their experiences of exiting care as concepts emerged from the generated data.

With this in mind, the purpose of the literature review was to give a contextual overview of the current state of knowledge pertaining to foster care for adolescent entrants, rather than an exhaustive appraisal. This aligns with what is widely referred to as a narrative approach to literature reviewing. A narrative literature review enables a broad perspective on a topic to be presented, which explores the debates and identifies gaps in knowledge (Green et al., 2006). Whilst narrative reviews do not offer a systematic syntheses of literature to answer a narrowly defined question, they do offer 'carefully thought out and rigorous interpretations of a body of knowledge,' (Sukhera, 2022, p416).

Rigorous strategies were thus employed across the literature reviewing process. For example, initial searches gained a broad overview of the topic area, and truncation and

Boolean search terms were used to focus the results. The University of East Anglia (UEA) library catalogue (EBSCO) and Scopus, which are large and general databases, were used in the literature search, as were subject specific databases e.g. Social Care Online. Snowballing techniques, which included searching backwards and forwards to explore where key texts had been cited were employed. Search of grey literature from relevant UK organisations e.g. Research in Practice, Nuffield Foundation, and Foundations were included. International grey literature, and any literature not written in English was excluded.

To establish relevance abstracts were initially reviewed. Determining whether adolescent entrants were included in a study was difficult to ascertain at times, as often age at data collection was included, but age at entry to care was not. Therefore, the decision was made to include literature which reported on the voices, perspectives and experiences of children and young people – with a particular focus on their experiences in adolescence (not necessarily adolescent entrants) – in foster care in general.

The majority of the searching and appraising of the literature took place in the early stages of the research project, and was an ongoing process alongside the data collection and responding to emerging findings in analysis. As I took an extended period of leave during the PhD, effort was made to search the literature again in the final stages of writing the thesis to try and include recently published findings regarding the experiences of foster care for adolescent entrants. The literature review gives an overview of relevant United Kingdom (UK) policy and governmental publications, which includes LA data in order represent the current context of the care system for adolescent entrants. The empirical research covered is mostly UK based, but also includes evidence from the United States of America (US), Australia and other European countries. This research uses quantitative, mixed-methods and qualitative methodologies, and the literature review has a particular focus on the voices of children and young people in care and their foster carers. There is very limited research on the experiences of adolescent entrants to foster care, much less focussing on their experiences of fostering relationships or drawing on the perspectives of both adolescent entrants and their foster carers.

Finally, it is also important to make clear the distinction in language used throughout the literature review when referring to children, young people and adolescents. Child, children, young person or young people will be used when discussing research or making a point which refers to the experiences of children of all ages. Where the needs, experiences and perspectives of adolescent entrants to foster care have been captured, this is when adolescent or adolescent entrant will be used specifically.



### **1.3 Thesis outline**

The thesis consists of the literature review, methodology, findings and discussion. The literature review consists of three chapters, where each chapter explores a broad context which impacts on the experience of fostering relationships for adolescent entrants and their foster carers. Chapter Two explores the legal and policy context of the care system, as it is important to understand the aims of the care system, as this is the governing framework within which relationships between adolescent entrants and foster carers take place. Chapter Three provides a review of existing research literature relevant to pathways and outcomes and identifies gaps that contribute to the focus of this research. Chapter Four theorises adolescence and fostering relationships from a psychosocial point of view. The conclusion to the literature review points to the gaps in the evidence presented, of which this study aims to fill.

Chapter Five sets out the methodology which underpins this study. This includes a detailed discussion of the theoretical framework guiding the research, as well as setting out a rationale for the research design and CGT (Charmaz, 2006) methodology. The process of data collection and analysis is detailed, and the ethical considerations are outlined.

Prefaced by an introduction, the research findings are presented across three core chapters. Chapter Six considers how adolescent entrants and foster carers navigate the foster care system, with a particular focus on their experiences of relationships with social workers and adolescent entrants' pathway into, through and exits from care. The findings explore the ways the care system can exacerbate an adolescent entrant's experience of separation and loss, alongside emphasising the importance of the care system providing and supporting good quality placements for adolescent entrants.

Chapter Seven considers the various ways the developmental stage of adolescence and emerging adulthood impacts on the experience of foster care for adolescent entrants. The role of education and mental health support, as well as the growing importance of friendship, sex and dating for adolescent entrants are explored. These findings emphasise the crucial role foster carers and the care system has in supporting adolescent entrants to navigate their intrapersonal and interpersonal worlds.

Chapter Eight sets out the central tenet of the research by presenting how relationships are experienced by adolescent entrants and their foster carers. First the experience of being a foster family within the context of the care system and corporate parenting is presented. Inextricably linked to this, the challenges and opportunities of navigating relationships with birth family are considered next. Finally, the experience of building and sustaining fostering

relationships in the placement are presented, before moving on to detail the enduring impact the experience of fostering relationships can have for adolescent entrants over time and into adulthood.

Chapter Nine is a shorter chapter within the findings' section of the thesis which presents the overarching theoretical model which brings all the themes examined in the preceding core finding's chapters' together. This is based on three core theoretical concepts: fragmentation, endurance and growth.

Chapter Ten discusses the research findings and situates them within the context of the wider body of literature examined previously. The limitations as well as the strengths and contribution of the research are considered, as are implications for policy, practice and directions for future research. Finally, the thesis ends with a summary of the key findings and a conclusion.

## **Chapter 2: The care system - Legal and policy context**

This chapter gives an historical overview of the shifts and trends in the legal and policy context governing social work practice with children and young people in care since the introduction of the *Children Act 1989* (CA 1989), which continues to be the primary legislative framework for all work with children and families, including governing fostering services. A significant milestone in social work practice, it signalled a shift from childcare law being viewed primarily through the lens of parental rights. Instead, it centred on upholding the rights, welfare and best interests of the child (CA 1989, Welfare checklist s.1), and conceptualised care as an intervention by the state into family life – underpinned by the ethos of partnership working and sharing responsibility with parents – as a support to families.

Since the introduction of the CA 1989 there have been persistent cycles of concern about the functioning of the care system. The responses to these concerns have shifted across the years, with consistent themes of raising the standards and outcomes of care, promoting permanence and stability, and more recently a focus on the care system enabling children and young people to experience loving and lasting relationships into adulthood (Department for Education and Skills, 2007; Department for Education, 2014a; Department for Education, 2023a). What has been consistent across all of these various government responses is the ethos of the care system providing good enough care - like one would expect from any parent - and the complexity of care to provide that (MacAlister, 2022). These themes will be explored chronologically starting from when the CA 1989 was enacted, across the following three sections: 1991 – 2002: Raising standards, quality and routes out of care; 2003 – 2015: Stability, permanence and adolescents in and on the edge of care; 2016 – 2025: Care crisis and a focus on fostering stability, relationships and love. Within each section, the implications of these themes on the role of foster care for adolescents will be explored, and where adolescent entrants specifically feature, these will be explicitly highlighted.

### **2.1 1991 – 2002: Raising standards, quality and routes out of care**

Tackling social exclusion was a political priority when the New Labour government formed in 1997, ending 18 years of Conservative rule. In response to serious incidents of child abuse in predominantly residential settings (Levy and Kahan, 1991; Utting, 1991; Warner,

1992; Utting, 1997; Waterhouse, 2000), the 'modernising social services' (Department of Health, 1998a) agenda aimed to improve the quality and choice of care provision for all children and young people in care (Department of Health, 1998b; Department for Education and Skills, 2002). By setting national guidelines and standards, these initiatives introduced a level of consistency, scrutiny and accountability for local authorities (LA) to improve the quality of care and outcomes for children and young people in care (see *Care Standards Act 2000; Children (Leaving Care) Act 2000 and Fostering Services Regulations 2002*).

This political and cultural context contributed to the move from residential to foster care being the preferred placement choice for all children in care, including adolescents (Berridge and Brodie, 1996; Smith, 2009a). Increasing adoption as a route out of care was also a government priority (Department of Health, 2000; Performance and Innovation Unit, 2000). The *Adoption and Children Act (2002)* focussed on securing legal routes out of care by modernising the framework for adoption and introduced a special guardianship order (SGO), which aimed to offer more legal security to children and their carers with shared parental responsibility (PR). The *Children (Leaving Care) Act (2000)*, introduced the concepts of *eligible*, *relevant* and *former relevant* children and associated legal measures which strengthened LA support for adolescents exiting care in their transition to adulthood. However, a focus on the experiences of adolescents in the care system as a distinct group was notably absent.

## **2.2 2003 – 2015: Stability, permanence and adolescents in and on the edge of care**

The care system providing children and young people with stability and supporting permanence remained consistent political priorities under both Labour and Conservative-Liberal Democrat coalition governments over the next 12 years. With the average age of a child at SGO being 6 years-and-2-months, and 3 years at adoption - ages which have remained relatively consistent across the years (Department for Education, 2024b) – this focus on legal routes out of the care system will only ever meet the needs of a small minority of children. This narrow focus did not take into account the experiences of older children, such as adolescents in the care system, and remains a current issue despite being flagged nearly 20 years ago (Thoburn, 2008).

Driving forward the Labour government's focus on tackling social exclusion, *Every Child Matters* (Department for Education and Skills, 2003) focused on improving Children's Services and the outcomes of all children and young people. Raising the educational outcomes of children and young people in care was a key area of focus, with the *Children*

*Act* (2004) imposing a duty, for the first time, on LAs to promote the educational achievement of children in care. This was in response to concerns about the gap in attainment levels between Key Stage (KS) 2 and KS 4 for young people in care when compared with their peers (Social Exclusion Unit, 2003). The report suggested an association between care – particularly the experience of instability in care - and poor educational outcomes, and for many care leavers these experiences contributed to social exclusion in their adult life (Social Exclusion Unit, 2003).

This signalled continued concerns about the quality-of-care provision, raising questions in both political, cultural and academic debate around whether as corporate parents, the care system was providing 'good enough' care (Bullock et al., 2006; Forrester, 2008; Little, 2010; Sinclair, 2010). Building on these concerns, *Care Matters* (Department for Education and Skills, 2006; Department for Education and Skills, 2007) emphasised that the overarching purpose of the care system was to enable all children – including adolescents – to find stability and permanence and how crucial this was for improving outcomes of care.

Alongside a focus on stability and permanence, informed by the *Future of the Care Population Working Group* report (Narey, 2007), *Care Matters* recognised that children and young people in care are not one homogenous group, but have diverse and varying needs and experiences. The report (Narey, 2007) drew on research by Sinclair et al. (2007) which identified distinct groups of children and young people by their pathways through the care system; adolescent entrants being one of them. *Care Matters* (Department for Education and Skills, 2007) acknowledged that there are certain groups – referred to as older children and young people who enter care aged 11-15 - for whom with the right support could achieve stability and permanence by remaining at home. Therefore, the distinct and diverse needs of adolescents in and on the edge of care were recognised for the first time.

*Care Matters* also acknowledged the promising results from the Multi-dimensional treatment foster care (MTFC) pilots (Department for Education and Skills, 2007) with regards to improving outcomes, stability and permanence for adolescents with complex needs and challenging behaviour. The transition from adolescence to adulthood was another key area of focus. Ensuring young people were properly prepared and encouraged to only move on from care into independence when they were ready, as-well-as piloting ways for young people to remain with foster carers beyond the age of 18, emphasised the importance of continued stability and support for care leavers (Department for Education and Skills, 2007).

### *Permanence and long-term foster care: The importance of relationships*

This emphasis on improving stability, permanence and education for children in care was consolidated in the *Children and Young Persons' Act (2008)*, and embedded into all social work practice with children and young people, irrespective of age in the 2010 updates to several key pieces of legislative guidance and regulations (see Department for Children Schools and Families (2010); Department for Education (2010a); Department for Education (2010b); Department for Education (2010c) and *Care Leavers (England) Regulations 2010*).

The need for stability and consistent support for care leavers in the transition from adolescence to adulthood remained an important area of focus. For example, support for care leavers was increased to 25 (Department for Education, 2010b) and LAs were instructed to develop *Staying Put* policies<sup>1</sup> for young people to have the option to remain with their former foster carers beyond their 18<sup>th</sup> birthday. Despite a persistent focus on legal permanence, long-term foster care was acknowledged as the right permanence option for some, with the regulations reinforcing that the foundations of any intervention must be on maintaining the quality of relationships for children and young people (Department for Children Schools and Families, 2010).

In part a response to the government's narrow focus on the legal dimensions of permanence demonstrated in their commitment to increase the numbers of children adopted from care (Department for Education, 2012), *The Care Inquiry* (2013), undertaken by eight leading charities, sought to investigate all routes to providing stable and permanent homes for children and young people in care. Providing a thorough research review (Boddy, 2013), findings from *The Care Inquiry* reinforced the principle that 'relationships with people who care for and about children are the golden thread in children's lives, and that the quality of a child's relationships is the lens through which we should view what we do and plan to do.' (The Care Inquiry, 2013, p2).

*The Care Inquiry* called for a government commitment to improve permanence decision-making and outcomes for all children and young people in care, irrespective of age or legal status. This call was finally realised in the 2015 updates to care planning policy where long-term foster care was recognised and embedded in the legal definition of permanence for the first time (Department for Education, 2015a). Relationships, this update emphasised, should underpin the entire care planning process, and framing relationships through an enduring lens with the capacity to provide continued support to young people beyond the

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<sup>1</sup> *Staying Put* was piloted in *Care Matters* and introduced as a duty in the *Children and Families Act 2014*.

care system should guide how reunification and a return to family is managed (Department for Education, 2015a). This included acknowledging the value of continued relationships with foster carers who are often a significant source of support for a child or young person and their families, particularly during the transition stages of reunification (Wilkins and Farmer, 2015).

### *The 'trouble' of adolescents in and on the edge of care*

The role of state intervention with adolescents in and on the edge of care, along with stability and permanence, were identified as three key areas requiring further investigation by the Association of Directors of Children's Services (ADCS) (2012) in their 'What is Care for?' enquiry. Published at the same time as *The Care Inquiry* (The Care Inquiry, 2013) which focussed on stability and permanence for all, the ADCS (2013) published their position statement examining the role of the care system for adolescent entrants and an accompanying research review (Bowyer and Wilkinson, 2013) exploring alternative models of care for this specific group of young people.

Throughout these documents the ADCS referred to adolescents as 'troubled', framing them as being a risk and problematic to meet the needs of in the care system, acknowledging that a motivator for the report was 'the relatively poor track record of state intervention in effectively meeting the needs of [...] 'adolescent entrants'', (ADCS, 2013, p1). Whilst *Care Matters* (Department for Education and Skills, 2007) identified adolescents in and on the edge of care as being a distinct group in the care system with specific needs and experiences, the ADCS moved this narrative forward, positioning adolescents as having diverse and often intersecting needs. The ADCS concluded that the care system needs to be more fluid and flexible to meet the needs of adolescents, differentiating how the needs, experiences and social care responses to older adolescent entrants (those who enter 15-17), must be different to younger adolescent entrants (those who enter 11-14) (ADCS, 2013).

Echoing similar recommendations from *Care Matters* (Department for Education and Skills, 2007), the ADCS position statement highlighted a number of interventions which were found to be effective in improving the outcomes for adolescents in and on the edge of care (ADCS, 2013). These interventions included models of shared or 'part time' care, MTFC and multi-systemic therapy (MST). MST and MTFC in particular required high levels of engagement with the young person and their family and a continued level of support once the intervention ended (ADCS, 2013). In order to improve provision for adolescents in and on the edge of

care, the ADCS emphasised the need to bridge the binary conceptualisation between being in – or not in - care.

Building on the government's commitment to evidence-based practice (see the *What Works Network* (Gold, 2018)), the *Children's Social Care Innovation Programme* sought to trial innovative ways to better support children and young people by focussing on two key areas; *Rethinking children's social work* (Department for Education, 2014a) and *Rethinking support for adolescents in and on the edge of care* (Department for Education, 2014b).

Informed by the ADCS (2013) position statement, the *Rethinking support for adolescents in and on the edge of care* report (Department for Education, 2014b), acknowledged that adolescents are a consistent and large group both receiving social care support on the edge of care, and entering the care system each year. This report reflected that all-too-often adolescents enter care amid a crisis with their family, their mental health or the police, and finding them a safe place drives the care system's immediate and often longer-term response (Department for Education, 2014b). Building on the concerns and recommendations raised by *Care Matters* (Department for Education and Skills, 2007) and the ADCS (2013) position statement, *Rethinking support for adolescents in and on the edge of care* called for a more flexible and fluid conceptualisation of care with the clear purpose of providing stability and supporting a successful transition to adulthood for adolescents (Department for Education, 2014b). A core premise was that stability and support, 'should play the same role in shaping care and edge of care services for adolescents as 'permanence' does for younger children', with a more flexible use of care as an intervention to strengthen family relationships and be a launchpad for independence (Department for Education, 2014b, p10).

This focus on the care system providing stability and support rather than permanence for adolescents, with a more fluid approach to the use of care, does raise questions around the role of relationships with foster carers for adolescent entrants in this vision. There is perhaps an underpinning assumption that foster carers cannot provide permanent relationships for adolescent entrants, because of their close ties with birth family. The 2015 care planning updates (Department for Education, 2015a), did however emphasise the potential of important relationships – including with foster carers - as being able to provide support for young people beyond the care system, after reunification or in early adulthood.



### **2.3 2016 – 2025 Care crisis and a focus on fostering stability, relationships and love**

2015 saw the shift from a Conservative – Liberal Democrat coalition to a unitary Conservative government, who continued to prioritise reform to children’s social care (Department for Education, 2016a; Department for Education, 2016d). This included a focus on long-term impacts and outcomes in terms of planning for permanence (Department for Education, 2016c) in the *Children and Social Work Act* (2017). Though a political focus remained on strategies to reduce the number of children – particularly adolescents – entering the care system by improving early help, the population of children and young people in care continued to grow. Not only did the population grow, but the number of children and young people entering care proceedings rapidly rose during this time period, increasing from 17,699 in 2014 to 21,804 in 2016 (Ministry of Justice, 2018b).

Whilst the average age of children entering proceedings remained young (Ministry of Justice, 2018b), 2016 saw a sharp increase in the numbers of adolescents aged 12-15 subject to care proceedings (Ministry of Justice, 2018a). This coincided with changes in social work practice amid concerns of the use of s.20 voluntary care arrangements under the CA 1989 (see *Re: N (Children) (Adoption: Jurisdiction)* [2015] EWCA Civ 1112 judgement), which resulted in fewer adolescents remaining in care under s.20 of the CA 1989 (Roe et al., 2021b). This is a continuing trend, with the number of adolescents subject to care proceedings in England rising 95% from 3,081 in 2011/12, to 6,013 in 2019/20 (Ministry of Justice, 2018a; Roe et al., 2021a).

Sir James Munby, President of the Family Division, asserted the care system was facing a crisis (Munby, 2016). As a direct response to these concerns, 2016 saw the launch of the *Care Crisis Review* (Family Rights Group, 2018; Thomas, 2018; Webb et al., 2018) which sought to investigate reasons for the increase in proceedings and care population, and offer practice solutions to achieve best outcomes for children and families. Alongside this focus on proceedings, and there having already been a review of adoption (Performance and Innovation Unit, 2000) and children’s homes (Department for Education, 2016b; Narey, 2016), 2016 also saw a focus on understanding and improving fostering provision (Baginsky et al., 2017; Education Select Committee, 2017; Narey and Owers, 2018).

*Permanence and long-term foster care: Difficulties placing 'challenging' adolescents*

Both fostering reviews, one by the Education Select Committee (2017) and another for the Department for Education (Narey and Owers, 2018), acknowledged the successes of fostering, particularly when foster care offers children and young people permanence, stability and consistent and trusted relationships with foster carers. Whilst both reviews praised the progress made in supporting stability and permanence for young people as they transition to adulthood with the introduction of *Staying Put*, carers, young people and sometimes social workers experienced anxiety and confusion about the process, with young people left feeling misinformed about what would happen after exiting care.

Building on the themes and debates examined in previous government initiatives (Department for Education, 2014b; Department for Education, 2016d), both reviews raised points around the purpose and scope of foster care, emphasising the challenges faced with regards to matching and placement stability. The persistent challenge of finding placements for adolescents was highlighted (Narey and Owers, 2018), as well as acknowledging that at times, foster placements end under circumstances which would not disrupt a family (Education Select Committee, 2017), emphasising the complexity of supporting stability in foster care. Narey and Owers (2018) also called to expand the conceptualisation of permanence to include the more flexible and fluid use of foster care as an intervention to support children and families as a means to avoid an unnecessary entry into care.

The government's response, *Fostering Better Outcomes* (Department for Education, 2018) consolidated the key recommendations from both reviews, reinforcing that the aim of the foster care system is to provide stability for all children and young people, irrespective of age or permanence plan. This vision of stability emphasised, not only the importance for children and young people in care to experience stable placements, but also consistent relationships (Department for Education, 2018). This included emphasising the importance of supporting children and young people to maintain relationships with friends and other people who are important to them – for example support to maintain relationships with previous foster carers where appropriate (Department for Education, 2018). Building on the recommendations of these fostering reviews and visions for the care system set out in previous agendas, *Fostering Better Outcomes* called for a more fluid and flexible approach to using foster care as a means to support important relationships. This approach called for the foster care system to be more flexible and responsive to the needs of children, young people and their families, by offering shared care arrangements for example, where social workers support foster and birth families to build mutually supportive relationships as a

means to prevent entry to care and support reunification (Department for Education, 2018). This focus on different approaches and interventions to safely reduce the need for children and young people to enter care was the initial remit of the *What Works Centre for Children's Social Care*<sup>2</sup> which launched in 2020, reiterating the government's priority on evidence-based social care interventions (Department for Education, 2019b).

### *Loving and lasting relationships: Building relationship networks for adolescents*

Launched in 2021 with the intention of pulling together all the learning and evidence from the previous reviews and initiatives and taking a whole system approach, the *Independent Review of Children's Social Care* (MacAlister, 2022), aimed to address the persistent challenges in the care system. The review emphasised the importance of children and young people in care to experience loving and lasting relationships, which included a sharp focus on unlocking the potential of family networks as a means to prevent an unnecessary entry to care (MacAlister, 2022). The review acknowledged that currently the system drives extended family members to become foster carers as a means to ensure financial and practical support as kinship carers. Half of all newly approved fostering households at the end of March 2024 were kinship carers (Ofsted, 2024). However children tend to be younger when they enter a kinship arrangement (Wellard, 2017), therefore adolescent entrants are less likely to be impacted by this kinship drive.

The review recognised that adolescents are the largest – and growing - cohort both in care and on the edge of care. For the first time, the challenges adolescents present to the child protection system when faced with extra-familial harm and the importance of contextual safeguarding were emphasised (MacAlister, 2022). The review acknowledged that the needs of adolescents are often diverse and intersecting, with support and interventions frequently siloed in response to the most pressing need, for example education, police, youth offending, mental health or social care. The review called for radical change in the way early help and family support services and interventions are structured, emphasising their need to be more flexible and fluid for adolescents on the edge of care.

The review also acknowledged that adolescent entrants are a significant, diverse and growing group to enter care each year, thus care as an intervention needs to be

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<sup>2</sup> *What Works for Children's Social Care* and the *Early Intervention Foundation* merged to form *Foundations: What Works Centre for Children & Families* in 2022 (Foundations, 2025).

personalised for adolescents (MacAlister, 2022). Models of shared care could meet the needs of adolescents in and on the edge of care, dismantling the binary conceptualisation of care. Maintaining a focus on the importance of loving and lasting relationships for children and young people, the review asserted that it is the quality and number of these relationships through which success of care should be measured (MacAlister, 2022). This focus emphasised the importance of the care system taking a life-long perspective when thinking about relational needs, and the crucial role care can take in building relationship networks for child and young people in care and care leavers, particularly supporting care leavers who may have formed a lasting bond with their foster carer.

In *Stable Homes, Built on Love* (Department for Education, 2023b), the government set out their support for many of the recommendations put forward by MacAlister (2022). This included support for radical reform to child protection processes – particularly for adolescents, harnessing the potential of family networks as a source of support for children and young people, as-well-as support for recruitment of foster carers for older children and young people (Department for Education, 2023b).

The government also identified three distinct groups for whom the social care system needs to improve – adolescents being one group. The implementation strategy promised £200 million additional investment, which focused on six key areas of improvement - one being ‘putting love, relationships and a stable home at the heart of being a child in care,’ (Department for Education, 2023b, p19). This included exploring levels of interest in creating a lifelong guardianship order, enabling young people in care and care leavers to form a mutual lifelong – and legal bond – with a significant adult in their life, such as a family friend or former foster carer (Department for Education, 2023b). After consultation however, the government agreed to explore ‘non-legally binding policy options, which will offer the stability and security of formalising a meaningful relationship but prevent the risks of a legal agreement,’ (Department for Education, 2023a, p40).

Despite MacAlister positioning his review as ‘the most wide-ranging rethink of children’s social care in more than a generation’ (MacAlister, 2022, p6), the issues raised and solutions put forward are not new. It is also important to note that despite government support for the recommendations, very few changes have as yet been implemented. Bolstering support for children and young people to be looked-after within their kinship networks is however one area that has moved forward, and will feature in the *Children’s Wellbeing and Schools Bill* which is currently with the House of Lords (Department for Education, 2025). In addition, Regional Care Cooperatives, one of the review’s

recommendations for improving recruitment and support for foster carers, have been piloted and are included in this Bill.

## 2.4 Summary

This chapter has given an overview of the legal and policy context governing social work practice with children and young people in care since the introduction of the CA 1989. In doing so, this chapter has specifically highlighted where adolescents, and adolescent entrants to care in particular were present and absent in the policy discourse. Over the decades, and with each new government there are persistent concerns with the quality of care provision and the outcomes for children and young people in care and care leavers. Throughout these cycles of concern, a core tenet remains emphasising that the overarching purpose of the care system is to enable stability for *all* children and young people, irrespective of age or permanence plan. Policy discourse emphasises that this experience of stability is crucial for improving the outcomes of care.

A focus on the needs and experiences of adolescents in care was notably limited, until 2007 when *Care Matters* (Department for Education and Skills, 2007) recognised adolescents in and on the edge of care as a diverse group of young people within the care system who need specific support, for the first time. Next came *The Care Inquiry* (2013) and the ADCS (2013) position statement, which paved the way for the *Rethinking support for adolescents in and on the edge of care* (Department for Education, 2014b). Here adolescent entrants to care were recognised as a distinct group of young people in need of specific support from the care system in terms of providing stability. For some, stability and permanence may be found in long-term foster care and supportive relationships with foster carers are able to provide enduring support after exiting from care (Department for Education, 2015a). For others however, there is an underlying assumption that because adolescents on the edge of care have strong ties with family, they do not need stability and permanence provided through long-term foster care. Instead, this group of adolescents need the binary conceptualisation of care to be dismantled, where foster care as an intervention for family support, could enable them to find stability and permanence within their birth family (Department for Education, 2014b).

This conceptualisation of permanence suggests that the role of foster care for adolescent entrants is multifaceted. Permanence needs to be viewed more broadly as a spectrum when thinking about what foster care can provide for adolescent entrants. Placement stability, and stability in loving and lasting relationships which promote a sense of belonging are

dimensions of permanence which are interlinked. These dimensions can potentially be available for adolescent entrants, whether a foster care intervention is providing a short-term stepping stone to independence or reunification at one end of the spectrum, to providing long-term care into independence at the other.

## **Chapter 3: Pathways, research and outcomes context**

The previous chapter gave a historical overview of the legal and policy developments relevant to the experience of children and young people in foster care since the introduction of the CA 1989, emphasising where there was a focus on the needs of adolescent entrants, and where they were notably absent. A key driver behind the continuous cycle of reviews, initiatives and investment stem from political and public concern that children and young people in care have substantial deficits around a range of psychosocial outcomes, including educational attainment, mental health and wellbeing and rates of offending (Baginsky et al., 2017; Gypen et al., 2017). The research evidence suggests this is due to a range of individual, interpersonal and systemic factors (Prince et al., 2019; Kothari et al., 2020).

This chapter relies on research evidence from the UK, US, Australia and other European countries. The studies are quantitative and qualitative, with the quantitative data including analysis of large national data sets to explore the pathways of children and young people in the care system. Some studies combine this data, with other quantitative data (e.g. standardized measures via questionnaires), with qualitative interviews examining the experiences of key stakeholders. The majority of the qualitative interviews across the studies are with social workers, and a significant minority with foster carers. A small number of studies capture the experiences of adolescent entrants amongst those who entered care in early childhood, there are however no studies which specifically focus on the perspectives of both adolescent entrants to foster care and their foster carers.

Structured around adolescent entrants' pathways into, through, and out of care, this chapter is divided into the following four sections: adolescents in and on the edge of care; adolescent entrants' pathways through care; leaving care; and outcomes of care. Each section will draw on research to contextualise who adolescent entrants are, by exploring their characteristics, needs, and their pre-care, in care, and leaving care experiences. Where adolescent entrants' perspectives are captured in the research, this will be emphasised.

### **3.1 Adolescents in and on the edge of care**

Adolescents in and on the edge of care, as explored in the previous chapter, are a group of young people who have been a particular focus in policy more recently (Department for

Education, 2014b). As noted by Dixon et al. (2015, p18) 'the term 'edge of care' has become general shorthand for defining children and families with a high level of need, such that an immediate or potential risk of family breakdown is present and entry to care is imminent,'.

### *Characteristics and needs*

Child in Need is an umbrella term, capturing the broad range of needs of children and young people who have been assessed by social workers as requiring help and protection because of risks to their development or health under section 17 of the CA 1989. This group includes children and young people on Child in Need plans (CINP), those on Child Protection plans (CPP) and those looked after outside of their birth family in the care system, care leavers and disabled children (Department for Education, 2019a).

The population of Child in Need is aging, with those aged 10 or older accounting for 59% in 2024, an increase from 48% in 2015 (Department for Education, 2024a). In terms of gender and ethnicity, males continue to be marginally over-represented, as do children and young people from all other ethnic groups combined when compared to the overall child population, with the majority (69%) being of white ethnicity (Department for Education, 2024a).

Neglect is defined as 'the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development,' (Department for Education, 2023c, p160). Neglect is the most common form of child maltreatment and the primary reason for social work intervention for all children and young people (Department for Education, 2024a), including young people aged 11-17 on CPP and CINP (Raws, 2018).

Whilst the experience of neglect is widely acknowledged as negatively impacting on the development and consequently the outcomes for children across childhood and adulthood, research evidence is limited on neglected adolescents (Stein et al., 2009; Rees et al., 2011; Hicks and Stein, 2015; Raws, 2018). In studies of serious case reviews in the UK 18% of children and young people who were fatally and seriously hurt were aged 14 or older (Ofsted, 2011), with neglect being a contributing factor, particularly in adolescence (Brandon et al., 2013; Sidebotham, 2016).

Neglect is also often unrecognised and consequently underreported for adolescents (Ofsted, 2018; Royal College of Paediatrics Child Health, 2022). Social care professionals and others more broadly involved in safeguarding young people, find it difficult to identify,



assess and respond to adolescent neglect (Rees et al., 2011; Hicks and Stein, 2015; Naughton et al., 2017; Raws, 2018). Adolescents, it has been argued, do not fit the stereotypical victim of child abuse (Naughton et al., 2017), instead they are often not viewed as children (McMullan et al., 2023), but perceived as independent and making their own choices (Rees et al., 2011) where their behaviour is framed as the problem (Stein et al., 2009; Rees et al., 2011; Raws, 2016; Mason-Jones and Loggie, 2019). Research demonstrates that neglect rarely happens in isolation, but often co-exists with other forms of abuse (Maguire and Naughton, 2016), with a range of individual, family and contextual factors which contribute both directly and indirectly to the experience of neglect in adolescence (Raws, 2018; McMullan et al., 2023). Extra familial risks like child criminal and sexual exploitation, for example, tend to exist in combination with the experience of familial maltreatment and chronic neglect across childhood and adolescence (Hill et al., 2016; Naughton et al., 2017; Mason-Jones and Loggie, 2019; Firmin et al., 2020).

### *Systemic responses*

Adolescents often experience a lack of joined-up services and siloed interventions depending on whether their most pressing need is responded to by children's social care, mental health services, youth justice, or education (Rees et al., 2011; Hicks and Stein, 2015). Whilst the individual needs and family circumstances of these adolescents may be similar, it depends on which services and interventions they have access to, and who responds first which determines whether their needs are met in care, or in the community (Biehal, 2004; Biehal, 2005a; Biehal, 2005b). In co-designed, qualitative research exploring the experiences of support for young people in and on the edge of care by Rehill et al. (2022), workshops and interviews with 24 young people aged 10-17 provided further evidence of these systemic issues. For example, young people emphasised the challenges they and their parents faced in navigating the limited support available at the right time, particularly the challenge of not meeting thresholds to access services, and the inconsistent and at times unhelpful emotional and mental health support (Rehill et al., 2022).

As examined in the previous chapter, the challenges of meeting the needs of adolescents in and on the edge of care has been a persistent policy focus since *Care Matters* (Department for Education and Skills, 2007), with a push in policy to deconstruct the binary conceptualisation of care in the UK, particularly advocating for a more fluid and flexible use of foster care as a family support intervention for adolescents (Department for Education, 2014b). Use of the term 'edge of care' may itself be unhelpful, as an 'edge' of care 'implies

discontinuity between children who enter care and those who stay at home,' (Boddy et al., 2008, p2). However in some European countries (Denmark, France and Germany) there are more diverse range of placement options – for example shared-care arrangements (Boddy et al., 2008).

Evaluations of interventions and models of practice targeted towards adolescents in and on the edge of care in the UK, like the *No Wrong Door* (NWD) model (Lushey et al., 2017) came out of this policy push. The NWD model is a multidisciplinary team being physically located under one roof, enabling an integrated service for young people 12-15 who are in or on the edge of care. NWD enabled young people to develop trusting relationships with professionals who provided wrap-around support, adopting a quick in, slow out approach to managing transitions into-and-out of care which facilitated time and space for more effective planning and decision-making (Lushey et al., 2017).

This evaluation and others have suggested that this integrative approach to services in edge-of-care work overall prevented care entry, reduced placement moves, reduced time in care and reduced re-entries into care – which had clear cost savings implications for social care as well as for the health and police services (Dixon et al., 2015; Fox and Ashmore, 2015; Lushey et al., 2017; McPherson et al., 2018; McPherson et al., 2020; Allain et al., 2023; BurrIDGE et al., 2023).

Taken all together, the characteristics, needs, experiences and the systemic responses to adolescents on the edge of care is multifaceted and complex. Persistent policy drivers centre on preventing an entry to care by finding innovative ways to support adolescents to safely remain at home. However, it remains to be seen whether these models of support prevent a care entry across childhood and adolescence in its entirety, or just delays an entry (Dixon et al., 2015; Lushey et al., 2017; Rees et al., 2017; Sebba et al., 2017; McPherson et al., 2020; Allain et al., 2023).

### **3.2 Adolescent entrants' pathways through care**

With the above pre-care context in mind, adolescents who do enter the care system may be more likely to present with challenging needs, having likely experienced several phases of social work intervention over time, and often several moves within their wider family network (Farmer et al., 2004; Sinclair et al., 2007; Masson et al., 2019). As a result of this, and the experience of adversity, including abuse and neglect, the needs of adolescent entrants are diverse and complex, often presenting with more emotional and behaviour

problems compared to younger entrants (McCarthy, 2004; Sempik et al., 2008; Clarke and Penington, 2021) and more challenging behaviour than adolescent graduates (Sinclair et al., 2007; Olsson et al., 2012). Research by the Children's Commissioner also suggests that adolescent entrants are likely to experience specific vulnerabilities which often require intensive and specialist support and intervention (Clarke and Penington, 2021).

There is often an underlying assumption in practice that adolescent entrants do not need a new family and this frames how social workers conceptualise foster care as an intervention for adolescents on the edge of care, often positioning it as a last resort in terms of permanence (Biehal, 2005b; Sinclair et al., 2007; Boddy et al., 2008; Schofield et al., 2008). An entry to care for an adolescent tends to be crisis-driven, resulting in short-term and insufficient planning (Farmer et al., 2004; Egelund et al, 2010, as cited in Olsson et al., 2012), with only 8% of the adolescents who entered care in research by Biehal (2005b) anticipated to remain long-term. Research exploring care proceedings found that social care professionals were pessimistic about what the care system has to offer adolescent entrants in terms of improving their long-term outcomes, with an Independent Reviewing Officer (IRO) asserting 'the options for a [13-year-old] child [are] quite limited, so although they may be at significant risk, there is not always enough thought about what we're going to do in the future,' (Masson et al., 2019, p79).

Irrespective of the types of permanency care planning systems in place, research by Schofield et al. (2008) reinforced that a foster placement for an adolescent could start off as long-term or as short-term and then work out – or not – rather than the intention always being long-term. Placement practice is complicated by knowledge that having a range of foster placements to meet the needs of adolescents was unusual (Farmer et al., 2004; Biehal, 2005b; Schofield et al., 2008; Larsson et al., 2021). The majority (91%) of fostering services reporting shortages of foster carers for children with particular needs – including adolescents and siblings. This is an increase of 9% from 2021 (Ellis and Williams, 2024).

### *Characteristics and care pathways*

As of 31<sup>st</sup> March 2024 there were 83,630 children and young people in the care system, a slight decrease of 130 children from the previous year, but overall this population has increased year on year for the past decade (Department for Education, 2024b). Seventy one percent of children and young people are of White ethnicity and those aged 10-15

continue to be the largest cohort in the care system, fluctuating between 38-39%, with those aged 16 or older rising from 22% in 2015 to 27% in 2024 (Department for Education, 2024b).

For children and young people entering the care system each year, those aged 10 or older have increased from 45% in 2015, to 55% in 2024. When further differentiated by age, those entering care aged 10-15 continue to be the largest cohort. However the latest data demonstrates that those entering care aged 16 or older (29%) surpassed those aged 10-15 (26%) for the first time (Department for Education, 2024b). It is important to note however, that there has been an increase in unaccompanied asylum seeking children entering care between 2023 and 2024, who are often aged 16 or older, and male, which also accounts for some of the 61% of male entrants, compared to 39% of female entrants (Department for Education, 2024b).

Despite the overall population of children and young people in care steadily increasing over the past ten years, the numbers of children and young people entering care and ceasing to be looked after each year have remained fairly stable (Department for Education, 2024b). Children and young people aged 10–15 years old have remained the largest age group of children and young people both within the entire care population, as well as the largest percentage entering care over the past ten years (with the exception of 2024), suggesting that despite the policy focus on preventing an entry to care, this has not had a significant impact on social work practice. Adolescent entrants therefore, remain a significant population in foster care and their needs, experiences and pathways within and out-of-care are a key area of social work policy and practice.

Foster care continues to be the placement of choice for the majority of children and young people in care (67%) (Department for Education, 2024b), however there has been a slight decrease since 2014 (75%) (Department for Education, 2015b). Foster placements with a relative or friend (kinship) has increased from 20% of all foster placements in 2020, to 24% in 2024 (Department for Education, 2024b).

It is also important to acknowledge that for some children and young people placement in a family context like foster care is not appropriate given their significant behavioural needs (Hart and La Valle, 2015), therefore a small minority of children and young people in the care system (12%) are placed in residential care (which includes secure homes, children's homes and other residential settings) (Department for Education, 2024b). The majority of young people in residential care are aged between 14-17 with an average age of 14.6 (Narey, 2016). Analysis of administrative data in research by Schoenwald et al. (2022) suggests there were 10,046 children and young people living in residential care as of 31st March 2020. 42% of this population were adolescent entrants, described in the research as

those who first entered care over the age of 11 and experienced a residential care placement at some point during their time in care. Whilst foster care continues to be the placement of choice for all children and young people, irrespective of age, adolescent entrants are a significant cohort within residential care.

Longitudinal research, linking administrative data to examine children and young people's pathways through care have emphasised the heterogeneity of the care population (Schofield et al., 2000; Sinclair et al., 2007; Schofield and Beek, 2009; McSherry et al., 2010; McGrath-Lone et al., 2016; McGrath-Lone et al., 2018; Neil et al., 2019; Larsson et al., 2021; Asif et al., 2024; Cashmore and Wulczyn, 2024). By examining pathways through care, these studies have revealed the diverse trajectories for particular groups of children and young people in the care system – adolescent entrants being one of them. A key finding in these studies is that a child's age at care entry determines their likely care trajectory.

Research also suggests that adolescent entrants to care can be broadly divided into two groups: those who stay in care for a short time, and those who stay in care long-term for at least 2 years or more (Sinclair et al., 2007; Neil et al., 2019). Research by Sinclair et al. (2007), which remains the largest study examining children and young people's pathways through care, found that almost half (46.6%) of those aged 10-15 also entered care whilst aged 10-15, and of those aged 16 or older, over half (62.5%) entered care aged 10-15.

In their study of data from a single English local authority, Neil et al. (2019) suggest that this pattern persists, with a significant cohort of young people who enter the care system in adolescence remaining long-term (40%). Adolescent entrants were also the most likely group to return home across all the age groups, but also the most likely to experience difficulties in the family resulting in a re-entry to care, with 5% who left care to live independently re-entering under 18 (Neil et al., 2019; Neil et al., 2020). These findings also emphasised the 'leaving care curve' suggesting that those who return home have a very short time in care, indicating that the likelihood of returning to parents diminish rapidly over time (Rowe et al., 1989; Bullock et al., 1993; Sinclair et al., 2007).

Taken all together, a significant cohort of adolescent entrants remain in care until they reach 18, whilst the most common permanency pathway is a return home. Reunification is therefore an exit from care so will be explored in more depth in the leaving care section later.

### *Specialist models of foster care for adolescents*

Pilots of specialist models of foster care intervention and support for adolescents have been funded by the government, with the aim to meet the diverse needs of children and young people in care, and adolescents in particular. The KEEP foster carer training programme has been designed for carers of children aged three-to-17 years old with the aim to strengthen parenting skills, thus reducing the young person's behavioural and emotional difficulties and increase placement stability. It was often incorporated into the MTFC pilots (Roberts et al., 2016). The evaluation of KEEP suggested that where the programme had been successfully implemented, it has made a positive impact on the behavioural difficulties of young people, bolstered carers' confidence in their parenting skills, and reduced levels of stress which has resulted in increased placement stability (Roberts et al., 2016).

MTFC (Biehal et al., 2011) is a task-centred and time-limited intervention, designed to meet the needs of – although not exclusively – adolescents in foster care. MTFC is an evidence-based model of foster care, developed in the US, drawing on social learning and attachment theories to offer intensive multidisciplinary support within a foster family setting, specifically designed for children and young people with complex emotional and behavioural needs (Biehal et al., 2011). MTFC placements are short-term, usually lasting a year, followed by a short period of aftercare and a supported transition, either onto a new long-term placement, or to achieve permanency through a return to birth family (Biehal et al., 2012). In practice, this transition was complex and often caused unnecessary strain on the relationship between the adolescent and their MTFC carer, which emphasised the importance of clear and supported care planning post MTFC placement (Biehal et al., 2011).

The evaluations of MTFC have demonstrated mixed results. An MTFC placement, in terms of financial costs, is no greater than any alternative placement, including residential care (Holmes et al., 2012). Whilst an MTFC placement showed no statistically significant benefit when compared to usual forms of foster care across all outcomes for adolescents, including education, social adjustment and offending (Biehal et al., 2012; Green et al., 2014), for a subgroup of adolescents who displayed serious anti-social behaviour, an MTFC placement was associated with a reduction in this behaviour (Biehal et al., 2012). However, it is important to note that this evaluation was a randomised controlled trial (RCT), which is a rare approach to contributing to evidence-based interventions in social work in the UK, and there were significant challenges in implementing this study design which contributed to the mixed results (Dixon et al., 2014).

### *Foster placement instability*

One of the major concerns raised in the literature about adolescents in care is instability. The older the child or young person is at when placed is associated with increased risk of a move of placement (Ward and Skuse, 2001; Selwyn and Quinton, 2004; Oosterman et al., 2007; Rock et al., 2015; van Santen, 2015; Masson et al., 2019; Neil et al., 2019). Quantitative research from the US that explored foster placement stability over the first 18 months of entry to care, found that 42.2% - the highest across all of the age ranges - of those who entered over the age of 10 did not find stability (Rubin et al., 2007). Similar results were demonstrated in quantitative research exploring the placements of adolescent entrants to care aged 13-18 in Denmark, which reported that 41% experienced one or more placement moves, with 62% of these unplanned moves taking place within 12 months of entering care (Egelund and Vitus, 2009; Olsson et al., 2012). UK research analysing national and local administrative data sets, suggests that 1 in 3 adolescent entrants experienced 4 or more moves of placement (Neil et al., 2019). Recent data for the Children's Commissioner's Stability Index (Clarke, 2020), emphasised that adolescents are more likely to experience multiple moves of placement in a year, with the highest rates amongst those aged 12-15, who also entered care aged 12-15. Close to 1-in-5 in this group experiencing two or more placement moves (Clarke, 2020).

Only 18 of the 227 adolescents in a Danish study (Egelund and Vitus, 2009; Olsson et al., 2012) were placed in non-kinship foster care, with the majority entering some form of residential care. Similarly, whilst the findings in the research by Rubin et al. (2007) suggest that over half of young people who entered foster care aged 10 or older found stability within 18 months, this group accounted for only 11% of the 729 children and young people in the sample. It is therefore important to note that countries which are geographically close and perhaps seem culturally similar, will differ in terms of their child welfare and foster care policy and practice (Hantrais, 2009). As explored previously, irrespective of age, foster care is the placement of choice for all children and young people in the UK (Department for Education, 2024b), whilst residential care is used more frequently, particularly for adolescents in other countries (Ainsworth and Thoburn, 2014; Whittaker et al., 2022).

Placement instability is widely understood to be the experience of both planned and unplanned moves of placement, resulting in changes of both residency and caregiver for the child or young person in care (Maguire et al., 2024). Research suggests that factors associated with placement instability can be broadly grouped into three interlinked categories: reasons relating to the caregiver; related to the child's behaviour; and systemic

and policy related reasons (Cross et al., 2013). Research by Koh et al. (2014) suggests that placement moves which take place early on are most associated with systemic factors, and changes which take place over time are most associated with factors relating to the young person or carer.

Some research suggests a positive association between a young person's experience of placement instability and the highest levels of mental health difficulties (Beck, 2006; Wigley et al., 2012; McGuire et al., 2018; Asif et al., 2024). However it is unclear whether mental health difficulties were a direct result of the experience of placement instability or an individual risk factor for experiencing instability, or indeed both (Stanley et al., 2005). Research also suggests that instability in care is associated with increased costs in mental health problems (Rubin et al., 2004) with one UK analysis suggesting that instability in care costs over £20,000 more per child per year than stable care pathways across health, social care and the criminal justice system (Curtis and Burns, 2018).

Other research suggests that individual factors, like a young person's pre-care experience of abuse and neglect (Sinclair et al., 2005) and their associated needs and challenging behaviours are associated with an increased risk of instability in care (Ward and Skuse, 2001; McCarthy, 2004; Farmer et al., 2005). Placement instability is a consistent predictor of behavioural difficulties (Strijker et al., 2008; Stott, 2012; Maguire et al., 2024). However, research by Rubin et al. (2007) suggested the experience of placement instability can be unrelated to their experiences of pre-care adversity, thus the experience of placement instability itself can have a significant impact on the behaviour and well-being of children and young people in care. The experience of instability is also associated with an increased risk of continued instability (Oosterman et al., 2007; Strijker et al., 2008).

Quantitative methods drawing on administrative or case file data are utilized in most research on placement instability, and emphasise the range of individual and systemic risk factors associated with increased instability (Oosterman et al., 2007; Unrau, 2007; Koh et al., 2014; Rock et al., 2015). Whilst these approaches have highlighted the inconsistencies and ambiguities in terms of how instability is defined, measured and recorded (Rubin et al., 2007; Rock et al., 2015), they also present a one-sided systemic perspective (Jackson and Thomas, 1999; Bombach et al., 2018). A perspective which fails to capture the often-complex context of placement endings, where the experiences of key stakeholders - children and young people in particular - are absent (Unrau, 2007; Rostill-Brookes et al., 2011).

Research has also emphasised how the experience of placement instability is a process, with different perspectives which hold different meanings for individuals which can change



over time – it is not a one-time event (Egelund and Vitus, 2009; Rostill-Brookes et al., 2011; Khoo and Skoog, 2014; van Santen, 2015; Bombach et al., 2018). The term ‘placement breakdown’ is frequently used in policy and social work discourse, and as asserted by Girling (2019: 137) ‘the term implies a sense of failure, which reflects negatively on the young person and their view of the situation’. When reflecting on their experience of placement moves, young people aged 9-15 growing up in care did not use this terminology, instead they talked about ‘moving’, ‘leaving’ or ‘not being wanted’ (Rostill-Brookes et al., 2011, p111). In research by Girling (2019), young people gave more specific reasons as to why a move took place, sometimes attributing self-blame, highlighting the role of agency in how they made sense of placement moves.

The position of agency is also important to consider here, as placement stability as a systemic performance indicator of success assumes that an unplanned placement ending is a negative outcome and this frames the professional response (Tomlinson, 2008). It is therefore important to understand how young people themselves conceptualise success in foster care (Miller and Collins-Camargo, 2016). Whilst we know that difficult behaviour increases the risk of instability, this may be the only way a young person can communicate (through difficult behaviour) that their needs are not being met in the placement (Egelund and Vitus, 2009; Bombach et al., 2018). For example, 30% of placements where foster carers thought that the child or young person wanted to leave ‘to some extent’ and 50% of placements where foster carers thought they wanted to leave to ‘a greater extent’ ended in an unplanned way (Sinclair et al., 2005). The way a young person feels about the placement is therefore an important factor to consider.

There is a paucity of qualitative research in general exploring the perspectives of those involved in an unplanned placement ending, much less from the perspective of adolescent entrants. There are two qualitative studies which are notable exceptions. One is a US study where the average age of entry to foster care recalled from the memory of the 22 care-experienced adult participants was 11 (with a range of 0-15) (Unrau et al., 2008; Unrau et al., 2010). The other is Swiss research by Bombach et al. (2018) of 12 adolescents and young adults aged 14-32 at the time of interview, which included two case studies of adolescent entrants. Participants in both studies described their experiences of unplanned foster placement endings as a process marked by profound and multi-dimensional losses, which impacted their self-esteem as they felt powerless and unwanted (Bombach et al., 2018), describing a sense of ‘shutting down emotionally’ (Unrau et al., 2008, p1259). This had a lasting impact across adolescence and into adulthood when it came to trusting other people (Unrau et al., 2010). These key themes are emphasised in the two adolescent entrant case studies in Bombach et al. (2018). The process of the unplanned foster

placement endings were described by the boys' as unexpected, despite indicating in interview that they had not settled, or felt like they belonged in their respective foster families. Both endings involved an escalation of offending and challenging behaviour which spiralled to a point of no return, resulting in an abrupt loss for the adolescent, characterised 'by a sense of powerlessness, a lack of agency, [and] a lack of freedom' (Bombach et al., 2018, p51), where no plans were made for the future and the adolescent wasn't involved in the decision to end the placement. Similar views were expressed by adolescents in and on the edge of care in UK research by Rehill et al. (2022), emphasising that if a young person had to move, then they wanted this to be gradual and supported, and to be involved in all decision-making and planning about any changes in their lives.

### *Foster placement stability*

Whilst the rates of placement instability are rightly a concern, many adolescent entrants do find stability in care. In research focusing on the foster placement pathways over the first 18 months for care entrants in the US, whilst a significant group of those aged 10 or older (42.2%) experienced moves of placements, 57.8% did achieve a long-lasting placement which was maintained across the study period (Rubin et al., 2007). Longitudinal survey research in Denmark, examining factors associated with unplanned endings in teenage placements, found that the majority of participants entered care in adolescence. Whilst many experienced several moves of placements, the majority (59%) experienced stable care (Egelund and Vitus, 2009; Olsson et al., 2012).

Research has emphasised a range of factors which promote placement stability for children of all ages which are associated with the quality of the caregiving relationship, particularly the skill of the carer in promoting the young person's development, and their self-esteem specifically (Oosterman et al., 2007; Hemmings, 2011; Koh et al., 2014; Rock et al., 2015; Konijn et al., 2019). Qualitative research by Withington et al. (2016) highlights the role of carers having to simultaneously engage with the young person, with their foster carer role and with the foster care system, and how this complex framework of relationships impacts on placement outcomes. Research has also emphasised how systemic factors, like foster carers' relationships with social workers and the wider care planning and support systems also play a role in placement stability (Fisher et al., 2000; Farmer et al., 2005; Lipscombe and Farmer, 2007; Collings et al., 2020). Foster carers highlight the importance of transparency from professionals, especially with regards to the details of the young person's needs and care plan (Khoo and Skoog, 2014). Research by Farmer et al. (2004) focused

on 68 adolescents aged 11-17 who were newly placed into a medium or long-term foster placement (62% adolescent entrants) to explore what makes foster placements for adolescents' succeed. A key finding indicated that when foster carers were able to parent in a way that was responsive to the young person's emotional age, and were able to hold both the young person's emotional and chronological age in mind in their parenting, this was associated with fewer disruptions (Farmer et al., 2004). This ability of foster carers to be accepting and sensitive in their parenting approach, particularly when caring for adolescents, was also emphasised in research by Beek and Schofield (2004) and Sinclair et al. (2007).

Relationships between children and young people and their foster carers have an influence on developmental outcomes and can buffer the impact of pre-care adversity (Hill, 2008; Withington et al., 2017). Good relationships with carers promote placement stability (Withington et al., 2017), self-esteem (Farineau et al., 2013) and emotional and behavioural development (Southerland et al., 2009). Whilst the role of relationships with foster carers, and how relationship quality is conceptualised will be examined in greater depth in the following chapter, next it is important to explore the two most common permanency pathways for adolescent entrants to foster care: long-term foster care and a return home to birth family.

### *Long-term foster care*

Longitudinal research examining the characteristics of children and young people in long-term care in England by Larsson et al. (2021) found that those placed with non-kinship carers had the highest mean age at the start of their current episode of care, and the highest proportion of adolescents, suggesting that long-term foster care was the most common permanency option for children in middle childhood and early adolescence.

A consistent theme in research exploring the pathways of children and young people in care suggests that finding stability in a final placement – when thinking about outcomes of care – is perhaps more important than the number of preceding placements (Barber and Delfabbro, 2003; Schofield, 2003; Sinclair et al., 2007; Schofield and Beek, 2009). In the third follow-up phase in longitudinal research following the experiences of 52 children in planned, long-term foster care, several of the now adolescent graduates had experienced a number of moves within care (Schofield and Beek, 2009). Despite this, they were now experiencing stable and positive care with foster carers who were better matched to meet their needs, suggesting when 'quality caregiving has not been available in a previous

placement, a move to a new placement, even at 14 or 15, can give the children a fresh opportunity to experience therapeutic care, to belong and to begin to fulfil their potential,' (Schofield and Beek, 2009, p259).

This sense of settling in long-term foster care in adolescence, despite a history of instability, was reiterated and conceptualised as succeeding 'against the odds' in qualitative research exploring the perspectives of foster carers (Oke et al., 2013, p21), and in research where adolescents, and in some cases their carers too were interviewed (Schofield et al., 2011). Whilst adolescent graduates are the main focus of these studies, in Schofield et al. (2011) of the 20 children and young people who were aged 9-17 at interview, five were aged 11 or older when they first entered foster care, so were adolescent entrants.

### *Reunification*

The most common permanency pathway for adolescent entrants is a return home. Research has emphasised that reunification is a complex and inherently risky area of social work practice, with evidence to suggest that children and young people reunified experience more negative outcomes when compared to their peers who remained in care (Taussig et al., 2001; Biehal et al., 2015; Font et al., 2018; Carlson et al., 2020; Esposito et al., 2022; Ford and McKay, 2024). However, reunification remains the most likely permanence plan for children and young people in the care system, and when differentiated by age adolescent entrants are the most likely group to return home across all age groups (Sinclair et al., 2007; Neil et al., 2019; Neil et al., 2020; Larsson et al., 2021). They also experience the highest levels of re-entry to care (Biehal, 2006; Biehal, 2007; Farmer, 2014; Murphy and Fairtlough, 2015; McGrath-Lone et al., 2017; Neil et al., 2020; Ford and McKay, 2024).

Not only are these adolescents likely being exposed to further maltreatment in their family and home community, but their experience of oscillation between home and care also has emotional consequences in terms of persisting experiences of separation and loss (Carlson et al., 2020). Interviews with care-experienced adults reflecting on their experience of multiple foster placement moves emphasised both the physical and emotional dimensions of moving placements, with some asserting that moving back and forth to birth family is experienced in similar ways as moves through care (Unrau et al., 2010).

Research has highlighted inconsistencies in the assessment, planning and preparation for reunification in social work practice (Farmer et al., 2011; Farmer and Wijedasa, 2013; Farmer, 2014; Rahilly and Hendry, 2014). Whilst balancing risk and safety in decision-

making in reunification practice is far from straight forward (Keddell, 2012; Biehal et al., 2015), particularly with adolescents who present a number of challenges to meeting their needs in the care system, it is a worry that the pre-care concerns had been addressed in only 26% of cases in research by Farmer et al. (2011).

Whilst clear planning and preparation, including demonstrated change in parenting capacity is important and promotes more stable reunification (Farmer, 2014; Luu et al., 2022), the involvement of foster carers was often overlooked (Murphy and Fairtlough, 2015). When skilled and experienced foster carers were encouraged to develop supportive relationships with the child or young person and their family, this was associated with fewer disruptions (Farmer et al., 2011; Farmer and Wijedasa, 2013; Mateos et al., 2017; Farmer, 2018; Luu et al., 2022).

Although those aged 12-17 were more likely to experience unstable reunification across the age groups, resulting in a re-entry to care, most did find stability back with a parent (Neil et al., 2020). However, the study suggested that the longer a child or young person stayed in care, the greater the likelihood they would experience a stable reunification, with those who had experienced 2.5 years in care associated with the highest likelihood of reunification stability (Neil et al., 2020). This echoes findings in research examining rates of re-entry to care after reunification (Farmer et al., 2011; Farmer and Wijedasa, 2013; McGrath-Lone et al., 2017; McGrath-Lone et al., 2018) strengthening the evidence which suggests that the experience of longer placements and fewer moves in care increases the likelihood of a return to family remaining stable.

### **3.3 Leaving care**

Research indicates that young people with care experience are at increased risk of homelessness, involvement in criminal justice systems, being not in education, employment and training (NEET), mental health issues and even death in early adulthood (Stein, 2005; Gill and Daw, 2017; Sacker et al., 2021; Office for National Statistics, 2022; Harrison et al., 2023; Department for Education, 2024d). Care leavers' transition from adolescence to adulthood has been described as 'accelerated and compressed' (Stein, 2012, p400), whilst their peers often have the opportunity to experience gradual transitions, and a fluidity of dependence and independence with the support of family into their twenties and beyond (Goldfarb, 2014). In contrast, care leavers are expected to achieve independence much earlier, often without the safety net of family or other support networks (Cashmore and Paxman, 2006). This can be experienced by care leavers as an 'instant adulthood' (Baker,

2017; Atkinson and Hyde, 2019; Marion and Paulsen, 2019; Ofsted, 2022), where they are met with a 'cliff edge' in terms of formal support (Field et al., 2018; Palmer et al., 2022), and where research suggests practice is age, rather than needs-led (Munro et al., 2011; Hiles et al., 2014).

Care leavers often have few direct family or support networks in their community (Cashmore and Paxman, 2006), although some studies have suggested that most are in touch with their families when they transition from care, therefore these relationships continue to be important (Courtney et al., 2007; Wade, 2008). Research has emphasised the importance of supporting care leavers to maintain relationships with siblings (Holland and Crowley, 2013), however some studies suggest that in practice, professionals often don't prioritise this and family members are often missing from the decision-making and transition planning process (Biehal et al., 1995; Marsh and Peel, 1999). Conversely, poor or non-existent family links may contribute to low self-esteem and limited confidence for young people transitioning from care (Mendes et al., 2012).

*Lifelong Links* is a model of practice which 'aims to ensure that a child in care has a positive support network around them to help them during their time in care and into adulthood,' (Holmes, 2020, p8). *Lifelong Links* supports young people to build or rebuild relationships with people who have been important to them across their lives, which includes bolstering relationships with birth family members, and former foster carers. The evaluation of *Lifelong Links* suggested that it improved the outcomes for young people as they transitioned to adulthood as they had a wider support network to draw on (Holmes, 2020; Holmes et al., 2022), and also reduced the risk of homelessness in particular (Sanders et al., 2024b).

The needs and experiences of young people transitioning from care to adulthood are diverse (Dixon and Stein, 2005; Stein, 2005). Whilst there is a high-risk group of young people who struggle, with histories of placement instability and few positive relationships with adults limiting their access to social support and resources (Stein, 2006b; Keller et al., 2007), many young people do experience success, and the experience of consistent support. Having positive relationships with trusted and supportive adults is what makes the difference (Cashmore and Paxman, 2006; Wade, 2008; Collins et al., 2010; Atkinson and Hyde, 2019; Hyde and Atkinson, 2019; Briheim-Crookall et al., 2020; Lynch et al., 2021; Alderson et al., 2023; Feather et al., 2024; Lynch et al., 2024). Research has also highlighted the importance of stable, and continuing relationships in both formal and informal networks of support in scaffolding care leavers through times of transition (Munford and Sanders, 2016; Paulsen and Berg, 2016; Marion et al., 2017; Stein, 2019; Storø et al., 2019; Boddy et al., 2020).

Whilst relationships with carers and birth families are important, the role of relationships with social workers in supporting a young person through the transition to leaving care is also significant, with research suggesting young people often value this relationship, particularly with workers who are honest, reliable, available, responsive and listen – much the same qualities as other relationships (Larkins et al., 2015; Winter, 2015). Research highlights the importance of transition between social workers, particularly at the transition of leaving care which most likely will signal a change in social worker (Dixon and Stein, 2005; Schofield et al., 2012).

Despite care leavers being widely acknowledged as a vulnerable group of young people in need of support, in a multinational review of care-leaving policy and legislation, Strahl et al. (2021) concluded that most countries offer very little support for care leavers beyond the age of 18. Research has highlighted the importance of interdependence framing how care leavers are supported in their transition to adulthood, emphasising the importance of connections and social relations as not only normal, but necessary (Wade, 2008; Cunningham and Diversi, 2013; Munford and Sanders, 2016; Paulsen and Berg, 2016; Hokanson et al., 2019; Stein, 2019). As explored in the previous chapter, formal mechanisms of support for care leavers in England have increased and extended over the years to offer a more gradual transition to adulthood. *Staying Put* is one of these interventions, enabling a young person to remain living with their former foster carer beyond the age of 18, an arrangement which aligns with the extended care approach taken in many other European countries (van Breda et al., 2020; Strahl et al., 2021). Whilst some research suggests that extended care policies have the potential for positive outcomes (Taylor et al., 2024), more research is needed (van Breda et al., 2020), particularly on the lived experiences of care leavers themselves.

### *Staying Put and the importance of relational stability*

One intervention to support care leavers, implemented by the government in response to poor life outcomes is *Staying Put*. This intervention gives a young person the opportunity to remain living with their former foster carer (if they are in agreement), beyond the age of 18, converting the foster placement into a *Staying Put* arrangement until the age of 21. Latest figures indicate that 62% of young people who ceased to be looked after and were living in a foster placement on their 18<sup>th</sup> birthday, and who were eligible for care leavers support, remained living with their former foster carers, and 32% of those aged 19-20 who were eligible also remained (Department for Education, 2024b). The proportions in both groups

have steadily increased each year since *Staying Put* was introduced in the *Children and Families Act 2014* in England.

Similar schemes to *Staying Put*, underpinned by similar aims, but with differences in how they operate, are also in place across the UK (Stabler et al., 2023). A literature review exploring how these various schemes are working across the UK established that research on this topic is limited, with peer reviewed literature virtually non-existent (Stabler et al., 2023). Key themes that emerged included the importance of pre-existing relationships alongside challenges with embedding the schemes related to awareness, finances, training and support for both young people and their carers (Stabler et al., 2023). These echo the views of foster carers captured in the most recent *State of the Nations' Foster Care* report by the *Fostering Network* (Ellis and Williams, 2024). In her doctoral research, Pritchard (2021) interviewed young people to explore their experiences of decision making when considering a *Staying Put* arrangement. This research emphasised the important role social workers have in promoting a young person's agency and participation in decision-making, particularly highlighting the need for greater transparency and empathy by both professionals and foster carers when supporting a young person to navigate future planning and decision-making.

In the evaluation of the *Staying Put* pilot, Munro et al. (2012) highlighted that carers were most likely to enter into a *Staying Put* arrangement when the young person felt part of the family, and similarly young people chose to stay when they felt a sense of belonging in the family. Conversely, there was also evidence to suggest that care leavers with complex histories moved to independence earlier and did not want to stay, emphasising the complexity of relationships and the importance of a mutual understanding (Munro et al., 2012). The evaluation concluded that *Staying Put* has the potential to provide stability and continuing support – including emotional support – for young people who are not ready for responsibilities of adulthood at 18. Evidence from the pilots and other research does suggest that remaining with former foster carers in a *Staying Put* arrangement significantly lowers the risk of homelessness for care leavers, and increases their positive engagement with education, training and employment when compared to their care leaver peers (Action for Children, 2020; Picker et al., 2024; Sanders et al., 2024a).

There are however, inconsistencies with how *Staying Put* arrangements are operationalised and implemented across the country, with research suggesting gaps remain in awareness among both foster carers and young people and inadequate funding from central government, which has financial implications for foster carers, which is a concern for carers (Welch et al., 2018; Ellis and Williams, 2024).



### 3.4 Outcomes of care

A key driver underpinning the policy and subsequent practice of preventing an entry to care, is the widely accepted understanding that when the life chances of care experienced young people are compared with the life chances of those who have been brought up outside of the care system, there are substantial gaps across a range of psychosocial outcomes (Baginsky et al., 2017; Gypen et al., 2017). Outcomes relating to educational attainment (O'Higgins, 2015), mental health and well-being (Meltzer et al., 2003; McAuley and Davis, 2009) and rates of offending behaviour (Schofield et al., 2014; Williams, 2016) for children in care, both during childhood and into adulthood are of concern. As explored earlier in this chapter, whilst the experience of individual factors such as pre-care adversity (such as neglect and abuse) is likely to impact outcomes (Wade, 2024), contextual factors - particularly in-care experiences - also have an impact, with placement and relationship instability being a major risk to psychosocial outcomes (McGuire et al., 2018).

This presents a complex picture, with attempts to separate out the extent to which pre-care adversity and/or the experience of in-care instability and quality of care influence outcomes being examined in research (Rubin et al., 2007; Forrester et al., 2009; Goemans et al., 2016; Staines, 2017; Luke and O'Higgins, 2018; Baldwin et al., 2019). This body of research has emphasised that when the outcomes of young people in care are compared with their peers in the general population, their pre-care experiences are seldom considered. In a review of research, Forrester et al. (2009) found that whilst children entering the care system have high level of needs, over their time in care their welfare improved, suggesting that policy drivers focussing on reducing the use of care are misguided. Whilst measuring a range of outcomes are important, they crucially fail to capture if – and how well – a young person's need for supportive relationships is being met (McSherry and Fargas Malet, 2018; Sprecher and Simmonds, 2021). For example, placement stability is only a measure of success 'if the caregiving relationships are meeting the child's needs to be loved and supported in exploring their world,' (Sprecher and Simmonds, 2021, p3). Thus, placement stability and quality relationships are not necessarily congruent.

#### *Educational outcomes*

The large-scale study of educational outcomes by Sebba et al. (2015), for the first time linked national care and educational data sets to explore the educational pathways and key factors impacting educational attainment at the end of KS4 for children and young people

in care. Five distinct groups were identified: three groups differentiated by length of time in care; one group of children and young people receiving Child in Need social care involvement, and one comparison group of children and young people with no social care involvement. The educational pathways of adolescent entrants were captured in two of these groups. Both groups entered care aged 11 or older, one group having been in care for less than 12 months at the end of KS4 (adolescent entrant short-term), and the other over 12 months (adolescent entrant long-term).

When comparing the differences in attainment (captured in the number of GCSE points achieved in the young person's best 8 subjects), it is not unsurprising that the comparison group with no social care involvement achieved the highest across all the groups (Luke et al., 2015). This analysis combined the group of adolescent entrants who had experienced over 12 months in care, with the group of adolescent graduates who entered care under the age of 11 and had been in care for over 12 months. It is important to note however, that adolescent entrants accounted for 47% of this broader group. This combined group of young people achieved the highest level of attainment when compared to the other two groups who had social care involvement, achieving close to 3 whole grade improvements higher compared to the Child in Need group. The adolescent entrant short-term group fared the worst, with the Child in Need group achieving close to 6 grade improvements higher and the combined group of long-term adolescent graduates and entrants achieving 9 grade improvements higher than the adolescent entrant short-term group.

It is widely accepted in public discourse that the educational attainment gap between young people in care and their peers widens over time (Luke et al., 2015). Conversely, when standardised test scores of the five groups of children and young people were compared across all key stages, those who had social care involvement at the end of KS4 were already achieving considerably below their peers (Luke et al., 2015). This suggests that educational disadvantage starts young, and for the comparison group, early educational success seems to offer a stable foundation from which to develop across their childhood, with a cumulative improvement in educational outcomes across each key stage. When comparing attainment progress between KS3 and KS4, and overall attainment at KS4 between all the groups with social care involvement, the adolescent entrant long-term group achieved the highest, and the adolescent entrant short-term group the lowest (Sebba et al., 2015). The adolescent entrant short-term group also saw a significant decline in attainment between KS3 and KS4, which is perhaps a reflection of the challenges of entering care during the crucial GCSE years. The most recent Department for Education data also reflect a similar picture. When comparing progress 8 scores which capture the progress from end of KS2 (11 years old) and end of KS4, young people who had been in care for at least 12 months performed better

across the in care and other social care involvement groups, and adolescent entrants looked after for less than 12 months fared the worst (Department for Education, 2024c).

Taken all together, this evidence presents a complex picture of the associations between care and educational outcomes, aligning with other research which has emphasised the complexity of these links (Gilligan, 2007; Rees and Munro, 2019). Whilst it might be expected that the comparison group had the best educational outcomes, comparing with the Child in Need group – arguably a more comparable group in terms of needs and experiences - and differentiating the young people in care by length of time in care, revealed complex and more nuanced educational pathways. For some young people, the findings suggest that an entry to care is a protective factor on educational outcomes, with a longer stay in care associated with consistently better progress and attainment when compared with the other groups with social care involvement, suggesting that an entry to care has a positive impact on education overtime, with the qualitative data emphasising that an entry to care had been positive educationally (Sebba et al., 2015). There is, however a great variability in the outcomes for young people in care or in need, suggesting there may be subgroups of young people within each group with distinct experiences and educational pathways. For example, the impact of the experience of abuse and neglect (Berridge, 2007; Wade, 2024) will likely be an individual factor for all of the groups with social care involvement, as will navigating separation and loss from family for those young people in care. There are also contextual factors to consider, for example the often-multifaceted experience of instability in care, with changes in placement, school, support network and social workers (McGuire et al., 2018; Hanrahan et al., 2019).

### *Higher education*

This gap in educational performance continues into adulthood with only 6% of care leavers aged 19-21 years old known to be in higher education, and 21% known to be in another form of education (Department for Education, 2024b). 25% were in training or employment and the majority (39%) were NEET (Department for Education, 2024b), compared to around just 8% NEET of all young people aged 16-18 years old (Department for Education, 2024d), and 13.2% all of young people aged 16-24 years old (Office for National Statistics, 2024). However, research linking broad data sets to follow individual care leaver journeys across secondary and into higher education, suggests that nearly 12% of care leavers are participating in higher education (Harrison, 2019). These findings reveal a more complex picture of the relationship between higher education and care experience.

It is, however, important to note that the 6% of care leavers in higher education headline, is a snapshot in time which only captures the experiences of those young people with care-experience who were in a position at 18 – following a normative timeframe – to enter higher education. As explored in the previous subsection exploring attainment and progress at KS 4, this group of young people is likely to be limited. Conversely, the 6% headline is also a snapshot of participation only, and does not reflect the pathways of up to 20% of care leavers who enter higher education and withdraw (Harrison, 2017).

Qualitative research drawing on the experiences of 18 care-experienced adults in Ireland, extends this knowledge base by presenting the diverse educational pathways, and the influence of a range of individual, relational and contextual factors on these trajectories across the life course (Brady and Gilligan, 2019; Brady and Gilligan, 2020a; Brady and Gilligan, 2020b). For example, four educational pathways were identified, two which suggested that some care leavers are able to follow a typical pathway into higher education, whilst others experience a range of short-term and long-term disruption, before returning to education in adulthood (Brady and Gilligan, 2019). Irrespective of pathway, the role of individual agency and support from familial relationships (including from former foster carers) were key factors which shaped educational trajectories into adulthood (Brady and Gilligan, 2020a; Brady and Gilligan, 2020b).

### *Mental health and wellbeing*

In the UK, children and young people with care experience are nearly five times as likely to have at least one mental disorder diagnosis (Meltzer et al., 2003; Ford et al., 2007), three times as likely to have a suicide attempt (Evans et al., 2017), and are more likely to experience poor well-being, bullying and have poor relationships with peers (Long et al., 2017) compared to children and young people in the general population.

The wellbeing of children in care is captured by measuring their emotional and behavioural health using the Strengths and Difficulties Questionnaire (SDQ) (Goodman, 2001) as recorded by a main carer. In the most recent Department for Education data, children and young people in care aged 5-16 scored an average of 14.7, an increase from the previous year, and an increase from 14.1 in 2020 – all indicating borderline scores. Young boys were more likely than young girls to have scores which were a cause for concern, but in adolescence this trend switches, with girls aged 15 and 16 more likely to have scores which were a cause for concern compared to their male peers (Department for Education, 2024b). Research has raised concerns about the use of the SDQ and inconsistencies in SDQ scores

informing care and placement planning decision-making (Milich et al., 2017; Ryder et al., 2017).

The duty to consider well-being in all their interactions with children in care was introduced in the *Children and Social Work Act 2017*. Despite this consistent emphasis on promoting the well-being and mental health needs of children and young people in care in policy, however, the day-to-day experience of accessing support is problematic. For example, research (McAuley and Davis, 2009; Luke et al., 2014; York and Jones, 2017) has highlighted persistent challenges associated with assessing and identifying the mental health needs of children and young people in care. This, as well as the challenges associated with navigating threshold eligibility criteria, particularly in the context of placement instability, presents significant barriers to accessing timely and appropriate services and interventions (Ward and Skuse, 2001; York and Jones, 2017).

Children and young people with mental disorders are also more likely to experience challenges in education, with their health and have social difficulties (McAuley and Davis, 2009). Research has also demonstrated the link between early childhood experience of adversity and risk behaviour, for example truancy, offending, substance misuse and being missing from care, in adolescence (Hanson and Holmes, 2014).

Whilst the adverse experiences of children and young people prior to entering care is a contributing factor to poor psychosocial outcomes (McAuley and Young, 2006; Lansdown et al., 2007), their experiences of instability whilst in care is also a considerable risk factor associated with poor psychosocial outcomes (Beck, 2006; Wigley et al., 2012; Sinclair et al., 2016). Experiencing continuity in stable placements, and developing positive and supportive relationships is crucial for children and young people to make progress in their well-being (Luke et al., 2014). Research has also explored what makes life good for children in care and care leavers, capturing their perspective of their subjective well-being, emphasising the central role of supportive relationships (Briheim-Crookall et al., 2020).

### *Offending outcomes*

Research suggests that 6.5% of all children and young people in care aged 10 or older, irrespective of length of time in care, have offended (Williams, 2016) and approximately 30% of children and young people in custody have been looked-after (Murray, 2012). Children in care (who have been looked after for at least 12 months) are five times more likely to offend than children in the general population (Ministry of Justice, 2018c), and 52%

of adults with care-experience had criminal convictions by age 24 compared to 13% of adults without care-experience (Office for National Statistics, 2022).

There are a range of individual and contextual factors which contribute to these offending rates. For example, a young person's experience of neglect and abuse prior to entering care are significant risk factors associated with offending behaviour (Malvaso et al., 2022; McLachlan, 2024). However, there are also certain aspects of the care system that might exacerbate or bring about offending behaviour, for example placement instability (Munro and Hardy, 2006). Children in residential care are six times more likely to be criminalised than children in other placements (Day, 2021). Conversely, research by Darker et al. (2008) suggested that an entry into care did not change the offending behaviour for the majority of young people in their study, it did highlight the challenge of interventions effecting change where offending behaviour is entrenched prior to placement. It is also important to note that an entry into care in adolescence, when coupled with the experience of stability and quality relationships with carers, where engagement in education and other constructive activities are encouraged, can reduce the risk of offending (Schofield et al., 2014).

### **3.5 Summary**

This chapter has used research to contextual the pathways into, through and out of care for adolescent entrants. In part a consequence of the concerns for the outcomes of care, coupled with an underlying assumption that adolescent entrants do not need a new family, foster care as an intervention is often positioned as a last resort in terms of a permanence option (Biehal, 2005b; Schofield et al., 2008). This conceptualisation of foster care often means that an entry to care is crisis-driven, where the longer-term needs of adolescent entrants are insufficiently considered (Farmer et al., 2004; Schofield et al., 2008). Despite this, adolescent entrants continue to be the largest group of young people entering care each year (Department for Education, 2024b). Their experiences in care can be broadly grouped into two pathways: those who stay in care for a short time, where permanence is either achieved via reunification with birth family or onto independence; and those who stay in care long-term (Sinclair et al., 2007; Neil et al., 2019; Neil et al., 2020).

Irrespective of pathway, research suggests that as a group, adolescent entrants experience the highest levels of instability in care (Rubin et al., 2007; Egelund and Vitus, 2009; Olsson et al., 2012; Neil et al., 2019; Clarke, 2020), and are most likely to re-enter care following reunification with family (Farmer, 2014; Biehal et al., 2015; Murphy and Fairtlough, 2015; McGrath-Lone et al., 2017; Neil et al., 2020; Ford and McKay, 2024). Research has

demonstrated that the experience of high quality relationships – particularly with foster carers – is an important protective factor in relation to the concerns of the poor psychosocial outcomes of children and young people in care (Oosterman et al., 2007; Hemmings, 2011; Koh et al., 2014; Rock et al., 2015). The experience of support, particularly relational support is also associated with more successful transitions from care to adulthood for care leavers too (Cashmore and Paxman, 2006; Briheim-Crookall et al., 2020; Feather et al., 2024; Picker et al., 2024).

However, systemic and standardised outcome measures only capture a snapshot in time, usually within a normative timeframe, which fails to account for the impact of pre-care adversity. Whilst it is important to acknowledge the risks children and young people in care experience, this needs to be balanced with recognition of the structural inequalities and complex challenges these young people have to navigate across their lives (Bakketeig et al., 2020). It is therefore crucial to understand the subjective experiences of people with care-experience. There is a growing body of research focussing on the subjectivities of people with care-experience, for example how they view their wellbeing through the lens of what makes their everyday experience 'good' (Briheim-Crookall et al., 2020), the importance of experiencing normative family life whilst in care (Reimer, 2017; Boddy, 2019), and the importance of time (Reimer and Schäfer, 2015; Brady and Gilligan, 2019; Brady and Gilligan, 2020a; Brady and Gilligan, 2020b). From this perspective, outcomes of care are conceptualised as evolving, rather than static end points (Boddy et al., 2020).

## **Chapter 4: Theorising adolescence and fostering relationships**

The previous two chapters have given an overview of both the legal and policy context and the pathways, research and outcomes context concerning foster care for adolescent entrants. This chapter will examine adolescence and the role of relationships between adolescent entrants and their foster carers through a developmental lens. The chapter begins with an overview of adolescence and emerging adulthood and the associated key tasks of these developmental stages. Next, this framework will be used to examine the role of foster care for adolescent entrants, with a particular focus on how commitment is conceptualised in foster care and how fostering relationships are experienced over time.

### **4.1 Theorising adolescence and emerging adulthood**

Whilst specific definitions of adolescence are debated, it is generally accepted as a transitional period of developmental growth, in terms of important physiological, neurobiological, cognitive and psychosocial changes, that occur on the journey from childhood to adulthood (Bonnie and Backes, 2019). This transition is a process not a single event and is different for every person so it is difficult to define it by chronological age only (Cocker et al., 2024). For example, medical research evidences that a young person's brain development continues into their mid-twenties (Sawyer et al., 2018). Advances in neuroscience suggest that this period from around the age of ten and spanning into early adulthood, is a rapid and dynamic period of brain development, often referred to as a window of opportunity (Balbernie, 2001; Bretherton and Munholland, 2016; Griffin, 2017), because it is a period of time 'when the brain is uniquely primed by neurochemical changes to make use of social cues for learning,' (Denworth, 2021, p56).

This is a period of opportunity characterised by an increase in independence and exploration (Patton et al., 2016; Dahl et al., 2018), and whilst relationships with peers become a particular focus (Meeus et al., 2005; Becht et al., 2017), family relationships continue to be important (Bonnie and Backes, 2019; Latimer, 2020). Along with these opportunities for growth, adolescence is also a time of considerable vulnerability and risk, where experimentation and risk-taking behaviour increases (Calkins, 2010; Rudolph et al., 2017; Crone and van Duijvenvoorde, 2021).

It is useful here to consider a life stage introduced to developmental theory by Arnett (2000) – emerging adulthood – which is a framework for understanding a prolonged transition to



adulthood. Arnett posited that five dimensions capture this distinct developmental stage, suggesting that emerging adulthood is the age of: explorations; instability; self-focus; feeling in-between; and possibilities (Arnett, 2004). Cocker et al. (2024) note that emerging adulthood is a cultural construct, which reflects the changing life patterns in western societies over the past five decades, where more adolescents are entering higher education, and young adults are living with parents for longer than previous generations. This experience is not universal, and will depend on an individual's access to various resources, with critics suggesting it is ethnocentric as well as social class and gender specific (Hendry and Kloep, 2007; Côté, 2014). Arnett (2007) does recognise that individual characteristics, for example ethnicity and socioeconomic status are likely to impact their experience of this life stage. Some groups in particular – care leavers, young offenders, those with additional needs arising from disability and mental health - are likely to experience this stage negatively. For example, as explored in the previous chapter, care leavers may face challenges as they often lack the formal and family and personal resources, which are crucial in terms of supporting an extended transition to adulthood (McGhee and Deeley, 2022).

#### *Intrapersonal exploration: Risk, agency and identity*

As noted by Bonnie and Backes (2019), adolescents must explore and experiment, which involves taking risks, in order to build the emotional, social and cognitive skills required for successful adult development. Risk-taking behaviour in adolescence is driven by an increase in impulsivity and seeking out novel and exciting experiences despite the risks (Steinberg, 2008; Romer et al., 2017). This, along with developing a more stable sense of agency, self and identity, are key developmental tasks of adolescence (Schwartz et al., 2005; Bonnie and Backes, 2019). These key concepts are contested and situated within broader literature on adolescence, for example youth studies (Cieslik and Simpson, 2013). In this body of literature, agency and identity are not depicted as neutral, static psychosocial concepts, but are shaped by the contexts in which they are applied. Thus, a wider literature base suggests that these concepts are socially constructed, relational and shaped by power structures and discourse and as such have the potential to be both a source of strength or stigma, particularly when thinking about the needs and experiences of children and young people in care (McMurray et al., 2011; Fieller and Loughlin, 2022; Janzen, 2022).

Erikson's theory of psychosocial development is important to consider. It consists of eight distinct stages across the lifespan, each characterised by a specific psychosocial crisis and associated chronological period of time, where a successful crisis resolution is crucial for

healthy development (Erikson, 1968). For Erikson (1968) the central task of adolescence is to develop a coherent and stable sense of self. This is an active process of exploration, where Erikson emphasised the importance of 'psychosocial moratorium' which is a 'socially-sanctioned' specific period of time, for adolescents to consider identity and their future, without the pressures of adult responsibilities and roles (Benson and Bundick 2020, p197). Although preceding the development of Arnett's work by several decades, this active process of exploration identified by Erikson as dedicated to navigating identity, aligns with the concept of emerging adulthood (Arnett, 2000).

Whilst critics of Erikson and other age-stage theories suggest that these frameworks for understanding development are linear, culturally biased, normative and do not account for intersectionality (Hendry and Kloep, 2007; Pelaez et al., 2008), Erikson's focus on the significance of identity formation in adolescence has endured over the decades (Benson and Bundick, 2020). Marcia's (1966) four statuses of identity development (foreclosure; identity diffusion; moratorium; and identity achievement) builds on Erikson's work. Marcia (1966) focusses on the process and the specific ways adolescents and adults explore and their commitment to dimensions of their identity at each status. Rather than identity formation being tied to fixed sequential ages and stages, for Marcia (1966) an individual can be at any of the four statuses – and these can be revisited and re-examined – at any point across the lifespan.

Whilst identity refers to navigating *who one is*, and could encompass multiple and intersecting identities (Crocetti, 2017), another significant challenge during adolescence is building a sense of agency (Zimmerman and Cleary, 2005). Agency broadly captures an individual's belief about and ability to influence their life (Schwartz et al., 2005) and shape the course of their development across the life course (Bandura, 2005).

For Bandura (2006), agency has four core dimensions: intentionality; forethought; self-reactiveness; and self-reflectiveness. These core properties emphasise that individuals 'do not operate as autonomous agents', and neither is their behaviour passively shaped by their environment (Bandura, 2006, p165). Instead, the role of agency in adolescent development is produced through the reciprocal interplay of intrapersonal, behavioural and contextual factors (Bandura, 1986). Critics have argued that agency as a concept is culture-bound (Markus and Kitayama, 2003), and as Hutchison (2018) notes, agency has limits constrained by the structural and cultural influences of the time.

### *Relational exploration: Attachment, autonomy and independence*

A central principle of developmental theory suggests that ‘the kind of adult into which we grow is not only a product of our biological nature, it is also the result of a myriad interactions we have with those around us throughout the formative years of our psychological development’, (Howe, 1995, p1).

Attachment theory, originated by Bowlby (1951) as a framework for understanding relational development, is important to consider here, as our early relational experiences with caregivers shapes our intrapersonal development and patterns of relationships in adolescence and across the life course. Responsive, reliable, consistent and available caregivers allow the infant to develop security. The child learns that the caregiver is trustworthy, which creates a secure base from which to confidently explore their environment, learn and builds the foundation for ongoing development (Bretherton, 1992; Hughes, 2004). This experience of a secure base becomes an internalised process of mental representation – or internal working model (IWM) – which becomes the framework for the child’s understanding of self, others and relationships, now and in the future (Bowlby, 1982).

Developed empirically by Ainsworth and Bell (1970), there are four dimensions of caregiving, each linked to a developmental benefit, associated with creating a secure-base. These are: availability; sensitivity; acceptance and cooperation. From analysing the infant responses to separation from their mother in the ‘strange situation’ experiment (Ainsworth et al., 1978), three distinct types of attachment behaviour were identified: secure; insecure ambivalent; and insecure avoidant. In subsequent research by Main and Solomon (1986) a fourth attachment pattern of insecure disorganised/disorientated was added.

In infancy, the balance of exploration with the need for attachment is associated with differences in security, and characterised by synchronised interactions between parent and infant (Allen et al., 2003). In adolescence, it is useful to understand this balance between autonomy and attachment processes as a ‘negotiated effort’ (Allen and Tan, 2016, p400), framed by a shared goal of supporting the adolescent’s need for autonomy, exploration and evolving independence (Sroufe et al., 2005). As noted by Allen and Tan (2016) despite the likelihood of diverging perspectives, a mutual openness to communication and a willingness to manage conflict which allows the adolescent to build independence whilst also maintaining the parent-adolescent relationship, is fundamental to navigating this process.

Another significant area of change in adolescence is characterised by flexible and multidimensional attachment hierarchies (Bowlby, 1982), where peers and over time

intimate partners enter the hierarchy (Zimmermann, 2004; Rosenthal and Kobak, 2010; Allen and Tan, 2016). Adolescents also develop the capacity to re-evaluate attachment relationships, and are able to move away from idealising the parent, and seeing them in both positive and negative ways (Steinberg, 2005). It is this capacity to re-evaluate which opens up opportunity for change in IWMs and associated attachment patterns – they are not necessarily fixed ‘to mirror exactly the qualities of their past attachment experiences,’ (Allen and Tan, 2016, p402).

### *Systems, contexts and temporality across the life course*

Whilst the role of intrapersonal and relational factors in adolescence have been examined, wider systems and contexts also influence development. The family is one such important context, often characterised by an idealised mother and child relationship where biological ties are assumed, which is central in popular ideology and policy discourse (Holland, 2010). In research exploring children and young people’s perspectives on family, being physically and emotionally available to provide unconditional love, care and support, rather than the existence of genetic or biological ties, was central to their conceptualisation of family (Morrow, 1998; Anyan and Pryor, 2002; Rigg and Pryor, 2007).

This aligns with the concept of kinship, originated in anthropological theory and research (Lévi-Strauss, 1969), which captures the experience of networks of close relationships that exist beyond blood ties. Meanings of kinship suggest that families are not just constituted through a biological connectedness of ‘being’ family – but a matter of deliberate choice. Family is therefore socially constructed through the active process of the day-to-day rituals and routines of ‘doing’ family, rather than family being a fixed structure (Gubrium and Holstein, 1990). Through these acts of ‘doing’ family as an active process, a sense of belonging, a shared identity and important relationships are solidified (Fisher, 2003).

Morgan (2011) asserts that conceptualising family as an active process highlights the fluidity of ‘doing’ family, which has the capacity to shift over time and space, as well as being firmly rooted in individual history and biographies across the life course and generations (see also Charles et al. (2008) and Dermott and Seymour (2011)). Building on the concept of ‘doing’ family, Finch (2007), argues the importance of ‘display’ in the experience of family. The process of ‘display’ encompasses how people and groups of people demonstrate to one another and outside audiences the ‘doing’ of family practices, thus confirming that we are family (Finch, 2007).

Bronfenbrenner's later work emphasises the importance of process, person, context and time (PPCT) in terms of human development across the lifespan (Bronfenbrenner and Morris, 2006). Building on his original work on the ecological model (Bronfenbrenner, 1979), which highlighted how development is influenced by an individual's interaction with the nested systems or contexts in their environment, the PPCT model emphasises the key role of proximal processes in development (Bronfenbrenner, 2005; Bronfenbrenner and Morris, 2006).

This focus on proximal processes acknowledges the importance of the characteristics the developing individual brings to their development, emphasising the role of agency (Bronfenbrenner and Morris, 2006). Attachment theory is widely considered a key component and complimentary framework to the PPCT model (Hayes et al., 2022), which emphasises the central role of relationships in development, and as Bronfenbrenner states 'every child needs at least one adult who is irrationally crazy about [them],' (Brendtro, 2006, p163). With this in mind, the PPCT model helps to contextualise IWMs, demonstrating the interconnections between person, processes, contexts and importantly the role of time in influencing the development and sustaining of IWMs (Bronfenbrenner, 2005; Bronfenbrenner and Morris, 2006).

Temporality is also an integral concept in life course theory (Elder, 1994; Elder, 1998). Life course theory, or life course perspective (LCP) 'looks at how biological, psychological, and socio-cultural factors act independently, cumulatively, and interactively to produce great diversity in life course journeys and shape people's lives across family generations,' (Hutchison, 2019, p351).

There are five key concepts: cohorts; transitions; trajectories; life events; and turning points, and six interconnected themes developed by Elder and colleagues which are central to the LCP: interplay of human lives and historical time; timing of lives; linked or interdependent lives; human agency and making choices; diversity in life course trajectories; developmental risk and protection (Elder, 1994; Elder, 1998; Shanahan, 2000). Cocker et al. (2024) note that, when thinking about adolescent development and comparing LCP with the theory of emerging adulthood (Arnett, 2000), LCP acknowledges how lives are historically placed and shaped by social change, but also emphasise the importance of agency, and how factors of structural advantage and disadvantage (e.g. socioeconomic status) influence diversity in life course trajectories.

## *Impact of trauma on adolescent development and the role of resilience*

Whilst the previous subsections have explored crucial dimensions and influences on adolescent development, it is also important to consider the impact of abuse and/or neglect – widely understood as trauma (Becker-Blease, 2017) – shapes development in adolescence and beyond.

Trauma is generally understood to be the experience of harm which has lasting health, economic and psychosocial impacts across the life course (Spratt and Kennedy, 2020). The experience of trauma in childhood and its long-term consequences are multifaceted, and can disrupt core aspects of intrapersonal and relational development, particularly in terms of developing a secure attachment (Cook, 2005).

As explored previously, adolescence and emerging adulthood is a distinct period of development, however children and adults have been the main focus in the conceptualisation of trauma (Kendall-Tackett, 2023). When traumatised children enter adolescence, ‘their troubling emotional, behavioural, perceptual and thinking patterns may seem ‘set in stone’ (Archer et al., 2015, p148). It is important to emphasise that the experience of trauma in childhood is not necessarily determinative and, as explored previously, in terms of neurocognitive plasticity in particular, there is a window of opportunity in adolescence to impact developmental change (Bonnie and Backes, 2019).

With this potential for developmental change in mind, the psychosocial concept of resilience offers a useful theoretical lens through which to understand how the impact of trauma can be buffered against in adolescence. Complementary to attachment theory, the definition of resilience encompasses the ability to succeed despite the experience of adversity, trauma and stress (Rutter, 1981; Rutter, 1985). It is not just a personal trait, but an interactive and dynamic process that can change and evolve over time. Resilience is about an individual’s ability to adapt to psychosocial risk experiences and achieve positive outcomes despite these challenging experiences (Rutter, 2012).

### **4.2 Theorising foster care with adolescents**

Research suggests that children and young people in care experience higher levels of complex trauma when compared to their peers outside of the care system (Greeson et al., 2011; Fergus et al., 2017). With this in mind, and drawing on the developmental and

relational framework set out in 4.1, this section will apply this lens to explore the experience of foster care for adolescent entrants.

*Relational exploration: Belonging, doing family and commitment*

Understanding the 'doing' and 'display' of family is particularly important when thinking about the experience of adolescent entrants to foster care – an intervention characterised by the separation from one family and placement in another. Drawing on Morgan's (2011) conceptualisation of temporality and spatiality in theorising family, Boddy (2019) applies this to the complex decision-making process and experience of being 'placed' and what this means for the experience of 'family' for children and young people in the care system. Boddy (2019) asserts that when a young person is placed in care, how they experience family in their everyday lives – both whilst in care, beyond care and across their life course – will be shaped by policy and care placement planning, as well as social work practice.

This is particularly important for adolescent entrants to foster care, where relationships with family will likely continue to be important whilst simultaneously difficult and strained, presenting challenges for adolescents when navigating being part of both their birth and foster family (Stein, 2006a; Stein, 2008; Thoburn, 2008; Wade, 2008; Iyer et al., 2020). This experience is further complicated by the ambiguity and uncertainty inherent in the likelihood of a permanence plan being either reunification or remaining in long-term foster care for adolescent entrants, coupled with the likelihood of having to navigate being part of multiple foster families in the context of placement instability.

Despite the complexities of navigating a sense of belonging to both birth and foster family, many studies have suggested that children and young people in foster care have managed this successfully (Gardner, 1996; Gardner, 1998; Schofield, 2003; Beek and Schofield, 2004; Schofield and Beek, 2005; Riggs et al., 2009b; Ellingsen et al., 2011; Schofield et al., 2011; Sen and Broadhurst, 2011; Wilson et al., 2012; Christiansen et al., 2013; Biehal, 2014; McSherry et al., 2016; Farragher, (2021); MacDonald and Marshall, 2021; Sprecher et al., 2021). Co-operation between birth and foster family is a core mechanism through which a sense of belonging in both families can be supported (Ellingsen et al., 2012).

For children and young people who struggled to develop a sense of belonging in their foster family, foster care was perceived as a temporary stay until they returned to birth family (Ellingsen et al., 2011) or onto independence (Wade, 2019). The experience of instability in care, created a sense of ambivalence in terms of young people's sense of belonging (Wilson, 2013). Chapman et al. (2004) found that whilst the majority (90%) of children

interviewed in research felt close to and part of their foster family, when asked if they could choose to stay with their foster carers or return home only 16% wanted to remain in placement.

Whilst all the studies mentioned above have focussed on the experiences of children and young people growing up in long-term foster, there were also examples of young people finding stability and achieving a sense of belonging in adolescence, despite previous experiences of instability (Schofield and Beek, 2009; Oke et al., 2013). Taken all together, this suggests that the relationship experiences, as well as the 'doing' and 'display' of family for children and young people growing up in foster care are complex and multi-dimensional; they shift and change across time (Boddy, 2019).

### *Foster carer perspective*

This sense of ambivalence and ambiguity is also reflected in the literature around how foster carers conceptualise their caring role with children and young people along the spectrum of professional carer or nurturing parent (Colton et al., 2008; Riggs et al., 2009a; Southerland et al., 2009; Pickin et al., 2011; Schofield et al., 2013; Hollett et al., 2022; Dalgaard et al., 2025).

Foster carers who were able to navigate the changing boundaries and expectations of this dual role in a flexible way, experienced this as enriching rather than a source of conflict or stress (Schofield et al., 2013). However some carers struggled with this dichotomy, which caused stress and impacted their wellbeing (Schofield et al., 2013). This understanding of their role was also influenced by how social workers viewed and supported foster carers (Blythe et al., 2013; Blythe et al., 2014). Hollett et al. (2022) emphasised the dynamic nature of the foster carer role and the importance of support, particularly from professionals, in becoming a professional foster carer. Research by Cooper et al. (2023) highlighted the placement practice tension, when foster carers were expected to demonstrate trauma-informed parenting in their foster caring, but professionals did not reciprocate this approach. For example, foster carers described the uncertainty and powerlessness they felt when social care professionals who were supporting the foster placement emphasised how the fostered child or young person could be moved at any time. This approach was experienced as contradictory and disempowering by foster carers in the study (Cooper et al., 2023).

The role and relationship between birth family and foster family is also important. When foster carers have realistic expectations of the birth family and accept their positive attributes and limitations, this led to a more successful co-operative relationship



(Chateauneuf et al., 2018), or shared parenthood (Cannaert and De Wilde, 2024) in long-term foster care. However, birth parents often felt like failures when comparing their parenting role with the foster carer, and often felt that their knowledge about their children was dismissed by the foster carer (Höjer, 2009; Schofield and Ward, 2011). Bringing both perspectives together and drawing on the sociological theory of ambivalence (Merton, 1976; Merton and Barber, 1976, as cited in Järvinen and Luckow, 2020), Järvinen and Luckow (2020) suggest that the experience of 'co-parenting' between birth parents and foster carers is challenging as these relationships are based on incompatible role requirements.

This ambiguity of the foster care role was described as a 'compromised space' in relation to how foster carers exercise parental responsibility (Oke et al., 2013, p19). Foster carers are parenting within the context of the social care system, which is regulated. Therefore their parenting is under scrutiny; they have to navigate relationships with social workers in their foster carer role as well as many other health and education professionals who are involved in the life of the adolescent (Lewis, 2011; Pickin et al., 2011; Riggs, 2015).

Whilst there has been a focus in supporting children and young people in care to build lasting relationships to support them through to adulthood, this is often experienced as ambiguous by foster carers and care experienced adults alike. Foster carers were cautious in their expectations of what a future relationship might look like, attributing the relationship trajectory as being mostly determined by the young person, which raises important questions around how the potential for life-long relationships between foster carers and young people are being supported by the social care system (Christiansen et al., 2013; Wade, 2019; MacDonald and Marshall, 2021). Similar experiences were found in research drawing on the perspectives of care-experienced adults reflecting over their time in care, where half had inconsistent or non-existent lasting relationships with either birth or foster family (Andersson, 2009).

Farmer et al. (2004) found that foster carers for adolescents described their role in the lives of the young people they cared for in a variety of ways, with very few (12%) aligning it with being a substitute parent. Most conceptualised their role as providing a different family role model to their experience in their birth family (21%), or preparing a young person for independence (20%), whilst others saw their role as providing security and stability whilst it was required (18%). As 62% of the young people in the foster placements were adolescent entrants, this perhaps suggests this group of young people require more fluid and flexible relationships with foster carers incorporating a range of dimensions on the spectrum from professional carer to committed parent (Schofield et al., 2013).

Whilst the majority of foster carers frame their identity as a parent, in research by De Wilde et al. (2019), foster carers differentiated between parenting practices with their biological and foster children. They emphasised how raising children in long-term foster care was a collaborative task, involving a range of people and taking place within a range of contexts, which is a different experience when compared to raising their biological children (De Wilde et al., 2019). They also acknowledged the importance of support, particularly short break support, which enabled the foster family time together without the foster child (De Wilde et al., 2019).

### *Attachment, commitment and the role of agency in fostering relationships*

A child's sense of membership and belonging is assumed within biological family networks, but this sense of belonging for children and young people in foster care is complex as it needs to be promoted, and displayed as belonging in two families. The quality of the attachment in the parent-child relationship relates to the child's experience of the caregiving and the consequences of that. An expectation of lasting commitment and belonging is unequivocal in biological parent-child relationships. In the foster carer-foster child relationship, commitment and belonging are not inherent or guaranteed, instead these dimensions of relationships need to be practiced, displayed and navigated in foster family life.

Beek and Schofield (2004) added 'family membership' as the fifth essential dimension of their Secure base model of therapeutic caregiving. In their model, family membership and belonging fit alongside availability and trust, sensitivity and managing feelings, acceptance and self-esteem, co-operation and feeling effective. Schofield and Beek (2009) drew on Ainsworth and Bell's (1970) caregiving dimensions and applied them in their research on foster care to demonstrate that these concepts are relevant throughout childhood and adolescence, not just in infancy, with new attachments being formed in foster care at any age and offering opportunities to increase a young person's sense of security. Their work is part of a long tradition of positive uses of attachment theory in foster care for children and adolescents (Fahlberg, 1994).

Despite the enduring contribution of attachment theory, particularly in UK foster care policy and practice, it is not without its critics. The primary cultural context (Western, middle-class, White, industrialised society) of the development of attachment theory and its application as a framework for understanding the optimal dimensions of parenting outside of this context has been challenged (Nilsen, 2003; Keller, 2018; White et al., 2019). Keller (2018)

suggests that attachment theory is immersed in a discourse of universality and superiority, which risks marginalising the diverse caregiving practices and values across the majority of the world.

Nilsen (2003) also highlights the importance of context when exploring how the prevalent discourse of attachment is understood in adoption and foster care practice in the US, and how this understanding is a departure from how it is applied in attachment research. For example, attachment focuses on the child's relationship (behaviour and affect) with primary caregivers. However, in popular foster care discourse, attachment is often used as a framework for understanding the child's current behaviour within the context of foster care relationships. Nilsen (2003) argues that within this perspective most, if not all, behaviour or relationship can be positioned as 'attachment related'. This risks framing our understanding of children and young people's behaviour within a circumscribed lens of their early experiences, rather than positioning behaviour and relationships as a process and focussing on the current context.

These critiques highlight the importance of the current context of foster care, suggesting that whilst attachment theory is a useful framework for understanding the impact of early developmental trauma, it should not be applied as a lens to scrutinize the quality of fostering relationships, as it is an over-simplification of the application of the theory (White et al., 2019). In addition, early attachment relationships are not necessarily predictive of later outcomes, therefore an over-reliance on this perspective, could have the (unintentional) consequence of carers being 'stuck' in their thinking, positioning themselves as passive to affect change in a young person's behaviour and relationships (Barth et al., 2005).

Although these critiques raise valid points, they are often referring to the misuse of attachment theory. In attachment theory as presented to foster care practitioners in the UK (Howe, 1995; Schofield and Beek, 2018), it is made very clear that attachment research does not support a deterministic focus on the early years and that secure and insecure attachment patterns can change across childhood. There is also a clear recognition of the importance of context outside of relationships with primary caregivers in terms, for example, of siblings, peer relationships and school experiences (Schofield and Beek, 2018).

Building positive relationships with supportive adults, which included foster carers, was a significant protective factor in promoting better outcomes for children and young people in care and care leavers explored in the previous chapter. Therefore, the role of relationships between adolescents and their foster carers is important, particularly in terms of building resilience (Rutter, 2000; Masten, 2001; Gilligan, 2008), where the role of foster fathers, in particular, has also been emphasised (Gilligan, 2012).

The role of commitment and bonding is another important dimension to consider when thinking about the experience of fostering relationships. Dozier defines commitment 'as the extent to which the caregiver is motivated to have an enduring relationship with a particular child,' (Dozier and Lindhiem, 2006, p340). Commitment, as measured by the 'This is my baby' (TIMB) interview (Bates and Dozier, 2005) has been used to examine foster carer commitment to young children (Dozier and Lindhiem, 2006; Dozier et al., 2007; Jacobsen et al., 2018; Turner et al., 2023). But research has also compared levels of commitment between foster carers and group home providers for adolescents (Lo et al., 2015); and to compare levels of commitment towards individual children (including adolescents) of foster carers in group foster homes (Koren-Karie and Markman-Gefen, 2016).

Findings suggest that high levels of commitment were associated with wanting an enduring relationship, either via adoption or an offer of a long-term foster placement (Dozier and Lindhiem, 2006; Lo et al., 2015; Jacobsen et al., 2018). Conversely, lower levels of commitment were associated with the number of children the foster carers had previously cared for in research by Dozier and Lindhiem (2006). However the length of fostering career and number of children previously fostered was not indicative of the degree of emotional investment for foster carers in foster family group homes (Koren-Karie and Markman-Gefen, 2016).

It is important to keep in mind the specific geographical and cultural context of this research, as despite sharing some similarities with the UK, the function and purpose of the child welfare system in the US is quite different, with foster carers of infants encouraged to adopt the child. However, foster carers demonstrated higher levels of commitment, including the offer of a lasting relationship to the young people (aged 13-17) in their care, when compared to group home providers (Lo et al., 2015). The valuing of 'permanence' as a commitment into the future is a key part of both the UK and US child welfare systems, and therefore remains relevant for adolescent entrants to foster care.

Dozier's concept of commitment (Bates and Dozier, 2005; Dozier and Lindhiem, 2006) has been used in UK research exploring the role of foster carer commitment in short-term placements (Turner et al., 2023), and in research exploring foster carers perceptions of commitment and belonging with adolescent graduates who had settled in long-term foster care, despite previous placement instability (Oke et al., 2013). Although the study by Turner et al. (2023) focussed on young children, whose permanence plans were likely to be adoption, a key finding emphasised how foster carers experienced emotional investment (a dimension of commitment) in the context of short-term placements. This research highlights the potential for children and young people – and importantly adolescent entrants – to

experience committed and emotionally invested relationships with foster carers, even in short-term placements where the commitment to an enduring relationship, in terms of an enduring placement, is not necessarily expected.

Oke et al. (2013) emphasised that commitment and belonging is a reciprocal process. They found that young people played an important role with regards to accepting that they were not going home, accepting their care plan of permanence in long-term foster care and in making an active choice to stay. Carers described a sense of claiming the young person, and at times this was experienced as an instant connection, described in the research as 'clicking' (Oke et al., 2013, p12). This sense of connection seemed to support carers to withstand challenges presented by the young person, particularly when carers perceived a reciprocal sense of commitment, investment and belonging from the young person towards them and the foster family. Carers, however experienced this strong sense of commitment and belonging 'as subversive in relation to what they imagined social workers might want from them in looking after other people's children', (Oke et al., 2013, p14). Carers also described a sense of ambiguity in having 'to accept a 'provisional' relationship with the child, even if long term, with the concern that at some stage the young person might walk away, leaving the carer bereft,' (Oke et al., 2013, p20-21). This ambiguity, inherent in the foster carer role is a persistent theme in other research exploring foster carers experiences (Nutt, 2006; Riggs, 2015; Cooper et al., 2023). This ability to tolerate ambiguity was captured in the concept of 'sticking' with and 'holding on to the good' (Oke et al., 2013, p18) as a means to sustain the hard work of foster caring by retaining a sense of hopefulness.

Carers' feelings of bonding with a foster child or young person – a concept which shares similarities with commitment - is also explored in research by Schofield et al. (2011) and Nicoleau-Poliard et al. (2024). Nicoleau-Poliard et al. (2024) conducted interviews with foster carers of African-American young people aged 12-18 who had been in their care for at least six months. They found that four processes seemed to influence bonding: communicating in conflict with empathy or assertion; sharing personal time; creating rituals; and offering support. Findings also emphasised how establishing trust and a sense of belonging in the foster family for the young person was crucial in navigating the four processes associated with bonding too (Nicoleau-Poliard et al., 2024). This sense of not giving up, and working through conflict and challenging times, and this supporting young people growing up in long-term foster care to build trust, commitment and a sense of belonging in the foster family were key dimensions of fostering relationships in other studies too (Christiansen et al., 2013; Oke et al., 2013; Sprecher et al., 2021).

In research by Schofield et al. (2011), a significant minority of young people interviewed were adolescent entrants. Key findings suggested that older children and young people – including adolescent entrants – can experience messages of permanence, commitment and belonging in long-term foster care, despite (or perhaps in spite of) a care system and social work discourse which often frames foster care as a last resort, in terms of permanence, for this group of young people. This sense of succeeding against the odds for young people, and the role of agency, choice, acceptance and crucially reciprocity in committing to a sense of permanence and belonging in the foster family was emphasised (Schofield et al., 2011). As Schofield et al. (2011) note, in their previous research on planning for permanence in foster care (Schofield et al., 2008), some practitioners suggested that adolescents entering care did not need a ‘replacement family’ because of their ‘strong relationships with their birth family’. However, it was clear from the adolescent entrants in the study that they did benefit from a foster family who could provide stability, love and elements of family membership in close connected relationships (Schofield et al., 2011). Crucially, this study suggested that adolescent entrants can accept and build new attachment relationships with their foster carers and feel part of the foster family, whilst still having close relationships with birth family.

Taken all together, the studies explored in this subsection have highlighted the important role of agency in supporting young people to build secure and lasting relationships with their foster carers in adolescence. Whilst the studies explored in this subsection have not focussed only on the experiences of adolescent entrants, they have highlighted that despite the previous experience of instability, young people can experience commitment and a sense of belonging in a foster family in adolescence.

#### *Intrapersonal exploration: Identity*

Building a sense of identity is associated with achieving positive outcomes for children and young people in care, and is linked to a young person having a sense of belonging and meaning in their life (Moss, 2009; McMurray et al., 2011). Whilst identity is an aspect of intrapersonal development, building and navigating a sense of identity is inherently relational. The experience of positive relationships with significant others, particularly foster carers and birth family for young people in care is crucial for developing a secure sense of self (McMurray et al., 2011; Neagu and Sebba, 2019). Building a sense of identity – a key developmental task of adolescence – requires time and space for exploration, a concept reflected in emerging adulthood as a key developmental stage (Arnett, 2000). For young people in the care system, their experiences of transition to independence is often framed

as an 'instant adulthood', which presents challenges to the conditions of time and exploration required in terms of their identity developmental needs (Stein, 2008). The sense of uncertainty, and the experience of discontinuity, and a lack of time for identity exploration in terms of transitioning out of care for young people could lead to identity confusion (Ward, 2011; Matthews and Sykes, 2012).

Social workers have an important role in supporting young people transitioning out of care to build a positive sense of identity and belonging by promoting their agency by maximising their involvement in decision-making about their future plans (Gaskell, 2010; Holland, 2010; McMurray et al., 2011). Life story work is another area where the role of social workers is vital in terms of supporting identity development for young people in care. The umbrella term 'life story work' describes a range of approaches associated with improving well-being for children and young people in care, by promoting their sense of belonging, identity and relationships with important adults and understanding of their past, present experiences and supporting future expectations (Hammond et al., 2020; Taylor et al., 2022; Kontomichalos-Eyre et al., 2023). Adolescence is a crucial time to target positive identity development, and having an understanding of their past, present and future is particularly important for young people in care who have likely experienced trauma and disruption across their lives, particularly in terms of relationships (Willis and Holland, 2009). Life story work as a formal intervention is often experienced as inconsistent for young people in care, whereas the needs of younger children – particularly in the context of planning for permanence – is prioritised and therefore more easily accessible for younger children (Luke et al., 2014; Hammond et al., 2020; Hammond et al., 2023).

### *Contexts, transitions and temporality in adolescence and across the life course*

LCP is a useful framework for understanding the pathways and outcomes for young people in care – and for adolescent entrants in particular - as it emphasises how experiences and events are connected across the life course (Hutchison, 2005). How a young person navigates their adolescence is influenced by their experiences in childhood, and similarly what happens in adolescence will influence future pathways and trajectories, which is particularly important when thinking about health, well-being and other outcomes (Johnson et al., 2011).

Transitions, trajectories, life events and turning points, core concepts within the LCP, are important to consider when thinking about the experiences of adolescent entrants to foster care. Transitions and trajectories are interconnected, with transitions as entry points to a

new life phase embedded in trajectories (Alwin, 2012; Hutchison, 2019). Diverse trajectories intersect and are intertwined across the life course, e.g. education and family life trajectories (Leong et al., 2014; Hutchison, 2019). Turning points could be triggered by a life event, but are characterised by a lasting change in the life course trajectory, which may involve transformation in an individual's sense of self, and how they navigate opportunity and risk (Hutchison, 2019). As with many of the central concepts in the LCP, it is important to note that turning points may not seem significant when they are experienced in the moment, but become more important and significant over time when reflecting back (George, 2009). Rutter (1996) identified three types of life event turning points, characterised by either opening up or closing down opportunities, having a lasting change on an individual's environment, or having an enduring impact on an individual's sense of self, their beliefs or expectations. As Hutchison (2018) notes, the same life event or transition may be experienced as a significant turning point and change in the life trajectory of one person, but not for another.

With this LCP lens in mind, entering foster care in adolescence is not only a significant transition and life event, but also has the potential to be experienced as a significant turning point and change in life trajectory. Adolescent entrants as a cohort of young people may share similar but also diverse experiences, particularly in respect of how an entry to foster care influences their life trajectories. Three other core themes from LCP are important to consider here: timing of lives; linked or interdependent lives; and human agency in making choices (Hutchison, 2019).

Building on the original work of Elder (1974), timing of lives emphasises the dimensions of age and differentiates between chronological, biological, psychological and social age. Timing of lives is concerned with the individual's age at which significant life events and transitions take place, particularly in relation to normative expectations of these experiences (Hutchison, 2018). This theme is particularly relevant for adolescent entrants to foster care. As explored in the previous two chapters, there is a drive in social policy to prevent an entry to care, and an underlying assumption in practice that adolescent entrants do not need a new family, therefore close relationships in foster care may not be prioritised. Timing of lives is also a useful lens to understand the process of leaving care for adolescent entrants, where social work systems are bound by the legal definition of age, although *Staying Put* has extended our sense of the needs of young adults.

Linked or interdependent lives emphasises the ways in which human lives are reciprocally interconnected across the life course, and 'how relationships both support and control an individual's behaviour,' (Hutchison, 2019, p357). This is particularly relevant when thinking



about the complexity of navigating a sense of belonging in both their birth and foster family for adolescent entrants in care, and in their transition to adulthood.

Human agency in making choices, another core theme from LCP (Hutchison, 2019), draws on Bandura's (2006) conceptualisation of agency in relation to how individuals have influence over themselves and to shape their circumstances. The role of agency has been a key theme when thinking about how fostering relationships are experienced for adolescent entrants.

### **3.3 Summary**

This chapter has presented a variety of theoretical lenses, through which to understand the number of key developmental tasks young people have to negotiate and navigate across adolescence and their pathway to adulthood. As noted by Bonnie et al. (2019), it is widely acknowledged in popular discourse that adolescence is a particular time of risk and vulnerability. This persistence problematises adolescence, and can limit the perceived role of relationships with others and the need for systems to scaffold and support adolescents to thrive (Bonnie et al., 2019). Young people do not enter adolescence as empty vessels, instead they are developing from the foundations laid previously across infancy and childhood, where relationships with caregivers and other contextual and environmental factors are important (Bonnie and Backes, 2019).

This theoretical framework has been used, alongside drawing on relevant foster care research, to examine the experience of fostering relationships between adolescent entrants and their foster carers. The dimensions of belonging and commitment are particularly important to understand in fostering relationships as these are likely to be experienced in different ways when compared with birth family. Research suggests that adolescents, including adolescent entrants, have been able to settle against the odds, and experience a sense of belonging, and a sense of bonding and commitment with their foster carers (Schofield et al., 2011; Oke et al., 2013; Nicoleau-Poliard et al., 2024), but this same research also reflects the interpersonal and systemic challenges.

## **Conclusion of the literature review**

The literature review has demonstrated that despite a persistence in policy focussing on supporting adolescent entrants to safely remain within their family networks (Department for Education, 2014b; McMullan et al., 2023) and subsequent practice on preventing an entry to care, in part a consequence of the concerns for the poor outcomes of care for this group, adolescents continue to be the largest cohort entering the care system each year (Department for Education, 2024b). This suggests that adolescent entrants are a significant cohort of young people entering and therefore in the care system, thus their needs and experiences are important to understand.

Their pathways through care can be broadly separated into two groups: those who stay in care for a short time before returning to birth family or onto independence; and those who remain in care longer-term for at least two years or more (Sinclair et al., 2007; Neil et al., 2019). Adolescent entrants are most likely to re-enter care following a disrupted reunification with birth family (Farmer, 2014; Biehal et al., 2015; Murphy and Fairtlough, 2015; McGrath-Lone et al., 2017; Neil et al., 2020; Ford and McKay, 2024), and irrespective of pathway, adolescent entrants experience the highest number of placement moves in care (Rubin et al., 2007; Egelund and Vitus, 2009; Olsson et al., 2012; Neil et al., 2019; Clarke, 2020).

The experience of high-quality relationships with foster carers is an important protective factor for all children and young people in care, in relation to the poor psychosocial outcomes of care (Oosterman et al., 2007; Hemmings, 2011; Koh et al., 2014; Rock et al., 2015). There is evidence emphasising the importance of relationships with foster carers for children and young people growing up in long-term foster care (Schofield et al., 2000; Schofield, 2003; Sprecher et al., 2021; MacDonald and Marshall, 2021). There is also evidence to suggest that adolescents growing up in care have been able to experience high-quality relationships with their foster carers, despite previous experiences of instability in care (Schofield and Beek, 2009; Oke et al., 2013; Nicoleau-Poliard et al., 2024).

It is important to emphasise that it is the needs and experiences of adolescent graduates which have been captured in these research studies. There is limited evidence capturing the perspectives of adolescent entrants. Whilst the needs and experiences of adolescent entrants are included in research by Farmer et al. (2004) and Schofield et al. (2011), neither adolescent entrants as a group or exploring the experiences of fostering relationships were specific aims in either study. Exploratory research by Rehill et al. (2022) focussed

specifically on the perspectives of adolescents in and on the edge of care, the young people in the study entered a range of placements – foster care included – but their experiences of relationships with foster carers was not a focus. Finally, while the author’s MRes research (Speer, 2017) focussed on the perspectives of foster carers looking after adolescent entrants, adolescent entrants themselves were not included in the research.

Taken all together, this suggests that there is a paucity of research exploring the experience of foster care for adolescent entrants, and much less focusing on the experience of relationships between adolescent entrants and their foster carers. The research presented in this thesis aims to fill this gap by exploring the experience of relationships between adolescent entrants and their foster carers.

## **Chapter 5: Research methodology**

This chapter examines the methodological strategies guiding the qualitative research study. Semi-structured interviews, facilitated data collection and CGT, underpinned by social constructionism, framed the entire research study, particularly the analysis process (Charmaz, 2006; Charmaz, 2014).

First, the research context will be introduced, along with the research aims and questions. Second, the theoretical framework will be explored, justifying the philosophical assumptions guiding the methodological decision-making, approaches and strategies of the research. The third section will outline the practical process of data collection and analysis, including the challenges and ethical considerations, and the fourth section will detail the participants' characteristics.

### **5.1 Research context**

My personal practice experience of working with children and young people in care - adolescent entrants in particular - for the majority of my working life in a variety of settings, including residential care and as a social worker in a LA fostering service, is the motivator for the research topic focus. I experienced the challenges, but also the transformative potential of foster care and relationships with foster carers, particularly for those young people who entered foster care during adolescence. This practice experience, coupled with my MRes research – an exploratory CGT study on the experiences of foster carers caring for adolescent entrants, along with the literature review in this thesis - sets the foundation to this study. This context points to the gap in research and practice knowledge regarding the experience of relationships between adolescent entrants to foster care and their foster carers.

#### *Research aims and questions*

The methodological decisions regarding research design were guided by the following overarching research aims and questions:

### *Research aims*

- To deepen understanding of the experience of foster care for adolescent entrants;
- To examine the role of relationships between adolescent entrants and foster carers;
- To develop conceptual and theoretical insights into how relationships are experienced by adolescent entrants and foster carers;
- To amplify the voices and lived experiences of adolescent entrants to foster care and their foster carers, through the critical lens of relationships, to broaden, reframe and reconceptualise foster care for adolescent entrants.

### *Research Questions*

1. How do adolescent entrants experience their relationships with their foster carers?
2. How do foster carers experience their relationships with adolescent entrants?
3. What role is the birth family perceived to play in the quality of relationships between adolescent entrants and foster carers?
4. How are social workers, and the systems for care planning perceived to impact the quality of relationships between adolescent entrants and foster carers?

## **5.2 Theoretical framework**

Being clear about the philosophical and theoretical assumptions which underpin any research study is crucial to being able to make defensible claims and contributions to knowledge. These positions have implications - both consciously and unconsciously - for how the entire research process, often referred to as the research paradigm (Blaikie and Priest, 2019) is implemented, including decisions made regarding the study's aims, questions, methodology, methods, data sources and analysis (Danermark and Danermark, 2002; Grix, 2010; Bryman, 2016; Silverman, 2017). A research paradigm is 'our understanding of what one can know about something and how one can gather knowledge about it,' (Grix, 2010, p79). These are the ontological and epistemological starting points of how we make sense of our social world.

Within the social sciences there are generally two broad paradigms; positivist and interpretivist, underpinned by clear, yet contrasting ontological and epistemological assumptions (Grix, 2010; Bryman, 2016). A positivist paradigm is broadly focussed on explaining a phenomenon, aligned with more *how* types of enquiries, whereas an

interpretivist paradigm is broadly focused on understanding a phenomenon, aligned with more *why* types of exploration (Mason, 2002; Grix, 2010; Bryman, 2016). However, the above binary distinction is somewhat simplistic, as positivists may also seek to understand and interpretivists to explain in their analysis of the social phenomenon under inquiry (Grix, 2010).

Quantitative research sits within a positivist paradigm, viewing the social world as existing independently of our knowledge of it, focusing on cause and effect and positioning research methods and the researcher as neutral and objective in the research process (Grix, 2010). In contrast to positivists striving for objectivity, qualitative research sits within an interpretivist paradigm, focusing on subjectivity, agency and the way people construct and understand their social world. Interpretivism positions our knowledge of the world as inextricably linked to our experience of it – there is not one reality that exists and can be studied objectively like is assumed in positivism. Instead, fluid and multiple social realities exist and people as social actors are proactively involved in producing and reproducing our social world through interaction, language and discourse, and the meanings embedded in social phenomena are constantly being revised, constructed and re-constructed (Berger and Luckmann, 1966; Burr, 1995; Burr, 2015; Bryman, 2016; Merriam and Tisdell, 2016; Robson and McCartan, 2016).

Social constructionism sits at the interpretivist end of the research paradigm spectrum. In this perspective it is important to acknowledge how cultural, political and historical contexts shape social power structures and processes. It is through social interaction – which takes places within these contexts - that we make sense of our social world, and therefore knowledge and knowledge creation is impacted by these social structures and processes (Andrews, 2012). There is a spectrum of positions within social constructionism with regards to how these contexts – how power and agency is mediated through social structures and processes – are interpreted (Burr, 1998; Willig, 1998; Andrews, 2012). For example, at the radical end there is a complete rejection of the power embedded in social structures and how this is experienced by individuals. Instead, there is a focus on micro-level social interaction and agency. This perspective has implications for how power is experienced and how it creates disadvantage, discrimination and social inequalities (Burr, 2015).

Social constructionism, in this study, acknowledges the impact of wider social structures and how power and agency is mediated. This is particularly significant when thinking about foster care as an intervention, mediated through legislation, policy and processes and the state intervening into private family life.

Congruent with the theoretical framework outlined above, the research aims and specific research questions in mind, a qualitative research design was employed. This approach is 'exploratory, fluid and flexible, data-driven and context-sensitive' (Mason, 2002, p24) and prioritises and values the subjectivity of participants (Bryman, 2016). The choices guiding this research strategy are fundamental to evaluating the overall value of the research, particularly the trustworthiness of qualitative research (Lincoln and Guba, 1985).

### *Introduction to methodologies*

In this section, decisions made regarding the research design will be explored and justified. A variety of qualitative methodologies were considered, but ultimately CGT was the best match. CGT is a methodological framework, not just a method (Charmaz, 2014). It is this distinction which sets it apart from other methods. For example, a narrative approach to data collection and analysis, where participants' stories are units of analysis (Riessman, 2008; Allen, 2017) was considered.

Whilst CGT and narrative approaches have similar epistemological underpinnings, particularly in how they position the role of researcher reflexivity and centring the participants lived experiences – aligning with an aim of this study - there are methodological distinctions. Whilst the interview as method of data collection aligns with both approaches, the understanding of lived experience in a narrative approach focuses on how participants make meaning in how they structure and share their story, often prompted by the researcher asking one broad question (Kartch, 2017). In terms of analysis, whilst there is scope to focus on how the narratives intersect and diverge between groups, in a narrative approach the focus is on meaning making in each participant's story as a whole, in order to preserve story integrity (Parcell and Baker, 2017). In contrast, in CGT the aim is to understand social processes – in terms of this study, to understand how adolescent entrants and foster carers understand relational processes. In the initial stages of analysis the data is fragmented in order to build abstraction and then put back together in the development of shared conceptual categories across both groups of participants – the goal is integration in order to build new theory grounded in the data (Charmaz, 2006).

Finally, thematic analysis shares some commonalities with CGT, particularly in terms of approach to coding interview data (Braun and Clarke, 2013). Coding in CGT however, is action based (Glaser and Strauss, 1967) whereas thematic analysis is more broad and topic focussed. Both a narrative approach and thematic analysis were ruled out as methods in favour for CGT as a methodology which aims to explain relational processes, where

conceptual categories are developed in order to generate a theoretical model, grounded in the data. This methodological approach aligned with the overarching aim of the research, which was to understand and develop conceptual and theoretical insights into the experiences of relationships between adolescent entrants to foster care and their foster carers.

### *Introduction to constructivist grounded theory*

Grounded theory (GT) as a method was established by Glaser and Strauss (1967) in their seminal text *The Discovery of Grounded Theory*. In this they offered a different approach to conducting and conceptualising qualitative research from their predecessors with a focus on 'generating new theory from data, as opposed to testing existing theory,' (Birks and Mills, 2015, p2). Glaser advocated for building useful 'middle-range' theories, consisting of abstract renderings of specific social phenomenon that were grounded in data (Charmaz, 2025, p9). This was a sharp contrast to the broad brush 'grand theories' of mid-century sociology, applying to all societies, but lacking a foundation in systematically analysed data (Charmaz, 2025, p9).

This first generation of grounded theorists integrated two divergent and conflicting traditions within sociology represented by the backgrounds of Glaser and Strauss – positivism and pragmatism (Charmaz, 2014). GT offered rigor and a systematic approach to coding data from Glaser's quantitative training, complemented by Strauss's pragmatist roots. This approach positioned society, reality and self as constructed through interaction, embedded in language, meaning and discourse, and individuals as having agency, rather than being passive recipients of power structures in society. This focus on process and agency, both in terms of approach to data analysis and in making sense of the social world, along with developing theory grounded in the data, was a departure from their sociologist contemporaries (Charmaz, 2014; Birks and Mills, 2015).

It is important to note however, that the originators of GT did head in diverging directions in their developments of the method. Strauss moved away from emphasising emergent theoretical categories and comparative methods (Strauss and Corbin, 1990), instead positioning GT as verificational, by developing additional technical procedures (Charmaz, 2000). This direction Glaser (1992) argued, forces data and analysis into preconceived categories, contradicting the core principles of GT (see Boychuk Duchscher and Morgan (2004); Heath and Cowley (2004); Babchuk (2011) and Howell (2013) for the responses and debates within the GT community).



One of the main criticisms of the first generation of grounded theorists (including the Strauss and Corbin (1990) divergence), is that grounded theory was not positioned as a methodological framework. Instead, they developed various strategies and methods (see Amsteus (2014) for discussion), but the philosophical and theoretical underpinnings of GT were never fully explored<sup>3</sup>. These methodological gaps led GT students to make sense of their philosophical and theoretical positioning, in order to demonstrate rigor in their research (Birks and Mills, 2015). It was this second generation of theorists who developed GT into a methodological framework, underpinned by a range of philosophical and theoretical approaches. There remains however, a core 'constellation' of methods and principles (Charmaz, 2014, p14) essential to a research design in order for the research process and findings to constitute GT (Bryant and Charmaz, 2007b; Spencer et al., 2020).

These core principles guide the entire research process – not just data analysis (Charmaz and Thornberg, 2021):

- Implementing memo writing across the entire research process – central position of researcher subjectivity and reflexivity;
- Iteration across data collection and analysis – employing constant comparison methods;
- Theoretical sampling strategies facilitating 'theoretical saturation';
- Structured, systematic and inductive processes of coding data and generating new theory.

#### *Subjectivity and reflexivity*

Similar to the frustrations of Glaser and Strauss and their motivations for establishing GT, Charmaz (2014) became disillusioned with social constructionist approaches to sociological research. Charmaz (2014) argued that existing GT approaches failed to acknowledge the role of social structure and other contextual factors which impinge across the research process, not least the researcher's role. Rather than acknowledging and grappling with it reflexively, the researcher's subjective positioning in the research process was deemed invisible (Charmaz, 2014).

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<sup>3</sup> Except a brief chapter in the third edition by Corbin and Strauss (2008) acknowledging symbolic interactionism and pragmatism being the philosophical underpinnings of Strauss's iteration of grounded theory methods (Birks and Mills, 2015) (see Chamberlain-Salaun et al. (2013) for discussion). Glaser (2005) even asserted that in taking a specific philosophical position could limit the wide-ranging potential of the grounded theory.

In this significant development of GT, Charmaz (1995; 2000; 2008a) positioned the role of subjectivity and reflexivity as central to the theoretical framework, reinforced in her choice of term 'constructivist', 'viewing the research as constructed rather than discovered fosters a researcher's reflexivity about their actions and decisions,' (Charmaz, 2014, p13). CGT also acknowledged that individuals perceive, interpret and describe the world in ways depending on their particular social, political, historical and cultural lens; these contexts are multiple and varied (Bryant and Charmaz, 2007a; Gilgun, 2008; Charmaz, 2014).

With this in mind, the contextual intersecting relationships (e.g., gender and sexual identity, age, ethnicity, cultural and socioeconomic characteristics) between the researcher and the participants need to be clearly articulated. It is through this subjective lens - shaping the researchers world view (Kacem and Chaitin, 2006) - that the researcher is approaching the entire research process. This transparency is a key determinant in evaluating the overall value of the research, particularly trustworthiness of qualitative research (Lincoln and Guba, 1985; Lincoln and Guba, 1986). The role of subjectivity is often explicitly addressed when grappling with the power dynamics embedded in being an *insider* or *outsider* in relation to the research topic (Målfrid et al., 2016), and navigating the dual identity of practitioner and researcher (Hardwick and Hardwick, 2007; Drake, 2010; Humphrey, 2013; Berger, 2015; Probst, 2015; Arber, 2018).

I identify as female, White British, heterosexual, and from a working-class socioeconomic background. I am in my early forties and became a mother in the later stages of the research process. I am a qualified social worker, with experience of working with children and young people in various care settings, alongside supervising foster carers; I am not however, care-experienced or a foster carer myself. I therefore, acknowledge a moderate insider position, as there is an assumed shared discourse of the challenges and opportunities of the social work context and foster care as an intervention. I share the same gender and sexual identity as the majority of the participants, and just under three-quarters of the participants were also White British (details of sample characteristics in section 5.4). I was also younger than the majority of the foster carers interviewed, but significantly older than the majority of the adolescent entrants interviewed – an experience shared when practising as a social worker.

The ways in which these characteristics intersect facilitated me to reflexively consider my outsider/insider positioning in the research (Herr and Anderson, 2015). Various strategies were employed across the entire research process to aid reflexivity, for example memo writing and keeping a research journal – both of which were also used to record and justify decision-making, emotions and insights into the data (see Appendix A-C).

### *Evaluating quality in qualitative research*

This chapter endeavours to demonstrate a clear rationale for and congruence between methodology, methods and the overall aims of the research. This, along with transparency in both setting out the study's theoretical framework and in describing the research process including the reflexive strategies employed, are all crucial dimensions in assessing rigor and quality in qualitative research (Lincoln and Guba, 1985; Schwandt, 2007; Patton, 2015) and are central principles in CGT (Charmaz, 2014).

Reliability and validity are perhaps more familiar concepts when understanding quality in research. Reliability is understood as the replicability and repeatability of results being consistent over time, and validity as a measure of how truthful the results are i.e., did the research measure what it intended to measure (Grix, 2010; Bryman, 2016). These concepts are considered the gold standard in determining quality in quantitative research, which seeks to predict and generalise knowledge from cause-and-effect determination.

Evaluating quality in qualitative research, which seeks to create knowledge to gain insight and infer understanding onto similar contexts (Mason, 2002; Miller and Glassner, 2004; Silverman, 2017), requires criteria appropriate to its own paradigm terms (Johnson, 1997; Davies and Dodd, 2002; Golafshani, 2003; Horsburgh, 2003). Lincoln and Guba (1986) offer two sets of criteria 'trustworthiness' and 'authenticity' to aid 'justifying interpretations' and demonstrating rigor and quality in qualitative research.

The central focus on subjectivity, highlighting how knowledge is not only constructed, but co-constructed with participants in CGT also acknowledges the role of power and agency in the research process. CGT as a methodology is congruent with social justice research because it strives to facilitate an empowering research experience by prioritising the voices of participants (Charmaz, 2005). This position resonates with other social work research employing CGT methodology, for example Baird (2021) and Farragher and Coogan (2018). The core principles of CGT are all underpinned by the central positioning of subjectivity and reflexivity. These approaches and strategies, integral to the CGT methodology, are rigorous and transparent ways to produce trustworthy, authentic and quality research. It is for these reasons, and with the research aims and questions in mind, that the decision to adopt a CGT methodology in this study was made.

### *Data collection methods*

Various methods of data collection were considered before one-off, individual, in-depth, semi-structured interviews, with the aim of exploring participants' experience of fostering relationships were adopted. Focus groups, for example are often used in social work research, particularly in interviewing social workers. However, a group setting did not align with this study's focus on relationships and prioritising the voices of adolescent entrants. Case file analysis, another popular method employed in social work research, was also ruled out for similar reasons as in this method, the experiences of adolescent entrants and foster carers is mediated through the social worker and the various recording systems and processes. Whilst a longitudinal approach to interviewing could have generated rich data with the potential of following relationship progression over time, the practical time and resource constraints of a PhD ruled this method out.

Interviews are the most used data collection method in qualitative research (Braun and Clarke, 2013), particularly preferred in health and social care research (Briggs, 1986).

As asserted by Kvale (2018, p8-9):

*'The interview is a conversation that has a structure and a purpose [and] is a key venue for exploring the ways in which subjects experience and understand their world. It provides a unique access to the lived world of the subjects, who in their own words describe their activities, experiences and opinions,'.*

Research interviews can take place along a spectrum of structure. At one end sits standardised, pre-determined, multiple choice, quantitative based interviews, e.g., survey research, where the same question is asked in the exact same way to each participant, a highly reliable method most suitable for large scale samples (Rubin and Rubin, 2005). At the other end, there are unstructured interviews, where the researcher may ask one, broad, exploratory opening question, where the topics covered and information shared is guided by the participant (Braun and Clarke, 2013), e.g., narrative interviewing (Riessman, 2008; Allen, 2017).

The semi-structured interview, sits between the two, where each interview loosely follows the interview schedule in terms of some of the topics covered, but the content of each interview is contextual and specific to the co-construction of each encounter (Merriam and Tisdell, 2016). This approach to interviewing is flexible, fluid and most importantly responsive, enabling opportunity for the participant to share issues important for them,

topics perhaps unanticipated by the researcher (Rubin and Rubin, 2005; Braun and Clarke, 2013; Kvale and Brinkmann, 2015).

It was important for the data collection method in this study to align with the overall research aims, particularly in amplifying and prioritising the voices of the participants. Semi-structured interviewing is a flexible, person-centred method with the intention of empowering the participant, positioning them as experts (Mason, 2002; Jensen and Laurie, 2016) and aligns with the emancipatory values of social work research (Smith, 2009b; Hardwick and Worsley, 2011). The co-construction of knowledge, between participant and researcher, is contextually bound by discourse and norms (Bell, 2013; Heron et al., 2018; Velardo and Elliott, 2021) and the flexibility in semi-structured interviewing recognises the complexity of how people make sense of, and therefore share their experiences. This is particularly important to recognise when interviewing adolescent entrants, and perhaps to a lesser extent foster carers, who have likely experienced trauma, and lived fragmented and complex lives (Fargas Malet et al., 2010; Scerri et al., 2012; Bryman, 2016).

### **5.3 Data collection and analysis**

With these ethical issues in mind, this section will describe the practical strategies employed in data collection and analysis. In keeping with CGT, the following stages happened concurrently and iteratively: developing interview schedules; negotiating access to participants; organising and conducting interviews; transcribing and analysis of the data. First however, the ethical considerations and the impact of the COVID-19 pandemic will be described to contextualise the initial and subsequent changes in research design.

#### *Ethical considerations*

Ethical research practice, in its most broad sense encompasses how the research - including the conduct of the researcher - is carried out and the effects of these actions on the participants (Smith, 2009b; Hardwick and Worsley, 2011; Robson and McCartan, 2016).

Ethical guidelines relevant to social work research include the *UK Policy Framework for Health and Social Care Research* (NHS Health Research Authority, 2023) and *The Code of Ethics for Social Work and Social Care Research* by the Joint University Council Social Work Education Committee (Butler, 2002). These professional associations, as noted by

Bryman (2016), provide guidelines, but they also leave space for flexibility and autonomy, suggesting a need for balance and reflexivity in the process of conducting ethical research.

The notion of situational ethics is useful to consider here (Hardwick and Hardwick, 2007), which stresses the importance of being open, and to listen to the situation by engaging in reflexive interrogation of all aspects of the study. This is particularly important when conducting research *with* rather than *on* children and young people (Fargas Malet et al., 2010; Aldridge, 2014), as children are considered vulnerable participants by virtue of their non-adult status and the associated power imbalance (Mahon et al., 1996; Punch, 2002). In these situations, ethical considerations for each participant must be reflexively considered, rather than a blanket approach applied to all (Solberg, 1996; Daley, 2012). For example, Solberg (1996) asserts that childhood is not heterogenous, therefore researchers should try to ignore a child's age and instead focus on the context of the specific situation, rather than let assumptions about age influence the researcher's approach to including children in research (for further discussion of the challenges, opportunities and practical consideration see Alderson and Morrow (2011) and Bradbury-Jones and Taylor (2015)). This approach to research is particularly important when conducting research with children and young people with a disability (Beresford, 1997). Challenging assumptions around informed consent becomes even more complex and challenging when the additional layer of navigating the social work context required to access children and young people who are looked-after by the state is added (Heptinstall, 2000).

Prior to data collection ethical approval was sought from the *UEA School of Social Work Ethics Committee* (see Appendix D). Cornerstones of ethical consideration when gathering data from human participants requires a balancing act of: respecting autonomy; doing no harm; research that is just and fair; and the benefit of the research must outweigh any risks (Morrow and Richards, 1996; Hardwick and Worsley, 2011). The principles above guide the following key areas of ethical consideration addressed in this study:

- Informed consent and briefing;
- Confidentiality, anonymity and data protection;
- Risk assessment – protection of participant and researcher.

Transparency was crucial across the entire research process, particularly in relation to the boundaries and limitations of each of the three considerations outlined above. For example, being clear around how confidentiality and anonymity would be managed and the limits of this when balanced with any potential safeguarding risks, and detailing how disclosures would be managed (Alderson and Morrow, 2011). Transparency around informed consent was important, in particular: what was being consented to, and details on the right to

withdraw. By giving participants time to reflect and re-think their participation with respect to consent and withdrawing recognised the more subtle or nuanced ways that participants may feel exposed or under-valued in the research process (Hardwick and Worsley, 2011).

Transparency around participant safety and the risk of psychological distress also needed to be considered, as sensitive topics were likely to be discussed and how this would be managed was important (e.g., ascertaining a safe space to conduct the interview and participant access to a trusted adult after interview). It was also important to take a 'situational ethics' approach on a case-by-case basis – see the following appendices for details on materials used with participants and gatekeepers: Appendix E for *Participant research information sheets*; Appendix F for *Research information sheets shared with social workers for recruitment*; Appendix G for *Example letter to inform parents*; Appendix H for *Research permission form* and Appendix I for *After the interview information sheets*.

#### *Access and working with gatekeepers*

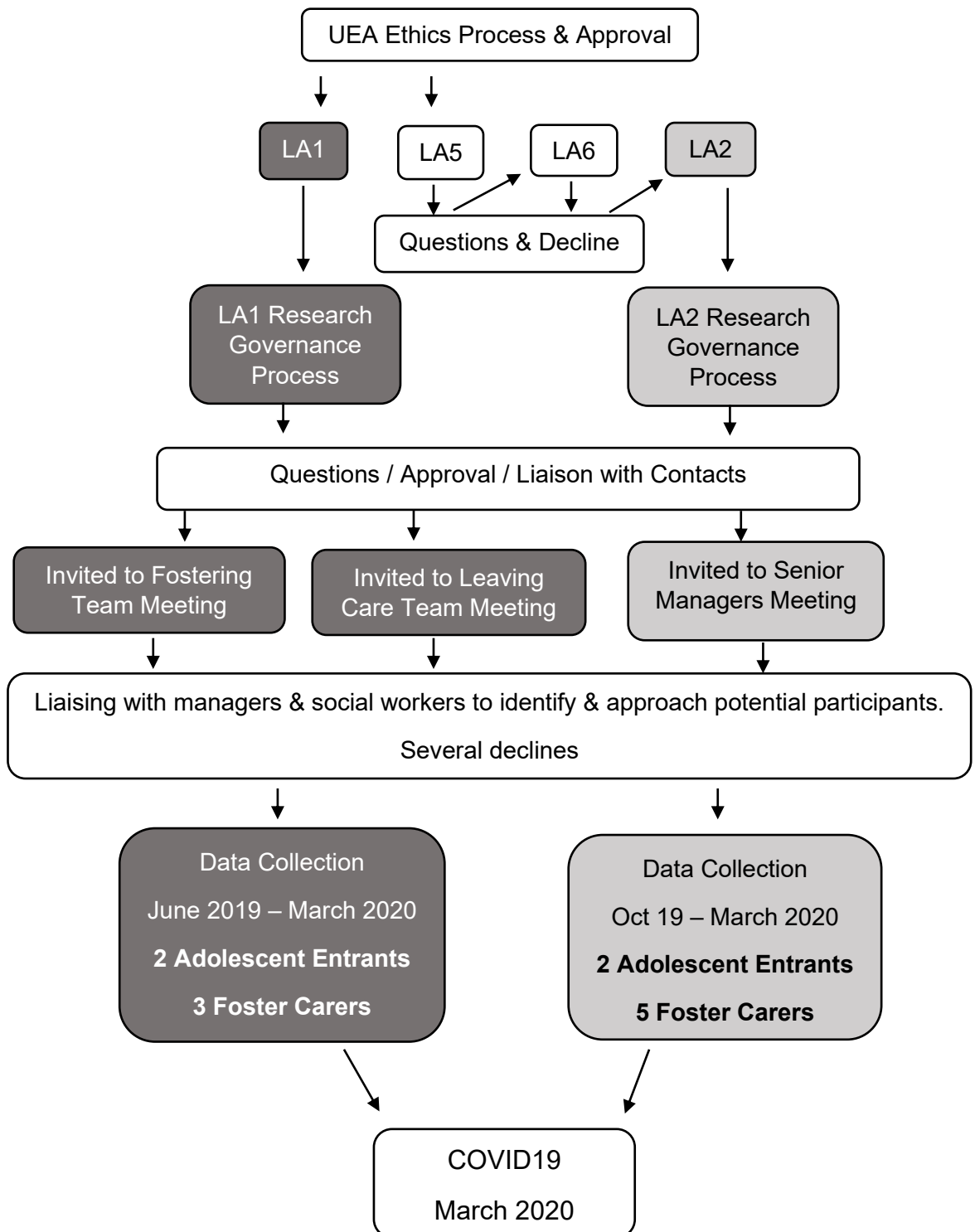
Once ethical approval was granted by UEA, the process of approaching LAs and their various research processes were navigated. These ranged from a clear and established policy and protocol with decision-making panels, to in-depth discussions with the Assistant Director in order to gain approval for the research to take place. Both processes were rigorous and robust.

The initial research design included:

- 10-15 face-to-face interviews with adolescent entrants (who entered or re-entered foster care aged 11 or older, with at least 12 months experience in foster care (not necessarily in one placement), with foster carers unrelated to them, currently aged 12-25).
- 10-15 telephone interviews with foster carers who have (current or historic) experience of caring for adolescent entrants as defined above.
- Recruiting across two large LAs.

The decision to employ telephone interviews with foster carers was, in-part, a response to the challenges in recruiting foster carers for face-to-face interviews in my MRes study, where intensive networking and building relationships with the LA converted into only five interviews. Telephone interviews, a method used successfully in other UEA research with foster carers and other social work professionals, was an accessible, and resource and time effective data collection strategy for foster carers.

Figure 1., gives an overview of the recruitment strategy implemented. The key challenges encountered across this process will be discussed.



**Figure 1. Flow diagram of recruitment strategy Jan 2019 to March 2020**

First, the process of liaising with the two LAs who did not (LA5 and LA6), and the two LAs who did collaborate in the research (LA1 and LA2) are explored. After completing the research governance paperwork and answering the questions LA5 had regarding the study,



they declined to take part citing that they had recently approved a similar study under the strict proviso that young people would not be directly involved in the qualitative aspects, determining that the benefits of participation did not outweigh the risk of creating distress. Subsequently, LA6 was approached. LA6 is a LA with long-standing history of collaboration with UEA, and similarly, after a consideration process spanning several months, LA6 declined to take part in the research, citing inappropriate timing as recently their *Children in Care Council*<sup>4</sup> had undertaken research eliciting children and young people's views of foster care. Additionally, both of these LAs had recently received challenging Ofsted reviews, so perhaps there was an added anxiety around scrutiny when considering collaborating in this study.

LA1 also raised concerns around safeguarding and risk management when interviewing children and young people in care, suggesting the allocated social worker be present at the interview. Concerns were also raised regarding children and young people being offered a shopping voucher as a token of appreciation for their time – positioning this as a 'financial reward', which had possible implications for young people in receipt of benefits. Despite assurances to the contrary, in order to move forward with the research, the shopping vouchers were not offered to participants in LA1. With regards to the first concern, after discussions, a mutually acceptable compromise was reached where the child or young person would be asked if they wanted their social worker present and if they didn't, the social worker would be made aware of the interview arrangements and check in after with the young person if necessary. LA2 was also approached; this was the same LA I had previously worked for and collaborated with in my MRes research. In order to minimise any conflicts, it was ensured that foster carer participants were unknown to me and this stipulation did not seem to have a negative impact on recruitment.

As can be seen from Figure 1., once research governance was approved, in both LA1 and LA2 I was invited to various team meetings to present the research and encourage recruitment. Despite enthusiasm and identifying prospective participants in the various team meetings, this did not convert into participation – see Appendix A *Reflective memo*. This is particularly interesting in LA1, where several young people were identified from the Leaving Care teams, but none of these led to participation. The two adolescent entrant participants from LA1 were not directly recruited: one was a staff member who met the adolescent

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<sup>4</sup> A *Children in Care Council* is an organised group/forum where children and young people who are looked-after by a LA can share their experiences and participate in decision-making processes that impact their lives. They represent the voices for children and young people in care and in this role provide feedback to the LA to improve support and services.

entrant criteria; the other had recently been involved in promotional media with the fostering service and I happened to see and follow up.

It is important to emphasise that all names used in this thesis are pseudonyms, and any identifying details are anonymised in order to protect the confidentiality of participants. Two adolescent entrants currently in foster care and on Care Orders were interviewed from LA2, and because of the process of gaining consent from Lily's mum, the time frame between Lily being approached and agreeing to be interviewed and the interview taking place was several months, something which Lily commented on in the interview – see Appendix A for *Reflective memo*.

These examples highlight some of the challenges when working with gatekeepers in conducting research with children (Heptinstall, 2000; Alderson and Morrow, 2011). I had little control - beyond the research information sheets shared with gatekeepers - over how participation in the study was presented to participants via social workers. In this sense, the gatekeepers have a potentially powerful role in sample selection and ascertaining whose voices are heard – or more importantly, whose are not.

### *Impact of COVID-19*

Data collection started in June 2019, and by March 2020, despite intensive relationship building with the LA stakeholders to encourage recruitment and participation, only four adolescent entrants and eight foster carers had been interviewed when all research activities were paused in response to the COVID-19 pandemic and nationwide lockdown.

As the weeks turned to months, it seemed unlikely that data collection could continue face-to-face and with the pandemic putting additional pressure on already stretched LAs, a mitigation strategy was discussed and implemented in order to continue data collection in the context of COVID-19 (Cashwell, 2021). An ethics amendment was approved and the following changes to the research design were made:

1. Change from face-to-face to telephone interviews with adolescent entrants;
2. Include another LA to extend pool of potential participants across three LAs;
3. Include using *Twitter* to extend and broaden the opportunity to participate to more adults with care experience up to the age of 30.

Despite engagement with the research advertisement on *Twitter* (see Appendix K), and several enquiries, this strategy converted into five interviews.

Learning from the pre-COVID-19 challenges in recruiting children and young people from LA1 and LA2, a different, labour-intensive strategy was implemented in LA3 – see Figure 2.

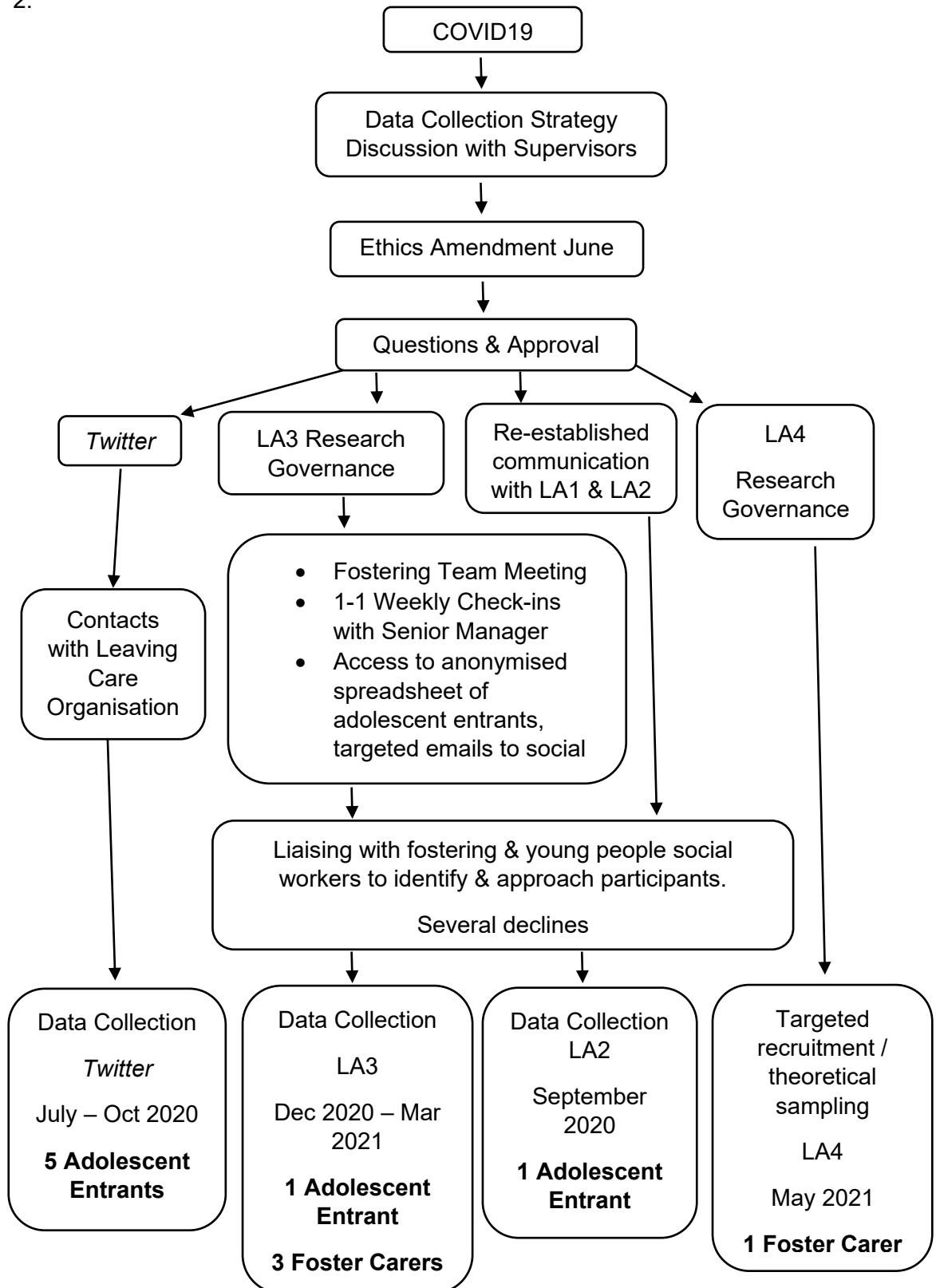


Figure 2. Flow diagram of recruitment strategy June 2020 to May 2021

This included accessing an anonymised spreadsheet of all children and young people in foster care currently aged 11 or older (including details of age at entry), enabling me to employ targeted, theoretical sampling. Theoretical sampling included, for example, focussing recruitment of boys, and children and young people from non-White British backgrounds. Approximately 30 young people were targeted (via their social workers), and despite the spreadsheet containing up-to-date information when created, several social workers had changed, and of the social workers who did respond, several suggested that it was the wrong time for the young person to participate. Several young people were approached to participate via their social workers, and all but one declined to participate.

A similar theoretical sampling strategy was employed in recruiting foster carers, encouraging participation of foster carers who were male and from non-White British backgrounds. No male participants were interviewed, however the inclusion of LA3 did promote a more diverse sample of foster carers. Theoretical sampling was also employed in the recruitment of the final foster carer from LA4. In discussion with the chair of UEA ethics, it was agreed that LA4 could be approached, and an ADCS application excessive and therefore unnecessary for one targeted interview requiring minimal LA resources. This foster carer had come to the attention of my supervisor, having recently been permanently matched with two brothers. This foster carer was targeted as this was a trans-cultural and ethnic placement of young people with a variety of complex health and learning needs, which would likely add another dimension to the analysis.

Data collection started in June 2019, with the final interview conducted in May 2021. After analysis of this interview, it was determined that there was sufficient data to generate a depth of conceptual density (Charmaz, 2006; Nelson, 2017), or data saturation had been met. The following subsection will briefly discuss the concept of data saturation (Silverman, 2017).

### *Theoretical saturation*

In quantitative research, determining sample size is a numerical process, achieved via probability and representative sampling, and is a core dimension for assessing reliability and validity within this paradigm's terms (Bryman, 2016; Robson and McCartan, 2016). In qualitative research, numerical measures to determine sample size are not appropriate. Instead, the concept of data saturation is applied (Silverman, 2017), conceptualised as theoretical saturation and accompanied by theoretical sampling in CGT (Charmaz, 2006; Holton, 2010; Morse and Clark, 2019).

In CGT this refers to the process of sampling and analysing data until no new data appear and all concepts of the generated theory are well-developed – it is at this point that data collection can stop (Aldiabat and Le Navenec, 2018). However, as cautioned by Charmaz (2006), theoretical saturation does not mean to stop prematurely gathering new data when repetitive patterns emerge, but instead to continue conceptualisation of comparisons of these incidents which yield different properties of the pattern, until no new properties or patterns emerge.

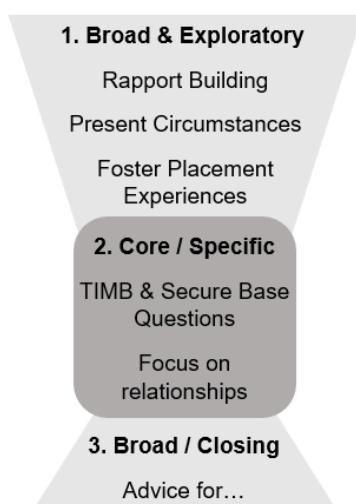
Grounded theorists do not claim that saturation and completeness are synonymous as determining that a final limit by which no further insight is possibly to achieve is impossible (Nelson, 2017). Instead, the goal is to reach a depth of conceptual density and understanding that enables the researcher to generate theory (Charmaz, 2006; Nelson, 2017). This concept referred to by Dey (1999, p257) as ‘theoretical sufficiency’, is perhaps a more appropriate way to determine when enough data has been collected. For any researcher, making this decision is challenging (Francis et al., 2010), particularly as this determination is integral in determining that the research and findings are trustworthy, authentic and rigorous and of sufficient quality to make a defensible claim to knowledge contribution (Lincoln and Guba, 1986).

There could be a number of methodological issues as to why new insights are no longer being identified in the data (Nelson, 2017; Aldiabat and Le Navenec, 2018), which does not mean saturation or sufficiency has been achieved. For example, simple versus complex research questions will determine the saturation speed (Charmaz, 2006), as well as the philosophical underpinnings and congruence with the overall research strategy (Nelson, 2017; Morse, 2015b). Therefore it is useful here to also consider the difference between code and meaning saturation. Hennink et al. (2017, p605) distinguish these two concepts by describing code saturation as ‘heard it all’, which could perhaps be reached with only a handful of interviews, versus ‘understand it all’, describing meaning saturation whereby the dimensions of conceptual codes have been sufficiently fleshed out. Both types of saturation need to be justified in order to evidence and establish rigorous, trustworthy and quality research (Morse, 2015a). The challenge here, as noted by Aldiabat and Le Navenec (2018, p247) ‘is not how to define the concept of data saturation theoretically, but how to clearly articulate it substantively.’ This rigorous process is a component of constant comparison methods, guided by reflexive memo writing (Charmaz, 2006), a strategy employed to aid the process of theoretical sampling and achieving theoretical sampling in order to strive for theoretical sufficiency, examples of how this was implemented in this research have been

touched on previously, but will be discussed further in the 'analysing the data' subsection (see page 100).

### *Development of interview schedule*

In keeping with the open and flexible approach to interviewing, in accordance with CGT (Charmaz, 2014), interview schedules followed the format illustrated below in Figure 3.



**Figure 3. Structure of interview schedules**

Two interview schedules were developed – one for foster carers and one for adolescent entrants. Each was piloted and revised where necessary. For example, the piloted schedule for adolescent entrants (Appendix L) did not initially include the same questions drawn from 'This is my Baby' (TIMB) (Bates and Dozier, 2005) and the Secure Base (SB) (Schofield and Beek, 2019) interview models which were included in the foster carer schedule (Appendix M). Instead, the middle 'core and specific' section of the schedule asked more open and exploratory questions regarding the experience of relationships with foster carers. Without specific prompts however, eliciting specific examples was a challenge, therefore the decision was made to include these questions in the subsequent adolescent entrant interviews (see Appendix N), so that both interview schedules were asking relational questions in similar ways. These questions were included to explore participants' experience of relationships, unpicking depth and quality of relationships, in order to move beyond descriptive answers to delve into the affective dimensions of relationships. These were not intended to measure commitment or attachment quality, but used as a tried-and-tested means to explore relationships.

Both interview schedules followed the same structure, starting with broad, opening exploratory questions in order to build rapport, with a focus on participants describing their current circumstances. As noted by Patton (2015), questions on the present are easier to answer than thinking about the past and 'future orientated questions involve considerable speculation, and responses to questions about future actions or attitudes are typically less reliable than questions about the present or past,' (Patton, 2015, p446).

Once the foundations of the researcher and participant relationship had been established, the interview questions developed, posing more in-depth questions and probes, with the aim to build a sense of the participants experience. As noted by Patton (2015) 'opinions and feelings are likely to be more grounded and meaningful once the respondent has verbally relived the experience,' (p445-46), so these questions started by describing and then sensitively prompting for more specific examples and detail, building up to the 'core and specific' questions asking participants to reflect on a fostering relationship they considered important. The interview came to a close by asking the participants broad questions regarding advice they would give to others.

### *Conducting interviews*

For this study 23 participants were interviewed – 11 adolescent entrants (including young people in care and adults with care-experience aged 15-30), and 12 foster carers who had experience of caring for adolescent entrants. It was not the intention to interview matched pairs, though this would have been pursued had the opportunity arisen. All interviews took place between June 2019 – May 2021. Four of the adolescent entrant interviews were conducted face-to-face prior to COVID-19, all the others were conducted via telephone. Each interview followed a similar structure guided by the interview schedule, with the foster carer interviews ranging in length from 47–90 minutes, and the adolescent entrant interviews ranging from 26–111 minutes, with most lasting around 60 minutes across groups. Informed consent was captured in the audio recording, and also on the written research permission form in the face-to-face interviews. At the start of each interview, I ascertained the participants knowledge of the research and reiterated how confidentiality and anonymity would be managed, alongside answering any questions the participant had. During this introduction I also shared my professional background and interest in the topic, highlighting the importance of valuing the participants' experience and listening to what is important to them in foster care for adolescent entrants. This enabled a transparency around my insider/outsider positioning in the research, although there was a risk that

perhaps this disclosure could have created a barrier to building trusting relationships with young people and adults with care-experience who may have had inconsistent and challenging experiences of social workers.

Prior to each adolescent entrant interview I edited the interview schedule to reflect what was known about the participants history and current circumstances. For example, this included whether the participant was currently in care or a care leaver and the number of placements experienced. This preparation enabled the interview to flow and facilitated rapport building, as irrelevant or potentially insensitive questions were avoided, and crucially supported the participant to feel in control.

The majority of the interviews were conducted via telephone as opposed to face-to-face and there were important challenges and opportunities to each type of interview. For example, in the face-to-face interviews I was very aware of the physical presence of the interview schedule. The participants' gaze would often fixate on the schedule, perhaps wondering how many questions and how long the interview would continue for, or perhaps an anxiety around the topic being asked. I reflexively responded to this by minimising the times I referred to the paper, and did not take any notes to guide follow-up questions. During transcription however, it was acknowledged that there were a few missed opportunities for me to probe a bit deeper to explore the participants' responses - perhaps a consequence of this strategy - or a reflection of these being the first few interviews, with my interviewing technique developing across the data collection process.

In contrast, in the telephone interviews the presence of the interview schedule was not a barrier, but facilitated an opportunity for me to literally cross off each topic covered and make notes about follow-up questions without this being a visual distraction from active listening. Telephone interviews, of course, posed different challenges: connection issues; uncertainty around whether the participant had heard what I had said and vice versa; making sense of pauses (time to think or reluctance to want to answer). These dynamics were easier to interpret and engage with in the face-to-face interviews. I experienced two telephone interviews with adults with care-experience recruited via *Twitter* where very little contextual information was shared prior to the actual interview phone call. In both interviews' disconnection occurred, and on reflection during transcription and analysis I wondered perhaps if this was a strategy employed by the participant as a means to divert the topic and flow of conversation by removing themselves from the situation, perhaps because they struggled to verbalise their right not to answer. This was more difficult for me to interpret in the absence of body language via telephone. Young people in care employed similar strategies when engaging in their Looked-After Children review meetings via virtual



technologies in research exploring the impact of COVID-19 and the shift to digital social work practice (Copson et al., 2022).

Irrespective of the method, all interviews (as far as practicable to ascertain) took place in the participants' homes. Most participants – both foster carers and adolescent entrants - spoke for long periods which required little prompting or guiding from me. However, two of the interviews with young people were more challenging to navigate - Max, a 15-year-old boy in foster care interviewed face-to-face, and Lola, a 17-year-old girl in foster care where English was a second language and interviewed via telephone (see Appendix C).

These were the shortest interviews (26 and 36-minutes duration), where I had to stick more closely to the interview schedule as the fluidity across topics was not achieved in the flow of the conversation from the participant, as it was fragmented. With Max this involved considerable build up to the core questions, with a number of broad questions about his current situation and interests – particularly football and playing computer games. This strategy enabled a space for him to talk in longer chunks, perhaps easing any nerves he may have had, and built his confidence to be able to explore the more sensitive topics of relationships in foster care. The use of stop/go cards were planned with young people as a strategy to offer more control in their choice to not answer a question. I did introduce these to Max and another 15-year-old interviewed Lily, these suggestions however, were met with laughter from both participants, indicating that these were not necessary – I left them on the table, but they were not used in either of these face-to-face interviews.

With 17-year-old Lola, this was more challenging. This was the first interview with a young person where English was a second – and relatively new – language. I was made aware of Lola's learning difficulties, and with this knowledge in mind I did enquire with Lola's social worker and foster carer whether Lola had any specific needs around communication, particularly via the telephone. In hindsight, perhaps a video call, where I could have interpreted body language would have aided communication in this situation. During the interview, Lola made me aware that her foster carer was close by, and it was obvious in parts that the phone was on speaker mode as I could hear the foster carer helping Lola to find the words she wanted to say.

Both Max and Lola really struggled to think about the future when asked to envision what a relationship with their foster carer would look like. Responding to future-orientated questions is an acknowledged challenge in interview research (Patton, 2015), as it is much easier for people to talk about the present rather than the past or future. In this particular situation, this may have been a reflection of the participants' age and stage of development, as-well-

as an impact of their current care plan for reunification – an outcome both wanted to happen imminently.

This challenge, in moving from *what*, to *why* and *how* it made the participant feel was a challenge across both interview groups, with some foster carers more able than others to tap into the emotional dimensions and nuances of fostering than others. This is where the TIMB and SB interview questions were helpful as strategies intended to elicit specific examples of a situation as a means to unpack the often complex and difficult feelings.

After each interview I reflected in my research diary, capturing my initial thoughts and feelings towards the interview and the experiences shared, noting anything that interested me, often questioning whether some topics could have been pushed further, or were pushed too much – see Appendix B.

### *Transcribing interviews*

In transcription the oral audio is transformed into new, structured text data (Oliver et al., 2005; Kvale, 2007) and is an initial stage of analysis, enabling the researcher to tentatively immerse themselves in the data (Kvale, 2007; Rapley, 2007). I transcribed as close as possible to verbatim, including pauses, emotional responses and interruptions (e.g., connection issues in telephone interviews), as well as including repetitions, and grammatical inconsistencies to keep as close as possible to the voice of the participant. As Kvale (2007) suggests, there is no correct way to approach this decision making, rather it is about what kind of transcript is most helpful to the research. On a practical level, all identifying information was removed and anonymised with pseudonyms during transcription.

As discussed previously, the challenges in recruitment and the impact of COVID-19, facilitated significant gaps between interviews. This ebb and flow enabled transcription and analysis between interviews, allowing me time and space to fully immerse in the data – see Appendix B.

This iterative process (Mills et al., 2010), making sense of the meaning of the interview data, often raised lots of questions and avenues for conceptual and theoretical exploration in subsequent interviews. This process, aided by reflexive memo writing and constant comparative techniques, enabled theoretical sampling to be embedded across the entire research process (Charmaz, 2014).



complex balance to navigate, ensuring the richness of the data is not lost, whilst making the expanse of data and codes more manageable - see Appendix P for *Incident-with-Incident Memo*.

This intensive analytical process, in part facilitated by the gaps between interviews, enabled me to scrutinise the data and emerging conceptual categories in depth, employing theoretical sampling to flesh out and develop these categories more fully (Charmaz, 2014), striving for theoretical sufficiency (Dey, 1999) in the data. For example, the dimensions of the categories *'being' family*, *'negotiating a diversity of being'* and *'interdependent vulnerability'* were scrutinised and developed further through the theoretical sampling strategy (Morse and Clark, 2019) employed in LA3 and LA4 discussed previously. NVivo, a computer software package designed to manage large qualitative data sets, aided me in the coding process (Silver and Lewins, 2014). Handwritten sketches and mind-mapping software also complemented the use of NVivo, enabling me to grapple with the emerging ideas, concepts and ultimately to build CGT.

This process of condensing created a core set of conceptual and theoretical categories which best captured the data (Charmaz, 2008b). The core dimensions of these categories remained intact throughout the analysis process – but the smaller, sub-codes shifted and changed in response to subsequent data and fleshing out and developing the dimensions of the overarching categories and the eventual CGT model which is presented in Chapter Nine. See Appendix Q for a memo detailing the process of developing the 11 categories and building the CGT model.

The 11 core conceptual categories:

- Navigating (in)stability
- Navigating relationships with social workers
- Navigating exits from foster care
- Navigating support systems
- Navigating friendships, sex and dating
- Navigating identity
- Navigating pathways to adulthood
- Navigating being a foster family in the context of corporate parenting
- Navigating and negotiating birth family relationships
- Building and sustaining fostering relationships in the placement
- Enduring impact of fostering relationships over time

## **5.4 Research participants – Introducing the research sample**

This study comprised 23 semi-structured interviews across two distinct groups: adolescent entrants (including young people currently in foster care and adults with care-experience); and foster carers with experience of caring for adolescent entrants.

### *Rationale for the sample*

As explored and justified previously in this chapter, this research is underpinned and guided by the notion that the best way to understand the experience of foster care for adolescent entrants, and specifically the experience of relationships between adolescent entrants to foster care and foster carers is by hearing from the individuals themselves. Therefore, the initial participant recruitment strategy employed purposive sampling, and in keeping with CGT, as the data collection and analysis process progressed, theoretical sampling strategies moved the research forward.

Participants were recruited from four LAs and via *Twitter*:

LA1 – Large County with large towns and rural and coastal regions.

LA2 – Similar to LA1.

LA3 – Large metropolitan London Borough with diverse populations.

LA4 – similar to LA3.

### *Adolescent entrants*

Interviews were conducted with 11 young people and adults with care-experience who met the criteria of adolescent entrant. This participant sample included three young people in foster care, one young person in semi-independent living (SIL) and seven adults with care-experience living independently – see Table 1.

	Name	Age at interview	Sex	Age at entry	Duration in care Number of foster placements	Exit from care
1	Imogen	24	F	13	16 months 3 FP	Reunification
2	Max	15	M	12	N/A 1 FP	N/A
3	Lily	15	F	14	N/A 2 FP	N/A
4	Vicky	28	F	13	5+ years 2 FP	<i>Staying Put</i>
5	Damsa	21	F	16	18 months 2 FP	Hostel
6	Morgan	30	F	11	4 years 5+ FP	Reunification
7	Bella	22	F	15	3 years 2 FP	SIL
8	Elsa	21	F	15	2 years 3 FP	Supported Lodgings
9	Crystal	17	F	12	5+ years 5+ FP	SIL
10	Niamh	29	F	14	4 years 2 FP	SIL
11	Lola	17	F	15	N/A 3 FP	N/A

**Table 1. Adolescent Entrant Characteristics (\*FP = Foster Placement(s))**

Of the 11 adolescent entrants, six were recruited via three local authorities, and five were recruited via *Twitter*. Of the participants recruited via *Twitter* – all adults with care-experience living independently, two were formerly looked-after in LA1; one was formerly looked-after in a London Borough, and two were formerly looked-after in an LA with similar demographics and geography to LA1 and LA2.

The majority of participants were female, heterosexual and White British. One adolescent entrant identified their sexuality as queer, and of the two whose ethnicity was not White British, they identified their ethnicity as Middle Eastern or White Eastern European. As can be seen from Figure 6., the average age of entry to foster care was 13.6 (ranging from 11-16), and length of time in care (of those who had exited) ranged from 16 months – over 5 years, with the majority experiencing two or three foster placements with one participant entering foster care and remaining in placement, and another experiencing chronic instability including a reunification disruption. Five adolescent entrants described being placed in single female foster carer families and six described dual carer foster families - five headed by heterosexual couples and one by a same-sex couple. The majority of the foster families had adult birth children, some living at home, but most living independently, three described younger children in the foster family – either birth children or other looked-after children.

#### *Foster carers*

Interviews were conducted with 12 foster carers across four LA fostering services. Eight foster carers were recruited from LA1 and LA2 and four were recruited from LA3 and LA4 – see Table 2., below.

	<b>Name</b>	<b>Age</b>	<b>Sex</b>	<b>Fostering Career (years)</b>
<b>1</b>	Natalie	56	F	16
<b>2</b>	Susan	56	F	18
<b>3</b>	Denise	65	F	9
<b>4</b>	Louise	42	F	15
<b>5</b>	Hazel	38	F	6
<b>6</b>	Eve	61	F	36
<b>7</b>	Ann	55	F	5
<b>8</b>	Janine	52	F	4
<b>9</b>	Hettie	59	F	10
<b>10</b>	Moira	52	F	5
<b>11</b>	Zara	51	F	4
<b>12</b>	April	59	F	8

**Table 2. Foster carer characteristics**

All of the foster carers were female, and the majority identified as heterosexual. Whilst the majority of participants were White British, one described their ethnicity as White Irish, two as Black Caribbean and one as Black African. The participants ranged in age from late 30s to mid-60s, with their length of fostering experience ranging from four to 36 years. There

was a comparable split in the family forms of the foster carers interviewed. In terms of fostering family household composition, seven were single female foster carer families, five were dual foster carer families – with four headed by married heterosexual couples and one by a same-sex couple. The majority had adult birth children - most living independently - with two families having birth children under 18 living in the household. The majority of the foster families offered more than one foster placement, often caring for sibling groups. None of the foster carers however, offered placements for much younger children who were unrelated to the adolescent entrant in placement.

### *Limitations*

As with any study, there were limitations to the sample. For example, despite recruitment strategies focussing on boys and males, all of the foster carers interviewed were female, which is perhaps a reflection of the gendered nature of caring work. I did attempt to target male foster carers; however, the research criteria was to interview the main foster carer in a fostering household. Of the heterosexual and dual foster carer households interviewed, the main foster carer was female, and no single male carer households were identified for the research across the three main LAs. This issue of recruiting men in research is an acknowledged challenge (Butera, 2006).

Despite targeted recruitment, only one male adolescent entrant was interviewed. However, across all the foster carer interviews, foster carers discussed their experience of caring for 26 adolescent entrants in total who they described as feeling closest to. This included 18 boys, eight of which were currently in the foster placement – and eight girls, two of which were currently in the foster placement. Therefore, it is important to think more broadly than each interview representing one 'case' or unit of analysis – each interview explored a great level of depth and experience of relationships with a number of adolescent entrants to foster care.

When thinking about limitations, particularly in research exploring the experiences of children and young people in the care system, the role of gatekeepers should be considered (Heptinstall, 2000). Gatekeepers play a key role in the sampling process, particularly in how the research was presented to potential participants, and in decision-making around whose voices will be (or will not be) included in the research (Smith, 2009b; Kristensen and Ravn, 2015). Building relationships with team managers and individual social workers was therefore crucial, and a variety of different approaches were used as discussed previously. As noted by Wanat (2008) there is a difference between gaining access and getting



cooperation from gatekeepers. Whilst the senior managers and team managers were encouraging of the research, the main barrier to accessing adolescent entrants in particular was from the individual case workers. I attended team meetings to encourage recruitment and the eligibility criteria e.g. adolescent entrants to foster care, not adolescents in foster care more broadly, was often a stumbling block as this required social workers to think or even look on recording systems to ascertain the date the young person in mind entered foster care, thus ruling several out who first came to mind in these forums.

## **5.5 Summary**

This chapter has presented the theoretical positioning, rationale and methodological strategies which underpin this study. The data collection and analysis process were also outlined, and the connected ethical considerations explored. The following chapters present the empirical material, prefaced by an introduction to the research findings.

## **Introduction to the research findings**

This section presents the empirical research findings examining the role of relationships between adolescent entrants to foster care and their foster carers. The 11 conceptual categories developed in analysis and grounded in the data can be grouped into three key areas and are presented in the following core findings chapters:

- Chapter Six – Navigating the foster care system
- Chapter Seven – Negotiating adolescence and emerging adulthood
- Chapter Eight – Navigating enduring fostering relationships

Each of the chapters are structured in sections by category, with each category presenting the adolescent entrant perspective first, followed by the foster carer perspective. Whilst the findings could have been presented in chapters separating out these perspectives, this felt disjointed or fragmented – a theme throughout the data which will be discussed in depth in Chapter Nine – so a decision was made to present the perspectives together to reinforce the centrality of relationships between both parties.

Extracts from the data will be presented using the participants' pseudonyms and any potentially identifiable details have been omitted or amended. In the instances where data is presented without the pseudonym this is to limit the potential of linking information across the chapters which could identify participants. Data is presented verbatim with ... indicating pauses and anything in square brackets indicating that this was an editing decision. For example [...] indicating that some data has been removed to aid the flow of the narrative, or to protect confidentiality, and any words inside these brackets have been used to replace potentially identifying information.

Chapter Nine is a shorter chapter within this section which brings all the empirical findings together to present the overarching theoretical CGT model.

## **Chapter 6: Navigating the foster care system**

This chapter explores how adolescent entrants and foster carers experience the foster care and social work systems which form the context within which a foster care placement takes place. Adolescent entrant pathways through foster care will be presented across three key areas: (in)stability, relationships with social workers and exits from foster care.

### **6.1 Navigating (in)stability**

This section will explore the various pathways into and through foster care for adolescent entrants, particularly focussing on the impact of separation and loss.

#### Adolescent Entrant Perspective

All the adolescent entrants interviewed entered foster care aged 11-16 (M = 13.6). One of the dominant concepts in the data was adolescent entrants needing to navigate this initial separation and loss from home and family when entering foster care. Crystal, 17, shared her sense of confusion, unfamiliarity and the lack of agency she felt in the process of entering foster care in adolescence:

*The loss of being like dragged away from my family [...] I think I would've preferred for it to have been explained to me more...because I was just sorta just left in a foster placement...and was expected to just carry on with my life [...] it was very...confusing.*

For many, an entry to foster care often signalled a geographical move from their local community. Imogen, 24, shared:

*I remember my older brother texting me being like 'look out the window, what do you see? Can you see any road names?'...and I had no idea where I was...[as] [...] I didn't really leave my estate.*

This separation and loss from home and parents often also involved a separation from siblings. For some participants they were the only sibling in the household to enter foster care, while others had siblings who were living with another parent. Others entered foster care with their younger siblings, though they were often separated in different foster placements. In the examples where a participant entered care with a much younger sibling

and they were placed together, their different needs often equated to different care plans and they were subsequently separated within foster care i.e., via adoption or a return to birth family.

Some participants had older siblings who were under 18, but either entered SIL, or remained at home to continue family life - often with challenges and in the context of separation and loss. Participants shared examples of navigating complex feelings of guilt in having older siblings miss out on the opportunity of foster care. Vicky, 28, shared:

*I had two older brothers who didn't go into foster care...I used to feel guilty that they wouldn't have that...and I used to feel guilty that mum would be at home...alone [...] [the one living at home with mum] was 16 [...] it was like you're 16 so you don't need it...you've taken his brother and sister away...you've left his mum in bits...like...who's suicidal...and like it must've been like so, so hard for him.*

Participants commented on witnessing the struggle older siblings had in their transition to adulthood, which highlighted the opportunity they had to experience a different way of being parented due to being in foster care – a core concept which will be explored in more depth in chapter eight. Where older siblings under the age of 18 did not enter care, participants often assumed that their age was the determining factor in deciding a foster care intervention. However, some participants did enter foster care aged 15 or 16, which suggests that age alone did not necessarily determine their care plan.

All participants – except one who entered care and remained with the same foster family – experienced moves within foster care. Pathways through foster care ranged from entering foster care in an emergency and being placed in a time-limited, short-term placement before moving placements in a more planned way, to experiencing multiple moves for a variety of reasons. When reflecting on their experiences, participants described either a sense of agency - or lack of - in the planning and process of moving.

Participants who described a positive sense of agency over moving foster placements also described feeling listened to and felt that they had positive relationships with social workers. Vicky, 28, entered care and was initially in a foster placement where she was unhappy. She described how her social worker was transparent, presenting the limited options for permanence in foster care that she had:

*[Social Worker] sat me down and she said 'do you want to move foster homes or school?'...and I said 'oh foster home, I don't wanna move school,' (laughs) [...] [school] was like a safety for me.*

Others, however, shared a lack of agency in care plan decision-making, particularly in understanding why a move was happening. They also described inconsistent and strained relationships with social workers where they did not feel listened to. Lily shared:

*I found out that I was gonna move [...] came here on like a Monday to meet her....and moved on the Saturday.*

Whilst Lily had the opportunity to meet her new foster carer before moving, most did not. For these participants, when asked what could be improved from their experience of foster care, being involved in planning – particularly in understanding why a move was happening – was particularly important, as well as meeting the carers or at least knowing basic information about the family before moving.

Some participants described a self-destructive and self-protective sense of agency by ending foster placements which were not meeting their needs through displaying challenging behaviour, or refusing to return to the placement. Morgan, 30 shared:

*[The foster carer] was like 'oh I've gone in your room...it was really dirty and I want you to sort it out by the time I get back'...and I'd gone in my room and saw that all my stuff was in the middle of the floor....as well as like my diary and all these other personal things...I felt really, really violated...so I ran away and refused to ever go back.*

This example also highlights the challenges some foster carers have in meeting the needs of adolescent entrants, and the complexity of foster placement disruption. Others shared examples of needing to constantly move, as remaining in one place for too long was too overwhelming. Crystal, 17:

*When I'm living somewhere...then I like start to press on a self-destruct button when I think I've stayed there too long.*

Whilst a young person's challenging behaviour may be a vehicle through which they take control and disrupt a placement, for others this was more complex. The majority of participants disclosed experiencing mental health difficulties whilst in care. Some, like Niamh, 29, experienced episodes of in-patient treatment and were discharged from hospital into foster care. Niamh shared the following after taking an overdose of pain medication in foster care:

*The social worker came to the hospital...she went '(foster carers) have said that they can't have you back'...she didn't really explain why [...] it was CAMHS who sorta told me 'well, you know you did scare them'...and I was like 'well I didn't mean*

*to'...and then there was a whole issue of them saying...'well you obviously weren't happy there...because you wouldn't have taken the tablets'.*

Niamh felt that her behaviour was misinterpreted as unhappiness and wanting to move. Her overdose followed a baby being placed with her foster carers and she commented on the impact this had on the family dynamics and her sense of belonging – a key concept explored in Chapter Eight.

Two adults with care-experience interviewed achieved stability in placements which were planned as permanent, albeit with diverging experiences. Vicky, 28, experienced permanence in all aspects of the secure base across adolescence and continued to be part of her former foster family in adulthood. She described her foster carers as:

*Just like mum and dad and Nanny and Grandad [to son].*

In contrast, Elsa, 21, stayed for three unhappy years in her permanent foster placement and described this stability as facilitated through the fear of the unknown:

*Just get on with it until I can move out...and it was kinda drilled into me...after I turned 16...that you can't change foster carers now...if you want to leave this foster placement...you are on your own...you are gonna have to go and live in a flat.*

These examples highlight the complexity of stability and instability, suggesting that stable placements and quality relationships are not necessarily congruent. In addition, these adolescents enter foster care with a high level of complex needs. At times, as demonstrated by Niamh and others, adolescent entrants whose placements ended as a result of challenging behaviour manifesting from complex mental health needs, shared a sense of feeling punished because of their needs which were known at the time of placement. The data explored in this section reinforces the importance of the care system providing quality foster placements with skilled and experienced carers to meet the unique needs of adolescents. When this does not happen the care system itself contributes to adolescent entrants feeling rejected and experiencing separation, loss and instability in care, which leads to poorer outcomes.

### Foster Carer Perspective

Supporting adolescent entrants to make sense of social work decision-making and care planning for their siblings, who often had very different and contrasting needs, was a dominant concept explored across the foster carer interviews. Experiences of caring for adolescent entrants included caring for adolescents who were the oldest in a sibling group,

all of whom entered care but were separated. The foster carer role in this context included supporting adolescent entrants to make sense of separation and loss – sometimes permanent separation through adoption - from younger siblings for whom they had a significant caring role for when in the family home. Natalie shared the following experience about Reece, who entered care at 14 with brother Alfie aged 12. Three younger siblings also entered foster care – two in one placement and the youngest in a separate placement:

*[Reece] was the oldest...it seems like everything was on his shoulders...and then when the [youngest]...got adopted...it was like...well I'll never see her again [...] I think he couldn't understand it...he didn't see there was an issue...he was being the carer...and he very much still wants to be that carer.*

All the foster carers interviewed had experience of caring for a number of adolescent entrants with a variety of needs on either an emergency or short-term basis. The majority of foster carers also had experience of offering permanent placements, and all but one continued to offer placements for adolescents. The majority also shared how they remained in touch with the adolescent entrants they had previously fostered, with some offering – or planning to offer - a *Staying Put* arrangement for young people in their care.

Placement endings was an area explored in all the interviews, particularly the complexities of navigating unplanned endings. Some foster carers shared the difficult decision to end a foster placement following an episode of challenging behaviour from the adolescent which they struggled to manage – this feeling of vulnerability is explored further Chapter Eight. Other foster carers shared the difficult decision-making process of having to prioritise the needs of one adolescent over another. Jasmine, 14, had been in placement with foster carer Hazel and her husband for five months, with the intention of achieving permanence. Also in the foster family was Rosie, 15, an adolescent entrant in the process of being permanently matched, in addition to the carer's birth daughter, 14. Hazel shared:

*[Jasmine] will be leaving us [...] and it feels awful [...] but that is what we've done because we have to safeguard every other young person in this house [...] Jasmine needs two experienced adult foster carers...with no other children in placement...and that doesn't really exist does it [...] it's an impossible situation.*

This example not only highlights the difficult feelings foster carers must navigate when ending a foster placement, but that this decision-making is also in the context of knowing that finding another foster placement to meet the often complex and challenging needs of adolescent entrants is nearly impossible.

## 6.2 Navigating relationships with social workers

All participants shared various experiences of building relationships with social workers. The following section will explore two interlinking areas: the process of relationship-building with social workers and how relationships facilitate a sense of agency in decision-making. Factors which adolescent entrants and foster carers found helpful, and the barriers to building positive and supportive relationships with social workers will also be explored.

### Adolescent Entrant Perspective

All participants experienced frequent changes in allocated social worker. Whilst they understood that this could be because of a social worker's individual circumstances (e.g. sickness, moving roles or profession), these changes were often a consequence of systemic processes. The structure and remit of social work teams varied across LAs and the transitions between social work teams often happened at significant and vulnerable times in an adolescent's care journey. Moving from Child Protection to a Children in Care team, for example, often coincided with an entry to care; moving from a Children in Care to a Leaving Care team often happened around 16 along with planning for post-18 care and education. Imogen, 24 shared:

*You just think...that child is at their most vulnerable stage and then they are gonna give them a new worker [...] I can remember being like 'are you being serious?'*

Despite these systemic challenges creating disrupted relationships with social workers, participants valued the continuity of their IRO. Their IRO was often a significant consistent relationship irrespective of moves between social work teams. However, despite the frequent changes, it was the quality of – rather than stability in – relationships which was key. Feeling listened to and being responsive to their needs supported young people to build positive relationships with social workers.

Crystal, 17, had experienced many changes in social worker as well as chronic placement instability in foster care. Despite this, she reflects positively on the one social worker who she felt listened and was responsive to her needs:

*I didn't get on with [social workers]...until [...] the [one] who worked with me when I was about 14 [...] if I had anything like...worrying me or anything...I could like just talk to her...and she would come round immediately [...] and explain everything to me...she'd listen to me...but...she had to move me when I turned 16...because I had to go under the Leaving Care team.*



Vicky, 28, despite experiencing several changes in social worker, remembers positive relationships where she felt listened to, and trusted that the social worker knew her well enough to know that the potential permanent foster family would be a good match:

*[others] go on like 'oh my social worker's so bad'...but I've never like had that...all my social workers have been great...and I think that's just because they were so on the ball...it felt to me like they cared...like they wanted to help me...especially the first social worker...when she was like so eager for me to go to like Rita and Alan's...coz she knew they were great foster carers...she knew that I would fit in like so well...she fought for me to be there.*

Another key factor impacting an adolescent's relationship with social workers was the importance of transparency. Imogen, 24, shared:

*At those sort of key moments...from when like the court case was happening...and moving into my dad's...I very clearly remember being sat down...and explained...and also explained like I was an adult as well [...] my views were always sort of taken into account...and I was always sort of explained what was going on [...] which was great.*

This example highlights the importance of young people not only feeling listened to, but also social workers being open, honest and transparent with them – even if the conversations were difficult. Being actively included in the care plan decision-making process in this way promoted a sense of agency for the adolescent and encouraged a sense of trust in the social worker.

In contrast, some participants described negative relationships with social workers. Common themes included: not feeling listened to or cared about; not being included in care plan decision-making; feeling unable to contact their social worker - often leaving numerous messages with no response; or feeling disempowered, despite being actively involved in care plan decision-making processes (e.g. Looked After Children review meeting), left feeling disempowered. Bella, 22 shared:

*I was quite vocal and active in [reviews]...but again...I mean half the time I wasn't listened to...or I felt like I wasn't listened to anyway [...] I think I would never get given explanations...it would just be like 'no, sorry'.*

A lack of transparency or responsiveness left adolescents feeling unheard and misunderstood. All shared that confidence was needed to be open and honest with social workers about their difficult feelings and experiences – this was a much smoother process when social workers took the time to get to know the young person to build trust. Elsa, 21,

described being unhappy in her permanent foster placement with carers who were not meeting her needs. She also experienced frequent changes in social worker and a particularly strained relationship with one social worker. Despite this, she found the courage to disclose her feelings:

*If I ever like expressed that I was having problems or issues...with my foster carers...she...was very much of the opinion that I was the one causing it...that I should just 'suck it up',...just get on with it until I can move out.*

Not only did Elsa not feel listened to, but her social worker's response left her feeling blamed for the difficulties in the foster placement which exacerbated her feelings of being trapped in an unhappy foster placement. Elsa, when she was coming up to 18, disclosed again - this time to a worker at college - who contacted her social worker and she subsequently moved to a supported lodgings (SL) arrangement where she thrived.

Sometimes, for some participants, a previous negative experience with a social worker impacted on their ability to disclose to the next social worker, sometimes despite reporting a more positive relationship. Morgan, 30 shared:

*She was nice enough...but [...] she did tend to believe a lot of what my mum was saying about me...and didn't really give me a chance...so by the time I'd moved to New Town...I'd been given a different social worker [...] and she was my social worker like all the way through [...] she did get a lot of shit off me [...] I do feel like I could trust her [...] and there were a lot of times when I came really close to telling her stuff [...] and I was always worried [...] are they gonna believe everything that [my parents] said?.*

In these examples, adults with care-experience described the missed opportunities social workers had to explore what was really going on in their lives. Bella, Elsa and Morgan all found a mechanism to be heard by refusing to return to their foster placements: a self-protective and self-destructive form of agency. Most participants acknowledged the challenging systemic context within which their social workers were trying to support them i.e., high work load and the challenge of finding foster placements for adolescents. However, these wider systemic challenges should not get in the way of professional curiosity and building relationships with adolescents. Crystal, 17 emphasised that:

*The most important thing is...explaining to the young person...if they're being moved – why they're being moved...and explaining to them [...] if I'd ask [my social worker] [...] they would just be like... 'oh we don't know that much'.*

These examples reinforce the important role social workers have in supporting adolescent entrants' sense of agency, which could be promoted by simply listening, and being honest and transparent in care planning and decision-making with the young person.

### Foster Carer Perspective

Foster carers shared their experiences of relationships with their fostering worker – often called a supervising social worker (SSW) – and social workers for the young person in their care – adolescent social worker (ASW). There are differences in the duties and responsibilities in each of these distinct social work roles. The SSW is a crucial link between the fostering service and the foster carer. They provide advice and support for the foster carer whilst ensuring any fostered child or young person is thriving in their care, and the foster carer is meeting the fostering service's requirements by meeting National Minimum Standards (Davis, 2022). The ASW is to act in the young person's best interests and to promote their welfare by, for example, assessing needs, monitoring progress, reviewing plans and making regular visits to the young person in order to build a relationship and involve them in decision-making processes (Cocker and Allain, 2019).

In general foster carers reported experiencing more stability with their SSW than the ASW. The majority of the foster carers focussed on their experiences with the ASW in interview, both in terms of their relationship with the ASW and their role in supporting the young person's relationship with their ASW. Foster carers shared examples of positive relationships with ASWs – despite frequent changes - categorised by feeling listened to and valued as a foster carer to the young person. ASWs demonstrated this by complimenting foster carers for their care and support of the young person. Moira shared:

*[Young Person and I] have a good relationship with [ASW] [...] she will tell me that you're doing well...she will encourage you to do better [...] she believes me [...] and we trust you that you do a good job.*

This encouragement and trust facilitated foster carers to feel valued by ASWs. Their views being included in decision-making forums was also important for foster carers, particularly those looking to offer permanence. Susan was offering permanent foster placements to three brothers – the oldest an adolescent entrant. She shared:

*The guardian actually wanted the three children split [...] we sort of said well no...they need to be together...and they wanted to stay together [...] but the independent assessor said no, you are doing such a good job with them and the*

*kids wanted to stay together...you know there is no reason why they shouldn't stay together because we could manage.*

Others shared the importance of feeling like a valued member of the team working together to best support the young person in the foster family. Hazel shared:

*And then another social worker took over and she was [...] very nice and...that was the social worker who was responsible for Rosie's care [plan]...when we decided that Rosie wouldn't go home [...] and obviously the full care order went through and she started at the new school here...and things were happening what she wanted to happen.*

In contrast, some foster carers shared examples of negative relationships with ASWs, characterised by feeling undervalued and powerless in their role. Their lack of trust in working with an ASW often stemmed from a lack of transparency in sharing information about a young person's needs and history. Zara shared:

*It is important that the social workers convey like all the issues...that they know of...as opposed to hiding things...or glossing over things.*

In addition, concentrating on the foster carers' duties and responsibilities left foster carers feeling under scrutiny. Moira shared:

*[the ASW] sometimes want to come and talk about allowances and paperwork and things like that...but that makes you feel like it's about paperwork and ticking the paper...that is not what fostering is about [...] it's about spending time with the foster carer and with the child.*

This focus on policy, procedures and process rather than relationship left foster carers feeling undervalued. Instead, foster carers wanted to feel included and that their expertise on the needs of the young person was valued.

All foster carers commented on the frequent changes in social workers that the young people in their care experienced and how this often challenged the relationship-building process between young person and ASW. Janine shared:

*'[Jamie] is now on his fifth social worker in 2 years [...] he said to me the other day [...] 'the social workers I have don't know anything...why don't they just pay you to tell me...coz you seem to know more than they do'.*

Feeling listened to by their social worker was a key factor – from the foster carer’s perspective – in the relationship-building process between young person and social worker. Foster carers often took a proactive role in facilitating this process. Zara shared:

*Sometimes you just have to give them a kick up the backside for want of a better word (laughs)...to get them to do things...but yeah he does have a good relationship with her now.*

The findings from both adolescent entrants and foster carers in this section highlight the importance of both parties experiencing positive relationships with social workers. Two key factors underpinning positive relationships was feeling listened to by social workers and for social workers to be transparent in their care planning, decision-making and information sharing. The experience of a positive relationship with social workers, for some adolescent entrants, supported them to build trusting and enduring relationships with their foster carers – a key concept which will be explored in chapter eight. There was also evidence in the data of this working the other way, showing positive relationships with foster carers supporting adolescent entrants to build trust in their social worker, often in the context of a number of changes.

### **6.3 Navigating exits from foster care**

This final category, exploring the foster care context, captures adolescent entrants’ and foster carers’ experiences of planning, negotiating and testing out an exit from foster care. Either through a *Staying Put* arrangement, reunification to birth family, or SIL.

Four adolescent entrants exited foster care and moved into various forms of independent living provision with a range of leaving care support. One adolescent entrant in this group initially moved from foster care into a residential children’s home before moving into SIL at 16. Six adolescent entrants had either experienced reunification or had imminent plans for reunification at interview, including one participant who moved from foster care to a residential children’s home and then returned to birth family. One adolescent entrant remained with their foster family under a *Staying Put* arrangement.

In contrast, the majority of the foster carers interviewed in this sample had experience of offering permanence to adolescent entrants and reflected on their experience of navigating permanent foster family relationships beyond the formal end of the foster placement. Some foster carers had experience of moving adolescent entrants onto various forms of independent living provision, but because these were not necessarily the young people that

they felt closest to, they did not share great detail in interview. Thus, there will not be a foster carer perspective in the independence pathways subsection.

### *Reunification*

#### Adolescent Entrant Perspective

Three young people interviewed were in foster care and all had imminent plans for reunification. Max, 15, shared a sense of trusting the process, his foster carers were strong supportive advocates, and he was the only participant to have entered foster care and remained in the same placement. In contrast, others who had experienced instability in foster care, and struggled with relationships with their social workers, shared their frustration with the uncertainty of time scales and process for reunification. Lily, 15 shared:

*My social worker thought it'd be better...to...slowly increase the amount I see (mum)...seeings as I'm supposed to be moving back in like two months...but then it's also really annoying coz [...] they said that...the....court was gonna be this month [...] to...say...whether...I'm going back to my mum's or not [but I haven't heard anything].*

Three participants were older care leavers, reflecting back on the decision-making process of returning home to birth family. All shared examples of feeling a sense of agency and a choice in moving back to birth family, but these decisions were often complicated by complex relationships with family based on guilt and fear of the unknown.

Imogen, 24, experienced three moves in foster care, but had settled and developed a positive relationship with her final foster carer. Imogen felt empowered in her decision to return home to her dad – despite the distant relationship – but she shared that this decision was complicated by her feelings of guilt and fear:

*They gave me the option to...move in with my dad...or I could stay in foster care...even then I definitely felt empowered in that decision [...] it was very much what do I want...not what do other people want for me...Secretly I wanted to stay in foster care [...] [but] I just felt like I couldn't say no...because my two brothers that were still in care...didn't have an option to go to their dad [...] so I thought how could I turn that option down?...when they don't have that option? [...] But I was also scared of what would happen when I was 18...which was my big decision...coz my brother [...] he didn't go into care...he went straight into like semi-independent*

*supported living...because he was like 15-16 [...] and I saw the messes that he got himself in.*

In contrast, others shared the complexity of the decision-making to return home in the context of chronic instability in foster care, both in terms of foster placement and relationships with social workers. They described a sense of having a choice to return to birth family, but in the context of having no other option. They shared navigating complex feelings of fear in the uncertainty of what the rest of their adolescence could look like in care, as well as navigating complex feelings of fear and guilt in how relationships and life back with birth family would be experienced in the context of a period of separation and loss. Participants described returning back to birth family as a sense of 'better the devil you know'. Morgan, 30, who had experienced chronic instability in foster care and a period in a residential children's home, shared her feelings of guilt in deciding to return to birth family:

*I felt pressured as well...coz he was like every day 'I'm gonna kill myself' and it was like I had to look after him.*

All three who returned home experienced a breakdown in family relationships – with one returning into the care system and into a supported living arrangement. They all shared a sense of being left with family and social workers no longer visiting, with one participant experiencing significant abuse in the family home.

#### Foster Carer Perspective

The majority of foster carers had experience of supporting adolescent entrants to return to their birth family. The young person's transition from foster care was facilitated by foster carers building relationships with their birth family. Most remained in touch with the young person and their family - with some care-experienced adults who were formerly fostered returning to their foster carers for birthdays and Christmas, so viewed as part of the extended foster family network.

Some shared the complex experience of young people wanting to 'test out' a return to birth family. Natalie shared her experience of supporting Reece, 16:

*All he wanted to do was go home...so...last summer holidays...he tended to stay at mum's and wouldn't come back...and then mum didn't want him there...he was causing hassle...Social workers weren't a lot of good if I'm being honest...They said they'd go round and never did [...] [in the end] I went round...sat with mum...said 'look, you need to come home, you need to come back, you can't do this...you're*

*not 16 yet, blah-de-blah-de-blah'...Mum was on my side because she just couldn't cope with him full-time...and first of all he sort of screamed out the house...I said you need to make that choice [...] he said to me 'I need to talk to you', so we had a chat, and he said 'I want to go home, but I don't think it's going to work'.*

The need for young people to 'test out' relationships and possible pathways to adulthood is an important developmental task of adolescence. Within the context of foster care, how 'testing out' is navigated and responded to by foster carers and social workers could have significant consequences for adolescent entrants. This is because it has the potential to destabilise relationships with foster carers. Enabling space for a young person space to grow and navigate complicated relationships with birth family, whilst in a supportive foster placement, was significant. Foster carers shared a sense of vulnerability in facilitating this process, depending on the level of support they felt from the ASW. 'Testing out' often happened when the adolescent entrant was transitioning from a Children in Care team to a Leaving Care team. The data cannot suggest this is a causal relationship, but it does highlight potential gaps in trusted and consistent support for both the adolescent entrant and foster carer, and all these circumstances combined had the potential to impact placement stability.

### *Staying Put*

#### Adolescent Entrant Perspective

One participant stayed in her long-term foster care placement after turning 18; this changed to a *Staying Put* arrangement with the same foster carers. Vicky, 28, shared an example of when she felt insecure about her position in the foster family when confronted with an older young person staying with the family on a planned short break:

*She used to then come and stay with us for a few days...and then go so...and that used to scare me [...] about maybe having to do that and...but Rita and Alan very early on...like...would say we would never, never ever let you do-like you can stay here, like that's it-and they fought for us...and was like no I want Vicky to stay here until she goes to Uni.*

Having a consistent message of stability and belonging in her foster family and certainty about her future post-18 was important for Vicky throughout her time in care. This concept will be explored further in Chapter Eight.



## Foster Carer Perspective

Four foster carers had experience of offering a *Staying Put* arrangement, with three more offering permanence with the intention of this progressing into a *Staying Put* arrangement. Foster carers commented on the challenges and tensions in social work practice of navigating permanence, particularly planning *Staying Put* arrangements despite this being on the policy agenda since 2010 (Department for Education, 2010b). Many shared their experiences of the additional complexity of navigating *Staying Put* and *Leaving Care* support for young people with learning and complex needs who often fall through the gaps in services. Susan shared:

*He's staying with us under Staying Put...but that is a really really hard thing for carers...to...get for their young people...it's something which is a very grey area within fostering...it's something that...most social workers...don't understand [...] [Drake is] not under adults with disabilities at all...and to try and find out what the criteria is for...disabilities is...you just cannot find out with [LA1]...it's almost virtually impossible.*

## *Independence pathways*

## Adolescent Entrant Perspective

Four participants experienced an exit from foster care into various forms of independent living – one into SL and three into SIL. Their experiences of post-18 social work support were varied, however all felt misinformed or unprepared for the reality of SIL. Damsa, 21, entered foster care at 16 and moved to what she described as a refuge once she turned 18:

*[Social Worker] left me in a refuge and then abandoned me [...] I was all the way in [town 75 miles from home] coz they said go to the refuge and then they would find me a new foster placement but that is when they abandoned me...coz I was just so unhappy in that [foster] placement I just wanted to leave.*

Damsa's experience not only reinforces the importance of social workers listening to and being transparent with young people, but also the additional challenges of being placed out of area particularly for a *Former Relevant Child* under the *Children (Leaving Care) Act 2000*. Elsa, 21, also transitioned from an unhappy foster placement into a SL arrangement. She felt trapped in an unhappy foster placement through fear – a result of misinformation from

her foster carers and social workers - about what a move from foster care and independence at 17 would look like:

*I never had it explained to me how...like if I was to move into a flat...how would that work you know [...] so I thought it was like...like well I'm gonna stay here in foster care...and I get an education...or I move out and I have to get a job...and...stop going to school...and that...quite a scary thought for me [...] it eventually got worse and worse...staying at (foster carers) [...] and I basically said...'I am so unhappy...I hate them [...] they make me feel so miserable'...and that's when [ASW] said 'well actually [...] there is a thing called supported lodgings' [...] and I remember thinking like - why did you never mention that this was an option before?.*

Bella, 22, shared her mixed feelings of moving into SIL – a move she considered unexpected given her background of in-patient mental health treatment – and how her foster carer empowered her to take this next step:

*I was like 17 at the time as well so there were talks already about what was gonna happen...and I kinda surprised myself and I was like 'yeah, I'd quite like to live...independently' [...] to be honest...I really wished I'd have stayed with her...if...like looking back...I think it was a massive mistake...but...I just liked the fact that she supported me with it...to make that decision by myself [...] like in an ideal world...I probably should've done Staying Put...or supported lodgings...I think that would've been a lot better for me [...] and I think...I didn't understand the reality...of the semi-independence...like everyone wants their own place...I think they are a bit sneaky [...] I don't think they are honest about...what that actually looks like.*

These varied experiences of navigating independence pathways highlight the variability in quality of post-foster care provision and the crucial role that both foster carers and social workers have in ensuring a realistic – not fearful and not over optimistic – perspective of what independence options could look like.

## **6.4 Summary**

This chapter has explored how adolescent entrants and foster carers navigate the foster care system by focussing on three key areas: (in)stability; relationships with social workers and exits from foster care. Entering foster care in adolescence signalled significant separation and loss from home and family relationships. Adolescent entrants experienced

this as a loss of control over their lives, at a significant time in development where building a sense of agency and independence is important.

The data explored the various ways the care system can compound an adolescent entrant's experience of separation and loss – particularly in respect of sibling relationships – and through instability in foster care. What supported adolescent entrants in navigating their pathway through – and exit from - care was building their sense of agency. Support from foster carers was crucial here, as was the role of social workers. When social workers were responsive and transparent in care planning, information sharing and decision-making, this promoted an adolescent entrant's sense of agency and supported foster carers to feel valued.

Taken all together, the data reinforced the importance of the care system providing good quality placements with skilled and experienced carers able to meet the unique needs of adolescent entrants. There was also evidence to suggest that stable placements and quality relationships with foster carers were not necessarily congruent which presents a complex picture of the challenges and opportunities of foster care for adolescent entrants.

## **Chapter 7: Negotiating adolescence and emerging adulthood**

Young people who enter foster care aged 11 or older are at the cusp of a significant stage in their development. Adolescence is a time of great physiological and psychosocial change that affects all young people. In addition to this, adolescent entrants have often experienced multiple losses in their life before entering care. Entering care itself is a significant transition, all too often experienced as disrupted with multiple moves resulting in fragmentation of relationships, place and space. This sense of fragmentation can bring particular challenges to negotiating the development stage of adolescence and moving onto emerging adulthood (Arnett, 2000). Being in foster care often presents young people with an accelerated but also compressed journey to adulthood (Stein, 2006a). This chapter focuses on the developmental context of adolescence. This context, along with the previous chapter on the foster care context, sets out the circumstances underpinning the entry to foster care for adolescent entrants. This chapter presents the findings related to negotiating adolescence by exploring the following categories: navigating support systems; navigating friendships, sex and dating; navigating identity and pathways to adulthood.

### **7.1 Navigating support systems**

All participants shared examples of the complexity and challenges of navigating systems of support for young people in foster care across their adolescence. Two core areas of support spanned across the interviews: education and mental health services.

#### *Education pathways*

Education, and the various educational pathways for adolescent entrants, was identified as a key area of support for young people and explored across the interviews. This is particularly significant for adolescent entrants whose educational journeys are often disrupted by an entry into care, as well as the various ways in which the educational system responds to their unique needs.

The data demonstrated that adolescent entrants either remained at the same school, often enduring long commutes until longer-term care plan decisions were made, or moved schools when they entered foster care or shortly after. Those who moved schools - or remained at the same school but were commuting - commented on their feelings of

separation and loss, not only from family and home, but also from friends and school networks.

#### Adolescent Entrant Perspective

An entry into foster care signalled an increase in school attendance for all participants. However, some shared a sense of frustration in the school's inflexibility to meet their often complex and challenging learning needs – taking a one-size-fits-all rather than an individualised, nuanced and trauma-informed approach.

Lily, 15, had remained at the same school since moving into foster care and although inconsistent, her attendance had significantly improved. She shared '*even if I'm ill I have to go to school and if I'm that bad then they can send me home*'. Lily was a school refuser, and her social worker, foster carer and school were united and consistent in their approach to challenge and change her behaviour. Lily went on to describe how a seemingly small change in routine had a significant impact on her feelings of safety, and she did not feel confident enough to share how this change really made her feel:

*I'd forgot that Miss was gonna change the seating plans...so I kinda walked in...went to where my little name tag was...looked over...coz my friend was in the corner...I looked at her and I just started crying.*

Despite educational attainment not being a direct focus in interview, most of the participants commented on their achievements, often comparing their results to their peers who were not in foster care. For some participants who remained at the same school - despite experiencing changes in foster placement - their attainment and educational pathway followed a similar trajectory to their peers. These participants described school as a safe place and valued this stability. Others experienced changes in school but also described achieving in line with their peers. Bella, 22, shared:

*I'd dropped out [of college] when...my first placement was breaking down... [new foster carer] supported me to apply for college.*

In these examples, despite experiencing moves in school or foster placement, these young people had been able to build positive relationships with their foster carers, sharing that their foster carers' support and belief that they could achieve was a motivator to succeed. Others shared more varied and fragmented educational pathways by moving schools – sometimes multiple times – or by moving foster placement, or back to birth family, or

sometimes both. Participants shared their frustration at their grades despite making a conscious effort to work hard. Imogen, 24, shared:

*I had to change all my options...and that was like obviously the first time that I had consistently went to school [...] so I sort of...made a decision that I was going to try really, really hard...and I was successful, I got mostly Cs...which was at the time...disappointing...because I couldn't understand why I'd worked so hard and get Cs...and my mate next to me, wouldn't work as hard but get As.*

These examples highlight the complex impact adolescent entrants' experience of trauma, separation and loss has on their learning and educational outcomes. These findings are consistent with research which suggests that young people in care do achieve more when compared to peers on the edge of care, which suggests that entry to care can be protective and improve educational outcomes (Sebba et al., 2015).

Of the seven care-experienced adults interviewed who were reflecting on their experiences in foster care, five went on to study for an undergraduate degree. Two progressed to university at the same time as their peers, and three experienced a delayed entry into higher education. This delayed entry into higher education is consistent with research suggesting the importance of taking a wide-lens when thinking about educational outcomes for children in care (Harrison, 2017; Harrison, 2019), and will be explored further Chapter Ten.

### Foster Carer Perspective

When commenting on their experiences of supporting adolescent entrants in education, foster carers focussed on the young person they were currently caring for, rather than reflecting on their previous foster caring experiences. In addition, foster carers tended to comment on the challenges of supporting the educational needs of adolescent entrants in the context of educational provisions focussing on behaviour management and containment rather than facilitating a sensitive and trauma-informed learning environment.

Foster carers shared examples of the challenges of accessing specialist provision to meet the complex emotional and behavioural needs of young people, with some being sceptical of how much learning was taking place. Louise commented on a young person's educational provision in a pupil referral unit (PRU):

*She was out of education for 8 months when she came to me...She was then sent to a PRU [...] it had 30 other students which were all running around [...] She wasn't learning anything in that heightened state at all [...] and we are expected to care for*

*children in a heightened state but then we are expected to send them to a school and expect them to manage and learn?*

Others shared the challenges of finding the right type of educational provision to meet adolescent entrants' complex and changing learning needs. Zara reflected on her experience with Ryan, 16. Ryan entered care at 11 and moved into Zara's family aged 12, where he was permanently matched. When he was placed with Zara, he was attending a specialist educational provision for children and young people with additional learning needs, having been diagnosed with behavioural and emotional difficulties prior to entering care. Once Ryan was able to settle and achieve stability in Zara's care, his behaviour and learning needs changed and Zara questioned whether he was in the right school:

*When he came here...that school was ok for him...yeah it was in line with his behaviour...but I think after about 2 years...he outgrew the school really...because his behaviour had changed...completely...and he wasn't like the other children [...] he was with children who have autism and ADHD and things like that [...] whereas he outgrew a lot of the behaviours.*

Zara advocated for Ryan to move to a mainstream educational provision to enable him the opportunity to reach his educational potential.

All foster carers commented on the struggles that young people experienced in achieving in education, irrespective of whether they remained at the same school or not. Janine reflected on her experience with Jamie, 16, who was placed from home into her care at 14. She commented on what she perceived to be Jamie's struggles with educational attainment, despite remaining at the same school and only experiencing the one foster placement:

*Parents' evening everyone speaks really highly of him [...] I think the frustration for Jamie is [...] his anxiety sometimes gets in the way [...] if he's learned something in maths today and he really got it...if something bad happened tonight...like it erases it.*

Others shared examples of young people moving school and the positive impact this had on their attainment. Foster carer Hazel shared Rosie's experience of moving schools once care proceedings had concluded. Rosie was nearly 16 and was in the process of being permanently matched. Hazel commented:

*She had been sat at the back of the class at her [previous] school getting Ds and Es because nobody actually knew how bright she was...She is now a straight A student [...] It was all the way that she acted was because of what she had been through*

*[...] and this meant that she was actually being overlooked...We are now able to have found her a bit of a voice...change of school definitely helped.*

This example also highlights the importance of stability of foster placement in enabling the space for a young person to flourish and start afresh in a new school.

### *Mental health support*

Mental health difficulties and accessing a variety of support to meet the mental health and wellbeing needs of adolescent entrants was commented on across the majority of the interviews. Adolescent entrants shared their experiences of in-patient mental health care, self-harm, disordered eating, anxiety, and depression, and how these were responded to by their foster carers. The challenges of accessing the right support at the right time to meet the mental health needs of adolescent entrants in their care was primarily their focus in the foster carer interviews.

### Adolescent Entrant Perspective

Three participants had experience of in-patient care, either being discharged from hospital into foster care, and/or receiving in-patient care whilst in foster care. Some participants explicitly mentioned receiving regular support from *child and adolescent mental health services* (CAMHS), particularly the younger participants who were in foster care.

Others, particularly care leavers reflecting on their time in foster care, shared their experiences of accessing a counsellor at school. All commented on the importance of consistency in this relationship – with the therapeutic intervention often starting before a care entry and continuing whilst in foster care.

The consistency in relationship with a therapist was particularly significant for young people who experienced frequent instability in foster care. Morgan, 30, shared:

*I had a child therapist...I started seeing her when I was living with my mum [...] and she was sort of involved like all the way throughout like all the way until I was like 15 [...] She probably knew me better than anyone [...] having someone consistent...someone safe like that all the way through.*

For Morgan, in the context of sustained instability and significant pre-care trauma, this therapeutic intervention was the only stable relationship she experienced and she continued to prioritise therapy in her adult life.



Some young adults shared examples of how their mental health needs were responded to by their foster carers. Some described their needs being dismissed and misunderstood as attention-seeking which resulted in them finding more dangerous ways to express their distress. Elsa, 21 shared:

*I wasn't allowed to cry [...] if I was self-harming...I wasn't crying [...] [self-harming] was easier to hide.*

Others shared examples of foster carers giving them time and space to share their feelings in a non-judgemental way. For example, Bella, 22 shared:

*She was just like...really...proactive [...] and just gave me that space to...just sort of talk about things [...] and not just shut it down [...] where I felt like before I'd had to hide...how I felt.*

Bella, in this example, compared her experiences of how her self-harming behaviour was responded to in her two foster placements – the first negative experience ending in an unplanned placement ending.

It became clear over a short period of time, for some young people, that the foster carer was not meeting their needs. They described an initial – superficial - click, with aspects of agency, but over time it became clear that the foster carer was not meeting their needs, particularly if their needs arising from mental health. Bella, 22, shared:

*It was a very [...] close-knit family [...] which was never something that I'd experienced before [...] and I think I found it really overwhelming...because it was just constant like doing stuff...and I would like...completely withdraw [...] [foster carer] really struggled with my...mental health [...] She wouldn't really let me seek treatment like when I needed it [...] She was like 'well it's your own fault,' [...] She had very strange views about mental health which again...is strange considering...she accepted my placement...when I was in hospital.*

### Foster Carer Perspective

Foster carers reported similar examples of how adolescent entrants' trauma manifested in mental health needs e.g., sleep issues, self-harm, disordered eating, alcohol and drug use. Unlike the adolescent entrants' interviews, foster carers shared the challenges of navigating specialist mental health support for the young people in their care, perhaps a reflection of their different positioning to services.

Several foster carers found navigating access to CAMHS frustrating, describing specific referral and support thresholds and criteria, which varied across LA. Louise, a short-term foster carer, commented:

*[CAMHS] have been a complete let down...We had four referrals... [and their] [...] excuse is that she's not in a settled placement [...] [but] we've got a kid that is clearly saying...I need help and I need help right now.*

The young person in this example had a plan to remain in foster care and their placement with Louise was on the verge of disruption. This example highlights the importance - and complexity - of care planning and accessing mental health support. Whilst access to therapeutic support is prioritised differently across LAs, the timing of accessing the right support is crucial. There were examples in the data where young people were receiving consistent CAMHS support in short-term placements with a care plan working towards reunification. Therapeutic interventions, in these examples, were supporting the young person's permanence plans, whereas, in the example shared by Louise, stability had not been achieved.

Ezra, 16, had been with his foster family for five years in a stable placement. His foster carer Ann comments on the importance of the right time to engage in the therapeutic process, despite stability:

*He went to several sessions [then]...ducked out of doing art therapy...he didn't fancy that [...] The end decision was...that it's all filed away...He doesn't really want to bring it out to the open and have a look at everything...don't shake the filing cabinet was the idea.*

Foster carers also shared the importance of sustaining or encouraging a young person's interest in extracurricular activities and how this supported their mental health and wellbeing needs. Some foster carers encouraged a young person's interest in creativity, physical activity or sports, by facilitating opportunities in photography, theatre, cycling or football. Other foster carers spotted a young person's aptitude for more practical skills, like mechanics or cooking, and nurtured this by seeking opportunities to build the young person's self-esteem, self-efficacy, and wellbeing. Janine, commenting on Jamie, 16, shared:

*He's learnt that jogging...if he is in a really bad mood...or really worried...jogging really helps his mental health.*

## 7.2 Navigating friendship, sex and dating

Close relationships with friends and exploring close and intimate relationships with significant others through sex and dating is a key developmental task of adolescence. Navigating the process of establishing, sustaining, and sometimes ending close relationships with peers for adolescent entrants was a significant concept explored in all interviews across both groups.

### *Friendships*

#### Adolescent Entrant Perspective

All participants shared examples of navigating the process of making and maintaining friendships and the various ways being in foster care impacted this. Those who had moved out of the local area and were commuting to school, shared examples of struggling to sustain school friendships. Younger participants, who had entered foster care in more recent years, spoke of the importance of technology – particularly access to social media and online gaming – as a strategy to mitigate the geographical challenges and were able to continue to feel connected to their friendship groups.

Those who entered foster care in their mid-teens shared the importance of sustaining their friendships by remaining at the same school. This stability was particularly important if their time in care was unhappy. Elsa, 21, entered foster care at 15 and shared:

*I like kept the same group of friends that I'd had like before I came into care [...] a good friend of mine who was very close...and before I went into care...she was aware of like everything that had been happening.*

It was the consistency and stability of these friendships that supported Elsa to gain the confidence, at 17, to move into SL. Others shared the importance of maintaining connections to their local community and peers by continuing to attend clubs and activities. Imogen, 24, shared:

*I was a Cadet from like the age of 10 until I was 18. It was the only consistent thing in my life [...] [my foster carer] very much advocated for me...from what I can remember [social services] said they wanted to stop it [...] I think it was money [...] I had to get taxis twice a week.*

This continuity in established relationships at Cadets was important and it had an enduring impact, as it provided opportunity for Imogen to gain skills and encouraged her aspirations to follow a career in the Armed Forces.

Participants who had moved schools when entering foster care spoke of maintaining two very separate friendship groups, and not being comfortable with sharing their foster care status with their new friends. Those who had experienced chronic instability in both foster placement and education struggled to make friends as the 'new' young person in a school. Some participants reflected that their challenging behaviour often set them apart from their peers and this, coupled with being the 'new kid', at times emphasised their difference and, as a result, they experienced bullying.

Some participants shared their frustration with social workers focussing on them making local friendships. Imogen, 24, shared:

*The amount of times that [social workers] would come round to me and say 'why don't you make some friends in the local area?'...I would think what do you want me to do? Walk around up and down the street and be like 'will you be my friend?'*

However, all participants shared examples of the importance of knowing other looked-after children and young people and the various ways this was supported by their foster carers and social workers. Some shared positive examples of activities and trips organised by their local authority specifically for children and young people in care. Participants valued getting to make friends with other young people like them where they didn't have to explain their looked-after status. However not all participants had this opportunity. Elsa, 21:

*If someone had said to me 'Hey Elsa...I know someone who lives down the road who's your age and is in care...would you like to meet them?'...I would probably have been at the time...like...very resistant...but I think I would've really benefitted from something like that...to know that I wasn't alone.*

#### Foster Carer Perspective

Foster carers shared the various ways they supported adolescent entrants to navigate the often complex and confusing process of making, and crucially maintaining, friendships. Maintaining established friendships for those young people who remained at the same school was important. However, commuting out of the foster placement area presented challenges to making friends in the local area. Extra-curricular activities – either linked to

the school or in the new local area – enabled further opportunities to make new or maintain existing friendships, which foster carers were often pro-active in promoting.

Some foster carers shared how a move of school – particularly once in a stable foster placement – could enable opportunity for a young person to start afresh. Foster carer Hazel, shared that adolescent entrant Rosie *'has a friendship group of five or six really, really good close friends...boys and girls,'*. In Rosie's previous school she struggled with navigating friendships; Hazel shared that Rosie lacked confidence and, due to her experience of chronic neglect, her physical appearance set her apart from her peers. Since settling in Hazel's care Rosie had physically and emotionally flourished. She was now a confident, sociable 16-year-old who took pride in her appearance.

Some foster carers shared examples of young people navigating their role in their friendship group which sometimes resulted in difficult behaviours e.g. going missing, experimenting with drugs and alcohol, and petty crime. Some foster carers demonstrated curiosity in what motivated a behaviour, particularly keeping in mind the impact of trauma, separation and loss. Ann shared the following about Ezra, 16, getting caught shoplifting. In the context of his experience of domestic abuse, chronic neglect and being the oldest sibling, he often protected his younger siblings. She made links to the role he had in his friendship group:

*He says 'no, they dared me,' and he said 'I don't like doing it, but if they do it they get caught, but if I do it, I'm better at it than them,' and all that...like he's...saving them...and he does take on...a lot of the group's worries [...] like the custodian...like trying to look after everyone else [...] so somebody punched so-and-so and he'd be the mediator.*

Ann supported Ezra with thinking through his actions and navigating friendships which influenced him positively and negatively. Other foster carers shared the role they had in guiding or scaffolding friendships for young people. Janine shared the following about Jamie, 16:

*He has a group of about five or six friends...and in the last school holiday he actually spent a night away...and stayed at a friend's house for the first time ever...yeah he said it went really well [...] and I said [to Jamie] so I won't text you and bother you...but just text me in the evening to let me know you're ok...and he did...and he came back the next day...So he was really pleased with himself...because normally he just would not have the confidence to do that.*

In these examples foster carers shared the sensitive ways in which they supported young people in their care to navigate friendships - support perhaps more often associated with much younger children.

### *Sex and dating*

#### Adolescent Entrant Perspective

Seven adults with care-experience disclosed their sexual identity and relationship status in interview. Six identified as heterosexual, one as queer, four had a partner and three were single. Those who were still in foster care did not mention their sexual identity, or sex and dating during the interview. Therefore, the following section will focus on adults with care-experience reflecting on their experience of sex and dating when in foster care.

Spending more time with friends, including intimate partners, in adolescence was a dominant area shared by all the older participants. Some described these relationships as a positive and supportive influence in their life, whilst others positioned their relationships as risky and problematic. The two who described a relationship as risky or problematic when reflecting on this time, clarified that they did not necessarily see or appreciate the harm this was causing them at the time, with one participant sharing '*I was involved in child sexual exploitation (CSE)...and I look at that now and see it as CSE...but obviously didn't see that then*'.

One participant 'came out' to her foster carers and explored both same-sex and heterosexual relationships whilst in her permanent foster placement – a placement where she was deeply unhappy and her needs were not being met. She shared:

*I did get into a very unhealthy relationship with a boy [...] [my foster carers] didn't identify it as [...] something unhealthy at all [...] they were like 'wow...you're in a new relationship...we are so happy for you,' [...] I was...engaging in some quite [...] unhealthy physical behaviour [...] I was doing things not because I wanted to...but...because I just didn't want to feel...sad anymore.*

Both participants, when reflecting on this time in interview as adults, positioned their behaviour as risky, filling an emotional void and a response to trauma which was not identified by their foster carers or social workers. Instead, at the time, their behaviour was positioned as normal adolescent experimentation, rather than carers and professionals being curious and exploring what was driving their behaviour. On reflection, both participants felt their needs were dismissed and minimised.

In contrast, Vicky, 28, was also in a permanent, but stable and positive foster placement and entered a relationship at 17 with a man in his 40s. At the time she thought she was in love and did not see this relationship as risky or problematic. She shared:

*[Foster carers] got the Police [and social services] involved and [...] I was still living [with foster carers]...and I still had like another year until I went to Uni [...] I used to lie a lot to [foster carers] [...] they started to not trust me [...] [I can remember in a Looked After Child review meeting] I was like obviously stand-offish and really angry and like 'you can't stop me being with this man, I want to be with him, you're not my mum, you're not my dad,' [...] [then the male foster carer] shouted...and I'd never, ever seen him shout before, coz like I said 'well you don't care about me'...and he went 'how dare you say that to us, we love you' [...] and it was hard...because I loved and cared about them but...I was a teenager [...] it nearly...I don't think they would've ever let me go...but...but I nearly was like 'no, I don't wanna do this anymore,'...and I could've you know just gone, no see ya later...but...it didn't work out like that.*

Vicky went on to share that her foster carers continued to support her, despite making it very clear they did not approve of the relationship. At 18 she went travelling abroad with this man which ended in a phone call to her foster carers where they paid for her immediate flight home and welcomed her back at the airport. Vicky did comment that perhaps if she was with other carers this outcome could have been different with the placement and relationship with foster carers ending. This 'testing out' or experimentation phase is a normal part of the adolescent stage of development (Bonnie and Backes, 2019), but these examples showed how young people in care are often more at risk. Being in foster care however is also a specific context which impacts on how this developmental stage is responded to and therefore navigated by the young person and those caring for them.

#### Foster Carer Perspective

Through trusting, open, and honest relationships with their foster carers, some young people were able to talk about their complex feelings when embarking on their first close, intimate relationship, or when one ended. Most of the foster carers had cared for young people who had experienced sexual abuse and they supported them to navigate their complicated and complex relationship with intimacy, sexuality, and sexual identity in the context of this trauma. Janine shared:

*He knows he can come and talk to me about anything...He's even spoken to me about really personal like sexual stuff...like he has real...issues with anything of a physical contact or sexual nature.*

Others shared experiences of caring for adolescent girls and the challenge of keeping them safe in the context of sexual exploitation; a task further complicated by the use of technology and social media. Hazel shared her experience of navigating risk and vulnerability and the challenges of safer caring with young people sharing intimate photographs:

*One of our devices which she had borrowed whilst her device was being fixed has just been removed by the police...due to [...] pornographic content on there of her and her boyfriend...so...a young person has effectively put us in a position where...on a device registered to one of our names...actually contains pornographic footage of the young person we look after.*

### **7.3 Navigating identity**

Making sense of identity, which involves making sense of our past and testing out who we are and where we want to be in life, is a fundamental developmental task of adolescence (Erikson, 1968). For young people who enter care in their teenage years, adolescence can be experienced as fragmented or disrupted, and could be further fragmented by experiences of instability in the care system (Rock et al., 2015; Neil et al., 2019). This section will examine how adolescent entrants make sense of their identity in the context of foster care.

#### **Adolescent Entrant Perspective**

All participants shared a sense of powerlessness and the challenge of navigating these complex feelings when moving from all they had ever known when they initially entered care. This experience resonates with all children and young people when they are separated from birth family in foster care (Fahlberg, 1994). However, for adolescent entrants this disruption happened within the developmental context of adolescence. Vicky, 28, captured this unique experience:

*When you tell someone that you were in foster care [...] I think people just assume that you're in foster care as a [...] young child...and then like I say 'oh I was in foster care when I was 13'...and they are kinda like 'oh, so you were like a teenager...so that wasn't that hard then!' [...] and it's like so difficult coz I think like*



*when you're 13 not only are you going through puberty, and learning who you are, you are also having to, to be thrown into another family...who's completely different from your family you've come from.*

Participants shared their varied experiences of navigating their sense of a stigmatised identity as a looked-after child, which left them feeling exposed as different from their peers. One aspect which impacted their experience in education and navigating friendships was being taken out of lessons to have meetings with social workers or therapy sessions. Damsa, 21, remained at the same school when she entered care and shared:

*Meetings would take place at my school...It was very hard...like I'd break down in class...as they would make me do my meetings at school during my class hours.*

If a young person remained at the same school, a visit from a social worker had the potential to draw attention to their looked-after child identity by exposing their difference from their peers who were not taken out of class for meetings. This scenario left some young people feeling vulnerable as they did not want this information shared with others. Vicky, 28, remained at the same school shared:

*I also had weekly counselling as well...at school...I hated going...only coz they used to take me out of lessons and then everyone would be like 'where are you?'...and I didn't wanna explain it.*

Niamh, 29, moved schools when she entered foster care and commented '*It was really difficult, because obviously all the kids knew each other....and I was [...] the newbie,*'. She goes on to describe being put back an academic year as she had missed too much education to continue her GCSEs in Year 10, so not only was she the '*newbie*' trying to settle into a school with already established friendship groups, but she was also older than her peers and being taken from classes for meetings with social workers highlighted her identity as a looked-after child.

Whilst this sense of navigating a stigmatised care identity is an experience shared by all children and young people in care, the way the care system supported adolescent entrants with making sense of their care journey and identity seemed to differ. Understanding their life story and journey into care was a dominant topic discussed in the majority of interviews. For those in foster care, they shared a sense of filling in the gaps if the reasons for an entry to care had not been fully explained or perhaps understood. Lily, 15, shared:

*To be honest...no one really properly explained it to me...which [...] annoys me [...] [...] obviously my mum like has always sort of been by herself...um...well my dad has like hardly ever been around...and obviously...she doesn't have a good job.*

This sense of trying to fill in the gaps in order to make sense of their life story was also shared by care experienced adults reflecting on their time in foster care. Morgan, 30, experienced chronic instability in care and attributed her behaviour as the reason for the placement disruptions. She shared:

*I loved it there...and then I started going out and getting drunk and doing things...you know...actually you know probably looking back it was way too much for them [...] so that was my fault and I ended up getting moved from there...after three months.*

Though the majority of participants commented on receiving some sort of therapy whilst in foster care (as detailed in section 7.1 of this chapter), none described this as helping them to make sense of their identity and care journey. None of the participants commented on receiving any direct life story work from social workers or foster carers. Instead across the interviews there was a sense of feeling left to make sense of their life story on their own. Bella, 22, shared:

*One thing I really wish I had...was life story work [...] maybe...it was because I was a teenager when I went into care...that it...wasn't really something that...had ever come up before...I didn't even know what [life story work] was until I was a lot older [...] identity is something I've struggled with [...] and just understanding my story [...] it wasn't really something that anyone had done with me.*

This understanding – or lack thereof – of their life story became particularly significant when young people were able to access their care records at 18. Vicky, 28, who experienced permanence in foster care, shared:

*I don't think anyone really...explained it to me...more than...that my mum just couldn't cope [...] But then when I was 18...you can [...] get all your files [...] and I found out actually that mum [...] wrote a letter to the social services...not that she didn't want us...but that she didn't want us to stay with her anymore...and that we had to go basically [...] and that was hard at like 18 to find that out.*

Vicky went on to clarify that her former foster carers, who she remained with under a *Staying Put* arrangement, came with her when she accessed her files and supported her in processing the information. Other participants, who did not experience quality relationships in foster care did not have this level of support and struggled with the emotional impact of reading their care files.

Some participants shared their experience of experimenting with their identity, particularly expressing aspects of their identity through their physical appearance which is a normal part of adolescence, and their foster carer's various responses to this. Elsa, 21, shared:

*I started getting piercings...it started off as a nostril piercing...like one of those tiny little studs in my nose...and...their...reaction to that was 'oh my god you're a freak...you're never gonna get a job'.*

This negative and discouraging response was in the context of strained relationships in foster care.

### Foster Carer Perspective

Foster carers' described strategies in helping adolescent entrants make sense of their identity which included accepting a young person where they were at and not expecting anything from them – a concept which will be examined in more detail in chapter eight. This often included enabling space for young people to experiment and test out their identity and accepting this as a normal part of adolescence. One foster carer shared how they supported a 16-year-old boy to experiment with their gender and sexual identity:

*He did go through a phase where he liked to...wear...ladies clothes...he would say 'Have you got any of those...things...you know...you put on your legs?'...and I [...] said 'Oh do you mean tights?' [...] 'I'd like to try them on'...My daughter was brilliant [...] She's a few years older and...we rustled up some tights [...] and we just put a bag together...and...a full length mirror...and just put it in his room...said you can try those out...and he did come down in them...and he sat on the counter top with these tights on...and a pair of [my daughter's] high heeled shoes [...] but he hasn't revisited...or had a boyfriend [...] so he just had an explore.*

The foster carer had built a positive relationship with the young person, and it was from this stable foundation that the young person felt safe and had the space to explore their identity. The foster carer also shared how this challenged the values instilled in her from her Catholic upbringing but she was able to be open and accepting.

Another aspect of giving adolescent entrants space to explore their identity was letting young people figure things out for themselves and make mistakes. Janine shared:

*I've kind of learned over the years...to not fix it [for young people] [...] coz...I don't have all the answers (laughs)...and even if I do have some of the answers...sometimes they do just have to come to the conclusions themselves.*

## 7.4 Navigating pathways to adulthood

Young people in the care system all too often must prepare for independence within a compressed and accelerated time frame when compared to their non-care experienced peers (Stein, 2006a). This final category explores the challenges and opportunities of preparing adolescent entrants for independence and adulthood.

### Adolescent Entrant Perspective

Whilst the majority of participants were either preparing for reunification, or exited foster care and returned to birth family before the age of 18, some shared their experiences of the role foster carers had in their transition to independence.

After experiencing a difficult foster placement disruption and despite being mentally unwell when initially placed, Bella was able to build such a strong and supportive relationship with her second foster carer that after only eight months she felt ready, and was supported by her foster carer, to move onto SIL:

*Going into semi-independent living...wasn't really something...I don't think anyone thought I'd be able to do...but I think I'd just had such a good experience in that placement...that I kinda felt ready to do it [...] and I kinda surprised myself and I was like 'yeah, I'd quite like to live...independently'.*

Vicky, 28, who was the only participant to remain with her former foster carers under a *Staying Put* arrangement, commented on the close, scaffolded support her carers offered her in her journey to adulthood and independence:

*After Uni I lived with Rita and Alan for about...like 6 months...until I got a job...and [...] I moved out to like a shared house [...] like I hate making phone calls [...] Alan said right you look and find some places that you like the look of...so I did that...and then I give him the numbers so then he phoned and got the appointments...and then Rita took me...so we all worked as a team.*

These are examples of the important role foster carers have in supporting young people to build their self-confidence, self-efficacy, and agency: crucial skills for independence and moving into emerging adulthood.

## Foster Carer Perspective

Foster carers shared the various ways they supported adolescent entrants to prepare for independence, adulthood and ultimately leaving care, often reflecting on how this process is experienced within a shorter time frame for adolescent entrants when compared to their non-care experienced peers. This tension is captured by foster carer Janine 'You have all their life with your own kids...but with [young people in care] we are playing catch up,'. Whilst all foster carers shared various examples of how they encouraged and supported young people with building practical skills for independence e.g. managing finances, household tasks and cooking etc, it was noted that building affective skills – both intrapersonal and relational - was important too. Foster carers reinforced the importance of supporting adolescent entrants to build their sense of agency by bolstering their confidence and self-efficacy. Janine reflected on her experience of caring for Jamie, 16:

*What he's learned I think...is that it is OK to disagree [...] and it is absolutely fine to have an argument with someone about 'no it's not, I think it's this or I think it's that'...it doesn't mean that you don't love each other...it just means you don't agree with each other.*

Encouraging agency was particularly important – but also complex - for young people with additional needs. Foster carers shared their experience of the tension between promoting independence, supporting a young person's aspirations whilst also being realistic about their needs and ensuring they receive the right support in adulthood. Drake, 18, had a diagnosis of autism and had achieved permanence and remained with his foster family under a *Staying Put* arrangement. Foster carer Susan supported Drake with a review of his needs connected to his benefits. She shared:

*One of the questions the guy asked him was 'Can you cook?' [...] and Drake went 'Yes [...] I cook roast dinners and I particularly like salmon and vegetables and potatoes'...and I looked at him [...] and I went 'Drake, you've never ever bought salmon, let alone cooked it' and he looked at me and went 'Yeah, I eat it'...and I went 'Yeah, that's because I cook it for you'...so he doesn't necessarily understand a question...and also he'll tell you what he thinks you want to hear...which doesn't help when you're trying to make sure a young person will still get their support.*

This example highlights not only the challenges, but also the vital advocacy role foster carers have – particularly with young people with additional needs - in ensuring their needs are seen and supported as they navigate independence.

Exploring employment and training opportunities is a stage all young people experience as they transition into adulthood. For adolescent entrants however this ‘testing out’ period had its challenges. Foster carers shared examples of work experience, apprenticeships or paid employment opportunities ending for young people as they struggled with routine, authority or building relationships with employers and co-workers. Foster carers described drawing on the cultural and social capital in their family and friends’ network, facilitating opportunities for young people to try again in a more supported environment. Ann shared:

*He was doing an apprenticeship with the plumbing company but he got let go [...] They'd changed the goal posts slightly...and Ezra was incensed about that...and he wasn't going anymore [...] They are not queuing up for apprenticeships (laughs) [...] and it just so happened that we've got a...relative who...who is just started out on his own...so Ezra is doing a trial...ready to make it into a full apprenticeship [...] which is really lucky! (laughs)...he is so understanding and laid back.*

## **7.5 Summary**

This chapter has explored how key aspects of the developmental stage of adolescence are experienced by adolescent entrants in the context of foster care and relationships with foster carers. Findings highlighted the impact that trauma, separation and loss has for adolescent entrants across four key areas of experience: education and mental health support; friendships, sex and dating; identity; and emerging adulthood.

Having access to the right provision, at the right time, with the right network of support was vital in terms of meeting the learning and mental health needs of adolescent entrants, as was the importance of consistent relationships with supportive adults, including foster carers. Foster carers also had an important role in supporting adolescent entrants to navigate friendships, sex and dating in the context of trauma, separation and loss.

Whilst these were all examples of adolescent entrants navigating interpersonal relationships, navigating the intrapersonal - particularly making sense of identity - is a fundamental task of adolescence development. The data explored the various ways this aspect of adolescence was disrupted and complicated by an entry to foster care and care status. Findings highlighted the gaps in support – particularly from social workers – in helping an adolescent entrant to understand their care journey and life story, and the impact this had on their identity needs. Foster carers, however played a crucial role here in supporting and facilitating opportunity for adolescent entrants to experiment and explore their identity and pathways to adulthood, often drawing on their social and cultural capital.

## **Chapter 8: Navigating enduring fostering relationships**

This chapter explores how adolescent entrants and foster carers experience navigating their relationships both in the foster placement and over time. First, the experience of being a foster family, particularly focusing on the challenges and tensions of being parented and parenting within a professional context, will be explored. Next, relationships with birth family, examining how being part of two families is experienced by adolescent entrants will be presented. Finally, the chapter will explore the process of building and sustaining relationships between adolescent entrants and their foster carers across two sections – one focusing on the relationship-building process within a foster placement, the other exploring the impact of, and how these relationships endure beyond a placement ending and over time.

### **8.1 Navigating being a foster family in the context of corporate parenting**

All participants commented on the challenges of navigating being a ‘foster’ family and the impact of corporate parenting policies and procedures on day-to-day family life. Like all children and young people, adolescent entrants enter foster care from a range of different family forms, and just like birth families, foster families are diverse in form – captured in the quote below from foster carer Natalie:

*We’re not a normal foster care family [...] I’m a single carer...I’ve got 7 kids in my house...(laughter)...but it works [...] I sometimes think...that...teenagers...don’t want the 2.4 children thing, they can’t cope with it...They’ve never had it all their lives [...] They need to be safe [...] They can just be themselves [...] but they feel they belong [...] They need to have that space...and to know that somebody cares.*

#### **Adolescent Entrant Perspective**

Some participants commented on the shift in foster family dynamics and how they struggled with this when other children – particularly younger children – were placed. Niamh, 29, was 15 when a baby was placed with her foster carers; she shared:

*It was only me at first [...] they would foster all ages...they then started fostering a baby [...] They didn't say anything to me [...] It all just changed [...] The focus was on the baby [...] like I felt sometimes that I was invisible.*

For Niamh, her feelings of invisibility challenged her sense of stability and belonging in the foster family. This impacted her mental health, culminating in an episode of self-harm and a return to in-patient care, which ended her foster placement. This highlights the complexity of being part of a *foster* family which may mean sharing foster carers with a number of other children and young people, often with very different and contrasting needs, who stay for varying lengths of time. This echoes the experiences shared by foster carers explored in Chapter Six, section 6.1, reinforcing the challenges and complexities of managing the dynamics of multiple children in foster families who may have complex and competing needs, resulting in the difficult decision to prioritise the needs of one young person over another.

Within fostering legislation (Fostering Services (England) Regulations, 2011) foster carers are able to access short break provision (sometimes referred to by participants as respite). The provision of short breaks allows foster carers to take regular breaks to support them in their role, giving them opportunity to recharge their batteries and often it is these breaks which help maintain placements when they are particularly demanding (Owens-Kane, 2007). How this was managed differed across foster families. Some were matched with other registered foster carers offering a level of consistency for young people to stay with the same family when their main foster carers were taking a short break. Others would request a short break and the young person would not necessarily have a pre-existing relationship with the short break foster family, sometimes staying with multiple families. Some foster families would arrange this within their extended family network, much like a grandchild staying for the weekend at grandparents, whilst others never used their short break allowance.

For some young people, particularly those who experienced chronic instability and a series of short-term placements, foster carers using their short break allowance solidified their sense of being an outsider in the family, undermining their sense of belonging. Morgan, 30, shared:

*They wanted to have Christmas like as a family...just with them...so they sent me away to different foster carers...just for Christmas.*

Others, despite having a positive relationship and feeling a sense of belonging and stability with their foster carers, still felt a level of rejection. Imogen, 24, shared:



*She just said [the holiday] was booked before I lived there...and that was that [...] so now I know that foster carers deserve a break...but going on respite is a real kick in the teeth...It's like why do you need a break from me? It's like well my parents didn't need a break from me...and it reminds you that it is a job.*

Despite rationalising why her foster carer had to take the holiday without her, Imogen still struggled with what she saw as a fundamental difference between the dynamics of being a foster family compared to birth family.

Vicky shared the following when comparing her experience of short breaks in her two foster placements:

*My old foster carers did put us in respite [...] I think you do then feel a bit like a job...coz they are going on holiday without you... [permanent foster carers never used respite] [...] and that was always a big thing for me.*

For Vicky, always being included in foster family holidays was important in building her sense of belonging in her permanent foster family. It is also important to note the power of professional language in these examples. Both Imogen and Vicky use the term 'respite' and compare being a foster carer to being like a job.

#### Foster Carer Perspective

Foster carers shared a variety of views around the use of their short break allowance as a support mechanism for the foster family. Some shared examples of taking a short break and this impacting the stability of fostering relationships. Denise was offered short breaks to support her through a challenging period with Axl, 13, placed for two years, she shared:

*I had a holiday...he missed me really, really badly...and when I came home [...] we always said that he did turn after that...because he felt rejected...and as much as I'd tried to reassure him [...] I think he felt really rejected [...] first time I'd ever been without him.*

The majority of foster carers who used short breaks were able to offer a degree of consistency for the young people in their care, whilst simultaneously being able to get the needed time away from their fostering responsibilities to rest and recharge. Some foster carers positioned this as a normal part of family life, likening their use of short breaks as the same as their birth children having a sleep over with grandparents, and that this practice was not specific to fostering. Janine shared:

*We have regular respite...of the same twin girls who are 16 [...] and that's where Jamie goes to on respite [...] it's a direct swap over [but Jamie will] say things like 'well normal families don't' [...] but that is what [husband] and I have always done...when our boys were little they...went to stay with Nanny.*

Whilst Janine appreciated the consistency she was able to offer by arranging short breaks with the same foster family, other foster carers valued a continuity of care by keeping any 'short break' within their wider foster family and friends support network. Susan shared:

*We all go on holiday...and I never put them in respite...they've never been in respite...last year my family moved in for a week and they're going to do the same this year [...] but I've never taken respite...they're our boys, they're family.*

Susan frames her use of short breaks as informal, with her adult children essentially taking over the care, minimising the disruption of routines for the three boys in placement. These examples, together with the findings from the adolescent entrant interviews, highlight the inherent tensions in navigating short break support for foster families. Short breaks need to be carefully framed by both foster carers and social workers in a way which minimises the impact on a young person's sense of stability and belonging in the foster family.

Navigating safer caring policies was another area of foster family life impacted by corporate parenting. Foster carers shared examples of having to think about parenting a fostered young person differently than they would their own birth child e.g. bedroom sharing, opening presents on foster carers' bed as a family etc. Over half of the foster carers interviewed were single carers and many commented on how this presented additional complexities for safer caring in foster family life e.g. planning a holiday. April, a single carer of two brothers who were permanently placed, shared:

*[They] like a hotel...but...apparently coz of their age...I ain't supposed to be in the same room as 'em...and I can't leave 'em in another room in a hotel no way [...] so that's been a bit awkward...we tend to look more for houses...or caravans.*

Whilst this is an example of carers having to make different decisions than they perhaps would for their own birth children in order to safeguard young people in care, some carers reinforced the tension of wanting to be a loving parent and struggling with some aspects of being a professional foster carer. Susan was offering permanence to three brothers all with complex, additional needs. She shared:

*I'm very, very...protective of them...I get told off as I wrap them in cotton wool sometimes...but they're my boys.*

This tension was most acute when foster carers felt social workers were asking them to parent in a way which clashed with their family values. Moira was caring for a 17-year-old girl who was a college refuser. Moira saw her foster 'parenting' role as promoting the importance of education and preparing young people for life beyond foster care. She shared the struggle she had with social workers advising her to take a more lenient approach:

*[Social workers] would say...Moira don't push too much...give them time...but in my experience...if I didn't push [...] saying oh ok she doesn't want to go to school [...] then it wouldn't have actually changed [...] I go with my instincts...like I would with my own child [...] because I push her to go to college...I push her to get up and wash [...] but when I look back I am glad that I did [...] yes she did go to college.*

All foster carers commented on their experience of support for family relationships from social services. Whilst the majority valued the support offered, some struggled with what they perceived to be a lack of practical advice to navigate through challenging times. Louise praised the support offered by child care social workers, but felt frustrated in the support offered by her fostering social worker. She shared:

*I would be like 'Maggie has done this this week' and they are like 'awww feel sorry for Maggie'...no...that's not what I wanna hear right now...like give me some practical advice!*

The majority of foster carers, however, commented on their experience of high-quality learning and development opportunities and felt valued by social workers who understood the complexities and challenges of being a foster family. When asked what support she found helpful in her fostering, Ann shared:

*Value your foster carers [...] and realise...how far reaching it is...it's your whole life [...] it's not just a job you can leave behind [...] I think it's about recognition...and a bit of...leeway and well...all families are so different...you can't have too strong an idea of what...it should look like I suppose.*

## **8.2 Navigating and negotiating birth family relationships**

This section focuses on how adolescent entrants – supported by their foster carers - navigate a sense of belonging in two families within the context of separation and loss.

## Adolescent Entrant Perspective

Three participants were in foster care when interviewed, and all were working towards care plans for reunification. All were the eldest in their sibling group, two entered foster care whilst younger siblings remained at home with birth parents, and one entered care with their siblings, but were separated into different foster placements. This young person's foster carer supported them to have regular contact with their siblings.

When reflecting back on their time in foster care, adults with care-experience shared varied experiences of navigating and negotiating sibling relationships. For some, when they entered care some of their siblings did too. Imogen, 24, spoke about the role her foster carer initially played in supporting her to see her siblings, and how the responsibility for this changed as she got older:

*Although I saw [my siblings]...obviously in like school holidays...contact did stop for a while because they changed foster placements and they changed social workers and nobody told me [...] I've only had unsupervised contact with my brothers for the last couple of years...at like 20 years old...I was still having supervised contact...I was like are you having a laugh?*

For participants with siblings remaining at home with birth parents, maintaining these relationships was even more challenging. Some participants shared their experiences of drifting apart from siblings – older siblings in particular - sharing a sense of these relationships not being prioritised by social workers when they were in care. Bella, 22, entered care at 15 and was the only child in her family household. She did however have much older half-siblings who either lived with their dad or independently whom she was close to. She shared:

*I do have...a brother and a sister...but I don't really think social care supported me...at all...to sort of have contact with them and I did see my sister...I saw her once actually [...] with this foster carer [...] but I think it was more maybe social care not really...making it a priority.*

These examples highlight the various ways in which the care system contributes to disrupting sibling relationships, but also the vital role foster carers had in advocating and supporting young people with maintaining these important relationships.

Participants described their relationships with birth parents as much more complicated and shared varying experiences of the complex process of navigating being part of two families. Max, 15, shared:

*I don't know...well...it feels weird...when I'm with my family I feel like normal...like how I used to feel [...] but then like here is sort of normal sort of thing...but when I'm with my actual family it feels better.*

Others shared their experiences of how birth family either supported - or struggled to support - their relationship with foster carers. The level of response was often linked to the birth family's level of acceptance of their child's care plan. Imogen, 24, shared:

*My mum wasn't [supportive of relationship with foster carer] definitely not [...] always had this thing of like you will be abused if you go into care [...] my dad [...] will say...like [foster carer] was really good for you [...] because she provided you with things perhaps I couldn't.*

This opportunity to experience a different way of life is a key concept explored in the next section of this chapter. Some participants shared the tensions of navigating being part of two families, particularly when they had formed a close relationship with their foster carer. Vicky, 28, shared:

*'[Mum] was always really jealous of [foster carer] [...] coz she feels like [foster carer] took her place...like in a way she has...and it was always difficult for [foster carer] as well...I think...coz she didn't want to ever rub it in my mum's face [...] They did always meet...They had always been open for my mum and dad to come into their house.*

Participants shared the various ways in which their foster carers supported them to repair and rebuild relationships with their birth parents. Whilst Vicky's carers encouraged her parents to visit her permanent foster placement, some foster carers supported young people to build agency in determining the boundaries of their relationships with parents. Bella, 22, shared:

*I would see my mum...occasionally...actually...my foster carer really supported me...coz...whenever I used to see my mum...it used to really, really affect me...so we sort of made this plan...that I'd only like see her in the holidays [...] to sort of give me time to sort of...recuperate a little bit [...] [and] like having it in a public place... because other environments just didn't work at all [...] It is still something that I do now...so it has always stuck with me actually.*

## Foster Carer Perspective

All foster carers had experience of caring for adolescent entrants who were separated from siblings, either separated in different foster placements, or by entering care and a sibling remaining at home. Four foster carers had experience of caring for siblings together, all were caring for the eldest two, all boys, with younger siblings either in different foster placements or adopted.

Foster carers shared the importance of their advocacy role in promoting and maintaining sibling relationships, often playing a significant role in contributing to the decision-making around keeping siblings together or apart. Susan was permanently fostering three brothers who were the oldest in a large sibling group. The boys had experienced significant neglect and trauma in their birth family, and as a result their behaviour was challenging and their sibling relationships complex. Susan reflected on the early days of the foster placement and the role she took in advocating for the brothers to stay together and remain with her:

*It was going to be a sort of assessment placement to see how they got on...but...the Guardian actually wanted the three children split [...] we sort of said well no...they need to be together...and they wanted to stay together [...] the independent assessor said no, you are doing such a good job with them [...] there is no reason why they shouldn't stay together because we could manage.*

Natalie, an experienced single foster carer for adolescents, was permanently fostering two brothers who were the eldest in a sibling group of five, who all entered care three years ago. Reece, 16, was the eldest and took on a caring role for his siblings, particularly the youngest who had been adopted. Natalie shared the importance of her role in supporting the boys to maintain sibling relationships and how navigating the varying degrees of separation and loss of sibling relationships is an ongoing process for young people:

*We have contact with them [younger siblings in foster care]...It's just me and their foster carer who's got two and I've got two...so we do contact without social services...so we'll take them out...and [Reece] will say 'They're in the best place, they shouldn't come home' [...] but sometimes it gets too much for him...and then he thinks everybody should be together again.*

Foster carers also supported young people to navigate their often-complicated relationships with siblings and the trauma they had experienced prior to entering care. Brothers Ezra, 16, and Isaac, 13, had been permanently fostered by Ann for the past five years. Ann shared:

*[Ezra] felt guilty about the abuse...the two brothers were set apart from each other [...] [Ezra] said 'I should've and I could've' and all that...and I said 'you were 11,*

*that's a child, you don't realise now, as you think you're big and you've got control but there was nothing you could do, you had to comply and do what you were told...you were trying to keep yourself safe' type thing.*

This example highlights not only the important role foster carers have in supporting siblings – particularly those placed together – to have a meaningful relationship with each other, but also how navigating separation, loss and the experience of pre-care trauma is an ongoing process.

The majority of foster carers in this sample offered permanence, therefore a central dynamic explored in the interview was how they supported young people to navigate the complex process of being part of two families. Natalie, not only supported Reece to navigate separation and loss from his younger siblings, but during his later teenage years, she supported him to 'test out' reunification with his mum (see also section 6.3 in Chapter 6). She shared:

*He said 'I want to go home, but I don't think it's going to work'...and what I say now is, you can have the best of both worlds Reece, if you want to go and stay with your mum for a couple of days then you can, but you've still got here to come back.*

Other foster carers shared how they sensitively supported young people to challenge the often-unrealistic fantasy of what a return to birth family could be like; this was particularly complicated for young people with additional needs. Susan shared:

*He said 'Well why can't my dad come and live with us?' and I said 'Well, we haven't got enough room' (laughs) and then he said 'Well he can move into the caravan!'...but by him saying that you know that he must like the life he has got [...] most kids would want what they have now...but with their family.*

Foster carers also shared the various ways they supported young people to repair and rebuild relationships with their birth parents. Many encouraged contact to take place in the foster home and were proactive in building their own relationships with birth family in order to support the young person. Eve shared:

*She really missed her mum so we would have her around as much as we could and she would go there [...] helped mum access other services [...] and stuff like that [...] so we kind of think that teaching them to cope with a parent's issue helps them to learn to deal with them.*

Echoing the findings from the adolescent entrants' interviews, carers shared how they supported young people to build agency by rebuilding or maintaining relationships with birth parents on their own terms. Janine shared:

*The Christmas just gone he went to his Nanny's...which was a really big step for him...because his siblings [and dad] would be there and they fight a lot...and he's normally very worried about that sort of stuff [...] but I said to him...you know if at any point you've had enough...then we can come to nanny's...we can sort that out...and you know...always give him options.*

Most carers shared experiences of building their own relationships with birth parents, and ultimately this supporting the young person's relationship with their parent too. Foster carers were skilled in showing empathy for the various reasons why young people entered care, and the complex and complicated feelings birth parents may have about their child's care plan, and for their foster carer. Susan shared:

*Don't expect their families to love you as they won't...they will probably hate you...it's not personal...but how would you feel if someone was looking after your children? [...] We know that children are in care for a reason...but their families don't necessarily see those reasons as the right reasons for their children to be taken away.*

### **8.3 Building and sustaining fostering relationships in the placement**

This section explores how relationships between adolescent entrants and foster carers are experienced in the foster placement. The process of building and sustaining these fostering relationships will be presented in two subsections: clicking and sticking, language often used by foster carers. The dimensions of each core concept will be explored, with a particular focus on how foster carers facilitate both clicking and sticking in their approach to caring for adolescent entrants.

#### *Clicking*

The experience of this initial stage of getting to know each other – *clicking* - varied. Some described this as an instant connection – '*we sort of clicked*' - whilst others reinforced the importance of this clicking process taking time and space to develop and build a relationship at the young person's pace. Crucially, either process was underpinned by the foster carer



being accepting of and responding to the young person where they were at, rather than expecting them to be or behave differently.

#### Adolescent Entrant Perspective

Vicky, 28 shared her sense of having an immediate 'click' with her foster carers:

*I remember [...] I felt a bit of relief [...] even by just visiting [the foster carers] home I knew that I'd be happier there.*

This sense of 'click' was facilitated by Vicky being involved and feeling agency over her move to this permanent foster placement – a concept explored previously in chapter six. This planning and preparation facilitated time and space for Vicky to accept her care plan, and crucially her foster carers enabled this process by being accepting and not expecting in their care - allowing opportunity to *click* and build a relationship.

Some participants described what strategies foster carers used to support them to settle. Imogen, 24, shared:

*When I first moved in she wouldn't pressure me to come out of my room...she used to like bring up my breakfast and just leave it and slide a note under the door and being like 'this is for when you want it'...I would grab it and run back into my bedroom to eat it (laughs) [...] She was just really patient [...] just so kind and reassuring [...] even those little bits.... just made me feel safe.*

In this initial stage of the relationship-building process adolescent entrants valued their foster carers giving them time and space to build a relationship at their own pace. Crucially, this process was underpinned by the foster carer being accepting of where a young person was at, rather than expecting anything different from them, giving them room for agency and allowing the opportunity to 'click'.

Young people who had experienced chronic instability often felt a *click* with foster carers in short-term, bridging placements that were never intended to last. Crystal, 17, shared:

*I wasn't happy there...I've never been happy at like a long-term foster placement...I got on with the one's in West Town [...] because they did [...] really listen to me on the first night [I'd been discharged from hospital following an overdose] me and the foster carers like sat up from the minute I got there for like hours [...] and it was really nice.*

In contrast to Vicky's experience presented earlier, this example highlights the importance and complexity of young people feeling a sense of agency in accepting their care plan for permanence in foster care, and how this impacts on their ability to settle and achieve stability. This example highlights that some young people were able to develop positive relationships with foster carers in placements which were only ever intended to be time limited – a dimension which will be explored further in section 8.4.

Morgan, 30, had experienced significant instability in foster care. Despite this, she described feeling closest to a foster carer in a planned bridging placement:

*They just treated me like a normal individual [...] who had preferences and a personality [...] rather than [...] these other foster carers who...who just treat you like you are this troubled kid [...] who is maybe an inconvenience.*

These examples emphasise the importance of not only foster carers being accepting and patient in their parenting, but also the role of mutual reciprocity in achieving stability in foster placements. Adolescent entrants need to want to settle – aided by having a sense of agency over the decision to settle – but also foster carers need to have the skills and experience to put the work into building positive fostering relationships.

#### Foster Carer Perspective

Foster carers also shared examples of an instant click, spark or seeing something special in an adolescent entrant. Natalie captured this in her quote used to introduce this section: *'we sort of clicked quite early on'*. Denise shared that there was just *'something about them that you can't help but love,'* and Hazel described young person Rosie as *'a little ray of sunshine,'*

A key component underpinning this initial relationship-building process was the importance of foster carers accepting a young person where they were at and not expecting an immediate relationship. Foster carers described this as an active process, often taking time. Moira shared:

*I can't expect her just to trust me...I had to show her...it's a lot of work.*

Foster carers also reflected on the importance of managing their own feelings, and adapting their foster parenting approach to respond to the needs of the individual young person. Susan shared:

*It's not about what you want...it's about what they need.*

This mirrors findings from the adolescent entrant data where young people valued their carers giving them time and space to build relationships at their own pace, leaving room for young people to build agency in the relationship-building process.

Some carers struggled to click with a young person; despite being accepting and patient in their caring, there was a barrier to relationship-building. Hazel shared the following about Jasmine, 14, who had experienced many foster placements and had been in Hazel's care for the past five months with the intention of achieving permanence:

*There are all manner of reasons why we can't continue the placement...but basically...it's come down to what we've been talking about...we cannot break through the exterior [...] and get to know her at all.*

This example highlights the importance of mutual reciprocity in the relationship-building process. Building on the data in the adolescent entrant section, young people have to want to – and feel a sense of agency over their care plan in order to – settle and invest in relationship-building with foster carers. This example also reinforces both the complexity of foster family dynamics, particularly in balancing the often contrasting and competing needs of more than one child, as explored in section 8.1, as-well-as navigating foster placement endings as explored in 6.1 of the findings

### *Sticking*

All participants shared examples of enduring challenging times in fostering relationships. These challenging times were positioned as turning points in the relationship between adolescent entrant and foster carer, and for some this resulted in disrupting the foster placement. For the majority however, this process of enduring challenging times together was a positive turning point, which strengthened the relationship, consolidating reciprocal trust, commitment and a sense of belonging – all essential dimensions of *sticking*. Enduring challenging times together required foster carers and adolescent entrants to navigate feelings of vulnerability to strengthen and ultimately sustain their relationship.

### Adolescent Entrant Perspective

Participants shared examples of foster carers giving them time and space to confide in them at their own pace, and feeling emotional vulnerability when asking for help. Bella, 22 shared:

*She would just talk me through it [...] she was quite practical [...] she would sort of like make a bit of a plan (laughs)...or make me make a plan (laughs) [...] coz it*

*wasn't like unrealistic...she would just break things down and...and really help me [...] sort of find a way...to...get past it.*

Others shared examples of feeling physically vulnerable and how their foster carers supported them. This process of foster carers being alongside a young person when they are feeling vulnerable helped to promote trust and commitment in their relationship. Imogen, 24, had a surgical procedure whilst in foster care and her recovery was a turning point in her relationship with her foster carer. She shared:

*She could see that my mouth was bleeding and I must have looked a right hot mess [...] it was horrible...I'd never felt so vulnerable in my life [...] and she really cared for me and looked after me and it was really, really nice [...] She like bought my DVDs and she bought me books and set them up for me and then would leave and call me if you need me...it wasn't like...like I've seen some people do...sit next to me...love me...show me...you then know they are doing it for themselves...they are not doing what is best for you...and she always did what was best for me.*

This example reinforces the importance of time, space and pace in the relationship building and sustaining process. Imogen commented that a pushier approach would have likely been met with her feeling overwhelmed. Instead, her carer gave her space and was guided by Imogen's pace, which facilitated trust.

Some participants shared negative experiences with adult males – particularly their mothers' boyfriends – and because of this, often struggled in relationships with male foster carers. Vicky, 28, described having a distant relationship with her male foster carer Alan. Alan worked away a lot and Rita, his wife, was the primary carer in the family. Vicky shared about a challenging time she endured in the foster family and how this was a turning point in her relationship with Alan:

*[My passport hadn't] arrived in time [...] Rita, [foster carer's daughter and other fostered young person] all went to the airport...and Alan stayed with me...waiting [...] it got delivered and then we went to the airport like really quickly and managed to just get on the flight [...] and I remember that holiday actually was a turning point...um...coz I never really spoke to Alan that much...coz again it was the male issue...and I can remember that I got really bad food poisoning on this holiday [...] I felt really sick [...] and I can remember that Alan left the restaurant with me...and I think at that point I can remember thinking 'oh he cares' like.*

These experiences of enduring challenging times together with foster carers which participants chose to share are all examples of everyday family life. Participants positioned

these as positive turning points, however enduring these challenging times involved investing in the difficult 'work' of navigating vulnerability to move forward and grow in relationship with their foster carer. Working through these challenges together solidified the young person's sense of belonging, trust and commitment in the foster family – the process of *sticking*.

Those who did talk about their challenging behaviour and its role in breaking a placement positioned this as agency in disrupting a placement which was not meeting their needs – as explored in Chapter Six and section 6.1.

### Foster Carer Perspective

All foster carers shared their experiences of working through challenging times with adolescent entrants. Some foster carers shared examples of specific events and how they supported young people through these challenging times, for example education disruption or navigating complex relationships with significant others, with some carers supporting young people to navigate the death of a parent. One carer shared:

*It's very, very difficult for us as carers because...to acknowledge [their] mother's death...as some sort of turning point...feels like the most disgusting thing [...] just because...I can't not acknowledge it...because [...] it has changed [them] completely [...] big turning point was [their] mother's death [...] we've chosen [them] and [they've] chosen us.*

Navigating episodes of challenging behaviour from young people was a dominant experience in the interviews. Carers who felt an instant connection with a young person described this initial *click* as supporting them to endure challenging times – or the 'work' of foster parenting as described by Eve:

*You can get the worst child in the world (laughs) but you know it is the most chaotic, hard work, but if you like them you can make it work...it is just something about them...and you don't always know what it is.*

Consistency over time, particularly in response to difficult behaviour, were important ways in which carers demonstrated *sticking* in relationship with a young person. Natalie shared:

*I just make sure I'm there for them...so they might not want to talk to me, but they might scream and shout in my face...but I'm still there for them.*

Ezra's challenging behaviour was so intense at times that his carer Ann described feeling like she was under attack. She shared:

*I took myself off to my room once I remember (laughs)...and um locked my door...and he was trying to unlock my door...coz I just said 'I just need a minute on my own'...coz I was thinking oh for god's sake (laughs)...then he was just talking...with his mouth pressed to the crack in the door, on-and-on-and-on...coz...he'd seen a...chink in the armour...it was really, really hard going [...]  
But um...you know...I really quickly felt like I loved them ever so much...you know the boys...and we all did get on really well and have lots of fun in amongst all the...difficult bits.*

This example reinforces both the intense 'work' of foster caring, and the importance – and complexity of – foster carers navigating their own feelings of vulnerability. Ezra had found the 'chink in the armour' and Ann described how difficult this was for her. However, the love she felt for Ezra early on supported her to endure these challenging times, coupled with the therapeutic support offered by the fostering service. Ann went on to describe how working through these difficult episodes with Ezra facilitated growth in their relationship, solidifying Ezra's trust, commitment and belonging in the family and how this made enduring the challenging times worth it:

*Using the phrase 'we' 'are we going on holiday anywhere, do you think we should get this room painted', you know that sort of stuff [...] It's just a tiny thing...but...it's like a big clanging gong in my ears...I just think oh we're going to paint our sitting room is just wonderful...just being part of the decision.*

Denise, shared the following about the episode of challenging behaviour which culminated in Axl's placement ending:

*He flew upstairs and then the banging started [...] so I went up to sort of like try and calm him down [...] and he threw himself against the door but as he did I was pushing it open [...] and the handle went into my ribs...and literally took my breath away...I bruised all my ribs...um...and it really hurt me...I mean he was so, so sorry...afterwards.*

Denise went on to share that this was the first time Axl's dysregulated behaviour had resulted in – albeit unintended – physical injury. Denise was a single carer, who had already shared her worries about Axl's escalating behaviour and her feelings of vulnerability with social workers, and described being offered short breaks for Axl to support her in her fostering. This episode took place on Axl's return from a short break, so on reflection Denise

felt the short break destabilised the placement. Despite Denise feeling an instant click with Axl, this was not enough to sustain the placement, highlighting the complexity of matching and support needs.

Taken all together, the concept of *sticking* is facilitated through adolescent entrants and foster carers enduring challenging times together whilst successfully navigating their feelings of vulnerability. Getting through this process together solidified trust and commitment to one another, as well as confirming the adolescent entrant's sense of belonging in the foster family. This concept of *sticking* facilitates space and stability for adolescent entrants to experience growth - growth in relationships with their foster carers and others and growth in relationship with themselves.

#### **8.4 Enduring impact of fostering relationships over time**

This final section brings together all the stages of the relationship-building process and explores how these relationships endure beyond a placement ending and over time. The choice of the adjective *enduring* here is used to capture both the concept of relationships that continue into adulthood and beyond the end of a foster placement, in spite of challenges, as well as the enduring *impact* of relationships, even if the relationship itself does not last. The process of navigating the enduring impact of fostering relationships over time will be presented in two subsections: diversity of being and ambiguous transitions.

##### *Diversity of being*

Enabling adolescent entrants' opportunity to experience a diversity of being, both as a person and as a family was an important dimension of enduring fostering relationships in the data. Through fostering relationships adolescent entrants were able to experience a different way of having relationships, a different way of being family, a different way of knowing themselves and ultimately a different way of *being* and moving into adult life.

##### Adolescent Entrant Perspective

Participants shared a range of examples of how their foster carers facilitated opportunity for them to experience a diversity of being. This included experiencing different family routines and boundaries - for example consistent school attendance – to seeing a different way of being family and modelling what relationships and adulthood could look like.

For some participants, being in foster care highlighted what healthy family relationships should look like. Damsa, 21, felt a click with this foster carer, but there was not stability because she had to move placements for safety reasons. Despite the placement only lasting a short time, this experience had a lasting impact on Damsa, she shared:

*It was like the first time that somebody had shown me love...kindness and appreciated me washing the dishes [...] and it wasn't like I was pushed around and made to do this and do that [...] being with her it was like a different life you know.*

Most participants shared examples of the importance of being included in celebrating significant holidays, family events and personal milestones as a whole foster family. Imogen, 24, reflected on her experience of Christmas in her birth family when compared to how her foster family celebrated:

*The Christmas before we were taken into care we had nothing [...] I can remember [the first Christmas in care] feeling really, really excited because I knew I would get a present...not only that...I knew I would get a present I liked!*

Being thought about and included in these celebrations for some young people consolidated their sense of belonging in the foster family. Others shared the importance of their achievements being celebrated, just like any other foster family member. Vicky, 28, shared how her GCSE results were celebrated:

*It was a big thing...and then like Alan came back from work and he'd got me like some sunflowers...and I'll always remember that [...] I think we had a takeaway and like a celebration meal [...] it was like very celebrated...I'd never really had that before either.*

Damsa, Imogen and Vicky embraced their foster family offering them a different way of *being* family. For others, however, this difference was a challenge to navigate, suggesting adolescent entrant receptiveness was important. For Crystal the differences between the routines and expectations of what *being* foster family looks like was overwhelming and culminated in her disrupting the foster placement. She shared:

*It was like completely different...like I'd never experienced that before [...] and then they started bringing in all these rules...like I hate rules [...] and I never did growing up.*

Most participants commented on their various relationships with their foster carers' wider family and friends support network. For some participants, this created opportunity to develop relationships with people from different socioeconomic backgrounds. Imogen, 24,



shared how getting to know her foster carer's parents and sister challenged her preconceived assumptions:

*They were all soooo welcoming [...] were a little bit more...posh...which at first I found really difficult [...] It was learning just because someone sounds posh and they clearly had a bit of money...they were still nice people.*

Other young people shared their experiences of getting to know young adults who were previously fostered by their foster carers. Max, 15, shared:

*They had an older foster son called Jake...he moved into the army [...] like now when he comes round he does say hello and that...and we talk and stuff.*

Having the opportunity to build relationships with their foster carer's extended family and friends gave another aspect for adolescent entrants to experience a diversity of being. For Max, this experience facilitated opportunity for him to see what a continued relationship could look like with his foster carers, extending beyond the formal end of the foster placement, modelling a continued sense of belonging and commitment.

Being with her foster carer and seeing how her foster carer and her extended family lived their lives gave Imogen the opportunity to experience a different way of life, which she embraced, and this opened up more diverse ways of being a woman, and envisioning their future aspirations. Imogen, 24 shared:

*[My foster carer] was a strong, independent woman...and that was exactly what I needed at that age [...] she taught me...you don't need a man...and I was very much brought up to service men...women don't drive, women don't work, they just bare children...I can actually remember once saying that my plan was to get pregnant at 16 so I could get a flat...um...and she very much showed me a whole...new...side of life [...] she was one of the first women that I saw who didn't do that [...] complete role model for me.*

For others, supportive relationships with foster carers enabled young people to build their self-confidence and self-efficacy and facilitated the opportunity to broaden their aspirations. Bella, 22, reflected on the crucial role her foster carer had in believing she could gain a place at university:

*I think that's what planted the seed...for me...to actually want to go...I don't think I would've chosen to go...if it wasn't for her.*

## Foster Carer Perspective

Foster carers shared examples of how they modelled a different way of being family and living life for adolescent entrants, whilst being sensitive and non-judgemental to what life looked like for them in their birth family. This included enabling young people to experience different family routines and boundaries and the opportunity to build relationships with people in the foster carer's wider family and friends' network. Zara commented on the relationships Ryan, 16, had with members of the wider foster family:

*He likes watching my son as he does the BBQ [...] he watches the rest of the family members...the older ones with the cooking...and he will do it...you know want to do it all together.*

Foster carers stressed the importance of young people seeing adults who were previously fostered in the family returning and being included in the extended foster family network. Witnessing these continued relationships, modelled what belonging and commitment could look like beyond the formal end of a foster placement. Natalie reiterated:

*Because there's loads of kids and some have left and come back and that...I think they know they can...so they treat this as like they'll never get kicked out...I'll never be on my own because I can always go and talk to Natalie...I can come back...I can visit [...] I think that makes them more settled.*

Foster carers shared how the experience of foster care enabled young people the opportunity to experience a different way of being, particularly when thinking about the various pathways to adulthood. Eve shared:

*I think she had already started to work it out that this wasn't the life that she really wanted...and she did like the nice things [...] running away...and sleeping rough...going to these places with druggies and seeing what that life was like probably made her realise that that wasn't really the life that she wanted [...] we were always reinforcing that 'Is this what you want?...Is that the life you want?'*

Most foster carers shared experiences of young people going missing from placement and the various ways this was responded to. Foster carers demonstrated consistency in always being there for the young person, accepting their need to run, irrespective of how many times they went missing. Enduring these challenging times together enabled the foster carer to demonstrate their commitment to the young person and promote their sense of belonging in the foster family, thus demonstrating a different way of life. Zara shared:

*The first time I actually went to pick him up...he ran away...so that should've raised a red flag, right? (laughs) [...] He settled into the placement fairly quickly...because of all the nurturing...he suddenly realised that there was a different way of life...he began to accept certain things...bonding...I think that was quite important...showing him that you know he was loved and wanted.*

These examples demonstrate how over time, adolescent entrants had the opportunity to experience a different way of living life whilst in foster care. Foster carers, however, also shared examples of learning about diversity from the young people they fostered, suggesting that this concept was reciprocal. Moira described herself as Black African, Christian and a single foster carer with young adult birth children. She described developing a positive relationship with Jade, who was placed at 17 and had moved onto independence but they remain close. Moira reflected on what she learned about British culture and childhood from caring for Jade – very different from her upbringing in Africa – and how this challenged her to think differently about raising her own children in the UK:

*My kids hadn't experienced what she had experienced...so I learned a lot [...] like sexual experience...for me you have to finish school...you have to go to Uni to have a boyfriend [...] and when she told me that 'oh they can start at any age,' [...] she asks me sometimes like when you were young would you do this...and I said no because my culture is different [...] we discuss...she tells me her stories and I tell her my stories [...] openly...she become to trust me more.*

Moira was able to allow a level of vulnerability in her parenting to learn from the young person and this vulnerability and honesty enabled them to grow in relationship together. Other foster carers, however struggled to be flexible in their parenting, and when they felt challenged by a young person in their care, they would respond in rigid ways which would cause conflict rather than growth, and ultimately led to their decision to no longer offer placements for teenagers.

All the foster carers interviewed were female, however many shared examples of adolescent entrants building relationships with their male foster carers. Building positive relationships with males was often a new experience for young people, thus this opportunity enabled them to experience a different way of relating to men, and gave male foster carers an opportunity to model a different – and positive - way of being a man. Hazel shared:

*My husband had his first hug from Rosie...less than 6 months ago...and she's been with us for three years...they did have this little high fivey thing [...] because it was just a funny thing that developed because that was what she was comfortable with...due to just massive, massive mistrust of males.*

### *Ambiguous transitions*

Both adolescent entrants and foster carers shared their experiences of transitions, and relationships shifting and changing over time. Many shared their experiences of ambiguity in making sense of the loss of relationships when a placement ended, particularly the challenges and barriers to maintaining these connections beyond a placement ending.

#### Adolescent Entrant Perspective

All participants commented on the enduring impact of fostering relationships, even if the relationship itself did not endure beyond the placement end. Participants credited their relationships with foster carers - particularly the belief their foster carers had in them that they could achieve – as well as the opportunities they experienced in foster care as staying with them over time, building their confidence and resilience to achieve their goals in adult life, for living independently, pursuing University education, or employment and training opportunities.

In the previous subsection Imogen, 24, described how she experienced a different way of being a woman, which opened up the possibility of different trajectories to adulthood through her relationship with her foster carer. Despite the relationship ending with the foster placement, the experience of the fostering relationship had an enduring impact into adulthood. Imogen went on to independently travel and work abroad before returning to the UK to work with care-experienced young adults and pursue University education - opportunities she did not realise were possible prior to entering foster care. In addition, Imogen experienced an eating disorder in adolescence and credits the support from her foster carer in her recovery and continued positive relationship with food, she shared:

*I am a massive foodie now [...] and I love cooking and I love food...and I think a lot of it has stemmed from [my time with foster carer].*

Coupled with navigating the enduring impact of fostering relationships is also the struggle to make sense of the endings of these relationships and why the relationship itself did not endure. Imogen's foster placement ended when she returned home to live with her dad. She described her feelings of confusion that the relationship with her former foster carer did not continue. In adulthood Imogen did find her former foster carer on social media and reached out, but this contact was not reciprocated.

Most participants shared a sense of confusion, a lack of closure and uncertainty around how and why these relationships ended seemingly so abruptly, particularly when the

endings were planned. Participants tried to make sense of the relationship ending with the placement by framing it within the context of fostering policy and procedure, theorising that foster carers were not allowed to stay in touch as this breached confidentiality. Damsa, 21, reflected:

*You know I loved my first foster placement...but I felt very sad as she stopped communicating with me when I left her home...she used the excuse that she's not allowed or it's illegal or something.*

Some shared a sense of confusion when contact fizzled out over time, often filling in the gaps by blaming themselves. Morgan, 30, shared:

*I didn't wanna leave them...and then when I got taken into the children's home they used to ring me like all the time [...] yeah it all fizzled down...I don't know [...] why they stopped talking...but...yeah I do feel like I lost [...] they were like the grandparents that I should've had [...] I have tried to get in contact with [them]...as an adult...but I haven't been able to find them [...] like just to say thank you more than anything [...] it is so hard as a child to process that...because you will always think that it is your fault...like if they loved you enough then they would have still been contacting you.*

Several participants tried to search for their former foster carers over the years, with some finding them on social media and reaching out but either did not hear back, or the communication implied the carer did not want to continue communication. Participants struggled with navigating the separation and loss in making sense of the ending of these relationships with foster carers they felt particularly close to.

The young people who were in foster care when interviewed all struggled to predict what their relationship with their foster carer would look like in the future when asked. Max, 15, shared:

*I'll still be civil with them like...like I won't talk to them as much I don't think...because I won't see them as much...but it does feel like I'll be alright with them.*

Max had a plan for reunification, had only experienced this one foster placement, and had seen previously fostered young people regularly return to the family, modelling what relationships could look like in the future. Lily, 15, also had a plan for reunification, but had experienced moves in foster care. When asked the same question she replied: 'No...no...coz...I don't talk...I don't talk to my other ones,'. Despite both young people having plans for reunification, they were uncertain what any future relationship with their foster carer may look like.

For some participants, relationships with foster carers endured beyond the formal end of the foster placement. They shared how their sense of belonging, acceptance and commitment from the foster family was sustained over time. In some cases - particularly for Vicky, 28, who was the only participant to experience a *Staying Put* arrangement – the foundations for enduring relationships were embedded during the placement and reproduced consistently beyond the formal end of the foster placement.

Vicky shared how she and her foster carers navigated the shifts in family dynamics and the ebb and flow of foster family life over time – just like any other family would. Despite her foster carers divorcing and separating, she remained close to both who were proud grandparents to her son Freddie. Vicky shared:

*They love Freddie as well...so they are like Nanny and Grandad...and they'll grow up with him...and like Alan always says 'oh, I can't wait until he's older, and he's doing this and we're doing this and he's doing this with me'.*

Vicky was the only participant who experienced a *Staying Put* arrangement with her foster carers. She shared a definite sense of her foster family being her family. However, for the majority of the participants this was not the case. For those who remained in touch with their former foster carers, they described having a connection with them and an openness in the relationship to know that they could rely on them if they needed support. They described a sense of agency in determining what this relationship and level of closeness looked like, as it was led by them. Despite her experience of instability in foster care, Crystal, 17, shared:

*I mean like I do still speak to the ones that I lived with in West Town like quite a lot...like if I'm in like...trouble...I normally ring them...and say like 'what do I do?' [...] coz they are like my second lot of parents.*

Bella, 22, experienced two placements in foster care. The first disrupted after 12 months following a decline in her mental health and her foster carer struggling to meet her needs, culminating in Bella refusing to return. Bella stayed for eight months in her second foster placement which was a positive experience before moving into SIL. Bella remained in touch with both foster carers, the second carer sporadically, but she was able to repair and rebuild her relationship with her first foster carer despite the placement ending under difficult circumstances. She shared:

*It's funny coz...like...I still keep in contact with that foster carer [...] it's faded like over the years [...] it's always been a bit of a love hate with her [...] [we reconnected] I think it was my birthday...coz I hadn't really spoken to her...for about a month [...]*

*We just went for a McDonald's or something...and she gave me like some of the presents that she'd bought me.*

#### Foster Carer Perspective

Most of the foster carers interviewed had maintained relationships with adolescent entrants they had previously fostered. Foster carers shared how they laid the foundations of openness for a continued relationship beyond the placement end through the day-to-day practices of foster family life, for example adolescent entrants witnessing previously fostered adults remaining part of the extended foster family network. Others shared how this was promoted in everyday foster family conversations. Zara shared:

*I've told him...whenever you leave here...whenever that might be...you are always welcome to come back.*

Foster carers were also clear that when young people moved on from the foster placement, they gave them time, space and sustained the relationship at the young person's pace; the same values underpinning relationship-building within the foster placement. Therefore, each relationship looked different based on the receptiveness and needs of the young person.

Some carers reflected on the challenges of having what Eve called an 'open-door policy', especially when the person they had previously fostered needed a lot of emotional and sometimes financial support in adulthood. Susan shared:

*We will always be there to pick the phone up...sometimes...for their better judgement and yours...you have...to cut ties...because I also have to protect the children that I've got now [...] he just kept asking us for some money...so in the end I had to block him from ringing.*

Whilst most of the foster carers had experience of offering permanent foster placements with the intention to offering support post-18, some experienced enduring relationships with young people who were placed short-term, echoing the experiences shared by the adolescent entrants interviewed. Moira shared:

*She was 17 when she came to me [...] and then she turned 18 and she had to have her independence...we are still in contact and we still have a good relationship...Christmas and birthdays she comes over, she is just like part of my family.*

If a placement disrupted there were additional challenges in rebuilding the relationship. One foster carer shared her experience of a permanent placement disrupting under difficult circumstances. She was keen to repair and rebuild a relationship with the young person, and was aware that the young person had experienced several moves since leaving her care. She was, however, uncertain how to contact the young person, as when she discussed this with social workers it was met with ambivalence. This sense of confusion and uncertainty echoes the feelings adolescent entrants shared in the previous subsection when trying to make sense of relationships ending.

Susan shared her experience of making the decision to end a placement and contact quickly fizzling out, only to receive a letter from the previously fostered person who was now an adult, she shared:

*He was just basically...saying that...he could now see that we was right when...we tried to put him on the right path...the fact that all the advice we give him...he knew now...that it was wrong to throw that back in our face...he could see now...in hindsight...that we was trying to help him...he wished...he'd taken notice...and not ended up where he did in prison.*

Data across this subsection highlights the enduring impact relationships with foster carers can have on adolescent entrants, even if the relationship itself is short-lived or the placement ended under difficult circumstances. This can happen despite the seemingly small window of opportunity, where adolescent entrants experience accelerated and compressed transitions to adulthood (Stein, 2006a).

## **8.5 Summary**

This chapter has explored how fostering relationships are navigated by adolescent entrants and foster carers across four key areas. The experience of being foster family within the context of corporate parenting highlighted three important tensions. Short break support and balancing and prioritising the often different and diverse needs of multiple children in foster families were two key aspects. How these unique aspects were navigated in foster family life played a key role in how adolescent entrants made sense of their feelings of stability and belonging in the foster family. The third aspect, explored the inherently complex – perhaps paradoxical – expectation of foster carers being both a loving and a professional parent. Next the experience of being part of two families – birth and foster family – was explored. Data highlighted the important roles foster carers have in supporting adolescent



entrants to navigate relationships with birth family, particularly with regards to advocacy and agency.

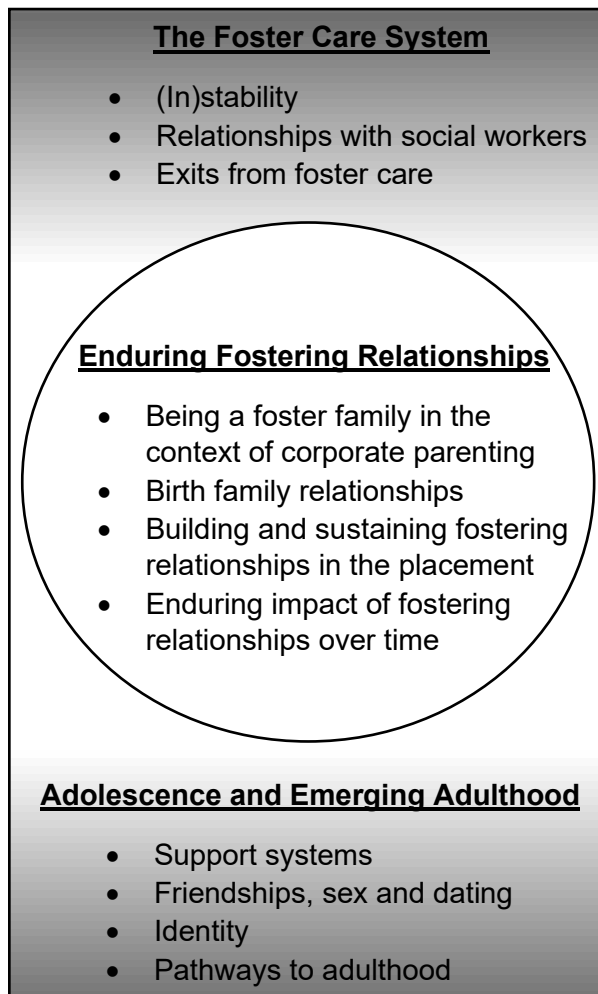
Next, the process of building and sustaining fostering relationships was explored. The data presented a complex picture of the two key concepts of relationship building between adolescent entrants and their foster carers: clicking and sticking. Enabling space for adolescent entrants to exercise and continue to build their agency, as well as a focus on mutual reciprocity were important aspects which underpinned the entire relationship building process. Finally, the process of navigating enduring fostering relationships was presented. The concepts of diversity of being and ambiguous transitions highlighted the impact over time and into adulthood the experience of fostering relationships had on adolescent entrants, irrespective of whether the relationship itself endured or not.

Taken all together, the data reinforced the complexity of the foster care system providing adolescent entrants with good quality foster placements and the experience of quality relationships with foster carers. Promoting an adolescent entrant's sense of agency, and supporting them (and their foster carers) to navigate feelings of vulnerability across the relationship-building process, however, were integral components to building and sustaining fostering relationships with the ability to have an enduring impact.

## **Chapter 9: Constructing a grounded theory - Navigating fragmentation and growth through enduring fostering relationships**

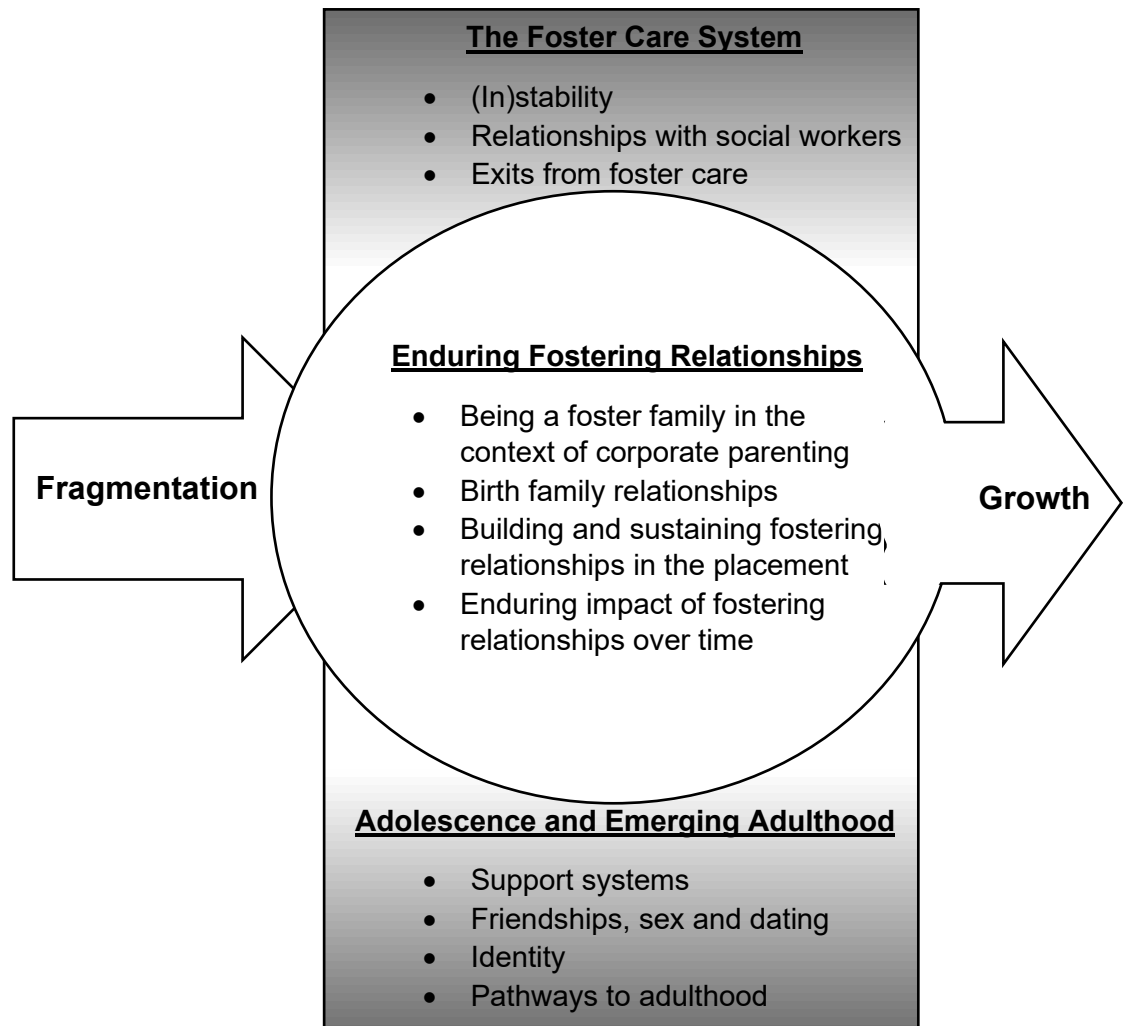
This chapter is designed to be a short findings chapter. It sets out the overarching theoretical model developed from the empirical data presented in the previous findings' chapters, and will be discussed in more detail in Chapter Ten. Consistent with a CGT methodology, a core theoretical model is presented that contains the themes across the categories and the relationships between the concepts, and is firmly grounded in the empirical data (Charmaz, 2014).

The eleven conceptual categories of the CGT were grouped into three key areas or contexts of the experience of foster care for adolescent entrants, and presented in each of the findings chapters: Chapter Six - navigating the foster care system; Chapter Seven - negotiating adolescence and emerging adulthood; and Chapter Eight - navigating enduring fostering relationships. Chapters Six and Seven explored the overarching and underpinning contexts within which a foster placement takes place. The foster care context captures the overarching governance of social policy, processes and procedures which guide the care system. Adolescence and emerging adulthood are the developmental context which underpins and is fundamental to the experience of foster care and relationships with foster carers for adolescent entrants. Both contexts impact on the experience of the foster placement and therefore have an influence on how fostering relationships are navigated – see Figure 5.



**Figure 5. Interaction of core contexts**

Across the data, all adolescent entrants experienced disruption and discontinuity in their lives, as well as opportunities to develop and thrive. These experiences are referred to as fragmentation and growth and will be explored in more detail in the following section. The experience of enduring fostering relationships is what made the difference in how adolescent entrants navigated their experiences of fragmentation and opportunities for growth. Endurance, which is captured in the concept of enduring fostering relationships, is one of the core theoretical concepts underpinning all of the data. Endurance, along with fragmentation and growth, form the overarching theoretical model grounded in the data which brings all the findings together in the grounded theory – see Figure 6.



**Figure 6. Navigating fragmentation and growth through enduring fostering relationships**

### **9.1 Fragmentation**

The term fragmentation, is used to capture adolescent entrants experience of discontinuities and disruptions across their pathways into, through and beyond foster care as discussed in the literature review and evidenced in the data. Entering foster care during adolescence not only disrupts a young person’s experience of home, community and relationships with birth family and friends, but these experiences happen at a significant time in development. The data also demonstrated the various ways in which the care system can disrupt a young person’s pathway through foster care, with changes in social workers or other significant professionals, education provision, moves of foster placement and relationships with foster carers.

Within the existing literature, a young person's experience within foster care is often framed by placement instability and the factors which lead to disruption, both of which are associated with poor outcomes of care (Stanley et al., 2005; Beck, 2006; McGuire et al., 2018; Neil et al., 2019). In this research however, both adolescent entrants and foster carers shared a much more complex picture of navigating these disruptions, discontinuities and transitions. They presented their experience of placement instability as multifaceted, agency being an important factor through which young people navigated placement endings. Data evidenced relationships between adolescent entrants and foster carers often continuing beyond a difficult placement ending. There were also examples of relationships between adolescent entrants and foster carers ending with the placement, however both the positive and negative impact of the experience of these fostering relationships endured over time and into adulthood. Therefore, the use of the term *fragmentation* in this research, rather than disruption, is used to capture these nuances.

This sense of fragmentation, although to a much lesser extent, was also experienced by foster carers. Fragmentation for foster carers centred on the impact of the foster care system and how the day-to-day experience of foster family life was influenced by corporate parenting policies and procedures, particularly in relation to how they navigated placement endings and relationships with social workers.

## **9.2 Growth**

The course of putting the metaphorical fragments back together in order to repair and/or rebuild relationships and aspects of an adolescent entrant's life is captured in the concept of growth. Growth is the process of young people navigating their lives both in the foster placement and across time and into emerging adulthood, despite their experience of fragmentation along the way. The theoretical concept of growth draws on frameworks of resilience and agency in psychosocial theory to capture how young people build resilience and agency in order to move forward in their lives. Resilience here refers to an adolescent entrant's ability to overcome their experience of adversity (fragmentation) and achieve against the odds, or what Rutter refers to as 'relative resistance to psychosocial risk experiences,' (1999, p120). The second aspect of growth in this research is the concept of building agency. Here agency refers to a young person's capacity to control and make decisions over their actions and navigate their life course (Emirbayer and Mische, 1998; Bandura, 2006).

Growth was also experienced by foster carers, though in much more subtle ways. Foster carers shared examples of how they learned from the young people in their care, to adapt and be more flexible in their parenting approach. For example, learning to give young people time and space to build relationships at their own pace, and striking the difficult balance of preparing them for adulthood in a carefully supported way characterised by interdependence.

### **9.3 Enduring fostering relationships that manage fragmentation and promote growth**

The theoretical concept of endurance is key to understanding how enduring fostering relationships support adolescent entrants to navigate fragmentation and provide opportunities for growth. Endurance in this research has a dual meaning and is closely connected to the concept of growth. Endurance captures the strength and determination of getting through challenging times in the foster placement with adolescent entrants, and this is active and reciprocal process. The second aspect of endurance is the impact of fostering relationships over time and into adulthood, irrespective of whether the relationship itself continued beyond a foster placement ending.

Endurance is integral across the entire relationship-building process. Relationships with foster carers is the vehicle through which growth takes place. For some young people there was evidence of growth taking place within the foster placement, for example being supported by their carers to repair and rebuild important relationships with birth family, and achieving and/or engaging in education. Adults with care-experience often recognised significant turning points in their lives related to their experience of relationships with foster carers – the significance of which they did not appreciate at the time - for example pursuing higher education. In these examples the seed for growth was planted in the foster placement, but the benefit of this experience was not evident until many years later in early adulthood, aligning with the concept of the sleeper effect (Kagan and Moss, 1962). It is important to emphasise the role of time when thinking about the core concepts of fragmentation, endurance and growth in this research, therefore using the theoretical lens of the life course perspective (Elder, 1994) when thinking about the experience of foster care for adolescent entrants is crucial.

## **Chapter 10: Discussion, implications and conclusion**

### **10.1 Introduction**

The aim of this study was to expand understanding of the experience of foster care and the role of relationships with foster carers for adolescent entrants. With this in mind, amplifying the lived experiences of adolescent entrants and their foster carers was of central importance, with an aim of developing conceptual and theoretical insights into how these relationships were experienced by both. These aims were examined through the following exploratory research questions:

1. How do adolescent entrants experience their relationships with their foster carers?
2. How do foster carers experience their relationships with adolescent entrants to foster care?
3. What role is the birth family perceived to play in the quality of relationships between adolescent entrants and foster carers?
4. How are social workers, and the systems for care planning perceived to impact the quality of relationships between adolescent entrants and foster carers?

The previous four chapters presented the empirical material and the overarching theoretical model grounded in the data. This chapter brings these findings together to answer the above research questions and situate them within the context of the existing literature. This discussion of the findings will be presented thematically, structured by the core theoretical concepts of the grounded theory model to contextualise the key findings within the existing knowledge base. Whilst the research questions will be answered in this discussion, a brief section will follow which will emphasise how these have been met. Next, the limitations, contribution and strengths of the study will be explored, as will implications for policy, practice and directions for future research. Finally, the contribution of this thesis in extending the knowledge base is considered, before presenting a conclusion.

### **10.2 Fragmentation and growth**

As examined in Chapter Three, the pathways of adolescent entrants through care can be broadly separated into two groups: those who stay for a short time with the purpose of care being to support permanence via reunification with family or as a stepping stone to

independence; or those who remain in care longer-term for at least two years or more (Sinclair et al., 2007; Neil et al., 2019). Although the diverse experiences shared across the interviews in this study were consistent with this analysis, the in-depth qualitative data presented a much more complex picture of how adolescent entrants and foster carers navigated the discontinuities, transitions and the opportunities for growth embedded in these pathways.

### *Separation, loss and (in)stability*

An entry to care was described through the lens of separation and loss from family, friends, home and community by adolescent entrants, an experience common to all children and young people in care irrespective of age at care entry (Fahlberg, 1994). However, the majority of adolescent entrants in the study experienced placement moves – both planned and unplanned – with some experiencing high levels of instability, which included re-entering care following a disrupted reunification with birth family. This is consistent with the literature emphasising the ways in which adolescent entrants in particular continue to experience separation and loss through high levels of instability in care (Rubin et al., 2007; Egelund and Vitus, 2009; Olsson et al., 2012; Neil et al., 2019; Clarke, 2020). However, they presented this experience as multifaceted, with agency and resilience being crucial dimensions in navigating both the process of settling into – and the ending of – a placement.

Adolescent entrants emphasised the importance of being involved in the decision-making process regarding their care, and that having an open, honest and transparent relationship with their social worker was vital here. With these conditions met, adolescent entrants were more able to accept their care plan and both of these factors supported the foundations for building positive relationships with foster carers, and promoted placement stability. There were examples in the data where adolescent entrants shared a sense of allowing themselves to settle in a foster placement they knew was time-limited, and conversely resisting settling in placements when the intention was to achieve permanence in long-term foster care, which culminated in an unplanned move. In both of these scenarios the role of agency for young people was crucial.

Adolescent entrants described trying to share their views with professionals in terms of their needs not being met and them being unhappy in these placements, despite – on the surface at least – them experiencing stability. When adolescent entrants felt that their views were not being heard or responded to, they exercised their agency in self-protective and self-destructive ways by ‘voting with their feet’ – a term widely used and understood in social



work and child placement discourse. Whilst this presents a complex picture, it does emphasise the importance of agency for young people with regards to care planning. Taken all together these findings align with other research which emphasised the importance of young people feeling in control, having choice and appreciating professionals who were honest, even if something was difficult to hear (Stein, 2008; Gaskell, 2010; Hiles et al., 2014; Matthews and Hugh-Jones, 2024).

There were examples in the data of young people moving placements after a period of stability, to a placement where their needs were better met, particularly in terms of managing their needs arising from mental health. This finding supports the literature which suggests that the experience of attuned and high-quality caregiving in a final placement, is perhaps more important than the number of prior placements (Barber and Delfabbro, 2003; Sinclair et al., 2007; Schofield and Beek, 2009; Oke et al., 2013). This study also extends this knowledge by emphasising that a change of placement for young people, even as they approach the age for leaving care, can be transformational in terms of opportunity for growth in their transition to independence and into emerging adulthood. In terms of systemic performance indicators, placement instability is associated with negative outcomes of care. However, these findings present a challenge to this widely accepted discourse, where concerns around the outcomes of care for adolescents in and on the edge of care underpin a policy and practice focus on preventing an entry to care for this specific group of young people. This research adds a more nuanced insight to our understanding of placement moves more generally, and for adolescent entrants in particular it re-emphasises the importance of subjectivity in understanding how young people conceptualise success in foster care (Rostill-Brookes et al., 2011; Miller and Collins-Camargo, 2016; Girling, 2019), alongside highlighting that instability is experienced as a process, rather than an one-off event (Bombach et al., 2018).

This study suggested that how adolescent entrants and foster carers (to a lesser extent) understood aspects of foster family dynamics either had the potential to encourage growth or promote fragmentation. One aspect is how being in a foster family with other children - whether that be foster carers children, or other fostered children - and the dynamics of meeting the often diverse and competing needs of multiple children is complex. There were examples shared across the data of the positive opportunities for relationships with members of the wider foster family network, particularly with older adult birth children and formerly fostered adults as role models which could promote growth for the adolescent entrant. The data presented a much more complex picture of managing foster family dynamics when young people of similar ages, or much younger children were placed. This was particularly evident in the adolescent entrant data where they shared experiences of

how the foster family dynamics changed when a younger child was placed, or over time adolescent entrants recognised that the needs of a younger child were being prioritised by their foster carers, leaving them to feel sidelined.

Another area mentioned by several adolescent entrants and foster carers was how short break provision was navigated in foster family life. Whilst some foster carers shared examples of using their short break allowance through making links with other foster families, others arranged these informally within their wider foster family network. Several adolescent entrants shared how they felt they were *sent away* when their foster carers used their short break allowance, often using the term *respite* which perhaps suggests they were repeating language used within the foster family. It is important to note that the term *respite* is defined as 'a break from something difficult or unpleasant' and is now an outdated and contested term (Carers Trust, 2021, p3).

Research by Turner et al. (2023) identified the use of short breaks as a barrier to commitment and emotional investment for foster carers offering short-term placements to young children. Mental health professionals in the research positioned the use of short breaks as incongruent with the security and stability needs of the young children in the foster placements (Turner et al., 2023). Several adolescent entrants in the research presented in this thesis shared that being away from their foster carers on a short break impacted on their sense of stability and belonging in the foster family. This suggests a fragility to adolescent entrants' sense of stability and belonging, and perhaps there is an assumption in social work and child placement practice that because of their age, the impact of a short break for young people will be minimal. However, what the findings point to, irrespective of how the short break arrangement took place, was the importance of how this was framed and navigated in foster family life by foster carers and how this was supported by social workers. The complexities of matching the needs of young people to the skills and experience of foster carers is a widely acknowledged challenge (Farmer et al., 2004; Biehal, 2005b; Schofield et al., 2008; Larsson et al., 2021; Ellis and Williams, 2024). Taken all together, these findings emphasise the particular challenges of navigating risk and vulnerability in foster care for adolescent entrants, and how the demands of the care system can contribute to the experience of fragmentation for adolescent entrants.

### *Exploration and identity*

Whilst the care pathways described in the data were consistent with the current knowledge base, how adolescent entrants understood their care plan and pathway through care were

varied. Only two adolescent entrants described their foster placements as permanent, although the majority were in foster care for over two years. Whilst some acknowledged that they had a care plan to achieve permanence in long-term foster care (although this was resisted in various ways, as outlined earlier), others presented a much more ambiguous understanding of their care plan. There were examples in the data of young people settling and building positive relationships with their carers and thriving in aspects of their lives (e.g. education, friends), to then be presented with the opportunity to return to birth family. For some young people, they were approaching eighteen, so perhaps the decision for a planned return to family made sense, in terms of important relationships and planning for independence. However, for others this opportunity was experienced as ambiguous. On the one hand young people wanted the opportunity to have a normal life with their birth family, but at the same time they appreciated the opportunities they had for experiencing a different way of being a person and being a family whilst in foster care.

Whilst the majority of young people exited foster care through a return to birth family, there were also examples of young people re-entering care following a disrupted reunification. Both of these pathways are consistent with the literature base suggesting that reunification with birth family was the most likely permanence plan for adolescent entrants, as well as adolescent entrants being the most likely group to re-enter care following a disrupted reunification (Sinclair et al., 2007; Farmer, 2014; Biehal et al., 2015; Murphy and Fairtlough, 2015; McGrath-Lone et al., 2017; Neil et al., 2020; Ford and McKay, 2024).

Irrespective of how and why the foster placement ended, there was a sense of endings being experienced as ambiguous, particularly in regard to making sense of relationship endings. This sense of uncertainty points to an inconsistency in social work practice around identity and life story work, aligning with research by Hammond et al. (2020) which suggests this is perhaps most often prioritised for younger children, resulting in young people missing out. Supporting young people to make sense of their background, pre-care experiences and pathways into, through and out of care is particularly important in terms of identity development in adolescence (Erikson, 1968). Stein (2008) emphasised that this, alongside the experience of stability, are important resilience promoting factors crucial for positive identity development which support young people during their journey to adulthood. This, coupled with the findings presented in this thesis point to the role a focus on identity development could play in promoting positive outcomes for young people in care and care leavers (Ferguson, 2018) and for adolescent entrants in particular.

There were also examples in the data of the importance of allowing young people time and space to explore and test out pathways to independence, particularly when it came to

relationships with birth family and the possibility for reunification. Adolescence and emerging adulthood is a time for identity exploration (Erikson, 1968; Arnett, 2000), and this exploration is often characterised by building autonomy and independence away from family in terms of attachment relationships (Sroufe et al., 2005; Allen and Tan, 2016). The findings highlighted how navigating this key developmental task was complex and complicated by the experience of entering foster care for adolescent entrants. Relationships with birth family were disrupted by a care entry, therefore adolescent entrants had to navigate maintaining and/or repairing and rebuilding relationships with birth family alongside building new relationships with their foster carers. The data emphasised the important role foster carers had in supporting adolescent entrants to navigate these important, but often strained and complex relationships with birth family. Foster carers were able to promote the adolescent entrants' sense of agency and autonomy by supporting them to set clear boundaries in familial relationships, which is a key interpersonal skill in terms of moving towards independence.

Although the context of corporate parenting supported this period of exploration for the adolescent entrants in this research, with the majority returning and achieving stability with their long-term foster carers, the data did highlight the importance of social work support across this process. The data highlighted how the period of time when young people were wanting to explore and test out their growing independence, often coincided with significant transitions in terms of social work support (e.g. moving from child in care to leaving care) and the shifting thresholds between children and adults social care services. Both adolescent entrants and foster carers acknowledged that the outcome could have perhaps been different if social workers had focussed on the young person's independence away from the foster family, rather than valuing the opportunity for fostering relationships to endure and support a more gradual and interdependent transition to adulthood.

Foster carers also demonstrated how they built relationships with members of the adolescent entrants birth family themselves. These relationships were important in terms of supporting a young person to navigate the transition back to birth family – or for those testing out a return home, this relationship supported them to remain in foster care. This finding emphasises the importance of utilising the supportive role foster carers can have for both the young person and crucially their birth family in reunification practice (Farmer et al., 2011; Farmer, 2018; Luu et al., 2022), a role which is often overlooked and undervalued (Murphy and Fairtlough, 2015).

### 10.3 Enduring fostering relationships

Endurance is the final core theoretical concept which underpinned the entire relationship building process between adolescent entrants and their foster carers. Endurance, as a concept has a dual meaning in this research and captures both the determination to get through difficult times in the foster placement, and the lasting impact of the experience of fostering relationships for adolescent entrants.

It is important to note that growth is not the absence of fragmentation, these concepts along with endurance are fluid and closely interlinked. What made the difference for adolescent entrants was how fragmentation and opportunities for growth were managed through enduring fostering relationships. As presented in Chapter Eight and in section 8.3 and 8.4 in particular, the data demonstrated three key dimensions which characterised these enduring fostering relationships: clicking; sticking; and diversity of being.

#### *Clicking and sticking*

Adolescent entrants and foster carers both shared their experiences of the early days of the foster placement in terms of getting to know each other, and this process of *clicking* setting the foundations for the relationship. *Clicking* was either described as an instant connection, or taking time and space to develop at the young person's pace. Both processes were underpinned by foster carers being accepting and not expecting in their parenting approach, which left room for young people to exercise agency. This suggested an element of reciprocity in building relationships with foster carers. As examined in the previous section, there were barriers to *clicking* associated with the level of acceptance and the position of agency for young people in relation to their care plan, particularly if the placement was intended as long-term. The findings suggested that young people needed to want to settle, a process which could be supported - or indeed hindered - by social workers depending on how they involved young people in the care planning process. Foster carers were also crucial in promoting agency for the adolescent entrant, by being unconditionally accepting in their caring approach and allowing the relationship-building process to be led by the young person.

The concept of *sticking* was grounded in examples of adolescent entrants and foster carers demonstrating *endurance* in getting through challenging times together. This was a dynamic and reciprocal process, characterised by navigating feelings of vulnerability which involved an active process of putting in the 'work'. The success of this process was often a key

turning point in the fostering relationship, determining the trajectory of either strengthening or disrupting the foster placement. Importantly, if the mutual foundations of *clicking* were not in place, the fostering relationship was unlikely to be sustained.

Risk-taking is an integral part of adolescent development, where risk-taking behaviour is often driven by impulsivity and sensation seeking (Steinberg, 2008). From an attachment perspective, the balance between autonomy and attachment in adolescence is characterised by a 'negotiated effort' (Allen and Tan, 2016, p400), underpinned by the shared aim of supporting young people to explore and build independence (Sroufe et al., 2005). The process of time and the role of vulnerability were particularly important factors in this study which either supported or hindered the process of *clicking* and *sticking* in enduring fostering relationships. By allowing themselves to be vulnerable, adolescent entrants were taking a relational risk which had the potential to make or break the fostering relationship and ultimately the placement.

Some foster carers demonstrated determination to work through challenging times and refused to give up on the young person in their care. This process of *sticking* was far from easy and often involved navigating conflict, but enduring these challenging times consolidated trust in the relationship between adolescent entrant and foster carer. Research by Nicoleau-Poliard et al. (2024) emphasised the importance of foster carers being able to communicate with empathy or assertion when navigating conflict in relationships with young people growing up in care, and that this was one aspect which promoted bonding. This sense of not giving up through the difficult times and this supporting young people growing up in long-term foster care to build trust and a sense of belonging were key dimensions in fostering relationships in other studies too (Christiansen et al., 2013; Sprecher et al., 2021).

The concepts of *clicking* and *sticking* in this research demonstrated how relationship building between adolescent entrants and foster carers was a dynamic and crucially reciprocal process. This process of *clicking* laid the foundations for building trust, which has similarities to the dimension of availability in the Secure Base model of foster caring, and the concept of *sticking* in this research resonates with the dimensions of sensitivity and family membership in the framework for building positive relationships, promoting security and resilience for children and young people growing up in long-term foster care (Schofield and Beek, 2009, p259). The process of *clicking* and *sticking* also aligned with the major themes in research by Oke et al. (2013) exploring the role of foster carers in promoting placement stability for adolescent graduates who were not expected to settle in a long-term foster placement.

The concept of *sticking* in this research also captured aspects of emotional investment and commitment as defined by Dozier and colleagues (Bates and Dozier, 2005; Dozier and Lindhiem, 2006). Foster carers described the joy they felt when an adolescent entrant committed to being part of their family. This commitment was often demonstrated through the everyday experiences of foster family life, for example a young person wanting to be included in family routines, rituals and decision-making. This sense of commitment and embracing a sense of belonging in the foster family for adolescent entrants often followed the successful navigation of enduring challenging times together with their foster carers, a turning point which strengthened the fostering relationship. This mutual process of *sticking* promoted stability, irrespective of how long the foster placement was intended to last.

Bernard and Dozier (2011) suggested that committed foster carers demonstrated high levels of delight in caring for young children, and research by Turner et al. (2023) suggested that foster carers experienced emotional investment towards the young children in their care in the context of short-term placements. The research presented in this thesis extends this further, by suggesting that adolescent entrants to foster care can experience relationships with foster carers who are emotionally invested in them and can experience aspects of commitment, irrespective of the length of foster placement. In the words of Bronfenbrenner '*every child needs at least one adult who is irrationally crazy about him or her*' (as cited in Brendtro, 2006 p163), and the data emphasised how foster carers can be this person for adolescent entrants to foster care.

Research by Schofield and Beek (2009) and Oke et al. (2013, p21) have demonstrated that young people growing up in foster care who experienced several moves of foster placement, can achieve unexpected stability, and therefore success in the right foster placement in adolescence. The research presented in this thesis adds to and extends this knowledge by suggesting that adolescent entrants can defy expectations and also achieve stability and settle in foster care, even in the context of previous instability. The findings also emphasise that for some adolescent entrants, stability and permanence in long-term foster care can also include being supported into adulthood through a *Staying Put* arrangement with their former foster family.

Seeking a sense of normality within the context of fostering relationships, and promoting a sense of belonging for young people in their birth and foster family was important for both adolescent entrants and foster carers. For adolescent entrants, being included in foster family celebrations and their achievements and milestones being recognised just like any other member of the family was a particularly important dimension across the process of building enduring fostering relationships. Family theorists point to the conceptualisation of

family as an active process, where being included in the everyday routines and rituals of family practices is integral to 'doing' family (Morgan, 2011). For children and young people in foster care, being included in and experiencing the ordinary and everyday dimensions of family life is particularly important (Schofield, 2002; Boddy, 2019; MacDonald and Marshall, 2021). The findings presented in this thesis adds to this narrative by suggesting that the experience of ordinary aspects of foster family life are wanted and needed by adolescent entrants. This finding, suggesting that adolescent entrants do value and benefit from the experience of foster family life, is in contrast to the underpinning assumption in social work practice that because of their strong relationships with birth family, adolescent entrants do not need foster care to provide a new family for them (Biehal, 2005b; Sinclair et al., 2007).

### *Diversity of being and the importance of time*

The third key dimension of enduring fostering relationships presented in the data was *diversity of being*. This captured the different ways adolescent entrants (and to a lesser extent foster carers) navigated opportunities to experience a *diversity of being*, in terms of different ways of a being a person, and being a family and how this experience impacted them over time. All adolescent entrants in the study were achieving in terms of traditional measures of success for children and young people in care and care leavers, in that they were all in some form of education, training or in voluntary or paid employment. When reflecting over their time in care, the experience of fostering relationships – captured in the concept of *diversity of being* – were positioned as key turning points, influencing their trajectories as they moved into adulthood and across their life course.

Adolescent entrants associated these turning points as being instrumental to their subjective understanding of successful adulthood. This finding adds to the growing literature base pointing to the importance of subjectivity when considering measures of success in foster care (Reimer and Schäfer, 2015; Selwyn et al., 2018; Hanrahan and Boddy, 2019; Rees and Munro, 2019; Bakketeig et al., 2020; Briheim-Crookall et al., 2020). This finding also suggests that the experience of a *diversity of being* is an important agency and resilience building factor for adolescent entrants. This concept of *diversity of being* also extends the remaining two dimensions of the Secure Base model of foster caring that have yet to be mentioned: acceptance and co-operation (Beek and Schofield, 2004, p259).

Mary Dozier's definition of foster carer commitment encompasses two key dimensions: an emotional investment (Dozier et al., 2007), and a motivation to have an enduring relationship with the child (Dozier and Lindhiem, 2006). Foster carers, particularly those



offering permanence in long-term foster care for adolescent entrants demonstrated the ways that they laid the foundations for fostering relationships to endure beyond the formal end of the foster placement. The role of agency for young people was crucial here, as foster carers framed this offer as very much dependent on whether the young person wanted to accept this or not. This does emphasise that adolescent entrants can accept messages of relational permanence in foster care, a finding which resonates with research by Schofield et al. (2011).

There was also evidence of foster placements ending in an unplanned way but the fostering relationships enduring despite the difficult placement ending. Whilst research has highlighted the potential of relationships with foster carers to last beyond an unplanned foster placement ending (Schofield, 2003; Khoo and Skoog, 2014; McSherry and Fargas Malet, 2018; MacDonald and Marshall, 2021; Sprecher and Simmonds, 2021), the research presented in this thesis emphasises the important role enduring relationships can have for adolescent entrants to foster care. This finding is particularly significant for adolescent entrants because they enter care at an older age, therefore will only experience the benefits of foster care for a short period of time, where their transition to adulthood is often experienced as accelerated and compressed (Stein, 2006a).

Adolescence as a developmental stage is considered a window of opportunity in terms of brain development and psychosocial growth (Balbernie, 2001; Bretherton and Munholland, 2016; Griffin, 2017; Denworth, 2021), where relationships and systems can scaffold and support young people to thrive (Bonnie et al., 2019). This study suggests that adolescent entrants can experience high-quality relationships with their foster carers, and that this window of opportunity can support young people to grow. The evidence of this growth can be seen whilst in the foster placement for some young people in terms of achieving and/or engaging in education and planning for independence. For others, particularly adults with care-experience, the study suggested that the seed for growth was planted in the foster placement, and overtime the benefit of this experience of high-quality fostering relationships came to fruition. This concept of the benefit of an experience only being revealed overtime is widely understood as the sleeper effect (Kagan and Moss, 1962).

There was also evidence to suggest that the experience of fostering relationships could have a positive lasting impact over time, even when the foster placement itself only lasted a short time, or even ended under difficult circumstances and in an unplanned way. It is important to emphasise that at the time this experience of time-limited and/or disrupted placements would likely be framed in terms of systemic performance indicators as a negative outcome of care. Therefore, this study adds to the growing body of research

emphasising the importance of time for people with care-experience (Reimer and Schäfer, 2015; Brady and Gilligan, 2019; Bakkeiteig et al., 2020) and that outcomes of care are not static end points but should be conceptualised as evolving over time (Boddy et al., 2020).

With this in mind, the research presented in this thesis emphasises the importance of taking a life course perspective (Elder, 1998) when considering the needs and experiences of adolescent entrants to foster care. Transitions, turning points and trajectories are core concepts in the life course perspective, and this study has suggested how relationships with foster carers can be experienced as turning points for adolescent entrants. Consistent with the typology of turning points set out by Rutter (1996), the concepts of *sticking* and a *diversity of being* in the process of building enduring fostering relationships in this research were experienced as turning points which had an enduring impact on the young person's sense of self, beliefs and expectations for the future.

Growth, however, does not represent the absence of fragmentation, and interwoven in the data, particularly explored in section 8.4 were examples of the enduring negative or unresolved impact of the experience of foster placement endings, particularly when the relationship also ended with the placement. This is particularly important to consider when thinking about adolescence as a window of opportunity in terms of development. This suggests a fragility to adolescent entrants' sense of stability and belonging, and the ways in which the care system can contribute to their experience of fragmentation and create barriers to experiencing opportunities for growth, because questions around placement and relationship endings remain unresolved. This uncertainty or precarity has a lasting impact over time and into adulthood, which has consequences in terms of identity development as explored section 10.2, thus, the diversity of experience in terms of how the theoretical concepts of fragmentation, growth and endurance of the CGT model can be applied.

#### **10.4 Answering the research questions**

In terms of answering the research questions, the findings presented a complex picture of how adolescent entrants and foster carers experience their relationships with each other. Embedded across the relationship-building process is the importance of time, particularly distinct periods of time captured in the concepts of *clicking*, *sticking* and *diversity of being*. Fostering relationships which were more successful in terms of stability and longevity relied on a mutual reciprocity across the relationship building process, of which navigating a sense of vulnerability for both adolescent entrant and foster carer was key. Foster carers who were more open to navigating their sense of vulnerability, and were able to be led by and leave

space for young people to exercise agency, were able to build positive and enduring fostering relationships.

The research highlighted how social workers and the systems for care planning impacted on the quality of relationships between adolescent entrants and foster carers. The findings suggest that applying a developmental lens, particularly in terms of the importance of agency, identity, independence and the attachment needs of adolescent entrants, could provide a useful perspective in terms of social work and child placement practice when considering foster care as an intervention for adolescent entrants. Young people have to want to settle in a foster placement, and social workers can support this by being responsive, transparent and having the difficult conversations with young people and involving them in decision-making and care planning. Social workers and the systems for care planning can either contribute to the experience of fragmentation for adolescent entrants, or can promote growth by supporting enduring fostering relationships.

In most cases relationships with birth family continued to be important for adolescent entrants. However, these relationships were often strained and complex, so had the potential to contribute to an adolescent entrant's experience of fragmentation. The findings emphasised the importance of foster carers building relationships with birth family themselves, as well as supporting young people to repair and rebuild relationships with important members of their birth family.

## **10.5 Limitations**

It is important to consider the potential limitations of the research presented in this thesis. As discussed in Chapter Five, COVID-19 unfolded during the data collection and this necessitated changes to the research design. It was hoped at the outset of the study that 10-15 adolescent entrants and 10-15 foster carers could be recruited to participate, but the final sample included 11 adolescent entrants and 12 foster carers.

Prior to COVID-19 face-to-face interviews were conducted with adolescent entrants, which despite the initial age range being 12-25, only two 15-year-olds were interviewed. In response to COVID-19 interviews for adolescent entrants shifted from face-to-face to telephone, and despite continued networking with the initial two LAs a telephone interview took place with only one more adolescent entrant whom was aged 17. It is difficult to unpick whether the change in data collection method impacted the recruitment of adolescent entrants in care (e.g. a reluctance from young people wanting to engage via the telephone),

or whether this was just a reflection of the challenges LAs were facing in navigating the unprecedented impact of COVID-19 on day to day social work practice, where recruiting research participants was rightly not prioritised.

Perhaps as a result of the COVID-19 mitigation strategy, and therefore the inclusion of recruiting care leavers via *Twitter*, the final sample of adolescent entrants included considerably more adults with care-experience than initially anticipated. Therefore, the majority of the data from adolescent entrants relies on their retrospective accounts of their experiences in foster care. However, overall, this unexpected impact on the sample in terms of age of adolescent entrants did add an additional dimension to the data – that being the experience of fostering relationships across time. The data suggested that time was an important element in understanding and crucially recognising the impact of the experience of fostering relationships for adolescent entrants as they moved into adulthood and across their life course. When adolescent entrants in foster care were interviewed, they were often preoccupied with their plans to return to birth family, therefore struggled to envisage what a relationship with their foster carer might look like in the future.

Finally, the sample could have been more diverse in relation to gender and ethnicity. As discussed in Chapter Five despite recruitment strategies focussing on recruiting men and boys, which included targeted theoretical sampling, only female foster carers and only one male adolescent entrant were interviewed. Whilst encouraging men to participate in research is an acknowledged challenge (Butera, 2006) which has perhaps impacted this research, it is important to emphasise that the experiences of male adolescent entrants were captured, albeit through the perspectives of their foster carers. In terms of ethnicity, the COVID-19 mitigation strategy extended recruitment to include two London Boroughs which did enhance the diversity in regards to the ethnic and cultural backgrounds of the sample, this could have been improved.

## **10.6 Contribution and strengths**

Whilst the limitations have been considered, it is also important to emphasise the strengths of the research presented in this thesis, and how the insights into foster care for adolescent entrants has contributed to the existing body of literature explored across Chapters Two - Four.

Firstly, in terms of evaluating the quality of this research study, as set out in Chapter Five and section 5.2 in particular, employing CGT methodology (Charmaz, 2006), an inductive and data-driven approach, has demonstrated how rigor and transparency was embedded

across the entire research process. Subjectivity and reflexivity underpinned the study which ensured that the knowledge produced was co-constructed, thus the voices of the participants were prioritised. Implementing these rigorous methodological strategies across the research process, demonstrated how consideration was given to how the quality of the research produced could be maximised.

Whilst there is an existing body of literature pertaining to the experience of foster care, and the importance of relationships with foster carers for children and young people in care in general, the majority of this focusses on the experiences of young people growing up in foster care (Schofield et al., 2000; Schofield, 2003; Schofield and Beek, 2009; Oke et al., 2013; Sprecher et al., 2021; MacDonald and Marshall, 2021; Nicoleau-Poliard et al., 2024). The literature review also pointed to the paucity of research exploring the experience of foster care for adolescent entrants in particular (Farmer et al., 2004; Schofield et al., 2011; Rehill et al., 2022), evidencing that as far as I am aware there are no studies – other than my MRes study (Speer, 2017) - which focus specifically on the experience of relationships between adolescent entrants to foster care and their foster carers. Whilst this study adds to this evidence base by re-emphasising the importance of relationships with foster carers, it crucially provides a novel aspect by focussing on the experiences of adolescent entrants to foster care. The study presented in this thesis emphasises the transformative role relationships with foster carers can have for adolescent entrants, the effects of which can be seen well into adulthood. Building on this contribution further, this study suggests that the five dimensions of caregiving in the Secure Base model (Schofield and Beek, 2009), can also be applied to the experience of foster care for adolescent entrants.

This study is not only the first focusing specifically on foster care for adolescent entrants, it is also the first study on the topic to use CGT methodology. Navigating fragmentation and growth through enduring fostering relationships is the overarching theoretical model which provides a new perspective for understanding how fostering relationships are experienced by adolescent entrants and foster carers. The importance of time, particularly in terms of duration, or planned duration of the foster placement, and the impact of the experience of foster care overtime and across the life course for adolescent entrants is another novel aspect of the research. This emphasises the importance of taking a developmental and life-course perspective when considering the needs and experiences of adolescents in and on the edge of care. Whilst the model highlights the positive enduring impact of the experience of fostering relationships for adolescent entrants, in terms of relational processes, the model also allows for a diversity of experience, as the theoretical concept of growth is not the absence of fragmentation. These concepts, along with endurance are fluid and closely interlinked, as such, the experience of fostering relationships can have a negative lasting

impact and the model allows for this application, and points to areas where the care system can better support adolescent entrants enable growth rather than create barriers to growth.

From a CGT perspective, generating theory enhances our understanding of the social phenomena being explored (Charmaz, 2025), which in the case of this research is foster care for adolescent entrants. A strength of CGT is how the conceptual and theoretical categories can be applied and examined in other substantive, but similar areas of social phenomena (Charmaz, 2025). With this in mind, there is value of the theoretical model developed from the empirical material in terms of its usefulness beyond the limitations of this study. How the experience of fragmentation and the process of growth is managed through enduring fostering relationships are theoretical concepts which perhaps could be applied to the experience of adolescent graduates in foster care, or adolescent entrants to residential care.

### **10.7 Implications for policy and practice**

Taken all together, the empirical findings have emphasised the vital role relationships with foster carers can have for adolescent entrants, both whilst in the foster placement and as they move into adulthood and across their life course. The experience of these relationships can have a significant impact across a variety of dimensions of growth for the adolescent entrant, the benefits of which may be demonstrated in the foster placement in terms of building agency, resilience and aspects of intrapersonal and relational growth, but may also have an enduring impact over time and into adulthood. The role of time is important as data demonstrated that a relationship with a foster carer can have an enduring impact, even if the placement itself only lasted for a short period of time, in some cases only a few days. With this in mind, what follows is an outline of key policy and practice implications which have emerged from the data.

#### *Implication 1: Policy and outcomes of care*

This study presents a challenge to the persistent focus in policy on avoiding a care entry for adolescent entrants (Department for Education and Skills, 2007; Department for Education, 2014b). This policy focus is often associated with the concerns around the poor outcomes of care, and underpinned by an assumption in practice that adolescent entrants do not need a new family, positioning foster care as a last resort in terms of permanence (Biehal, 2005b; Sinclair et al., 2007; Boddy et al., 2008). This study challenges this discourse in two ways.

Firstly, the findings suggest that adolescent entrants can experience good quality foster care placements and high-quality relationships with foster carers where their needs are met and growth can take place. Whilst Clarke and Penington (2021) suggest that adolescent entrants are likely to need intensive or specialist placements in the care system, this study suggests that the needs of adolescent entrants can be met in mainstream foster care. Secondly, in terms of outcomes of care, this study adds to the body of evidence which points to the need to broaden and reframe how outcomes of care are conceptualised, particularly when thinking about normative timeframes which fail to account for the impact of pre-care adversity (Forrester et al., 2009; Sebba et al., 2015).

Whilst placement moves, particularly unplanned placement moves, are often equated to poor outcomes of care in terms of a measure of stability, this study suggests that the subjective experience of placement instability for adolescent entrants is more nuanced. Stability does not necessarily equate to the experience of high-quality relationships and the experience of instability does not necessarily equate with poor quality relationships with foster carers. Data demonstrated the importance of finding the right placement and being able to settle, and experience stability and high-quality relationships, as well as experiencing fostering relationships which impact over time, even if the placement duration was very short.

*Implication 2: Do not underestimate the positive potential of fostering relationships for adolescent entrants*

This study emphasised that although adolescent entrants will be drawn to their birth families, this does not mean that they cannot benefit from being part of a foster family. Foster carers and social workers can support fostering relationships by focussing on ways to promote an adolescent entrant's sense of agency. The research also emphasised the key role social workers can have in supporting the early days of the foster placement, suggesting that if there is not a mutual *click* between adolescent entrant and foster carer, then enduring challenging times will likely result in an unplanned ending. The study also emphasised how fragile an adolescent entrant's sense of stability and belonging in the foster family can be. This fragility was particularly challenged if younger children were cared for in the foster family, and if short breaks were experienced by adolescent entrants as feeling *sent away*. Taken all together the following recommendations for social work and child placement practice with adolescents in and on the edge of care are suggested:

- Take a developmental and life-course perspective when considering the needs of adolescents on the edge of care and weighing up the risks and benefits of an entry to foster care. Timing is particularly important here, as research suggests that when the outcomes of young people in care are compared with those on the edge of care, the length of time in care is a protective factor (Forrester et al., 2009; Luke et al., 2015; Sebba et al., 2015).
- Placing social workers can give foster placements the best chance to succeed by involving adolescent entrants in the decision-making around their care plan. This also extends to ensuring that foster carers have all relevant information pertaining to the needs of the adolescent entrant. It is also important to check in with both the adolescent entrant and the foster carer in the early days of placement to support the *clicking* stage of relationship building, and to consider alternative plans if there is not a mutual sense of *clicking*.
- Adolescent entrants sense of belonging and stability can be fragile. Therefore, it is important for social workers who are supporting foster placements to carefully consider the needs of the adolescent entrant with any other child – particularly much younger children – in the foster family. The same careful consideration also needs to be given to how short breaks are framed and managed for adolescent entrants.

*Implication 3: Foster carer relationships with birth family*

This study re-emphasises the often underutilised and undervalued role of foster carers in reunification practice. The study studied that foster carers were able to build supportive relationships with the adolescent entrant's birth family. This not only supported the young person's relationships with important members of their birth family, but the study suggested this support could also extend beyond the foster placement end. This is particularly important for adolescent entrants because their most likely permanence plan is a return to birth family, and they are also the most likely to return to care following a disrupted reunification. With these points in mind the following recommendation is suggested:

- Social workers should involve foster carers and adolescent entrants in plans for reunification at the earliest opportunity. This will enable time for foster carers to be supported to build helpful relationships with birth family.



#### *Implication 4: Foster carer recruitment, training and support*

The study suggested that adolescent entrants can experience all aspects of a secure base in foster care. The Secure Base model (Schofield and Beek, 2009) continues to be used in supporting foster carers, and is embedded into the *Skills to Foster* pre-approval course for prospective foster carers, as a framework for making sense of and supporting the attachment and developmental needs of children and young people in care (UEA, 2025). This study suggests that the Secure Base model can also be applied to foster care for adolescent entrants. Foster placements able to meet the needs of adolescents continue to be a challenge in terms of recruitment and retention of foster carers (Ellis and Williams, 2024). Therefore, using the Secure Base model to support prospective and current foster carers to think about how they can adapt their parenting approach to meet the needs of adolescent entrants could be useful.

### **10.8 Directions for future research**

With the empirical findings of the research presented in this thesis and the limitations of the study outlined in section 10.5, the following potential directions for future research are recommended to add to the understanding of the experience of enduring fostering relationships in foster care for adolescent entrants.

#### *Suggestion 1: Use of longitudinal methodologies*

One of the key theoretical concepts – endurance – had a dual meaning in the study, one aspect demonstrated how the impact of fostering relationships can endure over time and into adulthood. The three young people who were in foster care when interviewed struggled to envisage what a future relationship with their foster carer might look like, instead they were all focussed on their imminent plans to return to their birth families. Using longitudinal methodologies would allow researchers to follow the relationship trajectory between the adolescent entrant and foster carer, starting in the foster placement and following this over time and into early adulthood. This would enable research to explore what contributes to enduring fostering relationships - what supports or hinders them - and how these are negotiated and navigated by adolescent entrants and their foster carers over time.

Including social workers in any future research would also add another perspective in understanding how enduring fostering relationships are supported or indeed hindered by the care system.

### *Suggestion 2: A focus on Staying Put arrangements*

Although only one adolescent entrant in the study continued onto a *Staying Put* arrangement, the majority of the foster carers had experience of offering a *Staying Put* arrangement to adolescent entrants. The literature review pointed to the limited research exploring the experience of *Staying Put* for care leavers and their foster carers. Therefore, qualitative research exploring the perspectives of care leavers, their former foster carers and the social workers who were involved in setting up and supporting a *Staying Put* arrangement would add valuable insight to understanding this area of social work and child placement practice.

Gaining insight over time would be useful in terms of understanding the support needs of care leavers and their former foster carers as the *Staying Put* arrangement evolves. Therefore, interviewing the young person, their foster carers and the social worker involved in setting up and supporting the *Staying Put* arrangement at various points across the process would add to our understanding. For example, interviews should take place around the period of transition when the foster placement converts into a *Staying Put* arrangement, and then repeated with all participants 6-12 months later to allow opportunity to reflect on the process.

### *Suggestion 3: Short break provision for foster carers*

The study suggested that an adolescent entrant's sense of stability and belonging in their foster family could be fragile. This fragility was particularly challenged if they experienced short breaks as feeling *sent away*. The literature review revealed limited research focussing on the provision of short breaks as a support for foster families, and much less on how this is experienced by children and young people in foster care. Therefore, research exploring how short break provision is navigated within foster families would provide useful insight into this area of foster care practice. It would be particularly valuable to gain the perspectives of all involved in navigating short break provision, so this would include foster carers,

children and young people in care, their social workers and any other social worker who supports the foster placement.

#### *Suggestion 4: Capturing a more diverse sample*

Despite recruitment strategies targeting men and boys, only one male young person was interviewed in this research. Therefore, future research which is designed to capture the experiences of male foster carers and male adolescent entrants would add valuable insight to the findings presented in this thesis.

### **10.9 Conclusion**

In conclusion, this study has provided crucial conceptual and theoretical insight into how fostering relationships between adolescent entrants and their foster carers are experienced. Despite a policy and practice discourse focussed on preventing an entry to care for adolescents, they continue to be the largest cohort of young people entering the care system each year. Adolescent entrants are also seldom the specific focus of research. This study presents a challenge to this dominant discourse, and adds to the limited knowledge base, by suggesting that adolescent entrants can benefit from the experience of high-quality relationships with foster carers.

The overarching grounded theory model developed from the empirical material suggests that foster care for adolescent entrants is underpinned by the concepts of fragmentation, growth and endurance. This thesis demonstrates that fostering relationships are central to how adolescent entrants navigate fragmentation and growth across adolescence, and the impact of this experience can be seen well into adulthood. Social workers played an important role which could either support or hinder the relationship-building process, and thus stability in foster care for adolescent entrants. The process of time was a key dimension, suggesting that even if the fostering relationship ends with the placement, the impact of the experience of quality, committed and supportive relationships between adolescent entrants and their foster carers can endure.

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## **Appendices**

## **Appendix A – Reflective memo on working with gatekeepers**

### **LA2 Recruitment Reflection – August/September 2019**

I was invited to present my research to encourage recruitment at a Senior Corporate Parenting Managers meeting at the LAs County Office. I used to work as a social worker in their fostering service before stepping away from front-line practice to pursue my PhD research. I was anxious in the drive up to the head office, as it had been a few years since I had left the LA, I was also aware that my former manager had been promoted and was now a locality manager in corporate parenting so was likely to be in the meeting. I thought this might be awkward, but it wasn't.

I gave an overview of my research and the chair of the meeting, who was my initial contact who invited me to the meeting, was very enthusiastic about the LA supporting my research, and seemed eager to focus on the LAs recent positive OFSTED, suggesting I would not have any issues in interviewing children in care and foster carers for my research. However, the actual team managers in the meeting seemed a bit more reserved/hesitant – wanting more detail on the time/resources needed by individual social workers to recruit. This really hit home to me the layers of power and the challenges/opportunities of working with gatekeepers and whose voices are captured in research and why.

### **Lily interview - Informed Consent Reflection – December 2019**

Lily's social worker got in touch with me after I attended the senior managers meeting and circulated my research information sheets to her team. She advised that Lily was keen to take part in October. Lily was 15 at the time and in foster care on a full care order. Her social worker advised that her current care plan was working towards reunification, therefore gaining explicit consent from Lily's mother who shared PR with the Local Authority was required. This highlights the complexity of responsibility and the impact of state intervention on the lives of young people in the care system. After several emails chasing the social worker, and several failed attempts by the social worker to contact mum to discuss Lola's participation, a letter was sent informing mum of the research and I was advised to make contact with Lola's foster carer to arrange the interview.

It was now December, so two months since Lily's initial agreement to participate in the research. Interestingly, when I met with Lily for the interview, she did comment and shared her sense of frustration on this, stating '*I thought the interview wasn't happening as it's been ages*'. I didn't disclose the time between Lily agreeing to participate and actually taking part in the interview was because of challenges in the social worker talking to her mum, as Lily had already shared some frustrations about her social worker and taking time to action things. However, it did make me reflect on how this was experienced by Lily – this delay, and added layer of consent/bureaucracy because of her looked-after child status and the state intervening in her life. As the interview progressed it transpired that she has regular contact with her mother, at least every weekend, therefore it seemed likely that Lily perhaps could've mentioned her wish to participate in the research to her mum, but because of the processes around informed consent her social worker needed to seek this from mum. Complexities and impact of being a looked-after child and living a 'normal' life. What would've happened, and how would this have been experienced by Lily if her mum declined her consent to participate.

### LA3 Recruitment Reflection – July/August 2020

Working with LA3 is very different from working with LA1 & LA2. I have an online meeting with a senior manager every two weeks to catch up with where I am at with chasing up potential participants and he helps with organising a recruitment strategy. I recently presented my research to encourage recruitment in a fostering team meeting – which he chairs. It is interesting to me that age at entry seems to be a stumbling block for some social workers. After I presented, initially the team seemed receptive and there were several names mentioned of foster carers and young people who might be appropriate to approach to participant. However, when I asked whether the young person had entered foster care in adolescence the social workers were not 100% sure – perhaps a reflection on being 'present' in the moment – the young person is a teenager right now, so the focus is on presenting needs, rather than thinking about the timing of their entry to care – lack of life-course perspective thinking?

Several names of young people were put forward (although the social workers needed to double check they entered foster care in adolescence), but others chipped in who seemed to know the child/carer and commented on timings – not the right time – frequent moves etc. I got a sense of a reluctance, or perhaps a cautiousness in interviewing these potential participants – perhaps coming from a place of protecting/safeguarding/managing risks to the service user, or perhaps a concern with how the service/social work practice would be presented by the service user?

## **Appendix B – Reflective memo during first interviews, transcription and initial coding**

### **Reflections after Interview with Foster Carer Natalie – June 2019**

This was my first interview I undertook for my PhD research. This was also my first experience of a telephone interview. Personally, I do not like using the telephone, it makes me anxious, so this was a challenge. Because of this anxiety I planned and prepared very carefully to limit the number of unexpected outcomes. I can remember that this was a mobile phone number and I am also calling from a mobile phone. I was using my personal mobile (withholding the number) because it has a speaker facility which enabled me to use the microphone and Dictaphone to have a high-quality audio recording of the interview. I can recall that times during this interview the foster carer must have been walking around her house as there were very brief incidences where the phone line broke up and I wasn't entirely sure what had been said. So there was a slight awkwardness. But it was managed well and I don't think it effected the quality of the data collected.

When summarising her fostering experience and her journey into fostering adolescents, the carer commented – when asked about the support she was given – *'and because it was more in depth and the kids...were more of a pain...or whatever you want to call them...'* There is a sense here that she is acknowledging a view that the task of fostering adolescents is perceived as being more of a challenge that perhaps fostering younger children? Also, she seems to be aware of her use of language, and is self-conscious of this, not entirely sure she is using the correct terminology etc – could be that she has been challenged on this before?

When prompted to share her experience of caring for an adolescent entrant she felt closest to she discussed the two brothers currently in placement. And referred to them both. I should have been more assertive in trying to get her to focus on one young person – will note this for future interviews.

When describing the first day of Alfie and Reece moving in – challenge with social worker who wasn't going to tell them they were moving from their previous carer (assume that it was inappropriate placement?) the social worker was just going to let them turn up at the carers house in a taxi from school without any explanation or support. Foster carer challenged this. Social worker came to carers house and met the children from the taxi. Children confused as to why they are moving, but despite this the carer suggests that they settled well *'they just get on with it!'* – a sense of the young people just accepting change and uncertainty?

This was the first time using the secure base/TIMB questions. Question was 'how would Reece show if he was upset about something? Can you remember a particular time?'. I can see examples of where I unintentionally led the interview 'that was probably important for Reece...tell him straight'. On reflection I should not have commented on that as it could be seen as me agreeing, validating her approach as the right approach etc. Later on I summarised/evaluated 'you and mum were kind of a united front really' – it is like I am putting words into her mouth.

### **Initial thoughts and themes from first adolescent entrant interview**

- Power of relationships – even when the relationship doesn't continue.

- Foster Carer as role model – *‘is this life? Is this how people live?’ ‘changed my mind set on life’*
- Feelings of difference – being different/stronger than mother
- Hierarchy of biology/birth father (but no emotional connection) over emotional connection with non-biological foster carer.
- Children’s rights and choice in permanence planning decision making.
- A learning curve – *‘he’s a person as well’ ‘Ruth, my social worker and the Police Officer....between them it taught me that professionals aren’t the devil...and I know I’ve been taught that my whole life...they are actually trying to help me,’*

### Transcribing & initial coding - Foster carer Ann interview

Foster carer describes Ezra (now 16 and been with them for 5 years) getting a plumbing apprenticeship, but the goal posts changed and he was *‘incensed’* and was a bit of self-sabotage why he was let go. This is very similar to the situation in the foster carer interview Susan. In both cases a family member or connection of the foster carers helped out the young person with a job or apprenticeship etc. Just like any other family – the unconditional support in spite of challenges in the transition to late adolescence/early adulthood.

*‘Which is really lucky!’* – this sense of chance? Being lucky that they know people who will be flexible and understanding *‘When Ezra turns up really late....he doesn’t make much of it you know’*.

*‘Then his girlfriend ditched him’* – This sense of foster carers supporting young people as they navigate intimate romantic relationships in adolescence is also in Susan’s interview. Supporting them to manage rejection, loss, heart ache etc. In both foster carer interviews the young person had *‘they had been together for years’*.

*‘And then he hit on the idea that he wanted to go and live with his brothers’* – a common theme/concept of testing out living with birth relative, that has occurred in several of the foster carer interviews – Susan & Janine. As well as in interview with adolescent entrant Vicky – her being in a relationship with a much older man and wanting to emigrate and her foster carers sticking by her, giving her space to test this out (despite not agreeing themselves), but being there regardless. Foster family culture – learning new family rituals and routines about what family is and can be in your future. When discussing Ezra testing out being with his brothers up north *‘I want him to have that lovely relationship with them, but I don’t want him to be relying on them for anything...I want him to be mature and be able to look after himself by looking at our family culture and you know other ways families can be’*. A sense of interdependence – being alongside/with, rather than dependence or independence?

Ann commented on Ezra’s social worker’s approach - *‘children are supposed to do what they’re told’ ‘totally wrong for Ezra....you know he feels that he’s in charge’* – Foster carers having to manage/mediate relationships with social workers/social work context in their care of adolescent entrants – the complexities and subtle nuances of this.

*‘and we have to work round that...and make him think it’s his idea’* – idea that the foster carer has to work sensitively and creatively in order to support young people. Link to Susan’s interview – *‘we have to tweak it’*.



## **Appendix C – Reflective memo after telephone interview with adolescent entrant**

### *17-year-old currently in foster care LA3 – Dec 2020*

I was very anxious for this phone call. I had had a few brief phone calls with her main foster carer trying to arrange the interview. Her main foster carer presented to me as quite blunt and cold. She advised that Lola was on respite the following week and then again in the week before Christmas – she suggested I arrange to interview her whilst with the respite foster carer. This did not sit right with me so I emailed her social worker to update her. The social worker advised to interview her when she returned to her main carer. When I contacted the carer again it transpired that Lola's school had finished early for Christmas because of the concerns regarding rapidly rising COVID cases, therefore Lola now had more free time on her hands. We arranged the interview for the afternoon of 16<sup>th</sup> December.

The day before the interview the carer texted me to ask to either have the interview an hour earlier or an hour later as Lola had her CAMHS therapy appointment (over the phone). I initially suggested we rearrange for another day as this seemed quite a lot to go from one phone call to another. The carer phoned me and I could hear a girl's voice in the background reassuring me that she was fine with that and still wanted to do the interview, so we arranged for after her CAMHS therapy meeting. In hindsight I maybe should've pushed and tried for another day?

I was anxious about the phone interview, as from what the social worker had told me Lola was set on returning to her parents' care when she turned 18 in a few weeks' time, but this was not what social care wanted for her, as her parents have consistently minimised concerns which led to Lola entering care at 15 (emotional abuse which led to self-harm and mental health issues). Also knowing that Lola had spent one week in respite, one week with carer, and another week in respite, and now back with the carer made me feel uneasy as this felt like a management strategy to 'hold' the placement.

I phoned the foster carer on her mobile and she advised Lola was still in the call to CAMHS. I suggested she text me when Lola had finished and she was ready to talk as I was free all afternoon. Around 10 minutes later I received a text advising me to call now. The carer answered the phone and then passed it over to Lola. Lola was very quiet, and tended to give one-word (Y/N) answers. She confirmed she had read the information sheet and was happy to be interviewed and audio recorded and I reassured her around confidentiality and her right to not answer a question. I could hear her foster carer in the background so I enquired about this and asked if she was ok talking to me with her foster carer close by, and she said she wanted her in the room – I was not sure if I was on speaker or not.

Even though I knew from the limited information I had been given about Lola that she was Eastern European, I had not really prepared for her English to not be fluent. On reflection I should have perhaps asked her foster carer and social worker about her needs regarding language, though I did email her social worker asking if there was anything I needed to know about Lola before I spoke with her to ensure her safety in the interview – I should've perhaps queried any needs around language/communication. However, this was my first experience of working with this London Borough – a Borough much more diverse than East Anglia, so they probably assumed that I would be prepared for this, whilst I presumed it wouldn't be an issue. It soon became clear she was struggling to understand what I was trying to ask her. Some of this could be a language barrier, some of this could be because of her emotional needs being anxious, just finishing a therapy call and the background of turning 18 in a few weeks and wanting to return home but getting the message from social

care that this was not in her best interests and wasn't going to be supported. Lola also had SEN so this could also be a contributing factor. There was a definite theme underpinning the entire interview with Lola, was her pre-occupation with returning back home soon, and her sense of not feeling listened to by social services and Lola struggling to talk about her emotions.

**Appendix D - UEA ethics approval letter**



School of Social Work  
Faculty of Social Sciences  
University of East Anglia  
Elizabeth Fry Building  
Research Park  
Norwich  
Norfolk NR4 7TJ

22 February 2019

**Emma Speer**

Dear Emma,

**Experiences of relationships between adolescent entrants  
to foster care and their foster carers**

The Research Ethics Committee considered your application for ethical approval for the above project in February 2019. The reviewers were in agreement that the ethics issues had been satisfactorily considered and addressed. I am happy to confirm that ethical approval was granted and you are able to begin your study subject to any other necessary approvals being given.

It is a requirement of your approval that you should report any adverse events that may have occurred, these being defined as “any unanticipated problem involving risk to subjects which ultimately results in harm to the subject or others”.

If you plan to make any significant changes to the design of your study, you should also contact me.

With best wishes – I hope your research goes well.

Yours sincerely

A handwritten signature in black ink that reads 'Peter Jordan'.

**Dr Peter Jordan**  
**Chair of SWK Ethics Committee**

## Appendix E – Participant information sheets

*\*details about voucher removed for LA1 who didn't want this*



## **YOUNG PEOPLE'S RELATIONSHIPS WITH THEIR FOSTER CARERS**

### **Research Information Sheet – Young People**

You have been given this information sheet because you are a young person who has experienced coming into foster care aged 11 or older. I do hope you would be interested in helping me with my research.

#### **Who am I?**

My name is Emma Speer and I am a PhD Researcher at the University of East Anglia in Norwich. I am also a qualified social worker and have spent several years working with young people in care and with foster carers.



#### **Who do I need to talk to?**

I would like to talk to young people who entered foster care at aged 11 or older who are willing to talk to me about their lives in foster care and their thoughts about their relationships with their foster carers. We will chat for an hour or so, and I'll tape record your interview and you do not have to answer any questions that you don't want to. If you do not want to be tape recorded that is fine – I will take hand written notes.

We will cover a number of areas like who you live with now, what age were you when you first came into foster care, any foster carers you may have lived with in the past, and we will talk in a bit more detail about what it is/was like living with one foster family.

### **What you will get out of it?**

By sharing your experiences, you could help to improve social workers' understanding of the importance of relationships between young people and their foster carers. You will also be offered a £20 shopping voucher at the interview to say thank you for taking your time to talk to me.

If you would like to know about what my research found out you can have a copy of the research summary report. If you would like a copy, I will ask you to give me either an email or postal address where I can send the report to once available.

### **What will happen to your interview?**

I will listen to the recording of your interview and type it up on my computer. I will also ask your social worker for some information about your age, gender, ethnicity, age you started to be looked after in foster care and the number of foster carers you have lived with. This will only be used to report some background information of the young people being interviewed in my research.

I will change your name and these personal details when I type up your interview so that no one will be able to recognise you when reading my research. I will make sure your interview is kept safe.

The only time I will have to tell somebody else what you share with me is if I think that you, or another child or young person is at risk of harm, or if I am worried about the conduct of a professional in your life. If I do need to pass on any concerns, I may not be able to talk to you about it first.

### **Can you change your mind?**

If you change your mind about being part of the research after your interview please let me know within two weeks of your interview date.

**If you do have any questions about the research then do not hesitate to contact me or my supervisors using the contact details provided below.**

**Emma Speer, PhD Researcher UEA**  
**e.speer@uea.ac.uk, 07494 712 008**

**Research Supervisors:**  
**Gillian Schofield, Professor of Child and Family Social Work at UEA**  
**g.schofield@uea.ac.uk**

**Christine Cocker, Senior Lecturer in Social Work at UEA**  
**christine.cocker@uea.ac.uk**

**Thank you for reading this information, I hope you decide to take part.**

## **EXPERIENCES OF RELATIONSHIPS BETWEEN ADOLESCENT ENTRANTS TO FOSTER CARE AND FOSTER CARERS**

### **Research Information Sheet – Foster Carers**

#### **Who is doing the research?**

This research is being supervised by Professor Gillian Schofield and conducted by Emma Speer who is a PhD Researcher at the University of East Anglia (UEA) in Norwich. Emma is also a qualified social worker and has worked with children and young people in care – adolescent entrants in particular – for over ten years in a variety of residential care settings and as a social worker in a Local Authority Fostering Service.

#### **What is the research about?**

The research is about the experience of foster care for young people who enter foster care during adolescence and their relationships with their foster carers. You have been approached to take part in this research because you are a foster carer with experience of caring for young people who enter foster care during adolescence.

#### **Why is the research happening?**

I am interested in this area of social work and foster care practice because of my previous experience working for a Fostering Service. I'm specifically interested in the experience of relationships between adolescent entrants and their foster carers.

#### **What will foster carers be asked to do?**

During the research interview I will ask you some questions about your experiences of caring for young people for around an hour. I will also ask questions about your fostering career (length of time fostering, number of adolescent entrant placements), and your age, gender and ethnicity. This information will be anonymised and used only to report background information of the foster carer sample of the research. You do not have to answer any questions that you don't want to. With your permission, I will also take an audio recording of the interview as it will help me to accurately report what you tell me. The recording of the interview will be transcribed so that I can analyse the content and understand the lessons we can learn. This recording will be destroyed after the research has been completed.

#### **Will anybody else know what is said in the interview?**

All interviews will be transcribed and any identifying information anonymised so that it cannot be linked back to you. This anonymised data may also be used when

presenting the research in future practice or academic publications or conferences. All anonymised transcripts will be stored securely on the UEA shared drive in accordance with UEA protocol.

The only time I will have to tell somebody what you share with me is if I think that you, or a child or young person is at risk of harm, or if I have concerns about possible professional misconduct. If I do need to pass on any concerns, I cannot guarantee that I will be able to talk to you about it first.

**What is the benefit of taking part?**

By sharing your experiences, you could help to improve social workers understanding of the importance of relationships between young people and their foster carers.

**Will the research findings be shared with foster carers who took part?**

I will ask you during the interview if you would like a copy of the research summary report. If you would like a copy, I will ask you to give me either an email or postal address where I can send the report to once available.

**Can a foster carer change their mind?**

If you change your mind about being part of the research after your interview please let me know within two weeks of your interview date.

**If you do have any questions about the research then do not hesitate to contact me or my supervisors using the contact details provided below.**

**Emma Speer, PhD Researcher UEA**  
**e.speer@uea.ac.uk, 07494 712 008**

**Research Supervisors:**

**Gillian Schofield, Professor of Child and Family Social Work at UEA**  
**g.schofield@uea.ac.uk**

**Christine Cocker, Senior Lecturer in Social Work at UEA**  
**christine.cocker@uea.ac.uk**

**Thank you for reading this information, I hope you decide to take part.**



## **EXPERIENCES OF RELATIONSHIPS BETWEEN ADOLESCENT ENTRANTS TO FOSTER CARE AND FOSTER CARERS**

### **Research Information Sheet - Children & Young People Social Workers**

This research is being supervised by Professor Gillian Schofield and conducted by Emma Speer who is a PhD Researcher at the University of East Anglia (UEA) in Norwich. Emma is also a qualified social worker and has worked with children and young people in care – adolescent entrants in particular – for over ten years in a variety of residential care settings and as a social worker in a Local Authority Fostering Service.

This research will explore the experience of relationships between young people who enter or re-enter foster care in adolescence (adolescent entrants) and their foster carers in two Local Authorities.

Semi-structured, face-to-face interviews will be conducted with approximately 10-15 young people and telephone interviews will be conducted with approximately 10-15 foster carers meeting the following research criteria across the two Local Authorities:

#### **The young people sample**

- aged 11 years or older when they entered or re-entered foster care
- have experienced a minimum of 12 months in foster care
- were placed with foster carers who were not related to them
- currently aged 12-25

This sample will include those young people currently in foster care, or currently in residential care with previous experience of entering foster care in adolescence, as well as young people now living independently.

#### **The foster carer sample**

Semi-structured telephone interviews will be conducted with approximately 10-15 foster carers who have experience of caring for young people who meet the above criteria.



Some matched pairs of foster carers and young people may be interviewed; however, the aim of these interviews is not to triangulate information between young people and the foster carers who care for them, rather it is to explore their individual experiences of the adolescent entrant/foster carer relationship, which could include past relationships.

### **How can I help?**

1. Identify young people on your case load who meet the criteria for the research and consider whether it would be appropriate to approach them to take part in this research at the present time. If you are unsure about the suitability of a particular young person, please contact Emma Speer, the researcher, using the email address below.
2. Gaining permission from young people:
  - For those young people currently in care, please discuss the research with the young person's foster carer/residential worker. If they agree that it is appropriate to ask the young person if they would like to take part in the research then please give the carer a copy of the '*Information Sheet for Young People*' and either yourself or the carer will discuss participation in the research with the young person. If the young person agrees to take part then please pass on the foster carers/residential home contact details to the researcher so that she can liaise with the carer and young person to arrange a convenient time for the interview to take place.
  - For those young people living independently – Please discuss the research with the young person, sharing the '*Information Sheet for Young People*' with them. If they agree to take part in the research then please pass on the young person's contact details so that the researcher can contact them directly to arrange the interview.
3. Careful consideration, on a case-by-case basis also needs to be taken regarding the role of parents in the young person's life and whether it would be appropriate to inform them of the young person's wish to participate in the research and to offer to discuss any concerns they may have. During this discussion with the researcher information regarding the young person's age at entry to foster care, number of placements and ethnicity will be recorded. This information will be anonymised and used only to report background information of the research sample.

**If you have any questions regarding the research then do not hesitate to contact Emma Speer, PhD Researcher, UEA, [e.speer@uea.ac.uk](mailto:e.speer@uea.ac.uk), 07494 712 008**

**Thank you for taking the time to support recruitment of participants for this research.**

**This research aims to improve our understanding of the importance of relationships between adolescent entrants and their foster carers.**

## **EXPERIENCES OF RELATIONSHIPS BETWEEN ADOLESCENT ENTRANTS TO FOSTER CARE AND FOSTER CARERS**

### **Research Information Sheet – Fostering Social Workers**

This research is being supervised by Professor Gillian Schofield and conducted by Emma Speer who is a PhD Researcher at the University of East Anglia (UEA) in Norwich. Emma is also a qualified social worker and has worked with children and young people in care – adolescent entrants in particular – for over ten years in a variety of residential care settings and as a social worker in a Local Authority Fostering Service.

This research will explore the experience of relationships between young people who enter or re-enter foster care in adolescence (adolescent entrants) and their foster carers in two Local Authorities.

Semi-structured, face-to-face interviews will be conducted with approximately 10-15 young people and telephone interviews will be conducted with approximately 10-15 foster carers meeting the following research criteria across the two Local Authorities:

#### **The young people sample**

- aged 11 years or older when they entered or re-entered foster care
- have experienced a minimum of 12 months in foster care
- were placed with foster carers who were not related to them
- currently aged 12-25

This sample will include those young people currently in foster care, or currently in residential care with previous experience of entering foster care in adolescence, as well as young people now living independently.

#### **The foster carer sample**

Semi-structured telephone interviews will be conducted with approximately 10-15 foster carers who have experience of caring for young people who meet the above criteria. One foster carer will be interviewed as a representative of each fostering household – likely to be the main foster carer in a dual foster carer household.

Some matched pairs of foster carers and young people may be interviewed; however, the aim of these interviews is not to triangulate information between young people and the foster carers who care for them, rather it is to explore their individual

experiences of the adolescent entrant/foster carer relationship, which could include past relationships.

Foster carers should meet the following criteria:

- Have experience of caring for young people who have entered or re-entered foster care aged 11 or older and have experienced a minimum of 12 months in foster care with carers unrelated to them.
- A young person's experience of foster care for 12 months does not necessarily need to be with their current carer. For example, a young person (aged 11 or older) could have entered foster care and experienced several moves before being placed with their current carer.

### **How can I help?**

1. Identify foster carers on your case load who meet the criteria for the research and consider whether it would be appropriate to approach them to take part in a telephone interview. If you are unsure about the suitability of a particular foster carer, please contact Emma, the researcher, using the email address below.
2. Please discuss the research with the foster carer who meet the criteria, sharing the '*Information Sheet for Foster Carers*' with them. If they agree to take part in the research then please pass on the foster carers contact details so that the researcher can contact them directly to arrange the telephone interview.

**If you have any questions regarding the research then do not hesitate to contact Emma Speer, PhD Researcher, UEA, [e.speer@uea.ac.uk](mailto:e.speer@uea.ac.uk), 07494 712 008**

**Thank you for taking the time to support recruitment of participants for this research.**

**This research aims to improve our understanding of the importance of relationships between adolescent entrants and their foster carers.**

**Appendix G - Example letter to inform parents**



Emma Speer  
School of Social Work  
UEA  
Norwich  
Telephone – 07494 712 008  
Email – e.speer@uea.ac.uk

Date

Name & address of parent(s)

Dear

This will be a letter addressed to the young person's parent(s) explaining that the researcher is working closely with the Local Authority and the young person's social worker and that the young person wishes to take part in the research. This letter is to inform them that their child wishes to take part in the research and if they have any questions to contact the social worker.

**Appendix H - Research permission form – Adolescent entrants**



**YOUNG PEOPLE'S RELATIONSHIPS WITH THEIR FOSTER CARERS**

**Research Permission Form**

Thank you for agreeing to take place in my research project.

Your identity will be kept confidential. This means that while parts of your interview may appear in my research, your name and personal details will be changed so that no one will be able to recognise you when my research is written up.

Please sign your name below to show that you agree to talk to me about your experiences in foster care and for me to write about them. If you change your mind after the interview and you don't want me to include your interview in my research that is okay – please let me know within two weeks of the date of your interview.

I agree to take part in this research and for my interview to be audio recorded:

YES/NO

The research has been explained to me, I have understood the *Information Sheet* and have been given the chance to ask any questions I may have about the research:

YES/NO

I understand that I can change my mind within two weeks of the interview about having my interview included in the research:

YES/NO

\_\_\_\_\_  
Your name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Your signature

## Appendix I - After the interview information sheet

### **\*Adolescent Entrants Currently in Care**



## **YOUNG PEOPLE'S RELATIONSHIPS WITH THEIR FOSTER CARERS**

### **After the Interview Information Sheet – Young People**

- The research study is being carried out by Emma Speer at the University of East Anglia. By sharing your experiences, you could help to improve social workers' understanding of the importance of relationships between young people and their foster carers.
  
- If you change your mind about being part of the research after your interview please let Emma know within two weeks of your interview date. Contact Emma Speer - [e.speer@uea.ac.uk](mailto:e.speer@uea.ac.uk), 07494 712 008
  
- If you want to complain about the way the interview was carried out then please contact either:
  - Gillian Schofield, Professor of Child and Family Social Work, School of Social Work, Elizabeth Fry Building, University of East Anglia, Norwich, NR4 7TJ by letter, or email [g.schofield@uea.ac.uk](mailto:g.schofield@uea.ac.uk)
  
  - Dr. Christine Cocker, Senior Lecturer in Social Work, School of Social Work, Elizabeth Fry Building, University of East Anglia, Norwich, NR4 7TJ by letter, or email [Christine.Cocker@uea.ac.uk](mailto:Christine.Cocker@uea.ac.uk)

**THANK YOU VERY MUCH FOR TAKING PART IN THE RESEARCH**

## **\*Adolescent Entrants Care Leavers**



## **YOUNG PEOPLE'S RELATIONSHIPS WITH THEIR FOSTER CARERS**

### **After the Interview Information Sheet – Young People**

- The research study is being carried out by Emma Speer at the University of East Anglia. By sharing your experiences, you could help to improve social workers' understanding of the importance of relationships between young people and their foster carers.
- If you change your mind about being part of the research after your interview please let Emma know within two weeks of your interview date. Contact Emma Speer - e.speer@uea.ac.uk, 07494 712 008
- If you want to complain about the way the interview was carried out then please contact:
  - Dr. Christine Cocker, Senior Lecturer in Social Work, School of Social Work, Elizabeth Fry Building, University of East Anglia, Norwich, NR4 7TJ by letter, or email Christine.Cocker@uea.ac.uk
- If you are upset or worried after the interview remember you can talk to your Leaving Care Personal Adviser, or another trusted person in your life, or you can contact:
  - Become (the charity for children in care and young care leavers) on freephone 0800 023 2033. <http://www.becomecharity.org.uk> or email [advice@becomecharity.org.uk](mailto:advice@becomecharity.org.uk)
  - Get Connected free confidential help for young people under 25 0808 808 4994 <http://www.getconnected.org.uk>
  - Coram Voice: help and assistance for care leavers. Call for free at 0808 800 5792 or email [help@coramvoice.org.uk](mailto:help@coramvoice.org.uk).

**THANK YOU VERY MUCH FOR TAKING PART IN THE RESEARCH**

## Appendix J - Example of research advertising in LA E-newsletters

### *\*Fostering*



## **Research Opportunity!**

### **Experiences of Relationships Between Adolescent Entrants to Foster Care and Foster Carers**

The Fostering Service is supporting a UEA research project about the experience of **foster care** for **young people** who **enter (or re-enter) foster care** during **adolescence (adolescent entrants)** and their **relationships** – which could include past relationships - with you, their foster carers.

This research is being supervised by Professor Gillian Schofield and conducted by Emma Speer who is a PhD Researcher at the UEA. Emma is also a qualified social worker and has worked with children and young people in care – adolescent entrants in particular – for over ten years in a variety of residential care settings and as a social worker for a Local Authority Fostering Service.

Emma is looking to offer **telephone interviews** to foster carers who:

- Have experience of caring for young people (current or historic) who **have entered (or re-entered) foster care aged 11 or older** and have experienced a minimum of 12 months in foster care with carers unrelated to them.
  - The young person's experience of foster care for 12 months does not necessarily need to have been with you. For example, a young person could have entered foster care (aged 11 or older) and experienced several moves before being placed with you, either historically or currently.

If you are interested in participating then please **contact your Supervising Social Worker** and if you have any questions about the research then you can contact Emma the researcher directly - [e.speer@uea.ac.uk](mailto:e.speer@uea.ac.uk), 07494 712 008.



**\*Leaving care**



## **Research Opportunity!**

### **Experiences of Relationships Between Adolescent Entrants to Foster Care and Foster Carers**

[LA NAME] Children and Young People Services is supporting a UEA research project about the experience of **foster care** for **young people** who **enter or re-enter foster care** during **adolescence (adolescent entrants)** and their **relationships with foster carers**.

This research is being supervised by Professor Gillian Schofield and conducted by Emma Speer who is a PhD Researcher at the UEA. Emma is also a qualified social worker and has worked with children and young people in care – adolescent entrants in particular – for over ten years in a variety of residential care settings and as a social worker for Suffolk’s Fostering Service.

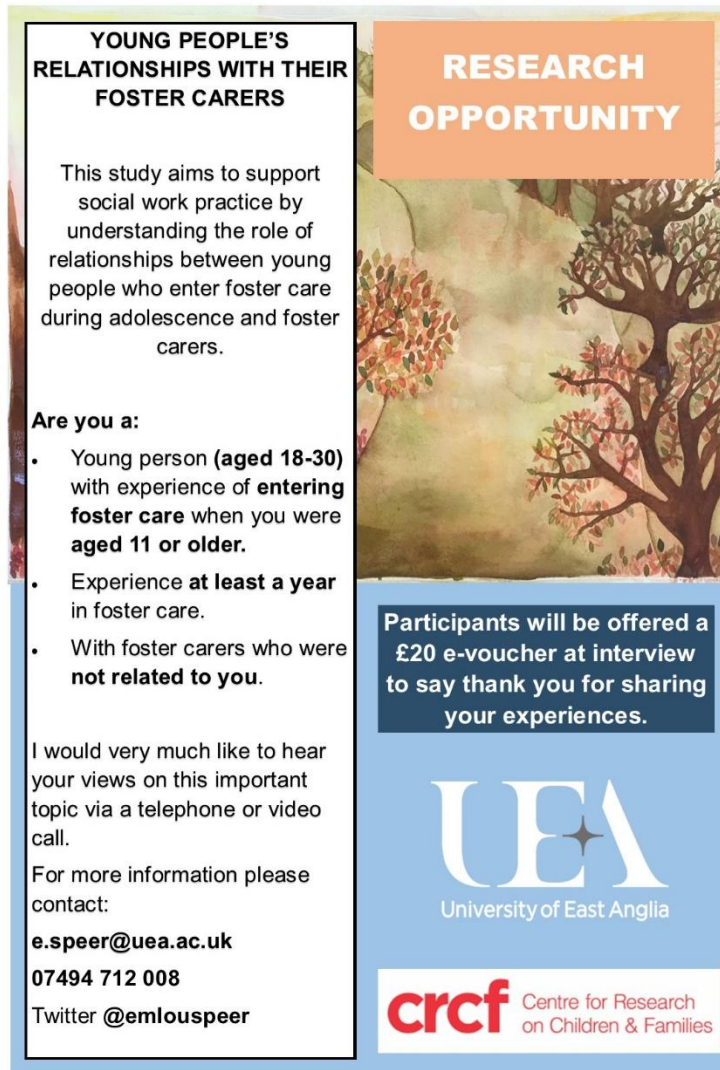
Emma is looking to offer **face-to-face interviews (or telephone interviews considering the current risks)** to young people who:

- were aged 11 years or older when they entered (or re-entered) foster care
- have experienced a minimum of 12 months in foster care
- were placed with foster carers who were not related to them
- currently aged 12-25
- this will include those young people currently in foster care or those with experience of foster care who are now in residential care or under Leaving Care Services
- **young people will receive a £20 high street shopping voucher** as a thank you for their time

If you are a young people who meets the above criteria and may be interested in participating then please discuss with your Leaving Care Worker.

If you have any questions about the research then you can contact Emma the researcher directly - [e.speer@uea.ac.uk](mailto:e.speer@uea.ac.uk), 07494 712 008.

## Appendix K - Research advertising posted on Twitter



**YOUNG PEOPLE'S RELATIONSHIPS WITH THEIR FOSTER CARERS**

This study aims to support social work practice by understanding the role of relationships between young people who enter foster care during adolescence and foster carers.

**Are you a:**

- Young person (**aged 18-30**) with experience of **entering foster care** when you were **aged 11 or older**.
- Experience **at least a year** in foster care.
- With foster carers who were **not related to you**.

I would very much like to hear your views on this important topic via a telephone or video call.

For more information please contact:  
**e.speer@uea.ac.uk**  
**07494 712 008**  
Twitter **@emlouspeer**

**RESEARCH OPPORTUNITY**

Participants will be offered a **£20 e-voucher at interview** to say thank you for sharing your experiences.

**UEA**  
University of East Anglia

**crcf** Centre for Research on Children & Families

At end of recruitment period the Tweet had received 9,181 impressions, 361 engagements, 98 detail expands.

## Appendix L - Pilot interview schedule adolescent entrants

### Interview Schedule

#### 1. Introduction

- Thank the young person for wanting to take part.
- **Introduce myself** – say that I am interested in hearing about your experiences because I used to be a practitioner and am now a University researcher.
- Go over **consent form** and ask young person to sign, reiterating that data will be anonymised and can withdraw consent within two weeks of this date.
- Explain that they do not have to answer any question they don't want to.
- Remind young person of **confidentiality**, specifically that all information / quotations from interviews will be anonymised.
- Confidentiality will only be broken if I think that you, or another child or young person is at risk of harm or if there is any suspected professional misconduct.
- Check the young person is still ok to start the interview.
  
- I am interested in hearing your **experiences of foster care and your relationships with foster carers**. We will cover a **number of areas** like who you **live with now**, what **age were you when you first came into foster care**, any **foster carers you may have lived with in the past**, and we will talk in a bit more detail about what it is/was like **living with one foster family who you have felt the closest to**.

#### 2. General Discussion

##### 2.1. Current Situation

- Can you tell me a bit about **who you live with** now?
- Can you tell me a bit about **what you are doing at the moment?** Are you in school or college etc?
- Can you tell me a bit about what **things you like to do after school and at weekend?** E.g. friends, films, music, hobbies, sports etc
- Can you tell me about **who are important to you? Who do you feel close to?** (e.g. foster carers, friends, birth family, support workers, social workers etc.).

##### 2.2. Entered Foster Care

- Can you tell me **how old you were when you first** came to live in **foster care?**
- **Who did you live with when you first came into foster care?**
- What **were they like?** How did you **get on with this family?**

##### 2.3. Care Journey

- Have you **lived with any other foster carers?**
- Can you tell me **a bit about who you have lived with in the past?**

#### 3. Specific Discussion - Foster Family Closeness/ Got on Well With

- I now would like to know **a bit more** about **what it was like** living with **one foster family**. Which **foster carer have you got on well with?** (this could be the current foster carer, or in the past).
- For example:

- How **old were you** when you came to live with NAME?
- **Who else was living in the house** and who else was **in the family**?
- Can you tell me **a bit about what it was like when you first moved** to live with NAME? Can you tell me **what happened in those first few days**?
- What **three words** would you use to describe NAME? Discuss /give examples for these words
- Can you tell me **what you did as a family**?
  - What did you do at the **weekends**?
  - What did you do to **celebrate special occasions** (e.g. birthdays/Christmas/Religious Festivals)?
  - **Was it always like this?** Were there times when it felt or has been different?
- Can you tell me **three things you enjoyed** about living with NAME?
- When you **were upset who did you go to** when living with NAME?
  - Was there **anybody else** you would go to? What about when you were **feeling sick/unwell**? What would happen?
- What did NAME do to **make you smile**?
- **Was it always like this** living with NAME? Were there times when things have felt or been different?
- Has there been **any difficult times** in your relationship with NAME? Can you tell me a bit about that?
- Did you see your **birth family**? Can you tell me what you and your birth family **used to do together when you see each other**?
- Was it like sort of **belonging in two families** – your birth family and in the foster family? How did that work?
- Did you see your **social worker**? Was this helpful? Can you tell me a bit about what you did with your social worker?
- **How long** did you **stay** with NAME?

### 3.1 If the young person has moved on from NAME

- Can you tell me about **what happened when you moved** from NAME?
  - What happened next....?
  - Do/did you **think about** NAME and the **foster family**? What do/did you think about?
  - Do/did **you miss NAME and the foster family**? What do/did you miss about them?
  - Have you **seen or heard from NAME since you moved**? If so, what was that like? What happened?
  - What does your **birth family think about your relationship with NAME** and the foster family?
- (If they are still in touch with previous foster family)*
- What is it like sort of **belonging in two families** – your birth family and the foster family? How does that work? What do you and NAME and the family do together now? Has it always been like this? Has there been times when things have been or felt different?
  - Does/did your **social worker do anything to support your relationship** with NAME now you no longer live there?

### 3.2 Has there been ANY OTHER FOSTER CARERS who you have FELT CLOSE TO/GO ON WELL WITH?

- We've talked in a lot of detail about NAME who you've got on well with – **has there been any other foster carers you have also got on well with?** If so, did the relationship feel the same as with NAME or different? In what ways? Can you describe what it was like?

#### **4. ABSENSE OF CLOSENESS**

- Has there been other foster carers who you have found it **MORE DIFFICULT TO GET ON WITH?** If so, can you describe how it was or how it felt different to living with NAME? What did you do together as a family?

#### **5. Closing**

- I think it is important for foster carers and social workers to hear directly from young people who have experienced living in foster care.
- **What advice would you give to:**
  - o **New foster carers** who are starting to care for young people who come into foster care when they are 11 or older?
  - o **Social workers** for young people who come into foster care when they are 11 or older?
  - o And finally, **young people coming into care** for the first-time age 11 or older?
- Is there **anything else** that you would like to say to me about your experiences in foster care?
- Thank you for taking time to talk to me.
- If SCC give shopping voucher.
  
- Would you like a copy of a summary of the research once I have completed it? If so, can I have an email address or postal address – which ever you would prefer.

## Appendix M - Pilot interview schedule foster carers

### 1. Introduction

- Thank foster carer for wanting to take part.
- Introduce myself – say why I am interested in hearing about your experiences because I used to be a practitioner and am now a University researcher.
- There has been very little research on fostering young people who come into care as adolescents- age 11-17, so it is important to know more about foster carers' experiences –and young people's experiences too.
- **Gain verbal consent to being interviewed and recorded, can chose not to answer a question and can withdraw consent within two weeks of this date.**
- Remind participant of confidentiality, specifically that all information / quotations from interviews will be anonymised.
- Confidentiality will only be broken if I think that you, or a child or young person is at risk of harm or if there is any suspected professional misconduct.
- Check the foster carer is still ok to start the interview.
  
- **In this interview I will cover a number of areas about caring for adolescents but also feel free to tell me about any issues that you have found important to think about. I will start by covering more general areas about your fostering experience and then move on to more specific discussions about young people who enter foster care in adolescence.**

### 2. Opening Discussion – General Fostering Background

- If we can start with a **general overview** and then we can focus on a specific young person. Can you tell me a bit about **yourself and your current situation** – e.g. age, gender, ethnicity, cultural heritage, who currently lives in your household, current fostering approval.
- **How long have you been fostering?**
- **How long have you been fostering adolescents?** (*teenagers/young people – use their language*)
- **What made you choose to care for adolescents?** What was your training and preparation like?
- Can you tell me a bit about your experience of **fostering adolescent entrants....** young people who came into care after the age of 11 - though they may have come to live with you when a bit older.
- **How many** adolescent entrants have you looked after?

### 3. Specific Discussion - adolescent entrant the foster carer FELT CLOSE TO

- Is there a young person you have fostered who came into care age 11-17 who **you feel / felt particularly close to?** (If can't think of any - try someone you felt especially able to help?)
- What was **his / her first name?**
- Can you give me a **brief pen picture - what first comes to your mind** when you think of NAME?
- **How old was NAME when he/she came into care?** Came to live with you? And **when he/she left your home?**
- I'd like to take you through your experience of caring for NAME - first, **what did you know about NAME before he/she came** to live with you?
- What was that **first day like?**

### 3.1. Secure Base Questions

- I have a few questions about **how NAME was when he/she first arrived and then if and how he/she changed during the placement/while you were caring for him/her**. I just want to go **through five areas that children in care can find difficult**.
1. First -- in the early days, how would NAME show if **THEY WERE UPSET** about something?
    - Can you remember a **particular time** when NAME was **upset/worried** about something? What did **NAME do**?
    - **Why do you think** NAME behaved in this particular way?
    - Was NAME able to **trust** you / to ask for help / to tell you what was upsetting them?
    - Could NAME **talk to anybody else in the family**?
    - Did **NAME's capacity to trust change** during the placement? Why do you think that was?
  2. Secondly, what about if NAME had to **MANAGE DIFFICULT FEELINGS** – such as **being very angry** - how did NAME manage them?
    - For example, would NAME be **good at handling strong feelings like anger**? (*Or **bottle them up**? Or show them in **difficult behaviour**?*).
    - Can you give me an example of how NAME might show if **they were angry in the early days**? Why do you think they behaved in this way? What do think NAME was thinking or feeling?
    - **What did you do when NAME behaved like that**? Did that help?
    - Did NAME's **ability to talk about and manage their feelings change** during their time living with you? Why do you think that was?
  3. Did NAME **FEEL GOOD / OR NOT VERY GOOD** about themselves when they first came to live with you?
    - Can you give me **an example** of a time when NAME **showed how they felt about themselves**? What did NAME do? What do you think was in their mind? Why might that have been?
    - **How did that make you feel**? What were you able to do to **help**?
    - What does/did NAME enjoy doing? Does/did NAME have any particular **interests/hobbies/activities**? Did NAME's **SELF-ESTEEM** change over their time living with you? What do you think helped?
  4. How did NAME usually manage when faced with **A TASK, PROBLEM OR CHOICE** (*how did they manage anxiety/uncertainty*) in the early days of the placement with you?
    - **Why do you think** they behaved in this particular way? **What did you do at this time**?
    - How did NAME's behaviour **make you feel**? How easy was it for NAME **to feel confident in new situations**? Be co-operative? Did this change over time? What do you think helped?
  5. Finally, how easily did NAME **FIT IN TO YOUR FAMILY** when they first came to live with you?

- Did NAME **feel they belonged**? Can you think of a **particular time**, either in the early days or after some time with you, **when you were aware of how NAME feels/felt about being part of your family**? What did NAME say/do? Why do you think NAME spoke or behaved in this particular way? What do you think NAME was thinking and feeling?
  - **How did it make you feel**? What did you say and/or do at the time? How did this work out? **Did this change over time**?
- How did NAME's feelings about or contact with their **BIRTH FAMILY** affect him/her?
- Did it affect **your relationship with NAME**? Or a sense of belonging in your family? Was the birth family able to be **supportive/not supportive**?

### **3.2. TIMB / Commitment Questions - When you look back on your relationship with NAME...**

- **Why** do you think you **felt particularly close to NAME**? Was there **something special** about NAME?
- Do you think there was a **particular time / or event which was a turning point** in your relationship? Or more than one? Can you **tell me about** one? Others?
- What aspects of caring for NAME gives/gave you the **greatest sense of pride or achievement**?
- Were there any **difficult times**? What would have been the most difficult time you have had with NAME? **Can you tell me about it**? What do you think they might have been feeling?
- How do you think your **relationship with NAME affected / helped them during their time with you**? Since **moving on**?
- How do you **see NAME's future**? Your **relationship with them in the future**? What do you think that might look like?
- How did the **wider social work systems (care planning / social workers)** affect the **quality of your relationship with NAME** when they were living with you? Were they **supportive/not supportive**?
- What other **support was important to you/sustained you during this time**? Spouse/partner/adult children/friends/foster carer peers etc?

### **3.3. IF MOVED ON - When NAME moved on / placement ended...**

- Can you tell me about **the time when NAME moved on**? Was it **planned**? How did you **feel about it**? Did you **miss them**?
- How do you think **NAME felt**?
- Did you **keep in touch with or see NAME** since they've moved on?



- **If not, do you ever think about NAME?**
- **If you still saw/see NAME** after they moved on from you, what was/is your **relationship like?** Do you still **keep in touch?** How often do you see each other/communicate?
- How did / does your **fostering social worker support your continued relationship with the young person** now they have moved on?
  - How did / does **NAME's social worker support your continued relationship?**
  - How did / does **NAME's IRO support your continued relationship?**
  - How did / do any other **agencies/professionals** (Education/CAMHS etc) support your continued relationship?
- How do you think your **current relationship with NAME affects/impacts them now** and longer-term / **in the future?**
- What do you **want/hope for NAME right now?** And in the **future?**

#### **4. Has there been ANY OTHER ADOLESCENT ENTRANTS' who you have FELT CLOSE TO?**

- We've talked in a lot of detail about a young person who you felt close to- **were there other young people who you felt close to?**
- **Similar relationship or different? In what ways?**

#### **5. ABSENSE OF CLOSENESS – Has there been other adolescent entrants' who you have found it MORE DIFFICULT TO GET CLOSE TO? A young person who you WERE ABLE TO HELP but found it DIFFICULT TO GET EMOTIONALLY CLOSE to them?**

- Can you think of any young person in particular?
- **How old was the young person - when they came to you? When they left your care?**
- **What was it like when they first moved to live with you?**
- How easy was it for them to trust you? Did this change over time? Can you give me an example of this? why this was difficult?
- **Did he/she feel good about themselves?** Confident? Why do you think this was?
- **Does/did the young person have any particular interests/hobbies/activities?**
- **How easy was it for him/her to feel part of your family?** What did the young person say/do? Why do you think the young person spoke or behaved in this particular way? What do you think the young person was thinking and feeling? What did you say and/or do? How did this work out?
- **How did the young person's feelings about / contact with their birth family affect their time in your care?** Affect the quality of your relationship with the young person?

#### **5.1. When you look back on your time caring for this young person...**

- Were there some **aspects of caring for this young person that gave you a sense of pride or achievement?**

- What was the **most difficult time you have had with the young person**? What did the young person say or do? Why do you think the young person spoke or behaved in that way? What do you think the young person was thinking and feeling? What were your feelings / what did you say and/or do?
- **How do you think your relationship with him/her affected them at the time?**
- Can you think of a particular time or event which was a **turning point** in your relationship?
- **How did you feel when the young person moved on?**
- **Have you had any contact since?**
- How did **the wider social work systems (care planning / social workers) affect the placement and quality of your relationship with the young person** when they were living with you? Fostering social worker/young person's social worker/other agencies (education/CAMHS)?

## **6. Closing Discussion**

- Do you have any **advice for new foster carers starting to look after adolescents**?
- And any **advice for social workers supporting foster carers looking after adolescents**? For fostering social workers/young person social workers/other agencies (education/CAMHS)?
- **Is there anything else you would like to share with me?**
- Thank you for sharing your experience.
- Would you like a copy of a summary of the research once I have completed it? If so, can I have an email address or postal address – which ever you would prefer.

## **Appendix N - Revised interview schedule adolescent entrants**

\*prior to each interview the researcher edited the interview schedule document to reflect contextual knowledge already shared e.g., care history

### **Interview Schedule**

#### **1. Introduction**

- **Thank the young person** for wanting to take part.
- **Introduce myself** – say that I am interested in hearing about your experiences because I used to be a practitioner and am now a University researcher.
- Go over **permission form** and ask young person to sign, reiterating that data will be anonymised and can withdraw consent within two weeks of this date.
- Explain that they do not have to answer any question they don't want to and give them a 'pass' card which they can show to me if they don't want to answer as some young people may find it difficult to verbally say.
- Remind young person of **confidentiality**, specifically that all information / quotations from interviews will be anonymised.
- Confidentiality will only be broken if I think that you, or another child or young person is at risk of harm or if there is any suspected professional misconduct.
- **Check the young person is still ok to start the interview.**
- I am interested in hearing your **experiences of foster care and your relationships with foster carers**. We will cover a **number of areas** like who **you live with now**, the **age you were when you first came into foster care**, any **foster carers you may have lived with in the past**, and we will talk in a bit more detail about what it is/was like **living with one foster family who you have felt the closest to**.

#### **2. General Discussion**

##### **2.1. Current Situation**

- Can you tell me a bit about **who you live with now**?

(for younger participants- can use worksheet with stickers and stampers to aid the young person in describing – I will joke that this is what I would use with younger children so you don't have to use the stickers etc you could write or I could write down who you live with now etc).

- Can you tell me a bit about **what you are doing at the moment**? Are you in school or college etc?
- Can you tell me a bit about what **things you like to do after school and at weekend**? E.g. friends, films, music, hobbies, sports etc
- Can you tell me about who are important to you? Who do you feel close to? (e.g. foster carers, friends, birth family, support workers, social workers etc.).

## **2.2. Entered Foster Care**

- Can you tell me **how old you were when you first came to live in foster care?**

(can use worksheet as an activity to aid the young person's memory/story telling)

- **Who did you live with when you first came into foster care?**
- What **were they like?** How did you **get on with this family?**

## **2.3. Care Journey**

- Have you **lived with any other foster carers?**
- Can you tell me **a bit about who you have lived with in the past?**

(can use worksheet as an activity to plot pathway through care)

## **3. Specific Discussion - Foster Family Closeness/ Got On Well With**

- I now would like to know **a bit more** about **what it was like** living with **one foster family**. Which **foster carer have you got on well with?** (this could be the current foster carer, or in the past).

(can use an activity to aid the young person's memory/story telling, for example choosing character stickers or ink stamps to represent each person in the foster family. This activity will aid discussion to ask more evaluative questions).

- What was their NAME?
- How **old were you** when you came to live with NAME?
- **(if they are not discussing their current situation)** How long did you live in the family?
- **Who else is/was living in the house** and who else is/was in the family?
- Can you tell me **what you do/did as a family?**
  - What do/did you do at the **weekends?**
  - What do/did you do to **celebrate special occasions** (e.g. birthdays/Christmas/Religious Festivals)?
  - **Is/Was it always like this?** Were there times when it felt or has been different?
- Can you tell me what **school is/was like** (when living with NAME)?
  - Do/did you go to school?
  - How often do/did you go to school?
  - What (if anything) do/did you enjoy about school?
  - What (if anything) do/did you find difficult about school?
  - How **does/did NAME support/help you with school?**

- **Is/was it always like this?** Are/were there times when school felt or has been different **when living with NAME?**
- Can you tell me what your **friendships are/were like** (when living with NAME)?
  - Do/did you have **friends which are/were important** to you?
  - What do/did you do with your friends (shared interests/hobbies etc)?
  - How does/did NAME support/help you with your friendships/or to make friends?

### **3.1. Secure Base Questions**

- I would now like to talk in a bit more detail about what it was like when you first lived with NAME and if there has been/were any changes over time. I just want to go through five areas that other children who have experienced foster care have said are important for them and I am interested to know your experience.

#### **1. TRUST**

When you **are/were upset or worried about something who do/did you go to** when living with NAME?

- Is/was there **anybody else** you would go to? What about at **school**?
- Can you tell me a bit more about **what happens/would happen?** How did things work out for you? Was this **helpful** or **not so** helpful?
- What about when you are/were **feeling sick/unwell?** What happens/would happen?
- Is there **anything different that you would like/have liked to happen** when you are/were upset/worried/unwell when living with NAME?

#### **2. EXPRESS FEELINGS**

Can you tell me about a time when you had some strong feelings (e.g felt angry or sad) about something when living with NAME?

- What would happen when you felt this way? (e.g some people show their feelings, some prefer to keep them inside).
- **What did NAME do?** Was this **helpful** or **not so** helpful? How did things work out for you? Is there **anything different that you would like to have happen** when you had strong feelings?
- Do you think anything **changed about how you managed your strong feelings during your time with NAME?** What was this like when you first moved to live with NAME? What was it like once you had lived with NAME for a while?

### **3. SELF ESTEEM**

Can you tell me about a time **when you felt good about yourself** or proud of something you have done when living with NAME?

- **Did you tell NAME?** Or anyone else? How did NAME react? What happened? How did it make **you feel**?
- **Is there anything different** that you would like to have happened?
- Do you usually feel good about yourself **or is that hard/difficult** sometimes?

### **4. SENSE OF AUTONOMY**

Can you tell me about a time when you've been able to **say or have a choice in what happens in your life living with NAME?**

- Did NAME **help/support you** with this? How did NAME help/support you?
- Was this **helpful or not so helpful?** How did things work out for you?
- Is there **anything different that you would like to have happened** or anyone else that might have helped you?

### **5. BELONGING**

Can you tell me **a bit about what it was like when you first moved** to live with NAME?  
Can you tell me **what happened in those first few days?**

- How did you **feel when you first moved to live with NAME?**
  - Did you **talk about these feelings to anyone?**
  - Was **there anything anyone said or did that helped you** to feel that you fitted in to the family?
  - Was there **anything that made it harder to feel you fitted in** with the family?
  - Is there anything you **would have liked to have been different?**
- 
- Did you see your **BIRTH FAMILY when you lived with NAME?**
    - Can you tell me what you and your birth family **used to do together when you saw each other?**
    - Was it like sort of **belonging in two families** – your birth family and in the foster family? How did that work?
  
  - Did you see your **SOCIAL WORKER?**
    - Was this helpful? Can you tell me a bit about what you did with your social worker? Were they supportive of your relationship with NAME and the family?

### **3.2. TIMB/ Commitment Questions – When you look back on your relationship with NAME and the family....**

- **Why do you think you felt particularly close to NAME?** Was there something special about NAME and the family?
- **Was it always like this** living with NAME? Were there times when things have felt or been different?
- Do you think there was a **particular time or event which was a turning point** in your relationship? Or more than one? Can you tell me about one? Others?
- You lived with NAME for (x) amount of time, were there **any difficult times** in your relationship with NAME? Can you tell me a bit about that?
- How do you think **your relationship with NAME affected or helped you during the time you lived with NAME?**
- How **do you think your relationship with NAME affected or helped you since moving on from living with NAME?**
- Do you think you will **have a relationship with NAME in the future?** What do you think this might look like?

### **3.3. MOVED ON from NAME?**

- Can you tell me about **what happened when you moved** from NAME? What happened next....?
- Do/did you **think about** NAME and the **family?** What do/did you think about?
- Do/did **you miss NAME and the family?** What do/did you miss about them?
- Have you **seen or heard from NAME since you moved?** If so, what was that like? What happened?
- What does your **birth family think about your relationship with NAME** and the family?

### ***(IF THEY ARE STILL IN TOUCH WITH PREVIOUS FOSTER FAMILY)***

- What is it like sort of **belonging in two families** – your birth family and the foster family? How does that work? What do you and NAME and the family do together now? Has it always been like this? Has there been times when things have been or felt different?
- Does/did your **social worker do anything to support your relationship** with NAME now you no longer live there?

#### **4. Has there been ANY OTHER FOSTER CARERS who you have FELT CLOSE TO/GOT ON WELL WITH?**

- We've talked in a lot of detail about NAME who you've got on well with – **has there been any other foster carers you have also got on well with?**
  - o If so, did the relationship feel the same as with NAME or different? In what ways? Can you describe what it was like?

#### **5. ABSENSE OF CLOSENESS**

- Has there been other foster carers who you have found it **MORE DIFFICULT TO GET ON WITH?** If so, can you describe how it was or how it felt different to living with NAME? What did you do together as a family?

#### **6. Closing**

- I think it is important for foster carers and social workers to hear directly from young people who have experienced living in foster care.
- **What advice would you give to:**
  - **New foster carers** who are starting to care for young people who come into foster care when they are 11 or older?
  - **Social workers** for young people who come into foster care when they are 11 or older?
  - And finally, **young people coming into care** for the first-time age 11 or older?

(This could be done as an activity about 3 wishes or 3 pieces of advice you would give to a young person who is coming into foster care for the first time aged 11 or older – what would you say to them? What would you want foster carers to do for them? What would you want social workers and senior social care managers to do for them? Etc)

- Is there **anything else** that you would like to say to me about your experiences in foster care?
- Thank you for taking time to talk to me.
- Give shopping voucher if applicable.
- Would you like a copy of a summary of the research once I have completed it? If so, can I have an email address or postal address – which ever you would prefer.



# Appendix O - Examples of initial coding

## Adolescent entrant interview

<p>Experience of Foster Home Environment - Warm Family Home Vs Clean &amp; Clinical  Experience of Child in Care Reviews - Adolescent Entrant's Perspective  Gender  Drug &amp; Alcohol Use - Adolescent Entrant's Perspective  Adolescence  Social Work Language &amp; Labels - Adolescent Entrant Perspective  Positive Move  Engaging in Unhealthy Relationships - Impact of Trauma  Emergency Placement(s) Before Settling  Moving Away from Home - Distance  Resilience Building Strategies  Expectation For Young People to Assimilate into Foster Family - Rigid Expectations of Foster Family  Stigma &amp; Stereotypes of Being an Adolescent in Care  Being Asked Lots of Questions  Experience of Care Within Family &amp; Friends Network  Differences in Experience of Provision  Sensitive and Mindful Caring Approach  Opening up a Different Way to Live Life  Abrupt Endings of Therapy &amp; Relationship with Therapist  No Information or Introductions  Adolescent's Sense of Permanence</p>	<p>Stability in Foster Care Vs Quality Close Relationships</p>
<p>Adolescent Entrant's Perspective  Adolescent Entrant's Experience of Fostering Social Worker  Adolescent's Experience of Peer Relationships  Employment - Adolescent's Experience  Safeguarding Response - Adolescent Entrant's Perspective  CAMHS  Experienced as Cold  Foster Family Birth Children  Trauma of Placement Disruptions  First Few Days  Transition to Independence  Meeting Other Children &amp; Young People in Foster Care  Advice for Young People Entering Foster Care - Adolescent Entrant's Perspective  What Family Should Look Like  Taking an Interest - Valuing the Young Person  Therapeutic Intervention - Adolescent Entrant's Experience  Relationship with Therapist  Importance of Relationships Outside of Foster Family - Avoiding Foster Family - Masking Unhappy Home Life  Pre-care Experience  Wary of Men  'I don't need a new mum...i've got a mum'  Involvement in Care Plan Decision Making - Adolescent Entrant's Perspective  Let Down - Poor Social Work Practice</p>	<p>Communication</p>
<p>Youth Worker  Advice for Social Worker's - Adolescent Entrants Perspective  Emergency Foster Care Placement  Being Taken into Foster Care  Gender &amp; Sexual Identity  Made to Feel Contaminated - Experience of insensitive Care  Acceptance - SBD - Building Self-esteem  At Own Pace  Advice for Foster Carers - Adolescent Entrant's Perspective</p>	<p>Not Feeling Listened to - Adolescent Entrant Perspective  Feeling Uncomfortable - Agency in Moving</p>
<p>Role Modelling - A Different Way of Life - Adolescent Entrant's Perspective  Mental Health Needs</p>	<p>Messages About Leaving Care - Adolescent Entrant's Perspective</p>
<p>First Few Days  Supported Lodgings Carers</p>	<p>Lack of Sensitive and Mindful Care</p>
<p>Self-Harm  Cultural Differences  Supported Lodgings - Adolescent Entrant's Perspective  Power, Control, Fear  Coding Density</p>	
<p>ELSA--they were very proud...they were like 'wow...you're in a new relationship...we are so happy for you...um...whereas...I was...engaging in some quite unhealthy...behaviours I guess'  ES--Mhmmmm...like...like what kinds things would happen  ELSA--um...unhealthy physical behaviour...I guess...is what they call it...um...where you're just not careful...you just...like I was doing things not because I wanted to...but because I just didn't want to feel...sad anymore...and I didn't work  ES--yeah  ELSA--like they didn't see or consider that that was happening at all  ES--yeah...so when you were living with the carers were you still going to the same school did you say?  ELSA--yeah...so I finished at the same school...then I started going to college...um...that was in a town...off doing like a BTCC in fashion and arts...yeah...and I had like the same kinda group of friends from school though...which was where this boy was from  ES--yeah ok...ok...and then...did you say...that you stayed with these carers...and it converted into supported lodgings?  ELSA--no...so...I ended up...eventually...it eventually got worse and worse...staying at theirs...to the point...where like...I thought...you know what...I mean...I was like 'I...I think I was in my second year of college...and I was...just...so upset and unhappy living there...that I thought that anything is better than this...even if I have to get a flat...anything is better than this'  ES--yeah  ELSA--and someone had...I think by that time...it must've been like...the college had...had like a pastoral person...and I think...she might've been the one...who had said...you know...if you get a flat...it doesn't mean you have to stop going to college...you will get housing benefit...instead...and that made me think...like...oh...like even though emotionally I knew that I was not ready for a flat...I thought it would be better where I was staying...so...so called my social worker...who was the same one who I used to see like every three months...and I called her...and I actually managed to get her on the phone  ES--ok  ELSA--and I said...and she had this kind of attitude that like whenever I called her...like is this actually important? Do you really need to talk to me?...and I can remember this was like the first time that I said 'yes...this is important...this is urgent...I need to see you today...so I think...I think an hour later she turned up at my college...and...in the reception of the college  ES--ok  ELSA--like...it was quite an open space...but there was like...a...little corner...with some chairs and a table...and we sat there...and I basically said...I am so unhappy...I hate them...I don't want to see them anymore...they make me feel so miserable...and that's when she said 'well actually...there is something else...there is a thing called Supported Lodgings'  ES--Mhmmmm</p>	

# Foster carer interview

Siblings	<b>Going Home - Foster Carer's Perspective</b>
Child Placement Policy and Practice	<b>Picking up the Pieces</b>
Clicked	
Hug	
At Own Pace	
Boundaries of Permanence	
Strengths Focussed	
Individualised Approach	
Respite	
Transformative - Parenting	
Intensity	
Working Together - Struggles - Foster Carers Perspective	
IFA vs LA - Foster Carer's Perspective	
Safe Space	
Family Membership - SBD - Helping Child to Belong	
Role Modelling - A Different Way of Life - Foster Carer's Perspective	
Fostering Social Worker	
Supporting Emotional & Relational Development	
Enduring Impact	
Foster Carer's Perspective	
Humour	
Endings	
Social Capital	
Trauma informed Parenting	
Extra Mile	
Delight	
Loss of Relationship - Foster Carer Perspective	
Fostering History	
Foster Carer's Family	
Advocacy	
Parent and or Professional	
I'm Mum	
Motivation to Foster - Foster Carer's Perspective	
Knowing the Young Person	
Fluid Family Boundaries	
Foster Carers Perspective	
Acceptance - SBD - Building Child's Self Esteem	
Transformation	
Young Persons Expectation of Leaving Care	
Two Families	
	<b>Navigating Systems &amp; Services</b>
Let Down	
Challenge and Rewards of Being a Foster Carer	
Ours - Part of the Family	
Impact of Relationship over Time	
Availability - SBD - Helping to Trust	
Sensitivity - SBD - Helping Child to Manage Feelings	
Process of Progress	
Leaving Care Support	
	<b>Honesty</b>
Foster Carer Support	
Commitment	
Care History	
Childs Social Worker	
	<b>Foster Carer's Perspective</b>
Co-operation - SBD - Helping the Child to Feel Effective	
Accepting not Expecting	
Transformation in the Young Person	
Foster Caring Dimensions	
	<b>Age &amp; Stage - Foster Carers Perspective</b>
Hope for Future	
Enduring Relationships - Foster Carer's Perspective	
Scaffolding	
	<b>Birth Family - Foster Carer's Perspective</b>
	<b>Foster Carer's Perspective</b>
Coding Density	

that...but you actually need to just go along and have a look...and actually he really likes it...he is getting on really well...

ES - Oh right, so he is doing it?

SUSAN - Yes, he presses things up and keeps the shelves looking nice, as he is quite meticulous...he talks to the other staff...and he now kinda smiles a little bit when he gets a bit of a job...which is great...he is moving forward...it's the little steps...but for us they are little steps but for him they are massive

ES - Mhm

SUSAN - Um...and...also...he's now been offered...an NVQ Level 2... which again he's like oh I don't know, I might decide to move out this year and get my own place...well...ok...well how are you going to get your own place if you don't have a job?...well if I get a job, I could get four Saturday jobs...not being funny but...disabilities, no disabilities, in care, not in care to get one Saturday job you're going to be lucky...well if I get four jobs I can save up...well if you get four jobs some of your Universal Credit will stop and even if you get one...so we explained all that...well that's not fair coz I'm trying to save up...then we had to go through benefits and for people who need support...and we went all down that line...so you've got to...kind of...take off your foster care hat but you do still nurture but you have to kind of...when they are older...although you are still nurturing you have to kinda be quite actual

ES - Mhm

SUSAN - But in a way...it's really hard to...even when you're not in care...to explain to someone...the reality of life as you grow up...your own children you are there to pick up...and a child comes to 18 where is the support for them?...it's much, much more difficult...mean...Drake is very fortunate that he is under Stay Put...but he was like saying to us well think what I might do is leave and go back to my dad...but we were like (Slight groan) that's fine we will support you if that is what you want...but you've got to think of your friends...your brothers are here...you can go and see your dad anytime you like which he can...um...but the only places Drake travels is from A - B, here to college anyway

ES - Right

SUSAN - He's never...gone...any further...and he might cycle on his bike just down to the gym and back...he's never explored any further...he's...in his own mind I don't think he's ready...he will tell you he can do it...but he has actually never done it...

ES - Yeah

SUSAN - It's like we've just had a PIP assessment for him...and this might give you a bit of an idea...more...so you can see what I'm talking about...the guy asks lots of questions

ES - Yeah

SUSAN - But I'm there as Drake's appointee...so one of the questions to you asked he was can you cook?...coz their questions are quite open ended...and Drake went 'yes'...so the guy said 'so Drake what do you cook then?'...and Drake said well I cook roast dinners and I particularly like salmon and vegetables and potatoes...and I looked at him and he's kinda sitting down and looking down and I went Drake you've never even bought salmon let alone cooked it and he looked at me and went 'yeah but eat it...and I went 'yeah but that's because I cook it for you...so he doesn't necessarily understand a question...and a so he'll tell you what he thinks you want to hear...which doesn't help when you're trying to make sure a young person's will still get their...support...

ES - Yeah

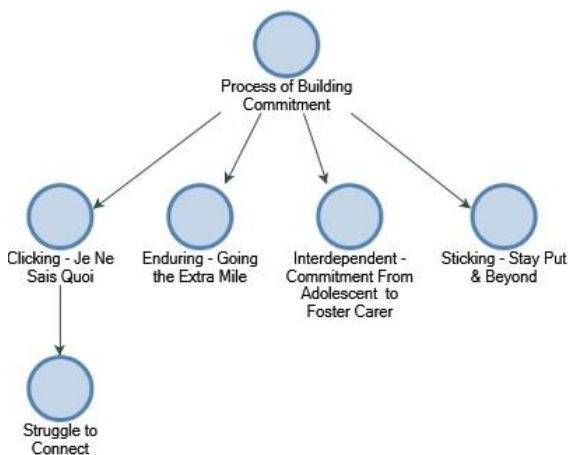
SUSAN - Because that is their support from the government isn't it...so...um...it

**Appendix P - Incident-with-incident memo**

Incident with Incident Coding – Foster Carer Perspective (November 2020)

Emerging Theoretical/Conceptual Category – Process of Building Commitment \*

This emerging conceptual category became ‘building and sustaining fostering relationships in the placement’ and ‘enduring impact of fostering relationships over time’ in the final CGT with the focussed codes of clicking, sticking, diversity of being.



<p>Focussed Code: <b>Clicking – Je Ne Sais Quoi</b></p> <p>Description: Foster carer's describing their sense of connection/bonding/clicking with a young person which is difficult to describe. Definition of Je Ne Sais Quoi - a quality that cannot be described or named easily.</p>	<p>Analysis</p>
<p><b>Foster Carer – Natalie</b></p> <p>we <b>sort of 'clicked'</b> quite early on....which was really good as I was trying to support him through courts and everything else....um so we have always had that</p> <p>[...]</p> <p>we do have that <b>relationship that if you really needed to talk he will.....</b>I think its....you know.....it could be weeks.....it could be months.....but eventually he will go <b>'oh I need to talk to you'</b>.....and</p>	<p>A sense of instant connection which was the foundation for building a trusting relationship to support the young person through a challenging time.</p> <p>At young person's pace – giving them time and space but also being physically and emotionally available when they need you. Young person trusting that you will be there.</p>

<p>then....you know....that he needs to get that time for him....because it is quite busy in my house....and you need to get that little bit of time....you know</p> <p>[...]</p> <p>Yes he knows.....that he can actually trust me....and I'm not going anywhere so he can tell me what he wants....and <b>we will just try and sort it together</b></p>	<p>Foundation of trust and problem solving/finding solution as a joint collaborative endeavour. Foster carer scaffolding the skills for independence.</p>
<p><b>Foster Carer – Susan</b></p> <p>When he finished at Sunnyside, Sunnyside opened a...college...and he was one of the first children to get a place there which <b>I felt like I won the lottery!</b> (laughter)</p> <p>[...]</p> <p><b>He's done marvellous</b>....absolutely marvellous....he is not the same as anybody else's ability at his age but...for...where he was....and where he is....<b>thousands of percentages of changes</b>....he's done really, really well...but if you....you see a picture of when they come and now you would say well that ain't them!</p> <p>[...]</p> <p>I just think it's an ongoing....I mean....it's an ongoing thing...when they come they were gonna get split and then for a long time we was saying no, no we can manage we can do this....um...and then they was allowed to stay....and then as soon as they were long-term linked...the way I just looked at it was....<b>probably get told off for saying this....but they are my boys</b>...(tone of voice is much higher, emotion in voice)....they are my family...<b>I didn't give birth to them but they are my boys</b></p> <p>[...]</p> <p>but <b>he's accepting me now as his mum</b> ES – Yeah MR – It was just like oh my god....<b>that was like winning the lottery</b>....it was oh my god....(laughing and higher pitched voice with emotion)...oh my god he accepts me</p>	<p>A sense of delight/pride/joy for the young person.</p> <p>Pride in young person's progress and achievements.</p> <p>A sense of claiming &amp; loving the young people in her care – a commitment to an enduring relationship with them.</p> <p>Also, a sense that this level of commitment is not encouraged?</p> <p>A sense of delight/pride/joy that the young person is accepting and responsive to the love and care and commitment offered by the carer.</p>
<p><b>Foster Carer – Denise</b></p>	

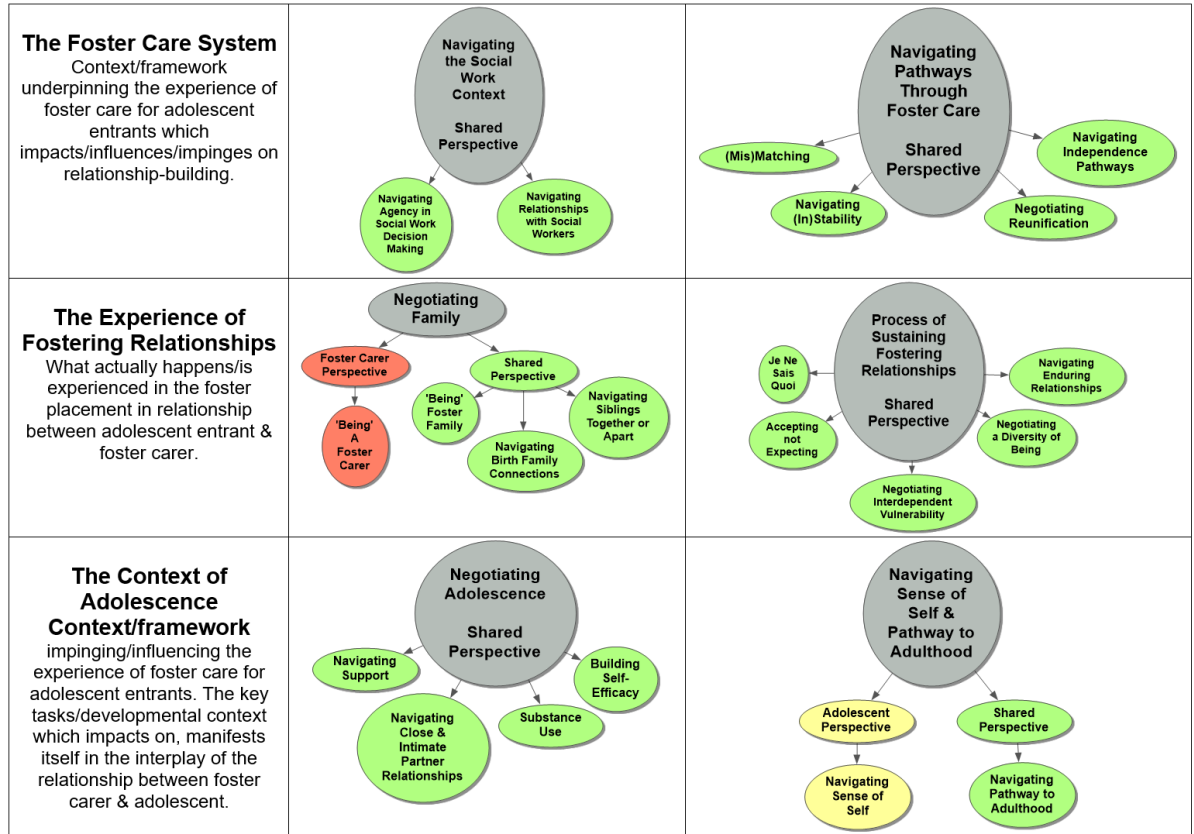
<p>CC – (laughs) oh yes....the one that left before this one came...oh my god....<b>I adored him.....I still love him to bits....I still miss him everyday...</b>I had him for 2 and a half years</p> <p>ES – Right</p> <p>CC – and he was...11....he had just turned 11 when he came to me...errr</p> <p>ES – And what was his name?</p> <p>CC – Axl...I wasn't sure if I should mention names</p> <p>[...]</p> <p>ES – Yeah exactly....thinking about Axl again....so there something particularly special about Alfie....can you put your finger on what it is about Axl that makes him</p> <p>CC – I think what it is....is...I'm an East End girl....I was brought up in the East End...my dad was...a rag 'n' bone man....basically he had a horse and cart and <b>we was very East End kids.....and he reminds me all the world of one of those East End kids....I think that is what I loved about him</b> (laughs)</p> <p>ES – Ok, OK</p> <p>CC – He was very...if you look at his face...I mean obviously you can't...<b>but he has the sweetest face...blond hair, blue eyes....cutest, tiny, little thing...</b>very slim....and he just had this personality....<b>it was his personality....it just shon....</b>and even when...(laughs)...and sometimes my eldest son would say 'mum, you know, he has got you round his little finger' and I would be like 'no, he hasn't' he really hasn't, <b>yes I adore him, but I know what he's doing</b>...and I know what I'm doing so....so don't question me...I know exactly what I'm doing....I knew what he means (laughs) as it looked like Axl had his....he did have me under his little finger...but that is what I wanted him to think....but I had his card marked (laughs)...but yeah...<b>yeah it was that really wonderful....I can't even put a word to it....he has spunk....</b>my dad used to say they have spunk....you know...<b>there is just something about them that you can't help but love even though they are little tyrants...you just love them...because deep in there...there is a wonderful child</b></p> <p>ES – Absolutely</p>	<p>A sense of loving a young person – but the placement disrupted. This deep connection sometimes not being enough to sustain challenging times? Placement disrupted following an incident where the young person accidentally slammed into his door as the carer was opening it which winded the carer and she stumbled down the stairs. Young person was very remorseful, but there was a sense that this incident left the carer (single carer in her 60's) feeling very vulnerable.</p> <p>Loved him</p> <p>Physically attractive</p> <p>'Spunk' – personality was attractive, being drawn to the young person.</p> <p>Seeing the child behind the behaviour?</p>
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CC – And I was just trying to get that all out...and we did get a lot out...not as much as I'd have hoped, but we did get some	
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**Appendix Q - Building constructivist grounded theory model**

**Memo – Whilst writing findings chapters (presenting categories) and building CGT**

6 categories and 21 focussed codes (2022)



Merged sub-categories ‘navigating agency in sw decision-making’ & ‘navigating relationships with social workers’ into – **Navigating relationships with social workers** - *Challenges, opportunities and how decision-making and relationships with social workers are experienced by adolescent entrants and foster carers. Feeling (dis)empowered in care plan decision-making processes, particularly at transition points. Balance of feeling heard vs managing risk. How this is mediated through/within context of relationships with social workers - often experienced as fragmented.* Characterised by **fragmentation** (inconsistent social work relationships, spectrum of agency and understanding in social work decision-making), there are also opportunities for **growth** – feeling empowered to make decisions and feel control over life.

Merged sub-categories ‘(mis)matching’ and Navigating (instability)’ = **Navigating (In)Stability** - *How adolescent entrants and foster carers experience (mis)matching and how these impacts of (in)stability in fostering relationships. How adolescent entrants and foster carers navigate placement stability and instability by building a sense of agency/control in placement endings - adolescent entrants experiencing*

*multiple foster families. How they make sense of separation and loss. Balancing need to experience stability whilst also ensuring quality relationships.*

Difference between navigate & negotiate. Both have specific meanings and metaphorical meanings. Navigate is planned, and involves travel or movement. Negotiate is about management and accomplishment. In my interpretation navigating is already a pre-determined or decided destination, destination pre-determined prior to departure, the navigation is guides or mediated through another, another entity with more power, therefore the individual's agency in navigation is limited as they are reaching a specified destination? It is already planned, but the journey to get there is individual and has aspects of agency which is bounded. Whereas negotiation involves a more of a two-way, give and take process, it is through negotiation that you may be able to navigate to a different ending? So in this research the aspects which are navigated are dimensions which very little can change (i.e the power of social structures (impact of policy/legislation on removing a young person from their birth family, intervening from the state), whereas the aspects which are negotiated are more uncertain, and the role of agency in relationship between adolescent entrants to foster care and their foster carers is greater. The experience of family and adolescence is negotiated rather than navigated as the meanings and experience of this is negotiated through relationship. But could negotiation be a dimension of navigation (depending on the fluidity of the boundaries?).

Merged sub-categories 'navigating independence' & 'negotiating reunification' = **Navigating Foster Care Exits** - *Foster carer and adolescent experiences of the process of planning, negotiation and 'testing' of reunification and moving onto independence. Describing how this was experienced in foster care. Ranging from being involved in care planning with social worker & feeling empowered in having a choice, to 'voting with your feet' & how this is managed. Complexity of being well-informed or mis-informed about both the short-term and enduring impact of these decisions/choices.*

Merged sub-categories 'foster carer perspective 'being a foster carer' & 'Being' Foster Family shared perspective = **Navigating Being 'Foster' Family in the Context of Corporate Parenting** = The experience of 'being' foster family – navigating routines, rituals, boundaries, culture and 'display' of 'being' foster family. Impact of SW discourse – how foster carers navigate parent/professional identity, build resilience & sustain their fostering, achieve equanimity. How social & cultural difference (e.g., class, race, ethnicity, gender etc) is navigated, made sense of and how this intersects with how family is experienced.

Merged sub-categories 'navigating siblings together or apart' & 'negotiating birth family connections' = **Navigating and Negotiating Birth Family Relationships** - Adolescents' experiences of being part of two families - birth & foster family. How foster carers and adolescents make sense of and navigate these complex relationships (including death of a parent, and navigating siblings together or apart). How foster carers support adolescents to re-connect, repair & re-build their



relationships with birth family - scaffolded by foster carer. How delegated authority is managed and experienced by young people.

Merged sub-categories 'Je ne sais quoi' & 'accepting not expecting' as these are a process of building and tentative early stages of commitment and sustaining relationships = '**Clicking**' - Adolescents and foster carers describing a click, chemistry or seeing something special (& absence) in each other early on in the relationship building process. Process of building mutually respectful relationships. Foster carers being mindful of adolescents need for time, space and at their pace – a sense of accepting the young person where they are at – not expecting change, but supporting them to make sense of the past, whilst negotiating the future in the present.

Merged sub-categories 'negotiating interdependent vulnerability' & 'negotiating a diversity of being' = '**Sticking and Diversity of Being**' - Dynamic process of sticking with a young person, a sense of building an interdependent relationship, how through fostering relationships have enabled young people to experience a different way of being, as well as foster carers parenting approaches/outlook on life shifting. There is a mutual, interdependent sense of vulnerability in order to grow in relationship. Making sense of the past, whilst negotiating the future in the present – navigating fragmentation and growth in relationship.

Clicking, Sticking and Diversity of Being became focussed codes under the category '**Building and Sustaining Fostering Relationships**'.

Negotiating adolescence - The process of adolescents making sense of who they are and where they want to be in life across the testing out/experimentation process of adolescence and transition into emerging adulthood. Also captures the foster carer's role in supporting (or not supporting) a young person with their sense of self and scaffolding (or not) their journey to independence.

Merged 'building self-efficacy' & navigating support into – '**Navigating Support Systems**' - Adolescents & foster carers describing young people's experiences (challenges & opportunities) in various social systems/networks and close relationships with adults outside of the birth and foster family e.g. education, organised group sports/activities, as-well-as their experience of the often-challenging process/task of accessing and receiving appropriate adolescent mental health support. A sense of challenges & opportunities to building self-efficacy.

Merged 'substance use' into '**Navigating Sense of Self**' – which is now a shared category - AEs navigating their sense (or lack of sense) of life story – navigating a stigmatised identity (needs positioned as risks in SW recording). A sense of missed opportunities of SWs supporting life story work. AEs how they made sense of this in care, the support (or lack thereof) from others – a sense of missed opportunities of SWs supporting life story work. Experiences of AEs use of substances and risk taking (alcohol, CSE, self-harm, ED), exploring their relationship with what they do with their body etc. \* In findings write up Navigating Sense of Self changed to Navigating Identity.

## Building Grounded Theory – What is the new theory/concept emerging from and grounded in my data?

- The three layers, or contexts which are the core categories – foster care system; fostering relationships; adolescence. Each have various sub-categories.
- Within these broad layers or contexts there is also a sense of making sense of/working with/navigating/keeping in mind the past, present and future. Navigating how the adolescent's past experience of relationships (and to a certain extent the foster carers' past experiences of relationships) impact on the present experience in the foster placement, and how the present experience is also made sense of, and understood within the context of 'what's next?' – knowing that the present foster placement will not last forever – there will also be a 'what's next?'
- So perhaps there is a shared sense of fragmented or distorted journeys? Stop/start, change, transition, transient, navigating, constant movement and negotiation and re-negotiation across all three layers (system, placement, adolescence) and all three selves/identities/times (past/present/future).
- Navigating fragmentation, distortion, consolidation/growth – layers, multi-dimensional, varying degrees of power/control/agency
  - Fragmentation – definition – noun - the act or process of fragmenting; state of being fragmented. The disintegration, collapse, or breakdown of norms of thought, behaviour, or social relationship. The pieces of an exploded fragmentation bomb or grenade.
    - Synonyms – dissolution, decentralization, demoralization, disintegration, fracture, discontinuity, displacement, rift, disjunction.
  - Distortion – definition – noun – not truly or completely representing the facts or reality; misrepresented; false, twisted; deformed; misshapen; mentally or morally twisted, as with an aberration or bias.
    - Synonyms – misrepresentation, misinterpretation, coloured, gnarled, perverted, anamorphic, askew, awry, wry.
  - Consolidation – definition – noun, an act or instance of combining or consolidating into a single or unified whole; the state of being consolidated. Strengthening.
    - Synonyms – Strengthening, fusion, reinforcement, solidification,
  - Growth – definition – noun – the act or process, or a manner of growing; development, gradual increase, development from a simpler to a more complex stage
    - Synonyms – development, progress, advance, expansion, gain, success, build up, maturation, stretching, unfolding, thickening.
  - Foster Care System
    - All a sense of navigating and negotiating uncertainty/ambiguity/transitions/changes.



fractured/distorted relationships. The fostering relationships in the foster placement the vehicle through which this process is navigated. Opportunity for growth/transformation/clarity – or more clarity about future?