Swansea University
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Cynefin

A Zemiological Examination into Vulnerable Children in Wales and Scotland

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Abstract

Cynefin – is a Welsh word that has no direct translation into English. It is a feeling, being of a place, it describes the elements and experiences of our environment that influence us and how we see the world and shape our identity and our well-being, it is a feeling of belonging. Children who are sequestered in to the care system become a number in the system and measurements on their behaviour, achievements and stability are taken to understand the success or failure, of their corporate parent. Their need for love, security and a sense of belonging appear to be lost in the noise.

This study applies a zemiological lens to examine the avoidable social harms experienced by children and young people with care experience in the devolved nations of Wales and Scotland. Zemiology, the study of social harms beyond legal frameworks, reveals how systemic failings in care provision generate multilayered harms including physical, emotional, financial, harms of recognition, and autonomy harms that collectively restrict opportunities, perpetuate inequality, silence the voice of the vulnerable and negatively impact life trajectories.

Using a constructivist, embedded single case study design, qualitative data were collected through semi-structured interviews, visual timelines, and online surveys with care-experienced children, adults with care experience as children, and professionals. Reflexive thematic analysis identified 4 core themes: *The Role of Social Services and Key Workers; The Extremes of Fostering; Harm to Crime;* and *Belonging*. Findings illuminate the emotional and psychological toll of unstable placements, the trauma of edge-of-care experiences, failure of hearing the child's voice, and the hidden pain of unsupported carers.

This research highlights critical gaps in current policies and practices, particularly, rigid working hours, underinvestment in support services, inadequate post-care support and lack of positive role models. Recommendations urge devolved governments to restructure social service working hours, increase financial and human resource investment, enhance post-care transition schemes, and implement mentoring programs to provide consistent, supportive adult relationships.
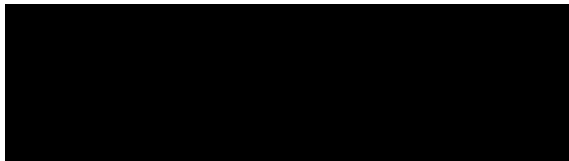
By linking zemiology with the lived experiences of children under corporate parenting, this thesis contributes to the understanding of structural harms in care systems and advocates for radical systemic reform to transform social mobility and outcomes for care experienced young people. Further longitudinal and comparative research is urgently recommended to deepen insights and promote policy change. Ultimately, this study urges policymakers to actively address the preventable harms endured by one of society's most vulnerable populations; harms which can have long term and significant negative impact.

DECLARATION

Student Number 874969 – Marie-Alaina Turner

This work has not previously been accepted in substance for any degree and is not being concurrently submitted in candidature for any degree.
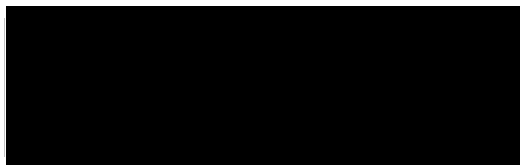
Signed

Date   16 December 2024

STATEMENT 1

This thesis is the result of my own investigations, except where otherwise stated.

Other sources are acknowledged by giving explicit references. A reference list is appended.

Signed

Date   16 December 2024

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Acknowledgements

They say it takes a village to raise a child, the same is true of a PhD. The production of this thesis would not have been possible without a 'village' of help behind me, by my side and leading from the front.

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I will be forever grateful to those who went out of their way to help with introductions to the hidden population that is the care experienced community. This thesis would not have been possible without them and the community they work with. My everlasting thanks to everyone who took part in this study, this thesis is your chance to be heard. I hope it makes a difference.

Lastly, this thesis is dedicated to Bert and Monica Turner. My Mam and Dad. While you are no longer with us, I would like to think it would have made you proud. Thank you for my childhood.

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Definition of Abbreviations

United Nations Convention on the Rights of the Child	-	UNCRC
Convention on the Rights of the Child	-	CRC
Adverse Childhood Experience	-	ACE
Enhanced Case Management	-	ECM
All Wales Youth Offending Strategy	-	AWYOS
Getting It Right For Every Child	-	GIFREC
Youth Justice Board	-	YJB
Autism Spectrum Disorder	-	ASD
Attention-Deficit/Hyperactivity Disorder	-	ADHD
National Crime Agency	-	NCA
Minimum Age of Criminal Responsibility	-	MACR
Non-Governmental Organisation	-	NGO
Additional Learning Needs	-	ALN
Children's Social Care Research and Development Centre	-	CASCADE

Thesis Introduction

Cynefin – is a Welsh word that has no direct translation into English. Pronounced kuh-nev-in, dictionaries translate the word to 'Habitat' yet there is a more complex meaning to Cynefin. It is a feeling, being of a place, it describes the elements and experiences of our environment that influence us and how we see the world and shape our identity and our well-being, it is a feeling of belonging. Children who are sequestered into the care system are, for whatever reason, unable to stay in their family home. From that point they become more than a child, they become a number in a system and measurements on their behaviour, achievements and stability are taken to understand the success or failure, of their corporate parent. Their need for love, security and a sense of belonging as children appear to be lost in the noise.

> *But I think we just need to put the child's voice back at the forefront, which is the idea of it.*

Karen (professional)

This thesis and the study that underpins it, takes the voices of children and adults with experience of the care system as children and those who care for them and, using a zemiological lens, exposes the harms that occur to this vulnerable population through the system responses of their governments.

Social research on the care system is not a new idea. Many studies have covered the care system and poor outcomes that children with care experience are more likely to encounter than their peers, such as low educational achievement, excessive mental health issues and overrepresentation in the criminal justice system (Laming, 2016; Mannay, et. al., 2017; Ministry of Justice, 2016; Stanley, Riordan and Alaszewski, 2004). Research has highlighted that the emotional harm caused to children with care experience, can lead to challenging behaviour that if ignored, can escalate and in some cases become criminogenic (Parker, 2004). The challenging

behaviour exhibited by care experienced children can stem from rejection experienced by family, schools, foster placements and social workers (Brereton, 2018). This link is supported by Lord Laming's report estimating that 50% of children and 24% of adults in custody have care experience (Laming, 2016). Therefore the harm caused by a lack of the emotional support that all children crave, can lead to incarceration.

Regardless of this empirical knowledge, the number of children experiencing care continues to increase in Wales despite the child population decreasing, while in Scotland, the numbers remain the highest in the UK (Welsh Government, 2024a; Scottish Government, 2024a). The nations that make up the UK have their own care systems and each has a plethora of confusing terms that the children, and the professionals that care for them, must understand in an attempt to navigate their way through life and work. This is coupled with conflicting legislation and policy that comes with its own tensions and changes between nations. Yet in research with children who have care experience, they express that relationships are the most important thing to them with a disinterest in how formal systems function (Holland, 2010). Extended periods of austerity have resulted in cuts to services which impact the vulnerable (Atkinson, 2014), reducing the quality of care these children are receiving, in addition, these cuts are unequally distributed creating a postcode lottery of services across Wales and Scotland (Redhead & Lynch, 2024).

This study gives a voice to those with experience of the care systems within these two nations. By examining the harms that occur to these children and young people every day, whether caused intentionally or through a lack of correct governance of policy, gives an understanding from their perspective, as to where the current systems are failing them and allowing them to become another statistic in the poor outcomes studies. The structural causes of these harms and the poor outcomes they lead to is often left unexamined, limiting the possibility of developing effective policy in this much needed area. The lens through which these harms are examined in this thesis is zemiology.

Zemiology is the study of social harm. Social harm can and has, fallen under the umbrella of critical criminology. Both zemiology and critical criminology "challenge dominant power structures and address contemporary inequalities"

(Copson, 2018, p. 52). This thesis was not written to debate the place of harm in contemporary theory whether that is criminology, social policy or zemiology, as that theoretical argument has been debated by many academics over time with little agreement (Copson, 2018; Kotze, 2018; Tombs, 2018). The purpose of this thesis is to understand the social harms that occur on an hourly basis to the most vulnerable children in society. This study uses a zemiological lens to uncover harmful policies, decisions and practices and the impact they have on vulnerable children, specifically those who experience care. Harm can occur to those whose lives are made unnecessarily hard through inequality, reduced opportunity and hopelessness (Dorling, 2004). Zemiology can identify those harms creating the opportunity to examine and address policy and system responses. This widens the scope of investigation, moving the focus away from crimes, and into harms and allows researchers to see who or what is responsible for harms to individuals, families and communities (Canning & Tombs, 2021).

While the use of zemiology is growing in social science research, uncovering the harms to care experienced children and young people through a zemiological lens is an area relatively unexamined and therefore worthy of investigation. Research using the direct voices of care experienced children and young people is also an area which is growing but still limited. This paucity of research using zemiology to uncover harms in child welfare services is an injustice to the children fighting their way through the care system every day.

While social structures such as institutions and systems have influence over the behaviour of individuals in society there is also an argument for human agency and the ability to resist those power structures to shape life through their own actions (Connor, 2011). This structure versus agency debate and the relationship between them is examined in this thesis as there is an important connection with the theory of zemiology and the affect power structures have on individual vulnerable children such as those with care experience. This study gives empirical data to bridge this debate.

It is important to acknowledge that a range of structural factors including social class, ethnicity, gender, disability, and geography can significantly shape the experiences and outcomes of vulnerable children. These intersecting influences of

inequality often compound disadvantage and can play a critical role in how children are perceived and treated by institutions such as the care system, education, and the youth justice system. While these factors are highly relevant to understanding the broader context of vulnerability and harm, they are not the central focus of this thesis. Instead, the study concentrates on the structural dynamics specific to the care system and its role in shaping pathways to poor outcomes such as criminalisation for children with care experience.

The reasons for selecting Wales and Scotland as focal points of this thesis derives from similarities the nations share with regard to their children and their place in the UK. Both are devolved nations, controlled through a multi-level form of governance rather than centrally controlled by Westminster. Where Scotland has a long history of a legal system separate from the UK one, both Wales and Scotland gained additional powers through a devolution settlement in the late 1990's. This settlement, introduced by the New Labour Government of the time, gave decision making powers to Wales, Scotland and Northern Ireland and saw the start of devolution with the creation of the devolved governments and parliaments of those nations. They work alongside the Westminster Parliament but govern many areas from a local perspective (Birrell, Carmichael & Heenan, 2023). Although the process of devolution is an evolving one, social services, which includes children's services, is one of the areas governed locally by the devolved nations which is why devolution is an important area to cover within this thesis.

While this thesis focuses on policy and practice developments in Wales and Scotland, it is not constructed as a direct comparative study. Instead, it draws on the child-centred approaches emerging in both jurisdictions to explore how devolved governance with a rights respecting agenda can shape policy for children in care. At key points in this thesis, reference is made to the broader UK context, particularly England, where appropriate, in order to situate Wales and Scotland within the wider political and policy landscape. This approach allows for a deeper understanding of how devolved policymaking can both align with and diverge from centralised UK approaches, offering important insights into the unique and evolving frameworks of children's services in the devolved nations.

As part of their power over children's services, both nations commit to the children's rights agenda more strongly than their UK counterparts; England and Northern Ireland. While they differ in the way they execute this commitment, their end goal speaks of similar outcomes. For their nations to be wonderful places for children to grow up in, rich in opportunity and equality where they will feel loved and safe (Welsh Government, 2022b, The Promise, 2024). The children's rights agenda is shaped by the United Nations Convention on the Rights of the Child (UNCRC). This convention was developed to give children rights that were specific to their needs. Since its development in 1989 all members of the United Nations, with the exception of the United States of America, have become signatories of the convention. This commitment, although made by the UK Government, is the responsibility of the devolved nations (Cantwell, 2011; Williams, 2013). It is for this reason that the UNCRC, and the comments made by the United Nations regarding adherence to the convention, are referred to in this thesis when discussing the progress of the devolved nations in their commitment to their children.

This thesis is situated within the discipline of Criminology. A key focus of this thesis is the use of zemiology to uncover hidden harms, as discussed above, zemiology can and has fallen under the umbrella of critical criminology. In addition, this thesis and the study that underpins it draws on issues central to youth justice, particularly the criminalisation of children. The study centres on children who are looked after by the state and the systemic harms they experience within care systems that are often broken, under-resourced, and ill-equipped to meet the complex needs of children. These systemic failures contribute to a range of poor outcomes, including heightened vulnerability which can lead to criminalisation.

While Criminology provides the primary theoretical and methodological grounding for this research, the study also has significant interdisciplinary relevance. It intersects with social policy in its analysis of care systems and justice frameworks; with social work in its analysis of practice-based responses to children in care; and with sociology in its engagement with social structures, inequality, and identity.

By situating this work within Criminology, the thesis seeks to contribute to contemporary understandings of youth justice using a zemiological lens and the systemic drivers of criminalisation, particularly for children looked after, while also

informing broader interdisciplinary discussions on how to more effectively support vulnerable children and prevent harm within the very systems designed to protect them.

This thesis, *Cynefin - A Zemiological Examination into Vulnerable Children in Wales and Scotland*, has the following sub-questions:

1) To study the lives of children with care experience and adults with care experience as children, to understand the nature and extent of harm as perceived by them by exploring their lives throughout their time in care and leaving care.

2) To study the work lives of professionals who work with care experience children and young people to understand what they perceive to be the current harms for those with care experience and what they believe should be done to tackle those harms.

3) To explore existing policy, service provision and structures developed to support children in Wales and Scotland to uncover hidden harms that affect children with care experience and to generate new understandings.

4) To discover how harms impact vulnerable children in ways that affect their outcomes such as criminalisation.

These questions were used to shape the research study that underpins this thesis. The study followed a qualitative strategy in a constructivist style using an embedded single case study design. Surveys and semi-structured interviews, used in conjunction with a visual element, were used as data collection tools. Reflexivity was a key element of the study throughout the design, the data collection and the data analysis phase which used a reflexive thematic analysis approach. This study hinges on the truth of those affected by the systems they find themselves part of, therefore it is vital that their voice lies at the forefront of this thesis in the hope it can have an impact on future policy in this area (Mannay & Staples, 2019). The use of a qualitative strategy was therefore appropriate due to the rich and detailed data that it would uncover. The reflexivity dimension taken throughout this study furthers the

holistic approach giving meaning and understanding to each area of the findings and discussion.

The purpose of this study and its contribution to knowledge is multi-faceted:

I.   It gives focus to the structural harms faced by children with care experience and the poor outcomes those harms generate such as criminalisation as an area relatively unexplored in research studies.

II.   It highlights the unique way devolved nations are responsible for and conduct child-focussed policy adding to the debate on devolution and its effectiveness.

III.   It amplifies the direct voice of the child in areas that concern children such as care experience, which is currently lacking in policy creation.

IV.   It expands theoretical discussions of zemiology in child welfare and the structure versus agency debate which will have real world impact.

V.   It gives opportunity for such theories to move into other areas of inequality using a zemiological lens to uncover other structural harms.

VI.   Understanding the harms caused can improve outcomes, increase opportunities for the care experienced community and reduce outcomes that have a negative impact on society such as criminalisation, by breaking the cycle of harm.

The above areas of contribution to knowledge within this thesis, gives a more comprehensive understanding of harm through evidence-based research and by doing so it can contribute to the creation of targeted and meaningful policy reform and improved approaches such as trauma informed methods in child care systems which will improve the practices and the lives of such vulnerable children and in doing so create positive change.

This thesis is written in a traditional style detailing the following chapters, *Literature Review Chapter, Methodology Chapter, Findings Chapter, Discussion Chapter* and the *Thesis Conclusion*. Within each of the chapters, accounts from the participants are included. This is due to their relevance to the topic discussed at that

point, keeping the voice of the participant at the heart of this thesis. The rest of this chapter will outline what the reader can expect in each upcoming chapter.

The *Literature Review Chapter* examines what it means to be a child from an historical perspective through to contemporary society and the significance of their place in society. The contradictions and tensions in policy and legislation regarding children is also examined. The devolved nations of Wales and Scotland are then critically explored to give an understanding of their convictions with regard to child focussed policy and their commitment to children's rights within that policy. The child centred issues that affect these devolved nations, child poverty and high numbers of children in care, are then examined exploring the statistics available for both nations. The history, use and significance of zemiology is then explored including the topologies of harm which assist in the measurement of harm, therefore giving an understanding as to why this fairly contemporary study of harm is such a vital tool to use when looking into the outcomes of children who experience care.

The *Methodology Chapter* details the methodology used in the study that underpins this thesis along with the experiences of the researcher throughout the study. Why research with care experienced children is delicate and sensitive yet vital is discussed followed by a description of the research strategy and design chosen for the study and the reasoning behind those choices. The methods of data collection used and justification of those methods is covered, followed by the importance of reflexivity and positionality in an interpretive study allowing for depth in the dissemination of the study's findings. The important role gatekeepers played in this study is detailed along with all ethical considerations taken throughout including the reduction of harm, privacy, anonymity, confidentiality and informed consent. The sampling framework of the study is then discussed continuing with the procedure the researcher followed through the data collection process including the challenges encountered throughout. The chapter concludes with an overview of the data analysis process undertaken for this study.

The *Findings Chapter* begins with an overview of the data collection followed by the details of the reflexive thematic analysis method used in the study and how the final four themes of the study findings were created. The themes are then discussed before detailing the findings from each of those themes, *The Role of Social Services*

and Other Key Workers, The Extremes of Fostering, Harm to Crime and *Belonging*. Each theme is divided into subthemes to assist in compartmentalising the detailed views of the participants of the study. The voice of the participants is paramount to the study so features heavily in the findings relaying their stories in their own voice and language. The chapter concludes with a *Reflective Summary* highlighting impactful areas of the findings as reflected on by the researcher.

The *Discussion Chapter* combines the information gathered from the review of the literature with the findings and uses a zemiological lens to highlight the harms caused to children with care experience as disclosed by the participants of the study. Divided into the themes created in the data analysis, this chapter emphasises the failings of the devolved nations and, through the topologies of zemiology, discusses how those failings have, and continue to, impact those in the care system. As with the *Findings Chapter*, the voice of the participants is a strong feature of this chapter.

The final chapter, *Thesis Conclusion*, brings together the purpose of the thesis with a summary of the literature, the study and the findings through a zemiological lens. In doing so, it highlights the failings of the corporate parent as seen by the children, young people and professionals of this study.

Literature Review

Introduction

This chapter will examine literature on several topics that are integral to the understanding of the main and sub-questions laid out in the previous *Introduction Chapter*. Throughout this chapter and the remaining chapters of this thesis, any referral to a *child* will describe an individual under 18 years of age as defined in Article 1 of the United Nations Convention on the Rights of the Child (UNCRC) (UNICEF, 2021). Reference to a *young person* in this chapter will be an individual between the ages of 18 and 25 years of age. This definition expands slightly in the *Findings Chapter* for reasons explained in the introduction therein.

Understanding what we mean by childhood and a child's place in society is examined by drawing on the understandings of legislators and sociologists from an historical and contemporary viewpoint. The meaning of society and the relationship between social structures and individual agency is also drawn on. Definitions of childhood from Roman Britain to the *new sociology of childhood* are covered to show the complexities surrounding childhood and a child's place in society over time.

As this study focuses on children from Wales and Scotland, the next section of this chapter will explain in what way these countries are similar and, in some ways, different to each other and the other home nations by outlining devolution in the UK. This was the process of a change in power from the centralised form of a single state to a multi-level form of governance as power over their own affairs switched to the devolved nations of Wales, Scotland and Northern Ireland (Birrell, et. al., 2023). It continues with an overview of the onset of children's rights and how they developed and are monitored in the devolved nations before examining the development of Welsh and Scottish child focussed policy using a rights-based approach.

The next section of this chapter will outline child poverty issues in Wales and Scotland before concentrating on one of the core elements of this thesis; care experienced children. There are many phrases used within the care system, some of which have changed over time, some of which have legal meaning such as *children looked after*. For the purpose of this thesis and the underpinning study, the term *care experienced* is used to encompass all types of care. This will mean anyone having

experience of care as a child including at their family home under a care order, kinship care, a foster home, a care home or in secure care. The term *children looked after* is used in statistical capture and official documents. These terms will be further examined later in this chapter. The statistics available on care experienced children in Wales and Scotland are then reported to try to understand why, regardless of their rights based child focussed policy, there is an increasing number of children looked after in Wales (Welsh Government, 2024a) and Scotland has the highest rate of children looked after in the UK (Scottish Government, 2024a).

The penultimate section of this chapter examines the other core element of this thesis; zemiology. Zemiology, the study of social harm, looks to state-led systems and how they negatively impact the most vulnerable in society. It looks at how crime and disorder is recorded and controlled in a neo-liberal society and it uncovers the harms such societies fail to address and in some cases compound. It focusses on inequalities which prevent social mobility and challenges corporation and state activities which can lead to physical, financial, emotional and psychological harm not punishable by criminal law (Canning & Tombs, 2021; Hillyard & Tombs, 2004; Tombs & Hillyard, 2004; Hillyard & Tombs, 2007; Tombs, 2018). Using zemiology as a lens in which to examine current child focussed legislation, policy and practice, along with the experiences of children in care, through their own voice and their outcomes is a unique undertaking and one which may produce a rare and significant understanding. The final part of this chapter will examine the reduced outcomes of those with care experience while drawing on the topologies of zemiology so as to understand its unique significance in this area.

What is Childhood?

While society has constructed childhood just like it has any class or age label, it is a unique and permanent structure in society and while its changing members are born, grow and move on, childhood, as a structure, and children as people, are already a permanent part of society (Corsaro, 2018).   This section will look at what society is and how childhood has been defined historically and in more modern times, along with the relationship between society and children through the lens' of childhood theories and the tensions that lay therein.

There are legislative, social and theoretical definitions of a child and childhood. Legislation is put in place to protect children and keep them safe at home, in school and in work and in more contemporary times, to protect their rights with additional legislation created to protect vulnerable children. For such legislation to be viable, legal definitions of a child must be in place. The United Nations Convention on the Rights of the Child (UNCRC) classes all individuals under the age of 18 years old as a child (UNICEF, 2021). The Social Services and Well-Being (Wales) Act 2014 agrees with this definition. Children aged 16 and 17 years old in Wales also have the ability to vote in local Welsh elections (Welsh Government, 2019d). Scotland also uses the age of 18 as a majority, classing all those below that age as children under the Children and Young People (Scotland) Act 2014. Individuals between the ages of 16 to 18 may fall under different legal child protection frameworks in Scotland depending on their circumstances (Scottish Government, 2023d).

In literal terms, childhood is the period of an individual's life that occurs while they are children, from birth to maturity (Oxford English Dictionary, 2024). Yet sociologically speaking, childhood is multilayered and fluid as an entity and in its development. It is challenging to discuss how childhood and children are viewed in society without first examining what is meant by society.

The idea of society has been debated by sociologists and philosophers for centuries. Some state that society is a:

…social domain that lies within a law governed state

(Dean, 2010, p. 1).

Others claim that there is an interdependence of individuals within each society as well as on the state itself (Donzelot, 1988). In layperson's terms, Giddens and Sutton (2021) say society is a group living together in an area with shared cultural features such as language and values. They also state, society includes institutions that work within it, such as government, education structures and family.

Social structures operate within society to connect individuals to those institutions and to each other. Sociologists argue that social structures influence the behaviour of individuals in society and that sociology is founded on that influence. Yet many debate the influence society has over individuals, favouring the role that human agency or conscious decision making has in shaping people through their

actions (Elder-Vass, 2010). This debate is often labelled *structure versus agency*.
This debate looks as external powers and influences of society such as institutions, social class and other power structures and questions if they have an influence on the actions of individuals or if individuals have the capacity to resist the power structures around them and forge their own destiny. Understanding the interrelationship between structure and agency is a vital part of research concerning individuals and their lives (Connor, 2011).

C. Wright Mills (1959) understood the importance of the relationship between structure and agency acknowledging that while structures affect opportunity in limiting ways, individuals, when working collectively, have the power to challenge those structures and make changes to them. In his work, *The Sociological Imagination*, Mills identifies that individuals can feel issues that affect them directly are personal problems that they must deal with, while the root of those issues are caused by larger societal structures leading to individual hardships. Mills' focus on the relationship between structures and agency and why this is relevant to children experiencing harms within the care experience will be looked at further in a later part of this chapter when discussing care systems and zemiology.

This interdependence of individuals to institutions, or social structures, can be viewed further through the idea of citizenship. When outlining citizenship, Marshall identified it as:

…full participation of a community with equal rights, duties, liberties, constraints, powers and responsibilities

(Marshall & Bottomore, 1992, p. 70).

It is helpful to keep this idea of citizenship in mind, in particular participation and rights while discussing the development of childhood and also the section later in this chapter which covers Welsh policy.

Looking at how children and young people fit into society historically should start with their status in the family. The position of children in the family would not have been a central one historically. The term *pater familias* from Roman law was created to denote the male head of the family who had full legal capacity and sole authority over their own family and their property which included their children and their slaves. The Romans would have brought such legislation to Britain during their

expansion of the empire (Anghel, 2024). More modern usage of pater familias relates to the head of a family rather than the legal owner, although even this modern term is somewhat outdated (Saller, 1999). After the Romans left Britain, around the fifth century, the dark ages saw a collapse and rebuilding of cities like London as they moved into medieval times (Hall, 1996). Some argue this period did not serve children better.

> The idea of childhood is not to be confused with affection for children: it corresponds to the particular nature of childhood, that particular nature which distinguishes the child from the adult, even the young adult. In medieval society this awareness was lacking.
>
> (Aries, 1962, p. 128)

Research such as Aries (1962) above, indicates that medieval Britain was hard for children, when they moved from infancy to young children they would belong to adult society. Yet research concentrating on the later part of medieval Britain, the 14th and 15th centuries, indicates while infants and young children had high mortality rates, with disease and accidents having a large part of that, children did engage in play some of which mimicked the adult's formalities in their societies and so had a childhood of sorts (Hanawalt, 1993).   In addition, the research uncovered court records that showed adults were punished for mistreating children (ibid.). Aries laid out the history of childhood from the Middle Ages to the 18th century. His work inspired many to develop their own theories on the family and conceptions of childhood throughout the 1970's (Corsaro, 2018). Pollock (1983) critiqued much of Aries work and using research techniques grounded in primary sources such as diaries and court cases, he theorised that continuing parental care that include love and protection, are essential to the survival of humans. This is an important theory to consider when examining the lives of care experienced children whose lives often lack love and protection.

While some say theories are used as intellectual structures within disciplines to assist in the explanation of why things occur and to give predictions of how things may unfold in the future (Tittle, 2016), in practical terms, they are a lens that can be used through which to view the world. It is argued that understanding theories and

the use of lens' in child development are integral in providing excellence when caring for and educating children (Mooney, 2013).

The emergence of theories of childhood in a sociological context, concentrate on the socialisation and the development of children. Initial theories suggested that children were subordinate in society and labelled as adults in waiting. These future looking lens' spoke of children's potential or threat to society (Qvortrup, 2010). Early socialization theories of childhood were deterministic in approach. Through such lens' it was understood that children are taken over, or appropriated, by society during which process the child remains a passive participant.

Two primary models formed from the deterministic approach, The functionalist model of the 1950's and 1960's and the later reproductive model (Corsaro, 2018). Functionalists view children as a threat to society which initially affects the child's family and then wider systems. They argue that through dealing with the problems caused by children, and through formal training, the child should be socialised to become useful to society (Parsons & Bale, 1955).   The reproductive model criticised the functionalism view as it promotes the unfairness of class inequalities and highlights the advantages in socialisation of those with access to cultural resources (Bernstein, 1981). Deterministic approaches to the socialisation of children are criticised by contemporary childhood theorists such as Corsaro (2018) as they reduce the importance of children's play or activities and ignore the hypothesis that children can bring about change in the society they live in.

Moving on from deterministic theories, constructivist theories place the child in an active role within society instead of a passive one. Piaget's (1973) cognitive development theory understood the development of children depended on their surroundings arguing that from infancy they absorb and interpret information forming *mental structures* of the world around them. While Vygotsky also believed in Piaget's theory of personal development coming from personal experience, he also added that interactive social experience of school, communities, culture, socioeconomic status and family shaped the development of children and the construction of their knowledge in that personal and social experiences could not be separated (Mooney, 2013). This leads to Piaget's theory being individualistic while Vygotsky's is primarily collective (Corsaro, 2018). It could therefore be argued that the experiences of

children and young people in addition to the world they are part of and the peers they live with and socialise with, shape the child as an individual.

While the studies on childhood and children have grown exponentially in the last several decades, most view children in a forward looking manner, what they will become as adults and what their place will be in society instead of children as citizens in their own rights with their own lives, needs and desires (Corsaro, 2018). More contemporary childhood theorists describing a *new sociology of childhood* such as Corsaro (2018), James and James (2004) and Prout (2005), move away from the child internalising adult skills and knowledge to a reinvention and reproduction of knowledge to use in society alongside adults and their peers. These constructivists and interpretive theorists see children as active participants in society and the social construction of childhood. Corsaro (2018) uses the phrase *interpretive reproduction* for this and explains further by expressing the importance of language and cultural routines in a child's development. The predictability of routines, he argues, provide a framework by which children produce and interpret their knowledge and make sense of the world.

Childhood theories appear to be clear in their message that children and childhood itself can be examined to determine development and knowledge. That children are different to adults and those differences needs to be acknowledged and respected. What differs over time is how they believe children obtain their knowledge and develop from it, to create their place in society as passive or active participants. Some argue that the family is the place where the child grows to become the adult they will be in the future, where they learn confidence, communication and suspicion. Within that unit, the parents shape the child's personality and teach them benchmarks and behaviour. So shaped as to become a mirror of the parent (Ticsuan, 2013). Therefore, family and society contribute, not just to the development of children but to the type of childhood they experience and the type of citizens they are throughout that childhood.

While it can be argued that children are individuals in growth, emotion, need and self-governance, they inhabit a socially created childhood that is regulated and ordered by legislation and policy that negates the differences between each child (James & James, 2002). Society and societal structures form part of that regulation

and can form unequal powers that can shape an individual's outcome (Connor, 2011; Elder-Vass, 2010). Therefore to understand how the systems that care experienced children and young people find themselves in, shape the opportunities available and the choices they can make, an examination of the nations they grow up in is required. The next section examines those systems within the devolved nations of Wales and Scotland through the legislation and policy they create which targets the children of those nations. However, as they differ from other nations within the UK with regard to governance and policy direction, it is imperative to first understand their position as devolved nations.

Devolved Nations Direction

This section looks at legislation, policy and institutes created to govern and care for children in Wales and Scotland. This includes an outline of the United Nations Convention on the Rights of the Child (UNCRC), how the devolved nations in question have adopted the convention and why it is important in contemporary society. However, an understanding of how Wales and Scotland are different to other nations of the UK, as well as to each other under the devolution settlement, is an important place to begin.

As described at the start of this chapter, devolution was the change in decision making powers from the central government in Westminster, to the individual nations of Wales, Scotland and Northern Ireland where they began to govern their own affairs. For Wales and Scotland, the journey began in 1998 when the New Labour Government made good on the promise of devolution (Birrell, et. al., 2023). However, separate legal systems began in Scotland much earlier.

In his lectures on the development of Scots Law, J. Dove Wilson (1896) states that Scottish jurisprudence began to take form through collected materials before the 1300's. Norman influence on Scotland caused them to adopt the Francs Lombard Feudal law into their courts during the early Middle Ages. Reid and Edwards (2009) claim that the Scottish legal system has formed over 1,000 years and is distinct from English law in many ways. Scots Law, as it is known, is a hybrid of civil and common law with roots in France, the Netherland and Roman law and although Scotland and

England came together in one Kingdom in the Treaty of Union in 1707, the Scottish legal system was protected (ibid.).

Devolution is a not an event, but a process, as expressed by the Secretary of State for Wales, Ron Davies, in 1997 prior to the referendum put to the people of Wales on devolving powers from Westminster to Wales. In a later election pamphlet sent out in 1999 he continued with this important point:

> Devolution is a process. It is not an event and neither is it a journey with a fixed endpoint. The devolution process is enabling us to make our own decisions and set our own priorities, that is the important point. We test our constitution with experience and we do that in a pragmatic and not an ideologically driven way.
>
> Torrance (2024).

This process is one which is continuing for the devolved nations as they each claim to make their nations ones where their children, from all backgrounds, have the opportunity to flourish. While this chapter shows the many areas Wales and Scotland make that claim through policy and legislation, it also highlights areas where they are not delivering on these promises to all their children.

Devolution in Wales

The initial 1998 devolution settlement in Wales gave the newly formed Welsh Government, then known as the National Assembly, responsibility over, inter alia, health, education and social services under the Government of Wales Act 1998 (Birrell, et al., 2023). Butler and Drakeford (2013) state that it was for this reason, early policy development was heavily concerned with the children of Wales.

The first eight years of the devolved Welsh Government saw a creation of policy that used collective solutions to solve problems, connecting the government with its strong Welsh Labour roots and Tony Crosland's idea of providing a rights-based public service (Sullivan & Jones, 2013). Crosland's post war revisionist theory saw socialism as an expansion of equality through the respectable treatment of all humans where education, housing, healthcare and career opportunities were a birth right to all, not just the privileged few (Magee, 2010). He believed that this could be achieved through expanding public services (Meredith, 2006). Based on Crosland's

ideas, the Welsh Government state they began to develop a policy strategy that was rights respecting (Sullivan & Jones, 2013).

Although a Labour government was in power in Cardiff and also in Westminster during this time, there was a distinction in their policy making. While a New Labour Government sat in Westminster with ideals of the *Third Way*; Wales approach to policy was based in classic Labour principles as with Crosland's socialist views above. With an approach entitled, *Clear Red Water*, Welsh Government were keen to show that they were politically different from New Labour by creating policy that gave free services such as school milk, nursery places and free prescriptions. The first minister of Wales at the time saw such policy making as a project that created Welsh citizens, rather than consumers, in a society where everyone had a stake creating a closer bond between Welsh people and the new Welsh Government (Davies & Williams, 2009). While the *Clear Red Water* approach was ambitious, some critics claim it bound policy nationally and in doing so, it was detrimental to relationships outside of Wales and to policy learning across nations (Moon, 2013). Others thought the approach was all rhetoric and not enough delivery of meaningful policy for Wales (Osmond, 2010).

Regardless of the critique, devolved Welsh Governments claim that they continue to attempt to develop social policy, particularly child-focussed policy, based on the rights of its citizens (Sullivan & Jones, 2013). In 2004, the Welsh Government, or as it was then known, the Welsh National Assembly, sought to reflect the United Nations Convention on the Rights of the Child (UNCRC) in all future child focussed policies in Wales (Butler & Drakeford, 2013). Such policies include:

➤ Extending Entitlement (2000)
➤ The Rights of Children and Young Persons (Wales) Measure 2011
➤ The Social Services and Well-being (Wales) Act 2014
➤ Child First
➤ Youth Justice Blueprint for Wales
➤ Removing Profit from Care
➤ Basic income pilot

These policies are examined more closely later in this chapter to uncover their purpose and implementation.

Devolution in Scotland

The 1998 devolution settlement saw decision making powers transfer from Westminster to the Scottish Parliament under the Scotland Act 1998. This initial settlement was more comprehensive with Scotland receiving legislative powers in addition to the executive powers awarded to Wales. Wales obtained primary legislative powers in a later settlement in 2011 (Birrell et al., 2023). This gave Scotland responsibility over a range of areas from justice to health and education (Tisdall & Davis, 2015). It has been argued that while all the countries of the UK saw a growth in child focussed policy following the devolution settlements, Wales and Scotland took a lead in wider approaches in post devolution, early years policy (Black, et al., 2020). However, while these devolved nations pride themselves on being the first to deliver innovative policy, it does not necessarily follow that the policy in question is delivered effectively.

Scotland had already begun to address issues with social services and child focussed solutions in the pre-devolution era through the Social Work (Scotland) Act 1968 (Dumbleton & McPhail, 2012). By 1971 they had removed punitive juvenile courts and replaced them with children's hearings system (Scottish Government, 2024). They then sought to include three key articles of the United Nations Convention on the Rights of the Child (UNCRC) into law in the Children (Scotland) Act 1995 (Dumbleton & McPhail, 2012). The Scottish Government reported that through devolution they could recognise the need for social justice values in social work such as equity, diversity and inclusion and a need to challenge social conditions (ibid.). In the Children and Young People (Scotland) Act 2014, the Scottish Government stated that they would like Scotland to be the best country for children to grow up in by putting them at the centre of service delivery while respecting their rights throughout the public sector (Tisdall & Davis, 2015). Following on from this, they have taken children's rights further with the Children's Act (Scotland) Act 2020 which sought to protect children who are victims of domestic violence and further still with the UNCRC (Incorporation) (Scotland) Act 2024 which incorporated the UNCRC

into Scot's law (Scottish Government, 2024). The history and purpose of the UNCRC will be discussed in the next section of this chapter.   The detail of Scottish child-focussed legislation and policy will also be examined including the following:

➢ Children and Young People (Scotland) Act 2014
➢ Getting it Right for Every Child (GIRFEC)
➢ The Promise
➢ Children's Hearings

While the overview above shows how children's rights feature strongly in rhetoric of the devolved Welsh and Scottish Governments, it is prudent to discuss here the specifics of how Wales and Scotland address children's rights in relation to legislation, policy and safeguarding. In addition, how the nations under scrutiny are being held to account in terms of rights and to ensure their policy reaches all children or if they are failing to deliver to the more vulnerable children in their societies.

Children's Rights and Child Focussed Policy

In his lectures on social class and citizenship, Marshall (& Bottomore, 1992) proposed that social rights are an integral part of a hierarchical society. Of the three categories of rights outlined by Marshall, civil, political and social rights, the latter, social rights, was the last to develop and, he argued, did so with the onset of the post war welfare state, health service, social security and security for those who were vulnerable (Marshall & Bottomore, 1992). While it can be argued that this progress did not see the end of inequality in the UK, it is certain that rights for children were established much later.

The United Nations Convention on the Rights of the Child (UNCRC) arose from the European Convention on Human Rights as a development of human rights specific to children's needs. This is not to say the later did not cover the needs of children, however the UNCRC offers a more comprehensive constitution in the protection of children's rights (Kilkenny, 1999).   The divergence began with a proposal from Poland in 1978 to the Human Rights Commission and a working party was formed the following year. The Convention was adopted by the United Nations General Assembly, published and open for signatures and ratification in November

1989 (Cantwell, 2011). The Convention is a collection of 54 Articles, 41 of which are substantive, pertaining to children's rights under three basic principles of participation, protection and provision (McMellon & Tisdall, 2020). The UNCRC has been ratified by all United Nation member states with the exception of the United States of America. Each member state which is signed up to the convention, must provide a state party report on their progress on implementing the provisions of the convention (Doek, 2011). While the state party is the UK and therefore accountable for the implementation of the provisions, most matters pertaining to the UNCRC are devolved to the individual nations (Williams, 2013). How the UNCRC came to be prominent in legislation and policy of Wales and Scotland will be examined later in this section. First, the role of duty bearers of children's rights will be briefly discussed.

Duty Bearers

Children Commissioner roles have been developed in countries as an independent children's rights institute to align with the UNCRC and each country is observed on such establishments in their state party reports. Such roles were developed in UK policy following devolution (Rees & Williams, 2016). The role of the children's commissioner in Wales is to safeguard and promote the rights and welfare of Welsh children while having due regard to the UNCRC (Butler & Drakeford, 2013).   The Welsh Children's Commissioner role was created as part of the Care Standards Act 2000 in response to the first recommendation of the Waterhouse Inquiry into historic abuse in children's care homes across North Wales. The duties of the commissioner were originally proposed to relate to children and young people in care. However, these powers were extended to all children and young people on devolved matters (and some limited powers on non-devolved issues) as part of the Children's Commissioner for Wales Act 2001 (Thomas et al., 2010).

Scotland's Commissioner for Children and Young People was established in 2004 as part of the Children and Young People (Scotland) Act 2003. While they have similar powers to the Welsh Commissioner, they initially did not have the authority to interfere in individual cases (Thomas et al., 2010). However, this was amended through legislation passed in 2014. The Scottish Commissioner has the power to investigate how service providers adhere to the rights and views of children (Rees &

Williams, 2016). The child-focussed legislation and policy of Wales and then of Scotland will now be examined.

Policy in Wales

In 2004 the National Assembly for Wales voted to reflect the United Nations Convention on the Rights of the Child (UNCRC) in all child-focussed policy (NAW, 2004). Following this, the Welsh Government published the report, *Rights to Action*, which took the principles of the UNCRC and translated them into a framework for Welsh policy by creating seven core aims (Butler & Drakeford, 2013). The purpose of these aims was to ensure that the children and young people of Wales should:

- Have a flying start in life
- Have a comprehensive range of education and learning opportunities
- Enjoy the best possible health and are free from abuse, victimisation and exploitation
- Have access to play, leisure, sporting and cultural activities
- Are listened to, treated with respect and have their race and cultural identity recognised
- Have a safe home and a community which supports physical and emotional well-being
- Are not disadvantaged by poverty

(Butler & Drakeford, 2013, p. 13)

It is claimed that these seven principles lay the framework for all child focussed policy and legislation in Wales (Sullivan & Jones, 2013). How they measure up in the current child care system is examined later in the *Discussion Chapter*. Using a collective and active citizenship framework, it is argued that Welsh Government allow the policies they build to be shaped by those who are affected the most by those policies. Where child-focussed policies are concerned, this participation can be seen in the creation of the Youth Parliament (ibid.).

The first Youth Parliament in Wales was set up following a United Nations recommendation that the children of Wales should have a voice in policy issues that affect them. Following on from this the second Welsh Youth Parliament was established and held its first meeting in February 2022 where they chose their issues to address for the two-year term ahead of them (Senedd Research, 2022). The

parliament contains 60 members aged between 11 and 17 years old, 40 of which are elected members. Their current issues to address include the education curriculum, mental health and well-being and climate and the environment (Welsh Youth Parliament, 2024). It is unclear if the youth parliament contains representatives from the care community or other vulnerable children such as those with Additional Learning Needs (ALN), the disabled community or disadvantaged communities who are vulnerable to poverty. The next part of this chapter will examine a selection of youth specific policies introduced by the Welsh Government with the intention of placing children's rights at their heart.

➢ Extending Entitlement (2000)

The first child focussed policy produced by the Welsh Government, post devolution was Extending Entitlement. This policy, based on the idea of universal entitlement, lists 10 rights to support services and opportunities for young people aged between 11 and 25 years old. The Welsh Government claim its purpose was to create a national framework to support young people in Wales (NAW, 2000). While discussing the extended age range of this policy up to the age of 25 years, Williams (2013) rightly argues that the vulnerabilities faced by young people do not vanish once they become adults. The 10 entitlements listed in the policy document are:

- Education, training and work experience – Tailored to their needs
- Basic skills which to open doors to a full life and promote social inclusion
- A wide and varied range of opportunities to participate in volunteering and active citizenship
- High quality, responsive and accessible services and facilities
- Independent, specialist career advice and guidance and student support and counselling services
- Personal support and advice – when and where needed and in appropriate formats – with clear ground rules on confidentiality
- Advice on health, housing benefits and other issues provided in accessible and welcome settings.
- Recreational and social opportunities in a safe and accessible environment

- Sporting, artistic, musical and outdoor experiences to develop talent, broaden horizons and promote rounded perspective including both national and international contexts

- The right to be consulted, to participate in decision-making, and to be heard, on all matters which concern them or have an impact on their lives

(Case, Clutton & Haines, 2005, p. 189)

While discussing this ambitious policy, Tyrie (2013) argues that it is unique in Wales as it gives clear measurability on which to hold the Welsh Government to account. Yet over 20 years on, it is unclear if they are being held to account by specific bodies or scrutinised by children themselves. The Children and Young People: A framework for partnership (2000) was published shortly after to give clarification over the funding and the planning at a local level, which was promised as part of the Extending Entitlement policy. The framework further committed to using the UNCRC as a base and recognising children and young people as active citizens of society (Butler & Drakeford, 2013). In these policies, the ideals of the *Clear Red Water* approach, discussed above, can be seen with the promise of children having unconditional and universal rights as part of their citizenship of Wales (Butler & Drakeford, 2013). However, a review of the Extended Entitlement policy released in 2018 states that instead of focusing on *opportunity* for young people, the youth services that have been developed are *problem orientated*. The report states that this has further alienated young people and in some cases labelled them by providing a targeted solution instead of a universal one (Welsh Government, 2018). This further separates vulnerable children, who have disadvantages, from mainstream children creating a system that is anything but universal. The rhetoric of rights-based child-focussed policy continued with the Rights of Children and Young Persons (Wales) Measure 2011.

➢ The Rights of Children and Young Persons (Wales) Measure 2011

This measure places an obligation on Welsh Ministers to have due regard to articles of the UNCRC while carrying out their functions (Fitzpatrick, 2013). Originally proposed to be legislation in which the rights of children were extended in ways which were consistent with the UNCRC, resistance from senior civil servants and

some departmental Ministers coupled with the retirement of Wales First Minister, Rhodri Morgan, saw the proposal change to Ministers having due regard to 'relevant decisions'. In March 2011, legal intervention from NGO's, lawyers and high-ranking ministers, saw the strong pervasive measure originally proposed put in place (Sullivan & Jones, 2013). This measure is historically important as it was the first legislation in the UK to give effect to the UNCRC through enactment, promotion and accountability (Williams, 2013). The measure also placed a requirement on local authorities to ensure that children could participate in decisions affecting them (Williams, 2022). As with earlier policy, the Welsh Government are attempting to ensure that participation is a key element in this measure.

The term 'due regard' relates to ministers having respect for the UNCRC in the creation of child focussed policy and legislation. While this is not a total regard and therefore not a full embrace of the Articles in the UNCRC, it is argued that by giving due regard they should give reasonable and appropriate consideration to them (Wiener, 2021). Having due regard in relation to policy making should ensure that provisions become part of the statutory criteria used by ministers during decision making. Evidence of substance of such due regard must be present to ensure that they were informed and aware of those Articles within the UNCRC throughout the decision-making process. However, it does not hold in law the same as the Human Rights Act (1998) meaning an individual cannot claim against the Welsh Government for a violation of their rights (Williams, 2013). Claims by the Welsh Government state that this policy has been the cornerstone for all child-focussed policy developed in Wales since its publication (Welsh Government, 2022). While there are few policies that relate specifically to the children in this study, one of the significant areas of child-focussed policy development relative to care experienced children is the Social Services and Well-Being (Wales) Act 2014.

➢ The Social Services and Well-being (Wales) Act 2014

In an attempt to modernise and bring together social services law in Wales, the Welsh Government created the Social Services and Well-being (Wales) Act (2014). The purpose of the act is to place duties on those who work within government run systems that provide services for those who need care and support. Part 6, section

43 of this act states that life story work is crucial in helping children with care experience understand their identity (Welsh Government, 2018a). Life story work is a process whereby a care experienced child or young person can talk through their lives with a social worker or a key worker in a supported environment in order to make sense of where they are in life. It can involve their care records, photographs and letters from their birth family. In some cases, this can then be made into a life story book that the child can keep (Ryan & Walker, 2007; Rose & Philpot, 2006).

In a review of the act, Llewellyn, Verity and Wallace (2022) found, inter alia, the Welsh Governments application and measurement of well-being needs refining. The term is too large and unwieldy to apply in specific terms. In addition, they found issues with co-production in social services, such as power-sharing in services for the vulnerable and the dominance of managerial approaches which work in conflict with co-production. They state there is a concern that a good level of provision for service users across Wales is inconsistent and that children and young people require trusting relationships and quality information in their dealings with social services and youth justice services which many are not receiving. Many other concerns with children and young people were found including long waits for mental health and behavioural support and a feeling of being passed between departments (Llewellyn, et al., 2022).

> *A child looked after social worker I know has something like 52 cases and they were in court and how do you how do you manage it?*
>
> Karen (professional)

While the Welsh Government appear to be failing to reach the potential they have promised the children and young people of Wales, they continue to attempt to put the needs of children first with policy designed to ensure that whatever situation a child finds themselves in, they are first and foremost treated as children. This can be seen in their *Child First* approach.

➢ Child First

The rights-based method in Wales is coupled with a child-first approach when dealing with children and young people who find themselves in conflict with law. Here, the needs and vulnerabilities of children should be recognised along with external influences and social structures that may have shaped their choices including poverty, trauma, deprivation and poor housing (Case & Haines, 2021; Haines & Case, 2015). The structure versus agency debate can be seen clearly in this strategy through the recognition of external factors leading to criminogenic behaviour. This approach was brought into policy rhetoric in the All Wales Youth Offending Strategy (AWYOS) (2004). The AWYOS's principles are children in the youth justice system should be treated as *children first and offenders second* and custody of children should be a last resort as supported by the UNCRC (Butler & Drakeford, 2013). Its holistic approach, since shortened to *child first* to avoid labelling and therefore stigma, looks to the wider need of the child in the youth justice system in a social context and solutions that include collaboration and participation (Marshall, 2023).

The Youth Justice Board (YJB) for England and Wales was created as the devolved nations were beginning to develop their governments and at the time of writing has been in place for 26 years. Through this time, it has evolved to meet the changing needs of vulnerable children, including the child first approach, while working to its core aim of preventing children from offending. The child first approach was adopted by the YJB in England and Wales in 2019 (Ministry of Justice, 2019) and guidance on the child first approach and how professionals should apply it was release in 2022. The guidance acknowledges that the child first approach has developed over decades using evidence-based research as the platform on which the approach is built. It details the child first principle using four tenets which underpin the approach. These are detailed as:

- Recognising individual needs of children
- Building their pro-social identity (non-offending)
- Promoting active child participation
- Collaboration and diversion from stigma that comes with criminalising children

As with most policy discussed in this review, the YJB's approach seems to be large on idealism and small in delivery. Day (2023) argues that despite the child first rhetoric from the YJB, there is a resistance from front line practitioners to move away from the risk-based system used by the youth justice system since its inception, to a desistance-based child first approach. She continues to critique the application of the approach stating the localised way youth justice teams work leaves differing practices across Wales and England including those steeped in the traditional risk-based systems (ibid.).

The Welsh Government states that this child first approach, is central to the Youth Justice Blueprint for Wales, discussed below, developed to incorporate child first and rights-based practices into youth justice systems in Wales (Glendinning, Rodriguez, Newbury & Wilmot, 2021).

➢ Youth Justice Blueprint for Wales

The blueprint, released in 2019, sets out a rights-based trauma informed system to tackle youth offending through prevention, diversion and addressing Adverse Childhood Experiences (ACE's) through Enhanced Case Management (ECM) and the child first approach (Welsh Government, 2019). Welsh Government claim that this policy was written with a commitment to children's rights in Wales and its whole system approach takes into account relevant Articles of the UNCRC in designing a youth justice system for Wales (Welsh Government, 2019).

A review of the use of ECM using a trauma informed framework, published by Bangor University, recognised positive results from this approach when adequate training was provided to youth key workers. However, it also suggested more work is required by the government to ensure child first and trauma informed approaches are firmly embedded into the Welsh youth justice system (Glendinning, et.al., 2021). Phase one of a report by Opinion Research Services (2023) evaluating the ECM approach suggested in the blueprint, outlines evidence of the positive impact of ECM teams on outcomes for children including better matching placements for care experienced children, improved mental health linked to better accommodation and improved familial and carer relationships and improved emotional well-being and

development. It also stated that investments were needed into permanent contracts for psychologists as their consistent role, along with the buy-in of senior staff, were vital to the success of ECM (ibid.).

As the blueprint is a trauma informed system, the importance of the impact of trauma on children, now labelled Adverse Childhood Experiences (ACEs) is an important area to discuss. It is argued that incidents of ACEs in childhood can lead to chronic health conditions in later life and health risk behaviours along with the increased likelihood of committing violent acts and being imprisoned. ACEs are a phenomenon that is recognised more widely in recent years and therefore a topic that needs to be addressed. Negative outcomes for children from a care setting can lead to those children failing to reach the potential of those from family homes (Clark et al., 2017) while experiencing social exclusion and limited social mobility (Allnatt, 2019).   However, not all harms experienced by children who are looked after happen in a care setting as those in a domestic setting can also experience family challenges. A report by the Welsh Government (2021) states that 65% of children moving from a domestic setting to care in 2019/2020, did so due to abuse or neglect. In addition, 23% came from 'dysfunctional' homes or those with acute family stress, all of which are recognised ACEs.

Reports indicate that ACEs, while mostly chronic, can vary in severity and cause harm to children that can be long lasting. ACEs encompass not only harmful acts that occur to children but also negative social and familial influences on a child where they may be exposed to harmful environments including violence and addictions (Kalmakis & Chandler, 2013). Public Health Wales (2015) claim that 16% of all Welsh children experience domestic violence at home, 14% experience parental alcohol abuse and 5% parental drug use. The Scottish Health Report showed that 19% of children were living with at least one parent who displayed signs of hazardous or harmful drinking behaviours (Scottish Government, 2020). Such exposure can have derogatory consequences on children increasing their risk of harm and in some cases, criminalisation. Surveys show most young people in the UK start drinking alcohol at fourteen or fifteen years old and a quarter of young boys start drinking at nine or ten years (Hopkins Burke, 2016). Statistics of those referred for treatment for problematic drug and alcohol use in Wales from spring 2018 to 2019

show a total of 1793 referrals of Welsh youths aged between ten and nineteen years with five additional referrals under ten years of age (Welsh Government, 2019c). It is understood that alcohol is connected to one million crimes committed every year in the UK (Alcohol Health Alliance, 2017) and offenders who use heroin, crack or cocaine commit five to ten times more crimes than offenders who do not use drugs and those who do, are responsible for half of all acquisitive crimes (Bennett & Holloway, 2004).

Research into ACEs also demonstrate the link to mental health disorders highlighting the affect abuse and neglect can have on the development of social areas of a child's mind. Such events can impact the attachment and bonding development of a child which in turn affects their perception of the world, their place in it and limits their development of future relationships (Skett & Lewis, 2019). Public Health Wales (2015) claim that 47% of Welsh adults have experience of at least one ACE during their childhood while 14% have experience of four or more. The Scottish Health Report stated that 15% of Scottish adults have the same experience (Scottish Government, 2020). In addition, exposure to ACEs can increase the likelihood of involvement in drug and alcohol use, violence, incarceration and unintended pregnancies (Skett & Lewis, 2019). ACE's can therefore impact individuals physically, mentally and behaviourally (Boullier & Blair, 2018; Fox, Perez, Cass, Baglivio & Epps, 2015; Reavis, Looman, Franco & Rojas, 2013; Welsh Government, 2019). While ACEs are not problems that face care experienced children only, there is a large amount of trauma within that cohort. It is hoped that by addressing ACE's and breaking the cycle of trauma, the care experienced children of Wales will benefit. The last two Welsh policy areas looked at in this review directly concern the care system in Wales. The first regards removing a policy introduced by the Welsh Government, *Removing Profit from Care*, and the second regards piloting a new policy, the *Basic Income Pilot*.

➤ Removing Profit from Care

Before moving on to Scottish policy and legislation, it is important to discuss contemporary plans the Welsh Government have that will impact children with care experience. Firstly, it is the intention of the Welsh Government to remove profit

organisations from the care system and move to a not-for-profit model. This process began in 2022 with consultation on legislation. The government claim by moving to a not-for-profit model, money can be reinvested into children's services to support professional development of the workforce and better outcomes. However, the Welsh Government state they are not going to replace services like for like but reshape the provision on offer for young people. They propose to make legislative changes to this effect through The Health and Social Care Wales (Bill) which at the time of writing was at stage three of passage through the Senedd. The not-for-profit restrictions will apply to children's care homes, secure accommodation and fostering services (Welsh Government, 2024).

A concerning statement in the most recent briefing paper regarding the bill centres around costs. The Welsh Government state that a successful introduction of this programme will save costs in the region of hundreds of millions of pounds (Welsh Government, 2024). There is no mention of ensuring this saving is ring-fenced and reinvested back into the care system for vulnerable children. This could result in reduced or shortage of services for those in care in a system that is already struggling to cope with increasing numbers.

➢ Basic income pilot

July 2022 saw the introduction of the Basic Income for Care Leavers in Wales pilot scheme. It was available for those leaving care and turning 18 between 1 July 2022 and 30 June 2023. This provides those young people a taxable payment of £1,600 a month, should they be eligible and should they choose to participate. This monthly payment will last for two years (Welsh Government, 2023). It is worth noting that the pilot on offer is a monetary one only. The Welsh Government (2023) state that should recipients of the basic income pilot require additional support, they can contact Citizens Advice Cymru for financial advice and signposting. In addition, the pilot has an end date of May 2025 and a review of the scheme, run by the Children's Social Care Research and Development Centre (CASCADE) will continue until 2027 (Welsh Government, 2024b). Currently there is no evidence to show the Welsh Government are committing to a continuation of the pilot. Many basic income schemes have been piloted across the world including USA, Canada, Brazil, Iran and India. Closer to the

UK, The Netherlands, Finland and Spain ran small pilots in 2017, and Germany ran pilots in 2014 and another 2019. All have produced positive results in terms of health and well-being. The onset of the Covid-19 pandemic saw most of the recent pilots switch over to recovery payments and some ended with a change of government (Standing, 2021).

Regardless of legislation and policy written since devolution with consideration to children's rights and assisting those with care experience, as those debated above, there are still issues in Wales where inequalities prevent some children from experiencing the seven core aims set out by the Welsh Government. Williams (2022) supports this by pointing out statistics on equality and welfare of the children in Wales and argues that there has been no significant improvement in the 20 years since devolution.

This would have been around the time of 'every child matters' and stuff, but then, I don't feel like I did matter.

Parker (adult)

Despite children's rights being a high priority for the Welsh Government since devolution, they are still not fully embedded in law. The latest Concluding Observation report from the United Nations Committee on the Rights of the Child published in June 2023, give several urgent recommendations. The recommendations are plentiful and contain areas such as, investing in measures to reduce children in alternative care, a review of children's social care, reduce multiple placements while in care and ensuring children are heard on issues concerning their placements (United Nations, 2023). These issues are at the very root of this study as voiced by those who participated in it and show areas where the Welsh Government is failing some of its most vulnerable children. Disparities in the seven core aims, such as child poverty and the rates of children looked after in Wales, will be examined more closely later in this chapter. First, the child-focussed policies of Scotland will be analysed.

Policy in Scotland

Scotland took an early approach with children's rights embedding several articles from the UNCRC into law. Yet this approach was seen as inconsistent with definitions and interpretations differing across Scotland depending on the availability of resources (Dumbleton & McPhail, 2012). Scotland took affirmative action with the UNCRC (Incorporation) (Scotland) Act 2024. This embeds the UNCRC and all its articles into Scot's law (Scottish Government, 2024). The Government, while protecting and fulfilling children's rights, state:

> These include the right to be treated fairly, to be heard and to be as healthy as possible

(Scottish Government, 2024, para 3.1)

While this contemporary piece of legislation is historic in its making, there has been previous Scottish policy and legislation since devolution that covers the rights and obligations within the UNCRC. The next section will highlight some of those beginning with the Children and Young People (Scotland) Act 2014)

➢ Children and Young People (Scotland) Act 2014

This act includes, inter alia, the rights of children, aftercare and an assessment of well-being. Within this act, local authorities and health boards must report on their progress on a three-year period, to embed the UNCRC into their (Scottish Government, 2024). Two important areas to cover within this act are Getting it Right for Every Child (GIRFEC) and support for care experienced and care leavers (Maclean & Shiner, 2018). GIRFEC is discussed in more detail in the next section. With regard to care experienced children and young people, the Children and Young People (Scotland) Act make several clarifications. The first defines corporate parenting and lists those organisations responsible for this role. Secondly the role of kinship carer and the support available to them is defined. Finally, the act defines some terms commonly used within the care system such as aftercare, care leaver, continuing care and throughcare. Within these clarifications, it is made clear that it is the responsibility of the corporate parent to ensure support is available to care experienced young people as they transition from children to young people and into adulthood (Maclean & Shiner, 2018).

➢ Getting it Right for Every Child (GIRFEC)

This policy is Scottish Government's central pillar to supporting children and young people where they give a commitment to provide all children and their families the correct support at the correct time (Maclean & Shiner, 2018). They claim that GIFREC principles are based on Children's rights, promote well-being through a National Practice Model and aim to identify a lead professional who can be the child's named person for clear contact in all things (Scottish Government, 2013). The GIRFEC implementation plan was first published in 2006 and tested by pathfinders. It was updated in 2012 and again in 2022 (Scottish Government, 2023). The policy has defined how it will measure well-being of children and young people of Scotland. These indicators are sometime referred to by their acronym SHANARRI, the indicators are:

Safe	Protected from abuse and neglect
Healthy	Including physical, emotional and mental health
Achieving	Learning and confidence
Nurtured	At home or a care setting
Active	Access to play, recreation and sport
Respected	To be heard and involved in decision making
Responsible	Active and responsible roles in school and communities
Included	Overcome social, educational, physical and economic inequalities

Some critics argue that the scope of well-being in this policy is too wide and difficult to assess (Coles, Cheyne, Rankin, & Daniel, 2016). Wales have the same criticism with the inclusion of *well-being* in their legislation. There is also concern over the named person strategy from some parties due to information sharing concerns. The argument presented, states the scheme would undermine parents and allow the state to interfere within the lives of families (Maclean & Shiner, 2018). This pushback saw the creation of petitions and legal challenges and the removal of the named person strategy in 2019 from the Act without it being implemented. The challenges concerned infringement of data protection laws and Article 8 of the European Convention of Human Rights (ECHR).

Later critique stated this scheme was incompatible with Article 5 of the UNCRC as application of the named person scheme would mean the state interfering with the responsibilities, rights and duties of parents or those legally responsible for the child (Black, 2020).   This Act, and the subsequent removal of parts of it, shows the difficulty of providing holistic child services to all children as a *one size fits all* approach. Such approaches and why they do not suit children are discussed in the *Findings and Discussion Chapters*. The next section outlines policy specific to children with care experience published following a review of the care system.

➢ The Promise

The Promise, an independent care review published in 2021, recommended an independent review and redesign of the children's hearing system (Scottish Government, 2023a). The Promise reads as:

> Scotland made a promise to care experienced children and young people: You will grow up loved, safe and respected.

(The Promise, 2024, para 1).

The Promise Scotland and The Promise Oversight Board, support and claim to hold to account organisations throughout Scotland that are tasked with keeping The Promise to the children and young people of Scotland (Scottish Government, 2023a). The published care review suggests that Scotland needs to support families to stay together and understand the trauma caused to care experienced children by not having stable homes and loving familial relationships. The Promise list five cornerstones on which a new care system must be built. These are:

Voice	Children must be listened to and involved decision making
Family	Where possible, children must stay in their families and supported
Care	Where the above is not possible siblings should be kept together when safe and be given a loving home for as long as is needed
People	Support must be given to the carer and the child to develop relationships
Scaffolding	Help, support and accountability, must be there for children, their families and the workforce that support them

One of the conclusions of the report was the need to provide therapeutic care for children facing secure care in Scotland with a move towards secure care instead of young offender's institutes (The Promise, 2024). This was progressed as part of the Children (Care and Justice) (Scotland) Act 2024 where the detention of children in Young Offender Institutions (YOIs) and prisons was made illegal.

While The Promise looks to the professional workforce to support the children in their care in a natural and relational way, some worry how to balance that relationship. Woodier (2023) states that this type of interaction is at odds with a teacher's code of professionalism which states that they must avoid becoming personally involved with a child's affairs. The review that was called for in The Promise was carried out and concluded with another report that detailed recommended changes to the children's hearing system.

➤ Children's Hearings

A report following on from The Promise called 'Hearings for Children', was published in 2023 following a 20-month review of the children's hearing system (Scottish Government, 2023a). The finding of the report supports the five cornerstone points of The Promise. There are 14 outcomes from the report with the last laying out how the recommendations will be implemented. The first 13 are laid out briefly below:

1. A system that allows access to family support, mental health and other well-being services to all children, for as long as is needed, by happy and skilled social workers and key workers with time
2. A children's hearing with an inquisitorial, rather than adversarial approach
3. Engagement with the Children's Report must be at the right time working closely with the workforce and the children and families
4. Advocacy support and legal advice should be offered as soon as possible
5. A child and family friendly way to establish grounds for panel
6. Professionalise the role of panel members
7. Trained panel members and a consistent and familiar chair
8. Robust planning prior to hearings that are flexible and tailored

9. Ensuring children's and their families voices are heard and included in decisions

10. Clarity over roles at a Children's Hearing

11. Closer relationships between families, orders and help and support for the families

12. Oversight, enforcement and accountability on children's orders

13. Accountability of the Children's Hearing System

<div align="right">(Hearings for Children, 2023).</div>

The Scottish Government has responded to this report in a positive manner. They confirm that changes have already commenced and will continue at pace. However, they also recognise that this improvement of the current Children's Hearing System will take time to develop (Scottish Government, 2023b). Many of the changes recommended are issues that the participants of the study underpinning this thesis have experienced through their time in care. While it appears that Scotland are taking the harms of children with care experience seriously, further research would be required to understand if these recommendations remain a priority to the Scottish Government and are enough to lessen the harms to Scottish children.

While this policy section details just some of the post devolution changes affecting the children of Wales and Scotland, it underlines how complex legislation and policy regarding children can be. The following section highlights this issue further by detailing tensions in legislation concerning children.

Tensions in Society and Law Regarding Children

There are many tensions in child-focussed policy and legislation that can confuse front-line workers and professionals as well as the children they are designed to protect. This section details some of those tensions and contradictions that can make the lives of anyone trying to navigate childhood more difficult. It includes critique of the UNCRC and rights-based policy in general as well as the minimum age of criminal responsibility and the Gillick principle.

The United Nation Convention on the Rights of the Child, Article 12 the 'right to be heard' declares the following:

- States Parties shall assure to the child who is capable of forming his or her own views the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child.
- For this purpose, the child shall in particular be provided the opportunity to be heard in any judicial and administrative proceedings affecting the child, either directly, or through a representative or an appropriate body, in a manner consistent with the procedural rules of national law.

(UNICEF, 2021, p. 5)

Daly (2017) argues that the vagueness of Article 12 in giving each child a weighting allows the courts to remove a child's autonomy in the 'best interest' of the child. She continues to argue that while the best interest principle is an important pillar of child focussed proceedings, which ensure the child's needs is at the heart of any decision, Article 12 or the right to be heard, does not go far enough to ensure the autonomy of children is respected throughout the best interest principle (Daly, 2017). There are further contradictions in the heart of the UNCRC itself. Article 3.1 states that the best interests of the child must be the primary concern while Article 12.1 states a child who can express their views can do so and those views must be given due weight in any decisions (Archard & Skivnes, 2009).

As the literature shows, children appear heavily in policy and legislation of the devolved nations of Wales and Scotland. Tyrie (2013) argues that such child focussed, rights-based policy, combined with the Equality Act (2010) and devolved powers means that the children of Wales (and it could be argued Scotland also) should gain advantage from enhanced access to their rights (ibid.). Yet the complexities and contradictions of how children are treated in society are plentiful. Even the rights of children in society and law has its complications.

The UNCRC describes all those under 18 years of age as children, in relation to the text of the convention. As stated above, it also insists on the rights of those children to be heard, and the views they have are to be weighted in line with their age and maturity (UNICEF, 2021). They are to be heard but they are not self-governing. In court proceedings involving children, those under 18 have decisions made about them to 'protect' them. It could be argued that they are treated in such cases as

incompetent (Daly, 2017). However, the legal Minimum Age of Criminal Responsibility (MACR) in England and Wales is ten years old (Fitz-Gibbon, 2016). In Scotland, it was raised from eight years old to twelve years old in 2019 (McAra & McVie, 2023). It is a challenging concept that children considered old enough to be held accountable for their actions in law, are not able to make an autonomous decision about their lives within law. The Government of Wales claim that children are full citizens in Wales not adults in waiting nor a genus of citizen. It has been argued children have full participation rights to public services provided by the Welsh Government such as education and social services and should therefore be treated as full citizens (NAW, 2011). In Scotland, the devolved Government encourage children to contribute to discussions where decisions will be made that affect them and view children as social actors who should be respected (Tisdall & Davis, 2015).

The contradiction of this is seen clearly in court proceedings that involve children. Judges can override the wishes of children in court proceedings if it is viewed in the child's 'best interest'. The Gillick case is worth mentioning at this juncture. The outcome of a legal case between a parent and the local health authority in 1986 ruled that a child, rather than their parents, has the right to make their own decision about a matter which would affect them if their understanding and intelligence were sufficient. This judgement became known as the Gillick-competent test which has since been applied in courts where a court must decide between the wishes of a child and an adult, be they parents or professionals (Gillick v West Norfolk and Wisbech A.H.A. [1986] AC 112). Following this landmark case, the principle of Gillick was incorporated into law through the Children's act 1989. Yet this type of children's autonomy is applied at the discretion of the court (Perera, 2009). For example, in re R. (A Minor) (Wardship: Consent to Treatment) [1991] 3 WLR 592, a 15 year old girl placed under a care order did not want to receive medicated treatment for depression but was forced to take it following a court hearing where it was deemed she lacked capacity (Douglas, 1992). Bell (1993) argues that the Gillick-competent test is not a strong enough protection for children to be autonomous in their lives. Daly (2017) argues that while all adults have complete autonomy, children have none. Tisdall and Davis (2015) continue to point out contradictions in the way children are viewed by society and more importantly governments. When

commenting on a report that attempts to clarify the importance of children's rights, the Scottish Government switch between a traditional protection stance for children and one which supports them as people in their own right who must be heard regardless of age (ibid.).

Although children's rights in Scotland are secured in law, and due regard is paid to them through legislation and policy in Wales, such legislation is no guarantee that those rights will be equally applied or lead to equal outcomes. Fitzpatrick (2013) discusses the symbiotic relationship between rights and obligations.   He argues that the legal rights afforded to young human beings would be meaningless without a basic obligation by humans to others as human beings. Therefore, even if those obligations cannot be viewed by some, through lack of education, disability or social exclusion it should not reduce the obligation towards them. He continues that obligations must exist before rights. These obligations are not based in law and can therefore not alter or change. He concludes that by obligations transcending law, moral contracts of justice and equality exist which creates a social contract containing a minimum threshold of living. Rights become the outcome of that social contract and will for social justice (Fitzpatrick, 2013). The next section will look at areas where social contracts can be tested and shows how the Welsh and Scottish Governments are failing the children of their nations.

Child Poverty

The idea of a social contract and the obligations in place to ensure fair rights and equality can be tested when looking at inequalities throughout Wales and Scotland such as high levels of child poverty[1].

In the *Rights to Action* document published by the Welsh Government in 2004, one of the seven core aims was for the children of Wales not to be disadvantaged by poverty (Butler & Drakeford, 2013). The Children and Families (Wales) Measure (2010) was introduced by Welsh Government, inter alia to eradicate child poverty. A report released by Children in Wales 13 years after the publication of the measure, show that very little has changed in this time with many children in Wales living in poverty and therefore being denied their rights (McFarlane, 2023). In addition, the

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[1] All figures stated in this section are after housing costs

annual report from the Welsh Government (2022a) states that in the financial years ending 2018 to 2020, 31% of children in Wales were living in relative income poverty. As a comparison, the figures for England for the same time period are 30%. It is important to note that these figures cover a period that was affected by a pandemic, a fuel crisis and the UK exiting from the European Union. However, figures from the report published in 2019 show that 29% of Welsh children were living in relative poverty, with a figure of 28% for the 3-year period before (Welsh Government, 2019a) indicating child poverty was already rising before the pandemic and the fuel crisis. The following chart, *Figure 1*., shows how children compare with other groups over a 20-year period in Wales indicating they have the highest percentage of all groups:
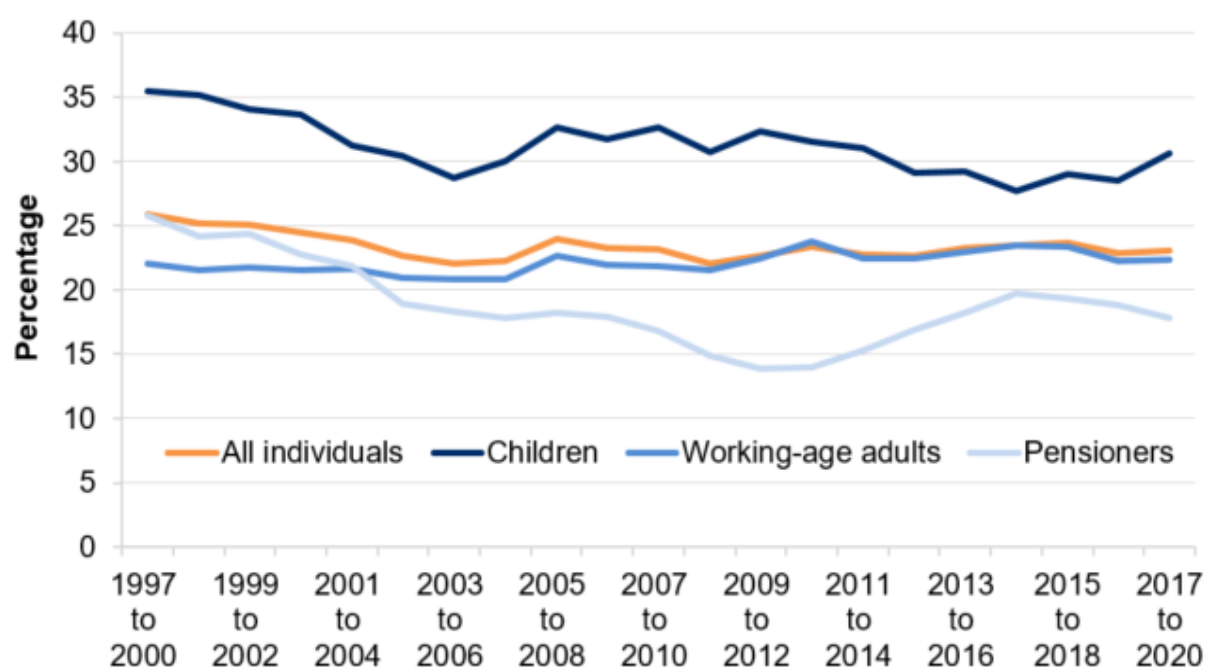
Source: Households Below Average Income, Department for Work and Pensions

Figure 1: Percentage of each age group in Wales living in relative income poverty, three-financial-year averages, 1997 to 2020 (Welsh Government, 2022a)

Despite these figures, ministers of the Welsh Government repeatedly claim that children and children's rights are at the heart of Welsh strategy and tackling child poverty remains a priority (Welsh Government, 2020).

The Scottish Government published their child poverty progress report in June 2023. Their figures over the same time period show that 24% of Scottish children are living in relative income poverty. While these figures are some of the

lowest in the UK, the Scottish Government are still planning to reduce these numbers to a target of 10% (Scottish Government, 2023c). The chart below, *Figure 2.*, states their progress and target figures:
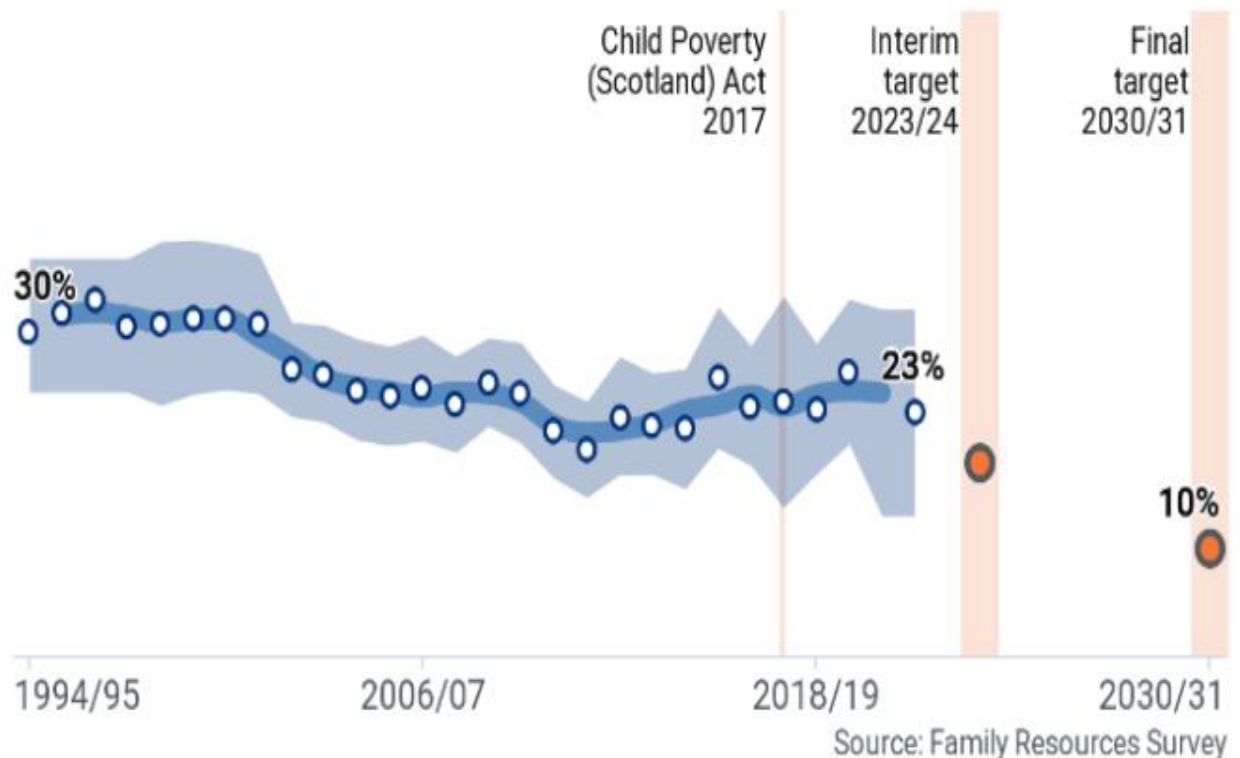
Figure 2: Percentage of children in Scotland living in relative income poverty actuals and targets, three financial year averages, 1994 to 2030 (Scottish Government, 2023c)

Scotland produce a yearly report on their progress to address child poverty under the policy of Tackling Child Poverty Delivery Plan: Best Start, Bright Futures. Their recent report suggests they have reached 40% of the goals set out in the original policy (Scottish Government, 2023c). One of these is a Scottish Child Payment plan. Originally set at £10 a week for all children under six years old in February 2021, the scheme has been extended and increased to £25 a week for all children under 16 years old in November 2022 (Scottish Government, 2022).

Tackling Child Poverty?

Childhood poverty can increase the risk of poor health and premature death. Children from poor areas have a lower life expectancy, lower educational attainment and lower long term earnings moving their deprivation into adulthood (Mack, 2017).

The Welsh Government and Scottish Government have caveats at the start of their report warning of poverty issues caused by a pandemic, a fuel crisis and a cost of living crisis. Another similarity in their reports is a reference to the UK Government. Both nations state their actions to tackle poverty would be more productive with the support of the UK Government (Scottish Government, 2023c, Welsh Government, 2022a). The below chart, *Figure 3.*, shows the relative child poverty figures for each UK nation showing the poverty figures beginning to increase since 2010 (Wesh Government, 2022a):
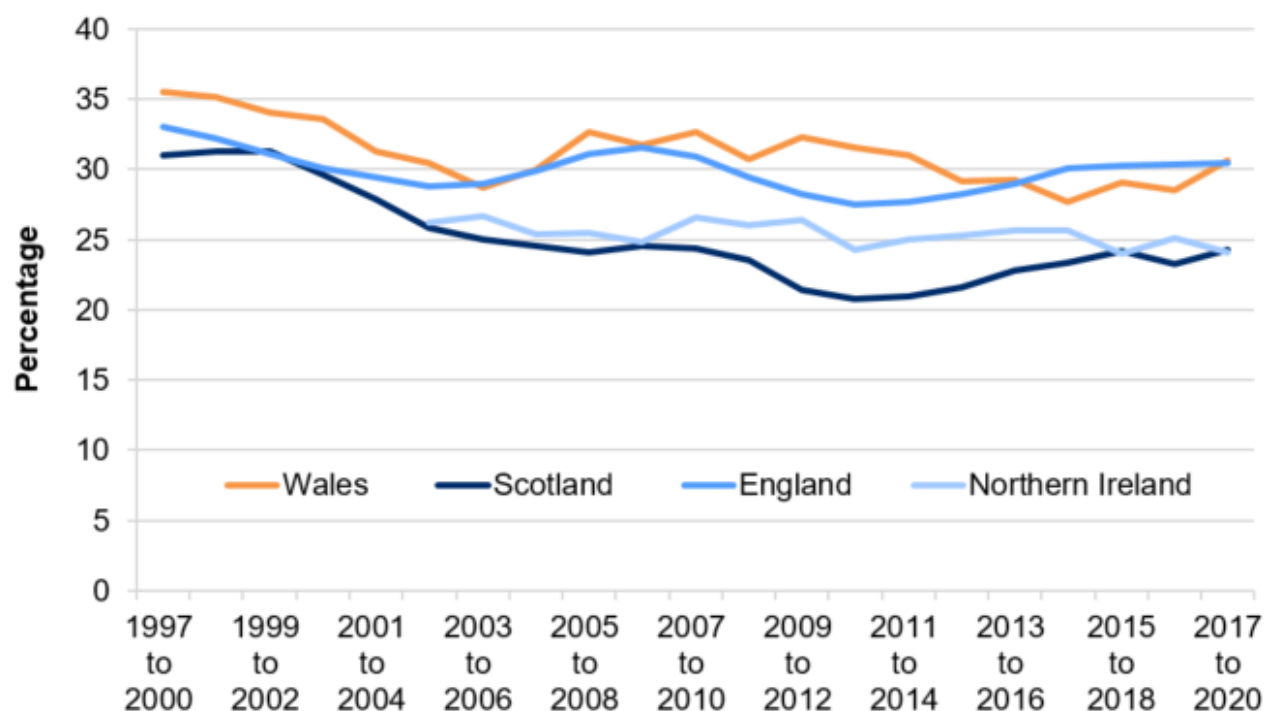
Source: Households Below Average Income, Department for Work and Pensions

Figure 3: Percentage of children in UK country living in relative income poverty, three financial year averages, 1997 to 2010 (Welsh Government, 2022a)

It could be argued from this chart, that the change in UK government from a Labour Government to a Conservative/Liberal Democrat coalition of 2010 and the start of austerity policies, had an impact on child poverty figures. This period of fiscal discipline saw large and sustained cuts to public spending to reduce public debt which disproportionately affected working class families and communities (Cooper & Whyte, 2017). Such cuts included household benefit tax, the bedroom tax and limitations to child tax credit all of which affected households with children and single

parent families the most (Mack, 2017). The austerity measures were targeted by the United Nations in their 2016 progress report on the Rights of the Child. They stated that the austerity measures introduced disproportionately affected children from disadvantaged backgrounds and that high child poverty rates were a serious concern (ibid.).

If examining the needs of children against a hierarchy of needs (Maslow, 1943) it becomes clear that some of the seven aims of child focussed policy created in Wales (Butler & Drakeford, 2013) and the SHANARRI aims set out in the Getting it Right for Every Child (GIRFEC) policy in Scotland set out earlier in this chapter, are easier to access for some children than others. Although poverty can have a detrimental impact on the way children live and experience their rights and benefits set out by their government, there is also a concern of increasing numbers of Welsh children subjected to care orders (Elliot, 2019). While the figures of Scottish children in the care system have dropped by 24% since 2012-13, children looked after in the home instead of in a placement of any kind has also decreased meaning more Scottish children are placed away from the family home (Scottish Government, 2024a). The next section will look at care experience in both nations.

Children in Care

When discussing *care experienced children* there are many terms that are used throughout governmental and practice frameworks. Care experienced, children looked after, care leavers, corporate parent, foster parent, kinship care and guardianship. While they are all everyday terms, there are legal meanings behind them. What can make the world of care more complex to navigate is that these meanings sometimes change between nations, governments and local authorities.

The NSPCC (2024) state that a child who has been in the care system for more than 24 hours is known as a child looked after, The Welsh Government quote the Social Service and Well-Being (Wales) Act (2014) when they state that a child looked after by local authority is in care for a period of 24 hours *or* provided with accommodation by the authority under social services functions (Welsh Government, 2024a). The Care Leavers Association (2014) state that care leavers are anyone who spent time in care, voluntarily or state approved, under the age of 18 lasting from a

few months to their whole childhood, while the Children (Leaving Care) Act 2000 states a care leaver is one who has been in the care of their local authority for a period of 13 weeks or more *including* the period over their 16th birthday. Foster Care UK (2024) states a care leaver is a young person aged between 16 and 25 who lived in care for a minimum of 13 weeks *since* their 14th birthday. These are just some of the conflicting terms facing those trying to navigate their way through the system whether they are children or the carers looking after them. Definitions are important as they can determine the support available to children experiencing care. Surrounded by these terms and the legal complexities they bring it is easy to forget what care should really mean.

> *… I was just a child, I didn't like being away from home…*
>
> Callie (adult)

If a child requires care from their local authority, it means they are not able to remain in their family home, if they ever had one, this could be for many reasons. These are children facing all the challenges of growing up including, education, friendship trials, hormones, testing boundaries and aspirations without the stable back up of a family home that most individuals are lucky enough to have. In addition, these children have to navigate a complicated world of legislation, policy and procedure built by politicians and civil servants where they are reduced to a number on a chart measuring their time in care, the number of placements they had, their educational attainment and their ability to adhere to the rules.

It is therefore unsurprising that research shows children and young people with care experience have lower educational achievements (Mannay, et. al., 2017), higher rates of mental health issues (Stanley, Riordan & Alaszewski, 2004) and higher rates of criminalisation than their peers from family settings (Laming, 2016; Ministry of Justice, 2016). While these issues have been recognised since research with care experienced children began, little has been done to successfully address these disparities.

Most children experiencing care are uninterested in the formal systems states have in place. In research by Sally Holland (2010), it was found that the children and

young people were more concerned with the complex care relationships in their lives than the care plans, rights and reviews around them. Yet any search through governmental documentation will reveal a plethora of legislation, policy and practice put in place to monitor and control these young citizens in an attempt to improve their outcomes and reduce their numbers (Welsh Government, 2018; 2019b; 2020a; 2021; 2022; 2022a; 2022b; 2023; 2023a; 2024; 2024a; Scottish Government, 2021; 2022; 2023; 2023a; 2023b; 2023c; 2024). This has not prevented continuous increasing numbers of children looked after in Wales (Welsh Government, 2024a) or Scotland having the highest rate of children looked after in the UK (Scottish Government, 2024a).

Scotland and Wales are different in size, population and, as shown earlier in the chapter, governing. This thesis was not written as a comparison of the nations but as an application of facts, figures, policy and voices so as to understand the nations individual complexities, difficulties and approaches when addressing children with care experience. The purpose is to uncover hidden harms which traverse geographical boundaries and political terrain. However, understanding the population differences is an important point to consider. The Population of Scotland is slightly higher than Wales at 5,448,000 versus 3,132,00 (Office for National Statistics, 2022). Care figures in Scotland at the mid-point of 2023 were 12,447. This is 0.22% of the total population of Scotland (Scottish Government 2024b). Welsh figures of 7,208 are 0.23% of the total population of Wales (Welsh Government, 2024a).

Children in care in Wales

The Welsh Government (2021) argue that deprivation and austerity play a significant role in the increase of children looked after in Wales. Lengthened periods of austerity in the UK have seen cuts to local services and welfare services which has created local areas of harm affecting families and their communities (Atkinson, 2014). Studies in Wales indicate that there is a significant relationship between rates of children looked-after and the proportion of neighbourhoods in each local authority that are in the top 10% of the most deprived in Wales (Elliot, 2019). However, a report by the Wales Centre for Public Policy (2019) indicates that the difference in the number of Welsh children receiving care orders over their English peers began to

increase before the onset of austerity indicating that other factors are involved. Therefore, while poverty is an important factor to consider in looked-after child rates, other factors must also be considered (Elliot, 2019).

Wales has the second highest number of children in local authority care in the UK per 10,000 of the population and that this disparity is widening (Wales Centre for Public Policy, 2019). Evidence indicates that children in Wales are one and half times more likely to be taken into care than their English counterparts, although figures are increasing on both sides of the border (Elliot, 2019).   Reports in increased numbers of care applications in 2016 in England and Wales, showed that levels were the highest they had been since the 1990's. Labelled as the *Care Crisis*, policy makers, field experts and academics formed a coalition funded by the Nuffield Foundation to review the situation. The review indicated a complexity of factors leading to increasing numbers of children in care which, it is argued, are difficult to unravel (Thomas, 2018).

When looking at the data by local authorities, the picture for Wales is more concerning. Data from across England and Wales shows the top 10 local authorities with the highest rates of children in care per 10,000. From 2010 to 2014 local authorities in Wales have featured significantly in this table taking four to six of the top 10 places each year. To understand this in context, during the data period, there were a total of 174 local authorities across England and Wales, 22 of which were in Wales (Elliot, 2019). A major concern with children looked after in the UK is the annual increase in numbers (Rees & Stein, 2016). At the end of March 2023, 7,208 children in Wales had child looked after status (Welsh Government, 2024a). This is despite the Welsh population of children steadily declining since 1990 (Thomas, 2018). The Office for National Statistics (2022) supports the declining child population claim stating that figures from the 2021 census show 16.5% of the Welsh population are under 15 years of age and this group has decreased since 2011 by 0.4%. The following chart, *Figure 4*., created using figures from StatsWales (2023), shows the increase of children looked after in Wales as a percentage of the population of Wales:

Children Looked after in Wales as a Percentage of Population
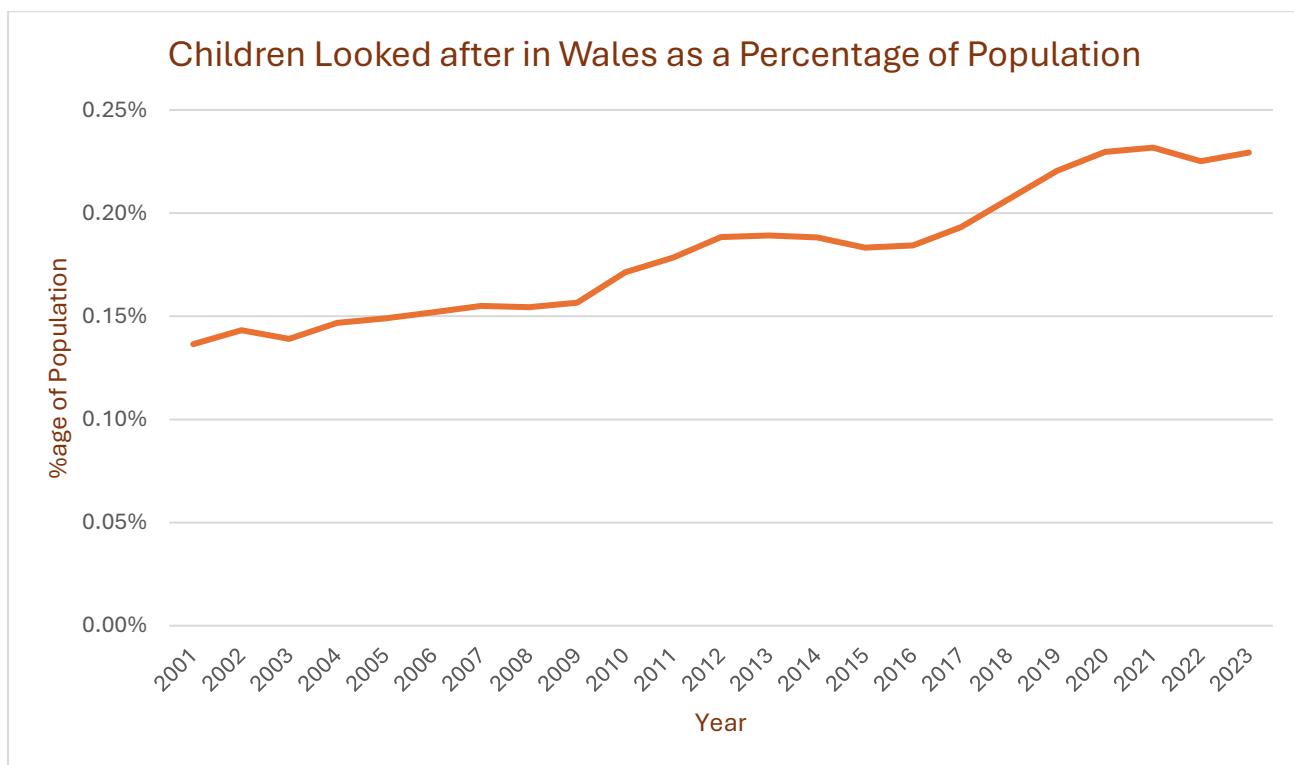
Figure 4: Children looked after in Wales as a percentage of Welsh population from 2001 to 2023 (StatsWales, 2023)

This chart shows the steady increase of children experiencing care in Wales since devolution began. In addition, when comparing actual figures of children looked after, there has been an 83% increase from 2001 to 2023, from 3931 to 7210 children alongside a percentage population increase of 68% (StatsWales, 2023). Interestingly, the children looked after rate increased at a more significant rate since the introduction of The Rights of Children and Young Persons (Wales) Measure 2011, and again after a small decline following the introduction of the Social Services and Well-being Act, 2014. This significant rise can also be mapped to the start of the Conservative / Liberal Democrat government in 2010 and the beginning of conservative rule in UK Parliament for the following 13 years which saw prolonged austerity measures cut services across the UK (Cooper & Whyte, 2017). However, it is important to note that Wales as a devolved nation, had a Labour Government throughout the whole period shown.

In the 2019 report on Improving the Outcomes for Children Programme, the Welsh Government (2019b) has specifically addressed issues surrounding children looked after stating they will reduce the high numbers of those entering care, improve

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stable placements of those in care and support them in their transition into adulthood. The report includes data from surveys conducted with 686 children in care in Wales to give insights into the issues these children are facing. The findings showed that over a third of those surveyed aged between four and seven years old did not understand why they were in local authority care and a quarter aged between eleven and eighteen years old, had a minimum of three social workers in a twelve month period (Welsh Government, 2019b). While this is an important step to hearing the voices of children looked after, it equates to only 10% of children in care in Wales in 2019. Further to this, the 2019 report is the latest published report for this programme showing the annual reports for 2020, 2021, 2022 or 2023 have not been published. This absence in publishing shows a lack of oversight from the Welsh Government for the duty of care they have to care experienced children. It clearly shows the need for the research this study examining the harm this group of vulnerable children are experiencing.

While only four per cent of children looked after experience long term residential care (IPC, 2018), the challenges facing these children are vague in the Improving the Outcomes for Children report. When considering long term harm to children who experience care, measuring their challenges and outcomes is an important factor. There is also a difference in reporting data across the 22 Welsh local authorities as well as a difference in models of residential care where no single model stood out as ideal (Welsh Government, 2019b). It could be argued that while it is recognised that there are problems with how residential care is delivered in Wales, there is an uncertainty about what the issues are and therefore no direction on how to correct them.

The issues with differences in reporting data are apparent when looking at care figures across Wales. When comparing the counties with the lowest and highest rates of care in Wales, data supplied by Data Cymru shows the disparity in numbers of children in local authority care as shown in *Figure 5*., below, with 65 children looked after in Ceredigion and 900 in Newport in March 2019. Furthermore, Ceredigion's numbers have stayed stable since 2006 with 60 children in local authority care at that time, Newport has increased over the same time from 305 children (InfoBase Cymru, 2020):

Number of children looked after by local authorities at 31 March

Ceredigion
Newport
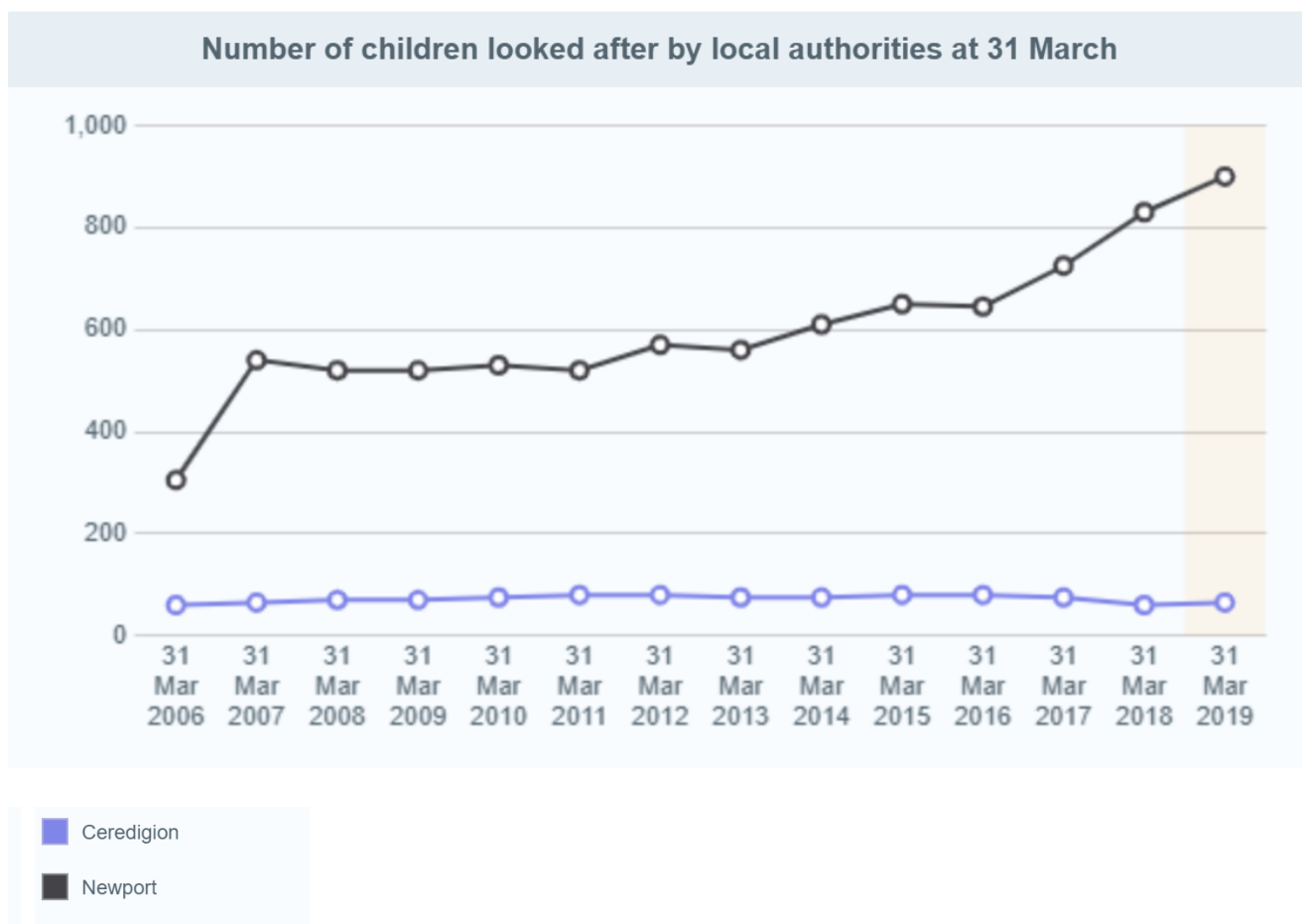
Figure 5: *Number of Children Looked After by Local Authorities (Wales) Ceredigion & Newport Comparison Over Time (InfoBase Cymru, 2020)*

Figure 6., below, shows the same areas, Newport and Ceridigion, for comparison. As of 2019, out of Ceridigion's 60 children looked after, 83% or 50 children reside in foster care while of Newport's 900 children looked after, only 270, 30% have foster homes and therefore live in a family environment (InfoBase Cymru, 2020):

Number of children looked after in foster placements at 31 March
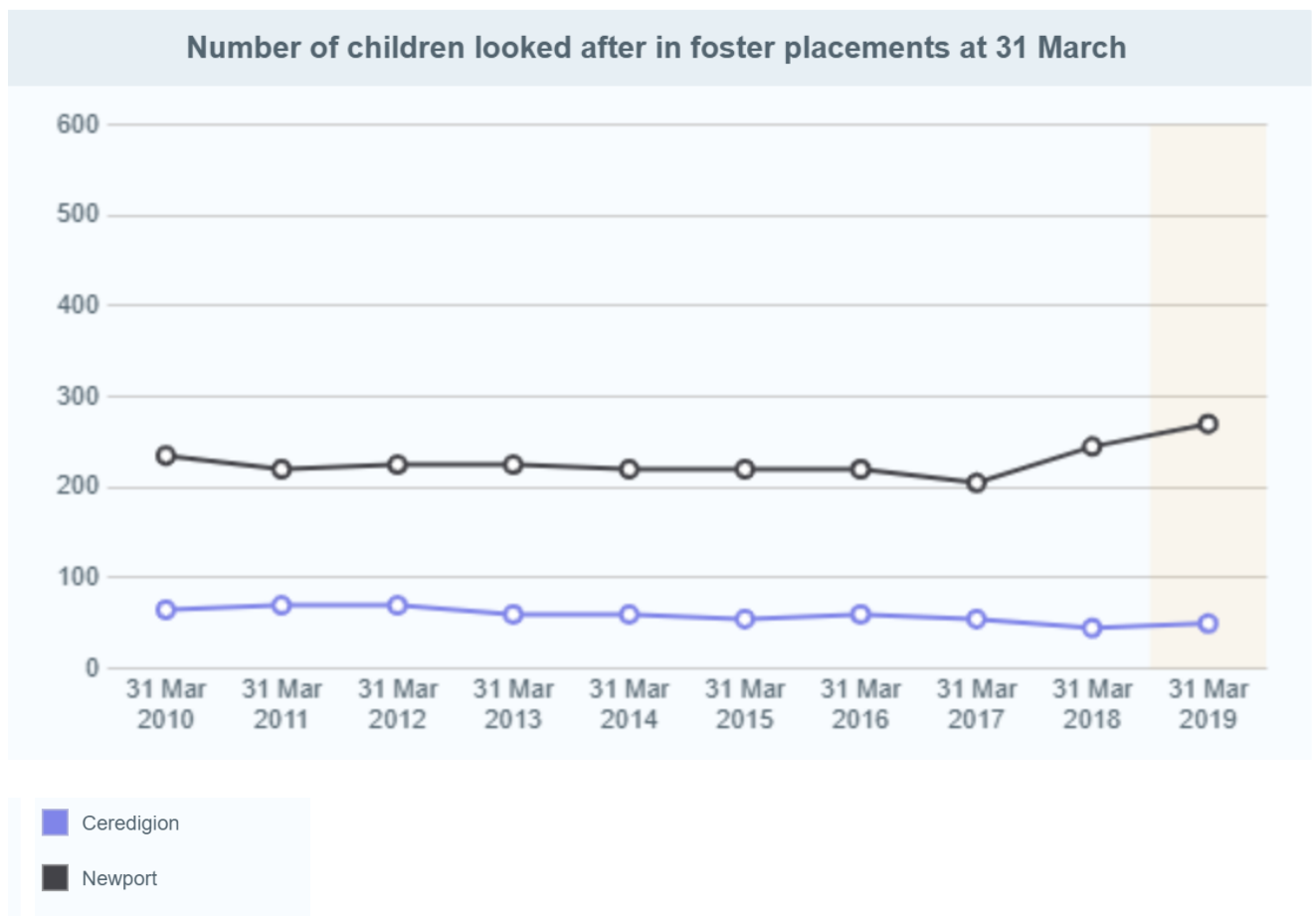
Figure 6: Number of Children Looked After in Foster Homes by Local Authorities (Wales) Ceredigion & Newport Comparison Over Time (InfoBase Cymru, 2020)

Research by Cordis Bright (2013) on the local disparity in numbers of children looked after across Wales, indicates that while there are factors outside the control of the local authority such as demographic and socio-economic, other aspects can be controlled by the local authority and the partners that work with them. These aspects include:

- strong leadership and clear strategies
- prevention and early intervention techniques with families on the edge of care
- clear and unrushed approaches to practice where resources are allocated
- children supported according to individual need
- effective partnership working
- information and intelligence gathering on the performance of the area and to ensure the data is made regular use of to learn and improve

(Cordis Bright, 2013).

In their Children and Young People's plan published in 2022, the Welsh Government claim they want to

> …make Wales a wonderful place for children and young people to grow up, live and work, where everyone feels valued.

<div align="right">(Welsh Government, 2022b, p.3).</div>

In the detail of the plan, children who are looked after are mentioned very seldom. In one of their seven priorities within the plan, they state they will support families going through difficult times and help them stay together. In their nine milestones set out for the Welsh Government to achieve by 2050, children looked after are not mentioned (Welsh Government, 2022b). This lack of oversight by the Welsh Government is another example of the importance of research such as the study underpinning this thesis, which uses the voices of care experienced children to uncover the harms caused by system responses.

In the Radical Reform Summit published the following year, May 2023, children looked after fare better. The summit took place in the December of the publication year of Children and Young People plan which failed to address the needs of children looked after, it is unsurprising therefore that some care experienced children can feel like an after-thought in the eyes of their corporate parent. This summit was dedicated to the experiences of children looked after as they promise to:

> Explore radical reforms of current services for children looked after and care leavers

<div align="right">(Welsh Government, 2023a).</div>

Sounding very similar to Scotland's 'The Promise' discussed earlier, and working with care experienced young people in a participatory manner they have developed 'The Vision', it lists 39 areas of reform drafted by the Welsh Government for children looked after including 11 commitments. The first commitment states that delivering The Vision will be one of their main priorities and a follow-up summit will be held in 12 months' time to review the Government's progress (ibid.). As of August 2024, the Welsh Government is yet to publish anything further on this plan or their progress. While the First Minister for Wales has been replaced since the first summit, many children in care at the time of the first summit are still experiencing it and the harms

that come with it; this shows how the words, policy and promises of the Welsh Government do not always translate in to action.

Children in care in Scotland

As stated earlier, the Scottish Government have reported as of July 2023, 12,447 children are being looked after by the state. They assert this figure is a decrease of 24% on the care figures presented on 2012-13 (Scottish Government, 2024b). However, while the number of children looked after in Scotland is reducing, the number cared for at home under an order has also reduced by 48% in the same time period to 20% of children looked after (ibid.), which means more children are being removed from their family homes.

Data published by the NSPCC for the first quarter of 2022, *Figure 7*., shows that children looked after rates are higher in Scotland than in the other three nations of the UK (NSPCC, 2024), however, one should be cautious when comparing these figures as each nations uses different methods when counting those in care:

	England 31 March 2022	N. Ireland 31 March 2022	Scotland 31 July 2022	Wales 31 March 2022
Rate of looked after children per 10,000 of the under-18 population	69.9	83.3	122.9	114.8

Figure 7: *Rates of children looked after in all 4 UK nations per 10,000 under 18 (NSPCC, 2024)*

Kinship care has increased in Scotland over the last 10 years from 26% of children looked after to 34% (Scottish Government, 2024b). This would mean a family member or family friend taking care of the child under formal guardianship of the local authority or sometimes informal care without local authority guidance. Some studies show many benefits to children placed in kinship placements such as feeling loved and cared for, maintaining their identity and a sense of belonging and maintaining relationships with their families.   Some studies show disadvantages of kinship care include financial hardship, overcrowding and lack of support (Aldgate & McIntosh, 2006). Aldgate and McIntosh (2006) also claim that the steady increase of

kinship care in Scotland is related to the rise of alcohol and drug misuse by the children's parents and the local authorities' desire to keep children in their families.

While there is strength in the aftercare system that Scotland provide for their young care leavers, named Throughcare Aftercare, only 49% of those eligible for this service were receiving it, in addition, this number has fallen from 69% in 2013 (Scottish Government, 2024b).   Why this figure has dropped so significantly is unclear. Children who have spent a long time in the company of social services may feel the desire to leave that connection behind once they are old enough to do so. Another interesting point to note within the report from the Scottish Government (2024b), is destination on leaving care figures. This shows that in 2023, 52% of young people leaving care in Scotland went back home to live with their biological parents.

The following chart, *Figure 8*., shows the rate of Scottish children looked after by placement type. The significance of the figures here can be seen in the upward then downward curve of the total figures of children looked after. While the rates of children looked after in Scotland were increasing following devolution, by 2013/4 they began an almost continuous fall:
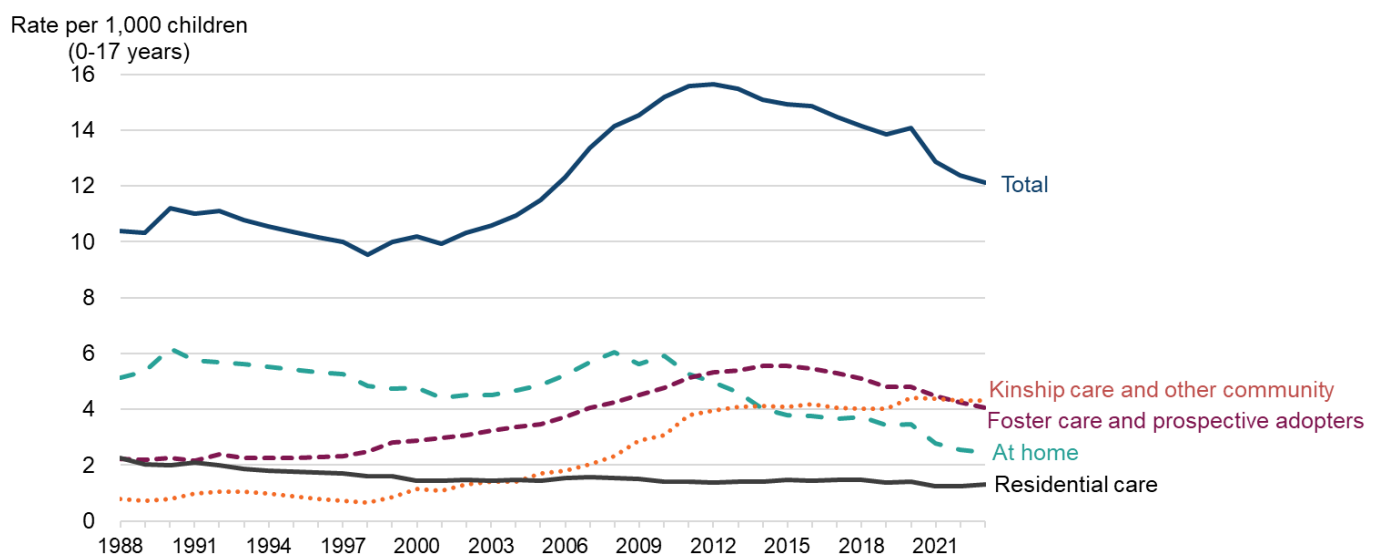
Figure 8: Rates of children looked after in Scotland per 1,000 children by placement type (Scotland Government, 2024b)

This decrease began around the time of the Children and Young People (Scotland) Act 2014 and the updated Getting it Right for Every Child (GIRFEC) policy in 2012. While this is interesting to note, further research would be needed to establish a

significant correlation of these events.   The last meaningful chart to examine from this report is *Figure 9.*, the UK comparison chart. This shows the rates of children looked after per 10,000 across the four nations of the UK:
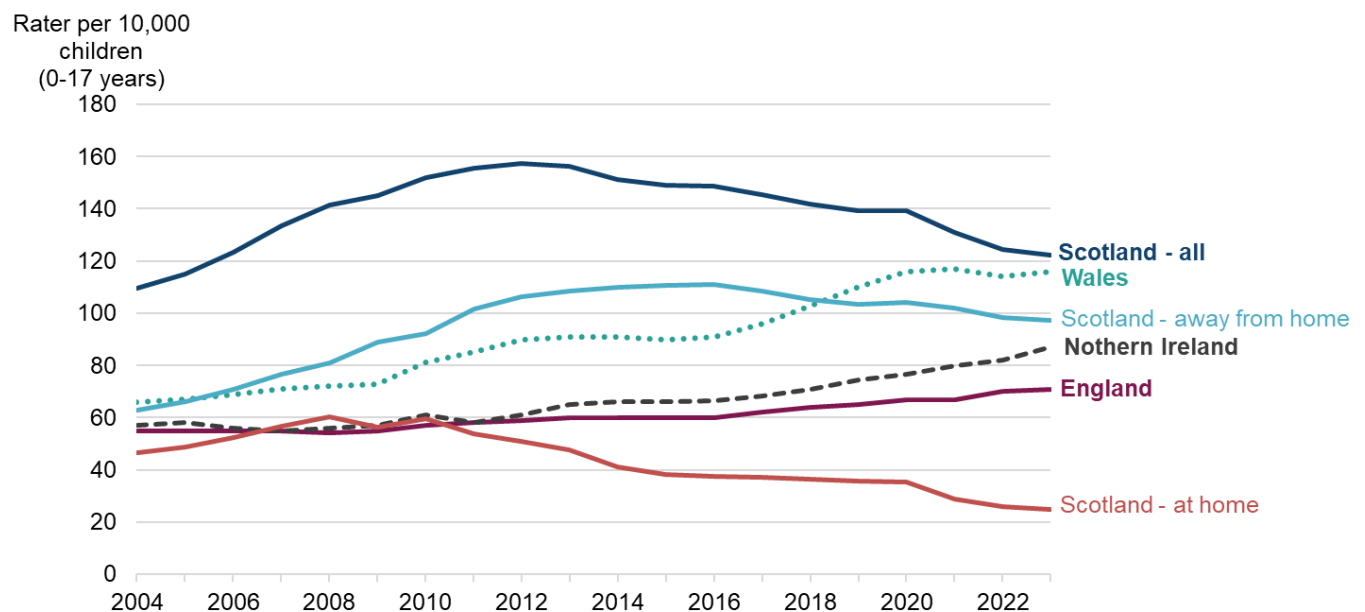
Figure 9: Cross UK comparisons of rate per 10,000 children from 2004 - 2023 (Scotland Government, 2024b)

In this chart, the steady climb of children looked after can be seen in both Wales and Scotland. However, in 2013/4, while Wales continued on a similar trajectory, Scotland made significant progress in reducing their figures (Scottish Parliament, 2024b). While children looked after figures in Scotland remain the highest rates in the UK, if both Wales and Scotland continue on their current trajectory, Wales will soon have the highest rates of children looked after in the UK.

When examining contemporary policy in Scotland such as The Promise (Independent Care Review) and the Children's Hearings report, it is important to remember that these policy suggestions are relatively new, as with The Vision in Wales, and must be given a chance to make real changes to the lives of those in care. The uniqueness of these policies lies in their participation element, the involvement of children, something supported by the UNCRC and argued to be an integral part of being a full citizen of these nations (Marshall & Bottomore, 1992).

Research into contemporary measures in Scotland suggests this participation can be taken further by children themselves becoming a social support system within the care system. This research showed how both parties benefited from peer

support while in care and through leaving care, while those without such support suffered feelings of loneliness and exclusion. They suggest that social workers and professionals should support such naturally occurring friendships and develop peer mentoring programmes (Irvine & Emond, 2023).

Statistics such as these show how research using the voice of children is imperative if the state is to understand the needs of vulnerable children and they are to be put at the heart of policy and not an addendum to other child focussed policy as though they are an after-thought. To be able to critique this legislation and policy, it must be examined through a unique lens while incorporating the voices of the children affected the most. Zemiology is that unique lens.

Zemiology

Why Zemiology?

Zemiology is the study of social harm. It was developed during the 1990's to shift the understanding of social harm, as prescribed by critical criminologists, into a study of its own, encompassing all types of harm outside of the parameters set by criminology, which is, in effect, breaking the legislative boundaries established by successive governments (Hillyard, Pantazis, Tombs, & Gordon, 2004). The early developers of zemiology sought to open the discussion on harm that occurs outside of criminology and to examine why so many of these harms, sometimes labelled as accidents, mistakes or the consequences of changing economies, occur without an understanding of the event which may well have been prevented or mitigated (Hillyard, et. at., 2004). An example of this, used by Canning and Tombs (2021) helps form an understanding of such prevention.

In their case study of excess winter deaths, an examination of figures released by the Office of National Statistics (2019) on excess deaths in England and Wales, occurring over the winter period, saw a three year upward trend up to and including the winter of 2018/19. They argue that these deaths go by mostly uneventfully and without scrutiny yet are socially preventable deaths that could be avoided and occur through poor policy choices by the state. This case study shows clearly the unique realm of zemiology where laws are not broken yet serious and avoidable harm is caused (Canning & Tombs, 2021).

Another important factor of using a zemiological lens to study harm lies in the use of available data. Canning and Tombs (2021) used existing data to create this case study, as did Wroe (2022) when using a zemiological lens to measure the impact of relocating adolescence in care away from their hometown. Wroe's 3-year study used data from quantitative survey and added a qualitative phase to measure the harm produced by the intervention of social services under child protection legislation. A zemiological lens was then applied to produce her paper. Wroe concluded using a zemiological lens could be applied to understand the harms that power structures can cause and to make policy recommendations for radical change (Wroe, 2022).

On examining the social causes of harm, Dorling (2004) argues that for harm to be concentrated on a group of people, living in a particular area, the lives of those people must be made more difficult through inequality, reduced opportunities and hopelessness.

> *I think at the time, I just felt really like deflated. Like I wasn't a person, like my feelings and opinions didn't matter.*
>
> Erin (adult)

Canning and Tombs (2021) state that zemiology has the potential to scrutinise a wide range of harms to an individual's welfare and gives opportunity to examine policy responses created to reduce harm. Therefore, poor outcomes of those with care experience, increasing care figures in Wales and high care figures in Scotland, require examination through a zemiological lens, moving away from the restrictions that criminology has through the legal definition of crime.

The examination in this study will look at the inequalities children with care experience are facing through government control and ineffectuality that reduce their social mobility and outcomes throughout their life. Using zemiology and analysing the structures and individual agency of the children and those around them will uncover those harms. Children with care experience have stories to share and voices to be heard, this study gives them a platform to do that.

While it is not illegal to place children into care, or for foster carers or staff at children's homes to call the police in times of trouble, such experiences can have long lasting repercussions on many of the children in these environments. In some cases, the policies, legislation and procedures that are put in place to protect children and young people, can have harmful consequences, a process sometimes referred to as 'system abuse' (Shaw, 2017). Harmful and neglectful behaviour often impacts disproportionately on the poorest and most vulnerable in our society (Atkinson, 2014). To understand such outcomes, a zemiological lens can be applied. As previously explained, this considers harms that criminology is incapable of uncovering (Pemberton, 2015).   While the discipline of criminology is used to explore facets of breaches of criminal law, it must be remembered that in the UK, such breaches have previously included homosexuality and abortion and still exclude many harms that are created by social structures defined by the state (Canning & Tombs, 2021). Until recently, in Wales, it was legal for parents to use physical punishment against their children in the home. The Children (Abolition of Defence of Reasonable Punishment) (Wales) Act 2020 came into force and saw the end to physical punishment to all children in Wales, giving children the same rights and protection from assault as adults (Welsh Government, 2020a).

While states create laws and therefore define the parameters of crime, they use metrics designed by the state to measure these crimes and therefore to be measured by and to be held accountable. Such measurements are used to measure effectiveness and against citizens to measure their behaviour and effective use in society. Many metrics are used to monitor those with care experience. Yet these systems are impossible to use where they are needed most, to measure the levels of care given to the most vulnerable children in society.

It has often been argued that there is no ontological reality to crime as it is a social construction which is shaped by society and influenced by political ideals and moral standards (Hillyard & Tombs, 2004). This fluid description of something most view as a stable entity can be disconcerting. However, many harms exist within the law; harms created by social power and bias which affect individuals as well as the environments they live in, which are often ignored by the state (Atkinson, 2014). When looking at the lower than average expected outcomes for children with care

experience such harms are easy to see. While there is a clear correlation with lower educational achievement, higher rates of mental health issues and high rates of criminalisation with children with care experience (Laming, 2016; Ministry of Justice, 2016; O'Sullivan & Westerman, 2007, Stanley, Riordan & Alaszewski, 2004), a zemiological lens can help to understand why that correlation exists. Pemberton (2015) argues that these legal harms can restrict the development of individuals or groups of people by limiting social resources that are needed to have freedom of choice which can further affect them and the communities in which they are embedded. McMahon and Roberts (2011) argue that levels of harm in society have a direct link to economic shifts and social well-being which attributes poverty to the reduction of the well-being of children and families. They continue by stating that such shifts can increase crime levels in the areas most affected.

When using a zemiological lens to identify forgotten or ignored harms, the intention is not to create new crimes but to recognise the harms that can be caused inside as well as outside of the law (Hillyard, et. al., 2004). Additionally, although they may not be intentional, the harm experienced by children in care are avoidable. It has been argued that those with an indifference to individuals who may be suffering from harms, can be as responsible as those who cause direct harm (Pemberton, 2015).

The History of Zemiology

Zemiology developed through critical criminology. While there are many facets to critical criminology, a shared premise between them is examining variations of conflict, oppression and inequality which affect people and society. Critical criminologists stress the importance of social factors and societal responses to crime (Chamberlain, 2015).

Some criminologists sought to expand the remit of criminology to include acts that caused social harms in addition to crimes. As early as 1970, Schwendinger and Schwendinger (1970) argued that crime was reflected in race and class relations and the characteristics of how wealth is distributed in society and therefore crime should also include human rights violations.

The expansion of social harm into its own study of zemiology began in the late 1990's as a way to move the discussion away from the confines of crime and what constitutes as a crime so as to include all harms not just ones that break the law (Hillyard, et. al.).   In their 2004 book, *Beyond Criminology: Taking Harm Seriously*, which developed from those early discussions, Hillyard et. al. (2004) laid out their plans for a specific study of social harm but, due to some critique, did not go as far as to refer to it as zemiology in their literature at that time. Even at late as 2015, in his publication *Harmful Societies: Understanding Social Harm*, Simon Pemberton stated that to claim zemiology as a new field of study was premature (Pemberton, 2015). Further publications owned this moniker as the accepted name for the study of social harm (Canning & Tombs, 2021; Tombs, 2018).

An important distinction between crime and social harm is the first is temporary, while the second can be monitored or measured over time and therefore give a holistic view of harm in society (Hillyard & Tombs, 2004). Within their publication, Hillyard and Tombs (2004) start the process of defining what constitutes as social harm including physical harms, financial or economic harms, emotional and psychological harms and cultural safety. These typologies of harm were later expanded and will be discussed in more detail later in this section. While Canning and Tombs (2021) acknowledge critical criminology influenced the development of zemiology, they are keen to recognise that zemiology now develops into a separate field. It is hoped that in such progress, inter alia, lifelong welfare and the opportunity to shape policy will be key areas of development (ibid.).

Social Harm or Zemiology?

Zemiology is the study of social harm. Although the terms zemiology and social harm are interchanged frequently in literature, zemiologists such as Canning and Tombs (2021) state zemiology is an emerging discipline in its own right and therefore separate from criminology just as social harm is viewed by many as an extension to critical criminology. While social harm from within critical criminology looks to address harms also caused by crimes, zemiology concentrates on state and institutional harm and the unequal societal processes which inflict harm (Canning & Tombs, 2021).

Topologies of Harm

While there are defined topologies of harm, Hillyard and Tombs (2004) state that the process of defining harm can be as difficult as defining crime, yet its importance can be seen in its measurability. As previously stated, the discipline of zemiology is still developing and in so the topologies drafted by zemiologists such as Tombs, Hillyard and Canning are, in their words, provisional (Hillyard & Tombs, 2004; Pemberton, 2015; Canning & Tombs, 2021). These topologies, important if harm is to be measured, are listed below. Most of these harms can be applied to the individuals in the study of this thesis.

- Physical Harms

Encompassed here are avoidable deaths and physical harm that can be listed as accidental but can be prevented. These harms may be individual or multiple. Such harms may be linked to poor quality of life, lack of access to healthy diet and exercise, reduced access to health care and lacking in safe shelter or safe working conditions (Pemberton, 2015; Canning & Tombs, 2021). When applying this topology to those with care experience, an example of physical harms can occur when diet and exercise is compromised at a child's placement. The importance of a healthy lifestyle is not always recognised as a necessary factor when social services place children, partly because of lack of choice of placement. This can lead to long term unhealthy relationships with food and other physical issues caused through an unhealthy lifestyle.

- Emotional & Psychological Harms

This type of harm may be caused by one experience or by an ongoing distress such as poverty or being placed away from home. These can often be compounded by the inability to express such trauma. Causes for such trauma and distress are described as poor quality of life including isolation, abuse or violence, ongoing social issues such as insecurity, poverty and homelessness (Pemberton, 2015; Canning & Tombs, 2021).   The majority of individuals going through care as children experience emotional harm. When removed from their family home or placed in an unloving environment such harms are commonplace. Long term impacts of these harms could affect the individual's ability to form relationships due to trust issues as they

move into adulthood. Trauma in childhood can lead to poor outcomes in adulthood such as chronic health condition, addictions, violent behaviour and imprisonment as shown in studies regarding ACEs discussed earlier in this chapter (Clark et al., 2017).

- Financial and Economic Harms

Financial harms can affect individuals or a household including lack of job security or unemployment, household costs or being unable to afford basic amenities. Economic harms include wider communities or nations. While poverty is an obvious product of this type of harm, it can also create other harms such as physical and emotional harms mentioned above (Pemberton, 2015; Canning & Tombs, 2021). When these financial harms are experienced as children, they can follow them into adulthood. While care experienced children are more likely to not reach their full scholastic potential, this can have an impact on the career paths and choices available to them in addition to their confidence. Long term consequences of these harms can reduce the opportunities available to individuals which can have a long-lasting effect on their earning potential and job security.

- Cultural Harms

Boukli and Copson (2020) have three definitions of cultural harm which can overlap. Harm that destroys or undermines culture, harm that imposes others culture and misrecognition to have one's identity or culture challenged. This harm can occur when children are placed in homes that do not recognise or support their cultural backgrounds.

- Harms of Recognition

Pemberton (2015) classes relational harm here as forced exclusion to social networks therefore creating social isolation. This type of harm can be seen when individuals are viewed as 'other' and therefore different to mainstream society. Their ability to engage in society can then be affected (Pemberton, 2015; Canning & Tombs, 2021). Long term harms of recognition can create poor social mobility in individuals reducing their opportunities and their confidence to move forward in life (Allnatt, 2019). This can also be seen in children who are criminalised where prison records limit their ability to progress their chosen path in later life.

- Autonomy Harms

Control over one's life is an important facet of self-development. This typology is described as blocked capacities, lack of access to learning, lack of access to social activities. These harms can relate to poverty or educational restrictions. These harms can hinder the self-actualisation of an individual and their ability to develop (Canning & Tombs, 2021). Such powerlessness in individuals can stop them from engaging in social and productive activities and therefore reduce their participation and contribution to society (Pemberton, 2015) This is counterproductive to the wishes of the devolved nations particularly Wales where children are encouraged to be active citizens of society (Butler & Drakeford, 2013; Davies & Williams, 2009; NAW, 2011; Sullivan & Jones, 2013).

Examining Care Experienced Children with a Zemiology Lens

Hillyard and Tombs (2004) suggest that a social harm perspective allows greater scope for policy responses to address issues whereby criminology tends to deal with illegalities only. Such social policy could and should, address cradle to grave issues. This highlights the unique purpose of this thesis, linking zemiology with the structure versus agency debate offering new insights into the systemic and individual dynamics of the care systems in Wales and Scotland. While children feel the issues they experience are personal, they are often caused by poor or badly executed policy which can be identified through a zemiological lens.

If a connection is to be made between the experiences of those with child looked after status and social harm, an analysis of the outcomes and well-being of children with care experience should be conducted. Therefore, using zemiology to examine such harms imposed on children with experience of care, may give new focus to the debate of the welfare and well-being of children looked after by uncovering how such harms can lead to adverse outcomes such as reduced educational, poor physical and mental health and criminalisation. As with Canning and Tombs (2021) suggestion, the topologies and their connection to the outcomes of children looked after will be discussed in a fluid manner, taking into account the layered nature of harm.

As previously stated, official statistics and research studies often indicate adverse outcomes for children with care experience when comparing them with children from domestic settings (Rees & Stein, 2016). Some key areas are examined below beginning with education.

Education

The *Rights to Action* policy document set out by the Welsh Government in 2004 states that all Welsh children should

> …have a comprehensive range of education and learning opportunities.
>
> (Butler & Drakeford, 2013, p.13).

Social science studies conducted over the last 50 years have emphasised a lack of education attainment and engagement in children from care (O'Sullivan & Westerman, 2007). Reports by the Welsh Government (2019b) state that, of those who left care in 2018/2019, 46.5% did not continue education or enter employment or training within the first twelve months of leaving local authority care. Statistics indicate this may be due to a lack of achievement while in school. In Wales, 29% of those leaving care at 16 and over had no qualifications. This is compared with 1% of those in the general population (Rees & Stein, 2016). Estimates worsen at university levels with just 2% of Welsh looked-after children entering higher education in comparison with 50% of the general population (Rees, Brown, Smith & Evans, 2019). In Scotland 38% of children looked after left school with one or more qualification compared with 86% in the general population. While this figure may seem low, the government assert that attainment has increased over the last 10 years with figures showing 13% of children looked after in 2009/2010 (Scottish Government, 2021). When comparing those who leave school in Scotland between Senior Phase four to six (ages 15 years to 18 years), it shows that children looked after leave school at earlier stages.   This can be seen in *Figure 10.,* below:
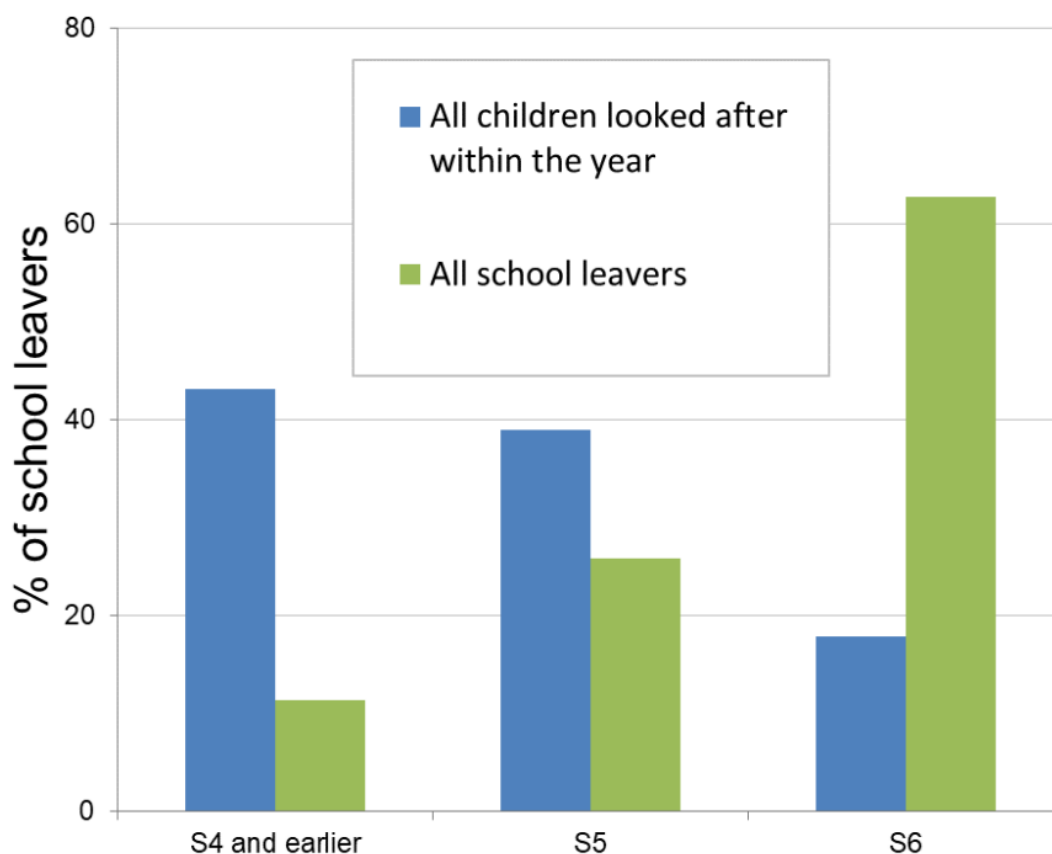
Figure 10: *Stage of all school leavers and those who were looked after (Scottish Government, 2021)*

This low attainment is echoed in the other nations of the UK (Rees & Stein, 2016). Children looked after are over-represented in school exclusion figures and have until recently, been overlooked when attempts were made to improve scholastic achievement of children in England and Wales (Allnatt, 2019). It is understood that this lack of scholastic achievement is due to a number of barriers experienced by children looked after such as disrupted schooling, multiple placements, lack of peers with educational experience, poor study conditions and low self-esteem (Jackson & Cameron, 2014).

As indicated by Pemberton (2015), lack of educational development, such as that experienced by children looked after, is not a direct result of one person or policy, however it limits their freedoms of choice and reduces their options to move forward and can therefore be ascribed as social harm. When looking at topologies of harm, a lack of education achievement could lead to poor life quality leading to *emotional harms* through lack of security, *financial harms* through lack of job security or unemployment which may lead to poverty and *autonomy harms* through blocked

capacities from a poor or reduced education. It could be argued that if barriers such as these can be identified, they can be mitigated against, reducing the social harm that may be caused.

Mental Health

It is also recognised within social research, that higher rates of mental health issues are experienced by those with looked-after status than those within the general population. In research on those with local authority care experience, Stanley, Riordan and Alaszewski (2004) state that 25% of children looked after have considerable emotional or behavioural issues. This is in comparison with 8% of the general population and 15% of those from a disadvantaged background. Using a zemiological lens, McMahon and Roberts (2011) claim that inequality, and the feelings of worthlessness that can accompany it, can lead to an externalisation of frustration and anger and increased rates of poor mental health.

Other studies support the disparity between children looked after and the general population. A large study of 1000+ English children with a care background showed an increase of mental health issues four to five times that of children of the same age in a domestic setting (Meltzer, Gatward, Corbin, Goodman & Ford, 2003). Further studies state adolescent psychiatric disorders were as high as 67% in children looked after compared with 15% of those living at home (McCann, James, Wilson and Dunn, 1996) while Nicol et al., (2000) found clinically diagnosed mental health issues in 75% of children from care.

When looking specifically at Welsh children with looked-after status, a longitudinal study by the IPC (2018) found 44% of children receiving a final care order between 2012 and 2013, had been diagnosed with attachment disorders and within that group, 44% showed behavioural problems at the start of their time in care. While Scotland launched the Children and Young People's Mental Health Taskforce in 2019 calling for improvements to Child and Adolescent Mental Health Services (CAMHS), in 2021 they stated that CAMHS waiting times had continued to grow with one in four referrals rejected (Grimm, et. al., 2022). Studies show that the number of children requiring mental care is growing in number and while mental health services are expanding, they are not matching the rates of requirements leaving many children and young people without support. What is concerning still is it is thought

that half of all lifetime mental health cases begin at around the age of 15 (Grimm, et. al., 2022).

When looking at topologies of zemiology mental health issues can be covered by most, including *physical harms*. Reported high rates of self-harm and suicide in young mental health cases (Singhal, Ross, Seminog, Hawton, Goldacre, 2014) could and should be avoided with the right help in a timely manner. In addition, *emotional and psychological harms*, *financial harms*, *autonomy harms* can all be ascribed in this area along with *harms of recognition* where children or young people suffering with a mental health issue may feel excluded from society while feeling different to mainstream children.

Criminalisation

While uncovering emotional harms is important, Parker (2004) argues that it is an ill-defined area to analyse. He continues to highlight that while the withdrawal of care such as neglect is acknowledged as harmful to children, measuring the consequences of emotional harm that can manifest in challenging behaviour is difficult to calculate. Difficulties with behaviour that can be apparent with mental health issues, can also add complexities to the care of children. While these issues can be problematic in a domestic setting, the addition of a corporate parent can create further complications. The term corporate parent refers to local authorities who have responsibility for children looked after and care leavers. Each local authority should understand the importance of their role as a corporate parent and the principles that the role should aspire to attain (Department for Education, 2018).

A study by Fitzpatrick and Williams (2017) highlights the lack of parental responsibilities shown by some corporate parents. Webber (2009) argues that the lack of guidance can isolate some children in care and Beck (1992) and Giddens (1999) state that this isolation encourages behaviour that can be viewed as anti-social and in some cases criminogenic. Research has highlighted the increased probability of five times more of children from care experiencing a caution or conviction from the criminal justice system over their domestic counterparts (Ministry of Justice, 2016). Furthermore, while the general population's involvement with the criminal justice system lies at 2%, Lord Laming (2016) reported it is estimated that 50% those in custody who are under 18 years of age, and 24% of all the prison

population have had experience of being a child looked-after. This overrepresentation is made worse by lack of identity within prisons and therefore lack of support of which care experienced prisoners and leavers are legally entitled to. Studies show that part of this lack of identity is due to the stigma and lack of trust in professionals felt by care experienced individuals when they are being processed upon arrival (Gooch, Masson, Waddington, & Owens, 2022).

Criminalisation of children became a focussed problem under the New Labour Government and the creation of the *New Youth Justice* system and the Youth Justice Board (YJB) to oversee local multi-agency Youth Justice Teams (YOTs) (Hopkins Burke, 2016). This saw the development of identifying *risk* and the *management* of that risk. The risk was assessed through the *Asset* profile form which scored the likelihood of a child or young person offending and would be used to decide the level of intervention and surveillance needed (Youth Justice Board, 2002). Critiques of the risk system saw it as a focus on the individual and not the structural factors surrounding them such as poverty (Goldson & Muncie, 2006).

In addition to risk assessment, this era saw an increase in managerialism modelled on the private sector which looked for systems in the public sector to be cost effective and efficient (Hopkins Burke, 2016). The introduction of anti-social behaviour legislation at this time saw the creation of 3,023 new offences and a significant net widening of the justice system (ibid.). Pitts (2003) argues that large numbers of children were caught up in this new system at a much earlier age and through stigmatism and deviancy amplification progressed through the criminal justice system instead of being diverted away from it. This risk based interventionalist, managerial system continued through successive Coalition and Conservative Governments, not helped by the advancement of austerity measures (Case, 2024), putting vulnerable children such as those with care experience in the firing line of youth justice policy.

Studies claim that the difficult behaviour of some children from care, stems from the rejections faced by such children. These rejections include family, school, foster placements and social workers. This leads to children testing the secureness of the relationships around them by pushing and testing boundaries (Brereton, 2018). The downward trajectory that can manifest from difficult behaviour and a lack of

parenting can lead to early exposure with the criminal justice system through early criminalisation of children, particularly those who reside in children's care homes. *Figure 11.,* shows the comparison in percentage of children from *a) children's homes; b) other types of care and c) children in the general population* in England who have had a conviction or who are on a final warning. It shows a significant disparity in criminalisation of young people from care.
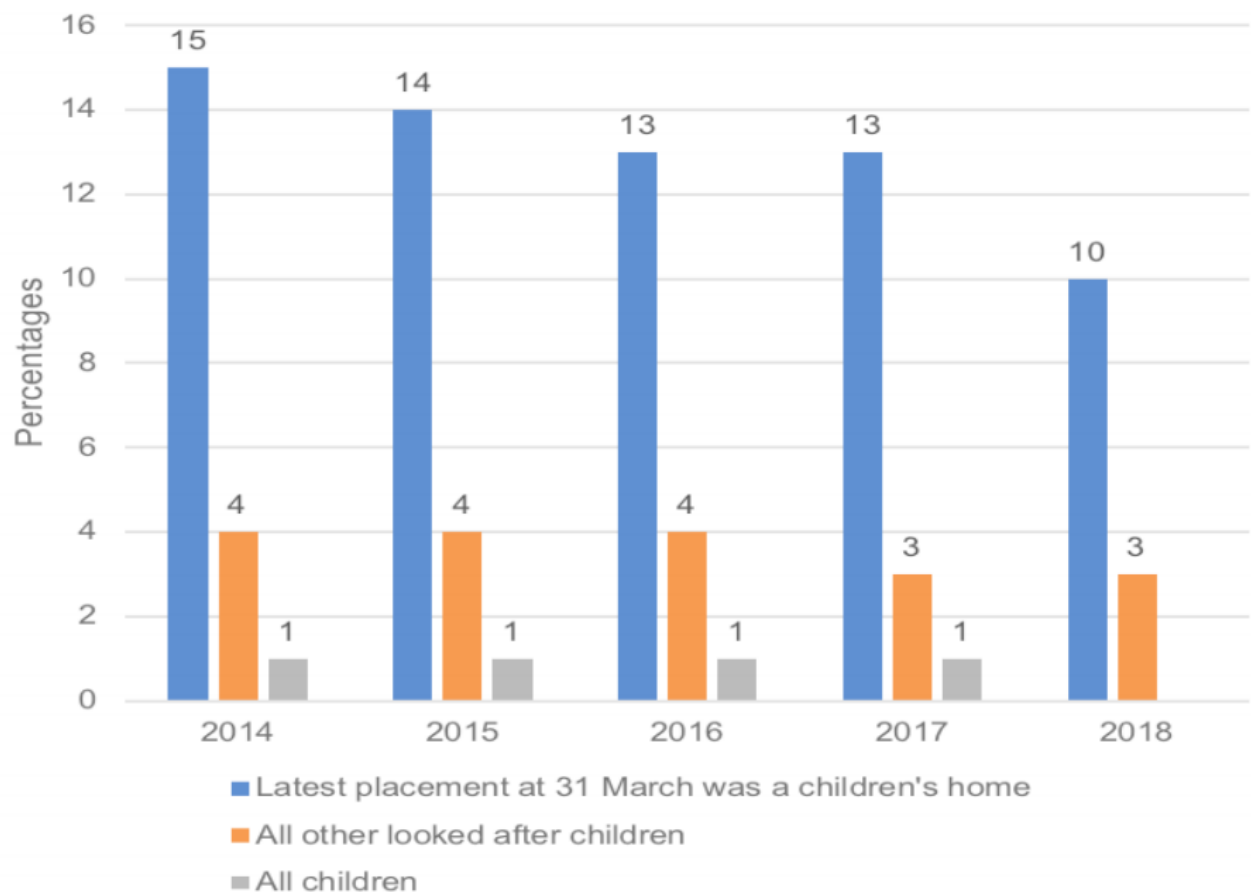
Figure 11: *Percentage of Children who have been Convicted or Subject to a Final Warning or Reprimand During the Year (England) (Howard League, 2019)*

Criminalisation can bring with it many areas of harm. This is due to the outcomes of being involved with the criminal justice system such as an interrupted education, poor job prospects or mental health issues. Therefore harms associated with Criminalisation include *physical harms*, *emotional and psychological harms*, *financial harms*, *autonomy harms* and *harms of recognition.*

Chapter Summary

This chapter covers literature on areas significant to the lives of those with care experience. Initially, the chapter deconstructs the complexities and development of childhood while highlighting citizenship and the structure versus agency debate. It emphasises how childhood is a social construction and the importance of seeing children as individuals who can be affected by, as well as contribute to society rather than adults in waiting (Corsaro, 2018). While it could be argued that Corsaro's theory is relatively contemporary, earlier theories of childhood understood how children developed through social experiences within their school, communities and family (Mooney, 2013) and recognised that love and protection though parental care were vital pillars of a stable childhood (Pollock, 1983). Therefore, while the environment that children grow in is important, they are also active participants or citizens in society using the knowledge they are gaining alongside their peers and adults to contribute to the world around them (Corsaro, 2018; Jame & James, 2004; Prout, 2005).

This chapter continues by explaining why the devolved nations of Wales and Scotland support the idea of children being active citizens of their nations regardless of their age. Since its inception, it has been the Welsh Government's aim to produce citizens of Wales instead of consumers where each person has a stake in the nation (Davies & Williams, 2009). This is enacted in part with the development of child focussed policy having due regard to children's rights as prescribed by the UNCRC. As a devolved nation, Scotland continued to develop child focussed policy and based their decisions in social justice values such as equity, diversity and inclusion (Dumbleton & McPhail, 2012) such as their GIRFEC policy. Children's rights also have a large influence in Scottish politics with the introduction of the UNCRC (Incorporation) (Scotland) Act 2024 which incorporated the UNCRC into Scot's Law (Scottish Government, 2024).

Yet the nations have been criticised in their approach to this type of policy with some saying Wales gives strong rhetoric but is weak on delivery (Osmond, 2010), others say the policies intended on giving unconditional and universal rights are overly problem orientated which can alienate and label vulnerable children (Welsh Government, 2018). The GIRFEC policy was contested early and never fully

implemented and other critique states the breadth the policy tried to cover is too wide making it too difficult to assess (Coles, et. al, 2016). Regardless of the devolved governments promises and rhetoric of children's rights, there are still issues in Wales and Scotland that prevent vulnerable children from reaching their full potential. With the use of strong managerial approach to systems that work in conflict with the needs of vulnerable children in addition to long waiting lists for mental health and behavioural support (Llewellyn, et. at., 2022). The interrelations between structure and agency is obvious in this argument, showing how structures such as care systems are shaping children and their futures negatively. While individuals feel these are personal issues, they are caused by poorly designed and poorly executed policy.

Child poverty in Wales and Scotland is discussed in this chapter underlined as one of the areas of inequality in the nations with Wales at 31% of children and Scotland at 24% living in relative poverty. While Scotland have reduced this figure from 30% over the last 30 years, the figure in Wales has climbed and continues to do so regardless of numerous policy interventions and promises made since devolution. The chapter continues with the stark reality of the figures of children in care in Wales and Scotland and what that means to their future including low educational achievement, higher rates of mental health issues and overrepresentation in the youth justice system.

Both nations blame austerity measures introduced by the Westminster Government for their high care and poverty rates. The figures of high care numbers in Wales have some correlation with the most deprived areas in Wales which would support that claim. Scotland are moving more children into kinship care instead of foster care which keeps children close to family bonds, yet there is an argument that states this type of care does not get as supported in the same way as formal foster care (Aldgate & McIntosh, 2006). While summits are held, reports are written and promises are made, very little action is forthcoming from the Welsh Government on tackling the high numbers of care experienced children or the harmful effects of care they must endure. While Scotland currently has the highest figures of children in care in the UK, with their figures falling and Wales's figures on a continuous rise, this unwanted honour will soon belong to Wales. General Comment 12 of the UNCRC

states that when children are removed or separated from their parents the view of the child must be taken into account when deciding what is in the child's best interest, yet the committee say in their experience, the voice of the child is sometimes ignored by state parties. They recommend that the child's view should be obtained and applied in cases of suitable placements, development of care plans and parental visits (United Nations, 2009), something which the findings show is woefully missing in the lives of these vulnerable children.

> *I told them what was happening but the social workers and the school*
> *basically wouldn't listen to me.*
>
> Cassie (adult)

This chapter continues by uncovering what zemiology is, how it developed and why it is such an important lens to use when researching the poor outcomes and harms care experienced children endure, particularly when analysing the structures surrounding them and the agency or lack of, that they have over their lives. The poor outcomes for children with care experienced include over representation in the youth justice system. This outcome for vulnerable children only compounds the harms they experience. The lack of parental care some receive can create difficult behaviours that can turn anti-social and in extreme cases criminogenic behaviours, leaving care experienced children five times more likely to end up in the criminal justice system, harming them even further. The lack of parental care is common theme in this study and using the voice of these vulnerable individuals is vital in allowing them to speak their truth on the harms they are experiencing. This study tells their story.

The issues within this *Literature Review Chapter* that remain unresolved cannot be answered using standard criminological discourse. While zemiology covers a broad range of topics and areas from border controls to pollution, gambling to pornography and fast clothing to fast food (Canning & Tombs, 2021), the harms that occur to the population of children with care experience has been largely unexamined from a zemiological perspective. The literature suggests by using a zemiological lens to identify harmful policy and structures, mitigation can be made to

address the issues that continue to confront the children of Wales and Scotland. Using a specific lens such as zemiology can have a profound impact on how issues, such as high numbers of children in care and their poor outcomes, are perceived and understood. It could be argued that there are metrics used in this area by governments and local authorities in political posturing that excludes the fact that children are not units to be measured. Care and love cannot be measured in a metric. The children and young people living through care have their voice missing in the current system, this thesis gives some of them the platform to tell their story.

Methodology Chapter

Introduction

This chapter will provide an analysis of the framework chosen for the study that underpins this thesis, along with a description of the researcher's journey throughout that study. It will begin with an overview of the research questions and the purpose of this study and an outline of what was uncovered in the literature review, including the importance of using a zemiological lens in a study of children with care experience. The research strategy is then examined with reasons given on the *constructivist* approach taken in the study in addition to the chosen *embedded case study* research design. The chosen research methods are then described and justified along with the importance of *reflexivity* in the study before moving onto reliability, validity and the study limitations. Access is an important area of any research with a vulnerable population, how this is addressed in the study alongside the specifics of gatekeepers, ethical considerations and sampling are also detailed. The final part of this chapter will look at the procedural element of the study including an overview of the data analysis.

The study that underpins this thesis was formed on the questions outlined in the *Thesis Introduction Chapter*, namely, studying the lives of care experienced children and adults who were care experienced as children and the professionals that work alongside them, to identify social harms caused to vulnerable children through care experience by devolved nations. In addition, to study the legislation and social policy set out in Wales and Scotland to support children, and uncover the harms they cause children with care experience that last long term and affect their outcomes. Using a zemiological lens in this study is vital to identify and understand the impacts of the harms caused to this vulnerable population. While those harms are not unlawful, the system responses to these children and young people certainly affect their life as children and into adulthood and reduce their chances of successful outcomes from societal and emotional perspectives. It was with these questions in mind that the literature review was conducted and the methodology for this study was developed.

The *Literature Review Chapter* outlines the complexities of childhood and how society views and regards children and the contradictions of such definitions and the importance of children and their position in society *as children* instead of being adults in waiting. The next section of the literature review, highlights the devolution of Wales and Scotland and the focus of their policy during and since that time specifically looking at child focussed policy and legislation and how both nations focusses on children having universal rights and the importance of social justice. Specific *children looked after* policy was also examined noting the promises made to the vulnerable children covered by these policies. The literature review then uncovers the data from both nations concerning child poverty and children in care and their outcomes showing how, regardless of a strong rhetoric of making these countries the best nations for children to grow up in, children looked after in Wales and Scotland are being failed by their corporate parent. Finally, the chapter describes zemiology and how it can be used as an important tool to measure the failure of the nations, through managerial systems, to act as responsible corporate parent to the most vulnerable children in their societies. It is under this apparent failure of system structures the methodology for the study which underpins this thesis was designed.

In their publication, 'From Social Harm to Zemiology', Canning and Tombs (2021) discuss how to use the relatively contemporary study of zemiology to uncover and mitigate against harms in society including harmful policies, practices and processes. In their words, "doing zemiology" requires a focus on "furthering social justice" by "confronting inequality, poverty, injustice or social control" (Canning & Tombs, 2021, p. 113). It is for this reason, zemiology was chosen as the lens for which to further understand the everyday harms that are often overlooked yet surround and cause long term damage to those with care experience. Zemiology does this by recognising the powerful structures and the intricacies of power relationships whether they be the power of nations and structures over the children and young people, or the legalities, process and procedures that can bind the professionals who work with this vulnerable group, which inhibits them from providing the care children and young people desperately need (Canning & Tombs, 2021). As mentioned in the previous *Literature Review Chapter*, the experiences of

children going through the care system is a relatively unexplored area from a zemiological perspective. This makes this research route a daunting yet fascinating area to explore that, when told through the voices of those it impacts most, can uncover harrowing accounts that may stay with the researcher and reader alike.

Research with Children and Care Systems

The experiences children have while they move through childhood, both positive and negative, can shape their lives as children and as adults. This is supported by the research on ACEs as discussed in the previous chapter (Clark et al., 2017; Allnatt, 2019). With this in mind, the increasing and high number of children in the care system in the devolved nations (Welsh Government, 2024a; Scottish Government, 2024a) warrant a closer inspection into the reasons for these figures and an understanding of the lives of these vulnerable children once they have been accommodated by their local authorities. However, the vulnerabilities of children, and specifically children who have care experience, can make research a difficult terrain to traverse. Children must be treated as *subjects* and not *objects* of research, to *conduct research with*, instead of *to do research on,* and in doing so, they become social actors within the process (Christensen & James, 2008). Article 13 of the UNCRC states:

> *The child shall have the right to freedom of expression; this right shall include freedom to seek, receive and impart information and ideas of all kinds, regardless of frontiers, either orally, in writing or in print, in the form of art, or through any other media of the child's choice.*

<div align="right">(UNICEF, 2021)</div>

General Comment 5 of the UNCRC reminds state parties of the consistent and on-going provision required to properly enact the rights of children to be involved in matters which affect them and in which they have experience, and to avoid tokenistic gestures ensuring that governments have direct contact with children and not use non-governmental organisations to act as mediators (United Nations, 2003). General Comment 12 of the UNCRC states that children should form their views freely and should be provided with environments to do so. In addition, their views and experience should be considered in decision-making and policy and measure

creation and evaluation (United Nations, 2009). Therefore, allowing the child within a research study to speak their truth, empower them to do so, ensure they are listened to, and their thoughts are acted on are vital pillars of conducting research with children (Greig, Taylor & MacKay, 2013). It is for this purpose the actual voices of the participants are used throughout this thesis, allowing the reader to witness the words of the individuals rather than a portrayal of the researchers understanding of what was said within the study.

When discussing research with children with care experience, Mannay and Staples (2019) claim that research that includes the voices of children and young people can make real world impact on the polices that are written concerning them, in addition, they discuss a plethora of policy and legislation introduced in the UK and Wales since devolution, produced without the authentic voice of the child, that fails to address the poor outcomes of care experienced children such as the Children Act 2004, the Children and Young Person Act 2008 and the Social Services and Well-being (Wales) Act 2014. However, Canning and Tombs (2021) note that researching those who are vulnerable, with a history of trauma, risks retraumatising the participants, in addition, the importance of power relations plays heavily in research with vulnerable children (Smith, 2019). This is not something the researcher took lightly, consequently, how this study addresses issues of positionality and power relations while working with the hidden population of care experienced children and young people is discussed in more detail in the *Insider/Outsider & Positionality* section later in this chapter.

Research Strategy

The primary data collected through the empirical study underpinning this thesis was carried out with children with care experience, adults with care experience as children and professionals that work with or care for children with care experience and care leavers. The study gathered thoughts and feelings of the participants on the care system as they experience it and how they view those experiences.

To ensure the data is detailed and descriptive, a qualitative strategy was applied in designing the research tools necessary for this study. This allowed the data collection to represent specific people in a specific place at a specific time.

Throughout this thesis, it is understood that aspects of childhood, care and state responses to these areas are all socially constructed and vary between nations, it follows therefore, that the study discussed here is of a constructivist ontology (Delanty, 2005). This constructivism allows the stories the participants share of their experiences, to assist in creating emergent understandings of zemiology (Denzin, 2009). The ontology of the participants can also be discussed at this juncture. In his works *The Constitution of Society*, Giddens describes a life with an *"autonomy of bodily control within predictable routines"* (1986: 50) as one with *ontological security*. Such security, he argues, can be disrupted by critical situations. When comparing this with the lives of children taken away from their families and entered into insecure placements, with irregular contact with family and social workers, that may change without notice, it is clear that the child's ontological security is not only threatened but can lead to ontological insecurity. Therefore, the child's life is in essence, socially constructed.

Given the purpose of the study is to understand the lives of those with care experience in a rich and detailed way and to give insight into those lives through the voices of those effected by the care system while learning from them, an interpretive epistemology applies with an inductive approach (Clark, Foster & Bryman, 2019), as the findings from this study can be used to inform and further the understandings of zemiology. Further to this, the study planning, the study process and subsequent write-up have been reflexive in nature, meaning that not only was the researcher self-reflective throughout the process but also reflexive in the understanding that the knowledge they gained is contextualised though the experiences of those interviewed and therefore reflexivity is part of the epistemological process (Delanty, 2005). This subjective study rooted in the voices of the participants, understood through a reflexive process, must be viewed as interpretive as each interview gives one individual's truth which is context and time dependent (Biggam, 2017). An interpretive application to this study matters as by contrast, a positivist approach to this study would have reduced the knowledge gained from the participants to scientific measurement which would ignore the context within which they must live their lives, their perspectives on their experiences and more importantly their voice.

Although there is an area of this study that uses surveys, the data analysed from them is exploratory rather than explanatory maintaining the qualitative and therefore interpretive definition of research. It could therefore be argued that this type of methodological triangulation is within paradigms rather than across paradigms as the data collected from the surveys is analysed qualitatively rather than quantitatively (Clark, et. al., 2019). The research methods and data collection tools used for this study are discussed in more detail later in the *Research Methods* section of this chapter.

Research Design

While the study examines the experiences of care and the policy responses in both Wales and Scotland, a comparative research design would seem an obvious choice. However, the purpose of the study is not to directly compare these devolved nations, but to understand the mechanisms of both in the context of local authority care for children, given their similarities as devolved nations with rights respecting agendas. Therefore a more flexible design was developed.

As the study concentrates on a specific group in society, namely those with care experience in the devolved nations of Wales and Scotland, the research framework used in this instance is a case study. A case study design allows for an in-depth enquiry into a real-world social phenomenon, in this case, social care for children. Case studies examine a phenomenon in real-time and are not conducted under the control of the researcher. Experimental designs also look at specific phenomenon, however, they separate the phenomenon from the context (Yin, 2018), in this study, the context of the care 'phenomenon' is an important element of the study. When highlighting the context of the participants within this study it can be widespread. For those with care experience it covers their experience of the care system including their interactions with social services, the type of foster care or other placements they experienced and relationship with their birth families. In addition, how they felt about the situations they experienced is a large part of the context of their stories. When looking at the professionals, where they work and how they feel about their employers is an important part of their context along with whether they look at their role as a calling or a job and whether they feel they can do

enough to elicit positive change in the lives of those they care for or feel they are blocked by the system and cannot do what they need or would like to do.

The overarching unit of study in this case study is *the care systems in rights respecting devolved nations of the UK*. The case study involves understanding the policies within these nations, why these policy decisions were made, the participants of the system and the consequences of being part of that system (de Vaus, 2001). However, each part of the study could be classed as a unit of study within the overarching unit such as the feelings, experiences and harm of each individual child and adult with care experience; Wales's strategic rights respecting policy direction and Scotland's own direction; each policy examined which relate to children in the devolved nations. It can be seen therefore that there are many areas or units within the care system that are worthy of examination. It is due to this multi-faceted network of care systems and their consequences on those involved that the framework used in this study is an *embedded single case study* design (Yin, 2018).

This allows detailed investigation of the sub-units such as the view of each participant and the consequences of care, to be examined within the overarching paradigm or unit (Sarantakos, 2005). An embedded single case study design was chosen over a multiple case design to allow for a comprehensive exploration of the embedded units which will allow for a more in-depth insight into the overarching unit or phenomena which is the care systems in rights respecting devolved nations of the UK. The following diagram, *Figure 13*, shows how the embedded single case study design for this study sits together. It shows the overarching case study as the care systems and within that, the individual embedded units of study.

Overarching Case Study Unit

The care systems in rights respecting devolved nations of the UK

Embedded Unit of Study Feelings of Care Experienced Child	**Embedded Unit of Study** Experiences of Care Experienced Child	**Embedded Unit of Study** Harm of Care Experienced Child
Embedded Unit of Study Feelings of Care Experienced Adult	**Embedded Unit of Study** Experiences of Care Experienced Adult	**Embedded Unit of Study** Harm of Care Experienced Adult

Embedded Unit of Study Wales's strategic rights respecting policy direction	**Embedded Unit of Study** Individual Welsh Policy & Impact	**Embedded Unit of Study** Individual Welsh Policy & Impact	**Embedded Unit of Study** Individual Welsh Policy & Impact
Embedded Unit of Study Scotland's strategic rights respecting policy direction	**Embedded Unit of Study** Individual Scottish Policy & Impact	**Embedded Unit of Study** Individual Scottish Policy & Impact	**Embedded Unit of Study** Individual Scottish Policy & Impact

Embedded Unit of Study Professionals Experiences with Children	**Embedded Unit of Study** Professionals Experiences with Organisations

Figure 13: *Embedded Single Case Study Design*

Research Methods

As established earlier in this chapter, the study that underpins this thesis is qualitative in design. This allows for the thoughts, feeling and opinions of the individuals who took part in the study to take centre stage in the findings and discussion. A quantitative study would have required measurable units to produce firm generalisation (Clark, et. al., 2019); this would not be possible in a study of harms against vulnerable children as each experience and outcome is subjective to the child or young person.

There were three data collection methods chosen for this study. Semi-structured interviews, a visual timeline and surveys which contained several open-ended questions. The visual timeline was designed to be used in conjunction with the semi-structured interviews and the surveys were conducted to reach a wider sample size. A structured interview would have allowed for tight control of an interview where each question is asked in the same way, in the same order for each participant, providing reliability, yet working from such a strict interview schedule does not allow for flexibility throughout the interview (Sarantakos, 2005) which is an important aspect of interviews with children (Tisdall, Davis, & Gallagher, 2009).

Semi-structured interview on the other hand, allow the researcher to broach each topic in question but in a fluid way allowing for a more dynamic interview to unfold (Hart, 2005). Interviews are an important element of the case study design as they retrieve suggesting explanations from the participants, in short, the 'hows' and 'whys' of a situation (Yin, 2018). While semi-structured interviews can be difficult to manage for the researcher, to ensure all topics are covered during the interview, it allows for the interviewee to feel more relaxed and can also uncover some unexpected information that could be of significance to the study (Clark, et. al., 2019).

Semi-structured interviews are a useful choice when conducting research with children and young people on sensitive topics. The interviews take place in a private setting allowing the interviewee to discuss parts of their lives they might be unwilling to share in a group setting such as a focus group. Focus groups can sometimes be led by a dominant voice within the group not allowing for the quieter members of the group to speak their truth (Smith, 2019). In addition, allowing the researcher to

concentrate on a sole participant ensures they are sensitive to the needs and physical cues the participant may present throughout the interview (Gallagher, 2009a). However, Gallagher (2009a) goes on to highlight areas of concern in such data collection with children and young people, particularly when they have negative experiences with adults who appear to take charge of their lives, such as social workers as found in this study. The difficulties that come with adults interviewing children are discussed in more detail in the *Ethical Considerations* section of this chapter.

The interview schedules for this study were created with the three distinct participants in mind. Children with care experience, adults with care experience as children and adults who work in the care industry or provide care to children with care experience. While a different schedule was used for each group, the flexibility of a semi-structured interview schedule allowed for the questions within to be directed differently for each participant within each group depending on the age, experience and maturity of the child or young person. With the professionals, the flow of discussion would differ depending on their role within the care community. Certainly, each interview is unique and therefore as unknown to the researcher as it is to the participant.

The flow of the interview could be difficult for any number of reasons. The participant may not feel in the mood to communicate, or the researcher may be not engage well with the participant. This is part of the reason that reflexivity is important in qualitative studies particularly throughout the interview. This will allow the researcher to assess if things are going well and if not, engage in activities that may assist the process. Reflexivity was a continuous process throughout this study.

It has been argued that communication is multimodal, that to fully understand the life story of any participants in a study, the data collection must move beyond just text. Non-verbal communication helps with the depth of the story and the understanding, it also helps the participants explanation of a time or event in their life (van Leeuwen, 2020). The visual timeline for this study was designed with the purpose of allowing the participants with care experience to map out their life on paper while discussing the narratives of their time in care. A timeline template is shown here as *Figure 14.,* and also in the appendices as *Appendix U*.

Figure 14: *Timeline Template*

The timeline was present in every interview with care experienced participants but was presented as an optional tool for them to use should they wish to. The purpose of the timeline was twofold. Firstly, to aid in relaxation for the participant so they could draw or write without having to make constant eye contact with the researcher, allowing them to be more open in the delivery of their stories. Secondly, to act as an aid or prompt in their narrative of how events unfolded during their time in care, a reminder of the order of things.

Research has supported the increase in memory recall and accuracy when using timeline methodology (van der Vaart & Glasner, 2007) particularly when discussing sensitive topics (Sobell & Sobell, 1992; Alessi & Petry, 2003). An important aspect of using visual methodologies such as timelines concerns positionality and power dynamics. While creating their timeline visually, the participant shares the analytical power of the interview process instead of it belonging to the researcher and in addition, it can help create rapport between the interviewer and the interviewee which is vital for good communication (Adriansen,

2012). In addition, there can be a fear of paperwork with those in constant contact with social services, therefore entering their story onto a picture in a creative way can work well with such participants, these are crucial advantages when working with vulnerable individuals such as children with care experiences. The section on *Data Collection and Procedure* later in this chapter details how unexpectedly useful the timeline was in some interviews.

The surveys data collection methods were intended to reach a wider audience of care experienced children and adults. They were designed as online surveys with several open-ended questions allowing for the participants to be detailed in their replies. As stated earlier, a closed question survey with objective replies would not give a sufficient representation of the complex lives of care experienced children (Clark, et. al., 2019). The surveys were designed for care experienced individuals only and not designed for the professionals group.

Two separate surveys were created, one for those under 18 years of age and one for those over 18 years of age ensuring the questions were worded in a way that was age relevant. The data collection using the surveys ran concurrently with the interviews as a parallel design (ibid.), with the data brought together in the data analysis. A process flow of the data collection process is displayed below in *Figure 15*. This shows the interview component of the data collection running in parallel with the questionnaires, and the interviews with the care experienced participants taking place alongside the ones with the professionals. In addition, the continuous contact with gatekeepers is also shown. This included new gatekeepers as well as existing ones. This flexibility allowed the interviews to fit with the timetables of the participants which proved to be useful for short notice interviews. More on how the data collection took place is detailed in the *Data Collection and Procedure* section of this chapter and how the gatekeepers assisted in recruitment process is detailed in the *Physical access and Gatekeepers* section.
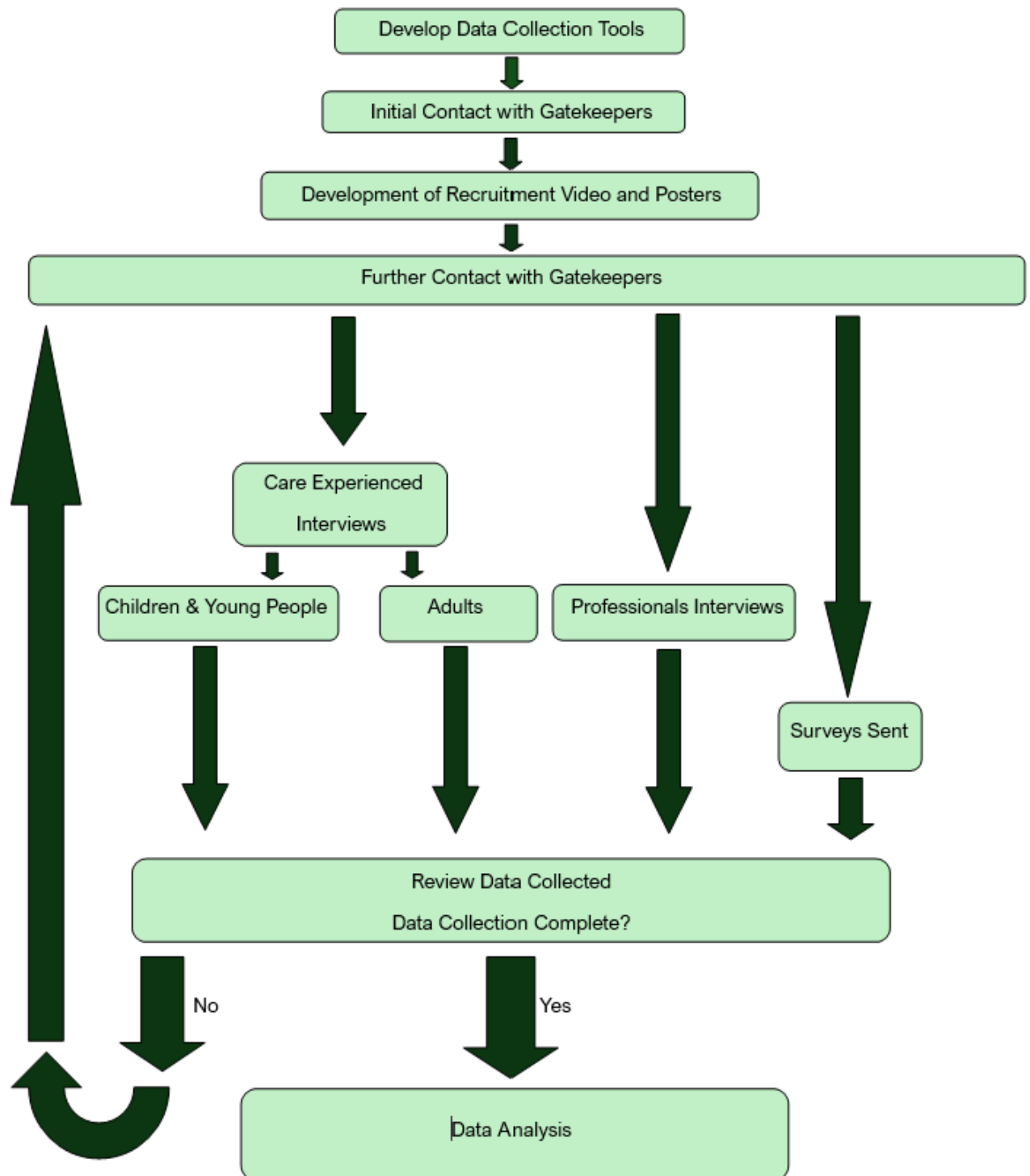
Figure 15: Data Collection Process Flow

An important aspect of the survey is its anonymity. In this instance, participants were sent a link to the survey and were asked to submit it once it was complete so as to respond without having to meet or speak to the researcher. This sometimes allows for a more honest approach in the answers by removing any unknown influence the researcher may have (Sarantakos, 2005). In addition, a wider range of participants

can be reached as the links to the surveys are passed on through gatekeepers via email, messenger and social media platforms (Biggam, 2017). Gatekeepers and their role in this study are examined more closely later in this chapter. A disadvantage of using this method lies in the reliance of the gatekeepers to pass on the surveys and the respondents to complete the surveys, when such things may not be a priority for the children and young people or the gatekeepers, which can lead to small response rates (Clark, et. al., 2019; Greig, et. al., 2013).

When justifying any research strategy, the reliability and validity of the study must be considered. The reliability of a study is a measure of its stability and consistency, in short, do the data collection instruments selected for the study produce consistent results? The consistency of any qualitative study is more difficult to prove than a quantitative counterpart due to the objective and scientific measure of quantitative research (Sarantakos, 2005). However, the investigative concepts that guided the study in this case are detailed in the thesis, including research strategies and design, examples of surveys, interview schedules, sampling framework and the process of data collection and analysis allowing for a repetition of the study to take place (Yin, 2018).

The detailed methodology within this thesis gives the study the rigour required to repeat the case study associated with this thesis should that be required. Although it is important to remember that any qualitative study is conducted with time and context restraints therefore the same study conducted at a different time may uncover different experiences of the participants.

The validity of a study also measures the quality of the study in how accurately it performs how it was designed to by reflecting the real lives of children with care experience (Clark, et. al. 2019). This study addressed issues of validity by ensuring that a cross section of children, adults and professionals from Wales and Scotland were part of the study. The themes uncovered detailed in the findings show a unity in their responses.

Reflexivity was also used heavily throughout the study to ensure that any researcher bias was acknowledged which is discussed in more detail below. The external validity or generalisability of the study can be shown with the application of a zemiological lens used to examine the harms of vulnerable children with care

experience. A hybrid of this study could be used to examine other nations with child rights-based agendas or other vulnerable groups in Wales and Scotland such as children in deprived areas or disabled children.

Why Use Reflexivity?

An important part of qualitative research concerns reflexivity in both the participants and the researcher (Sarantakos, 2005). The nature of qualitative interviewing allows an understanding of complex lives, such as those of vulnerable children, as the researcher learns more about their experiences and feelings throughout and after the data collection process (Palmer, 2019). Contemporary childhood studies recognise the dual process of reflexivity when conducting research with children and as such, the contribution it makes to the understanding of children's lives (Christensen & James, 2008).

With regard to reflexivity in the participants, the researcher ensured that reflective moments shared by the participants during the interviews were recorded as part of the data collection to be presented and discussed in the subsequent, *Findings* and *Discussion Chapters*. Some of these moments were uncovered while relaying their past and some while using the visual timeline aid, which was available to all participants with care experience. In some cases, during the interview, the researcher would go back to a point made earlier by the participant for clarification causing the participant to reflect on what they had said and what was the researchers understanding of it.

Reflexivity is important for the researcher in terms of being aware and discarding any preconceived ideas of the children and adults interviewed with care experience. As an adult, female and middle aged, the researcher was aware of the challenges that this may present when talking with those with care experience who may be conscious of the differences in researcher and participant, particularly the younger ones. This is not to suggest that the researcher should pretend to be something they are not.

Reflexivity in the researcher allows them to scrutinise their role in a study in a continuous self-aware way, acknowledging the differences in them and their participants and how their academic knowledge and also life experiences could

influence how they perceive and interpret stories from their participants and how these preconceptions may influence the participant, the researcher and the results (Davis, Watson, & Cunningham-Burley, 2008). To be self-aware of differences and of knowledge is to be reflective.

Some critics of reflexivity state that it can place too much attention onto the researcher instead of the participants and claim it to be self-indulgent (Finlay, 2002). However, using reflexivity allows for a more holistic understanding of the conclusions reached in the study findings. To aid in this, the researcher was continuously aware of their position not just during interviews but also when contacting gatekeepers and prospective participants. Building relationships became the first, and one of the most important parts of the research journey.

Throughout each interview, the researcher wrote reflective notes and added an overview to the notes at the end of each interview, this was to ensure that the thoughts of the researcher were recorded. In these notes, the researcher wrote how they felt post interview and thoughts on why they felt that way. This self-analysis was important in order to understand if feelings were caused by the participant, something they said or external influences. The notes also contained the same reflection on the mood of the participant and possible reasons for their demeaner. As qualitative interviews capture data of a time and place, these post-interview reflections were a vital part of the holistic approach taken by the interviewer.

The reflexivity of the researcher continued through each interview and into the data analysis and subsequent thesis write-up. Revisiting the reflexive notes made throughout the data collection process helped the holistic and rounded approach of the study to be captured and portrayed in the final review. Being reflexive in a study assists the researcher and, in turn, the reader to understand the complexities of a qualitative study in particular, areas such as positionality and power relations.

Positionality, Insider/Outsider and Power Relations

The physical access aspect of this study is discussed in the next section, while it is a vital part of qualitative studies, social access to participants is equally important. As someone who is neither care experienced nor worked in the care field in a professional role or fostering role, the researcher was classed as having an *outsider*

status throughout the data collection process. To gain social access with this status, requires the researcher to work to build trust and credibility at the start of the interview and before, particularly where gatekeepers were concerned.   Research into the lives of those who are different to the researchers in fundamental ways can be likened to the term, *the problem of other minds*, which asks if the life of someone so different can ever fully be known without experiencing it (Nagel, 1974).

From an insider/outsider workplace perspective, in many ways, being an outsider can give new insights to old situations or problems by not holding on to common assumptions (Clark, et. al., 2019). Having an insider status may have been useful in this study with regard to physical access, discussed below, as having established relationships in a place of work can be utilised to make room for research in ways that being an outsider make difficult. Yet the outsider status of this researcher allowed for framework and boundaries of time and setting to be in place for each interview allowing for a separation between the workplace and the interview place (Mukherji & Albon, 2015). Other advantages include a lack of good or poor history of relationships with the participants, each relationship is a new good working relationship. In addition, the independence of an outsider may foster a more honest conversation (Alderson & Morrow, 2020).

While the outsider status of the researcher was useful once a connection with the gatekeeper or participant was established, the outsider status made making initial contact and creating a relationship from nothing quite difficult. While some good connections were formed throughout the study, the researcher felt that some good opportunities were missed due to an inability to make suitable connections with important gatekeepers. In reflection, the development of contacts made earlier in the doctoral process may have yielded more interest to the request for involvement in the study. As an introvert, the researcher found this part of the process challenging, but not insurmountable.

The positionality of the researcher is important in any study, more so when there are obvious differences between the ages of the participants and the researcher, as with this study. In interpretivist research the researcher has a position, built on their life history and experiences which must be recognised as it will affect the interpretation of the data collected throughout the study (Bryman, 2016).

Positionality and power relations within research with children are often discussed in terms of domination and subordination. This can be in age, size and position in society, it is the role of the researcher to redress this imbalance while researching with children (Matthews, 2001). Power relations are also an important aspect of working with a zemiological lens.

As discussed in the *Literature Review Chapter*, zemiology is used in this study to examine inequalities those with care experience face through the control and ineffectiveness of their governments (Canning & Tombs, 2021). More critically, when analysing the harms that occur to this vulnerable group, autonomy harms, identified as a significant harm facing these children and young people, occur when they are prevented from achieving self-actualisation, the ability to have opportunity to formulate choices and the capacity to act on them therefore leaving them powerless in any decision making required to control their own lives (Pemberton, 2015). Pemberton (2015) elaborates on this by stating that a small group in society hold the power leaving the majority powerless and autonomy harms occur when losing the control and the resources to act on their own behalf, in their own interests, creating further division in those with the power and those without.

Children who have experienced care have already found themselves victims of invisible power such as that described, yet they are not the only participants who have experienced this. The professionals also have command structures from government to adhere to whether they are employed by social services or if they are foster carers, where bureaucracy is valued over care of the children and care to the foster carers. Therefore understanding how power relations have already affected the participants of this study is vital if the researcher was to approach the interviews in a balanced and sympathetic way.

Evidence of such invisible power structures were found throughout the interviews when questions were asked regarding policy or legislation that had an impact on the participants. Somewhat expectedly, the children and young people could not name any that had impacted them in any way. What was more surprising is that, with just a couple of exceptions, many of the professionals were also unaware of any policy or legislation that would have impacted the children in their care positively or negatively. This shows how command structures control the lives of children and

professionals without the knowledge of why the control or power is there. The purpose are these rules in place seemed unknown to most participants.

As expected, the researcher found differences in their positionality depending on who they interviewed and where. As a woman in her 50's, born and raised in Wales, her positionality differed when interviewing professionals of a similar age and children or younger participants. A difference was also noticeable in Scotland as opposed to Wales particularly concerning their accent where a Welsh accent was viewed as a novelty among the young people, leading to many ice breaking conversations regarding 'Gavin and Stacey', a situation comedy partly based in South Wales.

When researching with children, Corsaro and Molinari (2008) talk of the status of 'adult incompetence'. This occurs when the adult researcher is unknowing of the place they are conducting their research which can give children and young people a welcome power over them. The children feel they have more knowledge than the researcher and can therefore accept them more readily into their world, recognising them as an adult but also without knowledge and therefore power. The researcher was able to use this status in the study when interviewing in schools and colleges allowing the child or young person to educate them on how things worked in their environment, what their days looked like where to get things like drinks or lunch, what certain noises were, for example alarms and notifications played through the school or college speaker system. This returned power back to the participant and allowed them to feel more relaxed in conversation with the researcher.

Corsaro (2018) recognises that power imbalances are heightened when interviewing children due to age and status differences and states that measures must be taken to reduce the imbalance using multiple methods. The power relations between an adult interviewer and a child participant can be lessened by using creative methods throughout the interview (Mukherji & Albon, 2015). Canning and Tombs (2021) also suggest alternative research methods, such as art-based interventions, when researching with those who may have been exposed to acute or chronic harms. This study attempted to utilise such methods with the introduction of the timeline method discussed earlier. This allowed the participant to share the power dynamic while creating their story, in their hand, in their own time (Adriansen,

2012). How the researcher addressed the positionality and power relations in this study is examined in practical terms in the *Data Collection and Procedure* section below*.*

Physical Access & Gatekeepers

Conducting research with children has many obstacles that need to be overcome. Physical access is one of those obstacles. This, in part, drove the decision to introduce open question surveys into the data collection methods. As stated earlier, a survey, sent through a link and completed and submitted online, allows for the participant to be anonymous and therefore more direct and honest in their answers (Sarantakos, 2005). The surveys can be passed along quickly by the gatekeepers and also can be used as a gateway to physical access through interviews should the participants be comfortable with exploring their stories further. This was carried out with the addition of a question at the end of the survey as in *Figure 16.,* below.

Thank you for your time. If you would like to talk about your experiences in more detail and would like to take part in a short interview please circle below.

Yes, I would like to take part in an interview.

No, I do not wish to take part in an interview.

If Yes, please supply your best contact details:

Figure 16: Survey Final Question

Physical access when conducting research with children must be planned carefully ensuring the location of the interview is comfortable for the child or young person in terms of familiarity and physicality. The location should be on neutral ground or a place that has positive associations for the participant. This should be a private

location but with the gatekeepers on hand so that the participants feel safe but able to talk freely (Gallagher, 2009).

When conducting face to face interviews, children are rightly protected regardless of their autonomous status which is discussed throughout this thesis (Gallagher, 2009). Gatekeepers are those whose role is to safeguard others and can give consent, formally or informally, for research to proceed (Greig, et. al., 2013), so it is the role of the gatekeeper to liaise with the researcher to assist in the organisation of interviews with children or vulnerable young adults. In research, gatekeepers are essential in gaining access to vulnerable groups and can often require an amount of negotiation. This generally concerns the risk they feel they are taking allowing access to their wards who could possibly be distracted from more important tasks and the time research will take out of their day. However, gatekeepers can also be vital in creating and extending contacts required for the study (Bryman, 2016).

In this study, the researcher experienced positives and negatives of working with gatekeepers. An early introduction was made with a leading Scottish Non-Governmental Organisation (NGO) who specialise in vulnerable children[2]. This gatekeeper proved invaluable to the researcher in gaining access and making further connections in Scotland. In addition, they advised the researcher in matters of participant recruitment such as posters and videos which they were able to help distribute throughout their contacts in Scotland. Once those further connections were made, the researcher found those who worked for governments, educational establishments and third sector organisations engaging and willing to take time out to take part in the study. One educational establishment[3] arranged multiple interviews to fit in around the researchers limited time in Scotland which was of great value. In Wales, an education specialist[4] also went above and beyond to assist the researcher in recruitment for the study allowing for other connections and interviews to be arranged.

Yet in stark contrast to those examples, the researcher found most gatekeepers in similar roles in Wales difficult to fully engage with and to commit to providing assistance in gaining access to their service users or their staff. Some did

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[2] The name of the NGO has been redacted to protect the anonymity of the participants
[3] The name of the education establishment has been redacted to protect the anonymity of the participants
[4] The name of the educational specialist has been redacted to protect the anonymity of the participants

not reply to emails, others did not engage after the email stage and some went as far as engaging with video conferencing or telephone calls so that they could understand the research study in a more detailed way, yet never committed to allowing the researcher to attend their place of work for interviews. In addition, the First Minister of Wales and two leading Senedd members who cover areas of social care and the Welsh Children's Commissioner were all approached and asked to take part in this study. All refused, regardless of the Welsh rhetoric of children being equal citizens of Wales.

The researcher made three trips to Scotland, two of which were self-funded as were the rest of the travel arrangements around Wales. As previously mentioned, being situated in Wales allowed for short notice interviews to be arranged and conducted, yet many Welsh gatekeepers shied away from committing to the study while the Scottish gatekeepers understood the importance of the children's voice within this study. The lack of engagement in some areas only perpetuated the problem of the hidden population of care experienced individuals having their voices silenced. The surprising lack of engagement from Welsh gatekeepers was an interesting reflective point of the study. Whether they were fearful of repercussions from authority or government or they felt they did not have the time to take part in research is unknown. This unexpected development warrants further research into the engagement of gatekeepers.

Although gatekeepers allow the researchers to gain access to the children or young people in their care, once access is granted, the researcher would ensure that the young participants are aware of the purpose of the research, how it would be conducted and asked if they still wanted to be part of the study. Only once all of that is understood and verbally agreed should the participant be asked to sign the consent form. Christensen and Prout (2002) describe this as 'ethical symmetry', where children and adults are awarded the equal considerations in research.   While access to children is an important part of this study, children and young people were a section of the participants with adults and professionals making up the rest of the study sample. How access was gained for all participants of this study is addressed in the section below, *Data Collection and Procedure*.

Reflections on the Research Strategy and Design

It is argued that an interpretive study lacks the degree of accuracy that is required to prove causality in research (Sarantakos, 2005). However, this study seeks to uncover the harms caused by states and therefore requires a methodological approach that seeks to gather data with depth and understanding which quantitative methods could not bring. The interpretive nature of this study implies the knowledge gained through the data collections rests in the relationship between interviewer and interviewee (Cohan, Manion & Morrison, 2007). This relationship allows the thoughts and feelings of the participants to take centre stage. Quantitative methods would not have given a voice to the children and young people of this study, therefore silencing the voices which are central to this thesis.

Ethical Considerations

As a case study research design centres on "a contemporary phenomenon within its real-world context" (Yin, 2018, p. 88) ethical considerations to protect those involved in the study must be taken. For this study, an application was submitted to the Swansea University Faculty of Humanities and Social Science Research Ethics board detailing the proposed study, its purpose, methodologies, how it will ethically protect the participants and proposed benefit to social sciences. This board complies with the UK Policy Framework for Health and Social Care Research (NHS, 2023). The application was approved before the commencement of the study which underpins this thesis. This study also complies with the ethical standards of the British Sociological Association (2024), the code of ethics of the British Society of Criminology (2024), the research ethics guidance of the Economic Social Research Council (2024) and the research ethical guidance of the NSPCC (2023). In addition, the researcher underwent a full Disclosure Criminal Record Check (DBS) through Swansea University.

It is important to note that, as stated by Gallagher (2009), ethical considerations are a process not an application. Alderson and Morrow (2020) remind us that ethics are part of the whole fabric of research including the shaping of the questions, the methods and the findings and to be ethical requires being critical

and reflective of the research study to be conducted. Therefore, ethical standards were adhered to throughout the study and the subsequent thesis development.

In Canning and Tombs' (2021) chapter on 'Doing Zemiology', harms caused within research are considered, stating that regard must be given to whether or not a study requires first hand narratives from vulnerable people who have experienced harms, as not to cause further unnecessary harm. While this is an important consideration, the voices of those with care experience are an integral part of any research about them. For this study, careful thought, care and reflection in each interview ensured the needs of the participants were met throughout.

Roberts (2008) states that while some research with children can be exploitative, not to involve children in research regarding them is simply bad practice. While an important aspect of research is to ensure the research is beneficial, Alderson and Morrow (2020) argue that it is not certain that research with children will benefit the participants and more importantly that it will not cause any harm; yet they continue to say that some research has shown that when children and young people are approached about taking part in research, most want to help and be part of the study. The British Sociological Association (2024) state that a study should ensure that the rights, interests, sensitivities and privacy of the participants should be protected, and ways should be sought to remove distress that the study may bring. Ethical committees have three main considerations when evaluating studies, the scientific validity they can provide, the welfare of the individuals taking part in the study and the respect of their rights and dignity (Allmark, 2002).

The introduction and commitment to the UNCRC by Wales and Scotland ensures that children have the opportunity to give their views and are respected and therefore should be involved in research about them and any consultation regarding decisions that affect their lives (Alderson & Morrow, 2020). Christensen and James (2008) support research with vulnerable children asking if research is not conducted, how is it possible to understand what interventions are required or if they will be effective. When discussing ethics within social research with children, Roberts (2009) gives points that must be considered such as ensuring the cost of the research with respect to inconvenience is outweighed by the benefits, that privacy and confidentiality is met, that the participants and gatekeepers are made fully aware

of the purpose of the study including the subsequent write-up and any further dissemination of the findings and that full consent is sought before any data is collected. It must not be forgotten that in order to understand the harms occurred to children with care experience, children's voices must take centre stage of this study, therefore it is the duty of the researcher to address the above points as part of this chapter.

Ethics: Purpose and Benefit of Research and Avoidance of Harm

The purpose of this study is to understand how social harms can affect those experiencing the care system as children and how harmful policies, practices and decisions contribute to those harms. The benefits of this study and subsequent thesis include bringing new understandings to the care system by viewing it through a zemiological lens in the hope to target child focused policy and reduce those harms. This may be for the harms uncovered in this study to be recognised and confronted or to make critical policy recommendations and bring about social change.

In addition, all interviews took place face to face with first hand narratives from those with care experience. The purpose of this was to gain as much information as possible including non-verbal cues. The authentic voice of the child and young person with care experience was important in the study due to the lack of their voice in contemporary policy. The processes to mitigate against any harms this study may cause are detailed below.

Minimising Harm to the Participants

Harm to the participants in any form must be avoided which includes a prevention of misinterpretation or deception (Yin, 2018). This study contained no covert operations and participants were given full disclosure. The participants of this study were notified fully of the purpose and process of the study before each interview began. In the case of the professionals and adults, information sheets were sent to them before the day of the interview where possible and for the participants with gatekeepers, information sheets were sent to the gatekeepers ahead of time. More detail on the process of informed consent for this study is later in this chapter. The full transparency of the study also included informing the participants that any

information disclosed to the researcher of previously undisclosed harm to them or anyone else, would be reported by the researcher to appropriate persons following the interview process.

All interviews with care experienced candidates were carried out in places where they felt physically safe such as schools, colleges or places of work. All participants were given contact details of organisations within their debrief forms, which could provide help or additional support should they need it. While there were moments of upset in some interviews, when a participant started to become emotional the researcher would stop the interview, allow the participant to recover and ask them if they want to continue or stop the interview. All participants completed their interviews.

Minimising Harm to the Researcher

There were limited harms expected to the researcher through this study. However, the researcher was aware of potential emotional harm to them from listening to the lives of those with exposure to harms in their childhood. The nature of interpretive studies uncovering rich and detailed data can be traumatic for the researcher if they do not have the right support (Clark, et. al., 2019).

Yin (2018) states that data collection through a case study design could leave the researcher mentally and emotionally exhausted. Therefore the researcher was careful to space out interviews where possible to ensure each new interview was conducted with a fresh approach enabling the researcher to give each participant 100% focus. During the data collection process, which took place over a five month period, the researcher had scheduled meetings with their supervisors where progress was discussed, and mental and emotional pressure was shared.

Ethics: Privacy, Anonymity and Confidentiality

The start of each interview, the participant was informed that they could tell the researcher as much or as little as they wanted, this was to ensure their right to privacy was maintained throughout the interview (Clark, et. al., 2019). To further ensure privacy, the telephone number of the researcher was not given to any participant unless absolutely necessary and never to any participant under 26 years of age. This allowed the participant to keep their telephone numbers private also. All

forms of communication were sent and received through email using the work email of the researcher to ensure appropriate distance in communication was kept. A negative aspect of this is the use of email is viewed as an outdated form of communication for many young people under 26 years of age and therefore reducing the opportunity of further contacts that could have been made if telephones were used in addition to email communication.

All interviews were recorded using an electronic recording device. The recordings were then listened to and transcribed into documents; the recordings were then deleted. At this point any names of people or locations were removed ensuring the anonymity of the participants and any person they may have discussed. The transcripts were stored under codes allowing the researcher to differentiate between each participant in an anonymous way throughout the data analysis. The codes for each participant were then allocated pseudonyms. This was to ensure they were discussed in a personal context using names instead of codes throughout the thesis.

With regard to confidentiality and the storage of data, the Data Protection Act (2018) was adhered to at all times, ensuring that any data deriving from interviews were kept safe with the researcher in a locked draw and recordings were deleted once transcribed. Any data kept on the researcher's computer was encrypted and password protected. The researcher kept travelling on public transport to a minimum during the data collection process, when this occurred all data was kept with them throughout the journey. The only aspect where confidentiality comes into question in this study is the declaration of which nation the participant lived or worked in. Some quotes used in this thesis will state whether the participant experienced care or worked in Wales or Scotland. This disclosure is important in some areas due to the policy of each nation, which can then, in turn, give more context to the findings, an important part of a case study design (Yin, 2018).

Ethics: Informed Consent

Part of following an ethically considered research process involves gathering the informed consent of every participant, for them to be fully informed of the nature of the study and formally agree to taking part (Yin, 2018). As well as information on the

purpose and process of the study, the participants should also be made aware of how they data will be stored, what to do and who to contact if they wish to withdraw from the study and who to contact if they are unhappy with the any aspect of the research process. This is for the participant to be fully aware of all aspects of the study before they decide whether or not they want to take part which is, of course, voluntary (Clark, et. al., 2019). For this purpose, the study made use of an information sheet, a consent form and a debrief form for all those who took part in the interviews. The information sheet and debrief forms were given to the participants for them to take home for future reference. The signed consent forms were retained by the researcher to ensure their agreement is documented. With regard to the online surveys, the first page formed the information sheet and the participants were required to acknowledge they were happy to proceed before the survey became active.

Sampling framework

A study including the whole care experienced population would not have been possible with a research framework such as this and the size of the target population therefore, a sampling framework was designed. Using a smaller sample allowed a more thorough and detailed study to take place (Sarantakos, 2005). The purpose of this study is to uncover harms, using a zemiological lens, caused to children and young people in the care system in nations that are child rights focussed. Therefore, with regard to the case study sample, the selection could be described as *theoretic sampling* or *focussed sampling* as the case study was chosen to provide strong examples of harms as highlighted by zemiology (de Vaus, 2001).   As discussed earlier in this work, multiple units within the case study are present creating an *embedded case study* design.

Three target populations or categories were required for the study underpinning this thesis. The first were those over 10 and under 18 years of age with care experience. The second were adults under 36 years old who had care experience as children and the third were adults (professionals) who worked with or cared for care experience children or care leavers. The reason for capping the adult category at 35 years of age was to ensure the participants had experienced relatively

contemporary policy throughout their time in care. The survey population were those with the above criteria who experienced care, or the case of professionals, worked in Wales or Scotland. The population of professionals were required to have one of the following roles:

- Social Workers
- Children or Young Person Care Home Workers
- Secure Children's Home Workers
- Teachers or Education Professionals
- Social Care Managers
- Third Sector Key Workers
- Foster Carers

Non-probability sampling was used in this study utilising a hybrid method in selecting the sample. Non-probability samples are more aligned to inductive strategies such as this study as they are more responsive to the developing data of the study (Clark, et. al., 2019).

Due to the research strategy requiring data that was in depth, smaller numbers of participants were required, therefore, the researcher was aiming for between 10 and 15 participants to interview per category ensuring that each category was sufficiently represented in the study. This pre-determining of size groups can be classed as *quota sampling*, yet, as the survey population for two of the categories are classed as vulnerable, they are a hidden population and therefore difficult to reach, in these cases *snowball sampling* was used (Hart, 2005). Here, the researcher made contact with a gatekeeper, and they approached suitable participants for the research study, arranging meetings for those who wanted to take part in the study. This type of snowball sampling, sometimes referred to as chain sampling, can be vital when conducting research with hard to reach populations (Emmel, Hughes, Greenhalgh, & Sales, 2007).

Snowball sampling was also used with the surveys, where the gatekeepers received the survey links and passed them onto prospective participants. Gatekeepers were located following a period of research by the researcher into appropriate places for the sample population.

Data Collection and Procedure

Gaining access to the sample for the study was conducted in a number of ways. The researcher began by investigating organisations that would be able to act as gatekeepers for the study. Some contact had been made through previous research experience and others through conferences which brought together specialists in the area of vulnerable children.

Emails were then sent to the gatekeepers explaining the study and asking for their time through telephone calls or a visit by the researcher where they could explain in more detail, the purpose of the study. They were also asked if they could suggest anyone who would be willing to take part in the surveys and the interviews. This was followed up by telephone or video calls with the gatekeepers where possible, with study information such as ethics agreements and participation information sheets sent on for their scrutiny. Some gatekeepers had wider contacts they were able to approach for interest. At this point, the NGO in Scotland discussed earlier, assisted the researcher with recruitment. This NGO specialise in vulnerable Scottish children and have great experience with recruiting and conducting research with children. Contact had been made with them earlier in the year while the researcher was on a trip to Scotland and a follow up email led to a video call where the details of the study were discussed and the creation of a poster (*Appendix V*) and two short videos were suggested by the NGO. One video was for adults and professionals the second video was for children and young people.

As with the questionnaires and interviews schedules the researcher wanted to ensure the recruitment videos were age appropriate. This included what the researcher was wearing and the language they used in the videos where more formal attire was worn and academic language was used for the adults and professional's video, more relaxed clothing and language was used for the video used to recruit children and young people. In addition to the NGO distributing the recruitment information, social media posts and generic emails were created by the researcher and used to promote the study and request interested parties to make contact which yielded some prospective participants. The poster advertising the research study and the short videos used in social media posts were also sent to gatekeepers for

them to use in recruitment or to send on to other gatekeepers creating the snowball element of recruitment.

As the research study looked at the lives of those in Wales and Scotland, the researcher visited Scotland on a number of occasions to meet with gatekeepers and to conduct face to face interviews. During the initial trip the researcher met with gatekeepers to explain the purpose of the study and to arrange interviews for the following few months. The majority of the interviews for this study took place face to face with just one online interview required. The contacts the researcher made in the first few visits to Scotland proved vital in the development of the remaining interviews in Scotland. However, there were some short notice cancellations and rescheduling required which proved difficult to manage along with some contacts withdrawing interest by not replying to emails or messages. This was the case in Wales and in Scotland.

Throughout the recruitment process, links to the surveys were sent out to care experienced participants and gatekeepers in Wales and Scotland and the data was collected and stored electronically. There were two separate surveys created using Microsoft Forms, one for those over 18 years of age and one for under 18 years of age. The questions can be found in the appendix, *Questionnaire for YP Child* (*Appendix S*) and *Questionnaire for Adult*, (*Appendix T*). Once the initial contact with gatekeepers was made and recruitment was underway, the data collection through interviews began. It is worth noting that through the five month data collection window, recruitment continued in an iterative manner. This can be seen in the Data Collection Process Flow Document in *Figure 15.,* above where contact with the gatekeepers and recruitment was a continuous process.

Interviews with adults whether they were in the professional or adult categories, took place at a location where the participants felt most comfortable. This was sometimes at their place of work, sometimes at their home and sometime their place of study. The participants were asked which place best suited them and the researcher would fit in around them. Interviews with the children and young people took place at the workplaces of the gatekeepers, these included schools and colleges. While the interviews took place in a room that contained researcher and

the participant only, the gatekeepers were stationed in a room adjacent. This was to ensure the participant felt safe but also secure enough for them to speak freely.

In line with ethical guidelines all participants who took part in the study were fully informed of the purpose of the study through a *Participant Information Sheet*. This sheet explained the purpose of the study, what was required of them and how their data would be handled after the interview. It also informed them that the interview would be recorded using an electronic recording device.

Although the information sheets were sent to the participants in advance of the meetings, a copy was always given to the participant for them to read and keep before interview commenced, the researcher always allowed the participant to read the information in their own time making themselves busy with other tasks so the participant would not feel they were waiting on them. In addition to an information sheet for older children and young people (*Appendix A*), adults with care experience as children (*Appendix B*) and one for practitioners and carers (the professionals) (*Appendix C*), an easy read version was also created for the younger children and was available for those who required it (*Appendix D*). The easy read versions were taken to every interview should they be requested.

Once the information sheets were read, the participants were asked again to confirm verbally that they understood the reason for the research, what was required of them and finally if they still were happy to proceed. All participants at that point chose to proceed. If they wished to continue then they were asked to sign *Informed Consent Forms*. As with the information sheets there were several separate forms. One for older children and young people (*Appendix E*); one for adults with care experience and children, (*Appendix F*); one for practitioners and carers (*Appendix G*); one easy read version (*Appendix H*) and a fifth form for parents or guardians (*Appendix I*). This last form was for the parents or guardians of those participant who were under 18 years of age and were sent out prior to the interviews. The participants were then asked again if they were happy for the interview to be recorded and if so, the electronic recording device was switched on and the interview commenced.

The timeline (*Appendix O & Figure 14*) was placed in front of the participants who were care experienced and the purpose of it was explained to them. They were

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informed that the picture of the road represented their life, but the use of the timeline was optional, they did not have to use it if they did not want to. If they did want to map out any part of their journey, they were asked to leave the top part free for their future which would be discussed towards the end of the interview.

The participants were then asked to share their story starting at any point they felt comfortable with. Each category, child, adult and professional, had a separate interview schedule to guide the researcher through the semi-structured interviews: Interview Schedule for Child / Young Person, (*Appendix P*), Interview Schedule for Adult, (*Appendix Q*) and Interview Schedule Professional (*Appendix R*). The schedules were used as guides in the interviews however, the researcher allowed the participant to drive the narrative of the interview as much as possible. This was to ensure the participant felt they were part of a relaxed discussion instead of an interview.

As would be expected, some participants become emotional or upset during the interview when recounting times they found overwhelming. When this occurred, the researcher paused and remained quiet, although recording continued, while allowing the participant time to recover. Once they were able to, the researcher asked the participant if they wanted to continue or stop the interview. If they wished to continue the researcher would change the direction of the discussion onto lighter topics. This change in direction would also occur if the researcher felt the participant was getting anxious during recall of certain memories. In some cases, the participants would want to explain why they were emotional. This was an important part of the reflexive journey for the participants. Some reasons given were they had not visited the memory for a while, some because of a sense of relief on decisions they made and others due to frustration of not being heard or protected at the time. All participants who were asked, wanted to continue with the interview.

On completion of the interviews, each participant was provided with a *Debrief Sheet* explaining what would happen with their data and given contact details should they have any questions after the interview or should they wish to withdraw their interview from the study. In addition, the debrief forms for the adults and children contained additional information of helplines they could contact should they wish to. The forms were designed this way to ensure the participants, who were reliving some

upsetting times, had all the support they needed.   As with the previous forms, the debrief forms are part of the appendices and are listed as Debrief Sheet Young Person (*Appendix J*), Adult (*Appendix K*), Professional for the practitioners or carers (*Appendix L*), Young Person Easy Read (*Appendix M*) and a form for young people interviewed at school with an additional contact from the school entered on to the form (*Appendix N*).

In some cases, the researcher found the end of the interviews with children and young people challenging. Alderson and Morrow (2020) recognise that young people may enjoy having someone listen to their story and the researcher must find ways of not becoming too attached or too much of an influence on what the participants say. Within this study, some participants were eager to stay in the room once the interview had concluded and would look for other things to keep the conversation going. This is shown with Rachel, once the researcher said she had enjoyed talking to her and thanked her for spending time with her:

Rachel: Are you going to come back then?
Researcher: Would you like to talk to me again?
Rachel: Maybe… But you need to bring better pens, these ones are rubbish.
Researcher: I'll make sure I get some more. Is there anything else you'd like to talk about?
Rachel: Is there anything else you'd like to ask me?

Rachel (child)

Rachel seemed to enjoy this playful back and fore. On reflection, the researcher felt it gave Rachel control over the narrative and while she did not have anything to add to her story, she was not ready for the interview to be over.

Part of the reason for this behaviour from some participants may have been because they would rather be there than have to go back to classes and partly because they enjoyed having focus on them for a time. The researcher was careful not to make them feel that their time was over and they had to leave so some of these post interview chats would last up to 15 minutes or so. This also helped the participant wind-down from the study and let the researcher know that they were

comfortable with everything they had discussed before they left the room. The researcher felt this additional time was well spent if it made the participants feel more comfortable with the process. Ending a relationship with participants in an intrinsically ethical way is debated in work by Virginia Morrow where she discusses the importance of guidelines set up so as to ensure the young participants do not feel 'used' following the interview process (Morrow, 2013). The researcher would follow a list of self-imposed guidelines when interviewing children and young people including thanking them for their time, switching off the recorder, asking what their plans were for the evening or the weekend and what they were going to watch on television. While this process let the participant know the interview was complete, they were never asked to leave the room. This happened when the participants felt they were ready to go.

A qualitative study can be quite an emotional journey for the researcher as they start with an objective viewpoint and through the trust and openness of the participants of the study, complete the journey with a subjective understanding. The researcher of this study was no different. The exposure of the life stories of the participants, and the emotional impact care had on their lives, affected the researcher in terms of emotional stress which fed a strong desire to improve the lives of children who, through no fault of their own, end up with corporate parents instead of birth parents, and whose harm had been hidden and whose voices silenced.

McMahon and Winch (2018) state that the quality of qualitative data is improved when interviewers take part in systematic debriefing which they can take with them into further interviews. The researcher relied on the support of their PhD supervisors in debrief meetings that took place regularly throughout the data collection process, to allow them to share the weight of the frustration felt at the inability of the corporate parent to provide care of high levels to vulnerable children.

Data Analysis Overview

As the surveys were created using Microsoft Forms, the data collected was summarised and presented visually using the Microsoft Forms application. Participants could use a computer, a smart phone or an electronic tablet to complete the survey online accessed through a link they received from the researcher or a

gatekeeper. As mentioned earlier, passing the links to surveys onto others to complete through gatekeepers can run the risk of low submission numbers as individuals reduce the priority of taking part in research studies. This was the case for this study and, as the response for the surveys were much lower than the researcher had expected, they could not be used alone to support the study in terms of validity. However, as the participants voice is an important dynamic of this study it was vital to include the data from the surveys and, when coupled with the data from the interviews, they produce rounded findings with similar outcomes. The data from the surveys will be discussed in more detail in the *Findings Chapter*. *Figure 17.,* shows the demographics of the participants of the surveys. They are divided into Welsh and Scottish initially, then male and female, each within their category.

Category	Welsh	Scottish	Total
Child	4	2	6
Adult	5	4	9
Total	**9**	**6**	**15**
Category	Male	Female	Total
Child	2	4	6
Adult	4	5	9
Total	**6**	**9**	**15**

Figure 17: *Demographic breakdown of the participants of the surveys*

Figure 12., below, shows the demographics of the participants of the semi-structured interviews. As with the chart above, the participants are divided initially into Welsh and Scottish, then into male and female, each within their category.

Category	Welsh	Scottish	Total
Child	6	0	6
Adult	6	6	12
Professional	10	4	14
Total	**22**	**10**	**32**

Category	Male	Female	Total
Child	2	4	6
Adult	3	9	12
Professional	2	12	14
Total	**7**	**25**	**32**

Figure 12: Demographic breakdown of the participants of each category of the interviews

In addition to low survey responses, the timeline, the pictorial representation of the participants life, was not as popular in the interviews as hoped. While some participants were happy to use the timeline to visually represent their story, others did not engage with it. However, unexpectedly, some participants used the timeline on which to doodle while talking. An example of this can be seen below in *Figure 18.*, and in the appendices (*Appendix U*). This generally happened with female participants in their mid-teens.
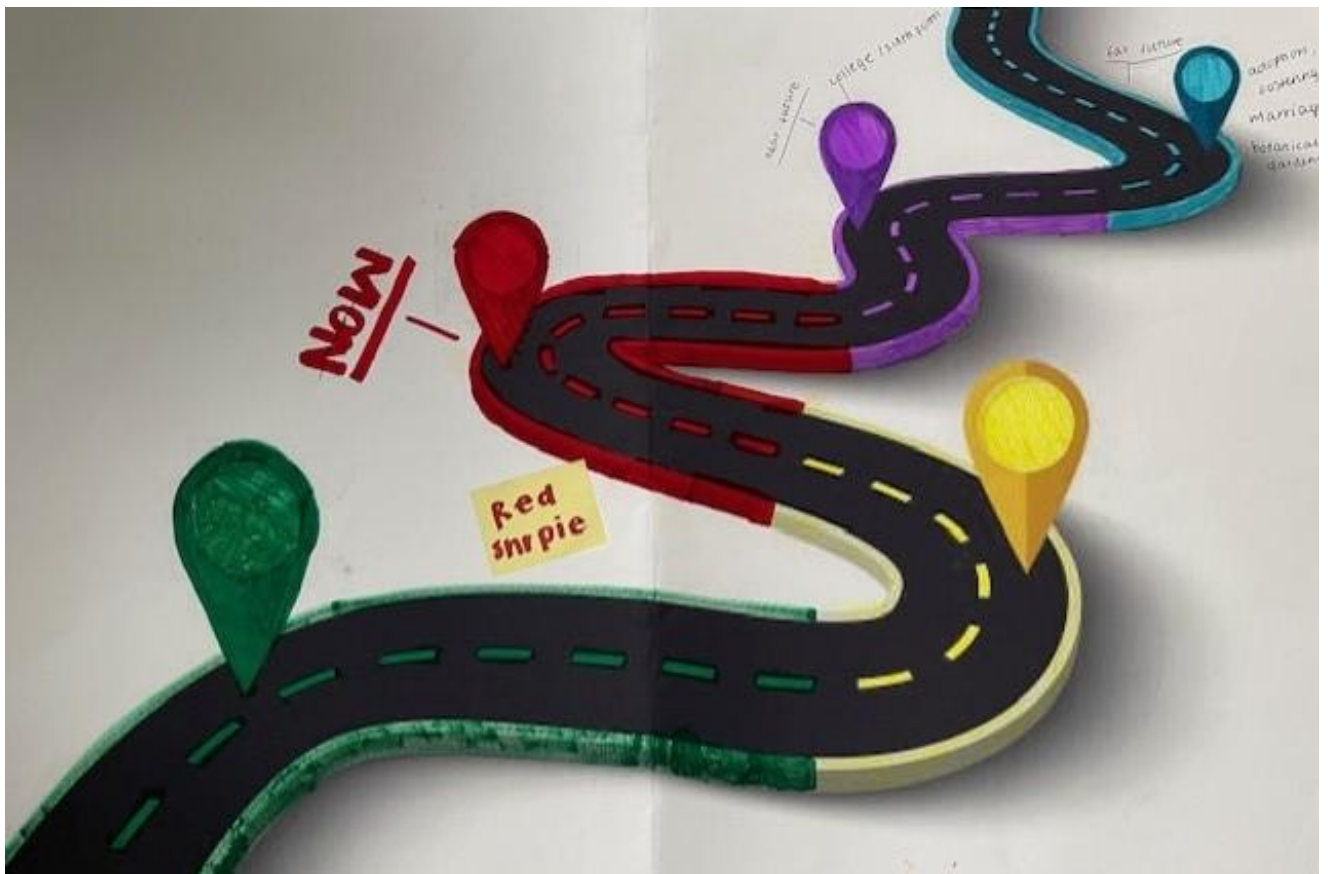
Figure 18: Example of doodling on timeline

While this doodling was taking place, the participant felt relaxed and, in general, spoke more freely. One more aspect of data collection that failed to produce significant results concerned Welsh Senedd members. Three members of the Senedd were approached to take part in this study including the First Minister for Wales (in Welsh, Prif Weinidog Cymru). They were chosen for their significant roles pertaining to children with care experience. Each one declined to take part in the study. It should be noted that in general, Scottish professionals seemed more willing to engage than Welsh professionals who seemed more cautious of the research process. However, as the researcher was based in Wales, this made some short notice interviews in Wales possible throughout the five month data collection window, allowing for a greater number of Welsh participants to take part in the study.

The demographics of the participants of this study are detailed above and discussed in more detail in the next chapter. The tables above, *Figure 12.,* and *Figure 17.,* shows the spread of participants across the nations, gender and categories. One area that lacked representation in the interviews was children from Scotland, however, many of the adult participants from Scotland had just turned 18 year of age and were still in the care system in some form.

The data was analysed using a reflexive thematic analysis method based on the work of Braun and Clarke (2022). The method used involved four stages of analysis including *Data Familiarisation, Data Coding, Theme Generation* and *Theme Development and Review*. These stages were carried out systematically and reflexively to ensure the very best of the voices of the participants were disseminated to the readers. The process flow of the data process is shown in *Figure 20*., below. Shown in the diagram are the individual tasks carried out within the stages.
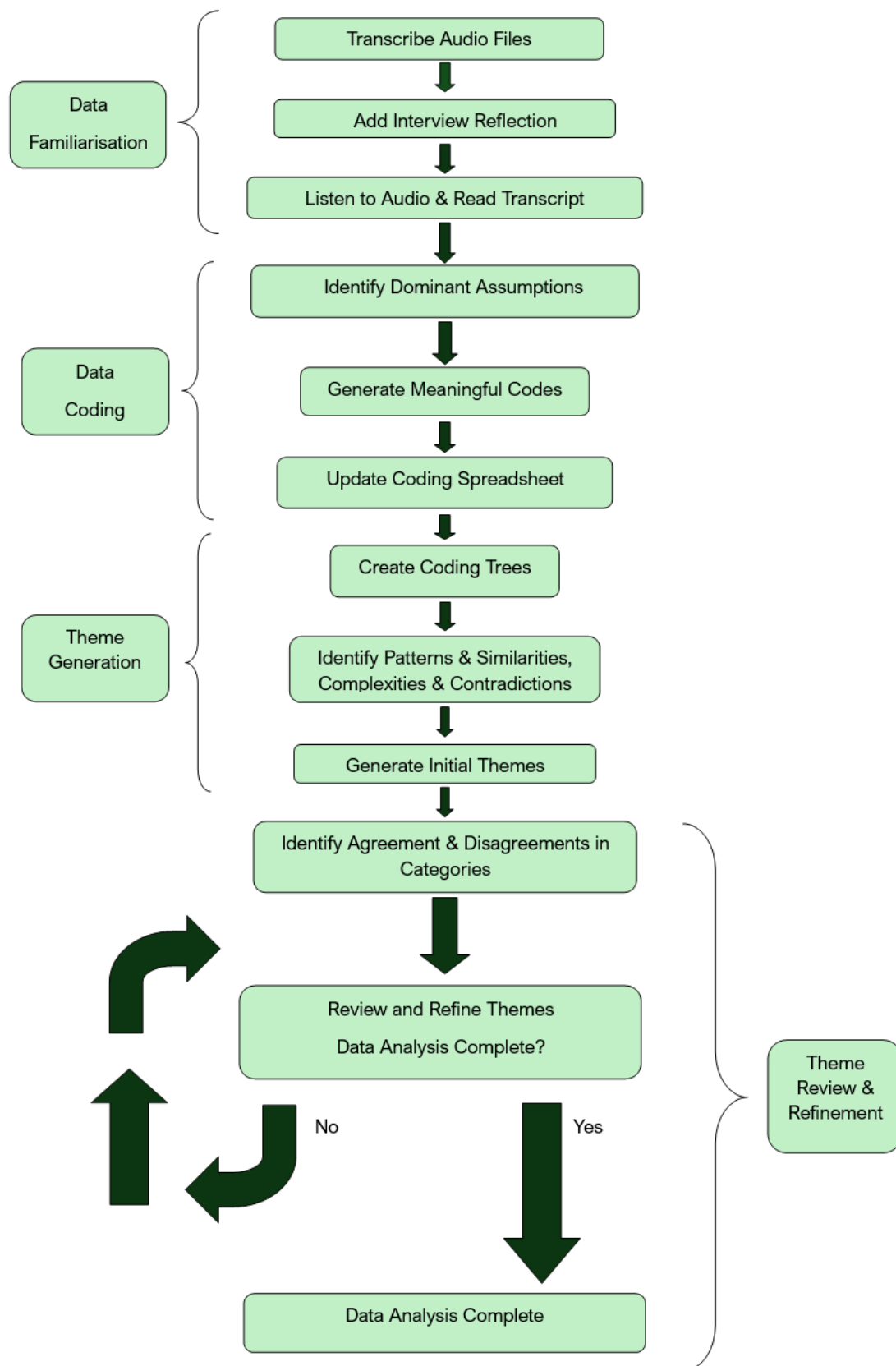
Figure 20: *Data Analysis Process Flow*

A full description of the data analysis process is available in the next chapter, *The Findings Chapter* which includes the refining process of the themes. In addition, the *Findings Chapter* uses the final developed themes of *The Role of Social Services and Other Key Workers, The Extremes of Fostering, Harm to Crime* and *Belonging* to ensure the voices of those damaged by poor and ineffective system responses are heard loud and clear.

Chapter Summary

This chapter has detailed the methodology used in the study that underpins this thesis and has given a robust justification for the strategy and design. It begins with a reminder of the questions of the thesis and what the *Literature Review Chapter* uncovered with those questions in mind. The significance of addressing the experiences of children in care systems through a zemiological lens is reiterated as is the importance of the voice of those with care experience.

The reasoning behind the research strategy is discussed outlining the qualitative, constructivist style with an interpretive epistemology. The inductive approach leads to new understandings of zemiology within the scope of children with care experience, and the consequences of policy and practice in place in child rights based devolved nations. The chapter continues with a description of the research design and methods and a justification for the use of an embedded single case study design, with semi-structured interviews as a main data collection instrument. The other forms of data collection are discussed, timeline visual aids and surveys and the reasons for employing these additional methods.

The reliability and validity of this study is then detailed proving a repeatability of the study using the robust methodology outlined in this chapter and the cross section of participants resulting in a unity of underlying themes as detailed in the *Finding Chapter* which shows validity. The reflexivity used throughout the study and the importance of that with both the researcher and the participants is then discussed. Followed by the limitations of the study based on the research design by comparing qualitative with quantitative methods and the measure of causality.

The next section of this chapter examined the Insider / Outsider status of the researcher along with their positionality. The positives and negatives of being an outsider are discussed, along with how the researcher mitigated her position in a study with children, including the use of creative methods which were brought into the interviews. The difficulties of physical access within research and the importance of gatekeepers is then observed, in how they can act as an introduction to participants and assist in recruitment, particularly in hidden communities such as care experienced individuals.

The important aspect of the ethical considerations of this study with children were then detailed. Discussed within this section were the steps taken to avoid harm to the participants and the researcher, how the researcher accomplished privacy, anonymity and confidentiality of the participants in the study and the subsequent thesis write up, and the importance of informed consent, particularly with vulnerable populations such as children with care experience. The sampling framework of the study was then justified following on with the procedural elements of the data collection and the importance of building contacts to further the reach of the researcher and gain further potential participants for the study. An overview of the data analysis is then touched upon as the following chapter, the Findings Chapter, will give a detailed description of the demographics and the data analysis used, followed by the findings uncovered in the study that underpin this thesis.

Findings Chapter

Introduction

"My corporate parent failed me… " echoes the view of most participants interviewed in this study with looked after experience. Yet there is hope. Some participants gave strong examples of what good looks like. These experiences, both good and bad will be explored throughout this chapter. To guide the reader, the authentic voice of the participant will feature strongly. Warning is given to the reader that the following text is harrowing but necessary, as the voice of the participant has been used out of respect for them. This may be the only time their story is repeated and documented so it is important for their story to be in their authentic voice, keeping the data as raw as possible.

Before this chapter begins, it might be prudent to include some definitions used throughout this chapter. As discussed in earlier chapters, the term child will always refer to those who are under 18 years of age as defined by the United Nations Convention of the Rights of the Child (UNCRC) (UNICEF, 2021). Within this chapter, the term 'young person' refers to those from 16 to 25. The terms differs from the *Literature Review Chapter* and the two terms will overlap when referring to those aged 16 and 17 years of age. They are used interchangeable throughout the chapter depending on the preference of the participant.

The term 'looked after' can have slightly different definitions depending on the organisation and how they define their policy. To clarify any ambiguity, throughout this study, the term 'looked after' includes any child who has lived away from their birth parent or parents for a period of 24 hours or more, whether that was under an official order from social services or a more relaxed familial care arrangement (Care Leavers Association, 2014; NSPCC, 2024; Welsh Government, 2024). It is important to discuss both these aspects of care as can be seen in the data, later in this chapter.

The findings will begin with an overview of the data collection process. It explains the categories of the data and how each participant fits within the categories. The demographics of the participants are also shared before moving onto the detail of the Data Analysis Process. This was conducted by means of a reflexive thematic analysis method using the technique published by Braun and

Clarke (2022) as a guide. How the final four themes developed from the data using the data analysis process is described.

The chapter continues by detailing the findings of the study that underpins this thesis in order of the defined themes using the voice of the participant within each theme to tell their story. The reader is guided through each themes using subthemes to categorise the detail of stories with guidance from the researcher for further reflection and understanding. The chapter concludes with a Reflective Summary which gives a holistic overview of the harms uncovered within the detail of the findings.

The Data Collection Process

The data collected for this study took place in Wales and Scotland and were collated through semi-structured interviews and a number of surveys. The participants had care experience, or care for, or worked with, care experienced children in either Wales or Scotland.

Categories

The data collected comes under three categories. These categories are defined as follows:

a) Children with looked after experience
b) Adults with looked after experience as children
c) Professionals who have or continue to work with or look after children with care experience.

The interviews were conducted with all three categories and the surveys were conducted with categories a) and b), only those with care experience. When these categories are discussed throughout this chapter they will be referred to by their shortened names: Child category, Adult category and Professional category.

The 'child' category is a participant under 18 years of age with care experience. The 'adult' category is a participant who is 18 years of age or older with care experience. The 'professionals' category includes any person who has worked with, or cared for, a child or young person with care experience. This can be when that child or young person was currently going through the care system or

transitioning into adulthood as a care leaver. Each professional participant is either actively involved in the lives of those with care experience or has left such a role within the last six months.

While the researcher attempted to ensure a fair spread of participants in all categories and across both countries, as discussed in the *Methodology Chapter*, the hidden nature of those with care experience makes contact with potential participants difficult. The researcher relied heavily on gatekeepers to ensure introductions. Some gatekeepers were more willing to engage than others. Some were willing to engage but their workload prevented a timely introduction. It is important to note that the role of a gatekeeper is a challenging one. They have many rules through legislation and policy that they must abide by while keeping the interests of the children they are looking after at the heart of each decision they make. This is coupled with systems that are stretched to breaking point in some areas. The researcher is grateful for anytime the gatekeepers could spare throughout this study.

The data collection took place over five months. A total of 15 participants completed the surveys and 32 participants took part in qualitative semi-structured interviews, which lasted between one and two hours, the data collected gives a strong voice to the those who took part. *Figure 12.,* shows a breakdown of the demographics of the participants of the interviews and *Figure 17.,* those of the survey.

Category	Welsh	Scottish	Total
Child	6	0	6
Adult	6	6	12
Professional	10	4	14
Total	**22**	**10**	**32**
Category	Male	Female	Total
Child	2	4	6
Adult	3	9	12
Professional	2	12	14

Total	7	25	32

Figure 12: Demographic breakdown of the participants of each category of the interviews

Category	Welsh	Scottish	Total
Child	4	2	6
Adult	5	4	9
Total	**9**	**6**	**15**
Category	**Male**	**Female**	**Total**
Child	2	4	6
Adult	4	5	9
Total	**6**	**9**	**15**

Figure 17: Demographic breakdown of the participants of the surveys

All of the participants of the survey had experienced six years or more in care apart from one participant who had care experience lasting between six and twelve months.

To protect the anonymity of the participants each participant was given a unique code identifier throughout the data analysis process. As codes can be dehumanising, the codes have been altered to synonyms for the write up of the thesis.

The Data Analysis Process

The data was analysed using a method of reflexive thematic analysis developed by Braun and Clarke (2022) as a guiding path. While this type of data analysis gives a strong base for researchers to work from, Braun and Clarke stress that their publication should be used as a starting point to guide the researcher into developing and shaping a reflexive system that works for them (Braun, Clarke & Hayfield, 2022).

As the qualitative study that underpins this thesis has been rooted in reflexivity, it follows that so should the data analysis, this was part of the reason the reflexive thematic analysis method was chosen. In addition, the large body of data produced by this study needed to be approached with a reflexivity that allowed the researcher to immerse themselves into the lives of the participants through the data

and develop the codes and themes on the similarities and contradictions the participants were feeling about their experiences.

Throughout the data analysis process the researcher ensured the following:

a) The main title and sub questions were reflected on throughout. These are listed in the *Introduction Chapter*.

b) The principles, challenges and topologies of Zemiology were reflected on throughout.

c) The perspective of the researcher and the perspective of the participant were reflected on throughout.

The data analysis was conducted using the following process:

1) Data familiarisation

- All audio files were transcribed into word documents

- A short reflection of each interview was added to the transcripts

- All files were listened to while reading transcript to familiarise the researcher with the data, ensure content was accurate and begin the immersive process

2) Data Coding

- The transcripts and reflections were revisited while above guidance (a-c) was adhered to

- The dominant assumptions embedded in the data were identified

- Meaningful codes were generated and listed against the sentences and paragraphs within the transcripts. This sometimes required revisiting transcripts many times

- Coding was repeated for each category and a coding spreadsheet was created for each category

3) Theme generation

- The codes that were generated were used as building blocks to develop themes

- Coding trees were created for each category, these gave the researcher a good visual representation to refer to throughout the data analysis process and write up. An example of these can be seen in *Figure 19*.
- Patterns and similarities were identified in the codes
- Complexity and contradiction were identified in the codes
- Themes were generated from the codes while referring back to the spreadsheet, the raw data and the reflections. The coding trees were an important tool in this process using movable codes to ensure the themes and codes were as meaningful as possible
- Agreements and disagreements between categories were identified

4) Theme review and refinement
   - The themes were refined and named and subthemes identified
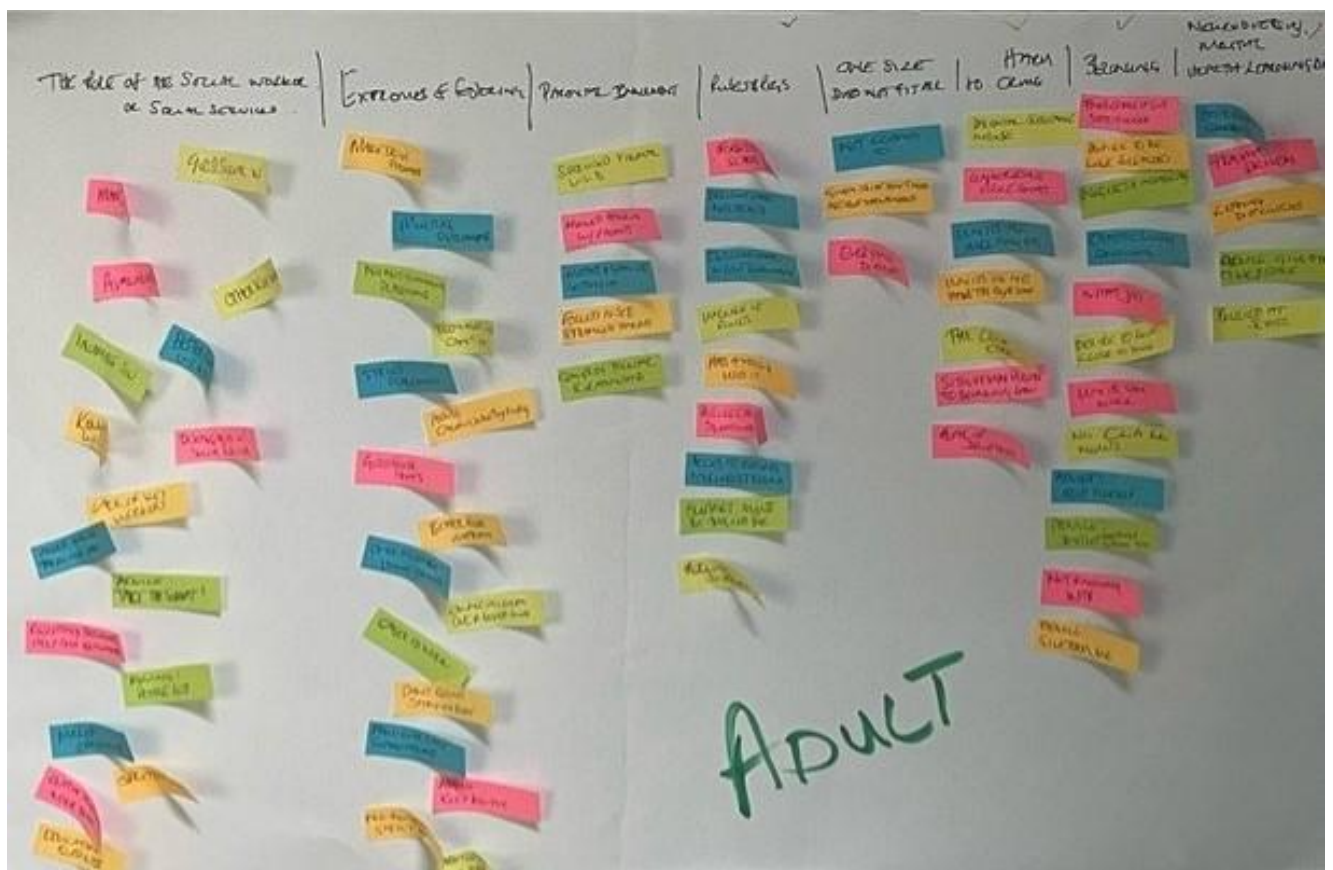
Figure 19: Example of a coding tree developed as part of the data analysis

The above process was used to ensure that the data was rigorously examined. The process of data collection and data analysis must be carried out systematically and

reflexively to ensure the *Findings* and *Discussion Chapters* are developed on a robust base (Braun & Clarke, 2022).

Themes

From an initial eight, the themes were refined to four which were evident in all three categories. The initial eight included the themes, *Parental Involvement, Rules and Regulations, One Size Does Not Fit All* and *Neurodiversity, Mental Health and Additional Learning Needs (ALN).* Through the Theme Review and Refinement section of the data analysis process, those themes were not disregarded but absorbed into the remaining four themes. This was partially due to an overlap in the categories where some detail from the absorbed themes crossed into a number of remaining themes. In some cases, the absorbed themes became part of the subthemes of the remaining themes. The remaining themes were:

- The Role of Social Services and Other Key Workers
- The Extremes of Fostering
- Harm to Crime
- Belonging

The analysis identified subthemes that were evident throughout these main themes. They are detailed within each theme section.

Theme: The Role of Social Services and Other Key Workers

The most prevalent theme throughout the data was "The Role of Social Services and other Key Workers". This is a far-reaching theme that touches the lives of all participants in one way or another. This theme looks at the role social services play in the lives of children and young people in care, those leaving care and foster carers who must work with them.

For the purpose of this study, the definition of key worker is a person who works with a child or young person through their time in care or through the journey of leaving care. They can be employed by social services, by third sector organisations or volunteer. Their role can vary from spending time with the child or young person, to offending teams, counselling, education or specialist treatments such as addiction specialist. In short, a key worker can be anyone who spends time

with a child or young person with care experience who is not their child looked after social worker.

This theme examines the positive and negative experiences of the participants along with their views on other key workers employed inside and outside of social services. Most of the survey participants, 12 of 15, stated they were unhappy with decisions that had been made for them whilst in care. These relate to forced family contact, separating siblings, constantly changing social workers, changing schools and generally ignored when they voiced their opinion on matters that affected them. In many cases, the social worker involved in the child's life is mistrusted and, in some cases, disliked. The reasons for this are complex, the subthemes help here to explain and justify the feelings of the participants as to why there is a mistrust with social workers and social services in general.

Hiding the truth

There is a belief that their social worker has lied to them in the past with regard to the time they will spend in care and being separated from siblings while in care. While these things are not necessarily in the control of the social worker, early promises are always remembered. When talking of how she had to take her younger sister to social services and then into care, Erin remembers the promises:

> *When I first dropped her off in care the first time they were like, oh, yeah, no, we will support you. We can come and bring you down at least once a week. Don't worry. She's gonna be fine. And then two years of nothing. So, it was false promises and a lot of things. But if you couldn't do that, fair enough. Just don't tell me that you can do that and then not pull through.*

> Erin (adult)

> *Well, I got kinda told that when I went into foster care that it was short term. But it hasn't been short term because I've been in it since I was 13. {Lila was 18 at the time of the interview}*
> **Researcher**
> *Who told you that?*
> **Lila**

My social worker. You find that quite a lot as well. Like it's like they just can't tell you the truth. You need telling the truth, so I know what to do here.

<div align="right">Lila (adult)</div>

Lack of attention

Some felt that the social worker did not visit them as often as they should or do the job they were meant to.

> **Researcher**
>
> *So, did you have social workers during this time?*
>
> **Gareth**
>
> *I wasn't really seeing them much.*
>
> **Researcher**
>
> *Was that your choice or theirs?*
>
> **Gareth**
>
> *I don't really think I never got more than a fucking phone call from them. But they just would get my basic requirements wrong.*

<div align="right">Gareth (adult)</div>

There was a feeling that if they were settled in a placement the social worker would disappear. One young person who had moved from foster care to a familial setting explained how it was for her:

> *I felt like, I'm going to stay here now, and I'm settled, which is what I wanted, and I was happy… But they were still sort of every once in a while, someone would have to come and see me or something. But it was a bit of a mess, really. Like they wouldn't come for ages and then someone would come and say, oh, you need to do this, or you're entitled to this. It was all sort of sporadic and we didn't really know what was going on.*
>
> **Researcher**
>
> *Did your grandparents feel the same?*
>
> **Amanda**
>
> *Yeah… We didn't really feel like they were kept up to date and what was going on like I remember I had started my GCSE's, and someone came and said, oh, you would have been entitled to all this, like financial support for like textbooks*

<div align="right">134</div>

and stuff. And they were like ohh well, no one told us, this is all done now sort of thing…

I'm not sure I even had a social worker then. Oh, no, I did have one for the first few years we met every six months or so, we'd go to like a local cafe, but that only happened about three times.

<div align="right">Amanda (adult)</div>

Others like Parker, felt that because they were behaving well, social services ignored him, even though he was in an unhappy placement:

So, because I was a section 20, it's like limbo, had I a care order, I think there would be much more planning around what was going on for me. I think a lot more focus on what type of foster placement I was in and assessed them to be long term foster carer because you know that's another thing to, I don't know if they were ever assessed to be long term foster carers. So, I think it would have led to more focus for me as a looked after child. Like I remember having looked after reviews being a child, but I don't remember them ever changing like the support... I guess you'd use word settled. You know, I wasn't kicking off, I wasn't back and forth, I wasn't running away but I don't feel like anyone took a closer look at what was going on for me.

<div align="right">Parker (adult)</div>

Incapable of performing their role adequately

Many mistakes were highlighted by the participants that were made by social services during their time in care. Some examples of this are incorrectly stored records, taking a long time to carry out requests from the child or young person and not fully understanding the child or young person's needs. One adult could not obtain an educational bursary she was due as her local authority did not have the correct information on their system:

When I did my undergrad, I applied for some bursaries and some additional support and had regular meetings every term and I did actually receive some financial support. And then someone got in touch and said we need a letter of evidence, to state that you're a care leaver, which was hard. It was a lot of phone calls, and it was it was really unclear. My grandpa helped a lot with it

and yeah, I did a lot of phoning round, and I've still got the letter from my local authority… and I so I'm doing a masters at the minute, and I sort of noticed this university {a different one} do something similar, so I applied, used the exact same letter as evidence. I was told I didn't fit the criteria…

I was sort of back and forth then, because I called… I've called so many people like. So, in the letter, it basically states that when I went to live with them {familial care}, I was nothing to do with social services, which isn't true because they still had people come out and they were receiving support. So, I said, I don't think this letter makes that clear. Can you get someone else write a new one that sort of makes it clear that I was still involved? And I got response saying that's not what it says on the system. So, I was back and forth for ages. I've got all letters somewhere they just sort of said, well, no, that's not what it says on the system, so this was really frustrating cause it feels like there's just a fault on a system somewhere in data that says, oh no, you weren't, even though I was. I sort of gave up in the end, cause I was like, you know, I work. I don't need it, but it was sort of, if I'm entitled to it, I should have it.

<div align="right">Amanda (adult)</div>

Requests for change generally have to go through the child's social worker. Yet there was a great frustration among the participants that this took too long:

Because even when I did ask for help from them, I never got anything back. Like for some certain contacts to be arranged and more days to get added on it took them four months to actually add an extra day on to a week. I was like seeing my mum two days a week and I asked for an extra day, and it took them months to do it.

<div align="right">Lila (Adult)</div>

The only thing I ever remember asking for was to be able to stay at my friend's house. So, my foster parent wouldn't allow girls to sleep over the house and all my friends were girls. I was gay at this point so they're thinking behind this was, I don't know what. So, I wasn't allowed friends to stay at the house and I

wasn't allowed to sleep out either, and I remember asking and asking and asking and they had to do police checks on you know my friend's parents and they were happy and agreed to it. I remember it was months and months and months and every time I asked have the checks come back have the checks come back and my foster parents just got sick of it they said, if you behave yourself I'll let you go because you know, I'd waited this long they knew who my friends where, it's like two doors down she knew where I was if she needed me.

<div align="right">Parker (adult)</div>

When Tom was struck across the face by his foster carer he was surprised by social services reaction:

I phoned social services and told them I didn't feel happy here I'd just been hit and then their decision was to put me into assisted living, next to where my parents used to live and I was not comfortable with that at all, I was probably around 15/16 at the time… Then I was, funnily enough, accused of being sexist with that carer, because when I asked to move from there and then moved to my recent foster parents, they told me that the social worker told them that I don't have great relationships with women, and they said they knew straight away that that was that was a complete lie…

<div align="right">Tom (adult)</div>

Who are they? Where are they?

As children, the participants found it difficult to differentiate between social workers, social work assistants, key workers who work for social services and those who work for the private or third sector. When this young person was asked if their social worker had changed over time they said:

Yeah, I've had loads like six or seven, none of 'em 'ave done anything like. Like, I tried like speaking to them tried calling 'em but none of 'em 'ave called me like.

Researcher

How old were you when you had a first social worker?

Edward

I can't remember like, young like really young.

Researcher

How old were you when you had the one that you've got now?

Edward

I don't even know if I've got one.

<div align="right">Edward (child)</div>

The above quote from Edward also shows that young people feel social workers are an unstable entity in their lives and can change frequently and without notice. This is a popular opinion amongst young people and professionals within the study in Wales and Scotland.

> *Yeah, it's always been like, we've always had something to do with, like the social services and all that. They've always been like looking into things for us. I've had so many {social workers} across my lifetime as well. I've had plenty, I had loads and loads. I don't know the exact number, but some had lasted long some haven't. So, I remember one time having, like, like at least five in a week. Is like, there's so many. Sometimes a new one just turns up. Sometimes they change, sometimes they give a warning and sometimes there's a new one saying that the other ones swapped.*

<div align="right">David (child)</div>

> *I've been in care since I was two, that's 14 years and I've had eight different social workers.*

<div align="right">Rachel (child)</div>

> *…but that's definitely another fault in the system is the amount of social workers that change jobs. So, you might have a family, and then there's no continuation, they'll change, you know, like, like with this case now that is their third social worker.*

<div align="right">Daisy (professional)</div>

I've been doing this for six years and I'm on at least number 10 for my social worker, he's on his third Social Worker and he's 10 months old. Yeah, there's no consistency with that.

<div align="right">Fiona (professional)</div>

Now Social workers, don't get that, I remember one lad he had three different social workers, and he was only with Social Services for two year.

<div align="right">Jade (professional)</div>

That's another thing, the social workers, the continuity of social workers, you know the change in turnover is phenomenal and, in some cases, well since I've known this young boy he's had about five maybe. And it's going back to that you've got to describe what's happened again, isn't it? In one respect, maybe I'm the only consistent whereas I know everything. He hasn't got anybody at the moment.

<div align="right">Kimberley (professional)</div>

…because sometimes caseworkers will leave a case, and the new caseworker won't have been briefed or have even seen any documents. So, I think those important bits of information need to be communicated in an appropriate way, but establishing that it's probably very difficult. It's very easy for me to say that this is what needs to be done.

<div align="right">Sammy (professional)</div>

The foster carers are particularly sensitive to the instability of the children's social workers:

I would say things need to change. I understand there's a lot of children on each social workers books I get that. So currently, they come out once every 12 weeks and they'll spend 10 minutes maybe half an hour with the child just to make sure that everything's OK and they're happy. But in that short space of time, the kids can't say what they want to say because they haven't even built up trust in their social worker. I know we've had COVID, but these kids

they're on number 16 social worker in three and a half years. So, they've got a build up a trust. I've got a build-up trust. I never know who I'm speaking to. Luckily, we've had this one now for about a year. She's very good this one... She's a social care worker, so I'm gathering she's not fully qualified social worker. But she's very good.

<div align="right">Maxine (professional)</div>

But I've seen a massive change to when I worked in a local authority where pretty much it was a consistent team. Yeah, people went off sick, but that's the nature of the job as well. But we all kind of knew all the children coming in. But in other areas the turnover {of staff} was huge. So I've got a family and they have one child now he's been in care since he was five, and he's now eleven, and I've only been involved with this foster carer since February and he's on his third social worker already since February and he said to me the other day, I don't want to tell my story anymore. Why do I have to keep talking? And I get it. I would disengage completely... Luckily, he's in a stable placement but if that went for any reason then, I don't know.

<div align="right">Karen (professional)</div>

Box tickers

There is a thought among participants that they are unsure what the point of social workers is. They do not feel supported or encouraged by them. There are there to give rules and tick boxes. They are eager to get rid of the child off their books. Even if this is not made implicit through words or actions, it is felt by the child.

Some have been okay, but some have been completely incapable. It's like it's being downright pathetic the majority of them, like how they work and like how little they work in general. They just do nothing. They're just coming to see me to just tick a box. That's what it feels like. They just tick it and throw it in the bin.

<div align="right">David (child)</div>

I was unhappy with most decisions made regarding my life. I felt powerless and unheard. I was moved out of county and out of foster placements a lot

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and nobody wanted to help me with my complex behaviour and emotional challenges. I felt no one really helped me to live a normal fulfilled life, instead, I felt I became just a number in a system.

Ashley (adult)

Some professionals agree with this thought:

…but it's a tick boxing exercise. It was too much paperwork. We were writing paperwork on paperwork on paperwork. So, most of my day we're sat in the office doing paperwork from 9:00 until I don't know 2:30, no lunch breaks. Really. We did have lunch, but it was up to you if you took it. And half the time, we're so far behind. And I mean, we had a good team, so we had a good laugh, and it probably kept us all going really because it was stressful. And then you go and visit the children then and probably wouldn't get home until 7:00 / 8:00 at night and that was doing local visits, not out of county visits. They were 12-hour days sometimes…
The time isn't there and not enough social workers. A lot of paperwork. I think a lot of it could have been cut down. We were just doing tonnes and tonnes of writing.

Karen (professional)

The Scottish young adults were particularly critical when it came to social workers. When asked about her experience of social workers Lila said:

I had quite a few different ones because I was quite a handful to handle. Not listening. I wasn't for listening. With some I got told like a few days after they had left. They weren't very productive for me. They weren't very useful. Because they would come and ask me the same questions all the time like, how is your placement going? Or you feeling better? Or this is what we need to do and then they don't actually do it. I got asked the same questions all the time, I don't think social workers are very handy, they'll fall for anything. It might be different in some areas cause I've no clue, but not around here…

Lila (adult)

When asked how often she sees her social worker, Rachel said this:

> *That's a hard question though… Because the thing with my social worker is... I make loads of jokes about it. She thinks I'm joking. I'm not. Like when I had a CLA {child looked after} review last week she said ohh I'm leaving in January so you will have a temporary new social worker till August, so I said. Oh, you're never here for me anyway. So, I'm not gonna really be missing you that much am I? And she's like, oh, you're always making jokes like that. Yeah, jokes they are, yeah not really. Because she's never there. We're always like we want to get a hold of her she's not there, Me and {foster parent} can't get hold of her she's always on like, leave or she's sick, or something or other or if my Dad wants to get hold of her, she's on leave or she's sick. She's sick this week as well funnily enough, I find it so funny. She's always sick. So, I just said, oh, I hope the new social worker is going to be better than you are at keeping in touch.*

<div align="right">Rachel (child)</div>

Not listening to the child

Over half the survey participants, 10 of 15, stated they had many opinions on decisions that affected their lives but were rarely or only occasionally listened to. The annoyance on this point is made clear many times over with most participants:

> *Children need to be listened to!*

<div align="right">Alex (adult)</div>

One adult looks back at their childhood with frustration due to decisions that were made regarding being placed with her father who she had never met; that placement did not work out well:

> *And then the second one {social worker} did not so good. This is the one who sort of, I felt, put me with my dad and I felt like, I know it's not completely her fault. It's a hard job, but I feel like she didn't listen. I didn't know him; I was young at the time. I didn't say anything because I didn't realise it and you listened to adults when you are young. And when my great grandmother and my dad was sort of in the custody battle, I was asked who do you want to live with? And I was like, six! And I said, oh I don't wanna upset anyone… I*

understand why I went with my dad when she was elderly. She wasn't going to be able to... But I don't think they assessed her. But I think if they'd looked into his situation, properly really. And I don't think he was… I mean obviously really struggling with mental health and stuff. I don't think that helped him.

Amanda (adult)

When asked what social services should have done differently in her case Amanda said:

Listen to what I said for a start. And also, it's a bit frustrating that they didn't, I mean but the fact he was managed to hide that his relationship was obviously breaking down and that wasn't a suitable home for me at all. His family as well I'd probably argue there's a lot of criminality and stuff. So, I just think, how did they hide all of that? And then the decision was made that I would go live with him… I don't... when I had already been settled with my great grandmother. Yeah, I think it was way too soon. As well, you can't, like I barely knew him! To go from maybe seeing someone like once every couple of weeks on a Saturday for a few hours to at the occasional sleep over to living with them. Full time. And also, I'd lived with like mainly females, like my great nan, my mum. I wasn't used to like… but, to just have a dad? Yeah, that's very different for like, a young girl, yeah, it was quite… I remember when I moved in, I found it really difficult. Like I found it really hard to like, sleep and stuff... you know…

Amanda (adult)

Speaking with an adult who had experienced bullying in school which led to her experiencing the care system, it became clear that she felt that nothing was being done to help her:

So, then I was on a compulsory supervision order, and I had to go courts an all that cause I wouldnee go to school right. There were meetings every week, they change nothing cause we're just repeating ourselves every single week. So, they wasnee actually doing anything. So it was like the social worker, the support worker and the school, and obviously my parents, and me. And they just sat there every week. Like we're doing now. And they just repeated

themselves every single week. And I'm like, I'm getting out my bed for to come to a meeting with yous, for yous to say the same thing that you've said for the last four years. Every single week of my life and they've not done nowt to change it. And they never changed it once. The school said they were going to change it; I told them what was happening, but the social workers and the school basically wouldn't listen to me.

<div align="right">Cassie (adult)</div>

Erin spoke about living with her Mum who had hidden mental health issues that were not being addressed. When she tried to move away from her chaotic home life social services intervened:

And then social services were the ones that were like, no, you need to be with your mum. You need to be with your mum. So then against my will, they invited me up to the house and locked all the doors, so the social worker was in the house with me, and they all locked the doors and were like, no, you need to stay with your mum. Your mum's the best place for you, which wasn't great. So then obviously that didn't work out. I had a spinal operation from some of the damage that was done to me when I was a kid. And then I came home from the hospital and my mum was stealing my medication for it, so I had no pain relief. I couldn't walk.

<div align="right">Erin (adult)</div>

Tom spoke emotionally of his first foster placement and the lack of support from social services:

It was just very overwhelming, um I just felt out of place from the beginning, the lady I lived with was very harsh towards me didn't treat me as part of the family if the two boys were ever to do anything wrong, it was always pinned on me, I brought this up with social services about how I felt and it was ignored they said I needed therapy so I was then put in for therapy sessions which I refused, straight up I did not want any sort of therapy at all.

<div align="right">Tom (adult)</div>

When asked what would be the one thing they could change about the care system for the children coming up behind them Rachel added:

> *to have better social workers*
>
> **Researcher**
>
> *Better in what way?*
>
> **Rachel**
>
> *Like, so they listened to you properly.*

<div align="right">Rachel (child)</div>

When asked about her time in care Lila echoed this:

> **Researcher**
>
> *What would have helped you? What would you change about it so it would have helped you?*
>
> **Lila**
>
> *If my social workers were a bit more involved, a bit more connected…*

<div align="right">Lila (adult)</div>

Social Work doesn't work

Some adults and professionals in the study thought the current role of a social worker is untenable. Some through the lack of funding and others through over work. Talking of a family member entering the social work profession, Stella said:

> *She's training to be a social worker now and she's qualifying this year. She doesn't want to do social work. She's not happy doing it, the team she's with at the moment, she's just giving a case load and told to get on with it. I'm like you're a student, you shouldn't be doing this. And she's like, no, we're just told to get on with it.*

<div align="right">Stella (adult)</div>

An education key worker also experienced an untrained social worker carrying out the role of a qualified social worker on a difficult case:

> *… And then this woman came in as their social worker. And she seems more involved, she's in the school a bit more and things like that. Especially at the start. But in discussions with her, I found out she's a student. She's training to*

be a social worker. She got this case, and she's on her own on, you know, it's not that somebody's with her. And I never moaned about it, but it came up in conversation. I was thinking, wow, God, if you have this while you're a trainee. You know, baptism of fire…

Daisy (professional)

I think things would need to change. Caseloads need to be looked at because it's too much to manage. A child looked after social worker I know has something like 52 cases and they were in court and how do you how do you manage it? A lot of them now are unqualified social workers, while do their training and things like that. So, the support worker would sort of, he would go out and start doing some life story work and things like that. Take the kids out to contact, take them out for just see how they are. Just do intermittent visits in between. And they're not qualified they just need experience of working with children. And they are on a lot less money and probably do a lot more sometimes.

Karen (professional)

Karen also talked of the case load in social services changing over time with additional out of county visits required for children who had moved:

I had to see them on their own, had to see their bedrooms, had to see foster carer separately and then together with the children, every six weeks initially. But that wasn't in line with statutory rules if they've been in a placement over a year, it was three monthly visits, but my local authority had the policy that we'd go in every six weeks regardless, initially, that did switch over time. Why did that switch? Because caseloads and staff members. We couldn't get round. We couldn't, I couldn't manage. Case load for 35, seeing them every six weeks and out of county as well. I had Birmingham, North Wales. And in the end, Suffolk.

Karen (professional)

She continues about her fears for children who are looked after:

…but I feel like they think they're in foster care, they're fine, but they're not, they have their day-to-day issues. They've been through this hellish life, and they think, oh, they kind of fall to the bottom of the barrel. In a sense, their {social workers} court work will be up here, {holds hand above head} which I get because they're so busy and they are in court and they got to do court statements, but the looked after child is probably down here {holds hand low} unless it blows... Then we had one the other day, one of mine. She'd been in placement for 10 years and it blew up. And we were asking, asking, asking for help. And it was sort of left and she left the placement. I'm not saying it would have changed, but I'm saying we could have tried. She was 16, difficult age.

Karen (professional)

Some professionals find working with social services as frustrating as the children and young people. Sammy spoke of her experience as a key worker having to engage with social services:

I think in some areas because, all the local authorities are different, it's working better than others. Lots of my experience with on the ground people in care or in foster placements or in local authority care I don't think it's working. Some of them are amazing. Just passionate about what they do and people they support, and others don't want to know, and I find they blame the children. And the situations have to be so severe for that to be the level of intervention that is needed, or even in those situations is not the most helpful, but it's the bare necessities that you can't say that it's working. They may be overworked; Probably I think they've been overworked for such a long time. And in most instances, you can understand why, because they've got so many on their caseload and they're being pulled in so many directions. And then there's one case that's taking up all the time and there's no sort of sharing of those responsibilities, unless it's the duty manager and half the time the duty managers are useless. They don't know the case, and because they've got loads of others anyway. So, you're not getting the time that these cases need or the resources to give them that are actually practical. So, you're making

referrals and then nothing is done. Or you're reporting back and nothing is done.

<div align="right">Sammy (professional)</div>

Missed opportunities

It was felt by some adults that there were missed opportunities where social services could have stepped in earlier.

So then after a couple of years, there was a lot of different incidents that happened, different things. I'd go to the school about the abuse. You look on my file, there's like loads of different points where things weren't picked up. Once social service came around, they noticed that I wasn't going to school and things like that. Mum, I think she's very good at putting the front on to make it look, you know, she'll always have the house immaculate, and you know, good cooked meals, you know, for the children and stuff like that. And when people would come over, you know, she'd make sure that she had activities that were stimulating and wonderful. Yeah. So then when social workers would come in, oh, there's nothing wrong here. But yeah, the realities were very different. Very, very different. Yeah.

And again, I was just, all of the stuff throughout my life, I feel like I've never been believed in anything, and I've had years of therapy to get over that. And like, you know, I mean, like, I am right in what I say, but I always questioning myself, yeah, constantly. And then when I was younger, when I was like, really young, I had a problem with because I was never believed. I used to, like, tell little white lies and stuff just in order to, I don't know. I wasn't going to get believed anyway, so it didn't matter. Social workers didn't believe anything, and they always, you know, kind of gave my mum support from there on out.

<div align="right">Erin (adult)</div>

The first time I'd gone into foster care I was seven and that was a result of my dad had strangled me, so I went to school and the teacher, you know, took me aside, what's happened. I told her because I just assumed that was something that all parents did. And then I want to care for the first time. I was in that foster placement for a week, after a week, I had contact with my family and

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during that contact, which wasn't supervised, my mum told me that I was to lie and I needed to say I was making this up for attention. So, I did that and then refused to speak to the social worker then I was back at home with parents.

<div align="right">Parker (adult)</div>

Once Parker was able to, he applied for his paperwork that social services were holding on him:

I learned that the abuse probably started happening a lot earlier than I thought it had. I can only remember from about six onwards, but there's referrals from when I was in nursery. That I had come in with split lip and bruises and stuff. And nothing happened at that point. I don't know why because I would obviously have been very, very young. So yeah, so obviously like it must have been going on forever really.

<div align="right">Parker (adult)</div>

When talking of the time he eventually ran away from home and spoke to a neighbour about how things were at home, Tom mentioned earlier contact with social services:

That was when the police and social services got involved, but they were involved before this just kind of in the background which we weren't really aware of it until afterwards until I was about 18 that's when I found out how much social services were actually involved.

<div align="right">Tom (adult)</div>

Inconsistency in Social Services

The term 'postcode lottery' is often used to describe the unfair distribution of services across the UK and this is no different in the services needed by care experienced children. While the term was originally development for geographical inequalities in National Health Service (NHS) delivery, it has since expanded to include inequalities in all state provision and is used often in the media and political discourse alike (Redhead & Lynch, 2024). In addition to area inequalities, some professionals feel that that level of service, treatment or assistance they receive from social services depends heavily on the person they are dealing with. In an example by a foster carer, she discusses one of her foster children's guardian:

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They're normally pretty on board, but this guardian was an absolute pain. I've never known a guardian like it. She was so involved. She wouldn't allow his school to be changed. His school was literally three doors from his parent's house, the upset! So, it was quite difficult, but she said that the school is only stability he had. He was half day in nursery. She said they got friendship bonds, and my argument was I could take him to the park and he would make a best friend. And yet Lily had a child at the same age placed a week after mine, changed schools straight away. So, it depends on the social worker or the guardian.

Fiona (professional)

In some areas, there's like a holistic approach to social services. It'll be like various members of different teams. And they've got a much more like, we're all working with this person together approach. Like multi agency... And lots of them advertised having that, but that's not always the case, in my experience. The communication is an effort to be honest with some multi agency but in some places, they do that really well and they'll have sort of like the disability support social workers on board and everyone else sort of community connections groups and things like that. And then sort of loads of different things that all work together and it's really positive. And there's that sort of community around that young person, which I think is really important.
I think I'm probably really scathing, and I know that there are instances where it really works and relationships are incredible, but it's not the norm unfortunately. You think when you're handed those circumstances anyway, why does it have to be another layer of just struggle to get anything done.

Sammy (professional)

Lack of communication between organisations

There are so many services involved in the lives of young vulnerable people that some professionals feel they do not know the full story. This occurs with education professionals as well as foster carers and their children.

Then we'd have a list of pupils who are part of the Team Around the Family (TAF) and the social services and the CAHMS even. But now we don't have

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those. So, you don't know who needs what. It used to be like a central list, and I know a lot of the well-being leaders saying they really missed that because sometimes somebody will turn up asking to see a pupil and they won't put their names in the email just their initials. So, you got to work out who they mean. Someone will come to me and say, so and so wants to come in. I'm like who is so and so? Just something has come out of the blue. This is a safe place that they want to come and speak to them {the children}, without Mam and Dad there and things like that. So, what I find is you don't know what other services are involved with a lot of our children.

Daisy (professional)

…but regarding dealing day-to-day with different services and I think that's a bugbear really of mine where we don't really know what services are out there. Yes, you do with social services, your social workers, your TAF {Team Around the Family} workers. You know the majority of the workers that you deal with. But when I do a SPOC {single point of contact} referral, if I got any concerns with anything, it asks what provisions do you think the family needs? And I think it's really important, but I don't know what's available. I know some counties do it where there's multi agency meetings where people get to know what every service provides. And I don't think that knowledge is good enough at the moment.

Kimberley (professional)

The systems need to talk to each other, build up the whole picture. Police systems, social work system, school systems, everything that tells you. Because they always talk about the child at the centre of the whole holistic view.   It's only one agency that deals with the child holistically, it should be the whole system.

Lucy (professional)

Even foster carers are sometimes kept in the dark where their foster children are concerned:

Now we got this one, who's four and we have no idea what's happening with him at the moment. We've had him for six months and there's been no decisions made. We are totally in the dark. We don't even know if its long term or short term, Yeah, that's not even got to that point yet.

We don't know, I've never known a case like this one to go on for so long and not have any decisions made yet or even be close. Their legal gateway meeting should have been in the morning, and we would have known if we were going to go to court or not and now they delayed it a month, I don't know why, they just told me it's been delayed. But I'm none the wiser.

<div align="right">Lily (professional)</div>

It was felt one of the most important lines of communication for the care system is the communication back to the child. When asked what they would change about the current care system Sammy said the following:

Preparation. Informing young people and what's going to happen, what the process looks like. I know in some cases you can't do that because it's like on the spot and I understand that. But young people need to be involved in these decisions much more, where they can be because we shouldn't still be in a situation where children are being moved at a moment's notice with no opportunities to pack. I've heard stories from social workers in various local authorities where they're told to take the dirty clothes because at least they know that those are clothes the children wear.

But like I just think there needs to be so much more preparation because, such an important part of children's development is routine, and knowing what to expect and being informed. That's how autonomy forms. I think from the question you asked before is being involved, not just in hearing your voice, but being informed, because how can you make decisions and tell someone and be trusting when you don't know what's happening from day-to-day?

I think preparation as overarching term that is they're preparing people for what's going to happen to them, what's going to happen next like.

What's expected of them when they're being asked these questions? What the consequences are?

Some professionals felt that even when the information is available, social services do not support them.

I've had a bad experience. His social worker wasn't very good, and neither was mine. I nearly had a breakdown when he left. So I was on my own, so fostering was my main source of income and I went from having that to nothing. They promise you a retainer of £175 a week as a foster carer if you haven't got a placement. So, when I rung up about it my social worker said Oh well, I have spoken about that, you know, but the way you ended the placement…

I said, you what?!

I was literally a breaking point. This child is running away from me, stealing from local shops, terrorising people, I had some guys saying he was terrorising his 74-year-old mother and punched her in the face. He didn't, but everybody was texting me. And I was on my own. He just turned 13. He was vaping, I think it was more too, and he was not the perfect child, but he never caused me any problems in the house. He was just when he was out. The school were phoning me all the time. So, the way I ended the placement..?! His social worker would come in the house I'd be like, please can you have a word with him, and I'd have grounded him social worker would say, right, shall we have a chat here or shall we go up McDonald's. And I was like… but he was, you know, mamsy pamsying him. And I was just like, this is ridiculous.

And I said so you are saying I'm not entitled to the money, I said I'm 44 years of age borrowing money off my parents to pay bills do you realise how embarrassing that is and I said has anyone once rung to see how me or my children are. She was like you need to calm down it was literally me screaming down the phone.

I was so mad like literally crying in anger, you know, and in the end, then I got somebody from the fostering network, who fought my case. And I had money, and I had it back paid.

In many cases, the child feels they should disengage with social services. These children have experienced rejection, neglect and indifference all their lives, when they start to feel this is from their corporate parent they often react first.

> **Researcher**
>
> *Did you try speaking for yourself in between 12 and 16?*
>
> **Callie**
>
> *I did, yeah. But then...*
>
> **Researcher**
>
> *Did they listen to you?*
>
> **Callie**
>
> *Nah not really. They shut me down I felt like I was a book, it was like they shut me down, they shut me down and shut me down. I give up. Anything like social work meetings or anything, staff would go on my behalf, or I'd go and let the staff talk for me because they just wouldnee listening to me at all. They just shut me down.*
>
> <div align="right">Callie (adult)</div>

When asked if anything blocked her from making decisions about her life Erin said the following:

> *Lack of trust in adults. Lack of knowing who to go to for support, or even what is available, and fear of not being believed anyway. I think fear of being put back with my mum after everything I think I've always been like every single step; they've always took me back there regardless of whether I wanted to or not. And I think that was another fear of why I didn't want to be engaged with social services.*
>
> <div align="right">Erin (adult)</div>

When discussing the process of his life story work, the researcher asked David if his older sister had gone through the same process:

> *She didn't. She didn't bother with it. No, she's just saying don't do it. There's no point at that point. It's been so far down; she just didn't care anymore.*

Othering

When social services are engaged with the child there are times when they are made to feel different or 'other' by having to leave lessons to see a social worker or a key worker sometimes missing mornings or afternoons of school due to panel meetings. When a child or young person is settled, these meetings, observed by their peers when pulled out of school, are a constant reminder that they are different and can lead to long term harms such as labelling and the stigma that comes with it (Mannay, et al., 2017). Heather describes this feeling and the consequences:

> *Like they used to come in to high school, they used to come in for me {to take to panels or meetings} and to, like, see how I had progressed and if I would need help with it. I was meant to be going, but I was like no, I just don't want to. I want to keep my head focused in school like, my schoolwork and get it done and not miss out and then have to catch up. So, it's like a catch up game if I did go to these meetings.*

> Heather (adult)

> *I was very embarrassed to admit that I was in care especially to friends, because with friends, it was always something different. And you never knew how it was going to turn out. People either make fun of you for it or you would have people who would be a bit too sympathetic about it, and I always did my best to hide it. But then I got a lot of visits from social workers in school and stuff, and then that would raise a lot of questions, and it was very hard to kind of avoid seeing who they actually were. They would pull me out of lessons. My social worker, who was six foot five and black, it was very hard to explain why I knew this guy. Yeah, it was a little bit overwhelming at times.*

> *If ever there were any kind of LAC {looked after child} reviews or meetings, I would have to kind of come out of school early or if I was being picked up by a social worker instead of one of my carers, they would then have to kind of come into the school and introduce themselves.*

> Tom (adult)

In some cases, it became clear that the hours of social work nine to five, did not meet up with the needs of those they were supporting.

She only really comes for like half an hour and then she has to travel back so., she was meant to be coming up at some point. But I think she had an incident where she had done something to her wrist so she couldn't drive. So, we've been trying to get WhatsApp like chat with each other, but it's just not working out with our schedules like I've got college, she's got meetings and like.

Heather (adult)

When I worked in my previous local authority, we weren't really allowed to do the looked after reviews in school because no one wanted to know that your social worker was coming to school, which is fair. But I know they have switched back and a lot of them are held in school now and they pull him out of class. So the child the other day said I don't want to be pulled out. I don't want to go. And they're getting pulled out of class, and then they're asking why by their friends.

Karen (professional)

Because when you think about it. When a young person needs support it's generally a weekend. They finish by 4:00 on a Friday and the whole system, in my opinion, needs an overhaul, yeah. And even when you do have a support worker, the vast majority of them are off. He was running amok all the time, but more so at the weekends and on school holidays. That's when you really needed to support.

Lucy (professional)

One of my young girls, on her 17th birthday and she was accused of attempted murder on her partner. And she was taken into custody. I never got told, the Friday night I was off I'd finished for the day because it was like 7:00pm. And so that meant that none of us seen her. But I didn't even know that she was in custody. It was a massive domestic abuse issue; she was covered head to toe bruises. And so, it really didn't work for her, she felt really

kind of left. Luckily, on the Monday I was through here, but also our court worker at the time she took on a lot so she kind of had the support from both of us. But the impact on her has been huge. I mean, there was, like, two males interviewed her, and they didn't take photos because she was refusing it cause, you know, there was no kind of someone there to try and speak to her properly about how important that was.

<div align="right">Nadia (professional)</div>

The brighter side of social services

As mentioned at the start of this chapter, the raw data detailed here is important as the voice of the participant can be clearly heard through a platform they may not get access to again. While some of these subthemes make for difficult reading, there are some examples of where positive social workers made a real difference for some young people. Amanda remembers her first social worker fondly:

The first one I had when I first was with the foster parents, the couple, she was lovely. I remember having a really positive memory of her and then she I think she changed jobs or left or something.

<div align="right">Amanda (adult)</div>

And then when I turned 16, and I got my new social worker, she actually sat and listened to me, right, I told her, listen to us, yeah, I just wanted to go home, yeah. That was my dream goal, to finish school and to go home.

<div align="right">Callie (adult)</div>

The first social worker I can't really remember… Ohh no, I do actually. Her name is {name}, and she was lovely. She was amazing, really good social worker. And she gave me my first ever book, which was The Hobbit. And she was amazing. She used to do this witches cackle just to make people laugh, and it was amazing. She was a very bubbly and jolly person. Yeah, she was great. And I felt like she listened. And then she moved on. I think she got a new job or something along those lines.

<div align="right">Tom (adult)</div>

When asked why he got on better with some social workers than others Tom said:

> I just think they were more understanding and definitely more considerate.
> They listened. I felt like they did things as well. My brother would actually
> message my social worker to get things done even when he wasn't his social
> worker, because my brother also knew that he would do stuff if he could, that
> he would go out of his way to do whatever he possibly could for us.
>
> <div align="right">Tom (adult)</div>

> The good things is if when you've got a social worker that's on side, then I can
> e-mail and say right, we haven't seen them for three days. We've had no
> communication. Because I know who the social worker is but with other
> families, if you don't know who the social worker is, you've had no interaction.
> Then that's a problem.
>
> <div align="right">Daisy (professional)</div>

This subtheme shows that positive experiences for children in care rely on the
agency of individuals to push against the system to obtain what is right for the child.
As with the structure versus agency debate, some individuals in the care system have
the capacity to make changes to the structures surrounding these vulnerable
children (Connor, 2011; Mills, 1959), but not all children are fortunate enough to
encounter such individuals throughout their time in care.

The importance of Key Workers

Key workers seem to gain a higher place in the child and young person's affections
and trust. It appears that this can be to do with the fact that they spend more time
with the children and young people and also, they feel they are genuinely interested
in them, their day and their lives. They feel seen and heard. When talking of her own
experience as a key worker, Jade remembers one from her own past that made a
difference to her:

> I don't tell them what to do. I don't advise them what to do either, I support
> them with what they're doing. I'll say to them. Maybe that's no such a great
> idea. If they still go through that whole process of learning they've got to do
> that to learn.

However, they still need that support after they've been through that, whether
that's been a right or a wrong in their life.

{Talking about her own key worker} So I met a beautiful, beautiful, beautiful
human being. God honestly cause I owe her my life. I don't think I would be
where I am today. Met that beautiful, beautiful, tiny woman. And she says to
me, you're gonna smash this. I'm brought to tears thinking about it…

<div align="right">Jade (professional)</div>

For the young people in the study, key workers are always discussed with dynamism.
Discussing a pastoral group provided by her school, Suzy says:

When I was going through a lot of stuff, I'd stay here till bloody 6:00 in the
night. Yeah, we'd sing, let it go and all that. Terrible mind but they are amazing.
I have a session with them, which is what most people have if they need it or
they want it, there like every two weeks, because obviously there's so many
people are going there nowadays, but you can just talk to them about anything
and obviously if there is something that's putting you in danger, they will report
back because obviously, you know, yeah.

<div align="right">Suzy (child)</div>

When asked if he had a key worker Edward became very animated and said:

Yeah, yeah, he's actually sound like. I met him two weeks ago. He took me to
{a local gym} and I go boxing like after school, he drops me every Thursday.
We just click. Just talk about the gym and that, just like normal.
He actually does give me advice, he's sound. I actually take it as well.

<div align="right">Edward (child)</div>

When asked if he had any other key workers Edward mentioned a WCADA (Welsh
Centre for Action on Dependency and Addiction) key worker he had been seeing:

She helps me. She just gives me advice on like what to do and what not to do
and all that. She actually knows everything as well. Like if there's like
someone new to come on like they like have to go through everything like but

she knows everything already. Like it's all on paper and everything that's been said and everything.

<div align="right">Edward (child)</div>

Parker was asked if any social workers or key workers stood out for him:

I did have social worker, but it was very rare that I saw them. I saw the support worker more, so I think maybe once every couple of weeks. They belonged to the hostel I'd come from. So, I when I got this flat, I was 16 and it became a hub, my friends would come down and we'd have parties. There'd be lots of drugs involved. I was heavily involved in that life, and I dropped out of sixth form. So it was actually the support worker who sat me down and kind of said; You know, you've had a shit time, you've got two ways you can go now. You can either carry on doing what you are doing and end up in prison or God knows where or you can make a change and, not let the people who abused you in your life win and actually make something of myself. When we'd had those discussions, I said about the beach and stuff cause I'd always wanted to be close to the sea and they supported me to be able to do that. She was like this proper rough woman in her 60s. Tell you how it is, she had no issue in having a go at me or whatever and really kind of like smoker's voice. And I just remember I just had so much respect for her I loved her she was great like I feel like you know she helped me, like, get furniture for the place you know she was helpful, really spoke to her about a lot of stuff that she actually contacted me years later. Before I went to college, and said that she was retiring but wanted to contact me before she retired as she wouldn't be able to after. You know, I lay a lot of gratitude on her doorstep, because really, the life that I was living at that point, you know, had they not made that change?

<div align="right">Parker (adult)</div>

When Parker was asked why he thinks this key worker made a difference to him he explained:

I had a lot of respect for her. I mean, she was like, not scary, but you knew you had to be like... Yeah, I think I would have seen her as a mother figure. She

gave me proper rules. Yeah, especially going, into the flat. She was like you need to be doing this, you need to be doing that, she'd come round if it was a shit tip she would tell me. I remember being quite scared of her to start with because she was quite brash and would tell you how it is. But you know very quickly, you know. We began to like her and look to her for advice.

<div align="right">Parker (adult)</div>

When discussing the difference between social workers and key workers Rachel had this to say:

I've had a youth worker, she can't make big decisions like social workers can, but she does help me with if I want to put my point across, she takes me out every other week like McDonald's or something. So, we can have a catch up. And me and her have, been like, really close since like I think since I was seven, I think, yeah seven we've been really close since then.

Researcher

Since you were seven. She been around for a long time then?

Rachel

Yeah, yeah, she hasn't left me.

<div align="right">Rachel (child)</div>

In Scotland, there are teams called Throughcare & Aftercare who support young people leaving care to prepare them for independent living. They are a social services team who take on the young person if the young person chooses to be supported by them rather than a social worker. These teams are regarded highly by the young people and other professionals.

Yeah, I have got throughcare aftercare workers working with me to try and find some sort of temporary apartment. They helped me get my furniture like. Stuff like that. I have them till I'm 26. Yeah, it's good so I'll have someone there if I need help. They come out to see me every fortnight. One worker takes me out. He goes and takes me for something like a bite to eat or to have a conversation on what's gonna happen.

<div align="right">Lila (adult)</div>

The through care and after care workers, they're brilliant. They really are they try their best for the kids. I think, rather than the social work thing, right? You could have a million support workers could be better than that one social worker that makes all the decisions for you. Why do we need a social worker? Maybe somebody to sit at the top line. Yeah, your manager or whatever, but more support staff 100%. You need a more support staffing, yeah.

Jade (professional)

I would say trying to build up that relationship with young guys once they've had social work involvement when they're younger, it can be quite difficult. There's a lot of kind of trust you've got to gain with them. Then there's others that you engage really well with throughcare and aftercare that guy who's 24 going on Venture Trust. He's worked with a throughcare and aftercare worker for eight years and have great relationship with her, so it is just, I suppose, getting them when you can I suppose.

Nadia (professional)

The fragility of key workers

Due to the financial nature of the funding of many support workers, they can be a fragile entity. This was highlighted in the *Literature Review Chapter* when discussing austerity measures. The UN have highlighted the disproportionate impact of austerity on vulnerable children and the services they rely on (Mack, 2017). Supported by grants and charities, support workers sometimes have their roles terminated and their departure leaves a gap of services in their wake.

Yeah, there was another worker I had actually. He used to take me out places and used to just go for food and just chat and they had this little office kind of like if you do the same as what my therapist would do, I don't think he was a therapist. I think he was some key worker. I think his job is to just kind of get me out and distract me from things. I think it was about three years and that only stopped because he had passed away, which was quite sad. Yeah, lovely

guy. But he had a lot of health issues. And then that came to an end because he passed away and then I was never given another worker after him.

<div align="right">Tom (adult)</div>

So here I am, helping all these young kids who these, well, young adults, yeah, navigate their way through life. I suppose when they hit bad barriers, I'm there. This is year two for me now. I'm actually funded by the lottery, but and my wages finish in 2025. OK, so fingers crossed I get a permanent slot here. If no, I've got a lot of life experience behind me.

<div align="right">Jade (professional)</div>

So, they basically there was one young person I had experience with. He was in care, and he had this male role model. And he was actually an ex-police officer and it worked so well, he took them out, you know he did adventure stuff. He did go like paddle boarding with them hiking and it made a massive difference to his offending and his behaviour, his attendance at school. And then what happened was they pulled the funding, and that person was no longer there. And what that done? Reinforce the idea that that young person has which is everybody just abandons me and that's exactly what happened. This is still going on at the moment, and now he won't go to school. He's involved in county lines. He's of just getting up to all sorts. He was caught with a gun on him on the buses and things like that. He's in all this because all he wants is somebody to show that they care. So, the resources being pulled from people like that, it has a massive, massive affect.

<div align="right">Nadia (professional)</div>

Theme: The Extremes of Fostering

Another impactful theme throughout the data was "The Extremes of Fostering". This theme touched most of the participants in a positive and negative way. Some experienced both throughout their time in care. As with the other themes, this theme is divided into subthemes to assist with understanding. The subthemes include limited availability of suitable foster homes, the changing rule dynamics between

families, the realities of familial care, how difficulties can arise when children move into adolescence, good examples of foster care and issues facing foster carers.

Matching the Child to the Foster Carer

The main subset in this theme seems to be the lack of effective matching of children to the correct home. It is felt that the children or young people are given one option and placed in it without careful introduction. Once there, they sometimes feel they are treated as a sub class. They are sometimes not treated the same as the family's biological children and therefore never fully feeling part of a family. Fiona describes her first meeting with her new foster child:

> *I would say a lot of foster carers are not the same as us, like they {her foster children} probably have more than my own did, whereas some are in it for the money. And you do come across people like that. You see it in the child, like when I had {foster son} he was in school all day, then in an after-school club till five. Came home had tea and had to go to his room and that was his life. When he came to me, he was eight years old, and he asked when I met him, will I have to stay in my room? Can I come on holiday with you? because some carers don't take the children on holiday.*

> Fiona (professional)

Lila talks of how intimidating entering a new foster placement can be:

> *Well, first placement, kind of scary, kind of not comfortable. But you do kind of adjust to it overtime. Because I didn't like eating in front of them, I didn't like to really have any contact or anything like. Cause I was kind of really shy when younger, so I didn't even like to sleep in somebody else bed. I was there for about a month.*

> **Researcher**
>
> *Why did you move? Out of that placement.*
>
> **Lila**
>
> *I've got the chance to go back to my Mums and I was like trying to behave and listen to her, but I didn't.*

> Lila (adult)

My last one {foster home} is probably the most difficult one for me. Looking back, I was never happy as a child there, as an adult I think there is a lot of stuff that is hurtful and harmful to remember. I don't think it was ever a foster family for me, it was somebody's house that I lived in and very much felt that. There are things that have always stuck with me, like I hadn't long been in there long and I remember the older brother one day, I had gone in the cupboard to get something to make a sandwich, and he said that's our food, you can't just go in and take it. That was upsetting. If I didn't eat at my friends. There would be something in the microwave for me. I remember there was like one small cupboard and there would always be like smart price noodles, smart price meatballs and like everything that I ever had was always smart price stuff. It's always like, you know, it was like definite separation.

I had to keep my towel separate to theirs on the landing wasn't allowed to have my dressing gown in the bathroom with the others.

I was only supposed to be with them for a week, so they originally only agreed to a week, and I never left. So the homes before may or may not have been appropriate to use, but this last one I think, I felt like it's almost like a disservice not to have had any backing { from social services} especially as I had been abandoned {by his parents} at that point.

<div align="right">

Parker (adult)

</div>

I remember my first thoughts of being very very uncomfortable, it was strange cause it was late at night I was dropped there, and I remember them just kind of taking me upstairs... with uh... sorry…{Tom became upset} It was just very overwhelming, um I just felt out of place from the beginning, the lady I lived with was very harsh towards me…

Eventually I got kicked out of there after living with her for around about a year. I wasn't giving a reason why, I was just told that I would be leaving, I got put into respite, temporary care.

<div align="right">

Tom (adult)

</div>

Tom's next foster home did not feel any better for him:

That was a family again, they had their own son and daughter, that lived there and they had one older boy around 16 at the time and then myself. There I felt isolated more than anything. Cause they didn't involve me at all, if they were going out places I was always left behind, family dinners, if they ordered a take away, I wouldn't be part of that, it would always be something quick like mash, baked beans and sausages, just something quick to get me out of the way.

Tom (adult)

No Rules to Strict Rules

Some go from a life where they have experienced no rules to a household with very strict rules. This sudden change is too much for some children and young people. When Rachel spoke of her younger brother coming to live with her at the same foster home she wasn't treated in the same way:

It was nice to have him with me, but I wasn't with him because the care home that we were in the family was a single woman and she separated us, so she favourited him and he would be downstairs all the time. And if I wanted to come downstairs to watch tele or something I was really only allowed to go upstairs in my room and colour

Rachel (child)

When asked if there were rules in her foster homes she didn't like, Suzy said:

…so, I get clothing allowance, it's part of being in care, and obviously I didn't know that when I was a little kid. But I think if I attended something and I hadn't new clothes for a while, I think if I had said Ohh, can I get this? I should have been allowed to have it. And they'd always take my clothes out of my drawers and then lay them on the beds for what I'd wear that day. I don't think that's very thingy; I think I should be able to choose. And that was like when I was 12. I think I should have been able to choose what I could wear at that age. I think past 10, I think you should be able to choose what you can wear. As long as it's not, you know, revealing or stuff, it's your body, your choice.

Suzy (child)

Erin had been sofa surfing and living on the streets before putting herself into care. She found the transition very hard:

> *Yeah, it was very, very regimented and restricted and they weren't very like empathetic to the needs that I had. Obviously like, I was really fiercely independent. Going out and doing all these things and it was really quite difficult to, like, not be allowed a glass of water in bed or there was one instance, I have to go downstairs to get a drink and then come back upstairs. Yeah, there was one time where… my boyfriend lived quite far in the valleys. I wasn't allowed to stay over which was fair enough. I would catch the bus back. This time, the bus didn't turn up so I rang my foster parents and was like I can't get home and they're like, you gonna have to walk, and bear in mind this was only like maybe a year after I had my spinal op. So, then I walked back and because I was back past a time, they locked the doors despite me telling them I was on my way back. And so yeah, I had to stay outside for a couple of hours which wasn't fun at all.*

> Erin (adult)

A Need for Foster Homes

The misplacement of children seems to be due to the lack of available foster placements and or a lack of sufficient training on the emotional needs of a child or young person. When talking of a job some foster carers did in addition to fostering which entailed working in the community to help families at home, Fiona said:

> *I think they stopped us doing it because it, was taking time away from foster parents and there's not enough as it is. They are desperate. 100% dire. They have not got enough foster parents. A couple of weeks ago, they had children in caravans, Airbnb being staffed by social workers because they have not got enough foster carers to look after them. I think we are at a point, where I think something bad is gonna happen because obviously the lack of foster carers.*

> Fiona (professional)

> *And then other thing is foster carers, there's not enough and I don't think all foster carers... I think they get training then, but when they do it for the first time, sometimes they see things differently.*

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I would give the child a voice when they're going through the process. They're coming into care, ask them, which we used to do, what they would want and what sort of foster care or where would they want to live. And I just don't I think that happens anymore because, you see, time constricted with court and things like that. You need a placement. And I used to go around and interview foster careers. So, I'd have, like, you put in a referral and say four foster carers came back. I'd go out and meet these foster carers and know the child and sometimes they got it right, sometimes wrong. But you'd kind of have an idea of where that might suit, and you don't see that anymore because of the amount of foster placement. It's the lack of foster placement and the amount of children coming in. We've lost a few foster carers. We're still getting applications, but it's less than it was. It's quite a hard job mind, I would say, I wouldn't want to be a foster care of myself. You you're governed by a lot of rules and things, things like that. But I think I think we just need to put the child's voice back at the forefront, which is the idea of it.

Karen (professional)

Below, Parker talks as an adult with care experience as a child, and also a qualified social worker:

I think this system needs changing, I think foster care or caring should almost become a qualification. I think it should be assessed in more in depth because obviously those guys will go through assessments, and panels, etc. But I think it should have like an education element to it where maybe you do years education and get something out of it. I think that we have to many foster carers of low quality, and I don't think there's enough choice for children at this point it's kind of, if we get someone to accept a child, we take it. I think that there is a lot of red tape, also, being a social worker now I can see that foster carers can kind of do what they want at this point and don't really get sanctioned for it or don't really get told off or have consequences because

there's such a lack of foster carers across the United Kingdom, we have got foster carers on our books that we wouldn't leave our own kids with.

<div align="right">Parker (adult)</div>

When Suzy was asked what she would change about the care system she said:

I think. They just really need to be careful of who they employ.

I mean, in nearly every single house I've been in. One of me and my sisters and all my siblings have been abused. In the first place my that was my brother, the second, that was me and my sister, and then the third placement, that was me and my sister and my brother were neglected. Right? So, there's something wrong with the care system because there shouldn't be people like that in the care system, they are there to take care of you not to do the opposite.

<div align="right">Suzy (child)</div>

Familial Care

There has been an increased move towards placing children with a member of the family instead of foster care if there is space available. This happens in Wales and Scotland. However, it does not always produce the best outcome for children in familial care.

I think that there is a lot of unregulated placements occurring because it's less cost to the government, we're leaving children with potential family members or even it might be a neighbour or friend. I think that's the focus on cost and not focus on best outcomes for the child. Whilst they say any child should ideally be with a family member to improve their sense of identity. Some of these placements you're not with family members you might be with the second and third cousin that you've never met before. You might be with a neighbour, a family friend or something so who is to say that person's is going to give the love to that child. As much as somebody who's maybe trained in it and is regulated and has regular supervision. And that's what makes me feel like it is a focus on money and not a focus on the best interests of the child.

<div align="right">Parker (adult)</div>

I think they then realised, after they had seen a couple of marks and stuff on me that it was best not to put me back with my parents, so they asked where my nearest relative was which was in Scotland, we were in Wales.

The police had then spoken to my parents who lied and said that the neighbours two doors up who friends of my parents, were my relatives so the police put me with them even though I had refused and told them otherwise so I actually ran away twice cause I ran away from there then in the middle of the night and it was after running away from there then when we all got put into social services, um, into foster care.

Tom (adult)

And we've got some children on special guardianship. Social workers should be following up on those cases. Sometimes they don't ever see them.

I sometimes think it's families that can't cope with social workers. And the other thing we've had is where, you know, for a couple of cases when in particular where Mum ended up in prison and then went to live with Gran and she wasn't really nurturing there. And that the children being accommodated, you know, sometimes you think being with family is great. But those families sometimes overcompensate. And those children put an awful lot of weight on, or you've got the other extreme where they nurturing their own children but not nurturing their grandchildren.

Heidi (professional)

Where sometimes, and it's awful to say this, if that child been taken away and put into care, perhaps I think it would have been healthier in one respect. Earlier on in his lifetime, and I think there's also some more support, isn't it? For the child and for the carer. When it's structured where there, it isn't, and that's where, I think… his gran at one point was crying out for help… it was very sporadic even to get him into school, to know that constant arguments in the mornings, things like that. Or when he used to go into town and not come home and things like that. I don't think… there wasn't enough support, or

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maybe by having those rules in his case would have made him, although he's coping now, but he also knows he can get away with what he wants.

But then his mum, she's happy enough for him to stay with Gran but any meetings we have in school she won't allow gran to come in. When he first started in school, the TAF worker that they had was trying to get mum to sign over at least have half parental responsibility for him to gran and she wouldn't. She wouldn't allow it, so gran had no support financially or anything to support her. Mum gets all the child benefit.

<div align="right">Kimberly (professional)</div>

My mother wasn't really around like and my father, wasn't either like. So, I lived with my Nan like till I was 10, I think… When I was 10, my nan died, my great gran like. Like that's when like I lost my head.

I just went off it, said I'm not going to school. I'm like, start going out with the wrong people. I'm just like getting in trouble an' all that, like my mother, like my mother's bad this time cause she's like taking stuff. And I didn't know where my father was, an' my 'ead was just going with all the stuff that was going on. I was still with my living with my nan. Like a few years after, I moved back into my mother and she was getting better but I dunno like, it was still bad, like and then it was just back and forth, back and forth there and my 'ead was just going like a lot of stuff like, I dunno. And I was angry, sad and everything like. I just didn't know what to do like and sometimes I thought it was my fault like but I dunno if it actually was. Yeah, well I dunno… I am trying my hardest now. But I haven't actually been in care I was just like back and for with my nan all the time. …even in the car, like my nana's just going on about like, ohh your mother this and my mother's saying, your nan this. And then I'm just in the middle of it like I just can't be arsed.

<div align="right">Edward (child)</div>

It's better than it could be.

When a child is placed in a home that does not meet their emotional needs there is an acceptance that they should 'make do' as the placement is better than the alternative could be. When asked if she had moved around much, Suzy said:

I think they've all been quite local, so it's not too bad considering. Yeah, some people have much worse than that. So yeah, I think it's all quite local to be fare yeah.

<div align="right">Suzy (child)</div>

They gave me one option which was quite far away from everything I knew but at that point I was just happy to be there. I don't really have that much of a positive thing of there, but I realise and like I understand there are much worse places to have been put.

<div align="right">Erin (adult)</div>

But I think, at the time, because I'd come from all that physical abuse and the sexual abuse I was like, well, at least that's not happening. I think even at that age I knew children that were in foster families, and they became part of their families. They lived with their foster carers and became part of their family, that was definitely what I wanted at that time. And I wasn't getting... I had my basic care needs met , but I needed my emotional needs met but like I said, I think I think at that point I thought, I'm not being beaten up and I'm not being sexually abused so it's kind of like you know what, just grin and bear it. So, what if they don't love me, I'll find that love somewhere else.

<div align="right">Parker (adult)</div>

Teenagers and Moving Foster Homes

Some feel they moved often to many placements in a short time mostly without notice. Some felt settled until the ages of 13, 14 or 15 when they started to behave like teenagers and would then get moved due to the foster family unwilling or unable to put up with normal teenagers' behaviour. In some cases, one mistake during this time will result in them being removed from their foster home. Rachel talks of her moving placements at short notice:

No, when it happened, I got picked up from school. And no one told me I was leaving. I had a new social worker then, and so I asked the new social worker, why I was leaving? We had had issues yeah, but I thought we solved it, and I asked him why, and he took me back to the house, collect my stuff and I asked

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them then, why am I leaving? And they said, 'We think that you're gonna burn the house down'. And I was really confused about it, and I was like, why would you think that? And they were like we found, lighters, in your room and all that. And they didn't think to ask me why I had the lighters, they just assumed that I was going to like hurt them. So that hurt…

<div align="right">Rachel (child)</div>

Rachel goes on to talk about all of the placements she has experienced as a child:

I was at the first one for four years. Then for that year, me and my brother went to four different homes and then we were in like a residential and then it was a proper home and then… none of them were actually secure, we knew that we couldn't stay there for very long so it was like short term placements until we went with this couple and they were supposed to be long term but it ended up being three years. And then for about two years we moved around again to another, I think three or four placements and then we were in a placement for about two years then. And then, their son, he wasn't looking after his kids, so she had to look after their grandkids. So, they didn't have room for us. So, we went to another placement and my brother was a wreck. He was about 10, I think. He would kick and punch them and ruin his room and everything, so they had to get rid of my brother and they wanted to keep me, well they said they wanted to anyway. But then he went up to residential and I was put with this other respite carer, and I stayed there for about three months because the carers I was supposed to stay with said they go to Disneyland, and they come back for me. But they didn't. My old carers and their social worker came to pick me up and said that I was going back with them.

<div align="right">Rachel (child)</div>

Mum and Dad, well, my dad couldn't really cope with us all. There were seven of us. We are all in the system from very young ages. We were all separated. I was in care when I was 12. Passed around like a bouncy ball basically left, right, centre, lots of placements.

The foster carers do not get notice of placements either:

So, with {child's name} I had one day notice? Or was it on the day? Sometimes it's a say a couple of days or that day. With another child, they phoned me at like 4:00. And he was in my house at 6:00. Like this baby I've got coming now. They rang me on Friday about him, but he's in hospital, so that's what the delay is. Otherwise, he would have come to me on Friday

<div align="right">Lily (professional)</div>

Being a teenager can be difficult at the best of times. When in care that time of your life can create life changing circumstances.

I've got one young person who I've worked with since the first day I started this job. So, he's now 21 so that would be three years since I've been working with him, but he was in care up until 16 and he was in a foster placement. Mom was a substance user, and he got on OK in his foster placement, but he got drunk on his 16th birthday and they refused the placement. He was then left on his own.

<div align="right">Nadia (professional)</div>

I got put in the foster care; we were all separated. We could see each other sometimes but it had to go through social workers. I went there when I was 9 or 10. And left when I was 16. So, the reason I left at 16 was because… so my foster placement broke down, and obviously cause was of an age to like, not so much go home. But they can, after you turned 16, they do everything they can to get you out of the system. I left here at 16 and then go back to my mum and then after six months, everything was breaking down. I have to move to my Grans. Sometimes when I look back at it. I think to myself, why did I leave? Cause I had like everything was going good for me? There wasn't really any problems until late at the very end. Sometimes I think why don't I just screw me head on.

<div align="right">Charley (adult)</div>

When asked if there were things they wished they had done differently as a teenager Cameron said:

> *Therapy. Probably a pretty common answer but I only started four or so years after being placed in my now parents and it was for a unrelated issue and that meant that I had very little understanding of how trauma affects you and when I had really really bad mental health in my teenage years (which I know now is from trauma) I felt very invalidated and sort of imposter syndrome as I couldn't actively remember 'why' various things affected me so much just that they did - but as I couldn't remember, I felt like a fraud almost. Therapy has helped me understand more about it all and I think a lot of my mental health problems could have been averted or less severe if I had had someone earlier explaining that things would affect me, and ways to cope instead of just the generic response "oh you're just a teenager"*

<div align="right">Cameron (adult)</div>

When talking with a foster carer about her placement with a teenager that had broken down the researcher asked what they thought had caused it:

> *Definitely the testosterone, but I just couldn't cope with it.*
> *And I feel awful now, and I still get emotional over it. I saw him last week. I know it sounds bizarre, but I still feel like he's my son, and when I hugged him, I felt really emotional, you know, leaving. I just couldn't cope with that. I've never had it with my own kids. I can cope with certain things. Yeah, but running away and driving around trying to find them and the lies. Dragging him out of people's houses yeah, he wouldn't come, I had to get the police and everything. And my parents were like. enough is enough. This is like ridiculous. My kids went mam, He can't live here anymore. You know, when it starts impacting on your whole family. Like it was my decision. I have to put them first. So, I hope he has realised. But it's just too late.*

<div align="right">Fiona (professional)</div>

I like going out to see the kids and most of them would say we're pretty happy where they are, but then you can see them start turning about 16 and think, oh, which way is this going to go. Then some foster carers will say, oh they're playing up and you got to think, well, they're 14, they're adolescent 15, 16. This is what kids do. And I think they look at them sometimes and think because their looked after, because of their background, they're behaving this way, but they just being a child.

<div align="right">Karen (professional)</div>

And I think she struggled a bit in secondary school. She got some GCSE though. And then she became trouble, when she about 16, she came to that age and the trouble started. So, as they all do, don't they?

<div align="right">Ruth (professional)</div>

Home from Home

While many of the participants spoke of bad experiences in foster care, some also spoke of foster homes that made them feel at home. Most know what good looks or feels like. Erin talks of her sister moving from a bad foster placement to a better one:

She was then moved to; we call her Auntie Peg. She lives on a farm, and it was just amazing. Like the transition from there to there. And she and her new foster mum was the one that encouraged her to have the relationship with me. And like it just it flourished because of that good experience.

<div align="right">Erin (adult)</div>

I felt like I left care when I was about like 15 because I was in a job that was with the parents that I'm with just now, we just feel like a real family because they included me, like they cared for me. They protected me when I needed protecting and things like that. So, like, that's what I felt like.

<div align="right">Heather (adult)</div>

I remember it being a very like, warm and safe place, and I very vividly remember feeling like, this is what love is meant to feel like. Yeah, I remember

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even at that age I remember thinking, oh my God, this is, this is what love is meant to be like.

<div align="right">Parker (adult)</div>

…then they put me with what would have been my most recent carers then and right from the start I fell in love with them, they were amazing, it was the first night I spent with them I messaged my Social Worker and I said I would really like to stay with this family if I ask them if I can would that be okay with you. And he said as long as they want you there you can stay there, I spoke with them, and they said they were more than happy to let me stay. At 18 I was supposed to come out of care, and they point blank refused and said we do not think he's ready but and they had me there under assisted living with them so that I could stay with them for an extra year. Until they felt there was more comfortable to move out and kind of live by myself and they were they were incredibly supporting as well. They got me my first job and then they helped me move into my own place, then.

<div align="right">Tom (adult)</div>

Speaking of her only foster family, Hannah talks of her gratitude:

I can remember being at my foster home, with my foster brother, painting on the kitchen table, it's really weird because… we were three of us and got separated but this... is quite emotional… so we were separated, they stayed together and I went to my foster home {Hannah became upset}. It's not tears of sadness. It's tears of joy because the life I've had with Mammy and Daddy. That's the life I want for my children. So, something good came out of something really bad. But If Mammy and Daddy hadn't have fostered me, I'd either be dead now, or I'd be on the most wanted list. Because my sister's side and all her kids and everything, they're all still drug addicts. If it hadn't been for Mummy and Daddy on several occasions of me going to do something and thinking, hang on and I think of Mummy and Daddy and I stopped doing it. Even though we went years and years and years of me not talking, it's not that they weren't trying to find me, it was because I just didn't want to be found. I still thought about them all the time…

Who fights for the carer?

The life of a foster carer can also be very challenging.

> *They don't ever listen to foster carers really. Nobody knows these kids as well as us, the social worker will slip in for like 20 minutes once every six weeks or whatever it is. And they think they know the child, and they make the decision. I think they should listen to the foster carers more because when we're saying, this is really affecting them, or we need to look at this. It's very favouring the parent a lot of the time. And like maybe this contact isn't what's best for this child? You know, if he is having night terrors for half a week, is this what's best for {foster child}? Or we just doing it because mums entitled to see him. You know who it is benefiting. Just because people are entitled as parents doesn't mean that's what should happen, and I think that is not considered as much as it should be.*

<div align="right">

Fiona (professional)

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> *I had three girls, sisters and they were to be adopted and. It was like oh God, how are we going to find a family to take three, and there was literally one family that was willing to take three. But they weren't right for the kids just because they were the only ones, they were chosen. I think they definitely trying to adopt as many out as the can. But the little girl was crying her eyes out the night before she left, she said please don't let this happen to me, why can't you be my mammy and daddy? I don't want to leave. We did a week of introduction. You know she was going, and I couldn't do anything…. This one {adoption} I was like, oh my God, I'm never fostering again after that. I said I'm done. Started looking for jobs. That wasn't the right placement for them. They completely ignored us afterwards, we've never seen them since, like I said to the little girl, when she would cry out to me, I said listen, I'm always going to be there for you, I'm going to make sure that you're OK and you're happy, you know… I couldn't fulfil my promise to her because her new parents had decided no, she was five years old.*

And we don't know how the adoption is going, and I have since seen the social worker and he's like, yeah, they never should have gone there. And I'm like you are joking me..?!

<div align="right">Lily (professional)</div>

There's a lot of really, really good work that gets unnoticed, and I think sometimes the care profession, because it's not always been a qualified workforce, there's that kind how we can professionalise the workforce now, but I think if you become more professional it gives you a bit more of a voice and certainly a bit more respect. People working with these kids 23 hours a day and they know these kids as well. That's better than anyone and you know what they need and what's needed for services, what's needed for investment, and they'll live in it, they're working it and seeing it. And they've got the experience every single day, so we're foolish not to give them more of a voice.

<div align="right">Stuart (professional)</div>

Theme: Harm to Crime

There can be situations that develop with children and young people with care experience that may escalate into contact with the criminal justice system. This theme looks at the reasons this could happen. Some participants find police contact part of the normal life of a child in care, particularly if they are in units or shared accommodation. Some find issues that occur in the difficult time of being a care leaver when money and security are at an all-time low for some care leavers. The subthemes address these reasons.

Early Police Contact

While looking to escape a chaotic home life in familial care, 15-year-old Edward found himself at the wrong place with the wrong people and got arrested for assault.

I used to go out like to get away from the house, but I don't really go out anymore since what happened. That's still on investigation, I don't even know what going on like, they just dragged me in like all the boys and that were doing shit and that in October {two months earlier}, I think it was, and they put me in the cell. I was in the house they came to the house like then they put me

in the cell and then they interviewed me and that. Like I don't know, it's still going on and I don't know what's going on. It was all the boys and that like, like I've been dragged in for it. They've just literally got away with it. They haven't been questioned or anything. Its frying me like and I can't concentrate in school like I'm actually trying to be good now and it's just been extended to January. They haven't give me a court date, so it's just like if I come to school, I doin all my work what's the point like if it's gonna be taken away from me like. I am trying my hardest anyway. Even like last year, I would literally like have giving up in school cause I missed so much, but I just came back in, like and caught up. And they took me in the cells. I was there longer than I was supposed to be because they didn't have the CID officer there that wanted to interview me. It was shit like. I was supposed to have an appropriate adult with me like, but I didn't want my Nan seeing me in there. I told her to go home like. I was waiting, waiting. I didn't know what time it was. Like I went in there in the night and came out the next day. I don't even know; it was so long like.

<div align="right">Edward (child)</div>

When asked how she got back to her placement after running away, Callie said:

The police, every time. I was just a child; I didn't like being away from home. They would find me sometimes at home {her mother's house}, sometime hanging about places I shouldn't be. Anywhere and everywhere. I used to go on long walks and then I'd get myself lost. So then sometimes I'd end up in a field in the middle of nowhere, to the point where I just caused chaos falling in with the wrong crowd, follow their footsteps…

<div align="right">Callie (adult)</div>

We did have one case where there was a young girl, she was 16 and she was on an ASBO, and she kept breaching her ASBO. So, I think she turned up in custody, something like seven out of eleven days for breaching an ASBO, but we got her back to the children's hearing because that's where she should have been. And her breaches were like things like turning up at the police

station after the time that she was meant to be at home or at one point, she phoned saying that she was feeling suicidal, but in her ASBO, it said that she wasn't allowed to cause public fear and alarm. So, they lifted her for it because she'd called the police station.

<div align="right">Nadia (professional)</div>

The Cliff Edge

While some may not have had contact with the police, they were living very close to falling through the cracks of the system.

They come out of the childhood side, or they hit 18, that cliff edge still exists, so if it's not 18, it's a 25 that it seems to be. There's a whole wrapper around this. Some kids will get a real intensive care, so the right package that they need and then just because they hit a certain age, and they can only go into adult services. 90% of that just falls by the wayside. There are still elements where I think there's a cliff edge in the system that we need to get better at recognising.

<div align="right">Stuart (professional)</div>

So, when I was getting referred to the throughcare aftercare team. I didn't really have like a worker as such for a couple of months. The social worker just left. So I was kinda like on my own for a few months. And obviously that was hard. Well, I was going through problems like obviously I had problems with my mum, so I was with my mum for six months and then she put me out. I just stayed up the road from her with my Gran, so it wasn't so bad. So, I always knew that had my Gran to go to. So that wasn't so bad.

<div align="right">Charley (adult)</div>

When discussing her first week in university, Erin spoke at length on the thin line that most care experienced young people tread.

So, then I literally turned up with nothing. I'd eaten all my food in my house because I thought, oh, when I go to uni, I don't wanna bring that stuff with me. So, I literally had no money for the first two weeks until my student finance came through. Originally went and tried to get some support from the uni and

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they offered me a loan of £50. But obviously that wasn't enough, so from… like a previous life... again... I may have sold a few bits of weed. Basically, that's how I had to, you know what I mean? Yeah. Oh, God. But it's the only way I could have gone to uni…

<div align="right">Erin (adult)</div>

Then later when talking about leaving care:

This was really brutal because I was 24 and it was obviously lock down and everything. And I was at the height of, you know, breaking up with my daughters Dad. It was really a difficult time because obviously I was leaving everything I knew to go out and do it on my own, essentially. And in the height of that, I got a phone call from my social worker saying I'm really sorry but there's not enough social workers and now, because on paper you are OK, I have to get rid of you. It was a bit of a kick in the teeth to me. But I think like my argument is like they're supposed to be a corporate parent, you know, I mean, they're supposed to be, but parenting does not end at 18, 25. It should be an ongoing thing and they shouldn't be like certain criteria that you have to hit to be able to access that support. And like there's no support. Then that's it. Like you have nothing and there's no way to access anything else other than like, adult mental health services. And that's terrible. Do you know what I mean? So, I do think people can get lost if they don't already have a direction of where they're going.

<div align="right">Erin (adult)</div>

When I left the unit at 16, I stayed with my mate. Then it was hotels. They were putting me up in hotels. Yeah. it was a miserable existence, but then I didn't really help myself either.

<div align="right">Gareth (adult)</div>

When asked if he received any more money from the local authority when he turned 17, Parker replied:

No, so that's actually when the money stopped. So when I moved out of the hostel, I remember… first of all it was really hard for me to get a flat because I

was 17 and nowhere would signed the contract, so we eventually found, a flat that would take me and then I was told that I would need to apply for benefits. But I didn't and I started working again and had like three jobs at one time.

<div align="right">Parker (adult)</div>

…because if it was up to social service at 18 you get kicked out of that and that's what it felt like. You were just getting kicked out. You were gonna be left on your own. Yeah. Yeah. I know I did feel scared when I was told that.

<div align="right">Tom (adult)</div>

… the majority of the young people that I work with that are looked after children have come through the care system they feel quite let down. Once they're 16 the children and families department tend to close them and then it's throughcare and aftercare that we have which is voluntary for them to get involved, So I don't feel that a lot of my young people take that up because they've had kind of social work involvement for so many years and then they get the option not to so I would say nine times out of ten, they don't engage with that. And they are missing out on stuff that they entitled to as well, not just support, but like they are there to help with their kind of money, side of things like benefits and stuff like that, a lot of them don't even know that they are exempt from council tax and things like that. I think that they really miss out on stuff. But actually, I think that that that's when they need support more because a lot of the young people I work with have either a left foster care or residential. And then they're expected to manage a flat on their own and they just can't cut it.

One of my boys ended up involved in county lines, he managed to get himself out of it. So in terms of that side of it, he's away from that. But he's then being given, I think three flats now and he's at risk of losing the flat that he's in. I just think that there's no transition there for them. It's very much, you're on your own kind of thing. He also said that he's never seen his social worker at the time that he was in foster care. So, you basically had the worker

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to take them and put them into foster care and never seen them for about a
year until the foster placement didn't go how it should have to them.

<div align="right">Nadia (professional)</div>

Are units melting pots?

An alternative to foster care in Scotland is called a 'unit'. These are a residential children's home and in some cases for those over 16 years of age and similar to an assisted living home in Wales. There are mixed views from the participants of this study on the effectiveness of such placements for young people. Charley spoke of being removed from her foster home at 16 and the choices available for her:

…because there are so limited, the foster carers. So, they didn't really have a foster placement for me, so the only other option was a Unit, and I was like, if I'm going to go into a Unit, I'm not going to come out normal as such.

So well, everybody I know that's gone in a unit or still in a unit, you know they were troubled kids, so they were always in trouble with the police and stuff. Just being wee idiots, to be honest. That was also the same for my sister. And obviously, her coming out, the units and stuff, that's all she knows. And obviously she's been in and out of the cooler and she's done a few weekenders in the in the jail, not the jail, but the police station. She's had tags, curfews. She's had it all.

Well, I think it's cause she was in a unit, you know, because see a unit, it's not the same as obviously a foster placement yeah? In a foster placement you may be placed with other kids, a maximum or like two or three other kids. But in unit, you know you can have 10 of 'em in one unit and there's like three members of staff on different times of the day so that they can't give you attention all the time. So, I think that's why.

<div align="right">Charley (adult)</div>

So, they put me in a hotel for a month and then they put me in a unit type thing with all different people and I ended up addicted to drugs. I was drinking every day. I wasnee coming to college. It was just constant violence. We were always getting arrested. It was just chaos…

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So, in the unit and there was 12 rooms in my building, but it was two buildings together, so there's 12 rooms in one building, four rooms in another building. There's a couple of, like couples were in there as well. So sometimes there was 20 of us in there at a time, right? Yeah, they're always full. We'd all go at the pub every weekend. We'd drink, we'd take drugs but take drugs every day anyway. You know, we drink during the week because there was more staffing during the week than what there is at the weekend. So before I went into the, you know, I already done some drugs and. But it was only on the odd occasion. And then I went into that unit 17-year-old and it honestly just became part of my daily routine. Like I'd get up in the morning and I'd take my drugs. I'm gonna do what I do all day. I'd come back, get my drugs, go to the pub. The staff must have known I think they did because it was camera'd too. And all our stuff was in the room, all the drugs, all the phones, all our stuff. We sat in there all night, we didn't get out the room for the toilet or nothing and the staff went away at 5:00, so they definitely knew as they didn't see us all kicking about that they knew where we were. Yeah, but obviously cause we were all violent. They just left us. But every now and again the police came like.

<div align="right">Cassie (adult)</div>

Patrick who worked for a residential home for over 16's saw many changes throughout his time:

And I think the main problem I had with them was they grew too big, without putting the structure into the company. And there's a massive issue in support. The staff recruitment to get the skills you need, they're just not there now, especially for the amount of money that it's paying in the industry.   You could have given us the worse young people in the world. But if your staff is trained properly and you are all consistent and working on the same platform, anything was controllable. When I started the job, I'd be interviewing 20 people. I discard five of those the applicants because they couldn't fill the form in, which is important, if they can't fill the form in, how can they apply for stuff and refer and teach young people? Then the other 15 I'd read through the applicants and I discarded a portion of, say seven of those at the bottom

because they just didn't have the skills to do the job, I'd interview the other eight and I'd probably employ one person, maybe two people out of there. After COVID, the people we were interviewing were the bottom seven, the seven who were totally unskilled for the job. There was time we just didn't have enough cover to keep the projects open. So, I was told by the was organisational manager, as long as they got heartbeat, a pulse, employ them. But I think there's another issue, when I started on £16,800, when I left the job 15 years later, I was on £20,800, so it paid just £4000 more 15 years later. It's a very underpaid vocation, and I think it attracts people who have not got skills to do the job. Especially where covid was concerned where all training went online. As long as you tick boxes, everyone knows how you cheat the system. You fast forward the video, it gives you five questions. You can have unlimited chances of answering questions. And you go up to your HR department and you're training departments and say I don't think these videos work. They'd say, saves us a lot of money.

<div align="right">Patrick (professional)</div>

When units and residential placements have the right staff, it can make all the difference to young people.

To the point where I just caused chaos, falling in with the wrong crowd, follow their footsteps. And then actually jeopardised one of my overnight stays the staff and the social worker said, with the amount of running away I was doing. But then staff started to put things in place to stop me running away, like take me out for the day or a long chat and a walk with staff, because I knew that if I kept doing what I was doing, I was losing all my overnight stays and then my placement could either be extended or I could be there longer than I should have been. They helped me get a bit through my mind. Like, I was really scared about going home, like I didn't think I'd make it home.

<div align="right">Callie (adult)</div>

So going into a unit was a good thing, yeah definitely, even though at the time I feel like I was never meant to be there, I'd say it's the best place I've ever been

to in a long time. I was on a court order as well to be there, so I had no other choice. That was because the amount of times that I'm running away and that like. I was like a flight risk. I was putting myself in danger. I was always taking drugs with my friends, which clearly really isn't staying at home. But and I think the unit just sorted me out straight. I don't do anything stupid anymore. If I want to go out, I'll ask, because if me and my mate wanted to go up to the pub or something like, right, we're going for a quick drink. But we won't come back late. We'll, like have, like, one or two pints then come home.

<div align="right">Lila (adult)</div>

It was like a homeless hostel; it was a ginormous building over three or four floors. So, there were five of us, I think six of us. So, six young people. And then we had our own rooms. And then shared living room, kitchen, wherever else., And then there were like support staff there a residential home probably best way to describe it rather than a care home. So yeah, I had a support worker, had always had someone there like 24-hour kind of support. So, they were helping me at that time with next steps. So, it was kind of, you know, they were helping me with employment. They actually helped me leave a job that was terrible and toxic and through them I was actually nominated… they bought flat and there were two spaces in this flat. So, when I moved on to this flat with someone else from another house. I was 16, 17 at this point. I think life there was like a bit of a bubble. We all got on for the most part, with the people that lived there, and we were allowed to chill in each other's rooms. I remember being nice for the most part. But I think you have an age where you're coming into your own and everyone's come from tough backgrounds and stuff and still going for it. So, we were underage drinking for sure. Definitely no bullying. In my defence now because I see a lot of children and young people doing certain stuff which wasn't really a thing back then. As much as people could misbehave or bend the rules or whatever. I never felt like there was any maliciousness to it. There was no kind of like weapons. There was no kind of bullying. You know, just teenagers being teenagers, but I think we got lucky with a really good group cause we all got on.

Theme: Belonging

This theme looks more closely at the emotional challenges of having looked after experience. How children and young people feel about situations and why, when their lives are filled with chaos and instability, strong role models and stable influences are important pillars in their lives. It examines how some children lose their identity while in care and how their experiences can shape a desire for a giving and nurturing career. Finally, this theme gives advice to current and future children experiencing care directly from the participants.

Chaos and instability

Some children and young people in the study came from a chaotic home life. Some experienced it through their time in care. When asked how she was so good at budgeting, Rachel said the following:

> *Because in one of my care homes, they used to leave us all the time and like no one noticed it. So, we would be in the house just me and him {her brother} and they give us like a set of money, and we'd have to, like, budget it for like a month. And I'd have to go out and get food. Luckily, they only lived a couple of streets away from the shop. I was like eight, so I used to go out. He would be like riding his bike, he was six. And I have to make him food and look after him. And then get him ready for school... I'd never tell the teachers. I didn't mind it, because while my mam and dad were living together, I had to do it there too… Because we used to go back and live with my mum and dad for a couple of months sometimes. And then my mam would leave us, then my dad would come back, and then he'd be pissed off at my mam. So, it's a very lovely cycle of life. I love my dad to bits, but I don't want to be him. Especially how he has been in and out of jail and I don't really want to follow that….*

> <div align="right">Rachel (child)</div>

> *They gave the three-year olds more food than they gave my brother, who is 18. First of all, how was that fair, just tell me that. How come the kids got everything they wanted? We got a bare minimum. I went to school with, like,*

broken shoes, very young and yet they were buying their kids new pairs of bloody Nike as well. But every single bloody week. They made all the decision for us; we weren't allowed to make any decisions. I had like three tops max, two pairs of leggings and a pair of jeans. And none of that fit me.

<div align="right">Suzy (child)</div>

When asked if she had made any decisions in life that she regretted, Amanda, whose mother had addiction issues, said:

That's a hard one… I think just maybe having those boundaries with my mum sooner. There was like a period of time where it was, it was really getting to me and I was really struggling, but I wasn't sort of putting up these boundaries and I was just sort of taking everything she was giving me and dealing with everything she was putting on me. Which was a lot. And I think I would have been a lot happier if I'd have set these boundaries sooner, yeah.

<div align="right">Amanda (adult)</div>

But then that's when I started having troubles with my mum. Because I seen it all. I took a full year off primary school. I was kidding on that I was ill, but I didn't want to go to school in case something bad happened to my mum. One day my dad jumped off the couch to my mum and he hit her, she had my wee brother in her arms. He was only a few months old. Yeah, they came for my dad. I've seen my dad get arrested, taken out of the house. But that all happened because of the social workers because my dad had said to my mum, obviously she had a meeting for my oldest brother. Obviously, my mum went to this meeting with a black eye. My Dad had said to her, if you go to that meeting, I'm gonna stab ya. Obviously, my mum lied and said she went to my grandma's. When really the social worker waited at the bottom of the street. And she went to the meeting, and she told the social worker everything. And later that night, the police turned up and they lifted him. Well, but I don't know how to feel because I got taken away from school {into care}. So, I had to go to school as normal. I didn't even know I had a hearing. Obviously my headteacher went to the hearing but obviously that's when the decision was

made, that me and my wee brother get put into care. My aunty picked up my wee brother from nursery. And took him home and then told him he was going on holiday. He was 3.

<div align="right">Charley (adult)</div>

When asked what she wanted her future to look like Charley added:

My future will be stable for myself. Stable financially, have a house over my head, that's a place I can call my own. And get a job. I want to live on my own I like me own space.

<div align="right">Charley (adult)</div>

The social workers, it was at a children's hearing, at a children's panel, I was there. It was awful that day. The social workers told my mum, she wanted her children back she would have to get rid of my Dad, cause he kept abusing her and everything. Then when I turned 16, I went home to live with Mum. Dads got a little of family of his own in Glasgow. I still speak to my dad now and then but not much. It's tough. He had a lot of childhood trauma as well. But there's a lot of trauma from my mum and dad, trauma that happened to myself. It's tough. My dad attacked my mum for no reason. A lot of domestic violence. After 18 year of them being married together my Mum finally had enough, divorced him. Yeah, it was the supervised contacts that we saw each other. It was good, yeah. I felt like I was reconnecting with my mum again. Just my mum.   My dad didn't give a shit about us basically. When we were little, he didn't want to know us and now we are older he wants to know us again. No thanks.

<div align="right">Callie (adult)</div>

Yeah, it wasn't a nice time when they were together. We kind of got very neglected. They had a lock on the door and things like that. So my mum had her kind of mental health issues. It just kind of started escalating quite badly, she has schizophrenia. And so it kind of flared out in different points.   No medication, she never admitted it. That was like her, her most sensitive

subject. So then after a couple of years, there was a lot of different incidents that happened. I just used to go {run away} ... And my mum, every time I'd like leave for a few days, I'd be like, oh, yeah, she's gonna be so worried about me, you know, I'm gone for a few days and then I'd come back and she'd be like. Next time you go to your friend's house let me know.

<div align="right">Erin (adult)</div>

So as a social worker now I know about more stuff, so Section 20 under the children act, is where there's a voluntary agreement between the parents and the local authority for the child to enter foster care. Section 20 should only be used as a very short-term intervention for a child to be accommodated by the local authority. So, the decision made for me was not to have an interim care order or a full care order for my care. Not having that left me with, I guess, a sense of instability. I always thought that, I guess I could not work out why, so essentially section 20 is something that would always come up in my lac {looked after child} review, 'you are section 20, so we have to go speak to your Dad about that'. But my Dad had cleared off for years at a time and my mum wasn't in the picture so I was essentially an abandoned child at that point. So really there was no one with parental responsibility for me especially during that last period in care. This would have been around the time of 'every child matters' and stuff, but then, I don't feel like I did matter.   It didn't help me. Or I didn't feel like it did help me.

<div align="right">Parker (adult)</div>

I left when I was round about 10. It was a very hostile environment, we were very malnourished, we were abuse physically and mentally, yeah it was just… It was a rough time really.

<div align="right">Tom (adult)</div>

A lot of my young people, I would say, don't actually care that much about themselves, that guy that fell out of the window, he's very much like, well, my mum didn't care enough to give up drugs, so why should I care? And he gets

really shocked when we say like, I was really worried about you... And he sometimes struggles with us saying that we do care, and we want him to do well.

<div align="right">Nadia (professional)</div>

Why are we here? Who are we?

Some children and young people lose their identity while they are in care. Some don't know why they were taken away from their homes until they are much older.

I felt really like really crappy because my mum's a bit of a dick, and you know, not just like physically, but like emotionally and I had no sense of identity when I was away from that, I was able to, you know, learn a bit more about myself and when I was living with my mum, she would restrict what I wore, how I spoke, what I would listen to like so many different things. I just didn't have a sense of who I was, I just I wasn't me and I wasn't allowed to be me. Living with my mum was really rough and the house was cold and. They didn't even do much like they were just locked in their bedroom the whole time, like doing whatever they were doing in there. Like we would fend for ourselves. I think at the time I just felt really like deflated. Like I wasn't a person like my feelings and opinions didn't matter.

<div align="right">Erin (adult)</div>

Life story work is a biographical account created by social workers alongside the child or young person using information obtained about their birth family and their journey with social services in an attempt to help them understand why they are where they are in life. However, not every young person who took part in this study has been able to have their life story work completed. David has been in care for five years and had been in a stable placement for the whole of that time. He has regular contact supervised visits with his parents. When asked if he was happy David said:

No, I'd much prefer to live with my parents, I never understood the reason why I was put in to foster care I've never had that explained to me.

Researcher

Have you had your life story work done?

David

I have been doing it recently, but it's taken about three years now to actually start it being made. I was being told constantly that it's getting done, but it turns out that no one had even started it. So, there's that, but I've had like another worker who likes specialises in story work. She has been doing it with me. She picks me up from school like once every few weeks, just to sort it out. So, like normally she gets information from my parents and stuff from my foster parents. And like the {social services} offices themselves, just like build up like the information and then she comes to me and explains it all to me. And then she asked me like what I want in the box specifically like whether or not I want photos and stuff and like recently we have started like filling up the book.   It's no clearer yet, I haven't like specifically been told the information, but eventually I will.

David (child)

I was quite mad at her {mum} for it. And I think I grew up a lot more. And then I went to life therapy, a life story work. And I realised everything that she had done. I was 13 when we started it and we finished it last year, so 14 it took me about a year, but it was quite hard to go through all of everything like understanding everything that's going through it and understanding what my dad had done and what my mom had done and why I was actually in care.

Researcher

You went into care at 7, why did they start it at 13?

Rachel

Because I kept asking for it. So I'd like loads of questions about my past. I want to know everything about it, so they have to, like, give me the… I had asked for it for about a year. And then with my new social worker, she finally done it.   So we had like a therapist and she ended up she had like loads of questions, for my mum and for my dad and she asked all the questions and she took all the files and then she'd bring like she had like a massive folder and documents and everything and she'd go through them with me,
Yeah. And then I have like this small book now with like the life story in it so…

Rachel (child)

Suzy was asked if she had her life story work done with her:

When I was a little kid. And I've asked for it to be updated, but it hasn't happened yet, and they said they will do it. Yeah. My last social worker said she would, but she hasn't done it yet. And that's my new social worker now.

<div align="right">Suzy (child)</div>

Parker was asked if he had life story work done as a young person in care:

No, and I think that's what I was looking for when I requested my files because, you know the last few years in care I can remember that, but in terms of my story before that, I don't know the details and I wanted to know, you know, what happened? Did my parents engage with the assessments or what was their life like? You know, what was my story? So no, no life story work.

<div align="right">Parker (adult)</div>

Foster carers see the benefit of well executed life story work:

When they had their life story work, the boys had these amazing books. We went to a play therapist, and she did the most amazing life story. I never seen anything like it. The social workers should create the life stories, they are meant to, but they're very basic. When they do like story work there was lots of information missing. But for my boys it was written in to their court paperwork that they needed to have play therapy because of what had gone on and within that she was going to explore like story work. Thank God. I've made it known in every meeting I have had everybody should have them to complete a life story. Why should only my children have such amazing books everybody should have an amazing life story work.

<div align="right">Lily (professional)</div>

I would change simple things like life story work. The child needs to know why they are in the care system. So these two I've got they've been with me for three and a half years. Life story works should have started at least at least two years ago. And they are now eight and ten. And they are questioning why they are here, why can't their mum live with them? The youngest one doesn't

remember living with them, the oldest one does. So, life story work needs to be done, and because it's just taking forever, so that should have started two years ago.

<div align="right">Maxine (professional)</div>

I think life story work is important, because I think it's about telling somebody where they've come from and I think really quite good for children as well is when they are accommodated is words and pictures, because that helps children understand the story, because very often they might think they are the ones to blame if they've been accommodated. But if it's written in words and pictures that your mammy and daddy couldn't look after you because of X, Y and Z. And always encourage our social workers to do that work, because I think that's really important for that child. I think social workers are the right people because they know what those parents have done, and I think it is important that it's done with that child. They'll have a copy themselves where they are living, and very often they'll give us a copy in school. So, I'll say to a child I've got your words and pictures here, if you feel upset or angry or have you and I'll give them to the class teachers that they're there, look at them if they want to.

<div align="right">Heidi (professional)</div>

So, when it comes to life story work, social workers aren't the best person to do that. No, I find somebody who's trained in dealing with those stories, because I've had students who've had horrendous bombshells dropped on them, and they've had no idea they were coming. Or just flippantly in passing, they've been in a situation where they've been allowed to overhear things about themselves because they thought it was easier to be told that way. I had a student, I don't know how old she must have been because she didn't remember, and she didn't know that she'd been moved countries, and she was told flippantly by a social worker when going into a new place when she knew that she was in care, but she didn't know all of the reasons. And that was a

massive, massive detriment to her. She was 12 then and she was placed in care at two or three.

<div align="right">Sammy (professional)</div>

Who shall we be?

Some children and young people with care experience have a clear plan of what they want to achieve and how they want their life to be. There is a clear correlation between the young people in this study and movement into a caring profession. This may be to do with the roles they have seen through their life or a desire to do things better. Some are still looking for peace.

I do think that since my childhood I have always been looking for something I haven't found yet. That has led to me living across the UK, north-south, Wales, England, and for me one of the biggest things I wanted to achieve was buying a house. I think growing up in foster care even my home life as a child there was instability, so I thought for me it was buying a house would be a big moment for me. And it's not, and that's OK. And I've learned that's OK. You know, it's a huge achievement. I'm so, so proud of and when I think about especially talking about this care stuff. I never would have seen this life in me. Like I wouldn't ever have the freedom to make these choices or the ability to make these choices that I am now. You know, I feel like I've moved into almost like a position of privilege, you know I'm not on, the poverty line, I live very well. Getting to buy a house. I have a degree and being a in a recognised profession. So in some ways I've done what I set out to do, so on that pursuit of what I'm looking for, happiness and that, the next plan is to emigrate…

<div align="right">Parker (adult)</div>

Those working with care experienced young people also notice the correlation between care and caring roles.

I've noticed this in the fields and that they're all doing {studying}. Yeah, lots and lots of healthcare and sort of law and justice and criminology and psychology. Yeah, lots and lots of students studying related degrees. It's really interesting.

<div align="right">Sammy (professional)</div>

When asked what she wants to do when she is older, Suzy had some definite plans.

I want to adopt 21 kids. I also want to foster kids. I also want to be a forensic pathologist. Yeah, I'm gonna take on the children that nobody wants, because they'll probably feel a bit thingy in it. I'm not being funny, it's terrible being left out. I don't want that for my kids.

<div align="right">Suzy (child)</div>

Role models were very important to many of the participants. Whether they were a positive influence or negative one. When asked about decision that other people had made for them that impacted their life, Edward made an interesting confession.

I'd say it's my choice as well. Like first time smoked weed like I was a bit like pressured into smoking it like. Basically, pressured into it, by an older person like. Then I just kind of like start smoking then. He told me he was alright like, just a fag, and just so I didn't actually realise. I just thought it was sound like. I was young as well. Like, I didn't even know what was going on. I was like not even 11.

<div align="right">Edward (child)</div>

When asked if he thought peer pressure had a big impact on him, Edward continued.

Yeah, because when you get peer pressured like then that changes you like, hmm, I don't like it. Yeah, I just wanna stay away from all that. It's just not worth it. trust me, because once you've, like, lost it, you'll have nothing like.

<div align="right">Edward (child)</div>

Edward also spoke of becoming a fireman when he leaves education. When asked why he chose that job, he shared that his rugby coach who he respects is also in the fire service. When Rachel spoke of becoming a hairdresser, she spoke of a family member who was currently working in that area.

She's doing really well for herself like fair play she's got loads of money and she's got nice car, good boyfriend and everything. So, I told her I'm gonna be like her.

<div align="right">Rachel (child)</div>

There is also a lack of positive, available role models of care experienced children for those on the edge of care to witness. Erin spoke of one of the reasons she did not want to go to social services when she was struggling at home with abuse and neglect.

> *I did not want to be in care. I did not want that… And I didn't know anybody in care. All I had was Tracey Beaker {a children's TV programme about a troubled girl in care} do you know what I mean? And that, like, and obviously the negative things are all around it and social workers pulling, you know, I mean, pulling kids out of their homes…*

Nadia discussed her views on sheltered housing where positive role models are in short supply.

> *The problem with that {sheltered housing} as well is you're putting a cluster of people that had the same type of life experiences together. There's no positive role model. And that's what their lacking, is positive role model. So, there was one person I had experience with. It was in care, and they had this male role model. And he was actually an ex-police officer, and it worked so well, he took them out, you know he did adventure stuff. He did go like, you know, paddle boarding with them hiking and it made a massive difference to his offending, his behaviour and his attendance at school.*

<div align="right">Nadia (professional)</div>

In their voice

Some children and young people gave advice to, and thoughts on making the system better for, those children who will come through the care system behind them.

> *I would kinda say it's not going to be nice, but it's better for your benefit. For your future. Because that's gonna lead you in the right direction instead of the wrong direction. Because building your own path, you would end up with absolutely nothing you know. I don't think it would have gotten very far if I'd stayed at home.*

<div align="right">Lila (adult)</div>

> *If you ever think something doesn't feel right tell someone.*

<div align="right">Ryan (child)</div>

But if I had to give advice to a group of young people. The advice I'd give them, always looked on the high positive side of things. Never look on the negative. You look on the negative, that's a complete shutdown for you. Because if I had to give a speech about my whole care experience. I'd stand up on that stage with a microphone, if my younger self, was sitting in front of me right now, I'd say to them. Always look on the high positive because if you don't look on the positive you will set yourself up to fail. And you don't want that. You wanna look on the positive side of things. I thought I was failing until I ended up changing my life.

<div align="right">Callie (adult)</div>

You will get out of it when you are 16 or 18 depending on how you are doing. You will have support from your agency. Always try and be polite to the carers even if they are being horrible to you because it will help you in the long run.

<div align="right">Austin (child)</div>

If you had like workshops… I think people need to have experience and see that they are good at something in order to have that passion. Because I feel like people that have like adverse childhood experience and stuff spend so much time trying to protect themselves, trying to navigate the world. They never have chance to figure out what they're good at, what they like to do. So, then they have this complete sense of well, you know, I'm not good at anything. You know, there's no point in me trying anything. If we could have, like, I don't know how this is doable, but like little workshops or multiple interventions to just give those opportunities for people to feel that they're good at something to feel like, that this is maybe a route for me. And I feel like a lot of people might be a bit afraid to make a jump like that in case it went wrong because then well, what will they have.

<div align="right">Erin (adult)</div>

Don't let the past define who you are. It may have happened, but it wasn't your choice, it wasn't your fault. Don't make it think it was your fault, because it wasn't.

Heather (adult)

Help yourself. Help yourself. Don't expect people to do it for you. And also, before anybody else, put yourself first, over anything or anyone. I'm not the walking embodiment of the word selfish but in order to actually be able to help anyone you only have to help yourself first, or to actually be able to help anyone, you have to be in a position that you can help someone.

Gareth (adult)

In some cases, the young people interviewed could articulate clearly what was missing for them:

And I just generally like my experience of being in actual care wasn't great because they had they had their family already, they had grandkids and stuff and, for me, someone that had that had constantly been like yearning for just someone to just give me a hug just to know when I needed that. Like she would come in with her grandkids. And then as I was trying to go through the doorway, they'd stand in the doorway hugging. So, I just had to, like, stay there and watch them. It was brutal. And yes, lots of regrets. I kind of regret the way that I handled when I was sofa surfing around people's houses and things like that. Again I overstood boundaries and things like that because I was just desperate for something, for love, and I'm not friends with anybody that I was staying with previously because of that, I think because I didn't know what a normal interaction was, I kind of messed up a couple of those.

Erin (adult)

I mean, this is the cringiest thing I can say but love. I think that every child that goes into foster care needs to feel love in a safe way in an appropriate way and I'm not satisfied then or now that there is many children that feel love, in foster care. I think there's lots in place in terms of support services and

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financial support and mental health support at times and access to resources but every child that comes into foster care has a story has a background and has had separation of themselves from their whole world. And nothing will ever replace that nothing will ever fill that hole, so if there are not having love you see exploitation quite significantly in looked after children and I think that's children looking for love in whatever form that love is like.

<div align="right">Parker (adult)</div>

Reflective Summary

In this section, the researcher will summarise the above findings while reflecting on the participants and their reflection of their journey through the care system as children or professionals. While this summary reflects on the findings above, the following chapter, the *Discussion Chapter*, examines the themes in more detail. It should be noted that each interview gives one person's version of their life, and one person's truth is not always enough to understand the full picture, however, the findings create a common narrative through all categories.

Participant Categories

The researcher was aware that interviewing people on a sensitive topic can be emotional for both parties. How this was handled in the interviews is discussed in more detail in the *Methodology Chapter*. Great care was taken not to influence the participants in anyway in the direction they wished to take while telling their stories or in the order they wished to tell their stories.   Throughout the time of the interview process, the interviewer, sometimes gave a 'motherly' appearance which helped some participants feel more relaxed and hindered others. In some it made no difference. The researcher tried to appear and behave neutral in all interviews to avoid interview bias and be aware of their positionality as discussed in more detail in the Positionality, Insider/Outsider and Power Relations section of the *Methodology Chapter*.

An interesting point to note throughout the data collection process is around disclosure and willingness to engage. Of the three categories interviewed, the adults with care experience were the most forthcoming and willing to engage. They were also the most reflective of the group. During the interviews that took place for the

study, many adults got upset when recounting situations from their past. They would explain that they had not visited that particular memory for a while. Their interviews lasted longer in general, and they felt that at the end, that the process was a cathartic one for them. The age range of the adult participants is 18 to 35 years of age.

In most cases, the children with care experience seemed less willing to engage or provide any details that may show anyone in a bad light, parents and social workers alike. They were perhaps too involved in the care process to be in anyway reflective about it. There is a possibility that they are still experiencing trauma and are therefore still dealing with that trauma in a way that stops them from communicating in an open manner. The researcher would discuss music, television, computer games and other interests with them at the start and sometimes throughout the interview to create a rapport which showed the child in an animated and engaged way. They were encouraged to speak openly in the language that is theirs without fear of being reprimanded. While some 'slang' was understood by the researcher, they would sometimes ask the participant to explain the meaning of some words or phrases. This caused great amusement on both sides. However, once the conversation switched back to questions regarding their care experience, they would revert back to a quieter more guarded version of themselves.   The age range of the child participants is 12 to 17 years of age.

The professionals group, while open and engaging, were also careful of their position in their organisation and could be more guarded when discussing their roles or company commitment. The foster carers seemed more open and also showed less of a loyalty to any particular organisation.

Emotional Impact

A number of areas within the findings showed how being care experienced can have a continued emotional impact on the lives of children and young people.   While they are unsure as children, and even as adults, why they were put into some situations, why things happened or who made the decisions for them, they are always aware of how they felt at the time whether that feeling is loved, neglected, secure or lonely. Being removed from a family home can be extremely traumatic for a child regardless

of where they are being placed. Placements that do not 'fit', compound that emotional trauma.

> *I think it's like everything is just having the right people looking after you. Yeah, the right people supporting you and your parents are supporting that. And then those children are likely more to flourish.*
>
> Heidi (professional)

Some participants remember clearly their first day in a new foster placement or the trauma of leaving the home of their biological parents. Small incidents at their foster homes or care homes stay with them for many years. This impact is particularly prevalent if the child feels the home is not a right match for them and they feel unloved, rejected or isolated.

While some participants acknowledge the irreparable damage that has occurred between them and their birth parents, most hold the desire to return home throughout their time in care and will do so, where possible, as soon as they are old enough to be signed off by social services.   When they are placed too close to their birth parents home, this makes the desire stronger which can affect how that child settles, or not, into their placement. In some cases, a close proximity can cause trauma to reoccur.

Being involved with social services can set those children apart from others creating a feeling of difference or 'othering'. Participants spoke of visits to the school by social services, missing school days for meetings and additional rules and regulations that their peers in domestic settings do not experience such as police checks for sleep overs, parental agreements for haircuts and generally feeling isolated. In this example, Erin talks of her experience at university halls of residence:

> *So, I was in a group with seven other girls, and they just had such different experiences you know, every single person had a parent. They all went out for food and stuff. You know, they all had lots of money. Their side of the fridge would completely stocked and everything. I felt so isolated and alone.*
>
> Erin (adult)

The findings show that decisions made for children in a care environment were not always made with the right due diligence denying the child months of lawful contact with family increasing their isolation and lack of belonging. Children and young people in this study with care experience often feel a sense of displacement. They feel they do not belong where they are but are unsure where they should or could belong. Some feel a lack of understanding as to why they are experiencing the care system, their past life is sometimes unknown to them. These things can be answered by strong life story work. Something not many of the children or young people interviewed had received. While there is 'due care' for local authorities in Wales to supply this to children who are looked after, it is not something that Scotland currently has in place.

Part of the feeling of neglect and instability creates a desire for belonging. There is a desire to be like role models they see around them. These role models can be positive or negative; their desire is to belong or fit in therefore negative role models can influence them as strongly as positive ones. The findings showed there is a lack of positive role models, yet as shown with those that do have positive role models, they can have a positive impact on the child's life. This is explored in more depth in the *Discussion Chapter*.

The feeling of not belonging can also create a desire in some children who are looked after to stay in the area they live and not go out to experience the world. Some find the idea of even moving to the city too daunting an undertaking. The right foster home, care unit or children's home can create a sense of belonging in a child. Sometimes the units get it right. This is helped by the right staff connecting with the right child or young person and allowing them to feel valued.

Trauma and the Cliff Edge

The care experienced participants of this study have lived through trauma and Adverse Childhood Experiences (ACE's) from many perspectives. This can include their familial homes, their foster homes, care homes and units, school and even university. In some cases, in all aspects of life. The participants were, on the whole, open to discuss their trauma if they had received counselling. Those who had not

generally did not want to visit these areas of their life. The decision to discuss their trauma was at the sole discretion of the participants. The findings showed that this trauma can be exacerbated throughout their time in care if the correct care is not shown to these young people.

As discussed in the *Literature Review Chapter* and in the following *Discussion Chapter* there are a number of ways that increase the chances of a child with looked after experience coming into contact with the criminal justice system. Some children or young people come from a family background with alcohol or substance misuse and domestic violence. This can sometimes be the reason the child comes to the attention of social services to begin with. However this can also normalise these behaviours in the eyes of the child. They may have already tried some substances, alcohol or smoking at a young age and may revert to violence as a form of coping. These behaviours can lead to early police contact.

> *…and then third year came. And it {bullying} started again. And then I started using violence as a reaction. And then obviously the social workers were like you canee use violence and I was like, yous havenee listened to me for like eight years so what is the point in speaking to yous?*
>
> Cassie (adult)

Some found trauma in their foster home through too much of the wrong kind of attention or through lack of attention. If a child is placed within a children's home or unit, there is a possibility that the lack of staff or lack of sufficient training or investment in the staff who work at the home or unit can lead to some homes becoming melting pots for early criminal activity.

Trauma can follow the individual into school and even into university life. Whereas some children or young people interviewed for this study were supported when they went into further and higher education after school, those that did not take this route and a few that did, found themselves on a cliff edge. This meant unsupported emotionally and monetary. They found themselves signed off by social services with little or no support from family. In addition, homelessness and risky behaviours can occur during this time.

Where trauma and ACEs are prevalent, counselling should be readily available. Yet the findings show that counselling is lacking in all areas for children and young people alike.

Systematic Instability

The instability of the whole system from social workers to foster placements is a stark and vibrating theme throughout this study. This lack of faith in the system manifests through many discussions with the children and the professionals.

> *Cause there's holes and cracks and people are falling through them everywhere. And that's not just the children, it's the professionals as well. Definitely because the turnaround of staff I know with children's services is phenomenal, isn't it?*
>
> Kimberley (adult)

Most of the children and young people display a mistrust in their social workers and social services as a whole. The only place social services seem to perform well is with the Throughcare Aftercare scheme that is run in Scotland which takes care of young people with looked after experience from 16 through to 26 years old.

There is a lack of understanding among most participants of the role of the social worker. In the children and young people's eyes they are the ones that come in and make the rules but have no real connection with them. Some do not see the point in a social worker unless it is to block their progress in life. The large turnover of staff does not help with this negative perception as some never get to know their social worker before they are replaced. Neither does the oversized workload of every social worker involved with children who are looked after. Their workloads do not allow them the extra time that some children need.

> *"I've had loads. Yeah, Yeah, last year, I think I had, like a new one every month. Yeah, they changed it all the time."*
>
> Sofia (child)

Social services also seem very protective over the records they keep concerning the children and young people, especially if there are irregularities in those records. The care experienced are entitled to support both financially and other type of support, yet the delivery of this differs between local authorities and must be applied for.

The findings showed other professionals sometimes found the lack of communication and the difference in authorities difficult to work with. Key workers appear to fill the gaps that many children and young people in care have in their support. These can be provided by charities such as Barnardo's or the National Lottery funded roles. Some provide drug and alcohol support, some educational support, others provide team building or one to one days out. While all participants spoke highly of their key workers there is always a risk that their funding, which is time limited, will stop, cutting off a service that some come to rely on.

Other instability issues uncovered in the study include untrained social workers on difficult cases, lack of feedback on requests from children and foster carers, missed opportunities where children should have been under social services care earlier, and using family members to care for children who are not supported by social services.

A key issue with most children is the managerialism on which social services is based. They have standard office working hours which means any support provided to these vulnerable children must be done Monday to Friday, 9am to 5pm. This leaves many without the support they need during evenings and weekends where issues can escalate irreparably. As well as a lack of available foster placements and over worked social workers, the study shows a lack of trained social workers, mental health counsellors, key workers and children's homes. All of these things at once, places the whole care system in a precarious position.

Failure of Voice

There are many instances throughout the findings where the voice of the child had not been part of the decision-making process in the events of these young people. This adds to the mistrust some have in social services. Particularly if they have attempted to ask for something or put their argument forward only to be discounted

in the final decision. In most cases without an explanation as to why their request cannot be acted upon.

> *And {foster child} was nagging to change school when he came to me because he was older and he hated the fact that he was in foster care and he didn't want anyone to know, he wanted clean break. He said, I don't want to stay in the school. They see you now, they know that someone else is picking me up, so they know I'm in foster care and it took three months to change his school, it was ridiculous. He wanted to get away from it all and you know have a fresh start. But even if the child says, the social worker knows better. It's what they want, what the social worker thinks is best for the child regardless of what we say or what the child says.*

<div align="right">Fiona (professional)</div>

Some children in the study found it difficult to be believed if their parents or their foster parents, said something different to officials. This caused the children to withdraw from adults altogether.   Others struggled to get officials to act on issues that were affecting them such as bullying at school. This caused them to find their own way to deal with their issues such as resorting to violence.

It was felt that there was one way that all children in care were to be treated whether each child were to fit into this picture or not. Therefore some were given interventions they did not need and were not given interventions they did need. One size does not fit all, another example of dehumanising children through managerialism. Rarely were the children asked what they needed or what would help them. Few spoke out and when they did, rarely were they listened to.

Hidden Pain of Carers

While talking about the experiences of the children and young people in care it is easy to forget about those who support and work with them. There are difficulties across the board professionally due to lack of funding and lack of qualified workers in social work, foster care and residential care. The foster carers do not always get the support they need from social services causing them to sometimes make the difficult

decision to end placements or give up foster care all together. Other key workers that are trying their best to provide for the children and young people get frustrated by a lack of cooperation with other service providers.

> *I think that what will happen in this country, when someone gets hurt, they will start funding these services better. These are human beings, you're not dealing with a fridge, if I worked in a factory and my job was to put the legs on it and it went out without the legs on it, I'd put four legs in the post and tell them to screw them in, but when you're dealing with a young person, you do something which is traumatic to them that stays with them, right?*
>
> Patrick (professional)

Chapter Summary

This chapter has used the voice of the participant to clearly identify the areas where they believe the current care system is failing. While the findings have been divided into themes, the reflective summary looks holistically at the problem areas including, *emotional impact, trauma and the cliff edge, systematic instability, failure of voice* and *the hidden pain of carers*.   This allows the findings to be summarised while identifying the harms that are clear throughout the voices of the participants. The next chapter, the *Discussion Chapter*, will take each of the themes discussed in the findings and using a zemiological lens will give focus to the harms uncovered in the findings with reference to the literature discussed in the earlier *Literature Review Chapter.*

Discussion Chapter

Introduction

Welsh Government claim they want to:

> …make Wales a wonderful place for children and young people to grow up,
> live and work, where everyone feels valued.
>
> (Welsh Government, 2022b, p.3).

Scottish Government claim they want Scotland to be the best country for children to grow up in by putting them at the heart of service delivery while respecting their rights (Tisdall & Davis, 2015) and they promise their care experienced children will:

> …grow up loved, safe and respected
>
> (The Promise, 2024, para. 1).

This *Discussion Chapter* will measure those claims against the lived experience of the children and adults from the findings of this study.

When looking at the children looked after rates across the UK, the devolved nations do not fare well against England. 2022 figures show that per 10,000 of under 18's, England is the lowest at 69.9 with Northern Ireland at 83.3. Wales is higher at 114.8 and Scotland the highest rates at 122.9 (NSPCC, 2024). The reasons for such high figures in Wales and Scotland could relate to their policies as both nations have interventionalist ideals based on their politics, or it could relate to other issues such as poverty and deprivation. This chapter will examine some of the reasons that may lead to these nations having the highest rates of care experienced children in the UK, along with what children and young people with care experience, and those who work in the sector, feel about their treatment through their time in the care systems of Wales and Scotland and the legacy of harm that has been left to them. The findings in this study show how rigid the current systems are and how they are focussed on managerialism, cost cutting and saving, distracting from the purpose of these systems and the policy surrounding them, which is to support vulnerable children.

This chapter has been divided into the four main themes as detailed in the *Findings Chapter*. Each theme in this chapter will begin by contextualising the area of the findings that the theme will cover, then it will discuss the findings alongside the literature analysed in the *Literature Review Chapter,* and most importantly, a

zemiological lens is applied to the discussion to uncover and understand the hidden harms and their impact on children, young people and the adults they will become.

In their publication, *From Social Harm to Zemiology*, Canning and Tombs (2021) share their hopes that the development of zemiology can progress lifelong welfare and shape policy. It is with this in mind, the discussion in this chapter will be viewed through a zemiological lens. The literature referred to in this chapter includes child focussed legislation, policy and service provision developed in Wales and Scotland, children's rights, current figures and outcomes of children looked after and the topologies of zemiology.

The structure versus agency debate fits well with a zemiological lens, as harms caused to children and young people, sometimes viewed as choice of the individual, can in reality, be caused or compounded by poor policy, unyielding systems and failing practices. Zemiology connects individual experiences to systemic issues and in doing so, brings focus to the hidden harms of a hidden population.

> *I think that there is a lot of unregulated placements occurring because it's less cost to the government …. I think that's the focus on cost and not focus on best outcomes for the child*
>
> Parker (adult)

The four main themes as outlined in the *Findings Chapter* are: *The Role of Social Services and Other Key Workers; The Extremes of Fostering; Harm to Crime* and *Belonging.* When using a zemiological lens to examine harms against children with care experience, it is important to measure their outcomes and the challenges they have experienced in life while in care and after care as they transition into adulthood.

Theme: The Role of Social Services and Other Key Workers

This theme examines the relationship care experienced young people have with their social workers and other key workers and how they, and other professionals that work with them, feel about level of service social services offer to the young people in their care. All of the participants contributed to this theme in some way. The theme

includes the subthemes: *Hiding the truth, Lack of attention, Incapable of performing their role adequately, Who are they? Where are they?, Box tickers, Not listening to the child, Social work doesn't work, Missed opportunities, Inconsistency in social services, Lack of communication between organisations, Disengaging from social services, Othering, The brighter side of social services, The importance of key workers* and *The fragility of key workers*.

Seen by most as rule makers and enforcers, social services are often blamed for harmful situations that some participants have found themselves in, this explains the many negative subthemes within this theme. There are trust issues with social workers compounded by the lack of available time they are able to give to each of their wards. This is shown clearly by David when asked to give advice to children coming into the care system:

> *Gotta be patient, like with things and all that. Because there's going to be people that are incapable and like, they're just not going to do their jobs properly. You should wait until you can tell people like, what's happening and like the fact that nothing's being done and then it should eventually be changed. It's all about patience with it.*

David (child)

Trust issues experienced by the children and young people are based on several things. Those uncovered throughout the study include a lack of honesty about the child's situation with regards to seeing their siblings or returning home to their biological parents, i.e. the amount of time they must spend in care. Some trust issues come from a lack of believing the child or dismissing their opinion in matters which affect them. This may only happen once in their childhood, but it can stay in the memory of the individual into their adulthood. This works in contrast with promises made by the Welsh and Scottish Governments to:

> …be consulted, to participate in decision making, to be heard on all matters which concern them...

(Case et al., 2005: p 189)

and

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..children must be listened to and involved in decision making…

(Duncan, 2020).

The tension between Article 12 of the UNCRC, the right for children to be heard (UNICEF, 2021) and the reality of children not being autonomous or self-governing can be seen in the findings when discussing those who feel they are unheard. Article 3.1 of the CRC states that the best interest of the child is always the primary concern, yet Article 12.1 says a child's view must be given due weight in any decisions made about them. In her critique of the CRC, Daly (2017) argues that Article 12 is not strong enough to ensure a child's autonomy is respected when applying Article 3.1 the best interest principle. An example of this in the findings can be seen where those children who were desperate to leave the family home but were forced to stay and with those who wanted to stay were forced to live elsewhere. Each case of care experience is nuanced, and it is therefore not possible to understand whether the decisions made in these cases were right or wrong by looking at one view. It is however, easy to understand why these tensions cause frustration in such complex cases.

Such tension can be further extrapolated when looking at the best interest principle and the Minimum Age of Criminal Responsibility (MACR). In England and Wales, the MACR is currently set at ten years of age and in Scotland it was recently raised from eight to twelve years of age (Fitz-Gibbon, 2016; McAra & McVie, 2023). Children therefore are responsible in law for wrongdoing but fail to have the autonomy to make decisions that can forever change their life course.

Throughout the findings, other issues arose when the child or young person was settled into a placement without causing issues to the foster parent, they felt they would see the social worker less, as if they did not matter to their corporate parent, repeating the feeling of abandonment once more. Requests that had to be made to social services, which would be dealt with by the parents in a domestic setting, took extraordinary lengths of time to reach a conclusion if one ever came. These can range from extra visitation days with their biological family to staying overnight anywhere that is not their registered placement address. This frustration was spoken of by Parker:

The only thing I ever remember asking for was to be able to stay at my friend's house… So, I wasn't allowed friends to stay at the house and I wasn't allowed to sleep out either… I remember it was months and months and months, and my foster parents just got sick of {me asking} they said if you behave yourself, I'll let you go… it's like two doors down she knew where I was if she needed me.

<div align="right">Parker (adult)</div>

The limited time each social worker has to spend with a child and to work on their case seems to be a concern for foster and familial carers and for social workers themselves. During the study, the researcher was informed that in a settled placement the social worker would visit the child at their placement for around 30 minutes every three months, that is if they came at all. This is said to be due to excessive workloads. This feeling is passed onto the children who feel the pressure the social workers are under and feel they are not important enough to warrant time spent with them as noted by David:

They're just coming to see me to just tick a box. That's what it feels like. They just tick it and throw it in the bin."

<div align="right">David (child)</div>

The instability of social workers seemed to be a major issue for most participants, children, adults and the professionals. Most children and young people had many different social workers over their time in care, sometimes changing without notice. Some participants have had six or seven social workers over their involvement with social services, others have multiple social workers within a year, one child had three within a six month period and a ten-month-old baby was on their third social worker.

In some cases, important information is not passed on and communication between departments and organisations is reported as poor. Each time they have a new social worker, the child or young person has to build a relationship and trust again. Some children get tired of this process and disengage. This can be when

serious problems occur. One foster carer spoke of how difficult this can be to witness and experience:

> *… these kids they're on number 16 social worker in three and a half years. So, they've got to build up a trust. I've got to build up trust. I never know who I'm speaking to...*
>
> Maxine (professional)

The Improving Outcomes for Children report was published by the Welsh Government in 2019. In its forward written by the Deputy Minister for Health at that time, she states that the Welsh Government pledged to improve the outcomes of care experienced children and claimed this to be the first annual report.   This report was based on research that was conducted with 10% of children in care in Wales and acknowledges the issues that are mirrored in the findings of this study such as a lack of stable placements for care experienced children and improved support required for their transition into adulthood. There was also mention of many children not understanding why they were in care and issues with high turnover of social workers (Welsh Government, 2019b). However, what is disappointing is while this was the first annual report, it was also the last. There was no annual report published in 2020 or 2021. In 2022, the Welsh Government (2022c) published an Improving Outcomes for Children: Legacy Report which stated that the programme was drawing to a close. It concluded that the rates of children in care were still increasing in Wales as are rates of those looked after out of county and out of Wales with no improvement to stable placements available. All of the issues mentioned in the first Improving Outcomes report are still apparent in the experiences of children looked after within this study.

The Radical Reform Summit was held in 2022. In the report that followed the summit, the Welsh Government again made promises to care experienced children to reform the current service with a promise to hold another summit 12 months later (Welsh Government, 2023a). As of August 2024, the Government is yet to publish anything further on this latest initiative. This shows a clear dereliction of duty by the Welsh Government and viewed through a zemiological lens can be ascribed to, if not

furthering, the harm caused to Welsh children in care. Regardless of promises made, the system in Wales is ineffectual and has remained so for many years, with seemingly no plan on how to fix it.

> *They've been through this hellish life, and they think, oh, they kind of fall to the bottom of the barrel.*
>
> Karen (professional)

There are several different types of support available for care experienced children and young people in Wales and Scotland, however, where support is available, this support must be applied for not given freely to the person who it is entitled to. Most do not know that this support exists until it is too late. The findings show different support available in different areas in both nations and in some cases, it will depend on which local authority looks after the child rather than the local authority they now live in, or go to university in, as to whether they are entitled to receive additional help. This creates a postcode lottery of services, giving children scant support in some of the areas where support is most needed. An evaluation on the Social Services and Well-being (Wales) Act identified this as an area of concern for care leavers stating that clarity from local authorities was needed on their entitlement to grants and funding during the crucial time of leaving care (Llewellyn, 2022).

Some professionals in this study find working with social workers and social services in general, frustrating. There is a lack of communication to other service providers that need it such as education staff and other key workers. The services that are available are not appropriately communicated so many are unsure what is available for the young people they work or live with. In addition, those services change between local authorities giving an inconsistent level of service. A report published by Cordis Bright (2013) on the inconsistency in numbers of care experienced children across Wales, suggested that many issues can be controlled by the local authorities. It states that effective partnership working, with clear strategies and strong leadership lead to successful outcomes for the local authorities and the children in their care. They put forward that early intervention and prevention techniques, working with families whose children are on the edge of care, can make

a real difference to those families where unrushed approaches are allocated by the individual need of the children. They continue to suggest that information and intelligence gathering are important to ensure processes are measurable and improvements can be made (Cordis Bright, 2013).

At time of writing, the Corid Bright report, which gives clear direction for the Welsh Government and its local authorities, is eleven years old, yet the disparities across local authorities are still apparent as can be seen in the findings discussed in this thesis. The area a child lives can significantly influence whether they ultimately enter the care system. While the Welsh Government claims they have plans to improve the outcomes of those in care and on the edge of care and *radically reform* the system of care for children, the responsibility of actioning these plans is left in the hands of the local authorities, again, creating a postcode lottery for the country's most vulnerable children.

Many children felt that they were not important as people or citizens due to their status as care experienced and often felt that they were an afterthought to society. A clear indication of harm. Key workers were generally seen as the ones who listen, who have time for the children and the one who can make them feel like they matter. Interestingly, these key workers may still work for social services. The children and young people in the study were sometimes unaware of the work title of those who are tasked to look after them and what organisation they work for. There was a confusion between social workers, key workers, specialist workers such as mental health, sexual health, addiction specialists, social services staff or charity workers. What the children understood clearly, were who the people were that made them feel valued, like they mattered and were important, and those who did not. When asked about her last children's panel in which her progress and future is discussed, one of the participants, who had recently turned 18, tried to describe the process:

> *It's just this weird thing, I don't know what it's called. They just sit around in a circle, a woman in the corner taking notes of what everybody is saying, so there's proof there on what people have said, and it's me, my mum, the carers and the hearing people. New ones all the time and you've got some sort of social worker in there, which is kind of pointless for me because I don't have a*

social worker anymore, in my last year, I actually had to get, what is it called? A cover social worker?, that I'd never met before. It was kind of a bit confusing as like this person knows nothing of me. I'm like, this is useless, I'm not gonna get anywhere now.

<div align="right">Lila (adult)</div>

From a positive perspective, Erin spoke of a key worker who became her social worker with an understanding of why she made a difference to her:

My social worker was awesome, I was really lucky… {she was a} Bernardo's worker that moved to my local authority {to become a social worker} with the 16 plus team… She listened to me, and she wasn't stern, she would, listen to you, hear you. Hear your views on it and then give her view into it rather than going, no, no! So then I moved into independent living arrangement, restarted college again, and things went pretty well. It was just to have a catch up with someone that was genuinely interested in how I was getting on. And that was massive.

<div align="right">Erin (adult)</div>

These examples show while some preferred key workers and social workers that were able to 'get things done', some participants spoke of how positive key workers listened to them and explained things to them. While it is not always possible to act in the best interest of the child and to also do as the child wishes, communication on why decisions have been made is imperative. The children and young people in the study have been through so much in their young lives they state they can handle the truth on how things are and in turn they will then know what to do. It is during the periods of lack of communication that individuals create their own truth which can sometimes be destructive to their relationships with their social workers, key workers and their carers.

Part of the issue with key workers as opposed to social workers is their fragile state. The majority of key workers come from charity organisations or the third sector. These services are supported by grants or charitable donations which cannot be relied on long term. Even services provided through local governments can be stopped at any time when cost cutting exercises are performed. This can leave large

holes in the lives of young people who were making good progress. As Nadia explains:

> *And then what happened was they pulled the funding, and that person was no longer there. And what has that done? Reinforce the idea to that young person which is everybody just abandons me and that's exactly what happened.*
>
> <div align="right">Nadia (professional)</div>

An evaluation of the Social Services and Well-being (Wales) Act 2014 recorded that care experienced children and young people understood and had experienced good corporate parenting which is reflected in the findings of this study, when social workers and key workers were pro-active with the children, when they were available and reliable and understood their needs of the children and young people while showing interest and concern for their well-being. The evaluation also reported some young people saw corporate parent support as unavailable, unhelpful and uncaring (Llewellyn, et. al., 2022).

Many of the issues uncovered in this study such as, the lack of time social workers spend with children, the rapid turnover of staff, requests taking a long time to be actioned and lack of available support and counselling, can be attributed to the lasting outcomes of austerity policies put in place across the UK. The high numbers of care figures could also be attributed to austerity measures, an argument which is supported by the Welsh Government (2021). Elliot's (2019) study into care numbers across Wales saw the highest rates of care in the most deprived areas. While it is argued that increases began before austerity measures were introduced and therefore cannot be wholly attributed to the increase, it can be argued that it certainly is not helping (Wales Centre for Public Policy, 2019).

Extended periods of austerity saw sustained cuts to public spending ending local services and reducing welfare provisions which compounded the issue of child poverty and targeted areas across the UK (Atkinson, 2014) leaving deprived communities in Wales and Scotland at risk of localised harm caused by government policy (Cooper & Whyte, 2017). The effects of austerity, have stretched parental

limits in addition to social services and key workers across the sector creating a double-edged sword for vulnerable children, resulting in them being more likely to end up in care and more likely to receive poor treatment through reduced services while there.

One of the most positive aspects of social services witnessed during the study can be seen in the Scottish post 16 team called Throughcare Aftercare. This team is part of social services and supports young people leaving care and transitioning into adulthood and independent living. It is a voluntary scheme for young people that can begin when the young person turns 16 years of age and last until their 26th birthday. The study underpinning this thesis found that those who were part of the Throughcare Aftercare team found the keyworkers helpful and engaging. This scheme is run by key workers or social work assistants rather than social workers and it appears that they spend more quality time with each young person which in turn makes them feel more valued. This seemed the case for the young people and also other professionals who worked alongside them. They also encouraged many from the study to continue education into college even if they had not had a good school experience. However, figures from 2021/22 show that just under half of the young people eligible for the Throughcare Aftercare scheme in Scotland are engaging with this service (STAF, 2024). In addition to this, this number had fallen from 69% in 2013 to 48% in nine years (Scottish Government, 2024b).

The Scottish Government claim to be unclear why this figure has dropped so significantly, yet some professionals spoken to as part of the study, say the lack of take up with some young care leavers can be due to their mistrust of social services. Nadia, who works with young people in the youth justice system in Scotland, spoke of this problem:

> … the majority of the young people that I work with that are looked after children, have come through the care system and they feel quite let down. Once they're 16, the children and families department tend to close them and then it's throughcare and aftercare that we have which is voluntary for them to get involved, so I don't feel that a lot of my young people take that up because they've had kind of social work involvement for so many years and then they

get the option not to so I would say nine times out of ten, they don't engage
with that.

<div align="right">Nadia (professional)</div>

While there is a lack of take up of the Throughcare Aftercare service, it is clear from the findings of the study that it makes a real difference to the young people in Scotland who engage with the service. Improving the number of young people using this service is imperative for Scottish care leavers. A review of the Social Services and Well-being (Wales) Act 2014, claimed that further progress was required by local authorities in Wales on how to assist care leavers as they transition into adulthood. Areas requiring improvement include education, social services and housing working together to support care leavers with coherent and accessible information readily available (Llewellyn, et. al., 2022). These are all performed by the Scottish Throughcare Aftercare service and therefore a similar service should be adopted in Wales to assist in this progress and expand their services.

An important oversight in the way social service works alongside the vulnerable including care experienced children are their working hours. Any support given to children who are looked after and those who look after them must be done during office hours, generally 9am to 5pm, Monday to Friday. This is an example of how children are treated as units by the state instead of being treated as individuals. Not only can this interrupt their school day with meetings and hearings, but it also means a lack of support in evenings and weekends where situations could escalate if left unchecked.

He was running amok all the time, but more so at the weekends and on school
holidays. That's when you really needed the support.

<div align="right">Lucy (professional)</div>

The managerialism of social services was also evident through the interventions they applied to children coming into the system. There appears to be a *one size fits all* mentality in Wales and Scotland which disallows for the individualism of children and their needs.   On entering care at 16 years old, one participant was giving a

nutritionist when she had been cooking for her younger sister for many years. Looking back, she can see that she required assistance with basic hygiene skills, but this help was never offered. Another participant needed help from social services with her son who was at the edge of care due to a drug addiction and undiagnosed neurodiverse issues. They refused help until she attended a parenting course which was run during the week which meant her taking time off work to attend. As with the box ticking feeling discussed earlier, there appears to be a list of interventions that must be applied before any real help can be asked for and received if it is available. This exposes another failure by governments when addressing the needs of vulnerable children.

As discussed within the literature, childhood is a social construction and children mature at different rates (Corsaro, 2018). This can create tension in the definitions of adulthood such as the UNCRC's definition set as 18 years of age defined and interpreted by society yet in complete conflict with how children mature. Conflict in socially constructed systems is also apparent within the care system where the differing development and maturity along with the individual needs of each child are ignored. It could be argued therefore, that by using a *one size fits all* approach in the care system, as can be seen in the findings, those in charge of the systems and those who shape it, are applying an outdated deterministic approach to children by attempting to shape them into what they believe these children should be and should achieve as adults (Bernstein, 1981; Corsaro, 2018; Parsons & Bale, 1955; Qvortrup, 2010).

Another example of the Welsh Government not fully understanding the needs of care experienced individuals can be seen in the basic income pilot scheme. This scheme has run for two years and there is a large-scale review of the pilot scheme taking place throughout the years it has run, and it will continue to monitor those who took part in the scheme to measure outcomes (Welsh Government, 2023; 2024b). While this scheme targets care experienced young people which is a positive, it is a monetary based system only. The advice given to the participates who want non-monetary support is to contact the Citizen's Advice Bureau. While money is important to help young people get started on the road to adulthood, there are many other support services that would also help them including how to budget and how to

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look after themselves and their homes. This is a good example of the one size fits all attitude that the care experienced young people in the study were frustrated with.

A Zemiological Perspective

When studying the issues under discussion through a zemiological lens the harms are clear. As described by Canning and Tombs (2021) harms are layered in nature and therefore complex to define in a linear way. Therefore the understanding of harms in this chapter are fluid in nature and may repeat and overlap throughout each theme. The harms in this theme, *The Role of Social Services and Other Key Workers*, include **harms of recognition, emotional and psychological harms, autonomy harms** and **financial harms.** The very act of removing a child from their home regardless of how complex and chaotic that home may have been can create **emotional and psychological harms** to children moving into care. This may be caused by the traumatic incident on the day they were moved or by the ongoing trauma of being away from home.

The trust issues felt by most participants when social services are in their lives are complex. Some participants spoke of a lack of honesty which the children and young people feel when interacting with social services with regard to visiting their parents or siblings or even the time they must spend in care away from their homes. In addition to this they feel they are not believed because they are children. These negative interactions create feelings of forced exclusion from personal relationships and social isolation away from everyone they have known and as they begin to stop speaking their truth when they are not believed. These symptoms are identifiable as **harms of recognition** as such feeling can affect their ability to engage in society as they feel different and excluded (Canning & Tombs, 2021; Pemberton, 2015).

Where children and young people are unheard is an **emotional harm**. When in a situation where their views are not heard or classed as worthy to the situation, particularly when that situation relates directly to their experiences or treatment, that person will feel isolated, insecure or lonely. This also intersects with trust issues above. There are many situations where children in the findings did not feel like their voice was heard. In a collection of issues from this theme which intersect in many places several harms can be applied. These issues relate to the poor service or engagement that social services are providing such as not responding to the

requests of children, not seeing a social worker or having a meaningful relationship with their social worker when in care and the experience of frequently changing social workers. These issue cause feelings of isolation, insecurity and instability resulting in blocked capacities and their ability to engage.

Some participants spoke of feelings such as these when dealing with social services causing them to disengage from social services, authority and in some cases all adults. These harms are classed as **emotional and psychological, autonomy** and **harms of recognition**. In some cases, the lack of interaction can result in children or young people not receiving the support they are entitled to resulting in **financial harms**. As well as causing financial issues, this lack of support also blocks capacity as with **autonomy harms** and causes feelings of othering as with **harms of recognition** when children and young people have to go to extreme lengths to apply for and receive support when it should be readily available to them. Life as a care experienced person can be difficult enough without being made to feel different to their peers. This is spoken of by Sammy, a professional who witnesses the difficulties faced by care experienced children in her role:

> *You think, when you're handed those circumstances anyway, why does it have to be another layer of just struggle to get anything done.*
>
> Sammy (professional)

Harms also occur to children and young people in care through a lack of available key workers. If key workers who make a positive contribution to the lives of individuals are then removed, feelings of instability, insecurity and neglect can be compounded. This will again lead to blocked capacities and an inability to engage as with the above harms.

As can be seen from this theme the many issues faced by those with care experience overlap and fuse together. For a child to have to explain how each issue affected them in a particular way would be extremely difficult. Yet poor policy or poor policy application are attributed to many of these issues. The tensions in law and policy where children are never sure if they will be treated as children without autonomy or adults to be punished by law enforcement; years of government

reporting rhetoric on where the system is failing children and no real action on solving such issues; poorly executed policy resulting in lack of communication and difficult relationships between social services and other professionals; poor take up of positive policies such as Throughcare and Aftercare and working in a managerial way so as to remove support from children and families during periods when they are needed the most.

Theme: The Extremes of Fostering

The findings from the study underpinning this thesis uncovered some positive and negative experiences of foster care, both from the child and the carers perspective. They include the lack of available foster home in Wales and Scotland along with the consequences a poorly matched foster home can have on children. The complexities of familial or kinship care is discussed as is the conflict that occurs when the child or young person being cared for starts to behave differently as with adolescence. The lack of support some foster families feel is also mentioned in this theme. The subthemes are; *Matching the child to the Foster Carer, No rules to strict rules, A need for foster homes, Familial care, It's better than it could be, Teenagers and moving foster homes, Home from home* and *Who fights for the carer?*

The right foster homes are crucial for children as constructivist theories of childhood show that the surroundings of children are critical to their personal development. It is argued that their experiences of family, community and school, shape them as a child and into their adulthood (Piaget, 1973, Mooney, 2013, Corsaro, 2018). Others argue that the family is where children learn confidence and communication and the family unit is where they develop their personality and learn their benchmarks and how to behave (Ticsuan, 2013). Therefore, it is argued that the environment children grow up in, will determine the type of citizens they are as children and adults.

As citizenship is an important part of living in a devolved nation such as Wales, as defined by their social policy (Sullivan & Jones, 2013), it would follow that the devolved governments as corporate parents, do all they can to ensure the homelife of children growing up with care experience is as fulfilling as possible. Yet, a repeating challenge recognised throughout the findings was the matching of child to foster

placement. It appears that there is a lack of options for the child when they are in need of a foster home in most cases with just one placement available. The children are generally placed there without prior introduction to the foster carers. This seems to stem from a lack of available foster homes in Wales and in Scotland. This is an important point to note, as in Scotland, figures from 2023 show an increase in children looked after by the state being removed from their homes instead of cared for under an order at home. This figure has risen by 48% in 10 years (Scottish Government, 2024). This lack of foster homes seems apparent when examining the care figures by local authority in Wales. When comparing the local authority of Ceridigion with Newport the differences are stark. 83% of children looked after in Ceridigion reside in foster homes compared with just 30% in Newport (InfoBase Cymru, 2020). Some professionals in the study spoke of children having to stay in caravans or Airbnb's while they await a more permanent placement. One professional talks of the change they have seen in available placements:

> *So, you put in a referral and say four foster carers came back. I'd go out and meet these foster carers and know the child and sometimes they got it right, sometimes wrong. But you'd kind of have an idea of where that might suit, but you don't see that anymore because of the amount of foster placement. It's the lack of foster placement and the amount of children coming in.*
>
> *Karen (professional)*

Within the care systems in Wales and in Scotland there is a drive to place children with family members or friends of the family rather than an official foster arrangement. This type of care is called familial, or kinship care and it has increased in Scotland from 26% of children looked after 10 years ago, to 34% (Scottish Government, 2024b). While both nations state this is to ensure children stay close to their family ties, there is a feeling among participants, that this practice is due to a lack of foster placements or to save money. Algate and Mcintosh (2006) claim that the increase in kinship care in Scotland attributed to a rise in drug and substance misuse by parents and the Scottish Governments desire to keep the children close to their families. Some professionals in the study think this type of unregulated

placement can be dangerous to the child. Others say that they are rarely followed up or supervised in the way formal foster arrangements should be, while this can be a precarious placement for the child, in addition, it is thought the family who are caring for the child do not get the support from social services they should receive. When discussing a case where the child had been place with a gran parent instead of foster care, Kimberly had this to say:

> Where sometimes, and it's awful to say this, if that child been taken away and put into care, perhaps I think it would have been healthier in one respect. … his Gran, at one point was crying out for help… But then his mum, she's happy enough for him to stay with Gran but any meetings we have in school she won't allow Gran to come in. She wouldn't allow it, so gran had no support financially or anything to support her. Mum gets all the child benefit.
>
> Kimberly (professional)

While there can be benefits to keeping children under a care order close to their families, such as a sense of belonging and to maintain their identity, some disadvantages include overcrowding, lack of support and financial hardship (Algate & McIntosh, 2006). These are supported in the findings of this study with Edward who lives in a kinship arrangement with his grandmother. When asked if his mother visits him at his grandmother's, Edward confessed problems with overcrowding:

> Yeah, but like, they don't really get on much. Yeah, they are always clashing like. My aunty lives in the house with me as well like, and her kids like, they stay down there now and again but they got their own flat as well like it's just stressful sometimes cause there's loads of us in the house like, we all just clash and that.
>
> Edward (child)

There are many situations spoken of by the care experienced participants where they felt that the foster placement was never a real home for them. This seems to be regardless of the months or years they spend there. The study shows there are

foster carers who do not wish to make the child feel part of their home or their family. Some participants talk of eating separately to the rest of the family, being kept in their room when at home, not being part of family holidays or family days out. Some foster carers and other professionals stated in the study that they believe, for a percentage of foster carers, the money earned through foster care is their main driver. Parker spoke of a placement he stayed at for many years:

> *I remember there was like one small cupboard and there would always be like smart price noodles, smart price meatballs and like everything that I ever had was always smart price stuff. It's always like, you know, it was like definite separation. I had to keep my towel separate to theirs on the landing wasn't allowed to have my dressing gown in the bathroom with the others.*
>
> Parker *(adult)*

A concern raised by some participants was a lack of understanding of the type of upbringing the child had experienced up to the point of entering care. Some would leave a home that had very little in terms of rules and enter a foster home that was very strict. While this is not always a bad situation to encounter, it can be seen to the child as limiting their freedom such as what clothes they can wear and what they can eat. That coupled with a lack of explanation on why such rules are in place sometimes escalated the situation and usually ended in unhappy terms. Some settled placements get difficult when the child enters their teenage years. It appears that some foster placements do not seem prepared for the change that adolescence brings. Nadia gives one such example of a child in a settled placement:

> *…he got on okay in his foster placement, but he got drunk on his 16th birthday and they refused the placement. He was then left on his own.*
>
> Nadia (professional)

While this situation is difficult on the carer and the child, it compounds the feeling of neglect that is rooted in many care experienced children. Many struggle to find a permanent placement after such incidents and end up leaving the care system

before they are ready. While increasing the level of rules and regulations can have a detrimental impact on the relationships in some foster homes, some research indicates that routine is vital. Corsaro (2018) describes his thoughts on this as *interpretative reproduction*. He argues that the predictability of routine is used by children as a framework to make sense of the outside world. The findings supported this in some foster families as shown in a conversation with Fiona:

> *Children are just… Some have problems, of course, but most of them are just kids, they adapt to the ways that you live. They love the routine and structure all things to do with them. They want to feel normal.*
>
> Fiona (professional)

The findings showed large issues in Wales and Scotland with multiple and unsettled placements for children with care experience. Some who have long term care experience had a settled placement for a number of years then three or four placements within a couple of years. Some are passed between residential homes and foster homes, some are aware the placements are short term, others do not know they are being moved until the day they are moved out. Some are kept together with their siblings, and some are separated. Foster carers also have little notice when new placements are arriving. Sometimes being informed of a new foster child hours before they move into their home.

> *I've heard stories from social workers in various local authorities where they're told to take the dirty clothes because at least they know that those are clothes the children wear.*
>
> Sammy (professional)

This uncertainty adds to the feelings of neglect children with care experience must deal with on a day-to-day basis. The findings show it can be seen in everyday conversations. When talking with Rachel who had experienced multiple placements during her time in care, the researcher commented on the fact that her youth worker,

who Rachel had spoken fondly of, had been with her for quite a long time. Rachel's six word response spoke volumes about how she was feeling:

Yeah, yeah, she hasn't left me.

Rachel (child)

Some children 'make do' with a placement even if it is an unhappy one. They stated that it may be out of the area they know or in a family where they do not feel welcome, if their life is better than in their parental home, they feel grateful to be out of that. On reflection, it is as if they do not feel they deserve any better.

The findings did show a positive side to foster care that can be used as 'what good looks like' platform for other carers. Those with positive care experience all spoke in a similar timbre. They felt included, cared for, protected, supported, part of something and loved. Overall they felt a sense of belonging. Yet these positive foster homes can be difficult to find for some children and foster placements are reducing in number in both Wales and Scotland. This could be for a number of reasons but the findings show many foster carers and care home carers feel unsupported and ignored by social services and those who run or own the care homes. Some believe this is because it is an unqualified workforce, and this should be changed to ensure the care children receive is of the highest quality. Some believe the lack of available care workers for homes and foster carers is due to this lack of professionalisation. Many leave to seek out higher paid jobs that are less stressful.

The findings show a lack of trust between the carers and social services in some areas. The carers feel they are ignored when important and often life changing decisions are made for the children by those who see them seldomly such as their social workers. Stuart puts this in very plain terms:

There's a lot of really, really good work that gets unnoticed… People working with these kids 23 hours a day and they know these kids as well… And they've got the experience every single day, so we're foolish not to give them more of a voice.

Stuart (professional)

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When applying a zemiological lens to the issues laid out in this theme, *The Extremes of Fostering*, the harms that are uncovered include **financial harms, emotional and psychological harms, harms of recognition** and **autonomy harms**. The issues laid out in this theme include incorrect matching of child to foster home where a child feels they do not fit or belong at the home and retreat within themselves. Some homes do not support the child in the correct way, so they feel separate from the biological children and the rest of the family or do not communicate well with the child which makes them feel they are being unfairly treated through strict rules or a lack of rules. Some children are moved to multiple placements through their time in care making them unsettled and insecure. Such issues are recognised through **emotional, autonomy** and **harms of recognition**. Children with these experiences are made to feel insecure and isolated. They experience ongoing trauma and feelings of instability.

> *… I was put with this other respite carer, and I stayed there for about 3 months because the carers I was supposed to stay with said they were going to Disneyland, and they come back for me. But they didn't.*
>
> Rachel (child)

There are feelings of *othering* if they are treated differently to the biological children in the foster placement. Their unhappiness at home gives them feelings of hopelessness and lack of control over their lives and can hinder their ability to develop, learn and socialise which reduces their social capacity.

Other experiences in this theme include familial or kinship care. While a reason given by states for kinship care is to keep children close to their family ties, the study found many issues with such care. This includes overcrowding, unregulated placements and lack of financial and emotional support. In addition to the **financial harms** this causes, there could also be instances of **physical harm** through poor quality of life, reduced dietary needs and overcrowding.

As with the previous theme, poor policy creation and application creating bad outcomes are seen in this theme. The lack of regulation and control in kinship care

creates substandard and, in some cases, dangerous environments for vulnerable children to grow up in.   The poor investment shown in engaging foster families, so children may have a choice as to where they live and a careful introduction to that new family, are critical areas for improvement. In addition to the lack of monetary investment, training and support are also missing from a foster carer's engagement with social services where online training offered is a cheaper alternative to face to face engagement where new families can learn from other families as well as through their training.

Theme: Harm to Crime

This theme looks at the situations that can escalate for care experienced children into more damaging experiences that have long term impact on them. It examines the overrepresentation of care experienced children and young people in the justice system and how these situations occur such as trauma, poor mental health, undiagnosed neurodiversity and a lack of support from their corporate parent. This section also looks to the way managerial systems such as social services are run and why that works in conflict with vulnerable children. It includes the following subthemes: *Early police contact, The cliff edge* and *Are units melting pots?*

The literature discussed in this thesis shows how the outcomes of care experienced children can show high rates of criminalisation and interaction with the justice system at early life stages which can be damaging for their future. Research into criminalised young people show that those with care experience are five times more likely to receive a caution or conviction through interaction with the criminal justice system at a young age than the general population (Ministry of Justice, 2016). For those in custody who are under 18 years of age, it is estimated that 50% have a care experienced background and for the adult prison population, this figure is at 24% (Laming, 2016). To understand the enormity of these figures it is important to remember that children in care in Scotland make up 0.22% of the total population while in Wales this figure is 0.23% (Office for National Statistics, 2022; Scottish Government, 2024b; Welsh Government, 2024a) proving that care experienced children and young people are overrepresented in the criminal justice system.

In addition, many participants had additional learning needs and types of neurodiversity. Further research would be required to state if being in the care system compounded these issues or the issues themselves made them more susceptible to being accommodated and to bad experiences in the care system. Research into trauma and neurodiversity is fairly contemporary, however, with the recognition of Adverse Childhood Experiences (ACEs) as a phenomenon which can have long lasting effects on individuals in their adulthood, wider ranging research into ACEs is being conducted which includes ACEs in the neurodiverse population. Research into Attention-Deficit/Hyperactivity Disorder (ADHD) and childhood trauma indicates that while childhood trauma is prevalent in those with ADHD, ADHD is often misdiagnosed in those with trauma disorders (Boodoo, Lagman, Jairath & Baweja, 2022). Research by Webb, Gencarelli, Keaveney and Morris (2024) into adults with Autism Spectrum Disorder (ASD) suggests an elevated risk of childhood trauma affecting those with autism, particularly in females. It is also theorised that due to their increased risk at home, those with ASD are more likely to become care experienced (Cidav, Xie & Mandell, 2018).

Some types of harm caused by such trauma can manifest into criminal activity. This can sometime occur when children move into adolescence and sometimes when they are close to leaving care. The transition phase from child to adult for many care experienced young people is a difficult period. Research indicates that half of all lifetime mental health cases start at around 15 years of age (Grimm, et. al., 2022).

This removal of parental responsibilities can create a feeling of isolation for care experienced young people which can lead to anti-social and criminogenic behaviour (Beck, 1992; Giddens, 1999). Some young people in the study feel that they were dropped by social services at a particular age and speak of how fearful they were at that time. During these times, some looked to illegal activities to support themselves through these periods. While they may regret these actions now, they felt at the time there was no choice. The lack of support that those with care experience have once leaving care can put many into dangerous situations where they can drift from a stable environment to one that is unstable and in some cases put them at risk of harm. The findings show how professionals recognise this difficult time yet feel the

support is not there to help keep these young people get back on an even keel, and in some cases the system works against them. Nadia, has witnessed this with the young people she works with:

That's always been the kind of grey areas that 16 to 18 year olds and it's always the last kind of thought about. It's just that like lost bit. You know people can drift and then that's when they end up with a record, in adult court and it's something I feel quite strongly about is that there needs to be more there for that kind of age.

Nadia (professional)

Some professionals stated that the right services are available for some children, but the correct systems are not in place to recognise those that need it, and when it is recognised, the services are not always available to help that individual. This is sometimes due to cuts in services or that the services have never fully been developed in some areas. This type of assistance can be financial, yet it is not always financial support that these young people need the most. The findings show that at these points homelessness and law breaking can occur. In some cases, as a way to earn money to survive such as selling illegal substances, in other cases, their vulnerability can be taken advantage of as they look to gangs for a place to belong as with the county lines criminal model.

County lines is the phrase used to describe the movement of illegal drugs from one area to another usually across police and local authority borders. The organised crime gangs involved in this practice use coercion, intimidation and violence to exploit vulnerable adults and children as young as eleven years of age and use them to move and store the drugs and money involved in this practice (NCA, 2024). It is thought that many children involved in county lines are not aware they are victims nor that they have been groomed into exploitation by the criminal gangs who run the practices. The National Crime Agency (NCA) are aware that vulnerable children are targeted by such gangs including those with family breakdowns, involvement with social services and those that have care experience and state that

many children look to the gangs that run county lines for a sense of belonging or inclusion (NCA, 2019).

This is why support from local authorities such as the Throughcare Aftercare policy in Scotland (Scottish Government, 2024b) and the Basic Income Pilot in Wales (Welsh Government, 2023) are so important to care leavers, however, many of these initiatives are not available to all care experience young people and will end when the recipients are still very young. In addition, the Basic Income Pilot has finished while the evaluation of its usefulness is undertaken and there are no promises from the Welsh Government to continue this service once the evaluation is complete. The findings of the study show that some participants believe there should be no cut off for supporting those with care experience. Erin was concise in her opinion:

But I think like my argument is like they're supposed to be a corporate parent, you know, I mean, they're supposed to be, but parenting does not end at 18, 25. It should be an ongoing thing and they shouldn't be like certain criteria that you have to hit to be able to access that support.

Erin (adult)

While transition into adulthood and leaving care can be challenging times for those with care experience, the findings showed residential homes or 'unit' can also provide paths to criminalisation for these young people. A lack of the right people working within these homes can cause small problems to escalate into larger issues. Figures released by Howards League (2019) show that the percentages of children and young people convicted of a crime or subject to a final warning are much higher with those whose latest placements were in a children's home as opposed to those in foster care or to the general population. Many were placed in these homes due to a lack of available foster homes as discussed earlier and some due to their foster placement ending because of changing behaviour that comes with adolescence. The difficult behaviour can often result from rejection that some children face from family, school, social workers and foster placements leading children to test the boundaries of each new relationship (Brereton, 2018).

Some young people in the study spoke of their fear of being placed in a 'unit' as their perception was one where the residents were in constant contact with the police. Some described such places as having an uneven ratio of young people to staff and therefore a lack of control over any undesirable behaviour. Cassie spoke of how being sent to a residential unit at 17 affected her:

> …and then they put me in a unit type thing with all different people and I ended up addicted to drugs, I was drinking every day, I wasnee coming to college. It was just constant violence; we were always getting arrested. It was just chaos…

Cassie (adult)

A participant who worked in homes for young people spoke of how these homes had changed over time and the reasons for the poor service they now provide. They believed the pay was too low, the job roles could not be filled, the staff were not right for the children and not trained effectively to be able to fulfil the roles they had applied for. This increase in poor service, lack of training and poorly staffed homes for children and young people can also be attributed to austerity as cuts to funding and increased costs affect the most vulnerable in society (Atkinson, 2014; Cooper & Whyte, 2017).

The criminalisation of children's behaviour was compounded by the introduction of risk and managerialism and the new youth justice of new labour and successive governments as discussed in the *Literature Review Chapter.* The risk paradigm developed, targeted children who were thought to be on the edge of crime such as the vulnerable young people who took part in this study (Youth Justice Board, 2002). It is argued that the managerialism of social services that began in the 1980's and currently dominates social services, moved the profession to one with little resources, that assessed and managed risk and would not deal with problems unless they were serious enough resulting in authoritarian responses (Rogowski, 2020). This often leaves vulnerable children on the edge of care and criminalisation, too far along a path to be helped without serious consequences. Some argue that the practicalities of risk and managerial systems create practical versus moral

dilemmas in a profession which should have care, trust, kindness and respect at its heart (Broadhurst, Hall, Wastell, White & Pithouse, 2010). Such processes can be seen in the findings where participants discuss being ignored by social services as they are viewed to be in a 'stable' environment. As Parker describes:

> *... I guess you'd use word settled. You know, I wasn't kicking off. I wasn't back and forth; I wasn't running away but I don't feel like anyone took a closer look at what was going on for me.*
>
> Parker (adult)

Also, in conversations with Fiona and Patrick where the 'hands off' approach could have serious consequences:

> *I think we are at a point, where I think something bad is gonna happen because obviously the lack of foster carers.*
>
> Fiona (professional)

> *I think that what will happen in this country, when someone gets hurt, they will start funding these services better. … but when you're dealing with a young person, you do something which is traumatic to them that stays with them, right?*
>
> Patrick (professional)

These examples show how managerial and risk-based systems work at odds when caring for people and particularly vulnerable people. Managerialism can be seen in government interaction with their citizens in the care system when discussing measurements that are used to monitor their effectiveness. This is another example of structure versus agency where the systems that should care for people are neglecting their needs so as to run as cost effective as possible. The individual needs of the child are ignored. This creates pockets of neglect and unnecessary police contact shaping a life on the edge of crime for these vulnerable people that could be avoided with appropriately trained staff and appropriately staffed homes.

In the Welsh Governments Social Services and Well-Being (Wales) Act (2018a) the use of co-production, working with children and young people to find solutions, is an important factor yet the application of this piece of legislation has already been criticised for being too managerial in approach which works in conflict with co-production. Another example of this can be seen in the Welsh Governments *Removing Profit from Care* policy. This policy will remove profit organisations from the care system ensuring that private enterprise cannot profit from children in the care system. While the initial rhetoric of the policy states that this will allow reinvestment into children's services, the Government also state that they will not replace each service removed but instead will reshape the provision for children and young people. In addition, their latest briefing paper on the policy claims this will save hundreds of millions of pounds in cost (Welsh Government, 2024) instead of stating that this money will be re-invested back into services for vulnerable children and young people. This accountability of spending shows how important it is to the Welsh Government to be seen to be saving money instead of reinvesting into a failing care system.

A Zemiological Perspective

The fragility of human life and emotion and all the nuances that being a child and young person brings cannot be measured in units or placed into boxes. Doing so amplifies their feelings of worthlessness and isolation increasing harms that lead to reduced outcomes such as poor educational attainment, poor physical and mental health and criminalisation as they look to gangs and negative role models to fill the voids their corporate parents are creating in their lives.

Through a zemiological lens the harms uncovered throughout this theme, *Harm to Crime*, are wide reaching. They cover **physical harms, emotional and psychological harms, financial harms, harms of recognition** and **autonomy harms**. This theme discusses the routes that care experienced children and young people find themselves taking which can direct them to criminalisation with some routes ending in incarceration. The **physical harms** that occur are plentiful, particularly in the care experienced who are over-represented in the criminal justice system. A report released by the Ministry of Justice (2024) on safety in prisons in England and Wales shows that self-inflicted death rates in prisons have remained

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level over the last 10 years at approximately 85 people annually translating to around one inmate per 1,000 of the prison population of England and Wales. Self-harm incidents have increased during that same time period to their highest levels in that recording period. Current figures show 70,875 reported incidents of self-harm during 2023 equating to a rate of 829 per 1,000 inmates with incidents of self-harm also increasing to five and a half incidents on average per individual. Assaults in prisons also increased during this time to their highest levels in that 10-year recording period (Ministry of Justice, 2024).

Scotland fares no better with reports indicating that 17% of the prison population there, self-harm (Gilling McIntosh, Rees, Kelly, Howitt, Thomson, 2022) and 2022 showing a record number of deaths in prison in Scotland (Armstrong, Allan, Cairns, Allan & Barkas, 2022). These figures show that prison policy in Wales and Scotland is ineffectual at reducing physical harms in the prison estate. While the obvious physical harms of prison are clear, there is also the threat of physical harms in underfunded and understaffed children's homes and units. In addition to arguments and bullying that can result in physical altercations, the misuse of drugs and alcohol that are apparent, as found in the study, cause long lasting physical harms to the residents of such homes.

When examining the issues that occur to children and young people within this theme, the pathways that they find themselves on can lead to harm, examples of which include leaving care before they are ready and a lack of child to adult transition support. The rejection and isolation that comes with these periods for young people leads to **emotional harms** as they struggle to find their way in society along with a poor quality of life that can occur as they leave care without support or a home to go to which also leads to **financial harms** as they struggle to support themselves and head into poverty and even homelessness. These harms are also compounded if they have criminal record leading to a lack of job opportunities. This type of social rejection falls under **harms of recognition** as they feel excluded from society and some social networks pushing them away from mainstream society and 'othering' them as ex-criminals.

Having a criminal record or an addiction also leads to **autonomy harms** through a restriction of their personal development which block capacities to learning

and social activities. The lack of services to support young people transitioning from care is a clear failure from the governments in addition to a lack of system responses to tackle the growing violence through assault or self-inflicted incidents in prisons across the UK. Policy is failing in these areas producing harms directly to the care experienced community. In addition, the lack of funding and investments in the staff in care homes and throughout the sector requiring an urgent need for expert key workers including those that specialise in mental health and addictions.

Theme: Belonging

This final theme looks at how children with care experience feel in a more holistic sense throughout their time in care. It uncovers the effects of giving care experienced children basic physical care but not emotional care and how a need to understand who they are and why they are in care is not being satisfied in many children. In addition, the importance of positive role models is discussed along with the voices of the participants on important areas of improvement to the care system they feel need to be made for the children coming into the system behind them. The subthemes for this theme are; *Chaos and instability, Why are we here? Who are we?, Who shall we be?,* and *In their voice.*

While the importance of children's rights is evident throughout the findings and the literature, it is also important to ensure children are cared for and nurtured. These are vital needs that can be forgotten in systems that are managerial at heart and can be the source of great tension in the care system. While the physical needs of children are often met adequately in the care system, the findings show the emotional needs of many are not met. In some cases, the lack of care became more evident when the foster placement had their own children. The foster child would feel a sense being at the back of the queue when it came to being cared for. This feeling is sometimes compounded when they are still in touch with their birth parents who have chaotic lives and therefore have contact with the children in a sporadic manner. In addition, a poor experience with social services through changing social workers or lack of contact can inflame the feeling of instability. Therefore a feeling of stability for the child cannot be attained from any source. This lack of care and attention can increase a feeling of worthlessness and isolation in the child. These

feelings are hard for them to lose as they transition into young adults. Nadia explains this when discussing her feelings for the young people in her care:

A lot of my young people, I would say, don't actually care that much about themselves… And he sometimes struggles with us saying that we do care, and we want him to do well.

<div align="right">Nadia (professional)</div>

The findings show another negative feeling often felt by those with care experience is a lack of identity. Some experience this at home before they are taken into the care system and some, once they are in care. Several young people interviewed did not understand the reasons for them having to leave the family home. This may have happened when they were very young, or they may not have witnessed any behaviour by their parents that led to them having to leave their home. It is for this reason that many will go back to the family home as soon as they can leave care at 16 years old. This is supported in the finding and also in figures released by the Scottish Government (2024b) concerning the destination of care leavers. It shows that in 2023, 52% of young people leave care in Scotland returned back home to live with their biological family.

The Social Services and Wellbeing (Wales) Act 2014 was brought in, inter alia, to guide social services in their quest to meet the needs of care experienced children and at time of writing has been in place for eight years. Part 6 section 43 of the code of practice for this act (looked after and accommodated children) states that life story work is crucial to help children and young people make sense of their identity (Welsh Government, 2018a). The 2019 report on Improving Outcomes for Children Programme also recognised that a third of children with care experience did not understand why they were in care and so recognised this as an area for improvement (Welsh Government, 2019b). Yet the findings showed that many children and young people have not had life story work completed with them. Some foster carers request this work is carried out in a timely manner and while some children wait for many years for the work to start, others never have the chance to take part in the work that is so important to them understanding their situation. David has been in a

settled placement for five years and was asked if he was happy with his foster family. In his reply, it was clear there was a lack of understanding of his position which can be argued is attributed to a lack of life story work:

No, I'd much prefer to live with my parents, I never understood the reason why I was put in to foster care, I've never had that explained to me.

David (child)

Some professionals in the study understand the need for life story work not just from an identity perspective but also from a self-worth perspective. Heidi sums this up in her thoughts on life story work:

I think life story work is important… because that helps children understand the story, because very often they might think they are the ones to blame if they've been accommodated. But if it's written in words and pictures that your mammy and daddy couldn't look after you because of X, Y and Z…

Heidi (professional)

Life story work allows the child or young person to go through any photographs or documents on or about their lives and that of their biological families or previous placements which can include care records and personal letters. This review is conducted over time, in a supported environment allowing the child to process the information that is being shared with them (Ryan & Walker, 2007; Rose & Philpot, 2006). It is imperative that this information is shared in a respected way by professionals so as not to retraumatise individuals. However, the findings suggested that is not always the case. In a discussion with Sammy she spoke of sensitive information passed onto children and young people in a careless manner that has caused a major upset:

… I've had students who've had horrendous bombshells dropped on them, …they've been allowed to overhear things about themselves because they thought it was easier to be told that way. I had a student… and she didn't

know that she'd been moved countries, and she was told flippantly by a social worker…And that was a massive, massive detriment to her.

<p style="text-align:right">Sammy (professional)</p>

A lack of identity and lack of self-worth felt by some care experienced children and young people in the study, can drive them to look for caring roles in life. It seems they want to counteract the lack of care they experienced in the care system.   Some wanted to become social workers, or work in emergency services. Others wanted to study childcare, social policy and criminology. Many wanted to foster or adopt children when they were old enough to do so. Erin had a specific idea of how she could give back to those coming into the care system behind her:

Like my dream, I've always known that I've wanted to foster. So after, you know my experience and stuff, because I feel like, I'm very patient. You know, I don't shout. I feel like, you know, I would encourage talk. But I also as a massive goal that I really would like to have, I see it as like this massive house with lots of different rooms that teenagers between like 16 and say, I don't know, 29 can just come and they can get just support. They can stay there for a night if they need, or they can stay there for long term if they need it. And just like give them that leg up to, you know, like I've got quite a good experience now and I just want to help. Kind of like a children's home teenager's home. I don't know. But if not, I'll just foster.

<p style="text-align:right">Erin (adult)</p>

The finding show that while looking for their identity, some participants look to their most influential role models in order to emulate them. The right positive role model at the right time can change the life trajectory for children and young people in a positive way. While the social media confident young people of today have online role models, they also look to those around them. This is where friends can have a lasting influence on how the child or young person behaves.

Some spoke of being saved by a role model, others, of seeing a path through into a career and some felt a sense of self-worth with the right mentoring and

guidance. However, with a lack of positive role models available for care experienced children, some are influenced by what or who they see around them. The findings showed instances of smoking, drug taking, drinking, violence and petty crime sometimes influenced by their peers and sometimes by their birth families. Some felt the concentration of young people in residential homes and units, without positive and helpful staff, intensified negative behaviour that some children struggled to escape from. There was an understanding in the study of why some individuals can fall into a pattern of negative behaviour that can have life-long impact. Parker shows here why some children and young people, looking for a sense of belonging, may turn to gangs such as the county lines criminal model discussed earlier, while reflecting on his own experience:

> *… every child that comes into foster care, has had separation of themselves from their whole world. And nothing will ever replace that nothing will ever fill that hole, so if they are not having love, you see exploitation quite significantly in looked after children and I think that's children looking for love in whatever form that love is like.… criminally as well, where we see a lot of boys and girls where they join these gangs because it's a cool because it's almost like a family. You know, these are our people, we protect each other, we support each other, you need something, I've got you; I've got your back. I think there's just the love. You know, as much as you know, the money and the lifestyle of the gangs, they want to feel part of something.*
>
> Parker (adult)

When looking at the development of children as discussed in the *Literature Review Chapter*, constructivist theories suggest the importance in the surroundings of children in schools, communities and families (Mooney, 2013; Corsaro, 2018). In particular, Vygotsky's (1978) scaffolding, within his theory of zone of proximal development, describes the importance of peers and role models in the process of learning in which a child on the edge of learning can progress in a task further with help than if they were left alone.

This shows how important peers and role models can be to a child and young person. The importance of positive peers and role models can be seen in more contemporary research by Irvine and Emond (2023) where peer support in care settings helped to remove the feelings of loneliness and isolation felt by children with care experience. While such peer groups are important to those experiencing care, such a model could also be used in foster carer groups to give support and guidance to those who find themselves in difficult situations. Foster carers who were part of this study spoke of new experiences and difficult situations regardless the amount of time they had been caring for vulnerable children. Peer and mentor support would be invaluable in such times.

An important area of the findings were the thoughts and advice the participants wanted to share with those still in the care system or about to enter it. Some participants talked of patience and positivity being key strengths to help you get through the care system. To stay positive, look to the future and do not blame yourself. To be patient while you wait to be heard, while you wait to get what you need and even to get through the system until you are out the other side.

Others wanted to let those working in the system know what was missing for them. They wanted better support systems in place for longer for care experienced children and young people. Interventions that would help them decide what path to take in life, workshops to experience different skills to see what they may be good at or enjoy in order to help them pick a career and give them direction. The findings show the most important item that most participants felt was missing from their care experience was love. Erin and Parker articulate this in plain terms:

> *…and, for me, someone that had that had constantly been like yearning for just someone to just give me a hug just to know when I needed that… because I was just desperate for something, for love...*
>
> *Erin (adult)*

I mean, this is the cringiest thing I can say but love. I think that every child that goes into foster care needs to feel love… and I'm not satisfied then or now that there are many children that feel love in foster care.

<div align="right">Parker (adult)</div>

The literature shows the understanding of a need for love is certainly not a new discovery. Forty years ago, Pollock's (1983) research showed that care that included love is essential for survival. This is reflected in the gangs many with care experience find themselves involved with that can give them a type of love and a feeling of belonging.

A lack of belonging coupled with trauma classified as Adverse Childhood Experiences (ACE's) requires intense counselling. Yet the findings show in some cases counselling must be requested rather than offered and when it is requested long waiting lists are widespread. As with any personal communication the counsellor and the client need to have a rapport which does not happen in all cases leading to the client giving up on counselling all together. The findings show that the system lacks available counsellors and psychologists as well as foster placements, social workers and key workers. Erin explains her experience below:

… so, she said we will see if we can get some funding for you to have like a block of counselling. So, I had that when I was 16 and went regularly. It was really good; I had a really good relationship. But I think it was the wrong kind of counsellor for me because I was looking for like a mum to attach to, somebody that I could confide in.   But I overcame a lot of issues and stuff with her support. And then the funding ran out and that was it, it ended. And I went to uni and everything and then in my first year of uni, I also had quite a brutal miscarriage, it was horrible and so I kind of rang her and was like, hey, I need support, and she responded with basically like never contact me. So that was kind of like an ouch. But recently I saw a different counsellor and paid for it, and it was amazing. Obviously, I couldn't afford to keep it up. I had it for about nine months and it helped so much in a lot of things.

<div align="right">Erin (adult)</div>

The base of all Welsh child focussed policy since devolution is to ensure children have access to their rights and their entitlements as detailed in the Extending Entitlement policy and that this should continue until they are 25 years of age. An examination of the policy promises laid out by the Welsh Government shows areas where these rights and entitlements do not extend to children with care experience. Within the seven core aims set out in their *Rights to Action* document there are areas that clearly do not meet the needs of many children with care experience. These include education and training opportunities, a healthy life free from victimisation and exploitation, that they are listened to, and they have a safe home which supports emotional well-being (Butler and Drakeford, 2013).

These failures can be seen in the above themes where their support needs are not being met by their corporate parent, their emotional needs are not being met in their placements and they are disproportionately represented in the youth justice and adult justice systems. In his theories on the new sociology of childhood, Corsaro (2018) is fixed in his opinion that society needs to recognise the contribution children can make to society as children rather than what they will become. They are active citizens in society that can affect it as well as be affected by it. Therefore, the lives that children are living should be as free from trauma and issues as possible so that they can lead happy and content lives as children having their needs and wants met throughout their childhood.

A Zemiological Perspective

The areas on harm covered in this theme, *Belonging*, include **emotional harms, harms of recognition** and **autonomy harms**. This theme covers the emotional side of being care-experienced and how the situation of children and young people going through the care system in Wales and Scotland feel about themselves, the people who look after them and the system in general and how that system is letting them down.

The negative outcomes of having care experience include instability, worthlessness and isolation. There is a clear lack of care and nurturing apparent in the system where many children and young people do not have their emotional needs met. They feel they have no or little connection to anything and feel a lack of identity, particularly when they are made to feel 'othered' and they are made to feel at

the back of the queue where foster family members are concerned. These feelings are identified as social harms. The ongoing trauma of such feelings including isolation and insecurity, of not fitting in with their homes and being away from their families creates **emotional harm**. Feeling different or 'othered' by lack of attention from families or social services and therefore excluded from mainstream society is a symptom of **harms of recognition** which affects their ability to engage in wider society. The lack of control that children and young people feel when in care, particularly when they feel they are not cared for and extended feelings of worthlessness, hinders their development as prescribed in **autonomy harms**. This restriction to their development has wide ranging implications on their education and social capacity.

This theme highlighted a negativity towards the corporate parent showing they are viewed in many cases as unhelpful, unavailable and uncaring as stated earlier in the chapter (Llewellyn, et.al., 2022). This view of the corporate parent is compounded by a missing, or poorly executed social policy by both nations. The lack of positive role models examined in this theme is something that should be addressed by policy, legislation and funding. In addition, the child focussed policy laid out since devolution does not target vulnerable children such as those with care experience, which leaves them to find their way through a life that is charged with obstacles many of their domestic peers never encounter.

Long Term Outcomes and Impact of Harms

The long term impact of these harms are multiple. **Emotional harms** can affect the way these individuals engage with others and form relationships throughout their lives due to trust issues, feelings of abandonment, instability and not being heard or believed. This coupled with the trauma caused through being taken away from their family home or extended trauma of being separated from their family can lead to chronic health conditions, addictions, violent behaviour or prison in later life. These outcomes are highlighted in studies on Adverse Childhood Experiences (ACEs).

The **financial & economic harms** are shown in the postcode lottery of services where children receive support depending on the local authority with which they are registered. The support they are likely to receive from a specialist

perspective such as mental health workers and addiction specialist will depend on funding in their area. Funding allocated to the children and young adult homes will determine if the homes are well staffed or understaffed and if the staff are well trained or not. Cuts in services can leave children and young people in desperate need of support they often cannot afford to fund themselves. As they move into adulthood, these emotional issues and addictions are taken with them and into the families they build or lead to poverty, homelessness and even criminal activity as they struggle to support themselves.

The *physical harms* they encounter can lead to lifetimes filled with unhealthy relationships with food or in extreme cases eating disorders following from poor quality or life at foster or familial placements. Where undiagnosed additional learning needs, neurodiversity or mental health issues are taken into adulthood, long lasting physical effects can occur such as self-harm or self-medication leading to lifetime addictions.

The *autonomy harms* restrict the capabilities of young people preventing them from reaching even half of the potential they are capable of by blocking their capacities preventing them from learning in placements where there is a lack of money or overcrowding. These blocked capacities can also occur from lack of care. Research by Feeley (2014) showed a link between the amount of care a child receives with their literacy skills showing with greater care, comes higher literacy. Their restricted personal and educational development makes moving on with life difficult as they transition into adulthood with limited ability to support themselves or their families creating a cycle of harm.

Harms of recognition created by a lack of self-esteem, feelings of worthlessness and a lack of trust in any system or authority leaves them with feelings of forced exclusion and an inability to engage with society as they are separated from their families and other members of the foster home. Feelings of social isolation and being made to feel 'other' leaves them with feeling of insecurity and loneliness pushing them towards unhealthy and dangerous relationships as they look to find a form of belonging. This is when they can engage in criminal activity through gangs to form bounds and feel recognised and worthy. This early engagement in gang activity can lead to a criminal record which in turn compounds financial and autonomy harms

as they struggle to move into many careers with a criminal record. If these events end with incarceration, physical harms can also occur such as self-harm, assaults and suicide.

Highlighting how the harms uncovered in the study can have lasting impacts on individuals shows how children with care experience are impacted by poor outcomes such as low educational attainment, as with **autonomy harms**, high levels of mental health issues, as with **emotional and physical harms** and overrepresentation in the criminal justice system as with **financial harms** and **harms of recognition**. This examination of harms demonstrates the importance of zemiology in the lives of care experienced children showing a direct line between the individual issues the participants are experiencing and the poor outcomes highlighted by many studies over decades into the long term outcomes of care experienced children. It also shows how the poor policy application has an impact on those individual harms.

Chapter Summary

Examining the issues felt by the participants of the study underpinning this thesis, the preventable harms caused by poor policy choices and execution are clear. Dorling (2004) states that when examining groups of people through a zemiological lens, their lives are made more challenging through inequality, reduced opportunities and hopelessness. The findings in this study and subsequent discussion show that these negative conditions are in profusion in the lives of those with care experience.

Political rhetoric by the Welsh and Scottish Governments speak heavily of social inclusion and children's rights to create fair and opportunistic societies for their children. Even without a rights-based policy system, Fitzpatrick (2013) argues that states have clear obligations to care experienced children. These obligations are a moral contract of justice and equality that should create a social contract on which they can build a minimum standard of living and rights should follow that. Yet some children are not having those obligations met regardless of their promised rights.

The Extending Entitlement (2000) policy released by the Welsh Government was introduced to give a supporting framework for all children and young people in Wales up to 25 years of age (NAW, 2000). This means that any person born the year

this policy was created and since should still be under the care of the framework. Yet care experienced children do not seem to have access to these entitlements. They do not have *education, training or work experience tailored to their needs*. In fact, the educational attainment of children with care experience is lower than that of their domestic peers. Welsh Government released figures for 2018/2019 show 46.5% of care leavers not continuing education, employment or training in the first 12 months of leaving care, 29% of those leaving care at 16 had no qualifications compared with 1% of the general population of 16-year-olds. Comparisons at university level show 50% of the general population attend university versus 2% of children with a care background (Welsh Government ,2019b; Rees & Stein, 2016; Rees, et.al., 2019). In addition, care experienced children are over-represented in school exclusion figures (Allnatt, 2019).

They do not have *basic skills to open doors to a full life and promote social inclusion* as stated by the participants of the study, with basic support missing from many of their lives and situations with social services occurring in school hours which can *exclude* them from their social groups, clear indicators of **autonomy harms**. They do not have access to high quality services and facilities unless they can attend them during office hours and just like the promise of recreational and social opportunities, sporting, artistic and music experiences none of these are available to many children in a post austerity state unless they have the money to pay for them, something that is completely out of reach for most children with care experience 'othering' them from society and laying clear **harms of recognition**.

They do not have *independent student support and counselling services* available to them, and while the mental health needs of care experienced children far outweigh that of their domestic peers (Stanley, et.al., 2004; Meltzer, et. at., 2003; McCann, et.al., 1996; IPC, 2018), the waiting times access such services are years long unless they can afford to pay for them (Llewellyn, et. at., 2022) showing obvious **emotional and psychological harms**.

The Scottish policy, Getting it Right for Every Child (GIRFEC), displays similar rhetoric to the Extending Entitlement policy of Wales including access to play, sports and active roles in their communities. In addition, they promise to nurture children at home or in a care setting, something many care experienced children in this study

feel they are lacking. Good mental and emotional health is promised (Scottish Government, 2013), yet CAMHS waiting times in Scotland continue to increase along with the number of children needing such care (Grimm, et. al., 2022). GIRFEC also states children of Scotland can *achieve in learning and confidence*, yet 38% of children with care experience left school with one or more qualification compared with 86% of the general population in addition they leave school at a much earlier age than their domestic peers (Scottish Government, 2021).

The final entitlement on the Welsh Extending Entitlement policy is:

> *the right to be consulted, to participate in decision-making and to be heard on all matters which concern them*.

> (NAW, 2000).

This promise is echoed in Scottish policy with the:

> …right to be treated fairly, to be heard, and to be as healthy as possible...

> (Scottish Government, 2024: para 3.1)

> *and to be respected by being heard and involved in decision making*

> (Scottish Government, 2013).

The findings of this study show this entitlement is missing from the lives of care experienced children of Wales and Scotland time and time again in their interactions with social services, their local authorities and their governments in general.

It could be argued that both nations have much to learn from each other. The Children's Hearings system of Scotland would be a welcome addition to the youth justice system of Wales as would the Throughcare Aftercare scheme for care leavers. The Basic Income Pilot of Wales would be a much-needed help to the care leavers of Scotland yet each of these policies must be taken on with the commitment of action. Through the policy and legislation examined in this thesis it appears that the political leanings of politicians make little difference. The issues uncovered have been under governments of Welsh Labour, New Labour, Conservative, Scottish National Party and coalitions. All could have helped the failing care systems in the UK but are yet to make a difference.

The choices made at central, devolved and local government levels are affecting the real lives of vulnerable children. Managerial systems are ignoring their basic needs by cost cutting and money saving exercises, overworking staff and

carers and counting units instead of people and placing many vulnerable children in dangerous situations causing social harm via austerity and ignoring their need for care and love. Foster carers are needed in both nations and investment into their training and support for when they experience difficult times is paramount. Wales and Scotland appear to understand the gaps in their policy provision for children with care experience with the reports *The Promise*, and *The Vision* yet they seem not to be able to deliver on these promises effectively and in a timely manner.

      While not setting out to cause harm to the children and young people of their nations with care experience, the Governments of Wales and Scotland need to do more to help children in the care system reach their potential as full citizens of the devolved nations of the UK.

Thesis Conclusion

The purpose of this thesis and the study that underpins it, is to bring new understandings to the legal harms that occur to children who experience the care systems in Wales and Scotland as viewed through a zemiological lens. This understanding has been delivered to the reader from those with such experience by listening to and writing their stories, in their voice as they uncover the important points and significant changes in their lives and how those decisions and situations have shaped who they are.

Zemiology looks to how state-led systems can negatively impact the most vulnerable groups in society. It can be used to examine harms caused to an individual as well as the policies that should reduce those harms, harms that are preventable and caused by poor system responses. Such system responses and harms caused by them reduce the social mobility of individuals and impede their outcomes in later life. It is for this reason that zemiology is an intrinsic lens to use when examining children whose paths are altered in life defining ways by decisions made by the nations they are citizens of.

An important aspect of this study was to understand, and relay to the reader how the nations of Wales and Scotland position themselves with regard to children in general and more specifically, children who experience the care system in those nations. In order to achieve this, the examination of the legislation and policies created and implemented in those nations and to what extent those implementations have been successful, or not, has been carried out. The success has been measured through the analysis of care figures along with figures of the outcomes of children with care experience such as their educational attainment, the condition of their mental health and their experience of the criminal justice system. More importantly the measurement has been conducted by speaking with and relaying the stories of those directly affected by such legislation and policy. This *Thesis Conclusion Chapter* will set out the key aspects of this thesis and the underpinning research closing with the significance of this work and how future research could expand the understandings of care and zemiology.

The Literature

As discussed in the *Literature Review Chapter*, how society views children and childhood is an evolving concept. The contradiction between the fluid nature of childhood, in which children grow and mature at different rates, and the strictness of legislation where children become adults at 18 years old but some are responsible for their actions in a criminal sense at 10 years old, is discussed in this thesis as one in many complications that face children as they move through childhood.

Society now acknowledges constructivist and interpretive understandings of children being active members of society that can affect as well as be affected by the world around them (James & James, 2004; Prout, 2005). These theories stress the importance of language and cultural routines in the development of children (Corsaro, 2018) and how the family setting they grow up in, shapes them as adults and also as children and the type of citizens they are throughout their childhood (Tiscuan, 2013). In addition, the existence of children's rights as individual from human rights has evolved and these rights, as defined by the UNCRC are upheld in more literal terms by some nations including Wales and Scotland. Legislation and policy concerning children in these nations, uses the UNCRC as a base for policy creation, making them what is commonly called, rights respecting nations.

The continued process of devolution in Wales and Scotland allows those nations to govern through a localised government, the Senedd Cymru (Welsh Parliament) in Cardiff, Wales and Scottish Parliament at Holyrood in Scotland. Although the authority they have differs due to the historical nature of Scotland's legal system and also the different devolution settlements each agreed with Westminster. Yet both nations attempt to use their devolved powers to create states that have a strong welfare and equality rhetoric and rights-based policies particularly for their children and young people. However, the published figures that represent some of the most vulnerable in society make for unpleasant reading.

Poverty and care experience appear to be intrinsically linked. Those in deprived areas are more likely to end up in care and more likely to receive substandard service while there. In Wales, 31% of children live in relative income poverty, in Scotland, their figure has reduced by 6% but it has taken 30 years to get to this reduced figure of 24%. Nonetheless the Scottish Government are making

promises to reduce it further to 10% within the next 10 years (Welsh Government, 2019a; Scottish Government, 2023c).

The Welsh Government claim that reducing child poverty is a priority to them, they also claim that deprivation and the lasting effects of austerity are implicated in creating and maintaining high figures of care experienced children across Wales. While there is evidence that austerity and increasing care numbers are linked, there is also evidence to support care numbers rising before the onset of austerity across the UK (*Figure 4*) which means other factors must be considered (Elliot, 2019). Rates of care experienced children in Scotland are the highest in the UK although there are reports that state this number has reduced in the last 10 years since their peak in 2012 (*Figure 8*).

The reason why these high figures are important lies in the poor outcomes faced by those who have care experience. Such poor outcomes include education, mental health and criminalisation. While these poor outcomes are discussed in detail in the *Literature Review Chapter*, it is certainly worth revisiting. Educational attainment among care experienced children in Wales is much lower than that of the general population, with some research indicating disruption throughout school impacting their final exams and preventing their progress in education. Such disruption includes changing placements or homes, a lack of educational role models and low self-esteem (Jackson & Cameron, 2014). Figures of inequality in educational outcomes in Scotland follow the same trend as Wales although, as with other statistics, the Scottish Government insist these figures have improved over the last 10 years. Children with care experience are also overrepresented in school exclusion figures in both nations. These poor educational outcomes have an impact of the choices available to them when leaving school and longer term impacts as they progress into adulthood.

There are high rates of emotional and behavioural issues among those with care experience which can sometimes lead to, or be caused by, poor mental health. These high numbers of mental health issues are disproportionate when compared with the general population. While these numbers alone are concerning, it is coupled with weak system responses to child and adolescent mental health services leaving many children without any support.

Criminalisation is another area where children and young people with care experience are overrepresented. This is sometimes caused by behavioural and mental health issues mentioned above and sometime due to the over reliance of the police in domestic situations in foster homes and children's homes. In these situations, normal teenage behaviour where boundaries are tested become a police issue and this early justice system contact compounds their feelings of worthlessness. All or any of these experiences can limit the choices available to these vulnerable children and young people as they try to move on with their lives with reduced social mobility. Therefore it is imperative to ensure a child's care experience is as stable as possible where they can receive all the love and support their domestic counterparts feel.

This thesis shows that the politics of a government have little to do with improving the lives of vulnerable children. Regardless of the political party of the ruling governments, wholesale changes are not being made. They are introducing new policies while the existing ones are not enacted sufficiently. Previous policies introduced decades earlier did not help. There are changes that could be made and money that could be invested in areas that would assist the lives of those with care experience and avoid the life changing harms that occur to them, but governments fail to make this happen.

In their General Comment 12 of the UNCRC the board state:

> *Achieving meaningful opportunities for the implementation of article 12 will necessitate dismantling the legal, political, economic, social and cultural barriers that currently impede children's opportunity to be heard and their access to participation in all matters affecting them. It requires a preparedness to challenge assumptions about children's capacities, and to encourage the development of environments in which children can build and demonstrate capacities.*

(United Nations, 2009: 31)

Regardless of this guidance, it appears that nations are afraid to remove the old systems and start anew, creating systems that will work for children with vulnerabilities. Zemiology supports the ethos of dismantling and deconstructing systems that cause harm (Canning & Tombs, 2021). The current care systems are

not working and neither, it appears, are the ad hoc 'fixes' that nations such as Wales and Scotland have put in place since devolution, so there is a strong argument to be brave and radical and recreate these systems from ground zero.

When harm occurs to individuals that some argue is caused by mistakes, accidents or by changing economies, scrutiny into the reasons may uncover the fact that these harms could have been prevented or mitigated (Hillyard, et. al., 2004). This scrutiny can be achieved through a zemiological lens identifying where no laws are broken yet avoidable harm is caused (Canning & Tombs, 2021). Harms like this can affect the outcome of individuals lives by increasing inequality, reducing their opportunities and exacerbating feelings of hopelessness (Dorling, 2004). The *Literature Review Chapter* breaks down the topologies of harm used in zemiology, that can affect children and young people with care experience reducing their social mobility and their opportunities throughout their lives. While using topologies allows the researcher to add a certain amount of measurability to harm, zemiology is an evolving discipline therefore the harms that are discussed currently, can be expanded and in some cases, these topologies merge and interrelate.

This study has identified the harms that affect those with care experience as *physical harms, emotional and psychological harms, financial harms, harms of recognition* and *autonomy harms.* The latter harms, *autonomy harms*, encompass many of the issues of poor outcomes that face vulnerable children as they experience blocked capacities through lack of access to learning and to social activities which limits their self-development and their participation and contribution to society as the active citizens the devolved nations claim they want children to be (Canning & Tombs, 2021; Pemberton, 2015; Davies & Williams, 2009; NAW, 2011; Butler & Drakeford, 2013; Sullivan & Jones, 2013). Using the topologies of zemiology as a framework, the findings of this study show the connection between children and young people with care experience, social harm and poor outcomes giving new focus to the use of zemiology and better understanding of the importance of improved social policy for this vulnerable group.

The Study

The empirical study underpinning this thesis takes a constructivist approach and uses an embedded single case study research design. It was conducted with children with care experience, adults with care experience as children and professionals who care for or work with children and young people with care experience. To ensure the data collected throughout the study was detailed, descriptive and portrayed the experiences of the participants, a qualitative strategy was used to design and create the research tools. The constructivist approach of this study allows the researcher to interpret the knowledge from the participants giving emergent understandings of zemiology. The embedded single case study design allows for an in depth interpretation of the unit of study, *care systems in rights respecting devolved nations of the UK*, and the sub-units such as *the experiences of each child and adult, the policy direction of each devolved nation in the study* and *each child focussed policy.*

The research data collection methods used in this study were semi-structured interviews, visual timeline and online surveys containing several open-ended questions. The visual timeline was an optional tool to be used in conjunction with the interviews allowing for the addition of non-verbal communication to be part of the process and to be used as a form of distraction from the conversation or a visual reminder of their life and the order of events. While the interviews were conducted with all participants, the online surveys were available to those with care experience only and the distribution and submission of them run in parallel with the interviews. The majority of data from the study was gathered through the semi-structured interviews with the timeline used by the participants on occasion and the surveys yielding a small number of responses.

Research with children and vulnerable populations can be challenging and should be approached with careful consideration. Gatekeepers were relied on in this study to make introductions and facilitate interviews. Listening to and acting on the voices of children is a pillar of children's rights, and they should therefore be at the heart of any study concerning them. It is for this reason the voices of the participants are relayed to the reader in the participants own words as they describe how they negotiated their way through the care system. While a certain amount of detachment

is called for and expected in studies with children and young people, the researcher felt that to become emotional invested in the participants of the study was not only unavoidable but necessary as these children and young people relayed their stories and hurt to the researcher. In his research with children, Tatek Abebe (2009) talks of the importance of being emotionally and socially available when conducting research with children where new perceptions of what it is to be ethical can be concluded. He continues:

> I became compelled not to detach myself from their circumstances… reciprocal relationships have nurtured the research space in many fruitful ways… reciprocity… reflects how ethical spatiality is the product of interrelationships… and that dominant ethical principles are actually lived in, reproduced and experienced by research participants through interactions. (2009: 461)

Therefore, when carrying out qualitative studies with children, the reciprocity of care and emotion shared can lead to a richness of data through strengthening relationships with those who care enough to share their stories with the researcher. This can be achieved in part, by ensuring the study is rooted in reflexivity which was used in this study by the researcher and by the participants. Throughout the interview the participant would be reflecting on their lives and the decisions made by them and for them and in some cases the visual timeline helped them with this reflexivity. The researcher sometimes assisted with this by asking them to revisit an early point. For the researcher, reflexivity began at the design stage of the study and continued throughout the study and into the write-up phase. This self-scrutiny of the researcher allowed for the findings dissemination to be more rounded and to give a holistic understanding of the final discussion.   This was useful when considering positionality and power relations in interviews with children and particularly as this study uses a zemiological lens to understand harms caused by system responses that leave vulnerable children powerless.

The Findings, Zemiologically Speaking

The data from the study was analysed using a reflexive thematic analysis based on the work of Braun and Clarke (2022). The Findings Chapter gives a detailed account

of the stories of the participants of the study categorised into four distinct themes, *The Role of Social Services and Other Key Workers, The Extremes of Fostering, Harm to Crime* and *Belonging.* In addition, the *Reflective Summary* of the chapter summarises the findings into significant points of understanding. Firstly the *Emotional Impact* is discussed. This outlines the areas of the findings that shows significant emotional impact to the participants and the reasons for that impact such as poor placements, made to feel 'other' or different to their peers, feelings of displacement, neglect and instability. It concentrates on how the participants felt at a point in time rather than the detail of what happened to them. The second point discussed is *Trauma and the Cliff Edge*. This outlines how trauma can be experienced by those before care and in care and the effects of being on the edge of care without support which is experienced by many care leavers. It underlines how trauma and edge of care experiences can lead to homelessness, risky behaviours and early police contact.

Systematic Instability is discussed next, outlining how issues with social services and a lack of secure foster placement is felt by the participants leading to a lack of faith by all concerned. It highlights the importance of key workers and how precarious their roles are. The managerial style of social services office hours is also discussed and how this style of nine to five, a typical office working day, does not fit with the needs of young people. *Failure of Voice* is the next point to be discussed in the Reflective Summary. Here the stark reminder of the inability of the child or young person to have their voice heard and to their concerns taken into consideration is clear. This lack of listening and acting on behalf of the child causes them to disengage, mistrust adults and in some cases resort to anger and violence to be heard. Lastly the point of *Hidden Pain of Carers* is underlined. This looks at the difficulties shown in the profession and with foster carers due to a lack of investment in all areas of care. It highlights poor communication between departments, lack of support given to foster families and a failing shared accommodation system at risk of serious harm.

The Discussion Chapter takes each of the four themes of the study findings and discusses them alongside the available literature then, using a zemiological lens, gives focus to the harms caused to children and young people with care experience

in Wales and Scotland. Those harms are summarised here. As explained throughout this thesis, harms as defined through zemiology are multilayered and can overlap. While they are divided into harms here, the causes may be repeated throughout.

Harms of recognition, can be viewed as misrepresentation of individuals or a community which can in someways demonise them and exclude them. Within this study, harms of recognition are seen when children experience forced separation from their parents or siblings creating feelings of isolation, othering and an inability to engage in society and feelings of forced exclusion from mainstream society. This can also occur when the foster families birth children are treated favourably over the foster children increasing a feeling of 'othering'. This forced separation and isolation can also occur if a key worker is removed from them and not replaced which the findings showed happened regularly to the participants.

Othering can also occur though poor support on edge of care services allowing them to fall into homelessness, gang culture and even incarceration, labeling them as ex-criminals which will stay with them for life.   The long term impacts of harms of recognition can lead to involvement with the criminal justice system whether short term or long term the implications of a criminal record can be life changing. Where prison itself can bring physical dangers such as self-harm, assault and even suicide, long term impacts can prevent an individual moving into the career they want limiting their earning potential and creating financial issues throughout life.

Emotional and psychological harms, can be seen in those with a history of trauma, whether that is through one event such as the removal of a child from their family home or from the ongoing trauma of living in a poorly matched foster home with a lack of trust and support from their social workers. Being treated differently from the other children in the foster home increases feelings of loneliness and isolation. The lack of honesty from social services and the lack of being heard when voicing an opinion on decisions being made on their lives compounds feelings of insecurity and instability. As with harms of recognition and autonomy harms this can block their capacities and their ability to engage.

Leaving care can also be a time where vulnerable young people are open to emotional harm as the cut-off in support leaves them feeling rejected and isolated. Many participants of this study did not have their emotional needs met when in the

care system giving them ongoing trauma through isolation and insecurity. Long term impacts of emotional harms can include the effects of ACEs as adults including chronic health conditions, addictions, violent responses or incarceration pushing their families into a cycle of harm.

The findings show *financial and economic harms* where children and young people are not receiving the support they need and are entitled to when leaving care or on the edge of care, causing serious financial issues that they feel there is no way out from. This type of harm is also seen in kinship and familial care where the financial support is not given to the family as it should be. It can also be viewed where funding cuts are made to services reducing the support available to vulnerable children. Long term impacts can include lingering mental health issues, self-medication, poverty and even homelessness. Some may even turn to criminal paths in order to support themselves.

Physical harms occur when vulnerable children are in familial or kinship care that is not properly regulated. Instances of this in the findings are shown through poor quality of life, poor diet and overcrowding. Physical harms can also happen to those care experienced who are overrepresented in the justice system with violence, self-inflicted harm and suicide at alarmingly high and increasing rates within the prison estate. Yet they do not need to be in prison to be at risk of physical harm. Poor staffing in children's homes and units create melting pots for alcohol and drug misuse and are havens for bullying and violence.   Long term impacts are unhealthy relationships with food or eating disorders, self-harm, self-medication leading to long term addictions and in extreme cases suicide.

Autonomy harms are caused when individuals experience blocked capacities which limit opportunities and self-actualisation. This can be seen repeatedly in the findings of this study. The limited educational achievement experienced by many children who are looked after reduces opportunities available to them stalling their progress in life and their courage to move forward.

When children are moved into different foster homes many times throughout their childhood, they have feelings in insecurity and isolation. Feelings of unhappiness from a lack of stability or secure connections can increase the lack of control they feel they have over their lives and hinder their emotional development

and socialisation skills and capacity. This can be made worse with early justice system contact which limits their options further if they receive a criminal record. Not being cared for creates feelings of worthlessness and feelings of no control which hinders their development further which in turn affects their education and social capacity. Long term impact of autonomy harms include low educational achievements leading to limited ways to support themselves or their families which can again, in some cases lead to contact with the criminal justice system, poverty and homelessness.

Viewing the finding through a zemiological lens has highlighted missing or poorly executed policy by the devolved nations. Issues discussed in this thesis such as lack of available foster homes, lack of stable role models, lack of services to support those transitioning out of care, lack of system responses to tackle violence in the prison estate and in children's homes and units, lack of stable social workers who are not over worked, lack of funding and investment in staffing at children's homes, lack of specialist key workers for mental health and drug misuse, lack of regulation of familial care and lack of training and support for foster carers. This is where the devolved nations could make the choice to invest but they are not targeting these areas leaving those in the care of the state without the support they need not just to fulfil their dreams and ambitions but to lead lives without trauma and the long term effects of harm. They are failing the most vulnerable young citizens in their society.

The Recommendations

Whilst this chapter argues for a whole scale reformation of care systems, practicality demands a more nuanced approach to improvements in care for children in the devolved nations. Therefore this section sets out the suggested recommendations based on the findings laid out within this thesis. Reflecting upon the data, 4 key areas emerge that the devolved governments of Wales and Scotland should consider for policy development: a) Removing rigid working hours; b) Increasing investment; c) Improving post care support; and d) Providing positive role models.

Working Hours

As outlined in the Discussion Chapter, there is a clear challenge which exists in relation to the organisation of services provided to children and young people

experiencing care in the way the working hours are structured. Social services and many services that work alongside them including mental health, housing and financial support, work standard office hours of typically 9am to 5pm. This practice of primarily providing a traditional model of operation for children leaves a void of support during evenings and weekends. This is especially critical given their vulnerable and sometimes chaotic lives, which may mean that they need urgent assistance during non-traditional working hours.

Therefore, the first recommendation is an urgent review of these working hours and restructure them to ensure that appropriate staff are available during the times when they are most needed. While it is not expected that social workers or support workers should be available 24 hours a day, systems can be set up to ensure that cover is available during critical times to ensure that children are treated as individuals and not units.

Increased Investment

This thesis has discussed the harms caused to children and young people with care experience through a lack of investment by government in many areas. Whilst this is often a lack of monetary investment, there is also a lack of time invested. The areas noted in this thesis cover: lack of regulation of familial care placements; lack of foster families available and of careful introductions; lack of training and support for foster carers; and displacing children homes carers from training 'on premise' to using online alternatives instead, which may deprive them of valuable experiential learning. There is a general lack of investment in social workers, psychologists, addiction support and key workers who are valuable individuals who have the potential to invest time in, support and matter to, the lives of those in, and those leaving care.

Therefore the next recommendation is that devolved governments fully review budgetary provision and workload models to ensure that there is appropriate investment into the children's care system across Wales and Scotland, to ensure sufficient resource and the highest quality provision for children.

Improved Post Care Support

This thesis shows how a lack of child to adult transition support can lead to social harms that create adverse outcomes in the lives of those with care experience such

as criminalisation. Scotland's Throughcare Aftercare scheme acts as a support for those leaving the care system and the findings show that this scheme has generated positive results. Paradoxically, the findings show a lack of and reduced participation of this scheme.

Therefore the third recommendation is that urgent data and practice sharing should occur between the Scottish and Welsh Governments to understand the reasons for the effectiveness of the Throughcare Aftercare scheme, and potential reasons for non-engagement in it, and to develop a pan-devolved governmental approach, adopting, in the case of Wales, and strengthening, in the case of Scotland, a quality Throughcare Aftercare scheme for care leavers.

Positive Role Models

The findings show how vital and influential positive role models are in shaping the decision making of children and young people. Research participants attested to the reality that such individuals made them feel worthy of love, that they mattered and provided them with the care they deserve. Yet these positive role models are often lacking from the lives of many of those with care experience.

The final recommendation is for a scheme to be created in both of the devolved nations, that is dedicated to ensuring each child has one person in place as a key worker who can act as a mentor to the child. This should be someone they feel is on their side and available to them through positive and negative experiences, as opposed to someone who performs a regulatory role. While this is a role that a parent or sibling may fill in a domestic setting, it is missing from the lives of many care experienced children and young people. These key individuals may not have the answer to every issue a child may encounter, but they would be able to assist in paving a way forward and ensuring the child or young person did not feel alone and felt supported. The Scottish and Welsh Government's are therefore called on to explore the potential for such a scheme, working with care experienced children and those who care for them.

The Summary

This study has developed new understandings of harm caused to care experienced children and young people by using a zemiological lens to examine the everyday

issues confronting this vulnerable population and in addition, it has given new focus for zemiology into the lived experiences of children who grow up with corporate parents and the obstacles they must face. The study has given focus to the structural harms caused by care systems and has highlighted how those harms lead to poor outcomes for care experienced children. It has emphasised the effectiveness or lack of, in devolved nations through poorly executed policy adding to the debate on devolution by amplifying the voice of the child in an area where their voice is lacking. It links zemiology with the structure versus agency debate in a way that will have real world impact on the lives of care experienced children. By understanding these harms, outcomes and opportunities can be improved for the care experienced community. To do this, the systems of care must be altered wholesale with full investment in services, people and training; rather than patching policy and limiting resources as has happened through many decades. This investment is in the children of Wales and Scotland and the adults they will become.

The development of this study, fusing the study of harm with experiences of children in the care system, has opened possibilities for further research in this area using a zemiological lens. A longitudinal study following the lives of children through the care system and the process of leaving care would give greater insights into their experiences in real time. Expanding the research to other nations who are not rights respecting in a comparative study would also give a unique insight. The researcher hopes to see many studies in the future of this nature in the hope it improves the lives of those who find themselves with corporate parents.

In the original translated version of Meditations by Marcus Aurelius, Casaubon (1634) theorised "You can commit injustice by doing nothing". Regardless of who the devolved nations care to blame for the distressing lives these children are living, they could do more to improve the lives of care experienced children and young people. They make choices every day to avoid spending money and effort in the direction that is desperately needed by these children. Care experienced children and young people are falling through cracks created by the decisions and lack of decisions of their government and the system responses of their corporate parent, into lives filled with poor outcomes, unhealthy relationships, petty crime and gang activity all while looking for a sense of belonging. A sense of cynefin.

I remember it being a very like, warm and safe place, and I very vividly remember feeling like, this is what love is meant to feel like. Yeah, I remember even at that age I remember thinking, oh my God, this is, this is what love is meant to be like.

<div align="right">Parker (adult)</div>

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Appendices

Appendix A   -   Participant Information Sheet Young Person

Information Sheet for a Child/Young Person

Mapping Timelines of Care Experienced Young People

Introduction

We would like to invite you to take part in a piece of work to help identify the key points in the lives of care experienced young people.

Please read the following sheet carefully before you decide if you'd like to take part. If there is anything you don't understand, or you would like more information, please speak to your key worker or contact **Researcher's name** on **Researcher's email**

What is the project?

We are looking to understand the key decisions made by care experienced young people as well as those made for them by their family, peers, society or systems such as their corporate parent or the government. We are looking to identify major turning points in the lives of young people like you and how these events shaped your life journey.   We will also ask for your ideas on what could be changed to help as many young people as possible.

Why have I been asked to take part?

You have been asked to take part in this project as you have been identified as being care experienced.

Do I have to take part?

You do not have to take part if you don't want to.

You will find information about the project and what you will need to do in this leaflet. Please let myself or your school know if you have any questions or would like any more information.

If you decide to take part, we will ask you to sign a consent form to say that you agree to take part.

What is involved?

You will be asked to take part in a session with me. This session will include talking to me about any part of your life you want to discuss and drawing a timeline of your life with major events marked out. Sessions will last for approximately 40-60 minutes and will be arranged at a date and time suitable for you.

During the session, I will record what we discuss to make sure I remember all the important points you make I will also make some notes about your ideas. We would also like to make a copy of any art-work that you produce.

What will happen to the information from the sessions?

We will use the information you have shared only for research and to come up with a series of recommendations. We would like to be able to include your views and ideas in reports and presentations.

We will keep the information you give us under a fake name in a password protected space on a computer, so that only the researchers can access it. If you mention details which might identify another person then this will also be removed from the written record. We will keep these files for up to 2 years and destroy the recording at the end of the project.

As your key workers have agreed to help us with the project, no one inside or outside the service will have access to any personal information about you. It is your choice how much information about your background you decide to share during the session. However, if during the session you say anything which suggests that you or someone else might be at risk of harm, then your key workers may need to talk to you more about this outside the session.

What if I change my mind?

You are free to change your mind about taking part in the project at any time, without giving a reason. If you want to stop during the session, just let us know and we will stop recording. If you don't want us to use what we have we will delete the recording. You won't be in any trouble if you do this, so don't worry. You can also ask for any notes from the session to be destroyed up to 2 weeks after taking part in the study by contacting us.

Withdrawing from the study will not affect the way in which the organisation continues to work with you.

How can I contact the researchers?

If you have any questions, please feel free to contact me or ask your worker to get in touch. Please contact me, *Researcher's name* in the first instance by email:

  Researcher's email

If you have any other questions about the project you can also speak to your key workers.

Information Sheet for an Adult

Mapping Timelines of Care Experienced Young People

Introduction

We would like to invite you to take part in a piece of work to help identify the key turning points in the lives of care experienced young people.

Please read the following sheet carefully before you decide if you would like to take part. If you would like more information, please contact *Researcher's name* on *Researcher's email*

What is the project?

We are looking to understand the key decisions made by care experienced young people as well as those made for them by their family, peers, society or systems such as their corporate parent or the government. We are looking to identify major turning points in the lives of young people and how these events shaped their life journey.   We will also ask for your ideas on what could be changed to help as many young people as possible.

Why have I been asked to take part?

You have been asked to take part in this project as you have been identified as being care experienced.

Do I have to take part?

You do not have to take part if you do not want to.

You will find information about the project and what you will need to do in this leaflet. Please let the researcher know if you have any questions or would like any more information.

If you decide to take part, we will ask you to sign a consent form for our records.

What is involved?

You will be asked to take part in a session with the researcher. This session will include talking to her about any part of your life you want to discuss and drawing a timeline of your life with major events marked out. Sessions will last for approximately 40-60 minutes and will be arranged at a date and time suitable for you.

The session will be recorded to ensure all the important points you make are remembered. Notes will also be taken. We would also like to make a copy of any art-work that you produce.

What will happen to the information from the sessions?

We will use the information you have shared for research purposes and to come up with a series of recommendations. We would like to be able to include your views and ideas in reports and presentations.

We will keep the information you give us under a pseudonym in a password protected space on a computer, so that only the researchers can access it. If you mention details which might identify another person then this will also be removed from the written record. We will keep these files for up to two years and destroy the recording at the end of the project.

If you agree to help us with the project, no one will have access to any personal information about you. It is your choice how much information about your background you decide to share during the session. However, if during the session you say anything which suggests that you or someone else might be at risk of harm, this may need to be discussed further.

What if I change my mind?

You are free to change your mind about taking part in the project at any time, without giving a reason. If you want to stop during the session, just let us know and we will stop recording. If you do not want us to use what we have we will delete the recording. You can also ask for any notes from the session to be destroyed up to two weeks after taking part in the study by contacting us.

Withdrawing from the study will not affect you in any way.

How can I contact the researchers?

If you have any questions, please feel free to contact the researcher, ***Researcher's name*** by email:

> ***Researcher's email***

If you would rather contact the University directly you can use this email:

> ***University Research integrity email***

Information Sheet for a Professional

Mapping Timelines of Care Experienced Young People

Introduction

We would like to invite you to take part in a piece of work to help identify the key turning points in the lives of care experienced young people.

Please read the following sheet carefully before you decide if you would like to take part. If you would like more information, please contact ***Researcher's name*** on ***Researcher's email***

What is the project?

We are looking to understand the key decisions made by care experienced young people as well as those made for them by systems such as their corporate parent or the government along with their family, peers, society. We are looking to identify major turning points in the lives of young people and how these events may have shaped their life journey.   We will also ask for your ideas on what could be changed to help as many young people as possible.

Why have I been asked to take part?

You have been asked to take part in this project as you have been identified as working with or involved in decision making that affects the lives of those with care experience.

Do I have to take part?

You do not have to take part if you do not want to.

You will find information about the project and what you will need to do in this leaflet. Please let the researcher know if you have any questions or would like any more information.

If you decide to take part, we will ask you to sign a consent form for our records.

What is involved?

You will be asked to take part in a session with the researcher. This session will include talking about policy, legislation or procedure that you are aware of that has positive impacts of children and young people with care experience as well as those that do not impact in a positive way. Sessions will last for approximately 40-60 minutes and will be arranged at a date and time suitable for you.

The session will be recorded to ensure all the important points remembered. Notes will also be taken.

What will happen to the information from the sessions?

We will use the information for research purposes and to come up with a series of recommendations. We would like to be able to include your views and ideas in reports and presentations.

We will keep the information you give us under a pseudonym in a password protected space on a computer, so that only the researchers can access it. If you mention details which might identify another person then this will also be removed from the written record. We will keep these files for up to two years and destroy the recording at the end of the project.

If you agree to help us with the project, no one will have access to any personal information about you or anyone you talk about. It is your choice how much information you decide to share during the session. However, if during the session you say anything which suggests that you or someone else might be at risk of harm, this may need to be discussed further.

What if I change my mind?

You are free to change your mind about taking part in the project at any time, without giving a reason. If you want to stop during the session we will stop recording. If you do not want us to use what we have we will delete the recording. You can also ask for any notes from the session to be destroyed up to two weeks after taking part in the study by contacting us.

Withdrawing from the study will not affect you or your organisation in any way.

How can I contact the researchers?

If you have any questions, please feel free to contact the researcher, **_Researcher's name_** by email:

 Researcher's email

If you would rather contact the University directly you can use this email:

 University research integrity email

Information Sheet for a Child/Young Person: Easy Read
Mapping Timelines of Care Experienced Young People

	We would like to find out more about the experience of young people and decisions that have been made for them and by them.
	We want to talk to you about how these decisions have shaped and your journey through life.
	We want to talk to you to get your ideas and hear what you think would work to help other children and young people.
	The session will take about 1 hour. We will arrange the session on a date and time that is good for you.

	We would like to record our voices for this session and take notes.
	Everything you tell us will be kept safe. We will keep all information in a safe place. We will keep it for 2 years. After this it will be destroyed.
	Other people may want to use this information for more research. But they will not know that you gave us the information. We will not use your name when writing our report.
	We will not tell people you are taking part in the project. If we are worried that you or someone else is in danger we will have to tell someone about what you have told us.
	How can I contact the researchers? You can contact ***Researcher's name*** if you have any questions. She is one of the researchers for the project: ***Researcher's email***

Consent Form for a Child/Young Person
Mapping Timelines of Care Experienced Young People

Before you can take part in this research, we need you to sign this form so we know you are happy to take part.

- Have you read (or have been read) and understood the information sheet?
- Have you asked any questions you may have had about the project and have these been answered?
- Taking part will not affect your involvement with *Gatekeeper Organisation*
- Taking part in the project is your choice. You can stop taking part in the project at any point without giving a reason.
- If you do stop taking part in the project, any data already collected may be kept and used for research purpose, unless you tell the research team you do not want it to be used.
- You agree to voice recording and notes being taken during the session by the researchers.
- Researchers may use what you say in reports and presentations. You will not be named in the project.
- All data files will be stored carefully using high-security encryption and kept entirely confidential.
- Data from the study will be kept securely for 2 years after the study end date, and it will be destroyed after this (i.e. 2025).

_____

Please give your consent here by ticking the appropriate boxes and signing below.

Please tick

I agree with all of the above and consent to take part in the research

I agree for recordings and notes to be taken during the session

Signed: _____   Date: _____

Please PRINT your full name: _____

Consent Form for an Adult
Mapping Timelines of Care Experienced Young People

Before you can take part in this research, we need you to sign this form so we know you are happy to take part.

- Have you read and understood the information sheet?
- Have you asked any questions you may have about the project and have these been answered?
- Taking part in the project is your choice. You can stop taking part in the project at any point without giving a reason.
- If you do stop taking part in the project, any data already collected may be kept and used for research purpose, unless you tell the research team you do not want it to be used.
- You agree to voice recording and notes being taken during the session by the researchers.
- Researchers may use what you say in reports and presentations. No personal information will be used in the project.
- All data files will be stored carefully using high-security encryption and kept entirely confidential.
- Data from the study will be kept securely for 2 years after the study end date, and it will be destroyed after this (i.e. 2025).

_____

Please give your consent here by ticking the appropriate boxes and signing below.

Please tick

I agree with all of the above and consent to take part in the research

I agree for recordings and notes to be taken during the session

Signed: _____   Date: _____

Please PRINT your full name: _____

Appendix G   -   Consent Form Professional

Consent Form for a Professional
Mapping Timelines of Care Experienced Young People

Please give your consent to be part of this project by signing this form before the interview.

- Have you read the information sheet?
- Have you asked any questions you may have about the project and have these been answered?
- Taking part in the project is your choice. You can stop taking part in the project at any point without giving a reason.
- If you do stop taking part in the project, any data already collected may be kept and used for research purpose, unless you tell the research team to withdraw the data.
- You agree to voice recording and notes being taken during the session by the researchers.
- Researchers may use what you say in reports and presentations but no personal information about you or your organisation will be used in the project.
- All data files will be stored carefully using high-security encryption and kept entirely confidential.
- Data from the study will be kept securely for 2 years after the study end date, and it will be destroyed after this (i.e. 2025).

_____

Please give your consent here by ticking the appropriate boxes and signing below.

Please tick

I agree with all of the above and consent to take part in the research

I agree for recordings and notes to be taken during the session

Signed: _____   Date: _____

Please PRINT your full name: _____

Consent Form for a Child/Young Person: Easy Read

Mapping Timelines of Care Experienced Young People

	We would like to ask for your help with our project.	
	Have you read the information we have given you (or has someone read it to you?). Do you understand the information we gave you?	**Please tick** ☐ ☐
	Have any questions you've had about the project been answered?	**Please tick** ☐
	Are you happy for us to talk to you to get your ideas about what you think would work to help other children and young people.	**Please tick** ☐
	Taking part in the study is your choice. You do not have to take part. Nothing bad will happen if you do not want to take part.	

	You can stop taking part whenever you want. That is your choice.	
	Are you happy for us to make notes during the session?	**Please tick**
	Are you happy for us to voice record this session?	**Please tick**
	All information we collect will be kept safe. We will not use your name when we write up what you have told us.	**Please tick**
	Do you agree to take part in our research?	**Please tick**

Consent Form for a Guardian / Social Worker
Mapping Timelines of Care Experienced Young People

Before the child or young person you are responsible for can take part in this research, we need you to sign this form so we know you are happy for them to take part.

- Have you read and understood the information sheet?
- Have you asked any questions you may have about the project and have these been answered?
- The child or young person taking part in the project is their choice. They can stop taking part in the project at any point without giving a reason.
- If they do stop taking part in the project, any data already collected may be kept and used for research purpose, unless you or they tell the research team you do not want it to be used.
- You agree to voice recording and notes being taken during the session by the researchers.
- Researchers may use what is said in reports and presentations. No personal information will be used in the project.
- All data files will be stored carefully using high-security encryption and kept entirely confidential.
- Data from the study will be kept securely for 2 years after the study end date, and it will be destroyed after this (i.e. 2025).

_____

Please give your consent here by ticking the appropriate boxes and signing below.

	Please tick
I agree with all of the above and consent for the child or young person to take part in the research	☐
I agree for recordings and notes to be taken during the session	☐

Signed: _____   Date: _____

Please PRINT your full name: _____

Debrief Sheet for a Child/Young Person
Mapping Timelines of Care Experienced Young People

Thank you for helping us!

What happens now?

We will take the recordings we made today and write them into a document making sure we remove anything that may allow people to recognise you.

How can I contact the researchers?

If you have any questions about the study, please contact me or ask your teacher to get in touch. You can contact me, *Researcher's Name*, by email:

> *Researcher's email*

If you have any other questions about the project you can also contact:

> *Gatekeeper's email or number*

If you would rather contact the University directly you can use this email:

> *University research integrity email*

What if I no longer want to take part?

That's okay! Contact the researcher on the above email and I will remove your data from the study, no problem at all!

I think I need to talk to someone.

If you want to talk to someone else about anything we talked about today or something you remembered that may have upset you there are lots of people who want to help. Here are some contacts that you may want to use.

Childline offers free, confidential advice and support whatever your worry, whenever you need help. You can ring for free on **0800 1111**

Mind can help you if you feel overwhelmed, support is available for you to talk things through.

To talk with someone confidentially about how you feel, you can:

- **Ring** HOPELINEUK on 0800 068 4141 or the Samaritans on 116 123.
- **Text** YM to YoungMind's Textline on 85258.

Debrief Sheet for an Adult
Mapping Timelines of Care Experienced Young People

Thank you for helping us!

What happens now?

We will take the recordings we made today and write them into a document removing any personal information.

How can I contact the researchers?

If you have any questions about the study, please contact the researcher, ***Researcher's name,*** by email:

> ***Researcher's <u>email</u>***

If you would rather contact the University directly you can use this email:

> ***University research integrity email***

What if I no longer want to take part?

Contact the researcher on the above email and your data will be removed from the study without problem.

I think I need to talk to someone.

If you want to talk to someone else about anything we talked about today or something you remembered that may have upset you there are many organisations who want to help. Here are some contacts that you may want to use.

Mind can help you if you feel overwhelmed, support is available for you to talk things through.

To talk with someone confidentially about how you feel, you can:

> **Ring Infoline: 0300 123 3393** or email Email: info@mind.org.uk or contact the Samaritans on 116 123.

NAPAC (the National Association for People Abused in Childhood) offers support to adult survivors of all types of childhood abuse, including physical, sexual, emotional abuse or neglect:

> Call our free, confidential support line: 0808 801 0331

Debrief Sheet for a Professional
Mapping Timelines of Care Experienced Young People

Thank you for helping us!

What happens now?

We will take the recordings we made today and write them into a transcript removing any personal information. This data may then be used in the researcher's thesis and any published documents resulting from their research.

How can I contact the researchers?

If you have any questions about the study, please contact the researcher, **Researcher's name** by email:

> **Researcher's email**

If you would rather contact the University directly you can use this email:

> **University research integrity email**

What if I no longer want to take part?

Contact the researcher on the above email and your data will be removed from the study without problem.

Debrief Sheet for a Child/Young Person Easy Read
Mapping Timelines of Care Experienced Young People

Thank you for helping us!

What happens now?

	I will listen to and write up our recordings.

	I will remove any personal information. No one will know its you.

How can I contact the researchers?

	You can contact me, *Researcher's name*, by email: **_Researcher's email_** Or the University, you can use this email: **_University research integrity email_**

What if I no longer want to take part?

	That's okay! Email me and I will remove your data from the study, no problem at all!

I think I need to talk to someone.

	If you want to talk to someone about anything we talked about today that may have upset you there are lots of people who want to help.

Here are some contacts for you;

Childline offers free, confidential advice and support whatever your worry, whenever you need help. You can ring for free on **0800 1111**

Mind can help you if you feel overwhelmed, support is available for you to talk things through.

To talk with someone confidentially about how you feel, you can:

- **Ring** HOPELINEUK on 0800 068 4141 or the Samaritans on 116 123.
- **Text** YM to YoungMind's Textline on 85258.

Debrief Sheet for a Child/Young Person
Mapping Timelines of Care Experienced Young People

Thank you for helping us!

What happens now?

We will take the recordings we made today and write them into a document making sure we remove anything that may allow people to recognise you.

How can I contact the researchers?

If you have any questions about the study, please contact me or ask your teacher to get in touch. You can contact me, ***Researcher's name***, by email:

> ***Researcher's <u>email</u>***

If you would rather contact the University directly you can use this email:

> ***<u>University research integrity email</u>***

If you would rather speak to your teacher you can use this email:

> ***Teacher's <u>email</u>***

What if I no longer want to take part?

That's okay! Contact the researcher on the above email or your teacher at school and ask them to contact me and I will remove your data from the study, no problem at all!

I think I need to talk to someone.

If you want to talk to someone else about anything we talked about today or something you remembered that may have upset you there are lots of people who want to help. Here are some contacts that you may want to use.

Childline offers free, confidential advice and support whatever your worry, whenever you need help. You can ring for free on **0800 1111**

Mind can help you if you feel overwhelmed, support is available for you to talk things through.

To talk with someone confidentially about how you feel, you can:

- **Ring** HOPELINEUK on 0800 068 4141 or the Samaritans on 116 123.
- **Text** YM to YoungMind's Textline on 85258.

Appendix O   -   Timeline Template

Turning points of children and young people with care experience

Young Person Interview Schedule

This interview forms part of a research project looking to understand the key decisions made by care experienced young people as well as those made for them by their family, peers, society or systems such as their corporate parent or the government. We are looking to identify major turning points in the lives of young people and how these events shaped their life journey.

Background on Participant

This is not a test and there are no trick questions here. I'd like to get to know you as a person. You can tell me as little or as much about your life as you want, anything you tell me is obviously confidential, anything I write from this chat will not include your name or anything else that could identify you.

First I want to know about you. From the start as much as you can remember, tell me about your life.

How did you end up in the care system?

What type of care have you experienced?

What key workers have you had?

Did you get along with them?

Have you been moved around?

Have you had a part time job?

Were you encouraged to?

Decisions and Turning Points.

Them

Have decisions been made for you that you feel changed things for you?

What were they? How old? What was the impact?

How did you feel at the time?

Do you feel any different now?

Do you know of any policies or new laws brought in that made a change in your life?

What were they? How old? What was the impact?

How did you feel at the time?

Do you feel differently now?

Do you feel you have the freedom to make your own decisions about your life?

Does anything block you from making decisions about your life?

You

Have you made any decisions or changes that you feel really changed your life?

What were they? How old? What was the impact?

How did you feel at the time?

Do you feel any different now?

Would you make the same decisions again?

Are there any decisions you took that you regret?

What do you feel was the most positive decisions made by you or someone else in your life so far?

The Future

What would you like your future to look like?

Do you have plans or a list of things you want to do?

If you could change one thing about care for yourself or future children in care what would it be?

Turning points of children and young people with care experience

Adult Interview Schedule

This interview forms part of a research project looking to understand the key decisions made by care experienced young people as well as those made for them by their family, peers, society or systems such as their corporate parent or the government. We are looking to identify major turning points in the lives of young people and how these events shaped their life journey.

<u>Background on Participant</u>

This is not a test and there are no trick questions here. I'd like to get to know you as a person. You can tell me as little or as much about your life as you want, anything you tell me is obviously confidential, anything I write from this chat will not include your name or anything else that could identify you.

First I want to know about you. From the start as much as you can remember, tell me about your life.

How did you end up in the care system?

What type of care did you experience?

What key workers did you have?

Did you get along with them?

Did you have multiple placements?

Did you have a part time job?

Were you encouraged to?

<u>Leaving Care</u>

Tell me about leaving care.

Where did you live?

Did you work?

Tell me about the any additional support you had once your turned 18 and 21, 25?

<u>Decisions and Turning Points.</u>

Them

Where any decisions made for you that you feel changed the path you were on?

What were they? How old? What was the impact?

How did you feel at the time?

How do you feel now?

Were any policies or new laws brought in that made a change in your life?

What were they? How old? What was the impact?

How did you feel at the time?

How do you feel now?

Did you feel you had the autonomy or the freedom to make your own decisions about your life as a child in care?

And once you turned 18?

Did anything hinder you or block you from making decisions about your life?

You

Did you make any decisions or changes that you feel really changed your life or path?

What were they? How old? What was the impact?

How did you feel at the time?

How do you feel now?

Would you make the same decisions again?

Were there any paths or decisions you took that you regret?

What do you feel was the most positive decisions made by you or someone else during your time in care?

The Future

What would you like your future to look like?

Do you have plans or a list of things you want to do?

If you could change one thing about care for future children what would it be?

Turning points of children and young people with care experience

Professionals Interview Schedule

This interview forms part of a research project looking to understand the key decisions made by care experienced young people as well as those made for them by their family, peers, society or systems such as their corporate parent or the government. We are looking to identify major turning points in the lives of young people and how these events shaped their life journey.

Background on Professional

Tell me about your roles in the care system?

England, Wales or Scotland?

How long have you been doing it?

What led you into it?

Did you do anything additional? Take on extra roles at Multi Disciplinary Panels or anything similar?

Current Care system in Wales or Scotland

Where do you think we are now: Are things going well or do things need to change?

Tell me what is going well and what needs to change?

In your opinion what have been the best things introduced for YP in care or from care

And the worse things introduced for YP in care or from care

Autonomy of children

Do you think children in the care system have the autonomy (independence) to carve out their own path in life?

How could it be improved?

Do we treat them as individuals enough of the time?

Rules, laws, policy

At home its rules of the house but CE children have additional policy and legislation. Do you think that rigidity of policy and legislation can be detrimental or positive to a care experienced child's life?

Can you give examples of such legislation or policy?

<u>Summarise</u>

One thing you would change about the current Care system that you feel would be the most beneficial to care experienced children.

Turning points of children and young people with care experience

Young Person Questionnaire

This questionnaire forms part of a research project looking to understand the key decisions made by care experienced young people as well as those made for them by their family, peers, society or systems such as their corporate parent or the government. We are looking to identify major turning points in the lives of young people and how these events shaped their life journey.

You have been asked to take part as a child or young person with care experience. Please read the whole questionnaire before you start.

In which country did you experience the care system? Please circle all that apply.

Wales

Scotland

England

Northern Ireland

Other

What type of care did you experience? Please circle all that apply.

Kinship Foster Care

Other Foster Care

Residential Children's Home

Looked after at home through a Supervision Order, Care Order or a Compulsory Supervision Order

In total, how long did you experience care for?

Under 1 month

1 to 2 months

3 to 5 months

6 to 12 months

1 – 3 years

4 – 6 years

Over 6 years

Which one of these statements best describes you?

1) I have many of views about the decisions that affect my life.
2) I have some views about the important decisions in my life.
3) I have views about decisions that affect my life but do not share them.
4) I have no views about the decisions that affect my life.

Please read the following and select the one that best applies to you.

"I have felt my viewpoint has been listened to when decisions are made about my life".

1 = Never

2 = Sometime

3 = Generally

4 = All of the time

The next section asks about decisions made by you or for you. You can give more than one example if you want to. If you need more space use the end of the questionnaire.

Has a decision ever been made on your behalf that you were *happy* with?

Yes   No

If Yes, tell me about it as best as you can remember it.

Has a decision ever been made on your behalf that you were *unhappy* with?

Yes   No

If Yes, please tell me about it as best as you can remember it.

Have you ever made a decision that you know was the right one?

Yes   No

If Yes, please tell me about it as best as you can remember it.

Have you ever made a decision you regret?

Yes   No

If Yes, please tell me about it as best as you can remember it.

Thank you for your time. If you would like to talk about your experiences in more detail and would like to take part in a short interview please circle below.

Yes, I would like to take part in an interview.

No, I do not wish to take part in an interview.

If Yes, please advise your teacher/social worker/care worker and they will contact me.

Additional space for your use.

Turning points of children and young people with care-experience

Adult Questionnaire

This questionnaire forms part of a research project looking to understand the key decisions made by care-experienced young people as well as those made for them by their family, peers, society or systems such as their corporate parent or the government. We are looking to identify major turning points in the lives of young people and how these events shaped their life journey.

You have been asked to take part as an adult with previous childhood care-experience. Please read the whole questionnaire before you start.

1) In which country did you experience the care system? Please circle all that apply.

Wales

Scotland

England

Northern Ireland

Other

2) What type of care did you experience? Please circle all that apply.

Kinship Foster Care

Other Foster Care

Residential Children's Home

Looked after at home through a Supervision Order, Care Order or a Compulsory Supervision Order

Other (Please describe)

3) In total, how long did you experience social care?

Under 1 month

1 to 2 months

3 to 5 months

6 to 12 months

1 – 3 years

4 – 6 years

Over 6 years

4) Which one of these statements best describes you during your care experience?
5) I had many opinions about the decisions that affected my life
6) I had some opinions about the decisions in my life
7) I had opinions about my life but did not share them
8) I had no opinion about the decisions that affected my life

9) Please select the option that applies to you during your time in care.

"I felt my opinion was listened to when decisions were made about my life".

1 = Never

2 = Sometimes

3 = Most of the time

4 = All of the time

The next section asks about decisions made by you or for you. You can give more than one example if you want.

10) **Has a decision ever been made on your behalf during your time in care that you were *happy* with?**

Yes   No

If Yes, for each decision, please describe briefly the situation and decision as best as you can remember it.

11) **Has a decision ever been made on your behalf during your time in care that you were *unhappy* with?**

Yes   No

If Yes, for each decision, please describe briefly the situation and decision as best as you can remember it.

12) Have you ever made a decision that you know was right or felt was right at the time?

Yes   No

If Yes, for each decision, please describe briefly the situation and decision as best as you can remember it.

13) Have you ever made a decision you regret?

Yes   No

If Yes, for each decision, please describe briefly the situation and decision as best as you can remember it.

14) Can you think of any policy or law changes that affected you negatively or positively?

Yes   No

If yes, for each decision, please describe them as best as you can.

Thank you for your time. If you would like to talk about your experiences in more detail and would like to take part in a short interview please circle below.

Yes, I would like to take part in an interview.

No, I do not wish to take part in an interview.

If Yes, please supply your best contact details:

Appendix V   -   Recruitment Poster