The Voices of Looked After Children: Care Leavers Reflect on their Experiences of Placement Transitions.

Rafia Yousuf

A thesis submitted for the degree of
Professional Doctorate in Child and Adolescent Psychoanalytic Psychotherapy

Tavistock & Portman NHS Foundation Trust
University of Essex
March 2023

CONTENTS

LIST OF FIGURES AND TABLES

ACKNOWLEDGEMENTS

I am very grateful to my research supervisor, Jenifer Wakelyn, for her support and invaluable experience and contributions throughout this process.

I would also like to thank Brinley Yare for his encouragement and advice during our research seminars, and I am very thankful to all my supervisors and colleagues who assisted me through the process of this research.

I would like to acknowledge the authors who kindly sent me their articles and made suggestions to enable me in my literature search.

Finally, I would like to extend my gratitude to my family and friends, who are too many to individually name, for providing me with patience and encouragement throughout the duration of this process.

ABSTRACT

This qualitative study explores the perspectives of care leavers who have experienced three or more placement moves while under the care of the Local Authority in England. The study investigates the participants' memories of the experience of moving, whether their voices were heard by the professional network, and their perceptions of the impact of frequent placement changes. Three participants aged between 18-25 were recruited from care leavers' services and interviewed using a semi-structured format. The data was analysed using Interpretative Phenomenological Analysis with a psychoanalytic lens to explore the lived experiences of the participants and the meanings attributed to those experiences.

By exploring the first-hand experiences and perspectives of care leavers, this study aims to offer a nuanced understanding of the multifaceted impacts that frequent placement changes can have, including separations, the need for stability, loss of identity, a sense of belonging, psychological difficulties, and the impact on relationships. The findings emphasise the importance of emotional support, positive relationships, and the inclusion of young people in preparation, decision-making, and advocacy to improve services.

This study aims to address a gap in qualitative research in the UK and to contribute to ongoing efforts to improve policy and practice for looked after children and care leavers.

Key Words: *Looked after Child, Voice, Transition, Placement Moves, Care Leaver*.

CHAPTER ONE: INTRODUCTION

Looked after children are considered by various services and professionals to be the most vulnerable group of children and young people. Many of them have been subjected to significant harm through abuse, neglect, or family dysfunction, causing acute stress among family members. The experience of entering care is usually traumatic and can cause a significant sense of loss, which may be exacerbated by inadequate care planning. For children and young people who remain in long-term care, creating a sense of belonging, stability and emotional security is crucial for their health and wellbeing (NICE, 2021, p.11).

Policymakers, researchers, and professionals agree that multiple placement moves have a detrimental impact on children's outcomes. According to the Department for Education (DfE, 2022), 10% of children in care experience high levels of instability and move between three or more placements each year. Research from the Department of Health's Care Leaver's Association project (Braden, Goddard & Graham, 2017, p.38) shows that the more placement moves a child has in care, the worse their mental and emotional wellbeing is likely to be. The data from Meltzer et al. (2003, p.27) suggests that the overall rate of mental disorders decreases from 49% for children who have been in their current placement for less than a year to 31% for those who have been in their current placement for at least five years. The data highlights the negative effects of multiple placement moves and suggest that stability and continuity are crucial factors in promoting positive mental health outcomes for children in care.

As highlighted in the DfE’s ‘Keep on Caring’ report (2016), care leavers experience poorer outcomes than their peers in various areas, including mental health, employment, education, and offending rates. Specifically, among care leavers, about 35% (16,185) were not in education, employment, or training (DfE, 2022).

1.1 Aims & Objectives

This research aims to gain insight into the experiences of care leavers who have lived through three or more placement moves while in the care of the Local Authority. The study will analyse interview data from three participants to explore their memories of moving between placements, the extent to which their voices were heard by the professional network during these moves, and their perceptions of the impact of frequent placement changes.

By focusing on care leavers, this study seeks to gain insight from individuals who have first-hand experience of the complexities of being in foster care but have now transitioned out of the care system, providing an opportunity to reflect on their personal experiences of going through these multiple changes.

1.2 Rationale

As a Child & Adolescent Psychotherapist in Specialist Training working in a small Child and Adolescent Mental Health Service (CAMHS) with a significant population of children in care, I have developed a strong interest in this subject. I have provided child psychotherapy to some of these young people, offering them long-term weekly sessions or intensive child psychotherapy of up to three times a week. Despite having lived in multiple foster placements, many of these children did not seem to acknowledge their past carers directly. However, when there was a threat to the placement stability, I was struck with the direct expressions from these children about their fear of losing their current carer and being moved once again.

An 11-year-old child I worked with who was referred for intensive child psychotherapy had experienced nine different placements in just five years and had been living in her longest placement for one and a half years. Shortly after starting her treatment, the social worker informed her that she would be moved to a new placement in two days' time, straight after school. During our session, the child pleaded with me to inform her professional network that she did not want to move and expressed her shock and distress at the thought of leaving her longest placement to date. I had not been consulted about this sudden decision and was equally shocked, leaving me and the child feeling helpless, ignored, and unheard by the network. After the move, the child appeared compliant and did not exhibit any signs of emotional distress, as if nothing had happened. The new carers were unable to consistently bring the child for the three sessions per week as outlined in the care plan. As a result, the sessions had to be reduced to once a week, causing further disruption to the child.

Another example involved a 15-year-old who had started her assessment for child psychotherapy. Prior to the second assessment session, the foster carers whispered to me in the waiting room that they were giving notice of the placement and had not yet informed the teenager. They were adamant that she should not know and that they would inform her after the network had discussed this further. I was shocked by their decision, as CAMHS had been assured that the carers were committed to a long-term placement prior to starting treatment. The lack of consideration for the teenager’s emotional wellbeing was also alarming. The following week, the young person ran away from school instead of attending her session and refused to go back to her foster carers as she had been told about the placement breakdown.

These memorable incidents prompted me to develop a keen interest in understanding how young people experience placement transitions and how their voices are heard during these pivotal moments. I began to question the extent to which young people are involved, prepared, and listened to when significant placement changes are looming. I also became concerned about the potential long-term impacts of such transitions, particularly when young people lack control or agency, and may experience feelings of rejection or struggle to cope with distressing emotions. By delving deeper into these issues, I hope to shed light on the importance of prioritising young people’s perspectives and experiences in decision-making processes related to placement transitions.

I recognise that my personal experiences with these challenging situations have motivated me to undertake research on this topic. To minimise the impact of my own biases on the research, I have engaged in reflective thinking and kept a research diary to explore my thoughts, feelings, and beliefs throughout the process. By bringing these biases to my conscious awareness, I hope to set them aside to some extent and focus on understanding the individual experiences of care leavers who have undergone multiple placement changes.

1.3 Definitions of Key Concepts

Several key concepts are used in the research title and will be defined to make the researcher's use of them clear for the reader.

- *Looked after child (LAC):* A child or young person is classed as a LAC when they are in the care of a local authority. A local authority has parental responsibility for the child, which is often shared with the birth parents, and a 'right and duty to provide accommodation' (Foster, House of Commons Library, 2021).

The term LAC is the most widely used and known term among professionals and services working with children and young people in care. However, during my literature research, I found some preferences in the language used to refer to children and young people who were no longer cared for by their biological parents. For example, a focus group conducted by Somerset County Council (2020) found that children and young people felt that the term LAC created the impression that they were "lacking" something. To address this the term LAC was changed to 'Children Looked After' (CLA). Other services use the term 'Children in Care' (CIC) or, more recently, 'Care-Experienced'. I will use these terms interchangeably throughout the research.

- *Care leaver*: The Children (Leaving Care) Act 2000 and the United Kingdom (UK) government defines a care leaver as a young person aged 16-25 who was 'looked after' by a local authority on or after their 16th birthday and will be provided with support by the local council until the age of 25 (Legislation.Gov.UK, 2000). The Care Leavers' Association (2014) define a care leaver as any aged adult who has spent time in care.

- *Voice*: For the purpose of this study, *voice* refers to 'a particular opinion or attitude expressed' which may include feelings, wishes, comments and desires (Oxford Languages, 2020). It is interesting that children who have been in care are often asked to share their stories with various professionals and carers, although, research considered in the literature review has shown that they are often denied a voice in care planning and decision-making regarding their time in care.

- *Placement moves/transitions*: *Placement* is defined as 'the action of placing someone or something somewhere' (Oxford Languages, 2020). Focusing on children in care, Unrau (2007) defines *placement* as the variety of living arrangements experienced by children who are in care and *move* or *transition* as conveying the idea that children leave a placement in one living arrangement and enter another with both placements monitored by the care system (p.123).

1.4 Overview of Research Study

This section provides an overview of the structure and content of the thesis. Chapter Two will provide background information on the policy and context of children and young people in care in England. It will be followed by a review of existing qualitative research studies on the experiences of young people moving between placements. There will be a focus on psychoanalytic literature relevant to the research topic, as this will set the theoretical framework for the project. Chapter Three will provide an outline of the research design and methodology used in the study, including a description of the data collection and method of analysis. Chapter Four will present the research findings, while Chapter Five will explore the themes that emerged from the findings and link them to the literature review. Finally, Chapter Six will conclude the research, summarise its strengths and weaknesses, and provide an overall reflection on the learning outcomes of the study.

CHAPTER TWO: LITERATURE REVIEW

This chapter will provide an overview of the existing literature to gain further knowledge of the experience of looked after children through the transition between multiple placements, whilst analysing potential gaps. The focus will be on literature that centres on the voice and perspective of young people.

The literature review will include the following sections:

- Literature Review Strategy
- Context of Children and Young People in Care, in England
- Early Attachments, Early Trauma and the Impact of Adverse Childhood Experiences
- Defence Mechanisms and Unconscious Re-enactments
- The Voice of Care-Experienced Young People
- The Need for Stability
- Identity and Belonging
- Mental Health Challenges Among Children in Care
- Conclusion

2.1 Literature Review Strategy

I employed a systematic approach to investigate the research question. This enabled me to feel confident about creating a comprehensive and methodically sound literature review that can be replicated reliably by other researchers who are interested in this topic.

To start the search for published literature relevant to my research subject, several key concepts were identified, and synonyms were noted below. This is shown in *Literature Search Table 1*. Each single concept was searched using the Boolean operator 'OR' which yielded a very high number of results. The concepts were then combined to create a search equation using the Boolean operator "AND".

First Concept	Second Concept	Third Concept	Forth Concept	Fifth Concept
"looked after child*"	"foster care"	Transition	"care leaver*"	voice
LAC	"local authority care"	"placement move"	"care experienced"	"opinion* expressed"
CLA	"young person in care"	"between placement*"	"Care leavers team"	Feeling*
"looked after"	"residential care"	mov*		Comment*
"foster child*"	"temporary accommodation"	chang*		Desire*
"child* in care"	"institutional care"			Attitude
CIC	"out of home placement"			"attitude expressed"

[Literature Search Table 1]

The first search was conducted on the Tavistock and Portman Trust Library APA PsycINFO (via EBSCOhost) Database, which focuses on behavioural science and mental health. In the initial search only 16 results were found and from this very few were relevant. The search was expanded to other databases including APA PsycExtra and APA PsycArticles. Due to the context of the research topic, I included two Social Work Databases: ERIC and SocINDEX and from these 62 results were found. Inclusion and exclusion criteria were set to only include papers in the ‘English language’, expanded to ‘literature outside of the UK’ and ‘date published’ to include any article in the last 20 years as there were very few published in the last 10 years. Additionally, the criteria of ‘primary research’ and ‘methodology of qualitative study’ all helped to yield relevant literature for this study.

Due to the small number of articles found, I additionally used the reference list from relevant articles which led me to further research. As some of these articles were not available via the Tavistock library database, I emailed the authors for access to their papers. This enabled me to look at further references on their bibliography. Additionally, my research supervisor and colleagues sent me references to relevant policy and articles. I searched UK policy on LAC, foster care and care leavers on Google search engine which allowed me to access relevant information from reliable sources such as the Department for Education (DfE) and the National Institute of Health and Care Excellence (NICE). Finally, I used relevant psychoanalytic literature from the Tavistock reading list for students, including the specialist Fostering and Adoption workshop reading list, which was also available through the library database.

My literature search concluded in January 2021, apart from the DfE national statistics in November 2022, which I updated to include the latest annual publication of data on looked after children in England.

As my literature review question aims to look at a child and care leaver's experience, I started off by looking for phenomenological studies and decided on a hierarchy of evidence:

1. systematic reviews of children's and care leavers' perceptions,

2. qualitative studies of children's and care leavers' perceptions,

3. expert opinion and theoretical understanding.

All of the selected studies were collated into a literature table and scored on a scale of 1-3 (high to low) for quality and relevance.

I found a limited amount of current research conducted in the United Kingdom (UK) that specifically focuses on the perspectives and experiences of young people in care, beyond government policies. Due to the scarcity of relevant literature, some of the qualitative studies used in this literature review are more than five years old and come from outside the UK. This presents a drawback, as the legal systems may differ from those of the UK. However, the reported experiences seem to show similarities.

2.2 Context of Children and Young People in Care, in England

Based on the latest data released by the DfE (2022), the national statistics on ‘Children looked after in England including adoptions’ increased to 82,170, up 2% from the previous year’s figure of 80,780. This marks a continuing trend of rising numbers of children in care each year, with the current figure being the highest recorded so far. Recorded reasons for a child being in care were due to abuse or neglect (66%), family disfunction (13%), family in acute distress (7%), absent parenting (7%), child disability or parental illness or disability (5%), socially unacceptable behaviour (1%) and low income (1%).

The proportion of children in care per age group were found to be: 5% under the age of one, 14% were aged one to four years, 18% were five to nine years, 39% were 10 to 15 years, and 25% were 16 and over. Children who identified as males accounted for 56% of looked after children and 44% accounted as females. Children of a White ethnic background accounted for 73% of children in care, 10% were Mixed or Multiple ethnic groups, 7% were Black, African, Caribbean, or Black British, 5% were Asian or Asian British, 4% were other ethnicities and 1% of the population’s ethnicity was not known or not recorded (DfE, 2022). 70% (57,540) were placed in foster placement as opposed to other types of accommodation. These statistics are crucial to understanding the current situation of how many children are in care, their demographics and the trends within this group.

2.3 Early Attachments, Early Trauma and the Impact of Adverse Childhood Experiences

As statistics continue to reveal a rise in figures, with a high percentage of children entering care having experienced abuse or neglect, theoretical literature on early trauma is included to explore its potential impact on these young people. A substantial amount of literature addresses the impact of adverse childhood experiences (ACEs) on a child's physical and mental health trajectory.

According to Klein (1926), the development and the mental health of the individual are related to the state of the internal objects. The state of the internal objects is, in part dependent upon the external relationship with the main caregiver. The introjection of and identification with a stable good object, such as an attuned primary caregiver, is crucial to the ego's capacity to cohere and to integrate experiences.

Similarly, Bion's (1962) perspective suggests that in the beginning of life, it takes two people to think. His theory on the development of thinking emphasises the importance of a relationship with a caregiver who can take in and process an infant's emotional experience and return it in a digested way that provides the infant with an experience of containment. If the mother, or other caregiver, is emotionally unavailable or preoccupied with her own state of mind, she may return the infant's intolerable thoughts in an uncontained form that does not allow for his experiences to be digested and felt to have meaning. This may lead the infant to experience a sense of 'nameless dread' and to view any close link between two people as potentially destructive. These ideas can be linked to care-experienced young people, highlighting the potential implications of early caregiving experiences on their emotional development and relationships.

Bowlby (1988) further believed that a secure attachment was a key component for the ability to form deep emotional relationships. Infants with secure attachments have confidence that their caregivers will be responsive, available, and helpful during frightening experiences. Bowlby linked secure attachment to the development of internalised self-regulation of emotions, age-appropriate self-reliance, and the capacity to explore. Similarly, later research studies have emphasised the importance of positive relationships in providing a good experience of being in care. These positive relationships promote confidence, a sense of being cared for, and prevent feelings of isolation (Unrau, Seita & Putney, 2008; Duncalf, 2010; Chambers et al., 2018; NICE, 2021).

These psychoanalytic theories highlight how a child's development and sense of self are influenced by the quality of the relationship with their main caregiver. However, Kenrick (2006) highlights how children in care have experienced early trauma, which she defines as the impact of external events that impinge on the child and their development, such as abuse over an extended period (p.69). These experiences can result in the absence of thoughtful parental containment, which prevents the child from processing thoughts and making sense of their experiences. This is particularly relevant for children in care, especially those experiencing frequent placement moves and losses, as children in unstable environments lacking an enabling caregiver to process events and provide continuity of care are at risk of developing fragmented states of mind. Each separation from birth parents, as well as repeated experiences of loss from subsequent foster families and frequent changes of school and social workers, reactivates the trauma of earlier losses, often manifesting as flashbacks. The impact of these experiences may be underestimated and overlooked by professionals, leaving these young individuals without someone to talk to, make sense of their experiences, or overshadowed by the professionals’ own preoccupations of the move.

Building on this further, the impact of ACEs becomes evident. ACEs encompass various forms of abuse, neglect, and household dysfunction. Children entering the looked-after system with a history of poor or abusive parenting may already have or develop a range of mental health needs stemming from experiences before entering care. A systematic review and meta-analysis conducted by Hughes et al. (2017) shed light on the profound effects of ACEs, revealing that individuals with at least four ACEs, such as maltreatment or exposure to domestic violence, were at risk of increased health outcomes in all areas compared to those with no ACEs. The study found that outcomes of violence, mental illness, and substance use were strongly associated with multiple ACEs and seemed to form patterns of intergenerational trauma and ill health. This emphasises the complex challenges for individuals with a history of ACEs, especially within the care system.

Elaborating on the impact of childhood trauma, McCrory (2020) asserts that it links to greater vulnerability to later mental health problems. Literature on neuroscience indicates that growing up in an abusive or neglectful environment can shape a child’s brain to help them survive or cope in a hostile environment by enabling them to recognise danger or block out negative memories. However, these changes may also make a child more vulnerable to developing mental health problems in everyday situations, impacting their ability to learn, establish and maintain social relationships, and navigate regular environments such as school or a stable foster placement. McCrory describes this greater risk of impaired relationships and negative perspectives as contributing to ‘Latent Vulnerability’.

Understanding the experiences of looked after children and their potential impact on mental health is crucial. These theories emphasise the caregiver-child relationship in shaping the child's internal objects and mental health, highlighting the impact of adverse childhood experiences and early trauma on the development of children in care when there is an absence of consistent and supportive caregiving. These external hindrances can have complex and multifaceted impacts on the development of the mind and the ability to form close relationships in the future, particularly when compounded by the instability of frequent placement moves and losses. The cumulative impact of these negative factors may not be recognised by caregivers and professionals.

2.4 Defence Mechanisms and Unconscious Re-enactments

Freud's (1914) theoretical concept of the compulsion to repeat suggests that individuals may unconsciously repeat early traumatic experiences. This concept is relevant to looked after children who have not had a 'good enough mother' and have developed an internal world where adults are perceived as uncaring, rejecting, or destructive. This can result in an unconscious belief that all adults and relationships are like this, leading them to be less able to benefit from positive relationships and care, and instead expecting further deprivation.

Henry (1974) coined the term 'Double Deprivation' to describe the external and internal deprivations experienced by looked after children. The first level of deprivation is inflicted by their external circumstances, which may include emotional and physical neglect, separation from biological family, and frequent placement changes, all of which contribute to a sense of loss of control. The second level of deprivation is established in their internal world, where they create defensive mechanisms and internal objects that deprive them of the ability to rely on anyone or make use of the care available to them.

These children may be highly sensitive to subtle cues that suggest potential danger or abandonment when placed in a new environment. This sensitivity can lead to disruptive behaviour, resistance to placement, and even placement breakdowns. Henry (1974) describes the pressure the challenging and unreachable child can place on foster parents, who may also become equally unreachable, contributing to further placement breakdowns. These new hardened objects are then re-introjected, confirming the child's internal belief in the existence of rejecting and depriving objects.

The care of looked after children involves a complex network of professionals with multiple perspectives and approaches. Britton (1981) highlights the potential for professionals to unknowingly repeat the same dynamic that caused the child's original family trauma. This may manifest in behaviours or communication that unconsciously mirror a child's early experience of neglect or abuse. As such, it is crucial for professionals to be aware of these potential enactments and take steps to avoid them. By doing so, they can effectively communicate with the child about the reasons for the move and properly prepare them for placement transitions.

To further understand the challenges faced by children in care during placement transitions, Rustin (1999) focuses on how prior painful experiences can shape the meaning of family life and influence ongoing relationships within substitute families. She highlights that children in care may approach new placements with preconceived notions based on their past experiences, which can make it difficult to form secure attachments and trust their new caregivers. Rustin's emphasis on intergenerational transmission also suggests that the effects of these experiences may extend beyond one lifetime, highlighting the importance of addressing them to break the cycle of deprivation and trauma for future generations.

These deep-rooted and powerful defences that result from repeated losses and breakdowns in relationships can create a catch-22 situation. On one hand, these defences may give the illusion of resilience, but on the other hand, they pose a barrier and can prevent young people from fully engaging with the care that is available to them (Kenrick, 2000, p.395).

Emanuel (2002) identifies a third level of deprivation that can occur within organisational settings. Defences, such as unconscious attacks on linking, can impede professionals' ability to think clearly or make use of help from others. This is particularly relevant for social workers who may have overwhelming caseloads or a high turnover of staff, which can lead to the replication of a child's original experience of neglect and being overlooked. Emanuel (2002) states 'this form of re-enactment as a substitute for a thoughtful response by professionals within an organisation, combined with the 'double deprivation' described by Henry, can result in a 'triple deprivation' for children within the care system' (p.164).

Similarly, Rustin (2005, p.11) supports the importance of understanding avoidance of extreme mental and physical pain among professionals working with the most vulnerable children. When a child has experienced trauma, individuals in their network may be under great pressure to deny or minimise the trauma and its impact on the child. This can result in the child struggling later in life, due to missing out on early experiences and opportunities for healthy attachment and emotional regulation. Additionally, professionals who work with children who have experienced trauma may themselves be at risk of secondary trauma. This can lead to overwhelming feelings, burnout, and desensitisation, particularly when the necessary support is not available to cope with the emotional demands of their work.

The vast majority of children and adolescents in care do not go directly to their final adoptive or foster placement. Many have a succession of placements or wait for a long time before a suitable home can be found. Kenrick (2006, p.79) suggests that it is essential to give adequate time and consideration for a move and to consider the impact and loss of the family left behind. Despite the long wait for permanent placements, once a suitable home is found, the child or adolescent is often moved rapidly to alleviate the pain and anxiety generated by the transition. This approach, however, does not allow time for doubts or painful goodbyes and can give the child the impression that pain is too difficult to process or thought about (Canham, 1999, p.163).

Rocco-Briggs (2008) asks the question who owns these children’s pain when this emotional task has not been achieved by their parents. In the absence of a parental function, the responsibility falls on the broader network of caregivers, but it is not always straightforward for a professional network to remain reflective and integrated, as noted above.

Boswell & Cudmore’s (2017) qualitative study, conducted in the UK, explored the process of transitions and the impact it has on children in care. The study included interviews with foster carers, adopters, and social workers, revealing that the emotional experience of the child, particularly their experience of losing a foster carer, loses prominence in the minds of adults during the heightened state of anxiety surrounding transitions. This emotional experience was described as a ‘blind spot’ across the network, reinforcing the theory on levels of deprivation and the avoidance of emotional pain within networks. While the study provided valuable insights, it is worth noting that it solely relied on the perspectives of adults in the child’s network, which limits the depth of understanding of the child’s experience.

2.5 The Voice of Care-Experienced Young People

The Children’s Act (1989) makes the child’s voice central to legal proceedings (Legislation.Gov.UK, Section 1, 2011) and require social workers to consider the wishes and feelings of young people looked after by the Local Authority before making decisions that affect them (Legislation.Gov.UK, Section 22, 2011). As such, understanding the importance of the child’s voice and perspective is essential to the current research on the experience of looked after children during placement transitions.

This section summarises research literature focusing on the voices of care-experienced young people. *Literature Search Table 2* provides a summary of the methods employed in the studies within this section.

Authors	**Origin**	**No. of Participants**	**Age of Participants**	**Research Design**	**Range of Placement Transitions**
Unrau, Seita & Putney (2008)	USA	22	18-65	Structured interview	3-20+

				using Evaluating qualitative research studies (Shek, Tang & Han, 2005)	
Unrau et al. (2010)	USA	22	18-65	Structured interview using Evaluating qualitative research studies (Shek, Tang & Han, 2005)	3-20+
The Care Leaver's Association (Duncalf, 2010)	UK	310	17-78	Online questionnaire using mixed methods - quantitative and qualitative measures (unknown)	1-40
Rostill-Brookes et al. (2011)	UK	5 young people, 7 foster carers, 5 social workers	9-15	Interviews using Interpretative Phenomenological Analysis (Smith, Flowers & Larkin, 2009), Focus Groups, Interviews	2-6
The Department of Health and The Care Leaver's Asociation (Braden, Goddard & Graham, 2017)	UK	418	16-70+	Multi-methods approach using forum discussions and surveys	Unknown
The Department of Education on Foster Care in England (Narey & Owens, 2018)	UK	Unknown	Unknown	Independent review via a closed consultation	Unknown
Chambers et al. (2018)	USA	43	18-27+	Semi-structured interviews using Constant Comparative Method (Glaser & Strauss, 1967).	2-56

Chambers et al. (2020)	USA	43	18-27+	Semi-structured interview using Constant Comparative Method (Glaser & Strauss, 1967).	2-56

[Literature Search Table 2]

In their literature review of 43 studies on placement stability, Unrau, Seita & Putney (2008) identified that prior research had not focused on understanding the perceived experiences of foster children who have lived through multiple placement changes. To address this gap, the authors aimed to explore the first-hand experiences of adults who were formerly in foster care and had moved between multiple placements and the perceived consequences of those experiences in adult life. The study found that the experience of placement transitions was not only remembered as a series of significant losses but also perceived to leave lasting negative emotional scars, particularly in the areas of trusting people and building and maintaining relationships.

Three major themes relevant to this research topic emerged from their data analysis. The first prominent theme was ‘a time of experiencing profound losses’, which included loss of power over one’s destiny, loss of friends and connections to school, loss of personal belongings, loss of siblings, loss of self-esteem and loss of normality. 15 participants described how moving from one placement to another was an experience into the unknown “you don’t know who, what, where, when or why” and described moving as part of the care system package.

> *I never got to set any goals because life always took over. I found I was always living in chaos and just surviving* (26-year-old with 28+ placement moves).

The second theme was remembering the experience as a time of emotionally shutting down because of the many losses experienced. Participants described “giving up”, “disconnecting”, “detaching” or “withdrawing” from people. This constant moving left participants with a feeling of being “unwanted” which, for many of them, resulted in internalising this rejection, becoming preoccupied with what was wrong with them and blaming themselves for their repeated moves.

The third theme was remembering the actions of a caring adult which seemed to anchor a positive memory and provide a source of strength.

> *...she did stuff with us. I got along with her. I could talk to her* (21-year-old with five moves).

The authors further investigated participants’ perceptions about the long-term impact of experiencing multiple transitions. They found that participants felt this experience led to an inability to trust other people (Unrau, Seita & Putney, 2008, p.1259-1262).

> *...history teaches me not to trust. I say ‘I’ll figure it out. Forget it.’... I don’t want to trust [my spouse] to do it. I do it alone* (31-year-old with four placement moves).

> *It does affect you. You don't know what to call home. Especially when you get into a relationship. It is hard to stay in one place… I moved so much. I can't stay in one place* (22-year-old with seven placement moves).

While the negative experiences were similar across all participants, Unrau, Seita & Putney (2008) found that the positive experiences were more unique to each individual. Participants reported deriving personal lessons and strengths from their experiences, such as being exposed to differences and adapting to different family cultures, and the desire to be a better parent for their own biological children.

This research is relevant to the current study because the authors have prioritised the perspectives of individuals who lived in foster care and explored the impact that multiple placement transitions have had on their emotional wellbeing. They highlight the long-term impacts of instability and lack of continuity in care placements. Although this research is now 15 years old, the valuable insights gained, and the experiences reported by the participants are still relevant today.

Building on Unrau, Seita & Putney's (2008) discovery that previous research had primarily focused on quantifying placement moves or using case records to identify predictive factors for placement breakdowns, Unrau et al. (2010) conducted a subsequent study using the data from their 2008 research on the experiences of adults formerly children in care. They identified two dimensions that define a placement move: the physical dimension, which refers to the number of relocations, and the psychological dimension, which includes cognitive and emotional shifts that may or may not occur concurrently with physical moves. The study found that any movement within the foster care system is significant and has an impact on the child's wellbeing. Furthermore, the psychological shifts experienced by children in care, such as uncertainty, distress, and fear, are perhaps more crucial to consider than the number of physical moves when examining the impact of placement changes on a child's overall wellbeing.

The Care Leaver's Association, a registered UK charity, identified another gap from the literature review with their 'Listen Up!' report (Duncalf, 2010), aiming to address the exclusive focus on younger care leavers aged 16-25 in existing UK policy. This prompted them to include the experiences of care leavers throughout their lifespan in order to seek a more comprehensive understanding. They explored the reflections of care leavers on their experience of being in care and identified both positive and negative aspects:

> *It was good leaving care. I had a great social worker. She was the best* (Female, 31).

> *...my foster family still continued to see me as part of their family and so I did not have to be on my own in life and still had someone to go home too…* (Female, age unknown).

> *We were just kids in care, nobody to love and be loved. I had no role model to base myself on… now I feel that we were lost in the system, as there was no one to talk to.*

> *The social workers changed like the weather, and they were not to be relied upon. I felt that I was a burden to everyone* (Female, 49).

> *I was well looked after, fed, housed, clothed and educated. What I lacked was love… There was also the constant daily realisation that I wasn't like most other kids. They had families. No matter how hopeless some of them were, they still had them, and I didn't* (Male, 61).

The findings showed that good support and quality of relationship were central to a positive care experience, while conversely, the sense of feeling different and lacking a sense of belonging was a common aspect of negative care experiences.

In contrast to other research findings, the report challenges the assumption that all care leavers are at a disadvantage in their education. For instance, Duncalf's (2010) study found that care leavers over the age of 40 had returned to education later in life and achieved a range of qualifications, including GCSEs and postgraduate qualifications.

This study is notable for its substantial sample and its balanced portrayal of both positive and negative experiences. However, it primarily focuses on the overall care experience without specifically addressing the impact of placement moves, despite the finding that 60 out of 201 participants had between seven and 40 placements while in care. This raises the question of whether the positive experiences related to good support and relationship quality still held true in the context of frequent placement moves.

This study, along with Rostill-Brookes et al. (2011) research on multiple placement moves reveals a significant gap in exploring the quality of move experiences for those directly involved. Rostill-Brookes et al. (2011) interviewed young people, foster carers and social workers, finding that each young person described the moves as unexpected, unwelcome and emotionally stressful. The lack of knowledge about placement decisions increased their distress and they wanted to be more involved in the process. The study found a sense of fragmentation within the network, characterised by miscommunication and mistrust, with emotional reactions to breakdowns being suppressed or dismissed by everyone involved, indicating the difficulty of engaging in a dialogue on this topic.

Further, the study shows that the system may repeat the same lack of care that the child experienced in their early life, making it hard for them to feel safe and supported. The findings emphasise the need for a shared and meaningful dialogue, effective support during crisis and opportunities for emotional processing after placement breakdowns. The use of interpretative phenomenological analysis as the research method meant there was a specific focus on the voices of each person involved in the network, particularly the young people and their individual perspectives on placement instability.

Expanding on the aim to amplify the voice of care experienced young people, the Department of Health and The Care Leavers' Association project (Braden, Goddard & Graham, 2017) aimed to enhance the voices of users in commissioning health services for adult care leavers. The study enlisted participants from 10 Clinical Commissioning Groups in the UK. As part of the project, quarterly forum discussions were held, where participants were asked to describe their care experience. The responses revealed themes of emotional isolation and instability, which were attributed to frequent moves. Specifically, participants described their experience as feeling unstable, “being moved without warning” and “being passed from pillar to post” (p.26). They also expressed frustration and anger at the lack of explanation given when they first entered care, and some argued that the traumatic experience was not fully acknowledged or addressed, but rather “swept under the carpet”.

This lack of involvement and knowledge, as discussed in the previous two studies, was further investigated and confirmed by an independent review for the DfE on ‘Foster Care in England’. The review, led by Narey & Owers (2018), used a closed consultation seeking views from professionals, academics and care-experienced children and adults on the state of foster care in England. They made 36 recommendations to the government on how outcomes for looked after children can be improved. The report highlights the importance of involving children in key decisions about their foster care, such as matching foster placements, as well as the negative impact of children feeling excluded from such decisions. For instance, in the study, a 15-year-old girl asked, “If I were being placed again, could I have a say? A choice in where I get placed?” (p.73). The report cautions against allowing children to choose their placement, arguing that they may not always know what is best for them and the burden of responsibility this would place on them, but acknowledges the importance of preparing children and carers for new placements. Placement transitions can sometimes be beneficial, such as when a child is moved to a more settled environment that allows them to form healthier relationships.

The report also highlights the lack of information from social workers about new placements as a significant issue, with many young people sharing negative experiences of not knowing what was happening and why. One care leaver said:

> *It is not uncommon for children to be moved suddenly and not explained why. Social services have the impression that young children do not understand what is happening around them and it would cause too much disruption if told. I disagree. Even though we are young, we have been through more than you can imagine, the last thing we need is more dishonesty and lack of information* (Care leaver, p.77).

The report provides useful recommendations, including the implementation of a survey across all local authorities to evaluate children's experiences of fostering consistently and regularly. Additionally, it recommends that children should be adequately prepared for a new placement by providing them with relevant information, such as details about their carers, their home environment, and daily routines (Recommendations 24 and 28, p.81).

Exclusion from placement decisions was found to be one of six main themes in Chambers et al.'s (2018) research study. They examined how 'Foster Alumni' had remembered the experience of multiple moves and their perceptions of how these experiences affected them as adults. While all had experienced at least two placement moves, 18% of participants had experienced 27-56 moves. The other five themes were: constant moving, loss of relationships, difficulty graduating school, unsafe placements, and feeling unwanted in placements (Chambers et al., 2018, p.79).

> *I got to the point where I didn't pack a suitcase. I just take my clothes out and wash them and put them in a suitcase… I always had like everything ready to go* (24-year-old male with 33 placement moves).

> *…they didn't tell me why they were moving me; they just came in my school and took me out* (22-year-old female, placement moves unknown).

The participants felt the moves were inevitable and happened without their involvement. They described a lack of a voice in their living situations which made them feel insignificant and invisible. The long-term effects of moving repeatedly included ongoing instability and emotionally distant relationships in adulthood. This included the idea of 'emotionally shutting down' as participants described how the everchanging environment resulted in them giving up, feeling apathetic and detaching overtime in response to the distress caused by repeated moves.

However, one positive theme that emerged was that enduring multiple placement transitions demonstrated the participants' strength and abilities in surviving these placement changes. Some participants demonstrated an ability to adapt to different environments and lifestyles, as well as a belief that surviving the challenges of moving helped them to develop resilience and overcome difficulties as adults.

> *…you learn a lot more about other people's behaviours. So, you pretty much can place yourself in any situation or any kind of work environment because of that* (22-year-old female with 32 placement moves).

This is the most recent and relevant study I found, albeit from the USA, providing rich insight into the lived experiences of individuals who have been in care and their reflections on the impact of these experiences. However, one limitation of the study is that the participants were all recruited from homeless shelters and had been emancipated from foster care. In the USA, this means an 18-year-old foster child is considered independent and for the most part left on their own, which differs from the UK system where a care leaver is supported until the age of 25. Although their experiences may not reflect those of care leavers in the UK's care system or those of individuals who experienced different permanency outcomes, such as remaining with their carers, the reported experiences of this group align with findings from other studies that have interviewed care-experienced individuals with varying circumstances, as discussed in this literature review (Unrau, Seita & Putney et al., 2008; Coy, 2009; Rostill-Brookes et al., 2011; Skoog, Khoo & Nygren, 2015; DoH, 2017; Narey & Owers, 2018).

Taking the voice of this group further, Chambers et al. (2020) published a follow-up to their previous research, providing a unique perspective on improving the process of placement moves by incorporating recommendations from foster alumni. The study aimed to provide advice to young people in care, carers and social workers, on managing placement moves.

The study's findings indicated that care leavers gave mixed advice to children in care on how to manage placement moves. Some suggested that individuals should protect themselves by internalising their feelings and isolating themselves, while others recommended externalising their feelings, asserting their opinions, and building connections with the people around them. The study highlights the tension that exists for children in care in terms of speaking up and building connections, as the risk is they may not be heard, and those connections may inevitably be lost. Carers were advised to focus on the children's needs, provide a welcoming and thoughtful environment, and communicate honestly to prepare them for impending moves. Participants recommended that social workers involve young people in the decision-making process of moving between placements and conduct a thorough evaluation of the next placement and foster family before moving a child there. For carers and social workers, practical and actionable steps to manage a smooth transition were recommended.

This study provides a valuable perspective and contribution to knowledge by focusing on the personal experiences of care-experienced adults living through multiple placement transitions.

2.6 The Need for Stability

A lack of placement stability can have a detrimental effect on a child's ability to reflect and develop a coherent sense of self. Canham (1999, p.163) suggests that prolonged waiting times for suitable homes can cause children to 'obliterate time', leading to disruptions in their internal continuity, or in other words the ability to maintain a sense of coherence, stability, and predictability within oneself despite changes or disruptions in external circumstances. Without containment and order in their environment, children may experience distortions in their perception of time, leading to a confused sense of past, present, and future. This raises important questions about how children in care cope with multiple placement moves and how they process and integrate these experiences.

Children in care require a secure and stable foundation, which can be provided through well-planned, integrated transitions and consistent relationships with caring mentors (Gilligan, 2001). These relationships provide a sense of safety and stability, which is essential for their emotional and psychological development. Additionally, the provision of a secure base promotes a child's sense of self and supports their ability to explore the world around them.

According to Stanley (2007), multiple, sudden placement moves can be traumatic, damaging, and detrimental to a child's development, due to the discontinuity and disruption inherent in the looked after system. In a UK study, Stanley set out to research the views of looked after adolescents on their mental health needs and found that continuity of care is crucial in promoting good mental health for children in care. Stanley conducted focus groups in two local authorities in England and surveyed frontline carers and found that both young people and carers stressed the importance of stability in a child's life. If stability is not available in one area, it is crucial to identify opportunities for continuity in other areas such as friendships or school. Additionally, Stanley's study emphasised the importance of choice and control for these young people when seeking and receiving support (p.265).

Although the study was not specifically designed to explore placement instability, Coy's (2009) qualitative, exploratory study in the UK examined the connection between foster care and sexual exploitation. She found that from the 14 women aged between 17-33 who were interviewed, they consistently described a constant 'turnover' of placements which affected their ability to form positive relationships and create a support network. They described an avoidance of investing in new relationships and at times emotionally withdrew from others including carers. This placement instability also resulted in them feeling unheard and powerless, with their opinions on placement decisions disregarded. As a result, some young people ran away from placements to protest against the instability they experienced and as a way of making their own choices. Coy found that this loss of agency can make young people vulnerable to seeking constant affirmation and validation from others that may not be beneficial for their own wellbeing.

When looking into the reasons of placement change, the DfE (2016) found that out of 18,180 placements, the main reason for change was due to ‘change to/implementation of care plan’. However, the specific reasons for the implementation of care plans were not reported. According to Ofsted, in 2015-16, 2910 children experienced 3490 unplanned moves, with the most common reason stated as foster carers request (in Narey & Owers, 2018).

In Tarren-Sweeney’s (2019) review of qualitative studies across care systems, it was found that children and young people in care, as well as adults who had grown up in care, consistently affirm that placement instability is psychologically harmful and experience it as a series of losses and rejections that generate negative emotions and beliefs about themselves and their caregivers, challenging their trust in others and their capacity to form close relationships. These effects persist into adulthood (Point 155, p.16). Furthermore, the most common reason given by caregivers for ending placements was children’s disruptive behaviours and lack of a close relationship (Point 150, p.16).

The NICE guidelines (2021) for ‘Looked after children and young people’ provide several recommendations for promoting placement stability, with a focus on continuity of care and building positive relationships as crucial protective factors. The guidelines also emphasise the importance of involving the child in the transition process. Specifically, recommendations 1.2, 1.3, 1.5 and 1.7 offer valuable insights relevant to my research topic.

> ***Recommendations 1.2.21- 1.2.25 – Placement stability to (support positive relationships)***
>
> *There was strong UK-based interview and focus group evidence on the importance of shared decision making, including all agendas being laid out transparently to help the looked-after child or young person make their own decisions. The committee agreed that it was better to discuss the reasons for placement breakdown openly, giving emotional support built into ongoing life story work and using accessible and age-appropriate communication.*
>
> ***Recommendations 1.7 - During and after transition***
>
> *1.7.11 When a looked-after child or young person moves between care placements or out of care to permanent placements, ensure that:*
>
> - *contact support considers the need for continuity with their existing social network (for example, previous friendships), especially if the care or educational placement is in a new area and*
> - *the transition period allows sufficient time for new social connections to form and for coming to terms with the loss of previous relationships.*

1.7.21 When social workers give information about a looked-after child or young person's care history to the new carer, they should:

- *involve the looked-after child or young person, if appropriate and the child or young person is willing,*
- *think about involving the child or young person in sharing information, after enough time has passed for a relationship of trust to form with the new carer.*

1.7.22 Ensure that the looked-after child or young person can keep in contact with their previous carers and friends after the placement move, if the child or young person wants to and would benefit from it.

1.7.23 Agencies should seek feedback from carers and adopters and the child or young person to improve their transition services.

Outcomes from interviews and focus groups

The committee disagreed with perspectives in some of the interview and focus group-based evidence that suggested it was beneficial for the looked-after child or young person to experience the short sharp shock of a foster carer stepping away completely and immediately. Rather, they supported a less traumatic approach that facilitated ongoing communication with current carers if the child or young person wanted this.

Based on interview and focus group evidence about how child-focused the transition period was, the committee agreed it was important to have a practitioner regularly 'check in' with the child or young person to ensure that the transition process was going well for them and to keep the process child-centred. The committee noted that

> *for children not yet able to talk, the primary carer may need to be present and advocacy services may also be needed.*
>
> *There was lot of UK-based evidence from interview and focus group studies showing that children and carers value continuity of care practitioners. The committee agreed that consistency in the practitioners who help in the handover of information for new permanent carers could reduce the sense of instability during transition and support positive relationships.*
>
> (NICE guidelines on 'Looked-after children and young people', 2021)

These recommendations are the result of summarising research, conducting interviews, and focus groups with care-experienced children and young people. They are highly valuable as they outline the care and services that children in care require to promote thoughtful decision-making and enable positive outcomes. The consideration given to the process of transitions and the involvement of the child is particularly noteworthy for the relevance of this research. However, if there is a lack of current qualitative research in the UK, it can have a significant impact on recommendations.

Further, the NICE guidelines (2021) state that a system that allows multiple moves may be harmful and can be considered as an indicator of emotional harm. For looked after children and young people only 29% of placements are long term and 50% of long-term teenage placements have been found to break down. Interventions that support placement stability for looked after children could help to improve a wide range of outcomes including educational, relational, physical and mental health, wellbeing and employment.

2.7 Identity and Belonging

Rustin (2006) poses a fundamental question for children in care: ‘Where do I belong?’ Due to the complicated implications of their early experiences of trauma, children in care may not have securely established a sense of belonging or personal identity, leading to struggles in their emotional development.

Frequent placement changes can leave a child feeling isolated and severely diminish their sense of identity and self-esteem. Hindle & Shulman (2008) describe the many losses that children looked after may experience, including the loss of birth mother/primary caregiver, birth family, foster carers, social workers, ordinary experiences, and someone who can hold the child’s early life, including history and development, in mind. All these losses have the potential to cause further trauma and can have a significant impact on a child’s sense of self. Adults in the professional network may take over as experts and assume responsibility for being the voice of the child, but this can further disadvantage children by silencing their own voice.

In Canada, Mitchell & Kuczynski (2010) explored the experiences of children during the initial transition into foster care from their biological family. Their qualitative research study, which used hermeneutic phenomenology to analyse the data of 20 participants aged between 8-15, found a gap in the literature on this specific topic. They found that the lived experience of this initial transition into care revealed six domains of ambiguity: temporal ambiguity which described the ambiguity of the duration of the placement and questions of when they would return home; placement reason ambiguity which described the unknown of why they were in care, for some this was still unanswered; ambiguous loss which described the confusion of how to contact family members when they were physically absent but psychologically present; placement context ambiguity which described questions participants had of what the placement would be like, would it include certain things, who would be there etc; structural ambiguity which described not knowing what foster care was or meant; and relationship ambiguity which described the ambiguity around who they would live with. The lack of clarity and ambiguity surrounding the transition led to self-blame, negative affect on psychological wellbeing and impact on their sense of belonging (p.438). This research highlights the need for more understanding and support during the initial transition into foster care for children and young people.

Randle’s (2013) study in Australia examines the perceptions and opinions of adults aged 18-28 who were in foster care as children and their thoughts on successful placements and the characteristics of foster carers that enabled success. Participants identified feeling like part of the family as the main basis for success, which helped them feel a sense of belonging, love, and safety. Stability and the absence of a threat of being moved were also important, as well as feeling heard and having a say with their foster carers. Randle notes the value of gaining the perspective of someone with direct experience of complex care arrangements and the ability to reflect on their experience. However, the range of placement moves is unknown, and the study may have only focused on participants with fewer moves and stable placements and missed exploring any painful experiences.

According to Skoog, Khoo & Nygren's (2015) qualitative study, conducted in Sweden using an interpretative phenomenological analysis methodology, children who experienced multiple placement moves reported that it hindered their ability to form close relationships and left them feeling constantly insecure. They felt as if they did not belong to any family. The study also revealed that the children desired a close relationship with consistent adults and a sense of belonging, which were difficult to achieve due to factors such as their parents' problematic life histories, frequent changes in care situations, and a lack of continuity of social workers. Children also explained that the constant feeling of needing to be prepared to move made them feel as if they do not belong anywhere. Thus, they kept an emotional distance from carers to avoid being hurt by potential loss.

As well as identity and belonging, these studies reinforce the idea that frequent placement changes can have a significant negative impact on children's emotional wellbeing and can prevent them from developing healthy attachments with caregivers.

2.8 Mental Health Challenges Among Children in Care

As previously mentioned, looked after children have often experienced trauma prior to entering care and have had limited control over many aspects of their lives, including their living arrangements or placements. This level of disruption often leads to a lack of trust and engagement with professional services, resulting in the needs of these children frequently being unmet (Webb, 1998). This is particularly devastating given the mental health needs and vulnerabilities that are apparent in this group of young people.

In 2002, the Office of National Statistics conducted a survey on the mental health of children in care, which revealed that 45% between the ages of 5-17 had a mental disorder, 37% had significant conduct disorders, 12% had emotional disorders (depression and anxiety), and 7% were hyperactive (Meltzer et al., 2003, p.20). Conduct disorders were found to contribute the most to the difference in childhood psychopathology between children in care and those in private households. Meltzer et al. (2003) further found that 25% of looked after children from foster care and 42% from residential care drank alcohol at least once a month, compared to 9% of young people not looked after.

A national survey of care leavers showed that 32% smoked marijuana daily compared to an estimate of 5% of young people aged 16–24 in the general population (Ward, Henderson & Pearson, 2003).

The statistics indicate that care-experienced young people have an increased risk of drug and alcohol use compared to their peers who have not been in care. Given the increased numbers of looked after children and their heightened vulnerability, coupled with the changes in teenage culture over the past two decades, it is concerning that these important findings are significantly dated. It would be interesting to conduct a current national survey to compare the two populations and see if there has been a shift in the types of substances being used.

Stanley, Riordan & Alaszewski (2005) found that high levels of disturbance were associated with multiple placements in a sample of looked after children with high needs, preventing them from receiving necessary support and disrupting treatment plans. The researchers also discovered that longer-term input from CAMHS professionals was not being directed towards the group of looked after children with the highest level of mental health needs. The authors suggested focusing longer-term CAMHS interventions on looked after children who have experienced high levels of placement disruption due to the severe impact on their mental health and functioning (p.263). However, this can be challenging for CAMHS teams, who face pressures and guidelines to prioritise short-term work.

In their epidemiological study, Ford et al. (2007) compared psychiatric disorders among children in care and those in private households and found that children in care had higher levels of psychopathology, emotional difficulties, and neurodevelopmental disorders. Being in care was found to be independently associated with nearly all types of psychiatric disorders, with a higher prevalence of psychiatric disorders observed among those living in residential care and those with many recent changes of placement. These children may exhibit symptoms such as quasi-autistic behaviours, sexualised or ADHD behaviours, and abnormal eating patterns, though they may not necessarily fit a specific diagnostic category.

DeJong’s (2010) article from the UK argues that the DSM-IV classification system inadequately captures the range and type of psychopathology observed in children who are looked after. She focuses on the complex and varied factors that can impact the development of children in care, including prenatal influences such as substance abuse during pregnancy, trauma, disturbed attachments, significant losses, and adverse environmental conditions like poverty and unstable housing. All these factors can significantly affect the mental health and wellbeing of children and can combine in complex ways to create a constellation of symptoms that can be challenging to categorise (p.589). A ‘sub-threshold presentation’ may cause significant functional impairment that is often overlooked due to the absence of a diagnosis. Children may display sub-threshold symptoms across multiple diagnostic categories, resulting in greater impairment than any single diagnostic profile would suggest.

She gives a vivid example of a looked after child presenting with a range of difficulties. The initial presentation suggested a traumatised young child although he did not meet the threshold for a diagnosis of PTSD. He had some mild attentional difficulties but did not meet the threshold for ADHD. He exhibited traits but was on the border for a diagnosis on the autistic spectrum. His attachment security, as reported by parental history, seems to have moved from disorganised to insecure. He fulfilled the criteria for conduct disorder. The child struggled with executive function, which affected his academic performance. Although he was sociable, he had difficulty maintaining relationships. While the child was sub-threshold for several diagnoses, the diagnosis of conduct disorder alone did not fully explain the extent of his impairment on cognitive, social, behavioural and emotional levels. This highlights the importance of a comprehensive and holistic approach to supporting the mental health and wellbeing of children in care, which considers their individual experiences and needs.

According to the Local Government Association (2016) in 2012, looked after children and care leavers were between four and five times more likely to self-harm in adulthood. Although the DfE’s report (2022) acknowledges a greater impact on future adult mental health, there are no specific statistics regarding the mental health of care leavers.

Leaving the care system can also be a significant disruption for these young people, particularly those with existing mental health concerns who may be transitioning from CAMHS to Adult Mental Health Services. Barnardo's 'Neglected Minds' report (2017) identified challenges for care leavers receiving support for their mental health, including incomplete information being passed on to leaving care teams and other services. Of the 274 care leavers surveyed by Barnardo's, 65% were identified as having mental health needs and were not currently receiving any statutory or psychological service.

When considering the Emotional and Behavioural health for looked after children, aged 5 to 16 (43,290 children), a Strength and Difficulties Questionnaire (SDQ) was taken with 80% (Children looked after in England including adoptions, DfE, 2022). The scores indicated that 50% had 'normal' emotional and behavioural health, 12% had 'borderline' scores and 37% had scores which were a cause for concern. However, screening methods rely on children and young people displaying certain symptoms that are seen to impact on their daily functioning. For children under 11, adults such as carers, teachers or social workers typically complete the SDQs. This can be problematic for children who have had multiple moves and rely on professionals who do not know them well enough to accurately complete these measures. This highlights the prevalence of emotional and behavioural difficulties among children in care and the limitations of screening methods for identifying these issues.

Overall, the consequences of the findings presented in this section underscore the urgent need for improved support and services for children in care who are experiencing mental health difficulties, including those who do not fit neatly into diagnostic categories. The NICE recommendations (2021) state that carers and practitioners working with children in care should receive trauma-informed training covering behaviour, triggers for trauma responses, and attachment and loss. To avoid delays in care, intermediate therapeutic or specialist support should be provided for the care network around looked after children on CAMHS waiting lists. Tailored CAMHS should also be offered, including longer-term, trauma-informed, relationship-based interventions (Recommendations 1.3.17-1.3.20 & 1.5.1-1.5.20). One example of such an intervention is intensive child psychotherapy, which is often offered to care-experienced children and young people. It involves three weekly sessions with a child and adolescent psychotherapist trainee, as well as sessions with the child's carer(s) and meetings with the professional network, over a duration of one to three years. However, no research has been carried out on its use and effectiveness for this population, therefore it does not exist as an evidence-based intervention.

2.9 Conclusion

The literature emphasises that looked after children are a highly vulnerable group who have experienced early trauma and adverse childhood experiences. Multiple placement moves and losses can exacerbate the negative impact on their mental health and emotional wellbeing. Quotes from the young people highlight how crucial it is to provide stable and nurturing environments for looked after children, to have a meaningful dialogue, to promote positive relationships and a sense of belonging. The need for longer term or specialised interventions for children who have experienced high levels of placement disruption has also been identified.

While studies have examined the vulnerabilities and emotional wellbeing of children in care, there are still gaps in the literature that need to be addressed. For instance, more recent data is needed to update the prevalence of mental health difficulties among children in care. In addition, while risk factors for poor mental health outcomes have been identified, there is a lack of research on alternative screening assessments, effective interventions, and strategies to support the mental health needs of children in care, especially those who have experienced placement disruptions. Further, more research is needed to understand the experiences of placement transitions for specific groups of children in care, such as those from minority ethnic backgrounds, special needs or those who identify as LGBTQ+.

This study aims to fill a gap in current qualitative research in the UK by exploring the first-hand experiences of care leavers and seeking to provide insight on their reflections of the impact of multiple placement moves while in care.

CHAPTER THREE: RESEARCH DESIGN

This section aims to explain the rationale of the chosen method, the design, ethical considerations, the process of recruitment, data collection and data analysis. It will conclude with a section on reflexivity, detailing the researcher’s reflective process.

3.1 Research Aim

To explore the retrospective experiences of care leavers who had three or more placement moves while under the care of the Local Authority. The study aimed to investigate what aspects of their experience they remembered about moving between placements, whether their voices were heard by the professional network during these moves, and their thoughts on the impact of frequent placement moves.

The study applied a qualitative methodology to investigate the experience of three care leavers using semi-structured interviews. The data was analysed using the method of Interpretative Phenomenological Analysis (IPA).

3.2 Qualitative Approach

IPA’s theoretical origins are grounded in phenomenology, hermeneutics and idiography. This approach is committed to understanding how particular experiential phenomena have been understood from the perspective of particular people in a particular context (Smith, Flowers & Larkin, 2009). Qualitative data is often collected through the descriptions and words of those participating in the study rather than by numerical measurement which is typically found in quantitative research. In order to explore the personal experiences of care leavers, it felt important to choose a qualitative method that allowed me to explore, in depth, the lived experience of the individual and how meaning is ascribed to this experience, thus IPA seemed the appropriate choice (Pietkiewicz & Smith, 2014).

IPA's analytic procedure is often described as a double hermeneutic process due to, firstly, the participant making meaning of their world and, secondly, the researcher decoding that meaning to make sense of the participant's meaning (Smith & Osborn, 2007). By identifying, then analysing the grouping of codes and the recurrent connections between themes in participants' responses, IPA aims to illuminate unconscious aspects of their experiences. As this small-scale doctoral research is conducted as part of a psychoanalytic psychotherapy training, the methodology used reflects an ontology of aiming to understand conscious and unconscious meanings.

There are several other qualitative approaches that may have been suitable for this research topic, such as Thematic Analysis or Grounded Theory; each of these methods would have had a different impact on what I was hoping to explore and the consequent outcomes. IPA was deemed a suitable method for this study as it allows for a dual focus on both the unique experience of individual participants and the patterns of meaning that emerge across participants. This approach aligns well with the study's aim of capturing the voice of the looked after child and their individual experiences, while also examining the broader context of their experiences. Another advantage of IPA is that it allows for the emergence of unanticipated findings (Barker et al., 2002). For instance, challenges encountered during the recruitment process and unconscious communications through the process provided opportunities for further exploration in the data. These are discussed in later sections.

3.3 Design

Due to the focus on capturing a care leaver’s experience and the nature of the methodology, I chose a small and homogeneous sample. The sample used in a qualitative study tends not to be selected at random, participants are selected if they have had experience of the phenomenon of interest in the study which enables them to answer the research question. This type of sampling is referred to as purposive sampling (Aveyard, 2004, p.61).

Initially, my plan was to recruit and interview children under the age of 16 who were still in the care of the local authority and receiving mental health support from CAMHS. The rationale behind this was that these children were still in care and therefore may have been able to recall their recent experiences of placement moves clearly. I also thought that receiving therapeutic input and support would allow them to process their experiences and mitigate the potential risk of re-traumatisation or emotional harm associated with discussing sensitive subjects in the research interview. However, it was not feasible to apply for ethical approval to recruit children receiving CAMHS support because the time required for the application process did not fit my research schedule. Following discussions with my NHS Trust’s Research & Development team, I made the decision to interview care leavers over the age of 18 who are legally classified as adults, and who were not currently NHS service users. The advantage of recruiting care leavers is that they would have had more time to reflect on their experiences as children in care, while also mitigating the challenges related to obtaining consent for interviews.

The study’s inclusion criteria required participants to have been a looked after child and to have had a minimum of three placement moves during their time in care, as three or more placement moves was considered indicative of high instability by the DfE (2022). Participants had to be between the age of 18 and 25, as the recruitment was carried out through a Care Leavers Team working with care leavers up to the age of 25. Participants must have been willing to participate in a 60-90 minute interview.

3.4 Ethical Considerations

The study received ethical approval from the Tavistock Research Ethics Committee (see Appendix 2) and governed by the Tavistock & Portman Foundation Trust, the Association of Child Psychotherapists professional body and the Research and Development department of the NHS Trust where I am employed. My service manager and service supervisor were also aware of the research and provided consent.

All participants were provided with an Information Sheet and Consent Form (see Appendix 4 and 5) which clearly and transparently set out information about the study, the purpose of the study, the inclusion and exclusion criteria, the storage of data, and confidentiality.

The Information Sheet and Consent Form also contained a statement regarding potential safeguarding concerns and who a potential safeguarding concern would be reported to if it arose. Participants were told they could withdraw, without being asked to give a reason, up to a month after the interview was conducted.

At the end of the interview, participants were given a Debrief Form (see Appendix 6), which was explained to them. Consideration was given to the possibility that talking about this research topic could stir up emotions during or after the interview. This was made explicit in both the Information Sheet and Debrief Form. The Debrief Form contained information about services which could offer further support. In addition, participants were given the option of requesting that I inform their personal advisor if they found the interview difficult.

Participants were informed that all data included in the research would be anonymised but that, as the study involved a small number of participants, direct quotes may be recognisable to them. Each recorded interview was given an identification number and transcriptions were kept in a password protected document. Participants were told that the data will be retained for three to five years and then destroyed following the Tavistock and University of Essex guidelines.

If participants had any queries or concerns about how the interview or research was conducted, details of the Head of Academic Governance and Quality Assurance and the Tavistock & Portman NHS Trust was provided on the Information Sheet and Consent Form.

3.5 Recruitment

To recruit participants, I made contact with the 16+ Care in Leave team in my clinic's local area and arranged a Zoom meeting with their managers to discuss the research. The managers expressed enthusiasm for the research topic and anticipated that many care leavers would be interested in participating. They assured me that they would discuss the research in their team meeting and send an email to the personal advisors who support the care leavers, asking them to share the information. To help with this, I provided them with a summary of the research to include in the email and a short advert to share on their social media (see Appendix 3).

The recruitment process started in February 2021 amidst the ongoing COVID-19 pandemic, when several restrictions were still in place, such as social distancing measures and remote work arrangements. These restrictions meant that the group sessions and informal meetings at the Care Leavers Hub had temporarily stopped, and I could not visit to talk to them. I had planned to collect data from a sample of four to six care leavers.

Although the manager initially showed interest, she stopped responding to my emails and after three months I had not received any contact from the young people or personal advisors. As I had concentrated on recruiting from a single service, I realised I needed to modify my strategy. Recruitment was expanded to wider networks, including fostering agencies, social workers, agencies in other boroughs, and charities such as Barnardo's and the Care Leavers' Association.

A member of staff from the 16+ Care in Leave team eventually contacted me via email in June 2021. Through their personal advisors, three females from the 16+ Care in Leave team expressed interest in the research. I provided them with the Participant Information Sheet and Consent Form via email and asked them to send the forms back to me if they wished to take part. Two agreed to participate in the study, while the third individual withdrew without responding to my attempts to communicate with her.

I did not feel satisfied with just two interviews and persisted in my efforts to recruit more participants and extended the recruitment process for another year. I reached out to more agencies and eventually connected with another Care Leavers Team that had two potential participants who expressed interest in being interviewed. One of them ultimately consented and the interview was relatively easy to schedule.

Ultimately, I recruited two female participants and one male participant, all three of whom were White-British and in their early twenties. The number of placement moves ranged from 3-7, however the exact number was challenging to determine due to complexities discussed further in the findings chapter. The entire recruitment process lasted from February 2021 to May 2022.

The recruitment difficulties that I experienced indicated that although there is increasing recognition of the significance of including the perspectives of young people and service users in research, policy and service development, engaging them in the process can be complicated.

3.6 Interviews and Data Collection

Qualitative approaches use in-depth interviews as the main type of data collection. As the research aimed to focus on the young person's voice, it was felt an individual semi-structured interview would allow space for the participants to describe their personal experience. I developed a semi-structured Interview Schedule informed by relevant literature and discussions with my research supervisors (see Appendix 7). The schedule was used flexibly leaving space for participants to take the interview discussion where they thought appropriate but remained helpful for me as a framework to facilitate the conduct of the interview.

The participants were given a choice of in-person or online interview. One participant interviewed in-person; two participants interviewed via Zoom. The details of the interview process are illustrated further in section 4.3.3 of the Findings Chapter. None of the three participants had independently read the Information Sheet or Consent Form, so prior to starting the interview, I went through the forms to ensure they had read and understood the content and gave them the opportunity to ask any questions. They were then asked to sign or send me a copy with their name printed on. After the interview, I provided them with a Debrief Form and described the services that were available to them. Participant One (P1) was feeling emotional at the end of the interview and requested that I inform her personal advisor that we had completed the interview and that she would like to speak with her.

All the interviews were audio recorded and stored anonymously with no identifying data. The data was transcribed manually and then analysed using IPA methodology.

3.7 Data Analysis

Smith, Flowers & Larkin's (2009) book on IPA helpfully outlines the stages involved in data analysis and these were used flexibly to help guide the process. These stages are shared below. The analysis involved moving from a focus on the individual to a more shared understanding and from a descriptive level to a more interpretative one. The data analysis was a cyclical process rather than a linear process, and one which was repeatedly adapted.

- *Step One: Reading and re-reading*. This first step involved immersing myself in the original data. I listened back to the recording of the interview, then on an electronic document I made a written transcript of the interview at the same time as listening again. This process enabled me to link the written word with the actual voice of the participant, including their intonations and silences.
- *Step Two: Initial noting*. For this step, the interview data was examined with an exploratory mind whilst keeping close to the original data. The aim was to create comprehensive and detailed notes with comments on the data. I created a table with five columns to aid my exploration (see Appendix 8). The second column contained the original interview data, the three columns on the right were the focus of the exploratory comments. These were separated into three sub-headings: Descriptive, which focused on describing the content of what has been said; Linguistic, which explored the reflective use of language, such as noticing repetitions, pace of speech, intonations; and Conceptual, in which I noted down thoughts, comments, observations, experience, interpretation, asked questions of the data, moved towards a more conceptual understanding and at times free associated with ideas in the data.

- *Step Three: Developing emergent themes*. At this point the original data had grown to a larger dataset to include the initial notes and exploratory commentary. This step involved reducing the volume of detail while trying to keep the level of complexity from all the connections in the notes. In the table, I used the first column, on the left, to focus on sections of data and label with a concise statement or concept, in order to interpret and organise the data into emergent themes.

- *Step Four*: *Searching for connections across emergent themes.* This step involved a mapping or charting of how the emergent themes might fit together. The content from the first column was copied and pasted into a blank document and printed out. I then used different coloured pens to circle common themes. I then used another blank document and transferred the same-coloured themes under separate sections and initially gave it a simple title to identify as the subordinate theme, such as ‘wellbeing’. Finally, I revisited the original interview data and electronically assigned a number to each line. I then copied and pasted sentences from the interview data that related to the emergent themes, which helped me to organise the subordinate themes. By keeping the original data from the participants in sight, I was able to maintain their original voice.

- *Step Five: Moving to the next case.* Steps one to four were repeated with the next two participant’s interview data.

- *Step Six: Looking for patterns across cases.* This step involved looking for patterns across the cases. All three datasets were looked at again with a similar mapping procedure. The emergent themes and subordinate themes were changed and re-labelled. These were then organised in separate documents, with the subordinate themes nestled under higher order super-ordinate themes with direct quotes from the interview data to illustrate each theme.

I identified three super-ordinate themes, each with their own subordinate themes, as shown in *Findings Table 1*. The super-ordinate themes are not independent of each other but are interrelated. The identified themes, however, represent overarching areas that reflect the importance placed by the participants on different aspects of their experiences.

3.8 Reflexivity

Reflexivity is a crucial element of this research methodology, involving self-awareness, introspection, and measures to address biases, perspectives, and roles for ensuring research credibility and dependability. Below I address some of my reflections during the process.

3.8.1. Recruitment

I was surprised to have encountered challenges during the recruitment process. I questioned whether the difficulty lay with the study, the professionals or the young people themselves. It occurred to me that participants may have lost the value of sharing their experiences and may have seen me as just another uninterested professional, giving me a similar experience to their own of being disappointed. While the professionals initially expressed interest and provided encouragement, they subsequently fell silent, leaving me disillusioned. Despite understanding the pressures that services faced, especially during the pandemic, this experience left me feeling frustrated, and it made me realise how children in care and care leavers may feel neglected or not thought about, leading to potentially losing faith in the system. As Heimann (1950, p.81) said '…countertransference is an instrument of research into the patient's unconscious'; being aware of how the participants may be feeling and what they may be communicating seemed to be very important in helping me to think about their experiences.

5.8.2. The experience of the interviews

I noticed distinct differences between conducting interviews in person versus remotely. During the in-person interview, I felt fully immersed and attuned to the emotions in the room, while the remote interviews created a sense of distance. However, both modes, and each individual, provoked different feelings in me. I reflected on the challenges for me of organising the interviews and setting appropriate boundaries during the interview, which at times made me feel like a parental figure.

As an interviewer, it felt important to be aware of my countertransference feelings and note them down in a reflective research diary to better understand the dynamics of the interview process. As I listened to the participant's narratives, I reflected on their functional aspects and noticed that some parts evoked feelings of boredom or emotional detachment in me, while others elicited strong empathy or disbelief at their circumstances. I felt a general sense of discontinuity and confusion.

The inclusion of the interview process below provided insights into how these young people may interact with professionals as I recognised it provoked different feelings in me. There appeared to be an unconscious, symbolic significance of being seen and heard during the interviews. Each participant had their own unique approach to communication, whether verbal or nonverbal, but a common theme was the need to communicate something meaningful.

- Participant 1 (P1) was interviewed in-person for 62 minutes at the 16+ Care Leaver's Hub. She had initially suggested her flat, but I felt that would not have been appropriate and suggested the Hub instead, which was easily accessible for her. P1 seemed to want to invite the researcher into her personal experience, to be seen and heard. This was evident from the experiences she described, as well as the open way in which she communicated. At times she left no space for me to speak as she had so much to share. I wondered who I represented to her and the importance of this research topic as her attempt to seek help for herself. At the end of the interview, P1 expressed that she felt the interview was like a therapy session for her and acknowledged the importance of her seeking therapy.

- It took longer to arrange an interview with Participant 2 (P2). The interview was conducted over Zoom and lasted for 37 minutes. The process of setting up this interview had required firmness from the researcher, as P2 had previously aimed to do the interview while walking around her shared accommodation or during a taxi ride. It seemed that she was giving me a first-hand experience of what it felt like to be disregarded or not taken seriously, perhaps a communication of her experience of not feeling valued. In the interview, there seemed at times to be a disconnect between her spoken words and the experiences she was describing. She smiled throughout the whole interview. She used the term “in the middle” several times to describe how she felt about certain events or the loss of people in her life. This seemed to convey a sense of detachment or uncertainty about her feelings.

- Participant 3 (P3) was interviewed via Zoom almost a year later. This interview lasted 90 minutes before I brought it to an end. After he introduced himself, P3’s camera was turned off for the interview, as he explained there were internet difficulties. During the interview, because of connection issues, I had to ask him to repeat himself several times or we had to restart the platform. This disrupted the flow of the conversation and may have resulted in some loss of meaning. I was left with the feeling that the technical difficulties may have mirrored his reality of losing his voice and finding it hard to be heard, amidst various obstacles. He was passionate about advocating for looked after children. He seemed to be more comfortable when talking about experiences in general and about the struggles experienced by other young people.

My experience during the interviews gave me some indication of how these young people have learned to manage relationships by creating defence mechanisms that influence their interactions. As the researcher, I picked up on these communication cues through my own countertransference, or the emotions and reactions I experienced in response to the participants’ communication. This allowed me to explore their experiences and perspectives beyond their words alone during the data analysis.

Despite the initial difficulties in recruiting the participants, conducting the interviews and hearing the participants' experiences was a mixed and sobering experience for me. While it was insightful to gain new understanding into their lives, it was also challenging to balance my desire to hear their stories with being sensitive to their emotional needs and avoiding turning the interview into a therapy session. Much of the subject matter was emotive, and some participants seemed to be processing their experiences during the interview. I also wondered about who I was for each of the participants. I was not sure whether they saw me as solely a researcher or whether their responses to me were informed by their awareness of my professional role as a child and adolescent psychotherapist.

5.8.3. Data analysis

Through the process of immersing myself in the data, I made separate notes of my reflections, questions and recollections of the experience. I was able to identify shifts in the participants' narratives, which may not have been apparent during the interviews. For example, I noticed contradictions and I also observed that as each interview progressed, there was a decrease in anxiety and an increase in detailed responses towards the latter part of the interview.

While the aim was to treat each participant's case on its own terms, it was difficult to avoid carrying some bias into the subsequent analysis. I made a deliberate effort to acknowledge and document my own thoughts concurrently during the process.

I approached the task of organising themes in different ways, including ordering them by frequency or connections, such as grouping positive and negative aspects of mental and physical health under ‘wellbeing’. I also considered the temporal nature of emergent themes by organising them chronologically, and explored the underlying function behind their descriptions when I felt a strong emotion in the interview. I felt the themes could be arranged in a variety of ways, and at times it felt difficult to decide where themes from individual datasets best belonged, and I had to continuously remind myself of the research question and think about organising the data in a way that illustrated this.

The data analysis was a time-consuming and overwhelming task due to the large amount of data and the numerous possibilities for organising the themes. This reflects the huge complexity of the task and of the research subject discussed. The gap between completing my first literature review draft in January 2021 and the data analysis occurring in June 2022 proved to be helpful as it allowed me to approach the data analysis with fresh eyes. When I returned to the literature review after completing the findings draft, I discovered common themes in the literature and my findings, which led me to restructure the literature chapter. This iterative process reinforced the idea that research is an ongoing and evolving process.

To mitigate the impact of my own biases on the research, I employed various strategies, some of which have already been listed. This included seeking guidance and engaging in critical reflection through supervision, consistently revisiting the research question and its aims to stay focused on the young person’s voice. I practised reflective thinking by ‘bracketing’ my thoughts, feelings and reactions (Smith, Flowers & Larkin, 2009), maintaining a reflective research diary to document instances of countertransference and identify any triggered assumptions. During the data analysis phase, I used a dedicated column in the analysis table to record reflections while actively listening to the interviews and analysing the data.

The use of IPA and my own countertransference feelings complemented each other by providing a comprehensive understanding of each participant’s voice and experiences. IPA allowed a structured and in-depth exploration of participants’ subjective experiences which enriched my understanding, whilst the awareness of my emotional responses added another layer to the analysis, seeking to comprehend aspects of participants’ unconscious processes or unspoken communications within the participant interactions. Acknowledging my biases provided further insight, enabling me to recognise potential influences on the analysis of participants’ experiences.

CHAPTER FOUR: FINDINGS

This chapter aims to present a phenomenological and interpretative narrative of the research findings by providing an IPA analysis of the interview data gathered from three participants. In this research, three super-ordinate themes, each with their subordinate themes, have been selected based on their relevance to the research title and their recurrence across all three participants. These themes are presented in *Findings Table 1* below. Each theme will be presented with verbatim extracts from participants, coded as ‘P1’, ‘P2’ and ‘P3’, with the transcript line number, coded with ‘L’. ‘R’ will represent the researcher.

Super-ordinate Theme	Subordinate Theme
Disruption: Leaving family and going into care – “*We don’t get that, what other kids get”.*	**Separation** – *“No one’s out here loving us like how normal families get loved”.* **The lack of sense of belonging and the need for stability** – “*I have never had a home”.*
The long-term psychological impact – “*They genuinely thought I was going crazy”.*	**Pervasive and complex difficulties** – “Y*ou’re sitting there alone and like talking to yourself every night”.* **The impact on relationships** – *“I don’t trust ya”.* **The fragmentation of identity** – *“There’s many layers to an onion”.*
Forms of communication – *“I still have a voice you know”.*	**Finding a voice to ask for help** – *“I just need someone to talk to”.* **The need to speak up for future CLA** – *“Why these kids haven’t had counselling from day one of going into care, is just ridiculous”.*

[Findings Table 1]

4.1 Disruption: Leaving family and going into care - *"We don't get that, what other kids get".*

This super-ordinate theme captures the disruptive nature of the initial separation from the birth family and the consequent move into care. It takes into consideration the vivid and unforgettable memories the participants have of this separation, the accompanying feelings of loss and the resulting confusion that sets in which can be seen in accounts of the journey through care. Participants convey a sense of impermanence and lack of belonging and experiences of feeling different to their peers.

4.1.1. Separation - *"No one's out here loving us like how normal families get loved".*

Each participant started from "*the beginning*" (P1: L4). It seemed that each participant had vivid memories about this initial move:

> *Social workers came to my door… two days after I think… I didn't know the person who I was going to live with, going in car, all of us crying, yeah (*P2: L423, L442).

> *On the move there um, I was actually lied to… I was told that um I was going for a sleepover, and then she had a phone call and on the phone call she said 'yeah, he's staying here permanently'. And, um, which absolutely sucked, I didn't even get to say goodbye to my parents or nothing* (P3: L7-10).

> *So, first placement I ever went to, I was getting moved, well I just got kicked out my dad's house, I was living at my brother's house, but I couldn't live there. Um, so I moved into a place, it was a bungalow with a woman. Um, I literally got taken there and they was like yep this is going to happen, they literally just showed me the room and left me there* (P1: L4-8).

For all of the participants, the separation from their birth family was when their first placement move and journey into care started. P1 did not count living with her brother as a first placement. All three of these quotes conveyed a sense of pain and loss. Each struggled with the separation and loss of family members, the loss of a familiar home, and experienced difficult circumstances of separation. The participants were not prepared or informed beforehand and had very little or no time to get ready before they were 'moved' to their first temporary placement, and in all cases, it was with someone and somewhere unknown. The separation from their birth parents and the subsequent pairing up with an unknown person seemed to remain as emotive and clear memories, as participants recalled their experience.

As they continued to recount their experiences, each participant's account started to feel obscure or confused, with uncertain timelines and the inclusion of other events that they thought related to a particular placement. This sense was communicated through the way participants hesitated or corrected themselves, demonstrating an uncertainty as they recalled their memories.

> *So then, after that, I moved to what was supposed to be my permanent placement, but it didn't go… the, no, actually the move went pretty smooth to be honest, I was quite young, so I don't remember the move too much, um but yeah, the move went (pause in speech)* (P3: L18-20).

> *Um. Where did I go afterwards, I must've gone to Z [name of area] after that (thoughtful silence) no I went… I went X before I went Z. I tried getting a placement in X but that never ended up happening… (P1 mutters to herself). Um, and then I moved to Z not long after that, and I lived with my dad for a while.*
>
> *R – was dad living in Z then?*
>
> *No… literally two years today we had a massive argument and he kicked me out (laughed) no was it two years, no it must've been three years now* (P1: L220-226).

P1 and P3 seemed to be working out the chronological order of their moves, however they conveyed a sense of great confusion. P3 conveyed uncertainty and perhaps mixed feelings about the placement move. For P1 it was as if the placements had merged, with only the name of the area to differentiate it. She referred to living with her father at the end of the sequence, linguistically sounding as if she had gone back to live with her father, however, upon clarification, this related to a memory of living with him before moving into care. P1 seems to have ordered the memory of her moves in parallel to her initial separation from her father and perhaps shares a sense of rupture that emerges in her internal world following the experience of numerous transitions.

Later in the interview, they shared some information about what led to them being moved from their birth families, which seemed loaded with deeper emotion and uncertainty. At first P2 said she was moved from her birth home because of "my special needs" (P2: L141) perhaps ascribing some self-blame. Later she was able to think about it from another perspective.

> *Mum had mental health and physical health so, that's why we had to move… I think, they've [social services] always been round when my brother was born, so they tried to keep an eye on us* (P2: L410).

P1 appears uncertain and conflicted in her thoughts, as if she feels a need to assign blame but is unable to locate it, whilst also trying to work out what happened to her.

> *The reason I couldn't stay with my dad is because we argued badly like (quieter and laughed slightly) me and him are like cat and dog together… A lot of stuff has happened to me while I have been in care. Ever since I moved out of my dad's, it's not my dad's fault, and it's not like the governments fa… it can't (exhales) it's annoying, I think if there was a bit more guidance in them houses, that I wouldn't have (paused in thought) went down in (paused then exhaled) oh I don't know how to explain it, I didn't get, I didn't go that way myself I got pulled down that road* (P1: L105, 301-306).

> *So um, but like when I was a kid, like I didn't, before I went into care, I didn't do um, I was rarely ever at school, I mean I think I went probably a week, out of the whole year, to school. Um, so from year five to year six, um when I got moved into care, was like big catch-up time* (P3: L219-221).

It seemed difficult for each participant to allow themselves to think too deeply and share their early experience of what led them to going into care. There was some acknowledgment of missing out on an ordinary experience and feeling different to other children. Participants described circumstances that were beyond their control or being too young to have a sense of agency. It seemed easier to describe being in care, but there seemed to be more hesitations when speaking about their early experience in their birth family, perhaps trying to make sense of these too. While the participants seemed to be protective of their birth families, their narratives revealed an underlying sense of blame, but with a degree of uncertainty about who was responsible. Some expressed ambivalence or uncertainty about the source of the blame, suggesting that it could be attributed to themselves, their birth parents, or the professionals involved.

4.1.2. The lack of sense of belonging and the need for stability - *"I have never had a home".*

The use of *placement*, *house*, *place* and *accommodation* were used interchangeably; only one participant used the word *home* in their interview. Perhaps I had offered the word *placement* as their point of reference, and it may have been helpful to ask how they referred to where they had lived. However, when one considers the Oxford Languages (2020) definition of home ‘the place where one lives permanently, especially as a member of a family or household’ and placement ‘the action of placing someone or something somewhere’ which has a more temporary connotation, this suggests that the participants had not had a feeling of being at home or experienced a sense of continuity and belonging within any stable family environment.

There were different accounts of contact with their birth families. P1 regularly left her placements to seek comfort by visiting family members, despite legally not being allowed to be alone with her father. P2 had ongoing telephone contact with her birth parents and contact with her brother through his foster carer. P3 conveyed the complexity of his birth family. Speaking about some of his siblings, he said:

> *I don’t even know how old they are, and I haven’t seen them in two years… and sometimes I have contact with my other sister… but uh I find it really hard to meet her because she doesn’t even see me as her brother, and um, it’s just difficult for me to kinda like hear that…* (P3: L536-543).

P3 described the pain, the confusion, the loss and difficulty in knowing where one belongs when family members are separated and do not know who you are. The participants not only lost their birth parents but all of them were also separated from their siblings. This had a consequent severe impact on their identity and sense of belonging.

> *I was separated from my brother for, six months? Six months. And then I moved in with him after that six months. And um, then I went uh, another, different placement from my brother. My third one and fourth one was separate as well* (P2: L21).

The participants expressed awareness of what they had missed out on due to not belonging to a ‘normal family’, and of feeling different from other young people who had a more typical family life:

> *Because no one’s out here loving us like how normal families get loved, we don’t get shown no affection... you don’t have the same experience as other kids, like yeah you get like, some money every six months to go shopping and stuff like that, to get clothes, but it’s not like (sighs) having a parent is it. Like it’s not like having that love (emphasis) and affection, and just having people there* (P1: L590, L608-612).

> *The police officers came into the house, had a conversation with me and was like ‘oh you can’t be running away, these are your parents…’, I just wanted to punch the guy, I was like these aren’t my parents, you know, shut up you don’t know what you’re talking about* (P3: L108-112).

They all addressed the sorrow and impact of not being around their birth families, and the difficult feelings it evoked to be reminded of what has been absent or taken away for them. When participants spoke about these things in the interview, there was an obvious shift in their way of speaking: I noticed the use of additional filler sounds, a slight hesitancy as they spoke with slower speech or an angry tone. This shift perhaps suggested an unspoken disturbance and sorrow.

Participants shared their feelings of being on the outskirts, unable to feel as if they belong anywhere due to the frequent moves and the loss that resulted from continuous disruptions.

> *I changed primary school three times and secondary school twice* (P2: L247).

> *I couldn't really you know use technology because I didn't even have an iPad or a phone, so the only way I had something in common with these people is, you know, what's going on in school that day* (P3: L313).

> *Yeah, um, and then I got a job over in Y [area name] and I just couldn't communicate, um commute to, down to Y every day [after she moved], which was, was quite a big journey…* (P1: L14).

Participants spoke about different foster care environments that consisted of different types of family constellations such as single parent carers, an older couple or a placement manager and their expectations. It appeared that drug use was occurring in one of the foster placements.

> *They expected me to do all that, hoover the stairs, hoover the floor, mop the floor, then there was also tidy my room and this that and the other, and it's just like you're, you're barking up the wrong tree here* (P3: L155).

> *I went there twice it was just disgusting (emphasis) when I like opened one of the drawers it was all like crack pipes in there and stuff like that, they didn't clear it out* (P1: L218).

These examples gave a sense that participants had to adapt to different environments and experienced a degree of shock, sharing that these placements may have been worse than their family homes.

P2 and P3 described one of their placements as the longest place they had lived, which was possibly their long-term or permanent placement, yet each of them continued to experience further loss and disruption.

> *I was in my second placement for 11 years, and then was told two weeks before moving to the next that they were retiring* (P2: L57).

P2 was separated from her birth family at the age of seven and had lived with this foster family for 11 years. She told me they were unable to continue looking after her, with surprising apathy, because of their decision to stop working. P1 laughed as she told me her father “kicked me out” (P1: L225) dismissing any pain that accompanies the memory. They seemed to be communicating the idea that they could be rejected or abandoned by the people who were the closest to them and had no sense of being settled or at home, whilst perhaps disconnecting from uncomfortable feelings. In my countertransference I felt a sense of sorrow and injustice. Perhaps in this way they were able to project a sense of hopelessness at the temporary nature of relationships, the precariousness of a home environment and not knowing to whom they belong.

In addition to the difficult initial separation and subsequent moves, participants in the study reported experiencing further disruptions and life transitions when approaching the age of 16 and preparing to leave care. Once they turned 18, they were formally considered adults with new responsibilities. The participants expressed frustration at experiencing another form of rejection or loss after reaching this age.

> *The councils like ‘oh you’re 18 now you’re not my problem’* (P2: L580).

> *I’ve tried [names a counselling service], they won’t help me because my problems are too much for them now and um I think I’m too old for their help now actually* (P1: L270).

> *I didn’t even have a leaving worker for the first month of being 18, you know, and um that meant I had to sort out money, I had to sort out benefits, all of that I had to pretty much sort all that out myself, you know* (P3: L640-642).

The separations and losses experienced by participants in the study were further compounded when they turned 18 and no longer had access to children's support services. This transition often involved saying goodbye to some of the professionals who had provided their care, potentially leaving their foster placements to live independently, and taking on new responsibilities. P3's account further highlighted the sense of being left to figure out these things alone, without the guidance that came with growing up in a stable family environment.

> *I don't, I'm, I'm a child still like, I don't know if I should be here like this* (P1: L403).

These participants' histories reflect the harsh reality of being forced to assume adult responsibilities while still in their childhood, disrupting the natural developmental process of transitioning from a child to an adolescent and eventually to an adult. Despite voicing their frustrations with the inadequate support provided by services, their accounts conveyed a profound sense of abandonment, as if they had been dropped and left to navigate their circumstances alone.

> *I say, the most is you need to have a, you need to be strong to get through it coz it aint, it's really (quietly) you're just gonna, you want a family whose gonna love you and you're sitting there alone and like talking to yourself every night (speaking very quietly)* (P1: L586).

P1 shared her experience of being lonely and not having a family around her who loved her unconditionally. She mentions needing to be strong to survive and alludes to a frightening idea of what can happen due to that loneliness.

4.2 The long-term psychological impact - "*They genuinely thought I was going crazy*".

This super-ordinate theme captures the long-term psychological impact on the participants of their experiences of repeated moves.

> *I don't get it like, you know, like primary school kids are learning and they're developing super well, right. And then you, you decide to change that, you take them out of this lovely, amazing area, chuck em into this death pit and then suddenly they start effing and jeffing, punching people up and their grades drop and they're not learning as fast, and then people are like 'oh why is this happening' and it's just like well you've just changed something that was really important to them* (P3: L232-237).

P3 was referring to his move from primary school to secondary school. However, there was a sense of a deeper meaning about the psychological impact of transitions, disruptions, and the loss of something familiar and known. He spoke about being moved from a warm and nurturing environment to one that was frightening and traumatic and the changes one had to make to survive. He addressed the idea that others do not understand the significance and impact of such changes. The attempt at surviving these constant transitions and losses can lead to chronic psychological difficulties which can result into a fragmented sense of identity.

4.2.1. Pervasive and complex difficulties - *"You're sitting there alone, and like, talking to yourself every night".*

Each participant spoke about developmental disorders, physical health difficulties and struggles with their mental health whilst they were in care and more recently as care leavers. They all mentioned throughout the interview a range of diagnostic labels. The participants conveyed their thoughts that their diagnoses and difficulties were linked to their experiences of being in care and the lack of anyone they could talk to:

> *I mean, I'm on, I've been on medication not that long ago, I'm on a change over to new medication, I got told at one point that I have bipolar now I'm being told I've got borderline personality disorder, I mean, and all of this is from the fact that no one ever talked to me, about my past before going in to care* (P3: L562-570).

> *That was the Autism diagnosis [last year], my learning difficulties was since little… I been diagnosed with depression and anxiety and PTSD [recently], so I think that links to difficulty in trusting people… I do sometimes wee myself from stress…* (P2: L278, L239, L516).

> *It generally caused me eating problems, and I still have like eating problems now because of it, and like, I really (hard laugh) struggled eating* (P1: L474).

P3 gave the impression that his psychiatric diagnosis was not a straightforward one to identify. They all suggested that their difficulties stemmed from the impact of being in care and resulted in further problems. P1 spoke about being at her lowest weight whilst in semi-independent accommodation due to having the responsibility of cooking for herself. It sounded as if they felt they were alone with their emotional pain and could not make sense of their experiences without someone to talk to them about it.

> *I need complex-trama [trauma pronounced this way] therapy… but when I did see a consultant, he did say um, my, mental health is, no my trama is the same as um, an asylum seekers trama, so that must be saying summin (quiet)* (P1: L573-576).

> *Sometimes I self-harm but, I do sometimes talk to my support workers, but um, sometimes I manage it on my own* (P2: L325).

> *When I was feeling suicidal, self-harming and what not, they were all surprised about it, and it's just like you got, you lot got to be the dumbest people I know, yeah* (P3: L570).

The participants described the psychological impact that can manifest as attacks on their bodies when their emotions felt too overwhelming. P2 shared her thoughts of needing to present as strong so as not to upset her father and brother. She shared that she believed presenting as strong required her to suppress her feelings, which often resulted in those feelings being released in other ways, such as self-harm. P3 conveyed the idea that there should be an expectation that care-experienced young people are self-harming or feeling suicidal.

P3 expressed empathy towards children in care and acknowledged that their early experiences can lead to severe mental health difficulties. He expresses frustration at the lack of immediate support for these children, specifically the lack of counselling available to them to help manage their emotions.

> *The reason they're coming into care most of the time is physical and mental abuse, so the fact is why these kids haven't had counselling from day one of going in to care, is just ridiculous... the only time they actually do that is to the point, is where the kid is either self-harming or wanting to commit suicide.* (P3: L561-564)

The stark quality of P3's earlier quote comparing a "lovely, amazing area" with a "death pit" (P3: L232-237) raises the question of whether the psychological disturbances all the participants described began during their time in care or were already present from their time in their birth home before the breakdown of family life. Growing up in unsettling or frightening environments may have resulted in the participants having to rely on defence mechanisms such as splitting. This may have led them to see the world in extreme ways, with little integration of good and bad experiences and limited emotional regulation.

4.2.2. The impact on relationships - *"I don't trust ya".*

The loss and lack of stability while being in care seemed to have a significant impact on the capacity to allow an emotional connection with someone, form trusting relationships and believe that others could help.

> *It's had a lot of effect on my relationships, a lot* (P1: L552).

> *I don't know. I think it's to do with being in care, like, me always having trust issues…* (P2: L386).

> *I find making friends pretty easy, I find uh keeping friends sucks, I am absolutely awful at it. But like, most of the time the thing I struggle with is trusting people. So, like you could be my friend for years, but I don't trust ya* (P3: L317-20).

Participants focused on the aspect of trust in any relationship. They described the frequent moves as having a severe impact on their ability to maintain and navigate relationships and feel secure enough to have a close connection with another person. As described earlier, P2 mentioned her foster carers of 11 years had given notice on the placement as they were set to retire, leaving her feeling let down, scared and less able to trust. Similarly, participants shared their experience of what happens when they start to have a connection with someone:

> *It was supposed to be my permanent placement… I was a strain on their relationship, because I heard them say it. Umm and the thing was I had a really strong relationship with the, um, male carer at the time…* (P3: L47).

P3 spoke about the idea of having a close relationship with his foster carer which felt like a threat to the fostering couple. He conveyed his fear of what happens when he gets too close to anyone: the closeness becomes too demanding, and results in a relationship breakdown, and he is left with another loss and abandonment.

Participants shared that there is a difference between having people around you and being able to trust them. Being under the care of the local authority means that there is always a team of professionals present, but participants shared how they often felt left on their own.

> *Well, they've just, literally I just had no contact from people whatsoever, none, so* (P3: L655).

> *I will keep being moving, so I wouldn't know who to trust* (P2: L220).

All of the participants conveyed ambivalent feelings about the frequent changes of their social worker:

> *Some of them [social workers] good, but they just leave without telling me… the one I got now is one of the best, I've had so. He tries to help me when there's, whenever I need him… I clashed with one, because he keeps on saying stuff about my dad or me on email* (P2: L91, L180).

> *It just blimmin annoys me, every time he talks to me it's like 'and how are you going to fix that and what are you going to do to fix it' and it's just like oh shurrup about fixing things, you know. But at the same time, he has helped me do some other stuff so it, I guess it's just give and take, but at the same time it's just like oh you can just be so annoying* (P3: L660).

> *I feel like my social worker, like my social workers, before my main Social… um, well X he really didn't care, like he really didn't care. I had one called Y, um Y, she was lovely but the rest of them, I was, I think I had the manager of the care team at the time, she was absolutely awful, like she was just constantly so busy all the time. After that, I gotta, uh, new one. Um this is when I met my favourite PA, she was absolutely amazing… if it weren't for her, I wouldn't have made it out of the care system. I would've been dead* (P1: L23, L319, L437).

Participants described the ‘good’ social workers as the ones that care and help, sometimes above and beyond. Social workers who are not available or feel too intrusive can feel difficult to manage and can give the sense that they do not care. Despite the ambivalence, the presence of a social worker and an adult assigned to them, was felt to be helpful for all participants. P3 conveyed the frustration at not having somebody for himself, especially at a time of difficulty.

> *…but then this is where I find it really annoying. Because they [carers] had no one to talk to, they would talk to my social worker. And then it never felt like to me that I actually had a social worker because, they were talking to my social worker* (P3: L71).

All participants spoke about the importance of having a counsellor to talk to but felt it was withheld. They had all seemed to have a counsellor at school for reasons to do with their birth family but felt they were too young to understand how to make use of it at the time.

> *And the others [social workers], they didn’t help me with my emotional... like help me get counselling and that* (P2: L26).

> *I was begging them to find me something, like literally every house I’ve gone to, every person I can speak to in the system, I begged them to try and find me some therapy and stuff like that and its literally, it just don’t happen. You can’t get therapy, like* (P1: L285).

Despite sharing their frustrations at the lack of emotional support, all participants expressed some resistance towards receiving it. P3 expressed reluctance to accept help from professionals even though he acknowledged that he might have some difficulties. He seemed to be implying that he prefers to deal with his problems on his own and that he does not want to be dependent on others. This perhaps gives an insight into a way of maintaining control over his emotions and avoiding emotional contact.

> *Well, well I just, you know, it's just one of those things. If you're a professional, tryna help me, like I don't like you (laughs) do you know what I'm trying to say. It's like I don't need help, I'm perfectly fine as it is. I might be a little bit mad, you know, I might have my moments, but I'm all good* (P3: L346).

> *I manage it on my own* (P2: L326).

Despite this, there was perhaps a deeper wish to be held in the mind of another. P3 questioned whether being self-sufficient and surviving by only relying on himself had been helpful for him, perhaps conveying a sense of loss at not allowing someone to support him.

> *Well, I dunno, it's one of those things, you can be dependent on yourself, what happens when yourself is a little bit broken or not working so great* (P3: L691).

Despite keeping others at a distance and conveying ambivalent feelings about the professionals involved in their care, all three participants gave examples of positive relationships that were present in their life, although these were briefly or indirectly mentioned. P2 mentioned staff from a young carers team that knew her as a young child and she continues to work with them now as an adult. P3 spoke about the positive aspects of his current caregiver and her son who he has been able to continue to live with. P1 was very emotional as she mentioned her personal assistant from the care leavers team.

> *Oh, she left me last August. It's nearly been a year (laughs but emotional and quieter) seriously, she meant the world to me (laughs, speaking slower with less words). But like I wish I could still speak to her coz like she really (emphasis) did help me* (P1: L428-431).

It sounded a positive relationship and one that felt painful to lose. This felt hopeful as she seemed to have processed the loss and was able to talk about how much this relationship was missed.

4.2.3. The fragmentation of identity - *"There's many layers to an onion".*

The participants in this research were recruited as 'looked after children' or 'care leavers', and all experienced significant trauma resulting in psychological difficulties. The narrative surrounding their mental and physical health appeared to define them, leading them to question whether the label "crazy" was the cause of their frequent moves within the care system.

The frequent moving experienced by participants created a sense of pressure to adapt to new environments, hindering their ability to form close relationships and leading to confusion about their identity and sense of belonging. The impact of this can be seen by P1's comparison to an "asylum seeker," a powerful symbol of displacement and loss of identity, leading to a questioning of who they are and where they belong.

> *I don't know what it is but it's some people saying 'oh I know you tadada' but it just bugs me… well I don't even know myself half the time, so how the hell someone else can know me is just a bit baffling. Plus, the fact that's there's many layers to an onion* (P3: L120-125).

P3 strongly conveyed the difficulty of knowing himself and the frustration he feels when a professional he does not see regularly says they know him. He describes how the metaphor of a multi-layered onion is helpful in conveying the complexity of a looked after child's identity. The layers of protective skin that grow over time and the different parts of the child make it hard to get to the core of their identity.

P1 described how the experience of being rejected by her father and consequent feelings of being "kicked out" from placements has led her to question how others perceive her and ultimately shapes her sense of self. She refers to a comment made by a placement manager, that echoed the rejection she experienced from her father, and implied that the only way to help her was through the care from someone else, as if she was too much to manage for a parent.

> *She used to be like 'oh if you were my daughter, I would've sent you to Africa by now'* (P1: L83).

Similarly, the comparisons made between themselves and others, especially siblings from the same family home who were not in the care system, had a profound impact on their identities. They often considered what they had missed out on from not having a "normal" childhood and the symbolism of being a child in care.

The participants seemed to have developed certain defences, such as emotional detachment, to hide their vulnerabilities in front of others. This may manifest as presenting a different persona:

> *I can't talk to them about nothing coz just… crazy. Because they don't see me as that person… I act like no one could ever hurt me* (P1: L653).

> *I didn't used to show my feelings, so I always smiled, so I didn't show my feelings* (P2: L295).

P2 described being a young carer for her mother from the age of five, due to her mother's physical and mental health needs. Additionally, she described her father and brother having autism and her recent diagnosis of the same. This description as well as her initial comments about being moved into care because of her special needs, suggests that something in her family culture has had an impact on her identity and she manages this by showing others that she does not need help and presents as “strong”.

Despite the challenges they faced in finding a sense of identity and of belonging, all three participants described their efforts to create their own sense of self through their interests, hobbies, education, or jobs.

> *I was doing business admin at my sister’s hair salon… the day I moved in there [next placement] I started college, um, to start my, doing my hair [course]* (P1: L116).

> *I do community carer and I’m studying animal science at Uni* (P2: L545).

> *I got myself a, what was it a Burmese cat, you know the ones that are like super designer and expensive, I got one of those because I read, uh, this, it was called ‘a million worker’, where if you read a million words which doesn’t sound like a lot, but it actually it is a lot like it was, it was, 20 plus books I had to read for it, I was doing, the only person in my school to read two million words… yeah I was like that, I was a little bit of a book worm.* (P3: L189-195)

P3 described being determined to get what he wanted from a young age. He worked hard to use his interest to gain the expensive cat he wanted. His love for fictional stories can be seen as an escape into an imaginative world that offers diverse adventures and settings within a structured narrative. These young people were able to assert their agency and find ways to define themselves on their own terms by pursuing their interests. Perhaps it was these qualities of persistence and capacity to communicate that led them to take part in the research.

As adults, they considered their current situation and feeling settled with something of their own to be an important aspect of their identity. P1 described it as "coming out the other side".

> *I still walk in now like wow I've actually got my own flat and I'm shocked about it because I've never been in any place for like over a year for a long (emphasis) time…I've literally, I've started to set a routine, I've started to stabilise myself, I've started to eat properly, eat healthy and like sort my life out a bit… But it's the first time I've had a bit of staba-bility [stability] and, like, anything like that in my life* (P1: L349, L366).

> *Coming up to a year, on 10th July [in her current place] … I like everything about it* (P2: L120).

> *I love being here but like I probably would never really move. Coz actually, like, it's really difficult to explain, but I hate moving, because it just sucks, you go somewhere you don't really know and what not, but I like living here because it's right by the motorway, it's just in a perfect location really* (P3: L516).

All three participants described enjoying where they live and perhaps having some sense of agency over their living arrangements. Interestingly in P3's statement, he did not mention the carer he continues to live with and instead reported that he dislikes moving and would never move from his current place due to the area being both convenient and familiar. I wondered about what was not explicitly said, and from what he has shared in the general interview, it seems possible that it feels too risky for him to say he likes living there because of his relationship with the foster family. He may have avoided any mention of an emotional attachment, which may indicate how frightening it can be for him to share his investment in a relationship, as related to the previous section.

4.3 Forms of communication - *"I still have a voice you know".*

This super-ordinate theme aims to capture the ways in which these young people strive to make their voices heard, seeking alternative means of communication in order to be seen and heard when direct verbal communication does not suffice.

4.3.1. Finding a voice to ask for help - *"I just need someone to talk to".*

In P1's interview the words *talk* and *help* came up over 80 times, as she stressed how important it was for her to have someone to talk to and support her but felt let down and dismissed.

> *I tried asking for help, I was like I really need some like therapy or like some counselling or something, I sat there begging them to help me… So, I obviously, when I'm annoyed and not in a good mental state (quietly), I get angry, and I've got angry and, I've literally just gone and locked myself upstairs in my room. And I started punching my door and that, I've put holes in my door. And the next thing I know, they knew I didn't like the police, and they're like can you let us in we're here with the police and am like why would you do this (voice raised), I, I asked for literally someone to talk to me and you've brung the police round* (P1: L125, L242-251).

P1 wished to share her thoughts and emotions with someone, seeking support and understanding. However, she felt she often faced dismissal and rejection, causing her feelings to intensify and become uncontrollable. This resulted in P1's destructive outbursts of anger, which communicated the internal pain she was feeling. As a result of the escalating situation, support staff found it challenging to assist her. She expressed her disappointment that the situation escalated and felt involving the police was neither necessary nor helpful, as she had only asked for someone to talk to.

P2 described the breakdowns of some of her long-term placements and mentioned that she was given two days to three weeks' notice before her moves. Her compliant and passive demeanour towards the moves, as described by her, was a way of communicating her fear which made it difficult for her to ask for more information. She shared that some preparation could have alleviated her fear.

> *Information like who I was going to, where, and that* (P2: L474).

P3 said he verbalised his concerns about the placement to his social worker and asked to be moved but that, when the outcome was not as he hoped, he started to run away.

> *Well because no one was listening to me. Even when I was talking to them, and what not, there was just nothing, so at that point I thought right the only way I'm gonna get heard is just by doing something pretty extreme, and… um so I think it was like six or seven times I ran away, before then that they finally realised that I'm not happy in the placement and then they moved me* (P3: L90,101).

P3 felt that his requests for help were overlooked, which led him to take the extreme measure of running away from the placement in order to find an alternative way to communicate his unhappiness and difficulties with being in that placement.

> *But at the same time, I get it. You know, you're talking to a what 12-year-old, at that age, you know, how do they know about the future do you know what I mean, but at the same time it's like I still have a voice you know* (P3: L143).

4.3.2. The need to speak up for future looked after children - *"Why these kids haven't had counselling from day one of going into care, is just ridiculous".*

All three participants felt they had reflected on what was missing for them during their time in care and they could now actively use their voice to passionately express their recommendations for future looked after children. They wanted to share advice to professionals in their interviews. P3 now worked as an advocate for the Care Leavers team. P1 said she was in the process of writing a formal letter and had spoken to Ofsted about her perspectives.

> *I currently, um, writing a letter to the council about um, leaving care and mental health in it. Coz we all go through our problems from young, some of us have been in um care since they're kids… there are people who have so much tra[u]ma and they're just putting us in to placements without no help* (P1: L602-605).

> *…support them, like emotional and give them information, like um, who I was going to, where, and that* (P2: L468).

> *I almost feel like even if it's only a few sessions, right, and then some advice afterwards, but like if every time a kid moves placement, they have a few counselling sessions, on how they are how they're feeling, you know, how the move has had, you know affected them this that and the other, they could seriously get like a lot of good stuff out of it. Plus, the fact, this kid might not grow up to have problems. I doubt it* (P3: L615-619).

The participants strongly conveyed that the absence of support and someone to confide in played a significant role in the deterioration of their mental health. They repeatedly emphasised the importance of providing information and emotional support to future children in care.

CHAPTER FIVE: DISCUSSION

This chapter aims to provide an exploration of the research findings in relation to the literature review.

5.1 Disruption: Leaving family and going into care - *"We don't get that, what other kids get".*

5.1.1. Separation - *"No one's out here loving us like how normal families get loved".*

As the participants began sharing their experiences, it became clear that their painful journey began with two pivotal moments: their separation from their birth families and then their placement in an unfamiliar environment with unknown people.

It was notable that none of the participants began by providing background information on their family context or their reasons for being initially taken into care. This could have been because of the expectations they felt I had based on the introduction at the start of the interview, or their anxieties about speaking to a stranger, or there may have been other meanings behind their choice of where to start their narrative.

As the NICE guidelines (2021) recognise, entry into care is usually a traumatic experience involving loss, which may not be fully acknowledged in care planning. Each participant vividly recounted the intricate details of their initial separation from birth parents, recalling the emotions experienced, the conversations that did or did not take place, the lack of explanations or knowledge provided, who was present, where they were taken, and the feeling of being left on their own. They felt the adults around them withheld information and did not prepare them for the move. Using the insights from psychoanalytic literature, we can understand the momentous task that children face when they are expected to manage the loss of their birth families without a known adult to help them process and make sense of their experiences (Klein, 1926; Bion, 1962; Canham, 1999; Kenrick, 2006). The resonance between the findings of this study and Mitchell & Kuczynski's (2010) contributes valuable insights to the limited existing research on this topic, underscoring the lack of understanding about the initial transition as a significant emotional aspect for care-experienced young people and emphasising the need for strong support mechanisms during this pivotal time. These findings hold valuable implications for practitioners and policymakers involved in supporting them through foster care transitions.

In contrast, the narratives of subsequent moves between placements revealed a strong sense of confusion, both for the participants and me. During the interviews, the participants appeared to be recalling memories and attempting to piece together the chronology of their moves. It seemed difficult to distinguish between different placements or to recall which placement they had been referring to at times, indicating that the moves had become unclear in their minds. The difference in recollection suggests significant implications for the emotional impact and psychological processing of these experiences.

During the process of the interviews and analysis of data, I realised that working out a clear chronology of each participant's moves helped me to feel grounded. It was as if I had to hold onto a timeline in my mind to make sense of their experiences and not feel overwhelmed. This seemed important because, as discussed in the literature review, children in care who lack containment and order in their experiences can struggle with the concepts of time and sequence (Canham, 1999). In contrast, a child in an ordinary family has a parental figure who has known them since birth and can hold their experiences in mind as they develop. Through my experience of conducting these interviews, I gained insight into the potential challenges and feelings of overwhelm and disjointedness. This highlighted the importance of someone holding on to an ordering of the young person's experiences to provide a sense of continuity in their lives. However, the existing literature and the findings from this study highlight the dynamic nature of a child's chronology, even when held by professionals with parental responsibilities.

Later in the interview, as participants shared their thoughts about why they were moved from their birth families, they seemed to be simultaneously searching for meaning. Similarly, during the data analysis and organisation of themes, I found myself taking an iterative approach, repeatedly spending time trying to think more deeply about what the participants were telling me, and perhaps still falling short. Additionally, my experience of the participants' confused sense of recalling their experiences gives some indication of how multi-layered their narrative may be.

Many factors lead to a child going into care and having to move from one placement to another. The sense of confusion that participants experienced may not have been just about what happened but may also stem from long periods of ruminating on all the possible reasons why a placement did not work out, whether it was their fault, or whether there were other factors that they were not aware of. This potentially endless process can impact the ability to develop the sense of internal continuity and a narrative of the self that gives meaning to life and has an impact on their sense of identity and belonging.

Due to the constant moving, lack of reflection on past experiences, and emphasis on starting anew, they were perhaps left with unprocessed emotions. This lack of emotional repair could have been a contributing factor to the difficulty in recruiting participants, as they may have been hesitant to volunteer and relive their past. This underscores the need for effective interventions, such as approaches like life story work in providing meaning and continuity in the lives of children in care.

These findings align with existing research indicating that young people express feelings of not being involved in the process, lacking information and preparation, and experiencing a lack of reciprocal dialogue (Rostill-Brookes et al, 2011; Braden, J., Goddard, J., & Graham, D., 2017; Chambers et al., 2018; Nary & Owers, 2018). Despite policy recommendations to involve children in care during these crucial moments and foster shared and meaningful conversations, the existing challenges persist. It highlights the ongoing need for improvement in engaging young people in care transitions and promoting genuine dialogue to address their needs effectively.

5.1.2. The lack of a sense of belonging and the need for stability - *"I have never had a home".*

It was interesting to note that participants rarely used the term ‘home’ during the interviews. This seemed to highlight the effects of prolonged instability and the loss of familiar people. The DfE (2022) statistics indicate that 10% of children in care experience high instability. The absence of familiar sounds and smells, which provide stability and continuity, as Rustin (1999) describes, can also be devastating. The inquiry Rustin (2006) raises “where do I belong?” was reflected through the narratives of all three participants, linking to the existential dilemma of finding a sense of belonging when parental care is absent and the familiar home environment is lost.

> *I didn’t care coz I just wanted to be like, my dad’s just kicked me out, what am I living for* (P1: L503).

In 18,180 placements the main reason for a placement move was due to a change of care plan (DfE, 2022). The participants shared some of the reasons they knew for their placements moves, such as their foster carers’ retirement. However, the participants described an experience of having no input or control over the decisions to end a placement. They mentioned the loss and absence of family members, changes of school, work colleagues, and areas, highlighting the impermanence of things that would be stable for other children. This seems to be in conflict with policy recommendations which state that if one area of the child’s life is unstable, such as a foster placement, then other areas should be afforded continuity, such as school or relationships, in order to promote a sense of belonging, confidence, feelings of safety, and continuity (Stanley, 2007; NICE, 2021; DfE, 2022). The data from the interviews suggested that there are significant differences between the expectations and recommendations of policy makers and the reality of the experiences of children and young people in the care system.

In summary, these findings correspond with extensive research on the impact of instability for these young people. They affirm that placement instability has a devastating impact on emotional wellbeing, is experienced as a series of losses and rejections, which result in negative self-perceptions and challenges their trust in others (Canham, 1999; Gilligan, 2001, Stanley, 2007; Coy, 2009; Tarren-Sweeney, 2019; NICE, 2021, DfE, 2022). This resonance with existing literature enhances the theoretical grounding and emphasises the practical and theoretical implications for ongoing development in informing effective interventions.

5.2 The long-term psychological impact - "*They genuinely thought I was going crazy*".

5.2.1. Pervasive and complex difficulties - *"You're sitting there alone, and like, talking to yourself every night".*

Participants were able to describe the physical aspect of moving between places but struggled expressing the psychological shift from moving between one family to another, as also emphasised by Unrau, Seita & Putney (2008). The findings and existing literature show that the memory of moving between placements was associated with emotions of shutting down, disconnecting and withdrawing. Considering their reported struggles, it makes sense that recognising the psychological impact may be challenging, especially when the use of disconnecting may have been used as a survival mechanism.

To add to this, the concepts of ‘Latent Vulnerability’ proposed by McCrory (2020) and of ‘Double Deprivation’ introduced by Henry (1974) are helpful in considering the long-term psychological impact of moving between placements. They both suggest that coping strategies learned in response to environments that can feel threatening can become unhelpful in the long-term and can hinder the ability to form healthy relationships. Each participant conveyed developing their own coping strategies to deal with the deprivation they endured and the resulting impact on their wellbeing.

The three participants each named a number of psychiatric diagnoses they had been given over their lifespan. However, these labels did not seem to capture the complexity and impact of each individual’s trauma and thus may limit understanding of the diverse effects of trauma. Trauma has a significant impact on a person’s physical and mental health and can affect more than one aspect of development. P3’s symptoms were not easy to identify, which resulted in him being initially diagnosed with a learning difficulty, then with bipolar disorder, then with borderline personality disorder. His experience confirms the argument made by DeJong (2010) that young people who have undergone adverse experiences and trauma present with complex symptoms that are not easy to categorise and diagnose. A diagnosis can reduce the uniqueness of the individual’s experience and voice, hindering a comprehensive understanding of their unique challenges, but on the other hand, not having a diagnosis means not gaining access to services.

It is notable that participants often associated their psychological difficulties with the absence of someone to talk to, highlighting a common theme of feeling alone in dealing with transitions and losses without the help of someone to make sense of their experiences. This isolation has profound implications as these young individuals, lacking a thinking function, may resort to omnipotent defences such as a false independence or emotional detachment, relying on self-harm or putting on a smile to hold themselves together and prevent disintegration (Kenrick, 2000). This pattern of coping mechanisms aligns with prior research, indicating that these young people often develop defence mechanisms as a means of emotional withdrawal from others (Henry, 1974; Unrau, Seita & Putney, 2008; Coy, 2009; Skoog, Khoo & Nygren, 2015; Braden, Goddard & Graham, 2017). I realised my biases and assumptions about the research topic when I experienced feeling emotionally detached, despite my expectation that it would stir up painful feelings. It seems crucial to acknowledge that professionals may unconsciously avoid the mental and physical strain associated with working with vulnerable young people (Rustin, 2005; Boswell & Cudmore, 2017).

The findings in this study further illustrate how these experiences and feelings of disconnect, compliance and isolation can be a form of coping mechanism to manage the instability, rejections and feelings of not being held in anyone's mind. This also raises practical implications for professionals, as acknowledging and exploring our own emotional reactions and biases can help us better understand and support the children and young people we work with, as suggested by Britton (1981).

5.2.2. The impact on relationships - *"I don't trust ya".*

As well as the employed coping mechanisms, the loss, disruptions and transitions that come with being in care have a significant impact on the capacity to form trusting relationships. Participants in the study placed particular emphasis on the difficulty of trusting others. Trust involves factors such as reliability, honesty, vulnerability, and consistency, all of which have been compromised for these young people, leaving them vulnerable to disappointment and hurt from the point of birth family. The specific concept of trust seems to have been overlooked as an independent focus in research, often being linked instead attachment and positive relationships.

Participants in this study reported experiencing multiple losses due to frequent placement moves, making it difficult for them to establish ongoing relationships. This correlates with findings in the literature that suggest these children learn not to form attachment relationships in order to avoid the pain of losing them and may actively detach or alienate themselves from their caregiver (Stanley, 2007; Unrau, Seita & Putney, 2008; Coy, 2009; Skoog, Khoo & Nygren, 2015). To address this challenge, NICE recommendations (2021) emphasise the need to promote positive relationships and ensure continuity of social networks and social workers for young people in care, particularly during placement instability. However, expecting social workers to remain stable and advocate for a child throughout their journeys in care is perhaps an idealistic recommendation, given the many pressures that social services departments face. This lack of continuity may partially explain why participants expressed ambivalent feelings towards their social workers, as it is difficult to form a strong attachment to anyone when there is no certainty about how long they will remain in their role. As Bowlby (1988) suggests, children who experience multiple separations come to expect rejection and separation at each new placement and may also refuse to accept a caregiver’s attempts to provide comfort.

It was particularly upsetting when participants described the breakdown of long-term placements, with some carers terminating the placement due to their own needs or difficulties in caring for the child. The NICE recommendations (2021) suggest having a transition period to help young people understand the reasons for the breakdown, to avoid rushing the move and allow contact with previous carers, if desired, to promote positive relationships. However, participants did not mention any transition work during the interviews, P2 mentioned keeping some contact with previous carers and P3 confided that he overheard tension in his carer couple's relationship and still believes, even now, that the breakdown of the placement was because of him.

Although children in care may appear independent and self-sufficient, beneath this exterior seemed to lay insecurity and distress for these young people. Participants conveyed that at times they could not manage on their own, recognising their vulnerabilities and pain. The findings from participants resonate with Stanley, Riordan & Alaszewski (2005), who found that high levels of disturbance were associated with multiple placements among looked after children with high needs. In both studies, there is a shared understanding of the challenges faced by these individuals, including a wish for supportive interventions. Participants in this study expressed the need for access to counselling or emotional support, mirroring the frustration highlighted by Stanley, Riordan & Alaszewski (2005) regarding challenges in accessing the right level of support due to disruptions caused by frequent placement moves and existing service limitations. These findings underscore the need for further research into the effectiveness of long-term interventions, specifically emphasising the potential value of intensive child psychotherapy.

While participants recognised the importance of such support, they also acknowledged their own defences and inability to emotionally trust others as potential challenges to fully engaging in the process. At the same time, they were often dismissive of professionals whom they perceived as not being good enough and found it difficult to accept support when offered. This struggle may stem from a re-enactment of the original trauma, such as a way of coping with past experiences of not receiving adequate support from a caregiver. It may also reflect the belief that nothing can replace a stable experience of a normal family life. Britton’s (1981) concept of re-enactment can help to understand these underlying patterns.

The provision of mental health services to young people is complex and requires thoughtful consideration, particularly starting with an exploration of the network around them and generating ideas for engaging with these young people. My experience trying to recruit participants for this study perhaps highlights some of the complexity of the issue.

Addressing the mental health needs of young people in care requires a multifaceted approach that considers their unique experiences and challenges. Exploring the specific reasons for ambivalence and involving former care leavers in the development and delivery of services are important steps towards improving engagement with professional services. This approach is supported by Chambers et al.’s (2020) research on the recommendations from foster alumni and was also reflected in this current study, where participants shared their thoughts on what might be helpful in the system.

It was striking that participants only briefly mentioned positive relationships, perhaps due to a desire to maintain caution and protect the relationship. However, it is hopeful that they were able to maintain relationships that felt meaningful to them. It may be helpful to further consider these positive relationships in understanding a care leaver's resilience and ability to connect with others despite difficulties in trusting.

5.2.3. The fragmentation of identity - *"There's many layers to an onion".*

The findings indicate that participants experienced various ways in which they were identified, including being identified as care-experienced, having experienced trauma, having a diagnosis, or having various expectations placed on them to fit in with their foster family and placement. Other subtle factors that contributed to the fragmentation of their identity included reasons for placement breakdowns, perceptions of oneself and others, adopting a strong persona, adapting, surviving multiple transitions and losses, and finding a sense of belonging. Through all this, P3 expressed frustration when others claimed to know him, as he felt that he did not even know himself. As participants illustrated through the metaphor of onions, the many layers of experience that build up over time seem to form their identity.

The participants' reflections vividly capture a sense of not having the same experiences as their peers, expressing a feeling of being different and of missing out on what "what other kids get". This resonates with the theories of Klein (1926) and Bion (1962), providing insights into the complexities of identity and emotional development. These theories emphasise the crucial role of the primary caregiver in creating a responsive and supportive environment, an important aspect these participants have lacked. Consequently, their experiences manifest as a lack of self-awareness, feelings of insecurity, a negative self-image, and challenges in navigating social relationships, aligning with the theoretical literature.

While the issue of being recruited by the term ‘care leavers’ did not specifically emerge in my findings, it seems important to acknowledge the significance of language and labels, as emphasised by Somerset County Council (2020). The preference expressed by young people for being identified as ‘children looked after’ (CLA) instead of ‘looked after children’ (LAC) underscores the impact of language on their sense of self and autonomy in shaping their identity. Language played a vital role in helping them avoid negative connotations associated with labels and have some autonomy in creating their own identity. It is important to recognise that language and labels can have a significant impact on one’s sense of self and belonging, particularly in the case of care leavers and looked after children. However, it is also important to acknowledge that no terminology can fully capture the complexity and harsh realities of their experiences. Additionally, shifting between different terminologies adds to the confusion and distracts from the actual essence of their experiences. This reflection prompts consideration of its potential impact on participant engagement and recruitment.

While the themes discussed highlight the significant impact that multiple placements can have on a child’s development, it is important to note that the three participants demonstrated their resilience and their desire to create their own identities through their interests, hobbies, and educational pursuits. They expressed hope for the future and a sense of pride in their accomplishments, which may suggest that they have been able to draw on personal strengths and resources in their journey through care. They felt they were “out the other side” and felt more in control of their choices, such as work, where they lived, and how they decorated their homes, giving them a sense of agency. They all described being in a settled place of their choice, and this sense of stability and control contributed to feelings of “freedom”. The participants’ demeanour noticeably shifted when discussing these pursuits. They appeared more relaxed and upbeat, with their speech reflecting a sense of ownership and choice. It was interesting to note that all three participants had roles that included an aspect of caring for others, which also links to resilience, a dimension that may not have been extensively explored in prior research on the impact of placement moves. This observation prompts reflection on its significance and motivations for taking on such roles.

There appears to be existing research emphasising the significance of a sense of belonging among care-experienced individuals. However, qualitative studies do not specifically delve into the aspect of identity, which appears to be both elusive and crucial for these participants. Further research into how identity is shaped or understood may provide valuable insights and contribute to a deeper understanding of this populations needs and challenges.

5.3 Forms of communication - *“I still have a voice you know”.*

5.3.1. Finding a voice to ask for help - *“I just need someone to talk to”.*

As described in the qualitative studies reported in the literature review (Rostill-Brookes et al, 2011; Braden, J., Goddard, J., & Graham, D., 2017; Chambers et al., 2018; Nary & Owers, 2018), the three participants seemed to convey feeling inhibited in being able to communicate their wishes, along with a sense of being uninformed and lacking information. Effective communication between young people and their social workers is not only important for building trust and rapport but is also a legal requirement, as highlighted by the Children’s Act

(1989) and NICE recommendations (2021), which emphasise the importance of considering a child’s wishes and feelings in decisions that affect them.

Building on Coy’s (2009) findings, this current study resonates with the theme of feeling unheard and the consequent use of unhealthy communication methods. P1 and P3 illustrated how, when their words were perceived as being ignored, they resorted to extreme actions like running away, not as acts of rebellion but as a desperate attempt to survive and convey their unhappiness. This aligns with Coy’s (2009) insights, where young people, experiencing a constant turnover of placements, resort to actions that might make them more vulnerable. Both studies emphasise the impact of powerlessness which can lead to self-destructive behaviours that may impact negatively on their wellbeing.

This can also relate to Britton (1981) and Emanuel’s (2002) concept of the unconscious re-enactment of neglect by the child’s network, which can result in the young person feeling unheard and unable to express their thoughts and feelings in a coherent way.

5.3.2. The need to speak up for future looked after children - *“Why these kids haven’t had counselling from day one of going into care, is just ridiculous”.*

All three participants were able to articulate their experiences in care and what they felt they had missed out on, relating it to what they believed was important for children in care. Two participants shared that they were actively advocating for children in care by sharing their experiences with Ofsted or volunteering as an advocate at their borough’s county council.

This level of active participation has not been commonly reported in existing research literature.

As my literature search found, Chambers et al.’s (2020) study focused on incorporating recommendations from foster alumni on managing placement moves. To ensure participants in my study had a chance to share their voice on the subject, I asked a similar question during the interviews. As in Chambers et al.’s (2020) study, the current study’s participants used their voices to suggest ways for professionals to emotionally support young people in care, particularly during placement transitions. They insightfully recognised that many children in care have experienced early trauma, which can lead to psychological pain and unhelpful coping mechanisms. The main advice they shared was what they feel they lacked, the need for emotional support, particularly in the form of having someone to talk to, and particularly during transitions between placements. Having someone to talk to at a more emotional level was deemed crucial to help them grieve their losses and make sense of their feelings and experiences. The experience of having someone hold them in mind, they suggested, combats isolation, strengthens relationships, and improves self-esteem. It was evident that all three participants felt it was important for professionals to better understand how to support children in care emotionally and practically. This seems to be a valuable yet under-researched area that could have significant implications for practice. Exploring this further could help care leavers feel more involved and facilitate their engagement with services.

However, the findings from this research, along with previous literature, suggest that supporting children in care is a complex matter. Offering emotional support and a safe space for children to make sense of their experiences can be helpful, but it is complicated by the fact that many looked after children have unresolved grief and loss regarding relationships, which can lead to defensiveness and avoidance of help. This presents a ‘causality dilemma’ that requires further research, especially among young people in stable placements.

CHAPTER SIX: CONCLUSION

The aim of this study was to provide care-experienced young people with an opportunity to share their experiences and perspectives on the impact of multiple transitions between placements while in care. Despite the study’s small sample size of three participants, it revealed significant findings that align with previous research and have practical implications for clinical practice and future research.

One of the key findings was the emotional stress experienced by the participants due to moving into care and subsequently moving between multiple placements. This emotional turmoil can lead to difficulties for the mental health and development of young people in care, underscoring the need for professionals to recognise and address losses and separations. The study underscores the importance of providing emotional support and preventing feelings of isolation, promoting effective communication, and advocating for care-experienced young people’s wellbeing and time in care.

The study also highlights the importance of continuity and stability in promoting a sense of belonging, identity, emotional wellbeing, and forming and maintaining meaningful relationships. Despite these challenges, the participants demonstrated resilience and expressed happiness in sharing their present situations of feeling settled and being employed, which may have contributed to their sense of being more in control of their current circumstances.

The experience of conducting this research felt challenging. It was important to ensure that the participants' perspectives were accurately and sensitively represented in the research findings. I found the balance between my dual roles of child psychotherapist and researcher difficult to balance at times during the interviews. I aimed to collect and analyse data that would capture the experiences of care-experienced young people and contribute to a broader understanding of their needs. I hope that my study conveys the importance of considering the perspectives of care leavers to inform more effective support for these young people.

6.1 Strengths and Limitations

A strength of this study was that I recruited as widely as I could, persisting in recruitment despite the difficulties I faced. I extended my recruitment period to 14 months to allow for more young people to be recruited. Although there were only three participants, diversity in their circumstances added to the richness of their experiences that I was able to consider.

The use of IPA as the methodology in the study, ensured a thorough analysis of the data and allowed for a detailed understanding of the experiences and perspectives of the participants.

Another strength of this research is that it addresses a gap in the literature on care-experienced young people's experiences and perspectives of transitioning between placements in the UK. By providing a first-hand account of the experiences of young people who have left care, the study sheds light on an important issue that has not been explored in-depth in recent UK based research. The last qualitative study in this area was conducted five years ago in the USA, highlighting the need for updated research that is directly relevant to the UK context.

One of the main limitations was the small sample size of three. Although this sample size may be appropriate for an IPA qualitative methodology in a professional doctorate project of this size, this does significantly compromise the generalisability of the findings. The participants in the study were all individuals in their early twenties who identified as White-British. It is possible that those who chose to participate in the study are more likely to have better experiences and outcomes than those who did not participate. While the study provides insights into the experiences and perspectives of this group, this limitation means that important differences in perspectives based on factors such as ethnicity, age, and gender were not addressed.

My personal experience of working with looked after children in transition may have led to assumptions, biases, and experiences influencing the interview and interpretation of the data. This may impact the replicability of the study, although IPA methodology acknowledges that the researcher’s background and experiences shape the data collection and interpretation process.

6.2 Implications for Policy, Practice and Future Research

The findings of this research and the literature suggest that there is a gap between policy and implementation in practice, leaving care-experienced young people feeling unsupported during and after placement moves. The participants consistently conveyed a sense of isolation and difficulty in processing their experiences of loss and change, emphasising the need for counselling or emotional support.

The study highlights practical implications for policy and practice, such as the need for more support and information for looked after children during the transition between placements, the significance of continuity in various areas of their lives, and the requirement for more holistic and personalised support that recognises the unique needs and experiences of each individual. To enhance our understanding of care leavers' experiences and the generalisability of the findings, future research could aim to recruit a larger and more diverse group of participants and conduct a comparison study with a different population or a broader follow-up study. This would help ensure that policies and practices are informed by a comprehensive understanding of the diversity of care leavers' experiences.

Findings of this research demonstrates the importance of social workers and other professionals who work with young people in care to actively listen to their concerns and take the time to work with them to address these issues. It also highlights the need for alternative methods of communication, such as advocacy and support services, to ensure that young people's voices are heard, and their needs are met. Further, my emotional responses during the interviews highlight the importance of recognising and comprehending the coping strategies of care-experienced young people during transitions between placements. This can be achieved by making use of various modes of communication, including verbal and non-verbal cues, while also considering countertransference feelings and other related factors.

Professionals need to be open-minded and reflective in their interactions with young people to avoid misinterpreting their behaviours. It is important for professionals to try to understand the communication behind the behaviour and create a safe and trusting environment that allows for open and honest communication. Social workers may need support from therapeutic or mental health services to better understand the communications of children and young people who may not be able to express themselves clearly in words.

Additionally, social workers' high caseloads may contribute to some of the policy-practice gap. Investigating the reasons for high turnover rates in social care teams and exploring potential solutions to ensure continuity of social worker throughout a child's care journey is necessary. To promote stability and continuity for care-experienced young people, researchers could examine the role of social workers and other professionals and identify strategies to support them in their work.

Future research could investigate effective interventions and support systems for promoting the wellbeing and positive outcomes of children in care, especially during placement transitions. This could include the use of life story work and providing access to records, which could help care leavers develop a meaningful narrative of their lives and fill gaps in their memory. It is important to explore effective interventions and support systems for care leavers who display symptoms but do not meet diagnostic thresholds for formal mental health diagnosis. Future research could explore the effectiveness of the range of interventions, including intensive psychotherapy, counselling, psychoeducation, and group therapy, in promoting the wellbeing and positive outcomes of children in care, during and after placement transitions.

Finally, future research could thoroughly explore the perspectives on placement transitions from both young people and their professional network to achieve a comprehensive understanding of what is effective and what is not. While research has indicated that young people should be informed and prepared for transitions, it is often more complex in practice as social workers and foster carers may make efforts to already do so. A more nuanced and systemic understanding can be achieved by researching all perspectives involved.

Overall, it is noteworthy that the participants in this study vividly expressed their thoughts and experiences, highlighting the themes that are not necessarily new but have been previously identified in policy and research. However, what is particularly striking is the disconnect between policy recommendations and real-life practice in the UK, as experienced and recalled by the participants. The study highlights the need for further qualitative research on different areas of this subject to bridge this gap and ensure that policies and practices are informed by a comprehensive understanding of the experiences and needs of care-experienced young people.

REFERENCES

Aveyard, H. (2004) *Doing a literature review in health and social care: A practical guide.* London: Open University Press.

Barker, C., Pistrang, N., & Elliott, R. (2002) *Research methods in clinical psychology: An introduction for students and practitioners*, *second edition*. London: Wiley.

Barnardo's (2017) *Neglected Minds*. Available at: https://www.barnardos.org.uk/sites/default/files/uploads/neglected-minds.pdf [Accessed: 3/1/22].

Bion, W. R. (1962) *Learning from Experience*. London: Heinemann.

Boswell, S. & Cudmore, L. (2017) Understanding the 'blind spot' when children move from foster care into adoption. *Journal of Child Psychotherapy*, 43: 243-257.

Bowlby, J. (1988) *A Secure Base*. London: Routledge.

Braden, J., Goddard, J., & Graham, D. (2017) 'Caring for better health: An investigation into the health needs of care leavers.' *The Care Leavers' Association and Department of Health*.

Available at: https://www.careleavers.com/wp-content/uploads/2017/12/Caring-for-Better-Health-Final-Report.pdf [Accessed: 3/1/22].

Britton, R. (1981) Re-enactment as an unwitting professional response to family dynamics. In Box, S. et al. (1981) *Psychotherapy with families: an analytic approach.* London: Routledge & Kegan Paul.

Canham, H. (1999) The Development of the Concept of Time in Fostered and Adopted Children. *Psychoanalytic Inquiry*, 19 (2): 160-171.

Chambers, R. M., Crutchfield, R. M., Willis, T. Y., Cuza, H. A., Otero, A. & Goddu Harper, S. G. (2018) "It's just not right to move a kid that many times:" A qualitative study of how foster care alumni perceive placement moves. *Children and Youth Services Review*, 86: 76–83.

Chambers, R. M., Crutchfield, R. M., Willis, T. Y., Cuzad, H. A., Otero, A., Harper, S. G. G., & Carmichael, H. (2020) "Be supportive and understanding of the stress that youth are going through:" Foster care alumni recommendations for youth, caregivers and caseworkers on placement transitions. *Children and Youth Services Review*, 108.

Coy, M. (2009) Moved around like bags of rubbish nobody wants: How multiple placement moves can make young women vulnerable to sexual exploitation. *Child Abuse Review,* 18 (4), 254-266.

DeJong, M. (2010) Some reflections on the use of psychiatric diagnosis in the looked after or 'in care' child population. *Clinical Child Psychology and Psychiatry,* 15 (4): 589-599.

Department for Education (2016) *Keep on Caring: Supporting Young People from Care to Independence*. London: Department for Education. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/535899/Care-Leaver-Strategy.pdf [Accessed: 5/9/21].

Department for Education (2022) *Children looked after in England including adoptions, Reporting Year 2022*. Available at: https://explore-education-statistics.service.gov.uk/find-statistics/children-looked-after-in-england-including-adoption/reporting-year-2022 [Accessed: 28/11/22].

Duncalf, Z. (2010). 'Adult Care Leavers Speak Out: The views of 310 care leavers aged 17-78'. *Care Leavers' Association*. Available at: https://www.careleavers.com/wp-content/uploads/2010/03/Listenup.forprint-1.pdf [Accessed: 16/5/22].

Emanuel, L. (2002) Deprivation X3: The Contribution of Organisational Dynamics to the ‘Triple Deprivation’ of Looked-After-Children. *Journal of Child Psychotherapy*, 28:163-179.

Ford, T., Vostanis, P., Meltzer, H. & Goodman, R. (2007) Psychiatric Disorder among British Children Looked After by Local Authorities: Comparison with Children living in Private Households. *The British Journal of Psychiatry*, 190: 319-325.

Foster, D. (2021) *Looked after children: out of area, unregulated and unregistered accommodation (England)*. House of Commons Library. Available at: https://commonslibrary.parliament.uk/research-briefings/cbp-8967/ [Accessed: 14/3/23].

Freud, S. (1914) Remembering, Repeating and Working-Through (Further Recommendations on the Technique of Psycho-Analysis II). T*he Standard Edition of the Complete Psychological Works of Sigmund Freud*, Volume XII (1911-1913): The Case of Schreber, Papers on Technique and Other Works, 145-156.

Gilligan, R. (2001) *Promoting Resilience: A Resource Guide on Working with Children in the Care System*. London: British Agencies for Adoption and Fostering.

Glaser, B. & Strauss, A. (1967) *The Discovery of Grounded Theory: Strategies for Qualitative Research.* New York: Aldine De Gruyter.

Heimann, P. (1950) On Counter-Transference. *International Journal Psycho-Analysis*, 31: 81-84.

Henry, G. (1974) Doubly Deprived. *Journal of Child Psychotherapy,* 4 (2): 29-43.

Hindle, D. and Shulman, G. (2008) *The Emotional Experience of Adoption: A Psychoanalytic Perspective.* London and New York: Routledge.

Hughes, K., Bellis, M. A., Hardcastle, K. A., Sethi, D., Butchart, A., Mikton, C., Jones, L. & Dunne, M. P. (2017) The effect of multiple adverse childhood experiences on health: A systematic review and meta-analysis. *ScienceDirect,* 2 (8): 356-366.

Kenrick, J. (2000). 'Be a kid': The traumatic impact of repeated separations on children who are fostered and adopted. *Journal of Child Psychotherapy*, 26: 393- 412.

Kenrick, J. (2006) Work with children in transition. In Kenrick, J. & Lindsey, C. & Tollemache, L. *Creating new families. Therapeutic approaches to fostering, adoption, and kinship care* (pp. 67-83). London: Karnac.

Klein, M. (1926) The Psychological Principles of Infant Analysis. In Mitchell, J. (1986) *The Selected Melanie Klein.* New York: The Free Press.

Legislation.Gov.UK (2000) *Children (Leaving Care) Act 2000, Crown*. Available at: https://www.legislation.gov.uk/ukpga/2000/35/contents [Accessed: 5/9/21].

Legislation.Gov.UK (2011) *Children Act 1989, Crown*. Available at: https://www.legislation.gov.uk/ukpga/1989/41/contents [Accessed: 5/9/21].

Local Government Association (2016) *Healthy futures: Supporting and promoting the health needs of looked after children.* Available at: https://www.local.gov.uk/sites/default/files/documents/healthy-futures-supportin-9cf.pdf [Accessed: 30.1.22].

McCrory (2020) *Childhood trauma and the brain.* Available at: https://uktraumacouncil.org/wp-content/uploads/2020/09/CHILDHOOD-TRAUMA-AND-THE-BRAIN-SinglePages.pdf [Accessed 5/9/21].

Meltzer, H., Gatward, R., Corbin, T., Goodman, R., & Ford, T. (2003) *The mental health of young people looked after by local authorities in England.* London: TSO. Available at: https://sp.ukdataservice.ac.uk/doc/5280/mrdoc/pdf/5280userguide.pdf [Accessed 5/9/21].

Mitchell, M. B. & Kuczynski, L. (2010) Does anyone know what is going on? Examining children’s lived experience of the transition into foster care. *Children and Youth Services Review*, 32 (3): 437-444.

Narey, M. & Owers, M. (2018) *Foster Care in England: A Review for the Department for Education*. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/679320/Foster_Care_in_England_Review.pdf [Accessed: 5/9/21].

National Institute for Health and Care Excellence (2021) *Looked-after children and young people*. Available at: https://www.nice.org.uk/guidance/ng205 [Accessed 7/1/22].

Oxford Languages (2020) *Oxford Languages*. Oxford University Press. Available at: https://languages.oup.com/ [Accessed 16/5/22].

Pietkiewicz, I. & Smith, J. (2014) A practical guide to using Interpretative Phenomenological Analysis in qualitative research psychology. *Psychological Journal*, 20: 7-14.

Randle, M. (2013) Through the Eyes of Ex-Foster Children: Placement Success and the Characteristics of Good Foster Carers. *Practice: Social Work in Action*, 25(1): 3-19.

Rocco-Briggs, M (2008) “Who Owns My Pain?” An Aspect of the Complexity of Working with Looked After Children. *Journal of Child Psychotherapy*, 34 (2), pp.190- 206.

Rostill-Brookes, H., Larkin, M., Toms, A. & Churchman, C. (2011) A shared experience of fragmentation: Making sense of foster placement breakdown. *Clinical Child Psychology and Psychiatry,* 16 (1): 103-127.

Rustin, M. (1999) Multiple Families in Mind. *Clinical Child Psychology and Psychiatry,* 4 (1): 51-62.

Rustin, M. (2005) Conceptual analysis of critical moments in Victoria Climbié’s life. *Child & Family Social Work*, 10 (1): 11-19.

Rustin, M. (2006) ‘Where Do I Belong? Dilemmas for Children and Adolescents who have been Adopted or Brought up in Long-term Foster Care’. In Kenrick, J., Lindsey, C. & Tollemache, L. (Eds.) *Creating new families. Therapeutic approaches to fostering, adoption, and kinship care.* London: Karnac.

Shek, D., Tang, V & Han, X. (2005) Evaluation of Evaluation Studies Using Qualitative Research Methods in the Social Work Literature (1990-2003): Evidence That Constitutes a Wake-Up Call. *Research on Social Work Practice,* 15 (3): 180-194.

Skoog, V., Khoo, E., & Nygren, L. (2015) Disconnection and dislocation: Relationships and belonging in unstable foster and institutional care. *British Journal of Social Work,* 45 (6): 1888–1904.

Smith, J. & Osborn, M. (2007) Interpretative Phenomenological Analysis. In Smith, J. (Ed.) *Qualitative Psychology. A Practical Guide to Research Methods* (pp. 53-80), (2nd Ed.). London: Sage.

Smith, J., Flowers, P. & Larkin, M. (2009) *Interpretative Phenomenological Analysis. Theory, Method and Research.* London: Sage.

Somerset County Council (2020) 'Listening to the voice of the child: shaping change in Somerset', *Community Care website*. Available at: https://www.communitycare.co.uk/2020/02/03/listening-voice-child-shaping-change-somerset/ [Accessed: 5/9/21].

Stanley, N., Riordan, D. & Alaszewski, H. (2005) The mental health of looked after children: Matching response to need. *Health & Social Care in the Community,* 13 (3): 239-248.

Stanley, N. (2007) Young people's and carers' perspectives on the mental health needs of looked-after adolescents. *Child and Family Social Work,* 12 (3): 258-267.

Tarren-Sweeney, M. (2019) *Brief of Evidence – Royal Commission of Inquiry into Abuse in Care. Contextual Hearing 29 October – 8 November 2019*. New Zealand.

The Care Leavers' Association (2014) Available at: https://www.careleavers.com/ [Accessed: 16/5/22].

Unrau, Y. A. (2007) Research on placement moves: Seeking the perspective of foster children. *Children and Youth Services Review,* 29 (1): 122–137.

Unrau, Y. A., Seita, J. R. & Putney, K. S. (2008) Former foster youth remember multiple placement moves: A journey of loss and hope. *Children and Youth Services Review,* 30: 1256-1266.

Unrau, Y. A., Chambers, R., Seita, J. R., & Putney, K. S. (2010) Defining a Foster Care Placement Move: The Perspective of Adults Who Formerly Lived in Multiple Out-of-Home Placements. *Families in Society: The Journal of Contemporary Social* Services, 91 (4), 426-432.

Ward, J., Henderson, Z. & Pearson, G. (2003) *One Problem Among Many: Drug Use Among Care Leavers in Transition to Independent Living*. Home Office Research Study 260. London: Home Office.

Webb, E. (1998) Children and the inverse care law. *British Medical Journal*, 316: 1588-1591.

APPENDICES

Appendix 1: List of Acronyms

Adverse Childhood Experiences	ACEs
Child and Adolescent Mental Health Services	CAMHS
Child Looked After	CLA
Child in Care	CIC
Department for Education	DfE
Department of Health	DoH
Interpretative Phenomenological Analysis	IPA
Looked After Child/ren	LAC
National Health Service	NHS
National Institute for Health and Care Excellence	NICE
Participant (One, Two, Three)	P (P1, P2, P3)
United Kingdom	UK
United States of America	USA

Appendix 2: Ethics Application Form

The Tavistock and Portman NHS
NHS Foundation Trust

Tavistock and Portman Trust Research Ethics Committee (TREC)

APPLICATION FOR ETHICAL REVIEW OF RESEARCH INVOLVING HUMAN PARTICIPANTS

This application should be submitted alongside copies of any supporting documentation which will be handed to participants, including a participant information sheet, consent form, self-completion survey or questionnaire.

Where a form is submitted and sections are incomplete, the form will not be considered by TREC and will be returned to the applicant for completion.

For further guidance please contact Paru Jeram (academicquality@tavi-port.nhs.uk)

SECTION A: PROJECT DETAILS

Project title	Exploring the voice of a looked after child during the transition between placements: What is the young person's experience of moving placements? Reflections from Care Leavers.[1]		
Proposed project start date	January 2021	**Anticipated project end date**	**September 2022**

SECTION B: APPLICANT DETAILS

Name of Researcher	---
Email address	---
Contact telephone number	---

---

[1] The title has since changed.

SECTION C: CONFLICTS OF INTEREST

Will any of the researchers or their institutions receive any other benefits or incentives for taking part in this research over and above their normal salary package or the costs of undertaking the research? **YES** ☐ **NO** ☒ If **YES**, please detail below:
Is there any further possibility for conflict of interest? YES ☐ **NO** ☒ If **YES**, please detail below:

FOR ALL APPLICANTS

'Is your research being commissioned by and or carried out on behalf of a body external to the trust? (for example; commissioned by a local authority, school, care home, other NHS Trust or other organisation). *Please note that 'external' is defined as an organisation which is external to the Tavistock and Portman NHS Foundation Trust (Trust)	**YES**☐ **NO** ☒ **NA** ☐
If **YES**, please supply details below:	
Has external* ethics approval been sought for this research? **(i.e. submission via Integrated Research Application System (IRAS) to the Health Research Authority (HRA) or other external research ethics committee)** *Please note that 'external' is defined as an organisation/body which is external to the Tavistock and Portman Trust Research Ethics Committee (TREC) If **YES**, please supply details of the ethical approval bodies below **AND** include any letters of approval from the ethical approval bodies:	**YES** ☐ **NO** ☒

If your research is being undertaken externally to the Trust, please provide details of the sponsor of your research? North East London Foundation Trust – Medway Young Person’s Wellbeing Service	
Do you have local approval (this includes R&D approval)?	**YES** ☒ **NO** ☐ **NA** ☐

SECTION D: SIGNATURES AND DECLARATIONS

APPLICANT DECLARATION

I confirm that:

- The information contained in this application is, to the best of my knowledge, correct and up to date.
- I have attempted to identify all risks related to the research.
- I acknowledge my obligations and commitment to upholding our University’s Code of Practice for ethical research and observing the rights of the participants.
- I am aware that cases of proven misconduct, in line with our University’s policies, may result in formal disciplinary proceedings and/or the cancellation of the proposed research.

Applicant (print name)	---
Signed	---
Date	24/02/2021

FOR RESEARCH DEGREE STUDENT APPLICANTS ONLY

Name of Supervisor	---
Qualification for which research is being undertaken	Professional Clinical Doctorate

Supervisor –

- Does the student have the necessary skills to carry out the research?
  YES ☒ **NO** ☐
- Is the participant information sheet, consent form and any other documentation appropriate?
  YES ☒ **NO** ☐
- Are the procedures for recruitment of participants and obtaining informed consent suitable and sufficient?
  YES ☒ **NO** ☐
- Where required, does the researcher have current Disclosure and Barring Service (DBS) clearance?
  YES ☒ **NO** ☐

Signed	---
Date	24/02/21

COURSE LEAD/RESEARCH LEAD

- Does the proposed research as detailed herein have your support to proceed?
  YES ☒ **NO** ☐

Signed	Jocelyn Catty
Date	24th February 2021

SECTION E: DETAILS OF THE PROPOSED RESEARCH

1. Provide a brief description of the proposed research, including the requirements of participants. This must be in lay terms and free from technical or discipline specific terminology or jargon. If such terms are required, please ensure they are adequately explained (Do not exceed 500 words)

To explore the retrospective experience of Care Leavers aged between 18-25, who have had several placement moves whilst under the care of the Local Authority as a looked after child. Were their voices heard by the network during these moves? What were their experiences of these transitions?

The research will focus on the population who are no longer formally viewed as a 'Looked After Child' but were previously under the care of the local authority and have had experience of multiple placement transitions. I have an interest in hearing about a young person's experience of these transitional moments and I wonder how powerful the child's voice can be during these big decisions and if they felt they could express, were asked about or listened to, regarding an impending placement move.

There is very little research existing on a young person’s direct expression on their experience of these moves or even more specifically at a care leaver’s retrospective experience around transitions.

The project will be a qualitative research study, with the aim to recruit and interview 4-6 participants. It will be one single interview which will be 60-90 minutes long. The interviews are intended to be face to face, however due to COVID-19 restrictions, if this is not possible, the interviews will be conducted via an online platform, such as Zoom. The data will be analysed using Interpretative Phenomenological Analysis methodology.

2. **Provide a statement on the aims and significance of the proposed research, including potential impact to knowledge and understanding in the field (where appropriate, indicate the associated hypothesis which will be tested). This should be a clear justification of the proposed research, why it should proceed and a statement on any anticipated benefits to the community. (Do not exceed 700 words)**

Whilst conducting a literature search on existing psychology databases, I struggled to find literature specifically focused on the interest of this proposal: the young person’s direct expression during a transition or even more specifically at a care leaver’s retrospective voice around transitions. I wonder about the reason for this gap in literature and potential missing thread on what seems to be a highly emotive subject. It can be a common situation that looked after children are the subject of many discussion and reports written on them but the actual child can be lost.

The aim of this research is bring the young person in to focus, explore and begin to understand the young person’s experience of these difficult stages.

Kenrick (2000) stated that some of these most vulnerable children, with unprocessed trauma, are subjected to further trauma from repeated separations whilst in the care system, which can often ensure the failure of the next placement (p395). The high numbers of placement moves are collected in the Local Authority and national database. Thus an additional aim may be to use the outcome of this research to further inform the network of professionals around a Looked after Child about the impact of these transitions from a young person/care leaver’s perspective, in order to have some implication on their thinking and decision making regarding the approach and support in place during placement transitions.

The researcher will also share the findings with the Looked after Child Consultation Clinic at the researcher’s own CAMHS team so that they may be able to explore these thoughts with the professional network they frequently see.

3. **Provide an outline of the methodology for the proposed research, including proposed method of data collection, *tasks* assigned to participants of the research and the proposed method and duration of data analysis. If the proposed research makes use of pre-established and generally accepted techniques, please make this clear. (Do not exceed 500 words)**

In order to explore a young person’s personal experience, I felt it was important to choose a qualitative method that allows the researcher to explore, in depth, the lived experience of the individual and how they make meaning to their experience, thus it felt the qualitative method of Interpretative Phenomenological Analysis (IPA) was the appropriate choice (Pietkiewicz & Smith, 2014). IPA’s theoretical origins are grounded in phenomenology, hermeneutics and idiography, and is committed to understanding how particular experiential phenomena have been understood from the perspective of particular people in a particular context (Smith, Flowers and Larkin, 2009). Its analytic procedure is often described as a double hermeneutic process due to, first, the participant making meaning of their world through their interview, and then, second, the researcher decoding that meaning by engaging with the interview transcript to make sense of the participant's meaning (Smith & Osborn, 2007).

A recruitment email and poster will be sent for dissemination to the 16+ Care Leaver's Service Manager, whom the researcher has been in contact with. Once 4-6 participants have been identified, they will be provided with the Public Facing Documents attached, which include the participant information sheet and consent form in which the issues of confidentiality and the rights to withdraw will be explained. Participants may also contact the researcher for any further information or queries that arise.

Once they have consented and returned the forms, participants will be invited to an individual, semi-structured, 60-90 minute interview either face to face or virtually using an online platform. An interview schedule has been developed, but the researcher will keep the interview flexible and go alongside the participants flow of conversation. Participants will be made fully aware of their right to withdraw before or after their interview, without giving a reason, at any time up to a month after their interview, after which the data will be collated for submission and that if any distress is experienced during the interview that withdrawal can be discussed and considered.

The interviews will be audio recorded, transcribed and stored in a secure location ensuring that all identities remain anonymous. Data will be retained for 3-5 years and then destroyed as per The Tavistock and University of Essex guidelines. The data collected will only be used for my professional doctoral thesis, academic papers and presentations.

At the end of the interview, participants will be offered some time to discuss any issues of discomfort if needed, and provided with a debrief letter, which will include signposting. Participants will again be reminded they have the right to withdraw up to a month after the interview. Interviews will aim to take place between February – April 2021 to allow time for recruitment and transcribing each interview. Following this, the method of IPA will be used to analyse the data.

SECTION F: PARTICIPANT DETAILS

4. Provide an explanation detailing how you will identify, approach and recruit the participants for the proposed research, including clarification on sample size and location. Please provide justification for the exclusion/inclusion criteria for this study (i.e. who will be allowed to / not allowed to participate) and explain briefly, in lay terms, why this criteria is in place. (Do not exceed 500 words)

I have made contact and liaised with the Care Leaver's Service Manager in order to discuss the feasibility of the study, their thoughts about recruitment from their service and whether they are able to get permission from their service team for this study to be conducted. The Care Leaver's Service is local to and has links with the researcher's CAMHS team. The service is known as the

16+ Care Leaver’s Service which provides support to young people who have been in the care system and are preparing to/supported to leave care and live independently.

The researcher plans to collect data from a proposed sample of 4-6 participants aged between 18 – 25, who have been in the care system and is now known as a ‘Care Leaver’. 18 is the formal age that one leaves care (GOV.UK, 2020). Ideally the researcher would like to have a mix of male and female participants in order to gain richer material. Participants will have had a minimum of 3 placement moves throughout their time in care so they can recall multiple experiences.

A recruitment email and poster will be sent to the 16+ Care Leaver’s Service Manager, who will disseminate the information to her colleagues supporting the appropriate young people, posted on their social media page or given to the young people themselves.

Once 4-6 participants have been identified, they will be provided with the Public Facing Documents attached, including the Participant Information Sheet and Consent Form in which confidentiality and their right to withdraw will be explained.

Participants will be invited to a face-to-face interview at Medway CAMHS where the researcher works or sent an email with a link to join a virtual platform due to COVID-19 restrictions. The interviews will be audio-recorded. Participants will be made fully aware of their right to withdraw without a reason at any time up to a month after their interview, after which the data will be collated for submission. They will also be made aware that if any distress is experienced during the interview withdrawal can be discussed and considered.

The Care Leaver’s Service works with young people from the age of 16, if there is a difficulty in recruiting 4-6 young people between the ages of 18 - 25, the researcher will expand the age inclusion criteria to include from 16+.

5. Will the participants be from any of the following groups? *(Tick as appropriate)*

☐ Students or staff of the Trust or the University.

☒ Adults (over the age of 18 years with mental capacity to give consent to participate in the research).

☐ Children or legal minors (anyone under the age of 16 years)[1]

☐ Adults who are unconscious, severely ill or have a terminal illness.

☐ Adults who may lose mental capacity to consent during the course of the research.

☐ Adults in emergency situations.

☐ Adults[2] with mental illness - particularly those detained under the Mental Health Act (1983 & 2007).

☐ Participants who may lack capacity to consent to participate in the research under the research requirements of the Mental Capacity Act (2005).

☐ Prisoners, where ethical approval may be required from the **National Offender Management Service (NOMS).**

☐ Young Offenders, where ethical approval may be required from the National Offender Management Service (NOMS).

☐ Healthy volunteers (in high risk intervention studies).

☐ Participants who may be considered to have a pre-existing and potentially dependent[3] relationship with the investigator (e.g. those in care homes, students, colleagues, service-users, patients).

☐ Other vulnerable groups (see Question 6).

☐ Adults who are in custody, custodial care, or for whom a court has assumed responsibility.

☐ Participants who are members of the Armed Forces.

[1] *If the proposed research involves children or adults who meet the Police Act (1997) definition of vulnerability[3], any researchers who will have contact with participants must have current Disclosure and Barring Service (DBS) clearance.*

[2] *'Adults with a learning or physical disability, a physical or mental illness, or a reduction in physical or mental capacity, and living in a care home or home for people with learning difficulties or receiving care in their own home, or receiving hospital or social care services.' (Police Act, 1997)*

[3] *Proposed research involving participants with whom the investigator or researcher(s) shares a dependent or unequal relationships (e.g. teacher/student, clinical therapist/service-user) may compromise the ability to give informed consent which is free from any form of pressure (real or implied) arising from this relationship. TREC recommends that, wherever practicable, investigators choose participants with whom they have no dependent relationship. Following due scrutiny, if the investigator is confident that the research involving participants in dependent relationships is vital and defensible, TREC will require additional information setting out the case and detailing how risks inherent in the dependent relationship will be managed. TREC will also need to be reassured that refusal to participate will not result in any discrimination or penalty.*

6. Will the study involve participants who are vulnerable? YES ☐ NO ☒

For the purposes of research, 'vulnerable' participants may be adults whose ability to protect their own interests are impaired or reduced in comparison to that of the broader population. Vulnerability may arise from the participant's personal characteristics (e.g. mental or physical impairment) or from their social environment, context and/or disadvantage (e.g. socio-economic mobility, educational attainment, resources, substance dependence, displacement or homelessness). Where prospective participants are at high risk of consenting under duress, or as a result of manipulation or coercion, they must also be considered as vulnerable.

Adults lacking mental capacity to consent to participate in research and children are automatically presumed to be vulnerable. Studies involving adults (over the age of 16) who lack mental capacity to consent in research must be submitted to a REC approved for that purpose. Please consult Health Research Authority (HRA) for guidance: https://www.hra.nhs.uk/

6.1. If YES, what special arrangements are in place to protect vulnerable participants' interests?

If **YES**, the research activity proposed will require a DBS check. *(NOTE: information concerning activities which require DBS checks can be found via https://www.gov.uk/government/publications/dbs-check-eligible-positions-guidance)*

7. **Do you propose to make any form of payment or incentive available to participants of the research? YES ☐ NO☒**

   If **YES**, please provide details taking into account that any payment or incentive should be representative of reasonable remuneration for participation and may not be of a value that could be coercive or exerting undue influence on potential participants' decision to take part in the research. Wherever possible, remuneration in a monetary form should be avoided and substituted with vouchers, coupons or equivalent. Any payment made to research participants may have benefit or HMRC implications and participants should be alerted to this in the participant information sheet as they may wish to choose to decline payment.

8. **What special arrangements are in place for eliciting informed consent from participants who may not adequately understand verbal explanations or written information provided in English; where participants have special communication needs; where participants have limited literacy; or where children are involved in the research? (Do not exceed 200 words)**

I will make use of layman's terms in the public facing documents and will write in an informal and understandable way for these young people. The use of pictures may help.
Emphasis will be made that I can be contacted for further information and questions.
The research will be described comprehensively to the Manager of the Care Leaver's Service in order that they too can describe the research to the Personal Advisor's of the young people if needed.

SECTION F: RISK ASSESSMENT AND RISK MANAGEMENT

9. Does the proposed research involve any of the following? *(Tick as appropriate)*

☐ use of a questionnaire, self-completion survey or data-collection instrument (attach copy)

☒ use of emails or the internet as a means of data collection

☐ use of written or computerised tests

☒ interviews (attach interview questions)

☐ diaries (attach diary record form)

☐ participant observation

☐ participant observation (in a non-public place) without their knowledge / covert research

☒ audio-recording interviewees or events

☐ video-recording interviewees or events

☐ access to personal and/or sensitive data (i.e. student, patient, client or service-user data) without the participant's informed consent for use of these data for research purposes

☐ administration of any questions, tasks, investigations, procedures or stimuli which may be experienced by participants as physically or mentally painful, stressful or unpleasant during or after the research process

☐ performance of any acts which might diminish the self-esteem of participants or cause them to experience discomfiture, regret or any other adverse emotional or psychological reaction

☐ investigation of participants involved in illegal or illicit activities (e.g. use of illegal drugs)

☐ procedures that involve the deception of participants

☐ administration of any substance or agent

☐ use of non-treatment of placebo control conditions

☐ participation in a clinical trial

☐ research undertaken at an off-campus location (risk assessment attached)

☐ research overseas (copy of VCG overseas travel approval attached)

10. Does the proposed research involve any specific or anticipated risks (e.g. physical, psychological, social, legal or economic) to participants that are greater than those encountered in everyday life? YES ☒ NO ☐
If **YES**, please describe below including details of precautionary measures.

The proposed research topic does not involve any specific or anticipated risks to participants that are greater than those encountered in everyday life.

However, since the subject matter of this study is highly emotive and of such personal relevance, I am aware it is very likely to arouse distressing memories and experiences which may cause emotional upset or discomfort for some participants.

Reflecting and talking about their experience with someone receptive, attentive and curious to learn may be helpful for each young person to process some of these uncomfortable feelings.

The participants emotions and nonverbal cues will be monitored through the interview, and a break will be provided if needed. They will also be offered some time after the interview to address any discomfort or have a space to talk which is not being recorded. The participants will have a personal advisor in the Care Leaver's Service with whom they can talk to and who will be aware the young person is interviewing for this research topic. The participants will be signposted to adult mental health service if professional help is required after the interview.

At the start of the interview, I will ensure participants are aware of their right to withdraw at any time during the interview process or after, until the start of the data analysis a month later, and that if any distress is experienced during the interview that withdrawal can be discussed and considered.

11. **Where the procedures involve potential hazards and/or discomfort or distress for participants, please state what previous experience the investigator or researcher(s) have had in conducting this type of research.**

I am currently studying the clinical M80 Child and Adolescent Psychotherapy programme at the Tavistock and Portman Trust and working at the NELFT NHS Trust as a Child & Adolescent Psychotherapist in specialist training in a CAMHS team. The researcher thus has experience of working intensively with vulnerable groups, has frequent supervision sessions with an accredited and qualified supervisor and attends weekly seminars that include specialist workshops for working with specific vulnerable groups, such as the Fostering & Adoption workshop seminar which is directly relevant to my area of research. Each seminar focuses on relational work skills which are directly transferrable to clinical interviewing.

Additionally, I have completed my Masters research dissertation in 2010, which also included interviewing to gather data for a qualitative methodology.

12. **Provide an explanation of any potential benefits to participants. Please ensure this is framed within the overall contribution of the proposed research to knowledge or practice. (Do not exceed 400 words)**
    NOTE: Where the proposed research involves students of our University, they should be assured that accepting the offer to participate or choosing to decline will have no impact on their assessments or learning experience. Similarly, it should be made clear to participants who are patients, service-users and/or receiving any form of treatment or medication that they are not invited to participate in the belief that participation in the research will result in some relief or improvement in their condition.

The interview is offering a period of attention and structured enquiry about these participants life experiences. The participants may find it helpful to share their experiences and reflections with someone curious to learn.

In the context of the research question, listening to the young person's voice and reflections of transitions may prove important to aid processing difficult feelings during this time. The young person may also like to have their voice heard and help contribute to discussions that may have an impact on services.

13. Provide an outline of any measures you have in place in the event of adverse or unexpected outcomes and the potential impact this may have on participants involved in the proposed research. (Do not exceed 300 words)

In the process of interviewing and data collection, an unexpected outcome may be that a participant feels distressed and wants to withdraw. Before reaching this point of withdrawal, I hope to help by noticing some of the non-verbal communications or changes in affect, and will verbally express to the participant sentences that notice this shift, such as “I can see it feels difficult…let’s stay in the bounds of what feels comfortable’ to support the participant if any discomfort rises.
I will offer the participant a break.
I will reiterate that the participant can exclude a certain part of the interview from the data analysis.
I will offer some time after the interview if the participant would like to express any thoughts or feelings that arose due to the research topic.
I will remind them they can talk to an adult in their network or to their personal advisor at the Care Leaver’s Service.
Signposting for further support will be detailed on the debrief letter.

14. Provide an outline of your debriefing, support and feedback protocol for participants involved in the proposed research. This should include, for example, where participants may feel the need to discuss thoughts or feelings brought about following their participation in the research. This may involve referral to an external support or counseling service, where participation in the research has caused specific issues for participants. Where medical aftercare may be necessary, this should include details of the treatment available to participants. Debriefing may involve the disclosure of further information on the aims of the research, the participant’s performance and/or the results of the research. (Do not exceed 500 words)

Following the ending of the interview the researcher will offer some time after the interview if the participant would like to express any thoughts or feelings that arose due to the research topic.
A debrief conversation and debrief letter will be provided, which will include signposting to the Adult Mental Health Service, or an offer to the young person for the researcher to speak to their Social Worker/Personal Advisor to provide further support.
My contact details will be provided, as well the contact details of my research supervisor and the Tavistock and Portman Head of Quality and Governance if there are any concerns about the research study.
The issues of data confidentiality and rights to withdraw will also be explained.
Participants will be made aware that the confidentiality of the information they provide is subject to legal limitations for example if subpoenaed by the courts. Participants will be made fully aware of their right to withdraw at any time without a reason, up to a month after their interview, after which the data will be collated for submission.
The participants can request a copy of the final dissertation.

FOR RESEARCH UNDERTAKEN AWAY FROM THE TRUST OR OUTSIDE THE UK

15. Does any part of your research take place in premises outside the Trust?

☒ **YES,** and I have included evidence of permissions from the managers or others legally responsible for the premises. This permission also clearly states the extent to which the participating institution will indemnify the researchers against the consequences of any untoward event

16. Does the proposed research involve travel outside of the UK?

☐ **YES,** I have consulted the Foreign and Commonwealth Office website for guidance/travel advice? http://www.fco.gov.uk/en/travel-and-living-abroad/

☐ **YES,** I am a non-UK national and I have sought travel advice/guidance from the Foreign Office (or equivalent body) of my country of origin

☐ **YES,** I have completed the overseas travel approval process and enclosed a copy of the document with this application

For details on university study abroad policies, please contact academicquality@tavi-port.nhs.uk

IF YES:

17. Is the research covered by the Trust's insurance and indemnity provision?

☐ **YES** ☐ **NO**

18. Please evidence how compliance with all local research ethics and research governance requirements have been assessed for the country(ies) in which the research is taking place.

NOTE:

For students conducting research where the Trust is the sponsor, the Dean of the Department of Education and Training (DET) has overall responsibility for risk assessment regarding their health and safety. If you are proposing to undertake research outside the UK, please ensure that permission from the Dean has been granted before the research commences (please attach written confirmation)

SECTION G: PARTICIPANT CONSENT AND WITHDRAWAL

18. **Have you attached a copy of your participant information sheet (this should be in *plain English*)? Where the research involves non-English speaking participants, please include translated materials. YES ☒ NO ☐**

    If **NO**, please indicate what alternative arrangements are in place below:

19. **Have you attached a copy of your participant consent form (this should be in *plain English*)? Where the research involves non-English speaking participants, please include translated materials.**
    YES ☒ NO ☐

    If **NO**, please indicate what alternative arrangements are in place below:

20. **The following is a participant information sheet checklist covering the various points that should be included in this document.**

☒ Clear identification of the Trust as the sponsor for the research, the project title, the Researcher or Principal Investigator and other researchers along with relevant contact details.

☒ Details of what involvement in the proposed research will require (e.g., participation in interviews, completion of questionnaire, audio/video-recording of events), estimated time commitment and any risks involved.

☒ A statement confirming that the research has received formal approval from TREC.

☒ If the sample size is small, advice to participants that this may have implications for confidentiality / anonymity.

☒ A clear statement that where participants are in a dependent relationship with any of the researchers that participation in the research will have no impact on assessment / treatment / service-use or support.

☒ Assurance that involvement in the project is voluntary and that participants are free to withdraw consent at any time, and to withdraw any unprocessed data previously supplied.

☒ Advice as to arrangements to be made to protect confidentiality of data, including that confidentiality of information provided is subject to legal limitations.

☒ A statement that the data generated in the course of the research will be retained in accordance with the University's Data Protection Policy.

☒ Advice that if participants have any concerns about the conduct of the investigator, researcher(s) or any other aspect of this research project, they should contact Simon Carrington, Head of Academic Governance and Quality Assurance (academicquality@tavi-port.nhs.uk)

☒ Confirmation on any limitations in confidentiality where disclosure of imminent harm to self and/or others may occur.

21. The following is a consent form checklist covering the various points that should be included in this document.

☒ Trust letterhead or logo.

☒ Title of the project (with research degree projects this need not necessarily be the title of the thesis) and names of investigators.

☒ Confirmation that the project is research.

☒ Confirmation that involvement in the project is voluntary and that participants are free to withdraw at any time, or to withdraw any unprocessed data previously supplied.

☒ Confirmation of particular requirements of participants, including for example whether interviews are to be audio-/video-recorded, whether anonymised quotes will be used in publications advice of legal limitations to data confidentiality.

☒ If the sample size is small, confirmation that this may have implications for anonymity any other relevant information.

☒ The proposed method of publication or dissemination of the research findings.

☐ Details of any external contractors or partner institutions involved in the research.

☒ Details of any funding bodies or research councils supporting the research.

☒ Confirmation on any limitations in confidentiality where disclosure of imminent harm to self and/or others may occur.

SECTION H: CONFIDENTIALITY AND ANONYMITY

22. Below is a checklist covering key points relating to the confidentiality and anonymity of participants. Please indicate where relevant to the proposed research.

☐ Participants will be completely anonymised and their identity will not be known by the investigator or researcher(s) (i.e. the participants are part of an anonymous randomised sample and return responses with no form of personal identification)?

☐ The responses are anonymised or are an anonymised sample (i.e. a permanent process of coding has been carried out whereby direct and indirect identifiers have been removed from data and replaced by a code, with no record retained of how the code relates to the identifiers).

☒ The samples and data are de-identified (i.e. direct and indirect identifiers have been removed and replaced by a code. The investigator or researchers are able to link the code to the original identifiers and isolate the participant to whom the sample or data relates).

☐ Participants have the option of being identified in a publication that will arise from the research.

☒ Participants will be pseudo-anonymised in a publication that will arise from the research. (I.e. the researcher will endeavour to remove or alter details that would identify the participant.)

☐ The proposed research will make use of personal sensitive data.

☐ Participants consent to be identified in the study and subsequent dissemination of research findings and/or publication.

23. Participants must be made aware that the confidentiality of the information they provide is subject to legal limitations in data confidentiality (i.e. the data may be subject to a subpoena, a freedom of information request or mandated reporting by some professions). This only applies to named or de-identified data. If your participants are named or de-identified, please confirm that you will specifically state these limitations.

YES ☒ **NO** ☐

If **NO**, please indicate why this is the case below:

NOTE: WHERE THE PROPOSED RESEARCH INVOLVES A SMALL SAMPLE OR FOCUS GROUP, PARTICIPANTS SHOULD BE ADVISED THAT THERE WILL BE DISTINCT LIMITATIONS IN THE LEVEL OF ANONYMITY THEY CAN BE AFFORDED.

SECTION I: DATA ACCESS, SECURITY AND MANAGEMENT

24. Will the Researcher/Principal Investigator be responsible for the security of all data collected in connection with the proposed research? YES ☒ **NO** ☐

If **NO**, please indicate what alternative arrangements are in place below:

25. In line with the 5th principle of the Data Protection Act (1998), which states that personal data shall not be kept for longer than is necessary for that purpose or those purposes for which it was collected; please state how long data will be retained for.

☐ 1-2 years ☒ 3-5 years ☐ 6-10 years ☐ 10> years

NOTE: Research Councils UK (RCUK) guidance currently states that data should normally be preserved and accessible for 10 years, but for projects of clinical or major social, environmental or heritage importance, for 20 years or longer. (http://www.rcuk.ac.uk/documents/reviews/grc/grcpoldraft.pdf)

26. Below is a checklist which relates to the management, storage and secure destruction of data for the purposes of the proposed research. Please indicate where relevant to your proposed arrangements.

☒ Research data, codes and all identifying information to be kept in separate locked filing cabinets.

☒ Access to computer files to be available to research team by password only.

☐ Access to computer files to be available to individuals outside the research team by password only (See **23.1**).

☐ Research data will be encrypted and transferred electronically within the European Economic Area (EEA).

☐ Research data will be encrypted and transferred electronically outside of the European Economic Area (EEA). (See **28**).

NOTE: Transfer of research data via third party commercial file sharing services, such as Google Docs and YouSendIt are not necessarily secure or permanent. These systems may also be located overseas and not covered by UK law. If the system is located outside the European Economic Area (EEA) or territories deemed to have sufficient standards of data protection, transfer may also breach the Data Protection Act (1998).

☐ Use of personal addresses, postcodes, faxes, e-mails or telephone numbers.

☒ Use of personal data in the form of audio or video recordings.

☐ Primary data gathered on encrypted mobile devices (i.e. laptops). **NOTE:** This should be transferred to secure UEL servers at the first opportunity.

☒ All electronic data will undergo secure disposal.

NOTE: For hard drives and magnetic storage devices (HDD or SSD), deleting files does not permanently erase the data on most systems, but only deletes the reference to the file. Files can be restored when deleted in this way. Research files must be overwritten to ensure they are completely irretrievable. Software is available for the secure erasing of files from hard drives which meet recognised standards to securely scramble sensitive data. Examples of this software are BC Wipe, Wipe File, DeleteOnClick and Eraser for Windows platforms. Mac users can use the standard 'secure empty trash' option; an alternative is Permanent eraser software.

☒ All hardcopy data will undergo secure disposal.

NOTE: For shredding research data stored in hardcopy (i.e. paper), adopting DIN 3 ensures files are cut into 2mm strips or confetti like cross-cut particles of 4x40mm. The UK government requires a minimum standard of DIN 4 for its material, which ensures cross cut particles of at least 2x15mm.

27. Please provide details of individuals outside the research team who will be given password protected access to encrypted data for the proposed research.
N/A
28. Please provide details on the regions and territories where research data will be electronically transferred that are external to the European Economic Area (EEA).
N/A
29. Will this research be financially supported by the United States Department of Health and Human Services or any of its divisions, agencies or programs? YES ☐ NO☒
If **YES** please provide details:

SECTION J: PUBLICATION AND DISSEMINATION OF RESEARCH FINDINGS

30. How will the results of the research be reported and disseminated? *(Select all that apply)*

☒ Peer reviewed journal

☒ Non-peer reviewed journal

☒ Peer reviewed books

☒ Publication in media, social media or website (including Podcasts and online videos)

☒ Conference presentation

☒ Internal report

☒ Promotional report and materials

☒ Reports compiled for or on behalf of external organisations

☒ Dissertation/Thesis

☒ Other publication

☐ Written feedback to research participants

☐ Presentation to participants or relevant community groups

☐ Other (Please specify below)

SECTION K: OTHER ETHICAL ISSUES

31. Are there any other ethical issues that have not been addressed which you would wish to bring to the attention of Tavistock Research Ethics Committee (TREC)?

SECTION L: CHECKLIST FOR ATTACHED DOCUMENTS

32. Please check that the following documents are attached to your application.

☐ Letters of approval from any external ethical approval bodies (where relevant)

☒ Recruitment advertisement

☒ Participant information sheets (including easy-read where relevant)

☒ Consent forms (including easy-read where relevant)

☐ Assent form for children (where relevant)

☐ Evidence of any external approvals needed

☐ Questionnaire

☒ Interview Schedule or topic guide

☐ Risk Assessment (where applicable)

☐ Overseas travel approval (where applicable)

34. Where it is not possible to attach the above materials, please provide an explanation below.

Appendix 3: Public Facing Document – Advertisement

Will you help me with my Research Study?

My name is … and I am starting a research project looking into the experience of a young person who has been in care, and I want to hear from you ☺

Have you been moved from more than three foster placements?

I am interested in hearing about these moves. I want to hear about your thoughts during these big decisions.

Did you feel you were asked about or listened to during the move from one foster placement to another?

I am look for 6 people by the end of April 2021.

If you are interested in taking part and sharing your thoughts with me, please contact

Name of Researcher[2] **Telephone Number**

Or Email for more information.

Photo of research attached.

---

[2] Information of researcher omitted for submission.

Appendix 4: Public Facing Document – Information Sheet

Participant Information Sheet

Exploring the voice of a looked after child during the transition between placements: What is the young person's experience of moving placements? Reflections from Care Leavers.[3]

Thank you for showing an interest in my research study. This information sheet will give you more information about the research and what you would have to do to take part. Please read the information carefully and discuss it with an adult you feel comfortable talking to, such as your personal advisor. If you want to know more, you can contact me on the details at the bottom of this sheet.

What is the purpose of the study?

The aim of this study is to explore the experience of young people who were once known as a 'Looked After Child' and who have had lots of different foster placement whilst under the care of the Local Authority. There is very little research on a young person's thoughts and opinions about these moves. I am interested in hearing your experience of what happened around these moves. Did you feel you were asked about or listened to during the decision to move your foster placement?

What experience do I need to take part?

You will have been a Looked After Child in care and had a minimum of 3 placement moves to think back on for the interview. You will need to be aged between 18-25 years old.

---

[3] The title of the research has since been changed.

What would taking part involve?

If you agree to take part in this research, you will be invited for an interview which will last approximately 1 - 1.5 hours. The interview will be on a day and time that is suitable for you and may be face to face or virtually via Zoom.

The interview will be audio recorded; this will help me to remember exactly what you said so that I will not have to make notes during the interview. The interview will encourage you to explore and reflect on your personal experience in relation to the research title above. Interviews will take place between March and June 2021. You will have the right to withdraw your data up to a month after the interview, after this the data will be used for the final research preparation.

What will happen with the recording?

Interviews will be recorded, transcribed and stored in a secure location ensuring that all identities remain anonymous. Data will be retained for 3-5 years and then destroyed following the Tavistock/University of Essex guidelines. The data collected will only be used for my professional doctoral thesis, academic papers and presentations.

What will happen with my details?

To protect your confidentiality all of the transcripts and future writing about the project will not include any names or information that could identify you. My dissertation and any subsequent publications might include direct quotes from the interviews. I will ensure that these cannot be traced to you. However, as I will only be interviewing a small number of people you might recognise your own words if you were to read any later publications.

Confidentiality

The only time I would have to break confidentiality would be if you report feeling unsafe, such as having thoughts to harm yourself or someone else. In that case I will need to share this information with your personal advisor or Joanne Kavanagh, manager of the Care Leaver's Service, so that together we can offer you help and think of a safety plan with you.

Do I have to take part?

No, it is completely your decision about whether you would like to take part in this research. Taking part or not will not change the support you receive from the Care Leaver's Service. If you agree to take part, you are free to change your mind without giving a reason.

What are the possible benefits of taking part in this research?

Your voice is important. This may be a topic which you have not been able to talk about with someone, so this may help to understand the changes you have been through. By taking part you will help increase our understanding of what it is like for a young person to have to go through a quick placement change and the effects it may have. The outcome of this research can help the professionals around a Looked After Child understand the impact of these transitions from your perspective. This may help with thinking and decision making about what support can be put in to place during placement transitions.

Are there any risks?

You may find that the topic and the interviews get you thinking in a way you may not have thought about before or for a long time. This may cause some uncomfortable feelings. We can talk about this together through the interview and have a break if it is needed. At the end of the interview, I will give you some time to talk about how you are feeling. You may also feel you would like support from your personal advisor to think about this further.

Further information and contact details:

If you are interested in taking part, have any other questions or concerns about any part of this study please contact me on the details below. A participant consent form is attached for you to complete.

Thank you for taking the time to read about this project. I look forward to hearing from you.

Name of Researcher
Telephone Number
Email Address

This research has received formal approval from TREC. If you have any queries regarding how this research has been done, please contact: Simon Carrington, Head of Academic Governance and Quality Assurance, Tavistock & Portman NHS Trust, email: academicquality@tavi-port.nhs.uk

Appendix 5: Public Facing Document - Consent Form

Participant Consent Form

Exploring the voice of a looked after child during the transition between placements: What is the young person's experience of moving placements? Reflections from Care Leavers.

Please
tick box

1. I confirm that I have been given, read and understood the Participant Information Sheet dated 23/11/20 (version 1.2) for the above study. I have been able to think about the information and ask questions about anything which has felt confusing. ☐
2. I understand that there will be one interview that will last 1 - 1.5 hours. ☐
3. The interview will be audio recorded, transcribed and analysed for the use of this research study. I give permission for my interview data to be used for completing a Professional Doctorate degree, including a dissertation and any other future publication. ☐
4. I understand that any information that is linked to my identity in the research will be changed and anonymized and kept only by Rafia. ☐
5. I understand that Rafia will make all efforts to keep my information confidential. I understand it is a small research study so I may recognise some of my own interview quotes in the final dissertation. ☐
6. I understand that Rafia will not be able to keep confidentiality if I share information about any current harm to myself or to another. ☐
7. I understand that there are sometimes when confidentiality may have to be broken, such as being asked for information by a legal team. ☐

8. I understand that my participation in this study is voluntary and that I can withdraw my consent at any time whilst in the study and up to one month after my interview. After this the interview data will be used to prepare for the final dissertation. ☐

9. I understand if the interview stirs up difficult emotions for me we can think about the idea of withdrawing together. ☐

10. I understand that my participation or withdrawal from this research will not affect the support I receive from the Care Leaver's Service. ☐

11. If I require any more information, I understand that I can contact the researcher, Researcher Name, on Email or Telephone. ☐

12. I agree to take part in the above study. ☐

____________________	____________________	____________________
Name of Participant	Date	Signature
____________________	____________________	____________________
Name of Person taking consent	Date	Signature

Thank you.

Name of Researcher, Telephone Number, Email Address

This research has received formal approval from TREC. If you have any queries regarding how this research has been done, please contact: Simon Carrington, Head of Academic Governance and Quality Assurance, Tavistock & Portman NHS Trust, email: academicquality@tavi-port.nhs.uk

Appendix 6: Public Facing Document – Debrief Form

Debriefing Document

Exploring the voice of a looked after child during the transition between placements: What is the young person's experience of moving placements? Reflections from Care Leavers.

Thank you very much for taking part in this research project! I hope you found it interesting ☺

Now that we have finished, here is what will happen. The recorded interview will be transcribed and stored in a secure location and I will make sure your identity remains anonymous. The interview data will be kept for 3-5 years and then destroyed following the Tavistock/University of Essex guidelines. You have the right to withdraw your data up to one month after your interview today, after this the data will be used for the final research preparation. The results of the study will only be used for the final dissertation, and this can be made available to you if you would like to see it.

After the interview you may carry on thinking about this topic. Please talk about it with the network of people around you. If you are feeling distressed, it may be that we can talk with your Personal Advisor about how they can support you in the Care Leaver's Service.

If you would like to speak to someone professionally your personal advisor or you can refer yourself to the local Community Mental Health Service for 18+

If you have any questions or concerns about any aspect of this study please do not hesitate to contact me, my research supervisor Dr Jenifer Wakelyn (JWakelyn@tavi-port.nhs.uk) or Simon Carrington, Head of Academic Governance and Quality Assurance (academicquality@tavi-port.nhs.uk).

I would like to thank you again for your helpful contribution.

Kind regards

Name of Researcher
Telephone Number
Email Address

Appendix 7: Interview Schedule

Semi-structured interview schedule for Looked After Children who have had a minimum of three placement transitions.

Research Question: An Interpretative Phenomenological Analysis study exploring the Voice of a Looked after Child during the Transition of Placements: What is the young person's experience of moving placements?

Welcome: Introductions. Give an explanation of it being a semi-structured interview lasting between 60 and 90 minutes. Remind them that they are welcome to talk freely about their experience of moving placements whilst in care. Explain that they can discuss one particular move and consider other moves that may feel relevant and their memories and feelings around it. Remind them about confidentiality and that we can have a break if needed.

Question 1: Can you tell me about your experience of moving foster placements?

Questions for researcher to consider and open up:

- What do they think a placement move is?
- How many placement moves and length of time in each placement before moving.
- Consider external circumstances/reasons for the move.
- Did it bring up any feeling?
- How was the first day in their new placement?
- Did they have any contact with previous carers?
- Do the moves still come to mind? If so, what do they remember most about them?

Question 2: Did anyone in the professional network forewarn/speak to you before the moves?

Questions for researcher to consider and open up:

- How long before the move did the network prepare the young person?
- Was the young person involved in the decision making/have some say?
- Was it clear why they would be moving placements?
- Did the young person feel their voice was heard in regards to what they wanted?
- Did anyone in the professional network, like the Social Worker, provide extra support before or after the move?

Question 3: Do you think the frequent placement moves had any effect on you physically or emotionally?

Things for researcher to consider and open up:

- Themes of loss or grief?

- Why they thought they might have been moved.
- Numb/introvert vs overt expression of behaviours
- Effect on any physical needs
- Effect on relationships
- What was the hardest thing?
- Ability to reflect on these past moves?

Question 4: If you could give some advice to the professional network about how to deal with a Looked after Child's placement move, what might you say?

Ending: Thank participant. Ask them if they want some extra time to discuss any discomfort or if they have any questions. Remind them they can withdraw up to a month after the interview. Give Debriefing Document and verbally outline support if needed.

Appendix 8: Table for Data Analysis

Given the small sample size of this research, the content of the table has been removed to protect the anonymity of the participants.

Emergent Themes	**Source Data: Process Notes**	**Exploratory Comments**		
		Descriptive	Linguistic	Conceptual