The STAIRS Model: A Resilience Framework that Enhances the Outcomes of Looked After Children and Care Leavers

Carla Margaret Cordner

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Abstract

This thesis investigates the mediating processes connecting resilience with positive outcomes among care leavers. The primary aim is to identify factors associated with resilience in care leavers, emphasising their ability to overcome adversity and achieve positive life outcomes.

The study employs both qualitative and quantitative research methods, with a strong emphasis on the qualitative data, to shed light on the mediating processes that contribute to resilience in care leavers. An extensive literature review and analysis deepen the understanding of resilience within this vulnerable group, adopting a 'strengths-based approach'; ultimately, identifying factors that promote positive outcomes, contributing to a deeper understanding of resilience in this group, providing guidance for policymakers and practitioners.

The research examines generational differences resulting from the historical implementation of the *Children Act 1989* and *Children (Leaving Care) Act 2000* on support available to care leavers. It analyses the impact on care leavers' transition to independent adulthood and identifies past improvements achieved. Specifically, the effectiveness of local authority support until age twenty-five and the role of personal advisors are investigated. This study highlights the positive changes and increased resilience that have resulted from past modifications to the support systems for care leavers by analysing historical, social and legislative advancements.

The central finding of this research is the 'STAIRS' model of resilience. The model highlights essential factors contributing to care leavers' optimal resilience after leaving care, including Stability during care, Trust in care and after leaving care, post-care Accomplishments, means to embrace Independence, healthy Relationships during and after care and consistent Support.

In conclusion, the thesis offers a new comprehensive analysis of the mediating processes linking resilience with positive outcomes in care leavers. The 'STAIRS' model provides insights into factors fostering resilience and promoting positive trajectories, which can be used to inform the development of effective support systems and interventions to enhance the well-being and prospects of care leavers as they transition to independent adulthood.

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Chapter 1: Introduction

The experiences of care leavers, individuals who have spent significant portions of their childhood in the care system, have long been a subject of concern for policymakers, researchers and practitioners in the field of child welfare (Archer, 1861; Platt, 1969; The Black Care Experience Conference, 2022; Voices from Care, 2022). Despite various efforts to improve the outcomes for care leavers during their transition to independent adulthood, they continue to face unique challenges that can impact their overall well-being and prospects (Children's Commissioner, 2019). It is evident that some care leavers demonstrate remarkable resilience, navigating through adversity to achieve positive outcomes, while others struggle to cope with the lingering effects of their early life experiences. This thesis will explore the development of resilience among care leavers and identify the factors that influence their resilience outcomes through their lived experiences of the care system. By gaining a comprehensive understanding of resilience within this vulnerable group, this research aims to contribute to the existing body of knowledge on care leavers and provide insights into targeted support and interventions to enhance their successful transition to and success in adulthood.

"Why do you want to be the assistant when you can be the teacher?" My Positionality within this Research.

As a care leaver researcher with personal experience of the care system, my positionality plays a pivotal role in shaping the motivation for and foundation of this study. This introductory chapter lays the groundwork for the rationale for this study. As I delve into the exploration of resilience in this population, I recognise that my perspective is shaped by my personal experiences within the care system, and may both enrich and influence the research process.

Born in 1989, the same year that saw the *Children Act 1989* come into being, my life began entwined with the promise of protection and care. However, at the age of

seven, my life took an unexpected turn as I entered the care system with my younger and older sisters. Our childhoods were marred by the painful experiences of abuse and neglect, leading us to seek safety and support within the foster care system. Over the years that followed, I experienced two different placements with Local Authority carers, yet neither of them offered the nurturing and loving environments that every child deserves. It was not until the age of 12, when my older sister, then just 18 years old, selflessly fostered both me and my younger sister, taking on the role of a single parent while caring for her new-born daughter.

Despite the comfort of a new family dynamic, the challenges persisted as I found myself in unfamiliar territory – a new area with new friendships that were anything but kind. As I grew older, I found myself vulnerable and longing for acceptance, which led me into the company of unsavoury acquaintances who exploited my vulnerability (a realisation that only dawned on me in adulthood). During this tumultuous period, my school attendance suffered, I had no ambition for the future, only concerned with day to day living as I navigated an unstable life, which mainly consisted of binge drinking and partying, something I believed was the 'be all and end all'. I was a rebellious teenager, constantly in trouble and kicked out of my sister's house, moving between friends' houses for shelter. To address the situation, the care system briefly intervened and placed me with another Local Authority carer out of the area. However, this endeavour proved to be ineffective, as it failed to provide me with the correct support I desperately needed. So, then the cycle resumed, going back and forth from friends and family while still being exploited by people who I believed cared for me.

Throughout my journey within the care system, a revolving door of social workers further added to the complexities of my experiences. Disheartened and disillusioned, I found it challenging to place my trust in those meant to safeguard my well-being, at which they failed miserably!

At 16 I left care under the legislation of the *Children (Leaving Care) Act 2000*, support was non-existent, and when I needed support or advice I felt like a burden. It was not

until I turned 18 when I was introduced to a new aftercare worker; unlike my previous aftercare worker who I barely met, I was provided with support and someone who believed in my potential. Her words and support became a turning point in my life, igniting a profound inspiration within me. I had expressed my aspiration to become a teacher's assistant, but she saw far more potential in me than I could have ever imagined for myself. Out for lunch, having my first ever hot chocolate with squirty cream and marshmallows, with genuine curiosity, she questioned, "Why do you want to be the assistant when you can be the teacher?" This simple yet powerful statement resonated deeply with me. Until that moment, I had never experienced anyone believing in my capabilities to such an extent, nor had I ever considered the possibility of becoming a teacher, people like me do not become teachers. Her unwavering belief in me opened my eyes to a world of possibilities and from that day forward I embarked on a journey to pursue a dream, a dream that I thought would never have been possible.

To achieve this dream, I needed to escape the life I was living and the people I knew; at 19, I made a bold decision to break free from the life I knew and establish my own path. I literally woke one morning, packed my belongings in a black bin bag and moved to a new area where I was able to get shelter, seeking a fresh start and leaving behind the burdens of my past. During this transformative period, I navigated a metaphorical roller coaster of uncertainties, encountering a series of ups and downs, emotional and financial. Despite the challenges and fluctuations, this journey has ultimately led me to where I stand today – in place of empowerment and strength.

During that crucial time in my life, I came across someone who would change everything – my significant other. He stood by me with unwavering support and believed in me like nobody else. With his backing, I found the strength to face my past head-on and embrace the possibilities of what lay ahead. I cannot put into words how much his presence meant to me. It was like having a guiding hand, pushing me forward and helping me tackle all the tough stuff that I thought I could never handle. This experience has taught me the incredible value of trust in someone and the

power of positive relationships. It goes to show just how crucial these elements are in overcoming life's adversities.

At 19 and with the financial and mental health support my aftercare worker was able to provide me with, I went back into education where I have remained since, building on my qualifications; starting with NVQ, B-Tec, GCSE, Access Course to HE, Bachelor of Science, Master of Science and lastly this Doctoral research.

Today, as I embark on my PhD journey as a care leaver researcher, my positionality holds profound significance. My personal background is etched with the complexities of navigating the care system – the highs and lows, the struggles and triumphs. It is this lived experience that fuels my passion and unwavering commitment to empower fellow care leavers and advocate for their well-being and better support. Through my research, I aspire to shed light on the strengths, resilience and unique struggles faced by care leavers. My positionality as a care leaver researcher provides a distinctive lens through which to view the subject matter, with the aim of transforming the care system into a more empathetic, supportive and empowering space.

This is not just an academic pursuit, it is a heartfelt mission to amplify the voices of care leavers and pave the way for a brighter and more promising future for those who follow in our footsteps. My journey has been one of triumph and empowerment and through this research, I seek to inspire hope and resilience in the lives of care leavers worldwide, but importantly this research's value lies in its potential to inform policies and practices that bolster resilience in care leavers. By recognising and celebrating the resilience of this population, this study seeks to foster a more empathetic and empowering care system that supports care leavers in fulfilling their aspirations.

My Positionality and its Impact on Research Approach

As previously highlighted my personal experiences as a care leaver have given me a unique insider insight on the topic of care leavers. This positionality has affected how I approach this study, how I formulated the questions, and how I analysed the information. Even if my experiences have broadened my perspective, I have made an effort to maintain objectivity by basing my research on previously published works and frameworks for policy.

My own experience in the care system influenced the theoretical framework and formulation of my research questions, but to maintain objectivity and thoroughness, I mainly consulted previous research and policy materials to form questions asked to participants.

I chose resilience as the main theoretical framework for this research partly due to my personal experiences as a care leaver. The ability of people to adapt and flourish in the face of adversity is the central theme of resilience theory (Garmezy *et al.,* 1984; Rutter *et al.,* 2007; Van Breda, 2018). This concept closely matches the strengths I have seen in other care leavers as well as my own experience.

My personal experiences of overcoming challenges while in foster care and as a care leaver are highly reflective of the resilience theory. It draws attention to the coping strategies, strengths, and adaptive abilities, all of which are frequently overlooked in studies that mostly concentrate on deficiencies seen in care leavers (Fergus and Zimmerman, 2005; Zimmerman and Brenner, 2010; Shea, 2021; Montaez, 2023).

It is my position to want to change the narrative from one of vulnerability and victimisation to one of strength and capacity by emphasising the resilience of care leavers. This perspective emphasises the agency and potential of care leavers while yet acknowledging the systemic problems they may confront.

The formation of questions asked to participants stem from that of policy, previous research and resilience theory. The following will highlight the position that was taken when forming the questions asked to participants in this research.

1. **Demographic Questions:** I added demographic questions to better understand the range of backgrounds among care leavers. Existing research and policy papers, which emphasise the significance of variables including age, gender, ethnicity and income, served to provide an understanding of who the participants are for this research. This study sought to place the experiences of the participants in the perspective of these more general demographic patterns.

2. **In-Care Experiences:** Although my own experiences served as a basis, I organised my questions about in-care experiences according to major themes discovered in the research, such as reasons for entering care, age upon entering care, service accessibility, stability of placements, and high-quality relationships. This made sure that my questions were thorough, in line with accepted research, and mindful of the complexities of individual experiences. By doing so, I aim to understand how different in-care factors contribute to the development of resilience, focusing on both protective and risk factors.

3. **Experiences with Aftercare:** I personally struggled with the crucial phase of transitioning out of care. But in order to maintain objectivity, I focused my inquiries about aftercare experiences on the typical challenges and sources of support mentioned in policy documents and earlier research. This covered things like continuation of support systems, work, education attainment and stability. By framing these questions within the context of resilience theory, I aim to explore how care leavers navigate the transition out of care, identifying key factors that support their resilience and those that pose significant challenges.

Interpreting the data required a balance between empathy and analytical rigour. To

achieve this balance the interpretation of data was regularly cross referenced to previous literature and policy. This made it possible to make conclusions that were not of my own opinion. Furthermore, talking with supervisors throughout this research process added another level of objectivity. Their comments enabled me to clarify my findings and challenge my interpretations.

My perspective as a care leaver has influenced this study. Although having insider knowledge has given me insightful knowledge, I have made a conscious effort to maintain objectivity by basing my study on existing literature and policy frameworks. I have tried to conduct research so that it offers valuable insights into the experiences of care leavers.

The Research 'Problem'

In contemporary society, children and young individuals who have experienced the care system and come of age, commonly referred to as 'care leavers,' represent a vulnerable and marginalised group facing unique challenges (Flanagan and Hancock, 2010; Bracken-Roche, 2017; Children's Commissioner, 2019). Care leavers are individuals who have spent a significant part of their childhood or adolescence living in various forms of out-of-home care, such as foster care or residential care, due to factors such as abuse, neglect, family dysfunction or absent parenting (Department for Education, 2021). Upon reaching the age of leaving care, typically around 18 years old, these individuals transition into adulthood without the traditional family support structure that many young people rely on during this critical phase of life (Stein, 2005).

The experiences and outcomes of care leavers have been the subject of extensive research and scholarly inquiry in recent decades (see Stein, 2005; Daly, 2012; Murray, 2015; Glynn and Mayock, 2019). The prevailing literature highlights the complexity of care leavers' lives and underscores the need for a comprehensive understanding of the factors influencing their well-being and development. Numerous studies

(Biehal *et al.,* 1994; Newton, Litrownik and Landsverk, 2000; Sinclair *et al.,* 2005; Bellamy, Gopalan and Traube, 2015; Bellis *et al.,* 2017) have identified various risk factors and adversities that care leavers face, which can significantly impact their transition to adulthood and beyond. Wider literature (Mendes and Moslehuddin, 2006; Dixon, 2008; Bellis *et al.,* 2013; Newburn *et al.,* 2013) on care leavers has documented a range of outcomes that are often less favourable than those experienced by their peers who did not have involvement with the care system. Care leavers commonly face challenges in areas such as education, employment, mental health, housing and social relationships. Many care leavers experience higher rates of academic underachievement, for example, reportedly only 13% enter higher education compared to 45% of their peers (DfE National Pupil Database, HESA Student Record and ESFA ILR, cited at gov.uk, 2022). Relatedly care leavers have greater levels of unemployment and homelessness compared to the general population (Stein and Carey, 1986; Stein, 1990; Biehal *et al.,* 1995; Dixon and Stein, 2005; Sinclair *et al.,* 2005; Stein, 2005; Stein, 2008; Stein and Morris, 2010; Stein 2012; Department for Education, 2021). Additionally, they may struggle with mental health issues, including depression, anxiety and post-traumatic stress disorder, stemming from adverse experiences during their time in care. Despite these difficulties, it is essential to recognise that care leavers also demonstrate remarkable resilience and strength.

Resilience refers to the ability to adapt and thrive in the face of adversity, utilising personal resources, coping mechanisms and support systems to overcome challenges and achieve positive outcomes (Garmezy *et al.,* 1984; Rutter *et al.,* 2007; Van Breda, 2018). Resilience is a multidimensional construct (Ungar 2004; Van Breda, 2018) that plays a crucial role in mediating the impact of adverse experiences and fostering positive development in care leavers. However, the factors that contribute to resilience among care leavers remain complex and not yet fully understood (Schofield, 2001; Newman and Blackburn, 2002; Newman, 2004; Gilligan, 2008; Gilligan, 2009; Van Breda, 2017). Therefore, it is the aim of this study to answer the following research questions so that we can build a framework that will help us understand how resilience is developed in the care system.

Research Questions

1. What are the mediating processes associated with positive outcomes for care leavers?
2. How does one's experience in the care system influence their outcomes?

Research Aims

It is the intention of this study to address the following research aims:

1. *Investigate the Mediating Processes of Resilience*

Drawing on the 'Resilience Diamond' framework (Stein, 2005), which classifies care leavers into three distinct groups based on their in-care experiences (‘moving on’, ‘survivors’ and ‘victims’), the study aims to unravel the mechanisms that contribute to resilience within each category. By understanding these mediating processes, the research seeks to shed light on the factors that promote positive outcomes for care leavers as they transition to adulthood.

2. *Explore Protective Factors and Resilience in Care Leavers*

Guided by the researcher’s positionality as a care leaver, the study aims to specifically examine the protective factors identified in the literature that contribute to care leaver resilience (Newman and Blackburn, 2002; Newman, 2004; Stein, 2005; Pinkney, 2013; Bellis *et al.,* 2017; Stanley, 2022). By adopting an 'asset approach,' the research challenges the prevailing 'deficit approach' that often characterises studies on care leavers (Mendes and Moslehuddin, 2006; Dixon, 2008; Bellis *et al.,* 2013; Newburn *et al.,* 2013). Through this exploration of positive outcomes and mediating processes, the research aims to highlight the strengths and resources that can facilitate resilience in this vulnerable group.

3. *Evaluate the Effectiveness of Additional Support for Looked After Children*

Using a critical realist lens, the research intends to assess the effectiveness of the extra support available for looked after children and care leavers, particularly the support provided by the local authority until the age of twenty-five, capturing the socio-political and legislative evolution of support (*Children Act 1989; Children Leaving Care Act 2000*). This includes examining the role of personal advisors in preparing young people for leaving care and determining whether this support has been effective in promoting positive outcomes and resilience. By evaluating the impact of this support system, the study aims to contribute insights into the strategies that can enhance resilience in care leavers during their transition to independent living.

4. *Address the Cumulative Impact of Adversity on Resilience*

By identifying specific protective factors associated with positive outcomes, the study will contribute to the existing literature on the complex relationship between care leavers and resilience. This investigation seeks to deepen our understanding of the factors that help to overcome adversity and provide valuable insights into how to better support care leavers in their journey towards resilience and positive well-being.

Through the accomplishment of these aims, the research endeavours to advance our knowledge and understanding of resilience among care leavers and inform policies and practices that can improve their overall outcomes and well-being. By adopting a comprehensive and holistic approach, this study aims to contribute to the betterment of the lives of care leavers and promote their successful transition into adulthood.

A Word about Language and Negative Labelling

Throughout this study acronyms will not be used to refer to looked after children and care leavers. A blog expressing the voices of young people and experts (Connelly, 2018) demonstrates the negative impact of the language used and the effect this has on young people.

"The use of acronyms and other detached language only serves to further disconnect the young person from the services that are responsible for that youngster's care. When a young person's engagement of support services is lost and becomes forced, the trust of that youngster in their sometimes only support network is also lost... A human approach costs nothing and creates a confidence that someone cares!"

Source: Lafferty, *cited in* Connelly 2018, para. 5.

The acronyms of LAC (looked after children) and CL (care leavers) stigmatise young people and undermines their self-worth (Connelly, 2018). Therefore, this research will refer to those with experience in the care system as 'looked after children' (currently in care) and 'care leavers' (individuals who have left care).

Thesis Structure

Chapter 2. Using the Past to Study the Present – Timeline of Care Leavers' Rights

To comprehensively investigate the mediating processes of resilience among care leavers and understand their transition to adulthood, delving into the historical perspective of the care system is essential. Chapter 2 explores the care system's evolution, shaped by societal norms, policy changes and ideologies concerning child welfare. By examining historical developments and reforms, insights into the context of care leavers' upbringing and transition to independence are gained.

Understanding this trajectory provides a foundation for contextualising their experiences and access to support systems, enriching the interpretation of research findings and understanding resilience factors. Moreover, focusing on significant legislative milestones like the *Children Act 1989* and the *Children (Leaving Care) Act 2000* enables this study to make meaningful comparisons between care leavers from different generations, shedding light on how their experiences and outcomes have been influenced by various care approaches and support mechanisms.

Chapter 3. Understanding Resilience in the Context of Looked After Children and Care Leavers

Chapter 3 delves into the contemporary experiences of looked after children and care leavers, providing the context in which they are researched today and the experiences they have. The evaluation of existing literature on looked after children and care leavers provides invaluable insights into the factors influencing resilience outcomes among these individuals. The review of literature highlights resilience in the context of care leavers and reveals several significant themes that play crucial roles in promoting resilience among looked after children and care leavers, including stability (Pinkney, 2013; Bellis *et al.,* 2017), trust, relationships (Stein, 2005; Stanley, 2022;), independence, achievements (Newman and Blackburn, 2002; Newman, 2004) and support (Stanley, 2022).

The identified themes and factors above form the fundamental basis on which this study is constructed. Moreover, this chapter explores and expands on the resilience ‘diamond’ model proposed by Stein (2005); this model explores the current framework used in understanding resilience in the care leaver population and limitations of this model.

Chapter 4. Methodology and Research Design

Using a critical realist perspective (Creswell and Plano Clark, 2010), the research design is discussed in chapter 4. How this perspective shaped the research design, specifically a concurrent use of qualitative with quantitative approach to comprehensively investigate the factors influencing resilience among care leavers by assessing their lived experiences is discussed.

The study adopts a holistic approach, recognising that resilience is a complex construct influenced by a wide range of interconnected factors (Ungar, 2004; Van Breda, 2018). By exploring not only stability but also trust in caregivers, feelings of accomplishment, the importance of independence, the quality of relationships and the presence of adequate support systems, the research provides a comprehensive understanding of resilience among care leavers.

To ensure the well-being and confidentiality of the participants, robust ethical considerations and protocols were implemented throughout the research process (Flanagan and Hancock, 2010; Bracken-Roche, 2017). Sample selection, sampling procedures, resilience measurement and data collection methods, including the administration of questionnaires for quantitative data and follow up email interviews for qualitative data are discussed in the research design.

Thematic analysis (Braun and Clarke, 2006) was employed to explore the qualitative data, allowing for a rich understanding of the participants' lived experiences and perspectives of the participants' realities. The quantitative data, obtained through questionnaires, was subjected to exploratory data analysis (Tukey, 1977; Scott Jones and Goldring, 2021), enabling the identification of patterns and relationships between various factors influencing resilience. By integrating both qualitative and quantitative data, the study triangulates the findings and provides a more holistic understanding of resilience among care leavers. The analysis identifies common themes and trends that emerge across different elements of resilience.

Chapter 5. Findings

The analysis interprets the qualitative findings derived from thematic analysis, which has served as a foundation for integration of quantitative data. The quantitative data adds to the interpretation of the qualitative data, which also serves to validate and strengthen the themes identified through thematic analysis. The analysis chapter identifies a novel resilience framework that highlights six core components contributing to resilience in care leavers: Stability, Trust, Achievements, Independence, Relationships and Support (STAIRS). As such, each subsection of this chapter addresses each component in turn, shedding light on their significance and contributing to a more in-depth understanding of the lived experiences of care leavers.

In addition, the analysis acknowledges the significance of historical context in comprehending the care system's broader landscape. The exploration of key policies (*Children Act 1989; Children Leaving Care Act 2000*) and societal attitudes that have shaped the experiences of different generations of care leavers builds on insights gained in previous chapters. By incorporating historical perspectives, the analysis strengthens and validates the findings, thereby providing an understanding of the topic and its evolution over time.

Chapter 6. Discussion and Conclusion

A comprehensive discussion of the STAIRS model threads through this chapter. The unique theoretical contribution of this thesis is presented, as the formulation of a new dynamic model of the factors that contributes to resilience in care leavers. This model utilises their lived experiences to provide a novel and innovative perspective on the resilience outcomes of this population. The discussion explores the six components of the STAIRS model, highlighting how each component (stability, trust, accomplishment, independence, trust and support) contributes to an in-depth understanding of resilience in care leavers. In addition, it highlights the importance

of considering the broader context and evolving perspectives surrounding this research population, ultimately contributing to a greater understanding and breadth of their lived experiences and resilience outcomes. The chapter's conclusion encompasses reflections on the research aims, restating the key discoveries of the thesis, the underlying reasoning behind the research project and suggestions for future research pathways and policy implementations.

Through this research, the goal was to contribute valuable insights to the existing literature on care leavers' resilience. By gaining a deeper understanding of these interrelated factors, the study aspires to inform policies and practices in the UK that can better support care leavers during their transition to adulthood. Ultimately, the findings are expected to have significant implications for improving the lives and outcomes of care-experienced individuals, promoting their positive development and well-being as they navigate the challenges of leaving the care system.

Chapter 2: Using the Past to Study the Present - Timeline of Care Leavers' Rights

This chapter will review the historical context of children's rights in Britain, starting in mediaeval Britain c.1400, when children were viewed as *'small adults'* (Ariès, 1962) with little to no social distinction. The emergence of the *'Child Saving Movement'* (Platt, 1969) in the late nineteenth century, challenged this view and started to recognise children as being distinct from adults, highlighting the need to protect children from abuse and neglect. This movement influenced the *Children's Charter 1889 (Prevention of Cruelty to, and Protection of, Children Act 1889)*, an important milestone in the evolution of children's rights in England (Evans and Behlmer, 1982). This chapter will also discuss the rise of '*Social Liberal Reformers'* in the nineteenth and twentieth centuries (Platt, 1969) who advocated for better living conditions for young people, influencing the implementation of the *Children Act (1908)* which was a landmark legislation that established the welfare of the child as the paramount consideration in any decision related to their care. Furthermore, this chapter will discuss the implementation of the *Children Act (1948)*, which finalises the view that the child has a separate identity and needs in comparison to adults; this legislation fundamentally shaped the post-war care system (Younghusband, 1949). This was the last significant legislation prior to the implementation of the *Children Act 1989,* which revolutionised the approach to children's welfare and protection, focusing on the best interests of the child as a primary consideration. Finally, the *Children (Leaving Care) Act 2000* marked pivotal moments in the progression of children's rights and care in the country and played a crucial role in addressing the specific needs of care leavers as they transitioned into adulthood in the 21st century.

Reviewing the history will:

- Provide an insight into how and why the care system was established and how it has evolved over time.

- Help us to understand the current state of the system and identifying areas where improvements are needed.
- Help us to understand the experiences of people who have been in care and the impact that the care system has had on their lives.
- Enable the development of more effective and compassionate approaches to care.
- Highlight the ways in which the care system has been shaped by wider social and political forces, such as poverty, inequality and discrimination, helping us to recognise the root causes of problems in the care system and work towards addressing them.
- Inform debates and discussions about the future of the care system, including potential reforms and improvements.

By understanding the history of the care system, we can make more informed decisions about how to shape its future, as is intended in this study (Woolcock *et al.,* 2011; Lane, 2019).

Children or Small Adults?

Prior to the late Victorian era children and childhood were not the distinct identities and states we know today and thus the historical record on children's lives is patchy (National Archives, no date). However, some common themes do emerge: children were viewed as 'small adults' who did not have distinct identities and cultures separate to adults (Ariès, 1962). Children were to be 'seen but not heard', not deemed courteous, respectable or wise, all of which could make them be seen as valuable in the eyes of their seniors (Pinchbeck and Hewitt, 1969). The widespread perception that childhood was 'dangerous' was a result of the Puritan belief that people are born with sinful natures and should obey and be punished; that they should be 'beaten' and 'broken down' (Moran and Vinovskis, 1985). This view dominated throughout the sixteenth and seventeenth centuries. It was commonly believed that physical punishment was an important part of raising children (*ibid*.).

While amongst the upper classes' pregnancy was a celebration, as was the birth of a child, once having arrived, the child's progress was not of interest to his/her family to merit record. Hence, the history of children in both Tudor, Stuart and Georgian England is little known or researched (National Archives, no date, a).

The lack of evidence of how children lived their lives in this period may be surprising at first glance to modern eyes. However, when reviewing the mortality rates, particularly infant mortality in the sixteenth century, it becomes less astonishing. One aspect of health in early modern England is revealed in the statistics of the number of deaths kept by church parishes. From these records, chroniclers concluded that child death rates, in the first five years of their lives, were roughly every 140 out of 1000 live births (Wrigley and Schofield 1983; Newton, 2014). Diseases, such as dysentery, scarlet fever, whooping cough, influenza, smallpox and pneumonia killed perhaps thirty per cent of England's children before the age of 15 (Abbott, 1996). The conditions in which they lived largely contributed to the short life span not only of children but adults too. Conditions such as overcrowded houses and lack of adequate sanitary provisions were breeding grounds for diseases, especially the 'plague' which ravaged the sixteenth century (see Slack, 1988). As a result of the conditions in which families lived during Early modern times (c. 1500 – 1800) (see Totaro and Gilman, 2010), the adult mortality rate was also significantly high, with the average age of mortality being thirty years (Pinchbeck and Hewitt, 1969); because of this many children became orphans[1] or foundlings[2]. There is limited literature on the difference in figures between orphans and foundlings during this period. However, it is assumed via secondary literature (Godfrey and Marcham, 1952; Philips, 2019) that there were more 'unwanted' foundling children abandoned by either illegitimacy[3] or poverty than there were orphaned children.

[1] Orphan – "children with one known and surviving parent and bastards or illegitimate children whose parents were known even if they themselves had a restricted legal standing" (Lester, 2007: 2 http://hdl.handle.net/2027/spo.0642292.0035.001)

[2] Foundlings – "infants and very young children who were given up or abandoned with the intention or hope that they would be found and cared for in the absence of their natal parents" (Lester, 2007: 2 http://hdl.handle.net/2027/spo.0642292.0035.001)

[3] State of being born to parents who were not legally married, was a legal, social and cultural category in eighteenth-century England. The number of illegitimate births by 1800 was 6.3% of all registered births, or 25% of first births; this figure is almost certainly underestimated (Wrigley, 1981).

Driven by the view of the child as disposable, there was a prevalent stigma surrounding illegitimacy. Children born out of wedlock faced social and legal discrimination due to their status as 'bastards'. The stigma was deeply rooted in religious and moral beliefs, as society considered children born outside of marriage to be sinful and morally inferior. Illegitimate children and their mothers often faced social exclusion and limited opportunities in various aspects of life, including education, employment and marriage prospects (Muir, 2018; Schmidt, 2019). The stigma of illegitimacy served as a harsh reminder of the strict societal norms and attitudes surrounding marriage and family structure during that time.

Emergence of Institutional Care of Children

The Orphanage – The Original Children's Home

Although institutional care for disadvantaged children can be traced to Tudor England (Lester, 2007), the development of charitable funded 'asylums' for the orphaned or 'destitute', most notably in the city of London, can be traced back to the latter half of the sixteenth century (Higginbotham, 2017). The first orphanage to open its doors to three hundred and forty 'fatherless' children was Christ's Hospital in 1552 with the support of King Edward VI (Christ's Hospital, 2022). In this context, 'hospital' did not refer to a medical establishment but rather a refuge. It was to provide shelter and education to those with a 'humble' background. The uniform that was adopted for the inmate consisted of a long blue gown with a red belt and yellow stockings. The colours were chosen for a very practical reason; blue was the colour of cheap dye commonly worn by servants and apprentices and yellow was believed to discourage lice (Higginbotham, 2017; Christ's Hospital, 2022). As a result of the uniform the institution developed a new name: 'Blue Coat School'. The model of this institution was adopted across multiple cities in Britain (Higginbotham, 2017), such as the Blue Coat School in Canterbury (1574), Queen Elizabeth's Hospital (1586), Lincoln Christ's Hospital School (1614), Blue School in Wells (1641), the Reading Blue

Coat School (1646) and Cheetham's Hospital in Manchester (1652) (Higginbotham, 2017).

In 1556, following on from the introduction of Christ's Hospital and driven as a solution for the riding tides of crime of the mid-16th century (Griffiths, 2003), the Bridewell Palace opened not only as an orphanage, but somewhat between a women's prison, workhouse and reformatory (Higginbotham, 2017). Bridewell took in children, despite housing mostly adults, including vagrants, 'idlers' and prostitutes (Griffiths, 2003). Parish officials sent homeless children, orphaned sons of city freemen and the establishment itself directed other people off the streets to its door (Higginbotham, 2017). Bridewell offered education, training and apprenticeships to children (and adults) in a variety of trades, including carpentry, hemp dressing, silk and ribbon weaving, glove making and the production of pins. Bridewell served as a model for other English towns like Oxford, Salisbury, Gloucester and Ipswich, much like Christ's Hospital (Higginbotham, 2017).

The first significant milestone for foundlings (parentless children) was in 1739, when Captain Thomas Coram (whose work gave rise to Coram - Better Chances for Children charity) opened a foundling hospital, specifically for the education and maintenance of deserted young children. This was the first charity home for babies whose unmarried or destitute mothers were unable to care for their babies (Higginbotham, 2017). Coram can be seen as one of the first philanthropists prior to the Victorian Era who pioneered the way for the rights of children in Britain.

The Workhouse

Almost one century after the emergence of Bridewell London, workhouses started to emerge across the capital; these were set up by the City's Corporation of the Poor [4]

[4] The London Corporation of the Poor was first established in 1647 under the legislation of An Ordinance for the Relief and Employment of the Poor and Punishment of Vagrants and other Disorderly Persons…, which included the construction of workhouse, one of the earliest pieces of legislation to use the term 'workhouse'. (BHO, 1647) https://www.british-history.ac.uk/no-series/acts-ordinances-interregnum/pp1042-1045

which was initially given two properties: Heydon House in the Minories and Wardrobe Building in Vintry. However, by 1660 the Corporation ceased its activities and later in 1698 re-established new workhouses on Bishopsgate Street located where all the city's poor children, beggars, vagrants, 'idlers' and 'disobedient' were to be accommodated and employed. Up to four hundred children were taught to read, write and were trained and employed for the price of their keep (Higginbotham, 2017). Between the period 1650 and 1700s several other institutions opened, including workhouses and charity schools to provide shelter and education to homeless children (Higginbotham, 2017). For the remainder of the eighteenth century and part way through the nineteenth century, this type of care via workhouses and orphanages remained the only options for homeless and parentless children. The workhouse was not seen as a charitable option, but rather a solution to a social problem of the 'wretched poor', which was commonly the last resort (Higgs, 2014).

Prior to 1834, it was becoming more and more expensive to care for the underprivileged. The middle and upper classes in each town contributed to this cost through local taxes. The middle and upper classes had a strong suspicion that the poor were being paid to be lazy and avoid work (The National Archive, 2023). As a result, the government appointed a royal commissioner to investigate the working conditions of the poor and to make recommendations for improvement. As a result of the investigation and growing concern, in 1834 the *Poor Law Amendment Act* was passed, which now required workhouses to establish separate wards for children and to provide them with basic education, clothing and medical care. The *Act* introduced central government control in the care of the poor which remained in play throughout the Victorian age. However, the treatment of hardship caused by economic circumstances beyond the control of the individual were still largely ignored (Colonel Evans, 1834; Gadsden, 2023).

It is reported that by 1839, almost half of the workhouse population (42,767 out of 97,510) were children (*Report on Further Amendment of the Poor Law I839*, cited in Roberts, 1963); half of these children were orphans or foundling children (Roberts,

1963). By the time a child entered a workhouse, they would have been malnourished and have tried everything not to be entered into such institutions.

From as early as 1838, parentless children, sheltered in workhouses, were under the care of the Board of Guardians[5], whom had the legal responsibility of orphaned children until they reached the age for employment, usually fourteen (Robert, 1963; Higginbotham, 2023). Unless otherwise sleeping rough, for the next 20 years, orphan or foundling children were housed exclusively in either orphanages, hospitals or workhouses. It was not until 1853 that a significant change and different type of 'boarding out' [6] was established due to the philanthropic movement that emerged in mid-19th century Britain (see Paris, 2001).

Early Foster Care

Early in the nineteenth century, Europe experimented with the institutional care of children, leading to the development of 'cottage homes'. The first known cottage home in Europe is the Rauhe Haus in Germany (1830s), followed by the Mettray colony in France (1840s). Based on the 'family principle', the Rauhe Haus built a cottage for the abandoned children it housed (Higginbotham 2023). England, not far behind the rest of Europe, followed this practice; the earliest known champion to support the implementation of the new form of 'boarding out' was Reverend John Armistead, from Sandbach, Cheshire. In 1853, with the permission of the parish, Reverend Armistead placed some children into what is thought to be the first foster placement, moving children from workhouses into 'cottage style' homes (George, 2014), housing no more than a dozen children. The children in these homes were the responsibility of the unions (now known as Local Councils and directed under the Board of Guardians at the time) who had to pay the foster carers the 'boarding out'

[5] Following the suggestions of the Poor Law Commission, Boards of Guardians were established by the Poor Law Amendment Act 1834 to replace the parish overseers of the poor established under the old poor law. See https://www.workhouses.org.uk/admin/#bog

[6] Boarding Out - "the Practice of placing workhouse children in the long-term care of foster parents who usually received a weekly allowance for each child staying with them." (Higginbotham, 2023, https://www.workhouses.org.uk/boardingout/)

allowances equivalent to the cost of maintaining a child in a workhouse (George, 2014). It was the belief of Rev. John Armistead that this type of 'boarding out' would be good for the emotional and social development of children (George, 2014). This appears to be the first literary evidence of children (as opposed to 'small adults'), acknowledging the importance of their development.

The rise of cottage homes is said to be due to the public awareness of the 'baby farming'[7] industry of the late 1860s, brought about due to ineffective birth control methods and the great social stigma of having a child out of wedlock (Family Care, 2022). Baby farming developed outside Governmental control and was not formally recognised until its exposure by the criminal cases of Charlotte Winsor (1865) and Margaret Waters (1870) (Pearman, 2017). As a result of the exposure of baby farming, to gain social control and regulate the care of unwanted children, fostering by means of 'cottage homes' increased, being set up by charitable establishments such as the Home for Little Boys (1865), the Princess Mary Homes for Little Girls (1870) and the Barnardo Village Home for Girls (1876). However, it was not until 1921 that the Board of Guardians implemented the *Boarding Out Regulations*[8], which set out the duties and regulations that 'house mothers' (Foster Mothers) should follow in the cottage homes (Higginbotham, 2023).

The following quote is an exert from the East and South Devon Advertiser newspaper of the time (1894) that captured the principle of the new boarding out movement by Newton Board of Guardians:

> *"The younger we can hand our children to foster parents the better; they get to love the children as their own and very often adopt them altogether. Home, sweet home is the strongest natural feeling and none is more valued in manhood than the love of home and its early associations; the careful selection of good foster parents gives to the poor and deserved child family*

[7]See. Waugh (May 1890) Baby-Farming. The Contemporary Review 700 [online] [accessed 22nd April 2023] https://archive.org/details/babyfarming00wauguoft/page/n1/mode/2up

[8] For Boarding Out Regulations, 1921 see. Higginbotham, P,. (2023) Boarding Out Regulations, 1921. http://www.childrenshomes.org.uk/cottagehomes/regulations.shtml

life under the most favourable conditions … The great principle is — take the children away from the Workhouse, do not let them know where the Workhouse is, blot out the stain of pauperism from their young minds, put them on an equality with other children and they will have a hopeful future, separated from evil associations in the Workhouse. We all know … no association can possibly be worse for children than some of these inmates."

Source: *East & South Devon Advertiser,* Newton Board of Guardians, January 13, 1894, p. 5. Cited in *Walton*, 2019, para 22.

Cottage homes often comprised of a small village of houses around a green space or along a long street. The Foster Mothers oversaw these houses, which contained boys and girls of various ages. Each family had anywhere between fifteen and twenty children. As the villages become more established, they began to include training facilities for children, an infirmary, chapel, bake house, laundry, gym and a swimming pool in addition to a school. Boys were instructed in trades like shoe making, tailoring, plumbing and joinery, while girls were taught domestic skills like needlework, cooking and cleaning (Higginbotham, 2017; Morrison, 1998).

Conservativism Vs. Romanticism – Victorian Britain

Children Who Built Britain

During the eighteenth century and the advent of the 'Industrial Revolution' (c.1760 – 1840) children were seen as an important commodity that helped shape this period and were seen as no more than cheap labour. During this period the children were what we could consider the potential soldiers and workers that helped to build Britain (The Children Who Built Victoria Britain, 2011). However, child labour was not a uniquely Victorian phenomenon; in pre-industrial Britain child labour was commonly seen in family run businesses such as agriculture. However, the now new factories and mines needed a workforce, a workforce that could be easily maintained by children, due to their usefulness for specific jobs, with small bodies, cheap pay

and no rights (The Children Who Built Victoria Britain, 2011), which presented a new problem for Victorian Britain to tackle. Some children worked in factories performing assembly line work or cleaning in and around large pieces of machinery, while others would watch out at trap doors and remove coal from the pit mouth while in mines. If not working in mines or factories, they would frequently be seen performing other jobs like chimney sweeping or serving as errand boys for the wealthy (Griffin, 2014). Young children from the age of five years would work in dire conditions in hot, filthy, poorly lit factories, for up to sixteen hours a day without a break for meals. Table 1 below shows the extent of child labour in this era.

Table 1. Child Employment 1851 - 1881

Child Employment 1851 – 1881

Industry & Age Cohort	*1851*	*1861*	*1871*	*1881*
Mining				
Males under 15	37,300	45,100	43,100	30,400
Females under 15	1,400	500	900	500
Males 15 - 20	50,100	65,300	74,900	87,300
Females over 15	5,400	4,900	5,300	5,700
Total under 15 as % of work force	13%	12%	10%	6%
Textiles and Dyeing (Factories)				
Males under 15	93,800	80,700	78,500	58,900
Females under 15	147,700	115,700	119,800	82,600
Males over 15 - 20	92,600	92,600	90,500	93,200
Females over 15	780,900	739,300	729,700	699,900
Total under 15 as % of work force	15%	19%	14%	11%

Source: Booth 1886, 353-399 cited in T*uttle, 2001.*

Children who were housed in orphanages or workhouses were the first to be recruited into such harsh working conditions. Orphans and foundlings were subject to slave-like labour justifying the absence of pay because of the provision of food, clothes and shelter. It later became evident that protecting them was crucial to

ensure a prosperous Britain (Stater, 2009), as can be seen in the uprise of the 'Child-Saving Movement' in Britain from the mid to late nineteenth century.

Champions for Children

Although Rev. John Armistead was the first to change living conditions for workhouse children, the first person to 'publicly' support the needs of children was Mrs Hannah Archer of the Union of Swindon and Highworth. Archer was the first woman to appeal for more foster carers to come forward to support these children, not for the want of physical items such as clothing and food but putting great emphasis on the need to support the social wellbeing of the child (Archer, 1861).

> *"…it is not that the little girls in the Workhouses are not fed and clothed properly, or that they have not had a proper amount of school-teaching, about which I am not now raising a question; but I would wish to be understood that under the Workhouse system of bringing them up their minds are contracted and their affections stifled to such a degree they are unfitted for being placed out in those institutions of life where they would be likely to make favourably impressions and gain goodwill of respectable employers."*
>
> Source: Archer, 1861 pp.4 & 5.

It was at this point in England (1860s) that children were now starting to be seen in a new light, establishing a separate identity and needs to that of adults (Power, 2022). This is evident in the Victorian era of 'child savers' (or prohibitionists), a period that in the twenty first century is referred to as the 'Child-saving Movement' (Platt, 1969). Child-saving was a twofold movement: conservativism verses romanticism, whereby politically the need to control 'troublesome' youth came to light in the use of sanctions and removal of adult-type privileges; while opposed to this were the ideas of the romantics, commonly middle-class female prohibitionists who believed in proper socialisation and care of children, drawing on the emerging view that children were different from 'small adults' (Platt, 1969).

It was at this point in the Victorian era that members of society started to develop a different view of the rearing of children and working conditions because of the following liberal social class reformers of the nineteenth century, who pioneered the way for children's rights:

Charles Dickens (1812 – 1870)

Parliamentary reporter and author Charles Dickens (1812 – 1870) probably did more than any other author to raise public awareness of the plight of children in the Victoria era. He lay the groundwork for a variety of social reforms (Bremner, 1995; Boehm, 2009). Dickens is largely thought of as a social commentator who used fiction effectively to criticise the economic, social and moral abuses that took place in Victorian England (Marlow, 1994; MacKenzie, 2008). Politicians seeking an understanding of what poverty and exploitation look like from a child's point of view could hardly find richer sources of insight than such Dickens' novels as Oliver Twist (1837), David Copperfield (1849) and Little Dorrit (1855) to name a few (Boehm, 2009).

Thomas John Barnardo (1845 – 1905)

In the year 1845, Thomas John Barnardo was born in Dublin, Ireland, but moved to London as a young man to pursue his medical education. He was shocked to discover children living in appalling conditions without access to education when he arrived (Barnardo's, 2022). Barnardo established his first boys' residence in 1870. A home for girls followed soon after, in 1873. Victorians considered poverty to be shameful and the result of vice or indolence (*ibid*.). However, Barnardo insisted on making no distinction between the deserving and undeserving poor. Regardless of race, disability or circumstance, he welcomed all children. Regardless of their upbringing, he thought every child deserved the best start in life. The charity had 96 homes caring for more than 8,500 vulnerable children by the time of his death in 1905. This included children who had learning and physical challenges. His approach to caring for children with disabilities was greatly influenced by Barnardo's experience caring for his daughter Marjorie, who had Down's syndrome (Barnardo's, 2022). The charity still operates under his philosophy today.

Joseph Rowntree (1836–1925)

Joseph Rowntree, a Quaker, was a passionate advocate for social reform, particularly for workers at his chocolate factories, in York. He established workers' pension schemes, built the garden village of New Earswick and set up charitable trusts to promote social change. One of his children, Seebohm Rowntree (1871–1954), became a social reformer and researcher. He conducted three significant surveys of the living conditions of the impoverished in York[9], which led him to conclude that poverty was caused by low wages, contradicting the prevalent belief at the time that the poor were responsible for their own circumstances (Joseph Rowntree Foundation, 2022). Even in the modern era, the Joseph Rowntree Foundation Trust is still considered a significant charitable organisation that provides support to families living in poverty.

Charles James Booth (1840–1916)

Charles James Booth was born into a Unitarian family in Liverpool and became a social researcher and reformer. His research on the working-class life in London during the 1890s spanned 17 volumes. He was appointed to the *Royal Commission on the Aged Poor* and played a crucial role in compelling the Government to act against poverty in the early twentieth century. His contributions led to the creation of old age pensions in 1908, as well as free school meals for the most impoverished children (The Rowntree Society, 2022)

Rowntree and Booth both believed that almost a third of the city populations were living at or below the Poverty Line and that the primary causes of poverty were illness, unemployment and old age. Their efforts to combat poverty have earned them the reputation of being a champion of the poor and have helped to reduce the likelihood of children becoming orphans.

[9] Seebohm, R,. (1901) Poverty: a study of town life, London : Macmillan.
Seebohm, R,. (1941) Poverty and progress: a second social survey of York. London : Longmans, Green.
Seebohm, R,. (1951) Poverty and the welfare state: a third social survey of York dealing only with economic questions. London : Longmans, Green.

The works of these social liberal commentators in the nineteenth century shed light on the difficult circumstances orphans, especially those living in workhouses or on the streets, had to deal with. To give orphans access to education, training and a nurturing environment, they argued for the creation of alternative forms of care like foster homes and residential schools. These initiatives aimed to prevent orphans from being abandoned in difficult situations and to ensure that they received the care and attention they needed to grow into productive members of society.

Emergence of Modern View of Childhood

Although the emergence of liberal social reformers of the nineteenth century and their work in education shone a light on the conditions in which these children lived, children in Victorian Britain were still seen as the underclass ('to be seen and not heard') and were still given little consideration by the majority. However, central to the movement was the child now being, for the first time, seen somewhat in a positive light, as innocents in need of protection, highlighting that childhood was a separate stage of life to that of adulthood (Cunningham, 2005), that should be nurtured and indeed this created a new cultural understanding of childhood (Reynolds, 2014). The creation of child welfare societies, such as the Society for the Prevention of Cruelty to Child (SPCC, now the NSPCC) (1883) clearly demonstrates this view. According to NSPCC historian, George Behlmer, the society came into being because of the recently developed moral compass, which held that children's welfare came before parental rights (Behlmar, 1982).

The champions of children persuaded the British elite to adopt a new perspective on children, which resulted in the adoption of the *Children's Charter* in *1884*. For those who had petitioned for children's rights and protection, this represented a significant turning point (Behlmer, 1982). The *Children's Charter 1889 (Prevention of Cruelty to, and Protection of, Children Act 1889*) was the first Act that aided the protection of children against physical abuse; this, for the first time, allowed the state to intervene in the relationship between a child and their care givers. Prior to the implementation

of this Act there was no such thing as ill-treatment, abuse or neglect of a child, not because it was not happening, but because children were seen as having no status in society. An example of this can be seen in the implementation of *Cruelty to Animals Act 1835*, implemented fifty-four years prior to the act to prevent cruelty to children. The following quote, taken from the *Prevention of Cruelty to, and Protection of, Children Act 1889,* highlights the premises of this legislation:

> *"Any person over sixteen years of age who, having the custody, control, or charge of a child, being a boy under the age of fourteen years, or being a girl under the age of sixteen years, wilfully ill-treats, neglects, abandons, or exposes such child, or causes or procures such child to be ill-treated, neglected, abandoned, or exposed, in a manner likely to cause such child unnecessary suffering, or injury to its health, shall be guilty of a misdemeanour and, on conviction thereof on indictment, shall be liable, at the discretion of the court, to a fine not exceeding one hundred pounds, or alternatively, or in default of payment of such fine, or in addition to payment thereof, to imprisonment, with or without hard labour, for any term not exceeding two years and on conviction thereof by a court of summary jurisdiction, in manner provided by the Summary Jurisdiction Acts, shall be liable, at the discretion of the court, to a fine not exceeding twenty-five pounds, or alternatively, or in default of payment of such fine, or in addition thereto, to imprisonment, with or without hard labour, for any term not exceeding three months"*
>
> Source: *Prevention of Cruelty to and Protection of, Children Act 1889,* Chapter 44.

As highlighted previously, this legislation was a huge achievement in Victorian Britain, that inadvertently acknowledged the wrongs done to children and now implemented punishment for such wrongdoing to children. Again, this highlighted that childhood was seen as distinct from adulthood, therefore establishing the rights of the child, now seen as an entity that required protection from the plights of society. Although, the state had now assumed responsibility for the protection of children, the *Children's Charter (1889)* is contemporarily thought of as a 'state building project'

(Fuchs, 2010), to aid the growth of industrial Britain, economically. Here, children in industrial Britain were very much seen as a commodity and a valued labour source. It could be inferred that this legislation was implemented more to create a regulated child workforce, as opposed to primarily protecting the needs and welfare of the children.

In 1894, *the Children's Charter 1889* underwent further revisions and expansions (Children’s Charter, 1894), which included clauses recognising mental abuse of children as a form of abuse and allowing children to testify in court. The amended law also made it unlawful to deny sick children medical care. These alterations during the Victorian era reflected a growing understanding of the rights and welfare of children.

Regulation of Child Care

The work of liberal social reformers in the nineteenth century continued to progress into the twentieth century. Children were increasingly perceived as distinct individuals, but it gradually became apparent to reformers that children from impoverished backgrounds were ill-equipped to cope with the evolving circumstances around them. Their lack of agency and control over their own lives underscored the undeniable need for state intervention to safeguard their well-being and provide necessary protection (Moore, 2019). At the beginning of the twentieth century several investigations into poverty in Britain were conducted by philanthropists; the purpose of this was to understand the extent and causes of poverty in Britain. As previously highlighted the two most influential reformers, Charles Booth and Sebohm Rowntree, found that up to 30% of the population in cities were living in poverty, with the main causes being illness and unemployment. They also found a link between age, with the youngest and oldest being more at risk of poverty (Rowntree, 1902; Booth, 1903). It was the work of both Booth and Rowntree that inadvertently led to the implementation of *The Children Act 1908,* (otherwise known as the *Children’s Charter, 1908*).

The Children Act (1908) covered an array of topics with the intention of protecting children, with the main themes focusing on the protection of infant life (child minding), cruelty to children, provision for young offenders and a constitutional basis for reform and industrial schools. As a result of this act, for the first time foster families had to be officially registered with the local authority and parents and guardians could be prosecuted for ill treatment of children (*Children Act 1908*; Younghusband, 1949).

Prior to the twentieth century, there were no official statistics of orphans or foundlings in England and Wales; it was not until 1921, for the first and only time, parentless children were recorded in the Census (Office for National Statistics, 2022a). Of the total number of 5,146,799 children living in England and Wales under the age of fourteen years at the time of the 1921 census, 14% (*n*730,845) had lost their father, 5% (*n*262,094) of their mothers had passed, with a smaller 1% (*n*55245) of children losing both their parents. The purpose of collecting this data in 1921 was to help prepare the financial framework of the *Widow, Orphan and Old Age Contributory Pensions Act 1925* (see Arnold, 1929). The Act highlighted the financial benefit a child must receive in the event of becoming an orphan of a pensioner, whereby, the guardian would receive financial benefit in respect of the child. This census provides an overview of the country's population from the aftermath of World War One and the Influenza pandemic of 1918 (National Archives, no date, b).

From Board of Guardians to Local Government Control

From the social changes and the rise of social reform in the early twentieth century a significant piece of legislation emerged, *Local Government Act 1929*. The framework for the current local government system was established (The House of Commons, 2009). The Act replaced the outdated local government structure—which had existed since the Middle Ages—with a new one that included county councils, county boroughs and urban districts. The goal of this new system was to give local

communities more autonomy over their own affairs while also being more effective and streamlined (Gorsky, 2011).

Prior to the Act, private charities and non-profit organisations were primarily in charge of caring for children who had been orphaned, abandoned or neglected. This frequently resulted in a patchwork of care plans with wildly different levels of consistency and quality. The *Local Government Act 1929* introduced a new system that gave local governments control over the care of children who required protection and care. It followed that local government bodies had to recognise children who were at risk and give them the proper care and support. Children's homes and other types of residential care were established and run by local authorities as well (Higginbotham, 2017). However, the implementation of local government-run establishments for parentless children was a very gradual process and the dismal circumstances in orphanages did not significantly improve. Fostering, commonly known as 'boarding out', only slowly increased in popularity. Children who were primarily white and in good physical and mental health were chosen to be placed with foster families, leaving behind all the other children (Higginbotham, 2017). Since then, every decade has borne witness to new legislation or amendments to protect children. However, it was not until late 1940s that there was a significant change and a real focus on what might be best for the orphan child (Jay *et al.,* 2018).

Post War Britain - Protection, Improvement and Regulation of the Child

Although prior to the 1940s Britain was dealing with the Great Depression and families continued to struggle with destitution, unemployment and poor housing (Stevenson and Cook, 2013) a new kind of struggle was about to hit the cities of Britain with the impact of the Second World war. As a result of the challenges presented by World War II and its aftermath, many children in Britain were left orphaned or abandoned by their families (Foster *et al.,* 2003).

In the 1940s, orphaned children frequently faced difficult circumstances. Many were placed in foster homes or children's homes, where they might encounter a lack of consistency and stability in their care. Children's homes during this time were frequently overcrowded, underfunded and staffed by people who might not have had proper education or experience to give proper care (Imperial War Museum, 2022). In addition to the difficulties in locating appropriate care settings, orphaned children in the 1940s might also have experienced discrimination and social stigma. At the time, it was widely believed that children raised outside of traditional families were inherently disadvantaged and more prone to delinquency and other social issues (Bathurst, 1943). Britain underwent significant social and economic change after World War II with the creation of the welfare state and the expansion of new opportunities for employment and education (Morris, 1961; Edgerton, 2018). Many orphaned children were able to benefit from these modifications to improve both their own lives and the lives of their families.

Children of the Future

The lead up to the Second World War, its duration and aftermath presented a period for additional thinking about children just as there was with regards adult welfare. However, due to the concern of Britain's future and the awareness of children being the future of the country in parliamentary debates at the time, politicians and other public figures used a new rhetoric to forge an understanding across political lines as well as among a larger audience: the importance of children for society's future. Journalists used this generalised rhetoric to appeal to specific readers. Children in this situation were frequently portrayed as a passive mass, representing 'future generations', 'future citizens' or 'our young people'. Children's symbolic value was particularly useful in campaigns to rally the public behind the war effort (King, 2016).

Although the rhetoric for children as a collective had been changing in post war Britain, the treatment and care for orphans and deserted children did not significantly change. Childcare experts of the time started to worry about the welfare of these children which led to the establishment of the Care of Children Committee (the Curtis Committee), which issued a report in 1946 (*The Curtis Report*) (Jay *et al.,* 2018). The Curtis committee first highlighted the issues with the influx and wrongdoing of child migration of the early to mid-twentieth century.

Although child migration can be dated back as early as 1618, where children were sent to the colonies in America as apprentices, in pre and post war Britain, the Curtis investigation observed that only children who appeared to be physically fit and having good mental health were chosen for emigration to Canada, Australia and other English-speaking territories within the British Commonwealth. Based on this, the report concluded that child migration was not suitable nor desired to be continued as a means of providing for the underprivileged child (Jay *et al.,* 2018; Lynch, 2020). As a result of the report, it was concluded that migration should be an option only for those children who desired it. Furthermore, as proposed by the committee, any parentless child that remained within Britain should do so under the care of a surrogate family (fostering or adoption). In the case that institutional care was necessary, the child should not be placed in a large institution but rather the 'cottage type' homes that house no more than a dozen children at any one time, with a carer that was suitably trained (Earl of Iddesleigh, 1946; Jay *et al.,* 2018; Lynch 2020).

According to the Curtis Report, 'boarded out' children should be compensated to the greatest extent, psychologically and materially, and should have the same social experiences as if they were living with their biological parents.

> *"The criterion of childcare in the [Curtis] Report is that the unlucky child without a home has exactly the same rights and deserves exactly the same consideration, as the lucky child with a home"*.

Source: Earl of Listowel, 1946, para 41; *citied in* Earl of Endsleigh, 1946, para 39.

The report also highlighted the need for contact between the child and remaining relatives and that every effort should be made to maintain this contact with their family members (unless there was a basis for thinking that contact would do them harm) (Jay *et al.,* 2018). Also, a recommendation of the Curtis Report Committee was that given the sensitivity of children, regardless of age or gender, corporal punishment should be completely outlawed (Earl of Iddesleigh, 1946).

In 1948, and capturing the recommendations from the Curtis report, the *Children Act (1948)* was implemented. The Curtis Report had been accepted by the Government and the Home Office who became responsible for its implementation at home and overseas. The new priorities were to firstly support children with their natural parents. Otherwise, the emphasis was on boarding-out children with foster parents (Constantine, 2002). Overall, and broadly speaking, the *Curtis Report* had influenced the implementation of the *Children Act 1948* capturing the recommendations of the changes needed to child social care, with these being fostering and adoption preferred over residential care, eradicating corporal punishment of children, establishing a separate court for children, the appointment of welfare officers, more stringent protection of children from abuse and making it a legal requirement for local authorities to take action to protect children from abuse or neglect.

Introduction of Corporate Parents

In response to the social and political environment of post-World War II England (see Venken and Röger 2015), which saw increased awareness and concern for the welfare of children as influenced by the *Curtis Committee*, the *Children Act 1948* was passed with the abolition of the *Old Poor Law* (Younghusband, 1949). *The Children Act 1948* sought to establish a framework for the protection and care of children who were denied a normal home life for a variety of reasons, such as parental absence,

abuse or neglect. It aimed to create a legal foundation for the state's obligation to step in and protect the welfare of vulnerable children.

The establishment of local authorities as the responsible agencies for providing care and protection for children in need was one of the main provisions of the *Children Act 1948*. The Act gave local governments the authority to investigate children's welfare, offer housing and support and act when a child's health or development was in danger. Although local government control come into effect with the *Local Government Act 1929*, the care and power to investigate abuse and neglect of 'out of home' children was still primarily the responsibility of charitable organisations and volunteer agencies, therefore this act represented a meaningful change from the previous system (Higginbotham, 2017).

The *Children Act 1948* also emphasised the value of parental involvement and rights in raising children. It emphasised the idea that, when making decisions about a child's care and welfare, the child's best interests should always come first. The act required local governments to collaborate with parents and families and stipulated that the state's intervention should be based on the subsidiarity principle, according to which it should be limited to what is necessary and proportionate to protect children's welfare. Additionally, the *Children Act 1948* established a system of mandatory supervision orders that gave local governments the authority to take children into their care and provide them with housing and support. This was viewed as a big step in the right direction towards making sure children who were at risk of harm or deprivation had access to the right kind of care and protection. The education and health of children in foster care were also impacted by the *Children Act 1948*. It emphasised how crucial it was to guarantee that children in foster care received appropriate education with funding supported until the child reached twenty-one (*Children Act 1948*) and ensuring that their medical needs were met (*Children Act 1948*).

Furthermore, because of the *Curtis Report* and implementation of the *Children Act 1948*, Local Authority Children's Officers were introduced; prior to that the individual

who previously worked on matters relating to children in need saw them as 'cases' and therefore could not build personal links. The importance of needing highly trained staff to specifically focus on this area is highlighted within the Act (*Children Act 1948*). Children's Officers were appointed in each local authority, typically every county or county borough council in England and Wales. The local authority Children's Officer's duties included conducting Act-mandated tasks as well as ensuring the welfare and protection of children who needed care and attention. This involved coordinating with other organisations and professionals involved in child welfare, as well as looking into cases of child neglect or abuse and offering support and services to children and families (*Children Act 1948*).

The *Children Act 1948* had some drawbacks despite its good intentions. The Act's provisions were frequently criticised for being ambiguous and insufficient because it did not offer a comprehensive legal framework for the care and protection of children in need. For instance, in 1949, 35% of the 55,255 children in care were in residential care (Children in Need, 1951: Lynch, 2020). By 1952, the number of children in residential care had risen to 41% of 64,682 (Lynch, 2020). Although the *Curtis Report* was not supportive of children homes, highlighting the need for eradicating them, it was apparent that there was a lack of suitable foster carers to help with the reduction of institutional type care. However, it can be assumed that because of the implementation of the *Children Act 1948* and investigatory powers of the local authority, more children had been removed from their biological parents as children in need, whether that be reasons for abuse, neglect or destitution in which that respect, the *Act* can be seen as effective in removing the child in their best interest.

The legal framework for the care and protection of children in England has changed significantly since the passage of the *Children Act 1948*. Over time, subsequent legislation and policy developments have addressed some of these limitations. However, the *Children Act 1948* was a significant piece of legislation that established the standards for the protection and care of vulnerable children in England. It designated local governments as the organisations in charge of caring for children in

need, emphasised the value of parental involvement and rights and enacted mandatory supervision orders to guarantee that children in need had access to proper care. The *Children Act 1948* was a significant step towards acknowledging the state's obligation to protect the welfare of vulnerable children, even though it had limitations. It continues to play a significant role in the historical and legal context of child welfare in England (Cretney, 1998).

Over the next three decades, there was a stream of successive legislation (e.g., *Children and Young Person Act, 1963*; *Children Act, 1975*) that effectively built on the *Children Act 1948;* adding focus on areas such as, welfare and protection of children, youth justice and diversion from criminalisation, participation and rights of children in care and supervision of children in need. However, it was not until 1989 that ground-breaking legislation evident in the *Children Act 1989* came into effect that leads us to the present-day legislation, still largely in affect in England and Wales.

The evolution of the care system in terms of terminology and perceptions of children underwent significant changes from the 1800s to World War II. During this time, there was a shift in how children were referred, moving away from terms like 'orphans' to more nuanced descriptions such as 'boarded out children'. This changing perspective on childhood was influenced by various factors, including social reform movements, advancements in education and the emergence of child psychology commonly seen post World War II. The idea of childhood as a protected and cherished period gained traction, leading to efforts to remove children from institutional settings and place them in foster care or adoptive families where they could experience a more nurturing and child-focused environment.

The Present – From Orphans and Foundlings to Looked after Children

The 1980s' – Thatcher's Return to Victorian Values

The 1980s in Britain was a time of significant change and upheaval in terms of the wider social context (Green, 1999; Hilton, Moores and Sutcliffe-Braithwaite, 2017). Numerous political and economic crises, including high unemployment, strikes and the Thatcher government's (1979-1990) divisive privatisation and deregulation policies, characterised the decade (Green, 1999). Gender roles and family structures were changing at the same time and there was an increase in public awareness of problems like domestic violence and child abuse (Connolly and Gregory, 2007). Children and families were among the many facets of society that were significantly impacted by Margaret Thatcher's time as Prime Minister. Her administration put into effect measures designed to reform the welfare system and advance individualism, market-based economies and lessen government intervention.

Restructuring of social and economic policies, which had both favourable and unfavourable effects for children, was one notable area of impact. On the one hand, Thatcher's administration implemented economic reforms with the intention of fostering entrepreneurship and economic growth (Mack and Lansley, 1985), which inadvertently benefited some families and may have, in the long run, improved opportunities for children. These reforms may have exacerbated social disparities and adversely impacted the wellbeing of children from underprivileged backgrounds because they also resulted in significant economic disparities and elevated poverty rates for some communities (Romer, 2022).

Additionally, Thatcher's administration reduced social services and public spending, including funding for local authority assistance and child welfare initiatives. These budget cuts led to a reduction in the resources and support available to disadvantaged children and families, potentially affecting their ability to access essential programmes and services (Mack and Lansley, 1985). The effect of Thatcher's policies on children is a complicated and multifaceted issue and opinions on the results can differ depending on various socioeconomic factors and personal experiences. A significant paradigm shift occurred during Thatcher's Britain, characterised by a deliberate emphasis on transferring responsibility from the state

to families, reminiscent of the Victorian era's prevailing values. This transformation entailed an expectation that families would assume the primary responsibility for their economic sustenance, while the state offered limited support. Therefore, this approach placed undue strain and exerted additional pressures on families, adversely affecting them.

However, under Thatcher, Britain saw an increase in social awareness to the needs of children, evident with the abolition of corporal punishment in schools (*Education Act 1986*) and the launch of *Child Line* in 1986 (Harrison, 2000). One year prior to Thatcher's end of term as prime minister, Britain saw the implementation of the *Children Act 1989*. This *Act* was influenced by social change in the 1980s regarding child welfare and protection, specifically high-profile incidents like the Cleveland scandal of 1987 whereby, over the course of about five months while living in their parental homes, 125 children were found to have been sexually abused, of whom 98 were sent back to their parental homes (British Medical Journal, 1988). Two years after the scandal a number of these children were again referred to social services and disclosed as at high risk for child abuse. The Cleveland local authority was the subject of allegations of widespread child sexual abuse and the scandal's investigation revealed serious shortcomings in the child protection system in Britain. It served as one of the primary impetuses for the *Children Act 1989*. In response to numerous reports and inquiries that emphasised the need for comprehensive legislation to safeguard children's welfare, the UK passed the *Children Act 1989*, dissolving several earlier laws and regulations that were deemed insufficient.

Reform of Child Care Law – about time!

The *Children Act 1989* is a key piece of legislation that governs the welfare and protection of children in England and Wales (later in Scotland and Northern Ireland in 1995). It was a significant advancement in child welfare policy and practice. The Act (at the time) was recognised as one of the most monumental reforms of child law, as noted by the Lord Chancellor (Lord Mackay of Clashfern);

> *"The Bill in my view represents the most comprehensive and far-reaching reform of child law which has come before Parliament in living memory. It brings together the public and private law concerning the care, protection and upbringing of children and the provision of services to them and their families."*
>
> Source: Lord Mackay, 1988, para 2.

One of the main contributions of the *Children Act 1989* was the requirement to change the emphasis from parental rights to the child's best interests. In the past, there was a focus on parental rights and autonomy (*Children Act, 1948*), which occasionally resulted in children being abused or neglected due to lack of intervention (Monckton, 1945: Hopkins, 2007). The *1989 Act* sought to put children's welfare and best interests first, making sure that their needs and rights were taken into consideration when making decisions over that of the parents. Recognising the changing dynamics of families and the need for a more inclusive approach to child welfare was another factor in the development of the *Children Act of 1989*. The *Act* recognised the variety of family structures and the significance of appreciating and respecting racial, ethnic and religious diversity in childcare (*Children Act, 1989*). Additionally, it emphasises the significance of involving families in decision-making processes whenever possible and encouraging collaborations between families, local government and other child welfare organisations.

The following points will broadly highlight the main premises captured within the *Children Act 1989:*

- *Paramountcy of the Child's Welfare:* The child's welfare takes precedence in all decisions related to their care, encompassing their age, gender, background and various needs, serving as the guiding principle for legal proceedings and social work interventions.
- *Prevention and Early Intervention:* Places a strong emphasis on protecting children from harm through early intervention, requiring local governments to proactively support struggling families and encouraging multi-agency

collaboration in identifying and addressing suspicions of child abuse and neglect, thus promoting the child's welfare.

- *Comprehensive Assessment and Planning:* The Act mandates local authorities to conduct thorough assessments of a child's needs and circumstances, highlighting the significance of considering their physical, emotional, educational and social needs and requires the creation of personalised care plans by local governments to prioritise the child's welfare and best interests.
- *Safeguarding and Protection:* The Act prioritises the safety and protection of children, including mandatory reporting of suspected abuse, measures to address abuse and neglect and the authority for local governments and organisations to remove children from unsafe environments, provide support and intervene to ensure their wellbeing.
- *Flexibility and Proportionality:* The Act acknowledges the varying needs of children and families, advocating for adaptable and proportionate solutions that consider individual circumstances, while emphasising the value of non-legal options such as family support and mediation before resorting to legal measures.
- *Collaboration and Coordination:* The Act encourages cooperation and coordination between various child welfare agencies. It emphasises the value of collaboration in achieving the best outcomes for the child and calls for local government to collaborate with other organisations, including the police, health and education, to ensure a coordinated and all-encompassing approach to child welfare.

Before the *Children Act 1989*, parents' rights and autonomy were prioritised and children were primarily seen in the context of their families. It was frequently believed that parental authority and the maintenance of the family unit came before the welfare of children (*Children's Charter,* 1889; *Children Act*, *1948*). As a result of their rights and best interests not receiving adequate consideration or legal protection, this approach frequently restricted the intervention and support available to vulnerable children. By prioritising the rights and welfare of children,

recognising them as distinct individuals with their own rights and ensuring their protection and well-being, the *Children Act* of *1989* represented a significant change (Eekelaar and Dingwall, 2013).

The perspective regarding children over the last couple of centuries has changed dramatically, it has evolved from a previous emphasis on parental authority and limited recognition of children's rights to a contemporary approach that recognises children as individuals with distinct rights, needs and vulnerabilities. Although legislation to protect children was implemented from as early as 1834 and evolved all the way to the mid-20th century, it was not until the implementation of The *Children Act* of *1989* that dramatically emphasises, for the first time, the rights of children. The Act played a crucial role in reshaping the perception of children, placing their welfare, rights and best interests at the forefront. The Act acknowledged the unique developmental stages and vulnerabilities of children, highlighting the importance of their protection, participation and well-being within society. This transformation represents a significant progression towards ensuring the holistic development and rights of children, moving away from the notion of children as ‘small adults’ and instead recognising their specific needs and entitlements as they grow and mature.

The Children Act (1989) has undergone several revisions since it was first passed to consider societal trends and shifting attitudes. The addition of the *Adoption and Children Act 2002*, which updated and expanded the framework for adoption, placing a stronger emphasis on the welfare of the child and allowing same-sex couples and unmarried partners to adopt, was one significant change. The introduction of several measures, such as the appointment of the Children's Commissioner for England and the requirement that local governments create Local Safeguarding Children Boards to coordinate child protection services, further strengthened the *Act* under the *Children Act 2004*. Significant changes were also made by the *Children and Families Act of 2014*, including the introduction of a 26-week time limit for care proceedings, a new shared parental leave system and a stronger focus on the child's voice and participation in care proceedings. These changes show how child protection laws are

constantly changing and how efforts are still being made to better the lives of children and families. Although it has undergone these changes, the core ideas have not changed. The paramountcy principle, which places the welfare of the child at the centre of any decision made by the court or local authority, is one of the important elements that has not changed. The best interests of the child remain the paramount consideration in all decisions pertaining to their upbringing and care and this principle continues to guide the interpretation and application of the *Act*. Additionally, the *Act's* emphasis on parental responsibility, which highlights the significance of parents in raising their children, has also continued to be a fundamental tenet. The provisions of the *Act* regarding how courts, local governments and other organisations should promote and protect children's welfare have largely not changed. These features of the *Act* highlight how important it continues to be as a cornerstone of child welfare and protection.

Transitioning Out of Care

In the United Kingdom, the recognition of the challenges faced by care leavers has gained significant attention in professional and political circles, especially since the mid-1970s. Various stakeholders, including care-experienced youth, researchers, practitioners, managers in statutory and voluntary organisations, campaigners, pressure groups and politicians, have contributed to this growing awareness. In the 1970s, care-experienced young individuals began sharing their experiences and engaging in dialogue. Local groups such as the *Who Cares? Project*, *Black and In Care* and the *National Association of Young People in Care* (*NAYPIC*) played crucial roles in raising awareness about the impact of young people's quality of life in care on their post-care lives (The Black Care Experience Conference, 2022; Voices from Care, 2022). Researchers have also played a significant role in shedding light on the challenges faced by young people transitioning from care. Since the mid-1970s, several smaller-scale qualitative studies and surveys have been conducted (Godek, 1976; Kahan, 1979; Robson, 1987; Stein and Carey, 1986; Morgan-Klein, 1985 *cited in* Biehal, 2004). Collectively, these studies demonstrate the diverse nature of care

leavers, with variations in their care histories, needs, cultural backgrounds and ethnicities. While some individuals may have benefited from their time in care, others faced additional challenges. Common experiences included frequent moves and disruptions within the care system, struggles with identity due to separation and limited knowledge of their past, especially for Black young people raised in predominantly white care environments. Other challenges encompassed social isolation, weakened family connections, educational difficulties, stigma and inadequate preparation for leaving care.

Leaving care between the ages of 16 and 18, younger than non-care individuals leaving home, presents care leavers with various challenges such as loneliness, isolation, unemployment, poverty, homelessness and a sense of instability. Several studies indicate that around one-third (33%) of homeless young people aged 16 to 19 have a history of being in care. Research by Centrepoint (2022), a London-based charity assisting the homeless, revealed an increase in this percentage from 34% in 1987 to 57% in 1988, including those who had previously resided in children's homes or foster care (Randall, 1988). When care leavers experience homelessness, they become vulnerable to various dangers, including poor health, involvement in crime and prostitution. The Centrepoint Survey found that one-third of its young residents had been approached to engage in prostitution since arriving in London. Disturbing evidence from smaller-scale studies also suggests a considerable proportion of beggars (50%) and male prostitutes (66%) had prior experiences of being in local authority care. Furthermore, several studies have demonstrated a strong correlation between care experience and criminal offences, including custodial sentences (Stein, 2006). Recent research has highlighted additional issues, such as the lack of comprehensive leaving care policies, inconsistent financial aid, varying levels of support for young people, insufficient training for specialised staff and inadequate monitoring of services (Stein, 2012).

From 1988 to 1990, national voluntary organisations in the childcare sector launched extensive campaigns to raise public and political awareness about these challenges faced by care leavers. These efforts were prompted by changes in benefit policies,

including the increase in the age of entitlement to income support from 16 to 18 and the removal of householder status for individuals under 25 (Craig, 1993). These policy changes aimed to promote family responsibility and reduce reliance on the state, presenting a paradoxical situation for young people in care who often lacked family support. The campaigns also focused on addressing youth homelessness, including care leavers. In 1980, Shelter, a national charitable organisation dedicated to combating homelessness, established First Key as a direct response to the inadequate housing provisions offered by local authorities for young people leaving care (Shelter, 2022). Throughout the 1980s, First Key and organisations like Centrepoint continued to raise awareness about the housing difficulties faced by care leavers (Centre Point, 2022). Additionally, First Key, funded by the Department of Health, collaborated with local authorities to improve services for care leavers through consultancy, training and developmental initiatives.

Political action has also been taken, heavily influenced by expert advice. The 'Continuing Care' recommendations from the Social Services Committee Report on Children in Care (UK Parliament, 1984) played a significant role. These recommendations were incorporated into the 1987 White Paper titled '*The Law of Child Care and Family Services*'. Subsequently, these recommendations formed the basis of the relevant sections of the *Children Act 1989*, which introduced measures specifically addressing the needs of young people 'aging out of care'.

The collective efforts of care-experienced young individuals, researchers, practitioners, managers, campaigners and politicians have led to a greater understanding of the challenges faced by care leavers in the United Kingdom. These efforts have shed light on the diverse experiences of care leavers, the difficulties they encounter after leaving care and the systemic issues that need to be addressed. The ongoing work in policy development, support services and public awareness is crucial in ensuring that care leavers receive the necessary assistance and opportunities to overcome the challenges they face and lead fulfilling lives.

Leaving Care Provision - Children Act 1989

The *Children Act 1989* encompasses several provisions that hold significant importance for the process of continuing care, emphasising the interconnectedness between the lives of young people in care and their lives after leaving care. Notably, two significant legal changes have been implemented. Firstly, the integration of children with special needs, including those with mental illness or physical and mental disabilities, into the child care legislation. This shift represents a move towards normalisation, departing from previous health and welfare legislation that provided separate and comparatively weaker support both within and outside of care settings. Secondly, the *Children Act 1989* acknowledges the diverse nature of British society, recognising the cultural backgrounds and beliefs of individuals. This highlights the importance of considering factors such as cultural heritage, language, social origin and religion when assessing the overall well-being of a child. Within the *Children Act 1989*, local authorities are entrusted with specific responsibilities related to the preparation and support of young people as they transition out of care:

- Preparation: Local authorities are obligated to prepare young people under their care for independent living, equipping them with the necessary skills to navigate life after leaving substitute care or accommodation.
- Advice and Support: Local authorities have a duty to "advise and befriend" young people who were in care at the age of sixteen, extending their support until the age of twenty-one.
- Financial Assistance: Local authorities have the discretionary power to provide assistance in kind or in cash to eligible young people. This includes grants connected to further education, employment or training. Such financial support can continue beyond the age of twenty-one to facilitate the completion of educational courses.
- Accommodation: The local authority bears the responsibility of ensuring suitable accommodation for 16- and 17-year-old children in need whose well-being would be significantly compromised without proper housing.

- Representation and Complaints: Local authorities are duty-bound to establish complaint procedures, allowing young people between the ages of eighteen and under twenty-one to voice their grievances if they believe they have been inadequately prepared for independent living or have received insufficient aftercare support.

The Children Act 1989, in essence, reinforces the obligations of local authorities and their social services towards young individuals under their care, encompassing both those currently in care or accommodation and those who have transitioned out of care, commonly referred to as care leavers. The Leaving Care provisions outlined in the 1989 Act have been positively received by social services. However, the implementation of this Act occurred amidst a broader backdrop of significant economic, social and policy transformations that impacted young people at large. These include the decline of traditional industries, the emergence of modern technologies, a substantial increase in youth unemployment, the introduction of youth training programmes, modifications to the school curriculum, reforms in social security systems, changes in the housing market and the growing complexity and diversity of class, gender, geographic and ethnic identities (Maguire, 2022). The challenges faced by young individuals in the postmodern world are considerable and these ongoing changes undoubtedly contribute to the dynamic context within which this research is conducted.

Leaving Care Provision - Children (Leaving Care) Act 2000

In response to a specific government commitment (Department of Health, 1998) to put Sir William Utting's recommendations in his Review of the Safeguards for Children Living Away from Home (Utting, 1997) into practice, the *Children (Leaving Care) Act 2000* was created. Due to this dedication, the 'Me Survive Out There' consultation document was published by the Department of Health in 1999. This document served as the foundation for the *Children (Leaving Care) Bill 2000*, which was passed in October 2000 and the *Children (Leaving Care) Act 2000*, which was

then introduced in October 2001. The Guidance and Regulations that were issued in September 2001 (DoH, 2001), one month before the *Act's* implementation, had legal force and were binding on local authorities. The earlier *Children Act (1989)* and its regulations had already given local authorities new duties prior to the *Children (Leaving Care) Act 2000.* While acknowledging the slow progress brought about by the *Children Act (1989)* and related initiatives (Stein, 1997), research studies conducted in the 1990s highlighted the ongoing challenges faced by young people leaving care, including issues reported in various studies (Biehal *et al.,* 1995; Broad, 1994, 1998, 1999; Vernon, 2000).

Several advancements were noted in the period after the *Children Act's 1989* introduction, which also saw an increase in the quantity and size of leaving care teams. For instance, 52 percent (or 29) of the leaving care teams analysed, were created between 1990 and 1995 (Broad, 1998). The availability and quality of services for young people leaving care overall, regarding entitlements and implementation, remained inconsistent, despite isolated instances of good leaving care practise and committed individual workers. Broad concluded that leaving care work was still dangerous in the hands of the *Children Act 1989* (Broad, 1998).

It was deemed necessary to introduce new legislation in the leaving care sector given the context of incremental yet uneven progress in the 1990s in the provision, quality and funding of looked after and leaving care services, as well as the pressing concerns raised by the Utting Report (1997). The *Children (Leaving Care) Act 2000's* primary goal, according to the Guidance that accompanied it, was to improve the prospects for young people in local authority care, with specific objectives including delaying their release until they were adequately prepared, improving assessment, preparation and planning for leaving care, offering better post-career support and improving financial arrangements for care leavers (DoH, 2001).

Several significant factors were directly responsible for the *Children (Leaving Care) Act 2000*'s implementation. First, it was widely acknowledged that young people leaving foster care faced disadvantages and vulnerabilities compared to their peers

who had not been in care, including higher rates of homelessness, unemployment and social exclusion (Stein, 2005). Evidence also suggested that care leavers had poor outcomes in terms of their wellbeing, health and education. Concerns about the uneven and subpar quality of support offered to care leavers by various local authorities, leading to unequal access to services and support, were also raised (Stein, 2005; Stein, 2008). The Act introduced several provisions to guarantee that people who leave foster care receive the proper support and assistance during their transition to adulthood, the Act introduced various provisions to overcome these concerns:

- *Ongoing Support:* The Act recognises the need for ongoing assistance for young people leaving foster care as they transition into adulthood up until the age of 21 (later amended to 25). Local governments are required to assess and provide support for the needs of care leavers, including housing, education, employment, health and emotional well-being. Each care leaver is assigned a personal advisor to offer guidance and support.
- *Pathway Plans:* Care leavers have individual Pathway Plans that outline their needs, goals and aspirations for adulthood. Developed by local authorities with input from the care leaver, the plans cover areas such as housing, education, employment, health and well-being. Plans are periodically reviewed and updated as circumstances change.
- *Education and Training:* Local authorities are mandated to assist care leavers in accessing education, training and employment opportunities. The Act recognises the importance of education and training, providing financial assistance, guidance and help with finding suitable housing.
- *Participation and Voice:* The Act encourages care leavers to be involved in decisions affecting their lives. Local authorities consult care leavers and consider their views when developing support plans. The Act also includes provisions for advocacy and complaints procedures to ensure care leavers have a voice and access appropriate support.
- *Coordination and Partnership:* The Act emphasises collaboration between organisations supporting care leavers. Local authorities must work with

housing, education, health and employment services to provide coordinated and comprehensive support. Collaboration between local governments and relevant organisations is promoted to improve outcomes.

- *Staying Put:* Introduced in a 2014 amendment, the 'Staying Put' arrangement allows care leavers to continue living with their former foster carers after turning 18 if both parties agree. This provision aims to provide continuity and stability for care leavers who have strong relationships with their foster carers.

The *Children (Leaving Care) Act 2000* was put into place in response to the vulnerabilities and challenges that young people who leave care are known to face, with the goal of improving outcomes and offering better support during their transition to adulthood. The Act established guidelines for ongoing assistance, career pathways, stay-put agreements, education and training, participation and voice, coordination and partnership working. These fundamental tenets of the Act are intended to improve the overall well-being of care leavers by ensuring that they receive the proper assistance, direction and opportunities as they face the challenges of adulthood. Overall, the *Children (Leaving Care) Act 2000* represents a significant step towards recognising and addressing the unique needs of care leavers and promoting a more positive and supportive transition from care to adulthood. However, it is important to continue to monitor and evaluate the implementation of the Act and to strive for continuous improvement in supporting care leavers as they transition to independent living. By providing adequate support and opportunities, we can help care leavers overcome the challenges they may face and empower them to reach their full potential as they embark on their journey into adulthood.

A significant step towards acknowledging and addressing the special needs of care leavers and fostering a more positive and encouraging transition from care to adulthood is the *Children (Leaving Care) Act of 2000.* While supporting care leavers as they make the transition to independent living, it is crucial to keep track of and evaluate how the Act is being put into practise. Care leavers can be empowered to

overcome obstacles and realise their full potential as they begin their transition into adulthood by giving them the support and opportunities they need.

For young people who have been in the care of local authorities, the transition from care to adulthood can be difficult and vulnerable. Numerous young people who leave foster care experience serious challenges, including homelessness, unemployment, mental health problems and a lack of support systems (Stein and Carey, 1986; Stein, 1990; Biehal *et al.,* 1995; Dixon and Stein, 2005; Sinclair *et al.,* 2005; Stein, 2005; Stein, 2008; Stein and Morris, 2010; Stein 2012). The *Children (Leaving Care) Act 2000* was put into effect in the UK in response to these difficulties with the intention of enhancing support and enhancing outcomes for young people leaving care (Stein, 2005); this was the first major consideration given to the effect of leaving care and how best to support those who are transitioning from Care to independence.

The *Children Act 1989* and the *Children (Leaving Care) Act 2000* hold significant historical importance as the first provisions in English law to explicitly address the consequences faced by individuals who have left care. *The Children Act 1989* marked a turning point by recognising the responsibility of local authorities in safeguarding and promoting the welfare of children in need, including those living away from home. It introduced important principles such as the importance of the child's welfare and the need to provide appropriate accommodations.

However, it was the *Children (Leaving Care) Act 2000* that specifically focused on the experiences and challenges encountered by care leavers as they transitioned into adulthood. Prior to this legislation, young people leaving care often faced uncertain futures and limited support, leading to detrimental outcomes. The *Children (Leaving Care) Act 2000* represented a significant shift by placing a legal duty on local authorities to assess and address the specific needs of care leavers. It emphasised the importance of continuity and preparation for leaving care, providing guidance on areas such as housing, education, employment, health and emotional well-being.

Together, these Acts paved the way for a structured and regulated approach for children in care and care leavers, recognising the unique challenges they face during their transition to adulthood. By acknowledging the rights and needs of these individuals, these Acts established a framework that continues to shape the provision of services and support for care leavers in England (Family Rights Groups, 2022).

Concluding Remarks

The historical timeline of children in care demonstrates an evolving understanding of their rights and welfare. From perceiving them as 'small adults' to acknowledging their vulnerability, society has albeit slowly but progressively prioritised their well-being and provided support. The journey from orphanages and workhouses to foster care, the impact of ideologies on child labour and the emergence of child-saving movements have all played pivotal roles in shaping a more compassionate approach. The introduction of childcare regulations, the concept of corporate parents and subsequent reforms in childcare laws have further strengthened the protection and support for children in care in contemporary Britain.

Furthermore, reviewing the historical timeline of children in care, it reveals there are currently three generations of care leavers that could potentially have different outcomes due to the legislation in place at the time they left care. The first generation consists of those who left care before the *Children Act 1989* was implemented. This group experienced limited support and fewer legal protections during their transition to independent adulthood. The second generation comprises those who left care after the implementation of the *Children Act 1989* but before the *Children (Leaving Care) Act 2000*. These individuals may have benefited from enhanced rights and support compared to the first generation, but still faced certain challenges due to gaps in legislation. The third generation includes those who left care after the implementation of the *Children (Leaving Care) Act 2000*. This group has access to specific provisions and support outlined in the *Act*, aimed at assisting care leavers in areas such as housing, education, employment and emotional well-being.

The existence of different generations of care leavers, influenced by the legislation in place during their transition to adulthood, highlighting the importance of evolving laws to better meet the needs of vulnerable children. Ultimately, these historical developments have paved the way for the *Children (Leaving Care) Act 2000*, representing a crucial milestone in providing ongoing support for care leavers and ensuring their successful transition into independent adulthood.

After examining the historical perspective of the care system and the legislative milestones that have shaped the support and experiences of care leavers across different generations, it is necessary to shift our attention to the present context. The next chapter will examine the current literature on looked after children and Care Leavers in contemporary society, with a focus on their outcomes in terms of resilience theory and associated characteristics. By examining recent research and academic studies, we hope to gain a thorough understanding of the challenges and strengths faced by care leavers today. This review will also shed light on the protective factors and support systems that contribute to their resilience and positive development, serving as a foundation for the subsequent analysis and interpretation of this study. The examination of contemporary literature will assist us in contextualising the experiences of care leavers within the contemporary care system and will direct our investigation into the mediating processes that influence their resilience and well-being.

Chapter 3: Understanding Resilience in the Context of looked after children and Care Leavers

The political timeline surrounding care leavers has been comprehensively explored in Chapter 2, which discussed the historical context and evolution of care systems and policies. This analysis shed light on the significant developments and turning points that have shaped the landscape of care for at-risk children and adolescents. Building upon this foundation, Chapter 3 aims to examine the characteristics of today's looked-after children and care leavers.

Child welfare and the demographics of children in care and care leavers have undergone substantial changes in recent decades. By examining these characteristics, a deeper understanding of the risks and challenges faced by care leavers can be gained. This understanding will inform the development of targeted interventions and support systems aimed at enhancing their resilience and promoting positive outcomes.

This chapter's primary objectives are to:

- Identify the mediating processes that contribute to resilience in care leavers through a comprehensive review of existing literature.
- Gain a deeper understanding of resilience within this vulnerable group.

We can better understand the vulnerabilities and needs of care leavers by looking at these characteristics and lay the groundwork for later chapters of the thesis, with the aim of creating specialised, evidence-based interventions that can address their challenges and advance their well-being.

Setting the Scene

This study is driven by a persistent challenge in research on the experiences of individuals after leaving care, both for looked after children and care leavers; it is predominantly descriptive in nature, with an absence of clear theoretical frameworks. During the mid-1970s, attention began to emerge in this area through qualitative studies and surveys conducted by researchers such as, Godek (1976), Kahan (1979), Lupton (1985), Morgan-Klein (1985), Stein and Maynard (1985), Stein and Carey (1986) and Robson (1987). However, despite the growth of research, the focus tended to be on the provision of descriptions of experiences in-care without offering sufficient justification for the post-care outcomes of care leavers. Additionally, a significant portion of the research in the field of looked after children stems from the discipline of psychology, particularly centred on attachment theory which started as early as the 1950s and gained momentum in the 70s and 80s (see Robertson 1952; 1953; Robertson and Bowlby 1952; Brooks and Bowlby, 1973; Waters and Noyes, 1983; Bowlby and Solomon, 1989). There are limitations to this approach which will be explored in the next section. Relatedly, the literature on post-care experiences and individuals' progress (or lack thereof) (see Stein, 2005; Daly, 2012; Murray, 2015; Glynn and Mayock, 2019) is also overly descriptive in approach. This focus on description has shaped research on care leavers, both in and post-care, to be shaped by a deficit-model approach perpetuating a negative cycle of experiences and behaviours (Shea, 2021). This deficit model tends to overlook the full range of strengths and potential among care leavers, potentially hindering their overall development and well-being; relatedly these studies neglect the lived experiences of care leavers. These limitations serve as a driving force for this thesis, which aims to address this gap and provide a more comprehensive understanding of care leaver experiences.

Why Resilience Theory and not Attachment Theory

As previously highlighted, attachment theory has been used extensively when researching looked after children, which emphasises the importance of secure attachments in early childhood, specifically the child's tie to their mother (Bowlby, 1979; Bowlby and Ainsworth, 2013). Initially proposed by John Bowlby, it has become the foundational framework of developmental psychology. Attachment theory focuses on the formation of emotional bonds between infants and their primary carers, emphasising the central role of these relationships in shaping the socio-emotional development of individuals throughout their lifetimes (Bowlby 1982). Central to attachment theory is the concept of central attachment bond, which provides a secure base from which individuals can confidently explore the world, seek solace and assistance in times of distress and cultivate trusting, satisfying relationships (Bretherton 1992). Insecure attachment patterns, which include avoidant, anxious and disorganised styles, are associated with difficulties in emotion regulation, establishing close interpersonal connections and navigating social interactions (Bretherton 1992). Attachment theory provides insights into the intricate dynamics and consequences of early attachment experiences on individuals' psychological well-being and relational patterns, given its applicability to diverse contexts, such as parent-child dynamics, romantic partnerships and professional relationships, it is said to influence future outcomes in life (Bretherton 1992). While attachment theory is still widely used in research focusing on looked after children, this study has chosen to adopt a resilience theory framework instead. There are several justifications for this decision.

Resilience represents a game-changing concept that significantly enhances our understanding of how individuals navigate their journey through the care system. It provides a broader and more comprehensive lens through which to understand and investigate the experiences of children who have been in state care (Southwick *et al.,* 2014; Rasmussen *et al.,* 2019). Unlike attachment theory, which primarily focuses on the importance of secure attachments in early childhood (Bowlby and Ainsworth,

2013), resilience theory encompasses a wider range of factors that contribute to positive outcomes and adaptive capacities in individuals facing adversity. It recognises that resilience is not solely dependent on attachment relationships but is also influenced by various internal and external protective factors, such as individual strengths, social support networks and access to resources (see Schofield, 2001; Newman and Blackburn, 2002; Newman, 2004; Gilligan, 2008; Gilligan, 2009).

Secondly, by utilising resilience theory, this study aims to highlight the agency and active role of individuals in their own resilience processes. Resilience theory emphasises the dynamic and proactive nature of resilience, focusing on how individuals navigate and overcome challenges (Rutter, 2013) rather than solely emphasising their attachment history. This approach acknowledges that while attachment experiences may play a role in shaping resilience (Werner and Smith, 1982; Rutter, 1998, 2007), individuals have the capacity to develop resilience even in the absence of secure attachments or in the face of adversities that have disrupted attachment relationships, with good adaptation given the right resources (Rutter, 1998, 2007). Additionally, resilience theory provides a more empowering and strengths-based perspective on the experiences of looked after children (Fergus and Zimmerman, 2005; Zimmerman and Brenner, 2010). It shifts the focus from deficits and vulnerabilities to the examination of protective factors and positive outcomes. By adopting a resilience framework, this study aims to shed light on the factors that promote resilience and positive development in looked after children, offering insights that can inform interventions and support systems to enhance their well-being and outcomes.

Children in state care often face a multitude of challenges stemming from adverse childhood experiences. Once in care, the adversity tends to continue with placement instability (Social Care Institute for Excellence, 2005), disruption in relationships (Kersley and Estep, 2014; Heyman *et al.,* 2020), inaccessibility of support services specifically for their individual needs (Barnardo's, 2022) and future career-oriented accomplishments, resulting in determining outcomes for care leavers. Therefore, by adopting a resilience perspective, this research acknowledges the complex nature of

the care system and recognises that while attachment relationships are undoubtedly important, they are just one aspect of a broader set of protective factors and processes that contribute to the resilience of looked after children. Resilience theory is not yet widely recognised when researching looked after children (see appendix D for systematic review of literature in relation to looked after children and resilience). However, resilience theory, will allow this study to highlight the diverse range of factors and strategies that can promote positive outcomes and inform interventions that enhance the well-being and successful transitions of children who have experienced state care.

What do we Mean by Resilience Theory?

For looked after children and care leavers, resilience theory is highly relevant as it helps us understand their experiences and how they navigate through the care system. These individuals often face a multitude of challenges, including disrupted family relationships, trauma, instability in placements and the transition to independent adulthood (Stein, 2008). Resilience theory helps shed light on their ability to overcome these obstacles and achieve positive outcomes. At its core, resilience theory recognises the interaction between protective factors and risk factors in shaping an individual's resilience (Ungar, 2004; Walsh, 2011; Rutter, 2013; Masten, 2014; Ungar, 2015; Van Breda, 2015; Walsh, 2015; Van Breda, 2018). Protective factors are the strengths, resources and support systems that promote resilience, while risk factors are the adversities and challenges that may hinder it.

As proposed by resilience theorists, resilience is best described as a ‘process’ (Ungar, 2004; Walsh, 2011; Rutter, 2013; Masten, 2014; Ungar, 2015; Van Breda, 2015; Walsh, 2015; Van Breda, 2018). This involves first the ‘adversity’ experienced by the individual, followed by the ‘mediating processes’ that potentially influence the ‘outcomes’ of the individual (Ungar, 2004; Van Breda, 2018). The perspective and context of resilience are important, as it has been contested and defined in multiple

disciplines. Therefore, the following ideas and definitions highlight the ways in which resilience has been defined by others.

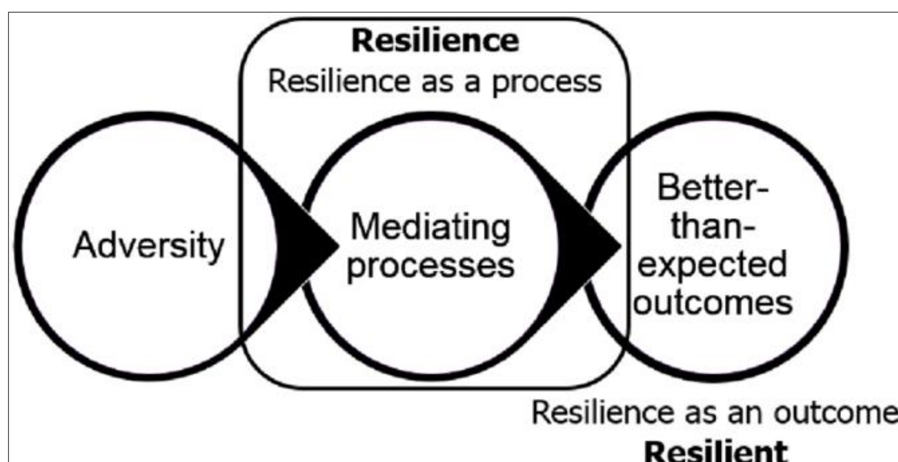
Early examples of resilience research emerged from studies of children from 'high risk' environments who still emerged able to thrive in adulthood. For example, Garmezy, conducted research on children with schizophrenic mothers (Garmezy, 1974; Garmezy and Streitman, 1974; Masten *et al.*, 1990) and found that the children thrived despite their 'high-risk' status. After identifying that there were some protective factors at play in at-risk children, he explored further to understand the influences of risk and protective processes to better understand resilience (Garmezy *et al.*, 1984). Relatedly Rutter conducted a longitudinal study (Rutter *et al.*, 2007) examining the outcomes of Romanian children who had been adopted in the UK and whose early lives had been spent in institutions; Werner, also conducted longitudinal research over several decades on children born into adverse social conditions in Kauai, Hawaii (Werner and Smith, 1982); and Ungar (2008), who attempted to understand resilience in a cultural and contextual way. Studies such as these challenged the view long held by Attachment theory that adversity and a lack of attachment in early childhood condemns the individual to negative outcomes in adulthood (Bowlby, 1988; Ainsworth *et al.,* 2015).

The theorists mentioned above led the way to the arrival of 'contemporary' definitions of resilience research; examples of this include 'a stable trajectory of healthy functioning after a highly adverse event' (Bonanno, 2004) and 'individuals who adapt to extraordinary circumstances, achieving positive and unexpected outcomes in the face of adversity' (Fraser *et al.*, 1999:136). As such, these definitions of resilience focus on the state of being resilient in the face of adversity, thus being an 'outcome' construction of resilience. Having recognised that there are differences in the outcomes of resilience in the face of adversity, researchers started to contemplate 'why' to understand the distinction between those who did have positive outcomes and those who did not. In simple terms, 'why, when people are exposed to the same stress that causes some to become ill, do some remain healthy?' (Van Breda, 2001:14). By asking this question, researchers recognised that there are

other processes that mediate adversity. This way of thinking about resilience is based on a different definition: 'resilience as a process'. Unlike attachment theory that focuses on a deficit approach, i.e., limited or non-existent attachment to a mother result in negative outcomes in the child (Bowlby, 1988; Ainsworth *et al.,* 2015) and does not account for successful outcomes for some young people despite their circumstances. Whereas the process definition of resilience highlights the individual 'capacity to rebound from adversity strengthened and more resourceful' (Walsh, 2011:4) and 'the ability to withstand from serious life challenges' (Walsh, 2015:4). Masten (2014:6) describes this as 'the capacity of a dynamic system to adapt successfully to disturbances that threaten system function, viability or development'. Thus, suggesting that resilience centres on mediating factors to produce positive outcomes in the face of adversity. Each of the definitions has validity but naturally creates a divide in our understanding of resilience.

As suggested above with the 'contemporary' definitions of resilience and the prior research conducted, it concerns three connecting mechanisms; adversity, mediating processes and outcomes (see figure 1). All these mechanisms are important when researching resilience, but it is crucial that we appreciate how they interplay together to appreciate resilience in a holistic way. For example, the outcome definition of resilience barely addresses positive outcomes in the face of adversity, nor does it explain them (Van Breda, 2018) and for this reason, the 'process' definition is to be favoured.

Figure 1. Resilience as Process & Outcome



Source: Van Breda, 2018:4.

Combining Ungar's (2004) and Van Breda's (2018) stances, there should be a distinction between process and outcome definitions and that 'resilience' is best described using a process; and that the term 'resilient' be reserved for a describing an outcome. For example, to be resilient is to describe the positive outcome of an individual after experiencing adversity; on the other hand, one could say that the resilience of the person is related to hopes for the future (not yet established). Therefore, a definition of resilience should encompass all three mechanisms, focusing on the mediating processes. Van Breda (2018:4) proposes this in his following definition: 'The multilevel processes that systems engage in to obtain better-than-expected outcomes in the wake of adversity'. Multilevel meaning the social ecology or person in the environment, rather than the individual; with system meaning across different systems, i.e., individuals, families, organisations and communities and non-human systems, climate or the economy. While considering 'adversity' before and during care; and the 'outcomes' experienced by care leavers, the aim of using this theoretical framework centres on the need to understand what are and how do 'mediating processes' aid in the differential outcomes of care leavers.

Having established the conceptual understanding of resilience as an ongoing process rather than a singular outcome, the focus now shifts towards exploring the mediating factors of resilience within the specific context of looked after children and care

leavers. This involves delving into their unique experiences within the care system, encompassing both their time in care and the subsequent transition out of care, identifying the mediating processes of resilience. By examining these experiences, we can gain deeper insights into the challenges, strengths and support systems that influence the development of resilience among care leavers. Furthermore, building upon this exploration, we will explore a notable resilience framework that has been previously developed specifically on care leavers, known as the Resilience Diamond model (Stein, 2005). This examination of the existing literature and framework will provide a solid foundation for informing and shaping the subsequent research upon which this thesis is based.

Examining the Looked After Child Experience

Before we delve into the risk and protective factors associated with resilience in this population, we first must look at the care system itself, including routes into the system and accommodation types, so that we can then further understand how this can influence resilience amongst the looked after children population.

Looked after children are separated from their parents' care for a variety of reasons, necessitating their involvement with children's services. During the initial assessment process conducted by these services, the primary needs of the child are documented. It is important to note that a significant number of looked after children have been exposed to multiple adverse risk factors prior to entering the care system (Bywater's *et al.*, 2016). The decision to place children in state care is often driven by incidents of physical, sexual, emotional or psychological abuse, as well as various forms of neglect or challenging circumstances within the family unit. Such circumstances can include parental unemployment, relationship breakdowns, poverty and deprivation, all of which hinder parents from adequately fulfilling their caregiving responsibilities (Bywaters *et al.,* 2016; Department for Education, 2021).

The removal of children from their parents' care is a complex and sensitive process that aims to ensure their safety and well-being in the face of challenging circumstances. Adverse experiences and circumstances can have profound impacts on children, affecting their physical, emotional and psychological development (Felitti *et al.*, 1998). The decision to enter the care system is often a response to safeguarding concerns and an acknowledgment that the current environment is not conducive to providing the necessary care and support for the child.

Table 2. Reasons for Entering Care on 31st March 2018 to 2021, England.

	2018	2019	2020	2021
Number of Children Looked After	75,370	78,140	80,000	80,850
Abuse or neglect	63%	64%	65%	66%
Child's disability	3%	3%	3%	3%
Parental illness or disability	3%	3%	3%	3%
Family in acute stress	8%	8%	8%	8%
Family dysfunction	15%	14%	14%	14%
Socially unacceptable behaviour	1%	1%	1%	1%
Low income	<1%	<1%	<1%	<1%
Absent parenting	6%	7%	7%	5%

Source: Department for Education, 2021.

Table 2. presents data on the reasons for entering care, 2018 to 2021. It shows the number of looked after children during each year and the percentage breakdown of assorted reasons for their entry into care. From 2018 to 2021, the number of looked after children has gradually increased, reaching 80,850 in 2021. The most common reason for children entering care across all years is abuse or neglect, accounting for 66% of cases in 2021. Other significant reasons include family dysfunction (14%), absent parenting (5%) and family acute stress (8%). Factors such as the child's disability, parental illness or disability, socially unacceptable behaviour and low income have relatively lower percentages across all years, ranging from 1% to 3%.

Acute stress in the family environment has been identified as a potential catalyst for children's resilience development because it encourages the development of useful coping skills in the face of adversity (Masten and Narayan, 2012). Family dysfunction,

on the other hand, which is characterised by inconsistent or ineffective parenting, conflict or dysfunctional relationships, can impede a child's ability to develop resilience and have an adverse effect on their general well-being (Bowlby, 1988; Masten *et al.,* 1999). According to research, children who experience abuse or neglect might struggle to develop effective coping mechanisms, which would lower their resilience scores (Cicchetti, 2013; Masten, 2014). The resilience of children may be permanently impacted by these negative experiences. For example, absent parenting, which refers to the absence or inconsistent lack of caregiving, disrupts children's relationships with their peers and hinders the development of their resilience by reducing their chances to pick up the abilities and resources connected to resilience (Sroufe *et al.,* 2009).

By acknowledging the diverse range of risk factors that lead to children entering care, it becomes clear that looked after children often come from backgrounds characterised by significant adversity. This recognition highlights the importance of understanding the unique challenges faced by these children and the need for tailored support and interventions within the care system.

Studies have shown that removing a child from their parents can have lasting emotional and psychological effects because of the removal's traumatic nature (Trivedi, 2019). Nevertheless, regardless of the reason for entering foster care, some children will be impacted by the shattered bond with their biological parent(s). When someone enters foster care, they are more likely to be older, which makes it easier for them to remember when things started to go wrong at home and to understand why they are in care (Children's Commissioner, 2021). Even though the overall situation was challenging, they might have had the chance to establish routines, build trusting relationships and provide consistent care. Their pre-care stability may have contributed to their higher resilience scores because they had a stable foundation to build their coping mechanisms and adapt to new situations (Masten *et al.,* 2005).

Moreover, the age of entry into care can have a significant impact on the outcomes of care leavers specifically due to the level of tailored support required. In comparison to younger children, older children who enter foster care are thought to experience much higher levels of instability, which can affect resilience (Children's Commissioner, 2019).

The age range of children who are placed in local authority care varies significantly in Wales and England. Approximately 20% are placed in care prior to their first birthday, whilst 18% of children are placed between the ages of one and four years at the time of entry. In addition, 17% of children enter the care system are between the ages of 5 and 9 years (Department for Education, 2021).

Notably, a substantial portion entered care during later childhood and adolescence. Children between the ages of 10 to 15 years comprised the largest proportion (26%) of those entering care, suggesting a significant transition point where familial or social circumstances may prompt intervention. Additionally, individuals aged 16 years and above accounted for a further 20% of entries (Department for Education, 2021). These findings highlight the importance of recognising the diverse developmental stages at which children enter care and the necessity for tailored support systems to address their diverse needs effectively (Department for Education, 2021).

In a study conducted by Bright Spots Research Programme (Staines and Selwyn, 2019), a significant correlation was observed between the age of entry into care and various outcomes. Particularly noteworthy was the finding that older children who entered care exhibited a higher likelihood of perceiving they had received a satisfactory explanation regarding their entry into care. This suggests that the older the child is at entry into care, the greater level of understanding regarding their circumstances.

Moreover, the study demonstrated a statistically significant correlation between the age of children and their comprehension level, with older children indicating a greater degree of confidence in their knowledge (ibid). Despite this pattern, the study also showed that a significant proportion of children between the ages of 8 and 10 (one-third) and 11 and 18 (20%) said they were either in need of additional information or were not pleased with the explanation as to why they had entered care (ibid).

These results highlight how crucial it is to take the age of admission into account when evaluating the needs and experiences of children in the care system. Additionally, they stress the need for specialised communication techniques and support systems to meet the various informational requirements of children entering foster care at various developmental stages (ibid).

The absence of clarity regarding the reasons for entering care has been found to have significant repercussions for children within the care system. The lack of understanding about the circumstances leading to entering care is closely associated with feelings of unsettlement in placement and a diminished sense of subjective well-being among children in care (Staines and Selwyn, 2019). This underscores the critical importance of ensuring that children comprehend the factors contributing to their entry into the care system to promote their emotional stability and overall welfare.

Addressing these sensitive issues effectively encourages trusting relationships between children in care and supportive individuals within their network. It is a necessity for children to have a strong rapport with someone they trust, who possesses a deep understanding of their background and is equipped with the necessary training and support to facilitate open discussions about their experiences (Staines and Selwyn, 2019). It is through such child-centred interactions that children can be supported in processing their emotions and making sense of their circumstances within the care system.

Furthermore, a child not having a clear understanding of their past can negatively influence social and emotional development (Ryan and Walker, 2016). The inability to maintain ties to their personal history can present significant challenges, impeding their emotional growth and hindering their ability to navigate social interactions effectively. By recognising the importance of preserving these connections, caregivers and professionals can play a pivotal role in facilitating the emotional and social development of children in care, thereby enhancing their overall well-being and prospects for the future outcomes (Ryan and Walker, 2016).

Routes into the Care System

The 'looked after' system can be entered through two main pathways: a) being accommodated under Section 20 of the *Children Act (1989)* or b) being made a subject of a care order under Section 31 of the *Children Act (1989).* Under Section 20 of the *Children Act (1989*), children can be accommodated, with the consent of those that hold parental responsibility, to be placed by the local authority, which does not involve any court judgements, commonly known as a voluntary arrangement. Currently, in England, 15% of looked after children are placed under voluntary agreement (Department for Education, 2021). While Section 31 of this Act places the child or children under the shared responsibility of both the local authority and parents, as decided via a court order, whereby this would be ruled if the likelihood of harm was attributable to the care given to the child. Currently, in England, 79% of looked after children are placed under a care order (Department for Education, 2021). Once the child is in care, they could potentially be placed in a range of different settings.

Placement Types

Once a child enters care, a placement agreement is drafted, setting out what is to happen to the child on a day-to-day basis. The agreement includes information about the child’s everyday living arrangements as well as specific details of their education,

health, cultural or religious needs, as well as their likes and dislikes. It also describes any contact arrangements with parents or others and how these will be managed (Department for Education, 2013). As such, these arrangements make it the responsibility of the ‘corporate parent’ (Local Authority) to act in the child’s best interest and to provide them with safety and stability in their ‘home’ lives.

As of March 2021, 71% of looked after children entering foster placements were placed with an approved carer who looked after the child. However, 15% of these are placed with a friend or relative (otherwise known as kinship care), while a larger 56% of looked after children are placed in foster care with another foster carer (not a relative or friend). 14% of looked after children are placed in either residential homes, secure units or semi-independent living (for example, a hostel, lodging or flat where staff are employed to provide support and advice), 7% with parents, 4% in placements in the community, 3% in adoption and 4% in other settings (Department for Education, 2021). What determines these settings are the circumstances that surround the child when entering care and the availability of accommodation within the local authority that will promote and safeguard the child's welfare. For example, residential placements cater to children of all ages, but in practice, most looked after children are aged 12 years and over and are predominately male (64%) (Department of Education, 2014).

The term 'placement' refers to accommodation with either a relative or friend connected to the child, one who is a local authority foster carer; a local authority foster carer (who is not a relative or friend to the child); long-term foster placement; placement in a children's residential home; or a placement in accordance with other arrangements made by the local authority. For example, supporting young people to live independently in rented accommodation, residential employment or supported lodging or hostels (Child Law Advice, n.d.) Section 22c of the *Children Act (1989)* states that if the child is removed from their parent's care, the following should be adhered to: new accommodation must be close to the parental home and within the same local authority to ensure that it does not disrupt their education or training. Furthermore, if the child has a sibling who is also 'looked after, the accommodation

must enable them to live together. For children with disabilities, the setting must be suitable for their needs (*Children Act, 1989*).
To be able to understand the environment that looked after children are placed in, it is important to review the type of care setting that these individuals enter to get an understanding of what the care settings look like. As previously highlighted, foster care and residential care are the two most popular placement types that looked after children enters. Therefore, these two will be the focus of the following discussion.

Foster Care Setting

There are two types of foster care scenarios: long-term or short-term. Fostering, whether it be long-term or short-term foster care, means the foster family will care for the child or young person. This differs depending on whether it is long-term or short-term care. In the instance of short-term care, the child will be looked after temporarily for assorted reasons, including while they are waiting for a permanent home; undergoing court proceedings; undergoing social worker assessments to determine a care plan; family breakdown or parental illness; neglect or abuse; or child protection issues (Barnardo's, 2022a). While long-term foster care would require the foster carer or family to care for the child until they reach adulthood, this usually happens when a child or young person is unable to return to their birth family and adoption is not possible (Barnardo's, 2022b).

In both types of foster placements, the foster family will never have full legal responsibility for the child. Instead, this will fall under the local authority. However, the benefits of long-term fostering outweigh the benefits of short-term fostering. For instance, for the looked after children, being brought up by one carer, often over several years, gives them consistency and a greater sense of permanence, stability and belonging within a family (Newton *et al.*, 2000; Schofield, 2001; Rubin *et al.,* 2007). Establishing a solid foundation enables the child to cultivate positive relationships and connections, both with their new family members and among their peers. As the child becomes accustomed to a more stable routine, their education

reaps the benefits since they have more uninterrupted time to settle into school without the disruptions caused by moving between foster homes (Zima *et al.*, 2000; Vanderwert *et al.,* 2016). Long-term foster care can be fulfilling for the foster family, as it empowers them to make a substantial and enduring impact on a child's life (Barnardo, 2022a). In contrast is short-term foster care, whereby foster carers need to be able to provide a safe and secure environment for children to continue their day-to-day lives, continuing to attend school and see their friends and family wherever possible. The responsibility of a short-term foster carer is to provide support to a child during a challenging transitional phase or aid them in rebuilding a strained relationship with their biological parents following a family crisis or domestic problems (Barnardo, 2022a).

As highlighted, the foster care setting somewhat resembles a family-like scenario. When children are placed with foster families, they are introduced to a new set of caregivers and often other children in the household, creating a family-like structure. While these foster families may not fit the traditional definition of a family, they fulfil a critical role in providing care and support to the child. However, it's essential to recognise that the notion of 'family' for looked after children can extend beyond biological family (Beck and Beck-Gernsheim, 2004). As a result of late modernity's evolving family roles, looked after children can develop unique social networks and support systems. In the context of ‘reflexive communities’, such as children in care, they often establish 'families of choice' (Pahl and Spencer, 2004). These 'families of choice' consist of close bonds and connections with individuals outside their biological family, such as, foster carers whom they can as their chosen family. This can also take care in residential care settings.

Residential Care Setting

Like foster care placements, the local authority is still legally responsible for the care of residential looked after children. Residential care refers to a type of group care provided to children in need of support, where teams of employed staff are

responsible for their care (Strijbosch, 2015). This arrangement can be established through a care order or a voluntary accommodation agreement, which may include short-term breaks for children with disabilities. Residential care serves as an alternative to foster care or kinship care, which are more prevalent options for children who are unable to live with their biological family. In England in 2021, 14% of looked after children were living in residential care placements, the majority of which were in children's homes (Department for Education, 2021). The profile of looked-after children living in children's homes in England tends to be older, with three-quarters aged between 14 and 17 and over half being male (Narey, 2016).

Children may enter residential care for diverse reasons, including short-term therapeutic arrangements aimed at reintegrating them into their home or transitioning them to foster care. For children with complex needs, demanding specialized support from a skilled team, residential care may be a preferable option to foster care. This alternative is typically considered when other placement options, such as foster care, have not yielded positive outcomes (Strijbosch *et al.*, 2015). Approximately one-quarter of looked after children have their initial placement in residential homes (Narey, 2016), indicating prior experiences with multiple placements and caregivers. Children residing in residential care exhibit a higher prevalence of poor mental health, suggesting a need for therapeutic interventions in this population (Strijbosch *et al.*, 2015). Thus, suggesting that looked after children require a more dynamic resilience model, as attachment theory does not explain this as it surpasses initial family/care giver breakdowns.

Factors Associated with Resilience While in Care

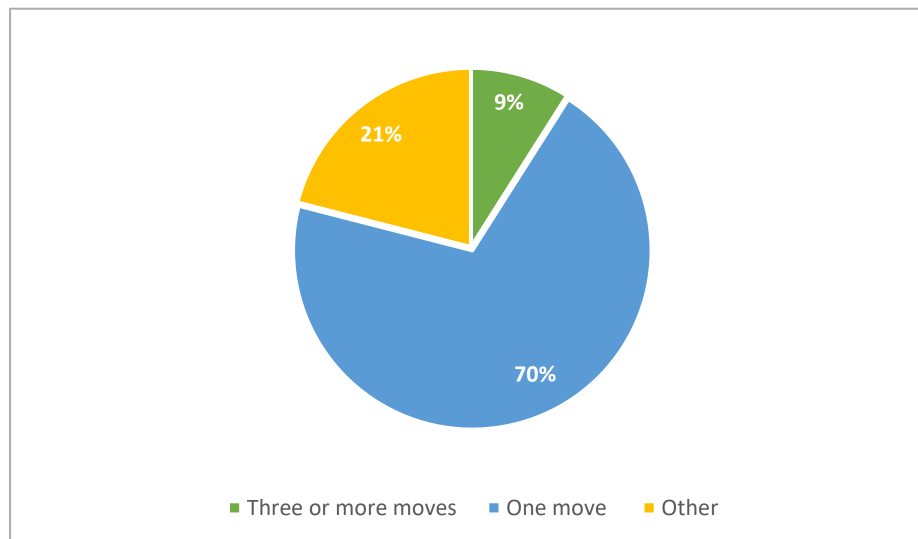
The resilience of children in care and care leavers is influenced by several protective factors that contribute to their ability to navigate challenges and achieve positive outcomes. These factors include supportive relationships with carers, stability in the care system, educational opportunities, access to aftercare services and personal

strengths. Examining these protective factors can provide valuable insights into promoting resilience in this population.

Stability

In the context of the care system, children often encounter instability and frequent changes in their living arrangements. Research conducted by Ward and Skuse (2001) and recent data from the Department for Education (DfE, 2021), reveal the transient nature of placements for looked after children. It is reported that 1 in 11 looked after children had three or more placements; with a further 70% of looked after children having one placement in the last two years. This is more than the previous year (68%), probably due to restrictions imposed during the coronavirus (COVID-19) pandemic.

Figure 2. Number of Placement Moves



Source: Department for Education, 2021.

Although foster care is often considered a relatively more stable option for looked after children, long-term stays are uncommon (Sinclair *et al.*, 2005). Research suggests that a significant proportion of children in long-term care (ranging from 20% to 50%) experience premature endings to their placements, resulting in various outcomes such as transitioning to a different foster family, entering unplanned

residential care, returning to their parents or running away to an unknown location (Minty, 1999; James, 2004; Farmer, Lipscombe and Moyers, 2005; Leathers, 2006; López *et al.*, 2011). In addition, older children and teenagers who enter care have substantially greater levels of instability; they are roughly 80% more likely than the national average to have two or more home changes in a year (The Children's Commissioner, 2019b). Instability while in care can have effects on multiple areas for looked after children, such as disruption of relationships and education, emotional and behavioural challenges, loss of continuity and identity and developmental setbacks.

Disruption of Relationships

Placement moves can lead to the disruption of vital relationships that children in care have formed, causing emotional distress and instability. Frequent placement moves were associated with higher levels of emotional distress among children in care (Bellamy, Gopalan and Traube, 2015; Newton, Litrownik and Landsverk, 2000). Disruptions in carer relationships due to placement moves are linked to difficulties in forming new attachments and compromised emotional well-being (Cashmore and Paxman, 2006; Chambers *et al.*, 2018). Furthermore, research conducted by Bright Spots Research Programme (Suh and Selwyn, 2023) revealed that multiple placement moves significantly diminished the likelihood of young people having a trusted adult in their lives.

Educational Disruptions

Placement moves can disrupt a child's education, resulting in educational setbacks and reduced opportunities for academic success. Children experiencing frequent placement moves are more likely to experience disrupted schooling and reduced educational stability (O'Sullivan and Westerman, 2007). For instance, 24% of children who were moved from one foster parent to another, also had to change schools (Children's Commissioner, 2017). This means they must leave friends behind and face the stress of fitting into a new school. Hence, instability while in care is found to negatively impact children's educational attainment, including interrupted learning,

gaps in knowledge and difficulties forming peer relationships (Archer, 2004; Comfort, 2007).

Emotional and Behavioural Challenges

Placement moves can have profound emotional and behavioural effects on children in care, exacerbating existing difficulties and hindering healthy development. Children who fail to achieve placement stability are estimated to have a 36%–63% increased risk of behavioural problems compared with children who achieved any stability in state care (Rubin *et al.,* 2007). Multiple placement moves have been associated with higher levels of anxiety, depression and behavioural problems among children in care (Goodyer, 2009). Moreover, placement instability and disruptions can contribute to a lack of trust, leading to increased aggression, withdrawal and self-destructive behaviours (Unrau *et al.*, 2008; Coy, 2009; Skoog *et al.,* 2015).

Loss of Continuity and Identity

Placement moves can have a profound impact on a child's continuity, resulting in disruptions to their connections to communities, cultural identity and sense of belonging (Stott, 2005). To further emphasise this, placement moves uproot children from familiar environments, separating them from their communities and support networks. This loss of connection can lead to a sense of dislocation and instability as the child is removed from the familiar people, places and routines that contribute to their sense of belonging (Cahsmore and Paxman, 2006). In addition, placement moves can also interfere with a child's cultural identity development (Barn, 2010). Barn (2010) highlights that children in care may face challenges maintaining connections with their birth families and preserving their cultural heritage. Placement moves can physically distance children from their families, limiting opportunities for cultural immersion and the transmission of cultural values, practises and traditions. As a result, children in care may experience a sense of disconnection from their cultural roots and struggle to develop a strong sense of cultural identity.

Developmental Setbacks

Placement moves can impede a child's overall development, hindering their physical, cognitive and social-emotional growth. Placement moves have been associated with developmental delays, particularly in the areas of language development and academic skills (Ryan and Testa, 2005). Highlighting that disruptions in caregiving and support systems due to placement moves can hinder a child's ability to develop healthy relationships, regulate emotions and achieve developmental milestones (Barn, 2010).

To summarise, placement moves have far-reaching consequences for children in multiple areas of their lives. When children experience a more stable environment characterised by consistency and predictability, it establishes a sense of safety and security, fosters healthy relationships with carers and reduces the likelihood of externalising problems (Newton *et al.,* 2000; Rubin *et al.*, 2007). This stability enhances positive development and contributes to favourable academic achievements (Zima *et al.*, 2000; Vanderwert *et al.,* 2016). Ultimately, when care-experienced individuals have reduced levels of uncertainty and disruptions in their lives, stability allows them to focus on personal growth and development and adapt more effectively to challenges they encounter. In summary, stability serves as a fundamental aspect in the lives of care-experienced individuals, shaping their resilience and influencing various facets.

Trusting Relationships

Trust is a vital concept in the context of resilience among looked-after children and care leavers (Newman and Blackburn, 2002; Newman, 2004). It has long been recognised as a fundamental aspect of developmental psychology, with influential theories, including Erikson and Rotter, guiding research in this area (Bernath and Feshbach, 1995). Erikson (1993) suggests that trust is initially established at birth through consistent and reliable care from the primary carer, implying that trust is an

innate notion, a classic attachment theoretical perspective, that again imposes a deficit-based approach somewhat putting the blame on parents if trust is not formed from birth. However, Rotter (1954) argues that trust is learned through cognitive processes and behaviours. Trust is a multifaceted phenomenon that profoundly influences various interpersonal interactions, whether in professional or personal relationships. It plays a crucial role in group cohesion, social identity and the formation, maintenance and survival of interpersonal relationships. Trust is characterised by a positive anticipation of others' behaviour and intentions. It serves as a foundation for individual risk-taking behaviour, cooperation, reducing social complexity and maintaining social order (Luhmann, 1979; Coleman, 1988, 1990; Govier, 1993; Putnam, 1995; Gambetta, 2000).

Unfortunately, looked later children and care leavers often find it difficult to trust due to previous disruptive relationships and being let down (Knight *et al,* 2006). Trust, along with networks and norms within a child's home, peer group, school and broader community, exerts a substantial influence on their opportunities, choices and educational attainment (Putnam, 1995). In the context of looked-after children and care leavers, trust becomes especially relevant as it influences their ability to form secure attachments, establish supportive relationships with carers and navigate the challenges they face in their care journey. This is not to say that trust is fundamental for stability, as such, the presence of trust within the care system can significantly contribute to the resilience of looked-after children and care leavers (Bellis *et al.,* 2017). When these individuals experience consistent and trustworthy care, they are more likely to develop a sense of security, stability (Suh and Selwyn, 2023), and emotional well-being (Putnam, 1995). Trust fosters a positive environment that promotes their willingness to take risks, seek support and engage in cooperative efforts. Furthermore, trust enables the formation of strong social networks, which provide vital sources of support, guidance and resources for care-experienced individuals (Happer *et al.,* 2006; Siebelt *et al.,* 2008; DCSF, 2009; Ryan, 2012). These networks contribute to their resilience by offering emotional support, practical assistance and opportunities for personal growth and development.

Since the 1950s, trust has been recognised as a crucial factor in development, personality and social behaviour. Erikson (1950) saw trust as a basis for identity formation, a pervasive method of detecting and acting in the world and a vital step towards the future establishment of positive self-esteem and overall psychological wellness. According to Rotter (1967; 1971), trust is essential to individuals' social functioning, society's structure, survival and efficiency and societies' local, national and international interactions. But what happens when the traditional norms of society are broken and a child is removed from the primary carer and placed in an unfamiliar environment? Trust must then be rebuilt primarily on faith. Trust might therefore be problematic for individuals under these circumstances, which is why it is important for the current research.

The importance of love and trustworthiness is universal for all children, including looked after children. These two fundamental characteristics are essential for children to thrive and develop. However, there are instances where children may not receive positive care for various reasons, which can hinder their ability to form positive relationships in the future. Negative experiences in early relationships can lead to poor mental well-being and attachment difficulties. Previous studies, rooted in attachment theory, have indirectly explored the concept of trust in early childhood (Bretherton, 1992; Szczeniak *et al.*, 2012). Establishing trusting, stable and loving connections is a crucial step in helping children in care come to terms with their experiences. High-quality relationships are associated with several key functions, including providing informational support (guidance and advice), instrumental support (resources and access to services), emotional support (companionship, affection and trust) and appraisal (increasing self-worth) (Singer *et al.,* 2013). Through experiencing pleasurable, secure and stable relationships, children and adolescents can develop healthy attachments, self-confidence, self-esteem and self-reliance, ultimately contributing to a sense of belonging (Govier, 1993; Fahlberg, 1994; Ryan, 2012; Care Inquiry, 2013). Moreover, when these supportive structures are in place, children and young people have the greatest opportunity to achieve positive long-term outcomes in education, health and overall well-being (Happer *et al.*, 2006; Siebelt *et al.,* 2008; DCSF, 2009; Ryan, 2012). Trust research highlights that

exposure to trusted adults during childhood can help mitigate risks and promote resilience (Bellis *et al.*, 2017). By fostering trusting relationships and providing the necessary support, carers, professionals and the broader community can significantly contribute to the well-being and positive development of looked-after children and care leavers.

Trust serves as a cornerstone in the relationship between care-experienced individuals and the care system, playing a pivotal role in their overall well-being and resilience (Pinkney, 2013). It establishes a vital sense of safety and security, fostering a deep connection and active involvement. Trust is instrumental in enhancing emotional well-being, facilitating the recovery from traumatic experiences, promoting advocacy and empowerment and ensuring a seamless journey during transitions (Pinkney, 2013). Therefore, the development and nurturing of trust are crucial in establishing a supportive and effective care environment that prioritises the needs and resilience of care-experienced individuals. Furthermore, trust exerts a significant influence on resilience levels by providing essential emotional support, cultivating a profound sense of belonging, enhancing self-efficacy and empowerment, building protective factors, enabling adaptability and risk-taking and fostering perseverance and future orientation (Fahlberg, 1994; Ryan, 2012; Care Inquiry, 2013). By cultivating trust within themselves and building trust with others, care-experienced individuals lay a solid foundation for resilience. This foundation empowers them to navigate adversity, bounce back from setbacks and not only survive but thrive in the face of challenges (Hunter and Chandler, 1999). Trust acts as a catalyst for resilience, enabling care-experienced individuals to harness their inner strength and forge a path towards a brighter future. This leads us on to 'relationships' and how significant they are in aiding looked after children resilience outcomes.

The factors of stability and trusting relationships play crucial roles in the lives of children in care and care leavers (Happer *et al.,* 2006). The instability and frequent changes in living arrangements that children experience while in care have far-reaching consequences in various areas of their lives. These include disruptions in relationships, educational setbacks, emotional and behavioural challenges, loss of

continuity and identity and developmental setbacks (Fahlberg, 1994; SCIE, 2004; Stein, 2005). Placement moves can have detrimental effects on children's well-being and hinder their overall development.

On the other hand, trusting relationships are fundamental to promoting resilience among looked-after children and care leavers. When children experience stability and consistency in their care, it establishes a sense of safety and security, allowing them to develop healthy relationships with carers (Happer *et al.,* 2006). Trust fosters a positive environment that encourages risk-taking, seeking support and engaging in cooperative efforts (Singer *et al.*, 2013). Furthermore, trusting relationships enable the formation of strong social networks, which provide essential sources of support, guidance and resources for care-experienced individuals.

In conclusion, the factors of stability and trusting relationships have been identified as crucial mediators for the well-being and resilience of children in care and care leavers. These factors exert significant influences across various domains of their lives, forming the bedrock for their ability to navigate challenges and flourish. However, it is noteworthy that these mediating processes have often been studied in isolation (Harden, 2004; Heyman, 2020), lacking a comprehensive examination of their interconnectedness in fostering resilience. As we shift our focus to the transition out of care, it becomes imperative to explore the supportive services and opportunities that facilitate the independence and successful integration of care leavers into society. By comprehensively understanding and addressing the unique needs of care leavers, we can ensure that they receive the requisite support and resources to build fulfilling lives beyond the care system. To achieve this, it is essential to investigate the specific mediating processes and contextual factors that contribute to the resilience and successful transition of care leavers, thereby promoting their long-term well-being and positive outcomes.

Resilience in the Transition from Care: Exploring the Experiences of Care Leavers

As of 2021, there are 44,590 care leavers in England between the ages of 16 and 21. When a child or young person in the care system reaches 16 years of age, their preparation for leaving care begins; they go through a process known as 'transitioning out of care' (Department for Education, 2021). It involves preparing them for independence or less structured support, as they transition from being looked after in foster care, residential care or other forms of out-of-home care.

This transition out of care is a crucial and frequently difficult phase. It typically happens between their 17th and 18th birthdays. Care leavers are expected to take on more responsibility for their lives during this time, including locating stable housing, pursuing education or employment, handling finances and gaining access to support services *(Children Leaving Care Act 2000).* Care leavers may encounter a variety of challenges and uncertainties during the transition out of care, making it a significant adjustment (Biehal *et al.,* 1994). They might not have the social networks, resources or life skills needed to make this transition successfully. Further complicating their path to independence are any disruptions, trauma or adversities which they may have encountered in their past lives (*ibid*.). Overall, transitioning out of care is a critical phase in the lives of care leavers, where they move from a structured care environment to greater independence. It is crucial to provide them with the necessary support, guidance and resources to ensure a smooth and successful transition, empowering them to build a positive and fulfilling future.

Access to Supportive Services

To facilitate their transition, looked after children are assigned an aftercare support worker (person advisor) who can mentor and assist them during their transition (*Children Act 1989*; *Children Leaving Care Act 2000*). This individual is essential in making sure care leavers have access to the support services which they require, to deal with the challenges of independence. The aftercare support worker acts as a dependable point of contact, providing care leavers with useful guidance, emotional

support and advocacy as they negotiate the challenging systems and choices they will face. The aftercare support worker aids care leavers in acquiring crucial life skills, gaining access to opportunities for education, employment and housing and creating a network of support within the neighbourhood by offering a personalised and tailored approach (*Children Act 1989*; *Children (Leaving Care) Act 2000*). Additionally, the aftercare support worker helps care leavers establish a network of support within their communities, enabling them to forge connections and access resources that contribute to their resilience and well-being. Giving the right support in their role is pivotal in empowering care leavers to make informed choices, overcome obstacles and thrive as they transition into adulthood.

As previously highlighted in Chapter 2, the *Children (Leaving Care) Act (2000)* introduced provisions to ensure that those transitioning out of care received adequate support and assistance; this recognises the importance of continued support post-care. This support is monitored via Pathway Plans, whereby the aftercare support worker works with the young person to establish and monitor their needs, goals and aspirations for adulthood. While also considering areas such as housing, education, employment, health and well-being (*Children Act 1989*; *Children Leaving Care Act 2000*). Moreover, Local authorities are mandated to assist care leavers in accessing education, training and employment opportunities. As of 2018, all care leavers are allocated an aftercare support worker up until the age of 25 (*Children and Social Work Act 2017*).

However, regardless of the support system that is supposed to be available for looked after children transitioning out of care, it is commonly reported how unprepared care leavers are when leaving care. A report conducted by Ofsted looking at the views and experiences of those aged between 16 and 17, demonstrates how unprepared young people are when leaving care. When care leavers are leaving their placements still using black bin bags, this sets the stage for the challenges that are ahead to ensure that looked after children and care leavers are treated with compassion and respect (National Youth Advocacy Service, 2022). It is important to remember that young people transitioning out of care do not have the same

opportunities as their peers or the same level of ongoing support, when they reach the age of 18 and beyond. Most young people who do not grow up in care are able to remain at home until they are ready for the next step (such as college, employment or moving in with friends or partners), but many care leavers must move on before they would like and before they are ready (Stein, 2005).

Based on research conducted on behalf of Ofsted (Stanley, 2022), it is evident that the experiences of care leavers in terms of after-care support vary considerably. The findings indicate that only a small percentage of care leavers had regular contact with their after-care support workers during their crucial teenage years. At age 16, just 30% of care leavers met with their support workers, followed by another 30% at age 17 and approximately 25% between the ages of 18 and 21. Alarmingly, one-fifth of care leavers expressed dissatisfaction with the timing of these meetings, feeling that they occurred too late in their transition (Stanley, 2022). Furthermore, a significant 62% of care leavers reported that their support worker was unhelpful. This is also reiterated by a Review of Evidence carried out by Baker (2017:4) that found the reoccurring theme of care leavers "not getting support from workers". These findings highlight the need for improved engagement and support for care leavers during their transition out of care.

Moreover, the research also shed light on the involvement of care leavers in important decision-making processes. It was revealed that 23% of children leaving foster care and 47% of those who have left residential care did not feel adequately involved in their pathway plans or decisions about them (Dixon and Baker, 2015; Stanley, 2022). Care leavers have expressed their concerns about the lack of involvement they experienced during crucial meetings and reviews, as well as their limited ability to have trusted adults or family members present. Looking at the current statistics held by the Department for Education; among those aged 17 years, 73% are still in touch with their local authority, while the percentage increases to 95% for those aged 18 years. Furthermore, for care leavers between the ages of 19 and 21 years, 91% remain in contact with the local authority (Department for Education, 2021). However, it is important to note that even with relatively high rates

of contact, there are still a concerning 4,208 care leavers who are not receiving support from their local authority in a single year. This highlights the ongoing need for comprehensive and accessible support services for care leavers to ensure positive outcomes in areas such as health and education. Furthermore, a mixed method study conducted by Fernandez *et al* (2017) in Australia, found that experiences while in care had negative consequences in adulthood including serious physical and mental health problems and that most survivors carry high levels of trauma and complex unmet needs.

Understanding the outcomes experienced by care leavers in the UK is essential for assessing the effectiveness of the support provided and identifying areas that require improvement. Studies have extensively explored the outcomes of care leavers, examining their educational achievements, employment prospects and wellbeing (Gilligan, 2008; Harrison, 2020; Ellis and Johnston, 2022). By delving into these outcomes, we can gain valuable insights into the challenges faced by care leavers and the factors that contribute to their success or hinder their progress.

Education and Employment Outcomes

Accomplishments play a significant role in fostering resilience as they contribute to personal growth, a sense of mastery and overall well-being. They allow individuals to thrive and build positive momentum, instilling a feeling of gratitude and enhancing resilience (Newman and Blackburn, 2002; Newman, 2004). However, for care leavers, accomplishments often go unnoticed or are overlooked, even though they may involve seemingly mundane tasks that others take for granted. Simple achievements like effectively managing finances, preparing a nourishing meal or knowing how to access essential resources like a food bank can hold great significance for care leavers (Stanley, 2022). These accomplishments represent important milestones that demonstrate their strength, resourcefulness and ability to navigate challenges, further contributing to their resilience. When we consider that education is often regarded as a significant accomplishment by their non-care leaver peers (Cole, 1990),

it becomes even more impactful to recognise the achievements of care leavers who have overcome numerous challenges and limited resources, both physical and emotional, to excel in their education. For care leavers, the pursuit of education is not only an academic journey but also a testament to their resilience, determination and ability to thrive despite adversity (Ellis and Johnston, 2022). Each milestone attained in their educational pursuits becomes a symbol of triumph and empowerment, setting them on a path of greater opportunities and possibilities. These accomplishments not only shape their prospects but also serve as a reminder of their strength and capability, further bolstering their resilience in the face of ongoing challenges.

Table 3. Activity of Care Leavers in 2021

	17-year-olds	**18-year-olds**	**19- to 21-year-olds**
Number of care leavers	490	11,600	32,500
Percentage in education	41%	52%	29%
Percentage in training or employment	10%	14%	23%
Percentage who was not in education, employment or training	24%	30%	41%
Percentage whose activity was not known	25%	5%	7%

Source: Department for Education, 2022

Table 3 demonstrates the percentages of care leavers within each age group who were enrolled in some form of education as their main activity (Department for Education, 2022). These statistics highlight the varying rates of educational engagement among care leavers as they progress from 17 to 18 and into the 19- to 21-year-old age range. It suggests that a higher percentage of care leavers are in education at the age of 18 compared to 17, but the percentage decreases for the 19- to 21-year-old age group.

It is commonly thought that those who have care experience have significantly poorer educational outcomes when compared to the general population. For instance, in 2018–19, 13% of care-experienced students entered higher education by age 19, compared to 45% of all pupils (DfE National Pupil Database, HESA Student Record and ESFA ILR, cited at gov.uk, 2022).

Contrary to the general trend, care-experienced students do not conform to the same patterns of higher education participation. The challenges they face throughout their care journeys often result in social and educational disruptions, making them less likely to be qualified or prepared for university enrolment at the typical ages of 18 or 19 (Harrison, 2020). In reality, a significant portion of care-experienced individuals who pursue higher education do so in their 20s or even later in life. While the exact figures are yet to be determined, it is estimated that approximately 25–30% of care-experienced individuals will engage in higher education at some point in their lives (Harrison, 2020). These findings underscore the need for a nuanced understanding of the educational pathways of care-experienced students and the importance of providing tailored support and opportunities that accommodate their unique circumstances and timelines.

Furthermore, employment serves as a vital aspect in acknowledging the resilience of care leavers. It is an important indicator of their accomplishments and abilities, showcasing their capacity to overcome challenges and navigate the complexities of the job market (Dixon, 2007). Securing meaningful employment holds significant value for care leavers, extending beyond mere financial stability. It symbolises their dedication, resourcefulness and tenacity in the face of adversity (Arnau-Sabatés and Gilligan, 2015). By attaining employment, care leavers demonstrate their capacity to utilise their skills and talents, transforming their potential into tangible success. This recognition not only bolsters their self-esteem but also reinforces their resilience by affirming their capabilities and their ability to thrive in the face of adversity (Gilligan, 2008). The attainment of employment signifies a major milestone for care leavers, highlighting their resilience and potential for future accomplishments. Moreover, employment provides care leavers with a sense of purpose, social connection and a

means to contribute to society, all of which are vital for their overall well-being and long-term success (Gilligan, 2008).

According to the data from the Department for Education (2022) (see table 3), a notable proportion of care leavers have been involved in training or employment. Among 17-year-olds, 10% were participating in training or employment. This figure increases to 14% for 18-year-olds and further rises to 23% for care leavers aged 19 to 21. These percentages highlight the positive strides taken by care leavers in these age groups to acquire training or secure employment opportunities. It demonstrates their resilience and determination to forge their own path despite the challenges they may have encountered. These figures underscore the importance of recognising and supporting the accomplishments and successes of care leavers as they navigate the transition into adulthood.

The process of attaining employment holds distinctive obstacles and complexities for care leavers, encompassing factors such as limited social networks, scant work experience and emotional strains. Therefore, it is paramount to acknowledge and celebrate the accomplishments of care leavers in both the education and employment domains. This recognition serves to validate their experiences, affirm their resilience and furnish them with the necessary support and encouragement for personal growth (Gilligan, 2008). By amplifying the achievements of care leavers and emphasising their individual strengths, we contribute to the establishment of an inclusive and supportive environment that empowers them to realise their full potential. Such efforts are instrumental in promoting the successful transition of care leavers into the realm of employment.

Stereotypes Used Against Care Leavers: Why Not Use the Deficit Approach?

Care leavers often confront stereotypes that perpetuate negative perceptions and judgements. These stereotypes not only shape public opinion but also influence the treatment and opportunities available to care leavers in various domains of life due to the stigma attached to them. Children in care and care leavers often report experiencing stigma and worrying about being labelled or judged if their care background is known (Selwyn *et al.,* 2015; Baker, 2017). Moreover, The Bright Spots Research Programme (2020) found that one out of every ten care leavers felt like they were subjected to unfair treatment compared to their non-care leaver peers (See also Baker, 2017; Baker et al, 2019; Bright Spots, 2020). Using a deficit-based approach can contribute to the perpetuation of stereotypes about care leaver. A deficit-based approach focuses on the deficiencies, challenges and negative aspects of individuals or groups rather than recognising their strengths and potential (Montaez, 2023). When applied to care leavers, this approach may emphasise their vulnerabilities, struggles and perceived shortcomings, reinforcing stereotypes that depict them as damaged or incapable.

When researching this population deficit-based approach, results dominate, for instance.

- 39% of 39,000 looked after children (aged 5–16) report having causes for ‘concern’ on both their emotional and behavioural health when assessed using the *Strengths and Difficulties Questionnaire* (Department for Education, 2018). Although 49% of the looked after children were found to have ‘normal’ emotional and behavioural health (*ibid*.).
- Children who fail to achieve placement stability are estimated to have a 36%–63% increased risk of behavioural problems compared with children who achieved any stability in state care (Rubin *et al.,* 2007). Meaning that those who achieve placement stability are less likely to be at risk of behavioural problems.
- Care leavers’ early life experiences have been found to have links to poor health outcomes in adulthood, including unintended teenage pregnancy, early sexual initiation, substance misuse, poor diet, weight, exercise,

depression (Mendes and Moslehuddin, 2006; Dixon, 2008; Bellis *et al.,* 2013; Newburn *et al.,* 2013) and more likely to come in to contact with the Criminal Justice System (Gooch *et al.*, 2022).

The perpetuation of these stereotypes has profound consequences for care leavers. The use of the deficit model creates a negative cycle of negative experiences and behaviours that may lead to the deficits themselves (Shea, 2021). As such, deficit-based research creates barriers to social inclusion, limits access to opportunities (*ibid*.) and adversely affects care leavers' self-perception and mental health. Challenging these stereotypes is crucial to fostering a more inclusive and supportive environment for care leavers. Recognising the resilience, achievements and potential of care leavers is essential to dismantling stereotypes and promoting accurate representations that acknowledge the diverse experiences within this population.

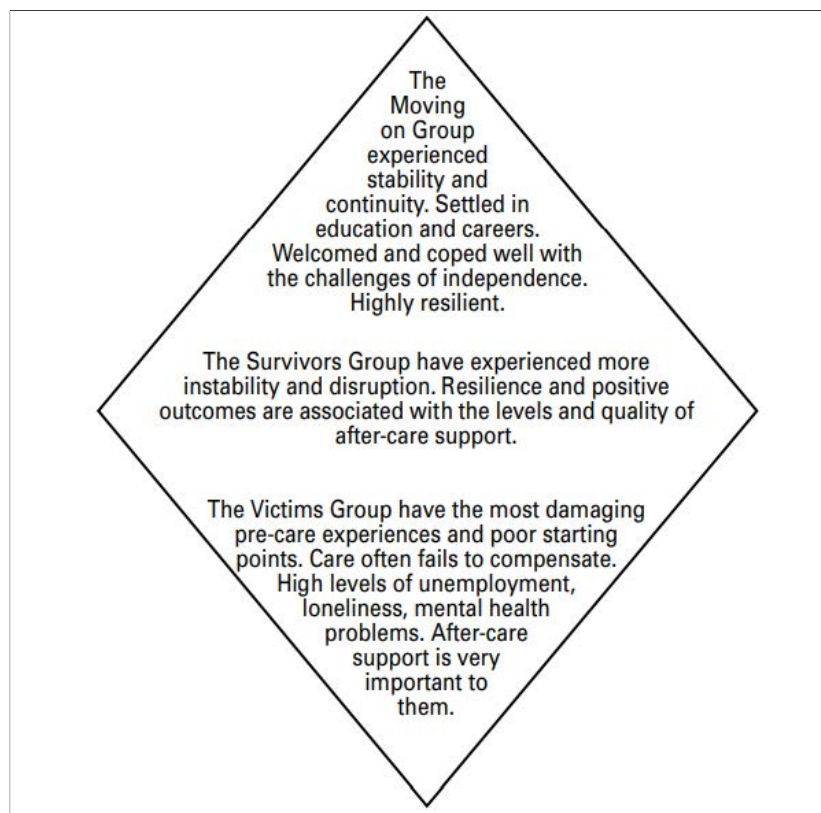
While it is crucial to consider the above figures to gain a comprehensive understanding of the research population, employing an 'asset-based' approach allows us to focus on what is working rather than solely highlighting the challenges. A noteworthy example is the Resilience Diamond framework model (Stein and Carey, 1986; Stein, 1990; Biehal *et al.,* 1995; Dixon and Stein, 2005; Sinclair *et al.,* 2005; Stein, 2005; Stein, 2008; Stein and Morris, 2010; Stein, 2012) which goes beyond emphasising negative outcomes among care leavers. This model sheds light on the experiences of care leavers who have achieved positive outcomes, emphasising the factors that contribute to their success and resilience. By shifting the focus to what works in promoting resilience and positive outcomes for care leavers, this approach provides valuable insights and a more balanced perspective on their journeys.

Resilience Diamond Model

The Resilience Diamond model was identified through a critical review of leaving care research studies between 1980 and 2012; the studies were mainly qualitative in design and followed up young people via interviews between one- and three-years

post-care. The studies drew on their transitions from care to leaving care; and the services they received post-care (Stein and Carey, 1986; Stein, 1990; Biehal *et al.*, 1995; Dixon and Stein, 2005; Sinclair *et al.,* 2005; Stein, 2005; Stein, 2008; Stein and Morris, 2010; Stein, 2012). The model identifies care leaver based on their experiences and places them in to three groups: 'Moving On', 'Survivors' and 'Victims'. These groups are not fixed and care leavers may move between them over time or as their circumstances or the support they receive change (Stein, 2012).

Figure 3. Resilience Diamond



Source: Stein, 2005

The 'Moving on' Group

Those who are identified as the 'moving on' group demonstrate a successful transition from care to adult independence; they are more likely to have experienced stability and continuity throughout their lives, secured attachments, derived a

healthy understanding of their family relationships and achieved some educational accomplishments before leaving care. They typically leave care later in adolescence, more likely resulting in a planned gradual transition from care to independence. Once they become care leavers, the services that they use are more likely to be 'universal' than 'selective'. Those 'moving on' appear to participate in either further or higher education, be in employment, be happy finding comfort in a relationship or be confident in parenting a child themselves; they play a significant part in developing a post-care identity. The key essence of the 'moving on' group demonstrates that their resilience is enhanced by their experiences of living in care, leaving care and aftercare. This group welcomes the challenge of independence as it allows them to take control of their own lives while aiding them with confidence and self-esteem (Stein and Carey, 1986; Stein, 1990; Biehal *et al.*, 1995; Dixon and Stein, 2005; Sinclair *et al.*, 2005; Stein, 2005; Stein, 2008; Stein and Morris, 2010; Stein 2012). However, their pre-care experiences were not explored explicitly for the ‘moving on’ group. Therefore, it is not documented if their success is a result of the excellence of the in-care services provided or a formation of their own strengths, regardless of the level of adversity experienced pre-care.

The ‘Survivors’ Group

The 'survivors' have somewhat different experiences when compared to the 'moving on' group. They will have experienced less stability, more placement moves and disruption while in care. They are also more likely to have left care at a younger age than those from the 'moving on' group with less educational success, which often follows a breakdown in placement, such as a sudden exit from either foster care or a residential home. They are more likely to experience more placement moves and disruptions after leaving care, including periods of homelessness, low-paid casual or short-term unfulfilling employment or unemployment. They are also likely to experience difficulties in their personal and professional relationships, subsequently resulting in patterns of detachment and dependency. 'Survivors' often see themselves as strong individuals, as they believe that the problems they have faced

and dealt with themselves have enabled them to feel like they are more mature and self-reliant; 'more grown-up'. Although this personal view is found to contradict their reality, for example, their high degree of dependency on assistance with accommodation, finances and personal problems. However, it was found that the resilience-promoting mediator for 'survivors' comes from the professional support that care leavers receive on their route to adulthood after their poor start in early life (Stein and Carey, 1986; Stein, 1990; Biehal *et al.,* 1995; Dixon and Stein, 2005; Sinclair *et al.,* 2005; Stein, 2005; Stein, 2008; Stein and Morris, 2010; Stein 2012). Again, the extent of their pre-care adversity was not explored for this group, although it was noted that the 'victims' had the most harmful pre-care experiences when compared to both the 'moving on' and 'survivor' groups.

The 'Victims' Group

'Victims' are defined as the most disadvantaged group of care leavers. The model (Stein, 2005) demonstrates that those who identify with this group would have had the most damaging experiences before entering care, where care could not compensate them or help them overcome the adversity. They continue to have unstable experiences while in care and many further placements; this, in turn, affects their relationships and education. They are more likely to experience a cluster of difficulties concerning social, emotional and behavioural development. They are more likely to experience difficulties in building a relationship with family or carers. They usually leave care at a younger age than those in other groups, when their outlook on any kind of life chance does not seem encouraging. They often leave care unemployed and struggle to maintain housing, which can result in homelessness. Furthermore, increased rates of mental health needs go along with feelings of isolation. Due to the adversity experienced at an early age, post-care services are not always able to support the needs of the individual, resulting in alienation from professional and personal support (Stein and Carey, 1986; Stein, 1990; Biehal *et al.,* 1995; Dixon and Stein, 2005; Sinclair *et al.*, 2005; Stein, 2005; Stein, 2008; Stein and Morris, 2010; Stein 2012).

Stein's 'Resilience Diamond' Model provides a useful framework for understanding the diverse experiences and outcomes of care leavers. By categorising care leavers into different groups, the model highlights the varying levels of resilience and the factors that contribute to or hinder their successful transition to adulthood. The model (Stein, 2005) recognises the importance of stability, support and educational achievements in promoting resilience among care leavers. Therefore, this resilience model serves as a valuable framework for understanding the diverse experiences and outcomes of care leavers, which has been instrumental in shaping the design of this research study. The model's emphasis on stability, support and educational achievements aligns with some key variables and measures incorporated for this research design. However, it is important to acknowledge the limitations of the model: firstly, limited explicit consideration of pre-care experiences for the 'Moving On' and 'Survivors' groups. However, there is little consideration given to pre-care experiences in a vast amount of research (see appendix D for systemic review of literature). Understanding the role of pre-care adversity in their success would provide a more comprehensive understanding of their resilience. By identifying their pre-care experiences, ensuring a more holistic examination of their resilience processes and facilitates the identification of targeted interventions and support systems that can effectively promote resilience within each group. Secondly, the model does not consider policy implications over the decades. As previously highlighted the model was built from a critical review of leaving care research studies between 1980 and 2012, during this time the *Children Act 1989* and *Children (Leaving care) Act 2000* were implemented, as such, this would mean that the care leavers in the model would have had differing entitlements and levels of support while in care and when leaving care, which could influence different outcomes. Furthermore, the study would also have to consider age of the participants as with age, resilience can naturally develop due to life experience (Eatough, 2022). As such, it has been found that, resilience does not decline as one ages, but can increase as a result of internal and external protective factors (Windsor *et al.,* 2015). Factors such as social networks, integration and support have been found to be important contributors to resilience in older individuals and their overall health and well-being (Windsor *et al.,*

2015). In older people, enhanced resilience is also associated with reminiscence, life reviews, wisdom and mindfulness-based approaches, all of which have been found to be potential late-life resilience facilitators (Centre for Policy on Ageing, 2014).

Concluding Remarks

In conclusion, the evaluation of existing literature on looked after children and care leavers has shed light on several important factors that contribute to resilience outcomes. The themes of stability, trust, relationships, independence, achievements and support have emerged throughout this review as crucial factors in promoting resilience among these individuals. The results emphasise the importance of stability in the lives of looked after children and care leavers. Stability consists of consistent and uninterrupted care experiences, secure attachments and a sense of continuity throughout their lives. When young people have a stable foundation, it positively affects their ability to navigate the challenges of transitioning to adulthood, fostering their resilience. Moreover, the value of support cannot be overstated. Professional support, along with support from carers, teachers and the broader community, plays a crucial role in fostering resilience. By providing direction, resources and emotional support, supportive networks aid in the development of coping mechanisms, self-esteem and a sense of belonging among care leavers.

While stability and support emerge as the two major themes of this review, it is important to note that other factors, such as trust, relationships, independence and accomplishments, also contribute significantly to resilience outcomes. These factors shape the experiences and trajectories of looked after children and care leavers in conjunction with stability and assistance.

The identification of key themes and factors through existing literature has laid the foundation for the current study. The next chapter will discuss the methodological approaches and research design employed to answer the research questions. Through this research process, we aim to deepen our understanding of care leavers' resilience and offer evidence-based solutions to empower these young individuals as

they navigate the complexities of adulthood. Ultimately, our hope is that this research will pave the way for more targeted and impactful support systems, fostering positive outcomes and promoting the success of care leavers in their journey towards independence and fulfilment. By bridging the gap between research and practice, we seek to contribute meaningfully to the well-being of care leavers and improve the overall support they receive during this critical transitional phase of their lives.

Chapter 4: Methodology and Research Design

Building upon the exploration of the literature in Chapter 3, this chapter aims to outline the methodological approach and research design adopted for investigating the resilience outcomes of care leavers. The literature review highlighted the complexities and challenges faced by care leavers; ultimately this research seeks to utilise a model of resilience as a process. Building on previous research (Stein and Carey, 1986; Stein, 1990; Biehal *et al.,* 1995; Dixon and Stein, 2005; Sinclair *et al.,* 2005; Stein, 2005; Stein, 2008; Stein and Morris, 2010; Stein 2012) this thesis seeks to empirically evaluate care leavers' resilience trajectories. This chapter encompasses two key sections: the first section outlines the methodological orientation of this research which is that of critical realism (Creswell and Plano Clark, 2010). It also highlights the researcher's unique positionality as a care leaver, offering valuable insights into the challenges and opportunities faced when researching care leavers. The second section outlines the overall research design and strategy, which utilises qualitative with quantitative methods. This discussion will include ethical considerations, sampling techniques, questionnaire distribution, sample size, measuring resilience, analytical strategies and sample representativeness. Crucially, the integration of critical realism and inclusion of qualitative with quantitative methods is emphasised to comprehensively explore the complexities of assessing resilience within this care leaver population, this will be achieved by answering the following research questions and aims.

Research Questions

1. What are the mediating processes associated with positive outcomes for care leavers?
2. How does one's experience in the care system influence their outcomes?

Research Aims

It is the intention of this study to address the following research aims:

1. *Investigate the Mediating Processes of Resilience*

Drawing on the 'Resilience Diamond' framework (Stein, 2005), which classifies care leavers into three distinct groups based on their in-care experiences ('moving on', 'survivors' and 'victims'), the study aims to unravel the mechanisms that contribute to resilience within each category. By understanding these mediating processes, the research seeks to shed light on the factors that promote positive outcomes for care leavers as they transition to adulthood.

2. *Explore Protective Factors and Resilience in Vulnerable Care Leavers*

Guided by the researcher's positionality as a care leaver, the study aims to specifically examine the protective factors identified in the literature that contribute to care leaver resilience (Newman and Blackburn, 2002; Newman, 2004; Stein, 2005; Pinkney, 2013; Bellis *et al.,* 2017; Stanley, 2022; Stanley, 2022). By adopting an 'asset approach,' the research challenges the prevailing 'deficit approach' that often characterises studies on care leavers (Mendes and Moslehuddin, 2006; Dixon, 2008; Bellis *et al.,* 2013; Newburn *et al.,* 2013). Through this exploration of positive outcomes and mediating processes, the research aims to highlight the strengths and resources that can facilitate resilience in this vulnerable group.

3. *Evaluate the Effectiveness of Additional Support for Looked after Children*

Using a critical realist lens, the research intends to assess the effectiveness of the extra support available for looked after children and care leavers, particularly the support provided by the local authority until the age of twenty-five, capturing the socio-political and legislative evolution of support (*Children Act 1989; Children Leaving Care Act 2000*). This includes examining the role of personal advisors in

preparing young people for leaving care and determining whether this support has been effective in promoting positive outcomes and resilience. By evaluating the impact of this support system, the study aims to contribute insights into the strategies that can enhance resilience in care leavers during their transition to independent living.

4. *Address the Cumulative Impact of Adversity on Resilience*

By identifying specific protective factors associated with positive outcomes, the study will contribute to the existing literature on the complex relationship between care leavers and resilience. This investigation seeks to deepen our understanding of the factors that help to overcome adversity and provide valuable insights into how to better support care leavers in their journey towards resilience and positive well-being.

Qualitative with Quantitative Methods in the Frameworks of Critical Realism

As a care leaver researcher, personal experiences within the care system have significantly shaped the design of this research. Crucially, the researcher is motivated by a strong desire to advocate for positive change and improved outcomes for individuals who have also experienced the care system; this study is determined to challenge the prevailing 'deficit' approach typically associated with narratives surrounding care leavers (Fergus and Zimmerman, 2005; Zimmerman and Brenner, 2010; Shea, 2021; Montaez, 2023). This research applies the framework of critical realism, which presents a powerful approach to comprehensively explore the resilience of care leavers. The researcher's positionality as a care leaver enriches the study by providing unique insights and sensitivities to the experiences of this population (Chavez, 2008). Drawing on personal experiences within the care system, the researcher is attuned to the complexities and nuances that shape the lives of care

leavers, which informs the formulation of research questions that resonate with their realities.

Critical realism, as the chosen methodological framework, further enhances the research by delving into the underlying mechanisms that contribute to resilience among care leavers. This ontological perspective recognises the multi-layered nature of reality, comprising both observable and unobservable aspects (Creswell and Plano Clark, 2011). By adopting this approach, we recognise that resilience outcomes of care leavers are shaped by a combination of socially constructed elements and influential external factors, which exist independently of any individual or social groups (Sayer, 2000; Bhaskar, 2014). For example, care leavers' wellbeing can be a product of abuse and neglect in childhood (Cicchetti, 2013; Masten, 2014), but it can also be a consequence of societal stigmatisation (Selwyn *et al.,* 2015; Baker, 2017).

The researcher's positionality of critical realism further informs the approach to this research and is demonstrated by how the data analysis changed as the research progressed. Initially, the study's design had a greater emphasis on quantitative methods, using a questionnaire survey design that also included qualitative elements like open-ended questions (followed by email interviews) to enhance the analysis of the quantitative component. However, once the data was analysed, it became clear that the richest insights were developed from the qualitative responses. As a result, the role of the data types shifted, with qualitative findings taking precedence and quantitative data supporting and enhancing the qualitative results. Given the richness and quality of the qualitative data, it was decided that this would be used as the primary source for achieving the study's objectives, with the quantitative data serving to complement the qualitative findings.

The triangulation of data sources further enhances the validity and reliability of the findings, ensuring a robust exploration of the research topic, whilst also providing a more holistic understanding of the resilience processes. Furthermore, this research acknowledges the historical and political context that may influence scientific

knowledge, one which cannot be completely objective (Smith, 2006). By considering the subjective nature of knowledge generation, the study seeks to validate participants' experiences and perspectives, allowing their voices to contribute to the research findings (Smith, 2006), so that their reality is expressed. In this way, the research design strives to be inclusive and respectful of the diverse lived experiences within the care leaver population, something notably absent from some of the literature on care leavers (Rubin *et al.,* 2007; Alderson, 2016).

Integrating quantitative and qualitative data was once a topic of conflict but has recently undergone a shift in perspective (Creswell et al 2003). This evolving viewpoint embraces an intermediate view of reality, which incorporates critical realist ideology (Creswell and Plano Clark, 2011). The study will therefore favour a critical realist approach using qualitative with quantitative research methods.

The inclusion of both qualitative with quantitative research methods entails a flexible research design that recognises the unique strengths and limitations of both approaches. Rather than rigidly adhering to a single paradigm or set of assumptions, open use of both offers methodological eclecticism, allowing for thoughtful selection of the most appropriate methods and tools to address the research question(s) (Mutch, 2009; Teddlie and Tashakkori, 2015). By integrating diverse data sources and techniques, this research design aims to enhance the depth and breadth of the study's findings, enabling a more robust exploration of resilience among care leavers. Quantitative methods, using a questionnaire and established measures of resilience, will offer valuable insights and identify observed factors that may influence differing resilience outcomes (Smith, 2006). Concurrently, qualitative methods will delve into the lived experiences of care leavers, offering a more holistic and nuanced understanding of the underlying mechanisms that influence their resilience outcomes. Through open-ended questions, email interviews and thematic analysis, the qualitative phase of the research will shed light on the unique challenges, coping strategies and personal strengths that shape the resilience trajectories of care leavers. This qualitative data will serve to enrich the understanding of the participants' lived experience, adding to knowledge generation in the context of care

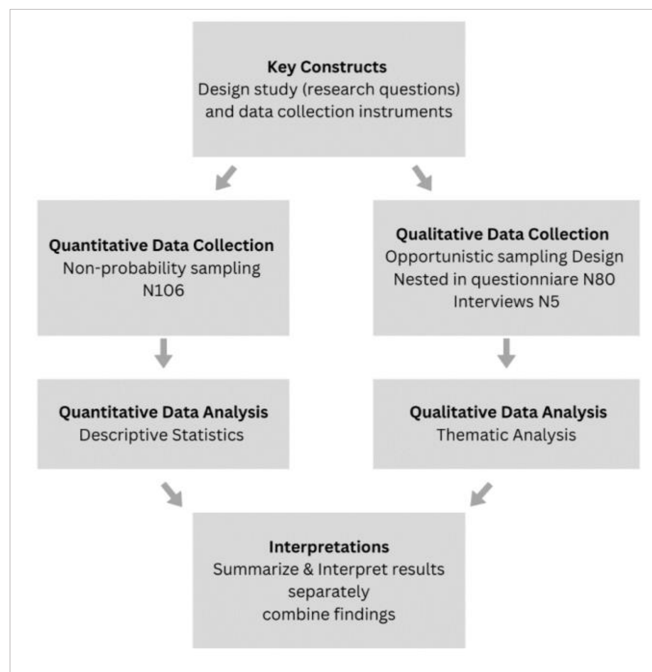
leavers and their own realities, addressing a significant gap in the literature on care leavers (Creswell *et al.,* 2003; Smith, 2006; Creswell and Plano Clark, 2011, Juliette *et al*, 2023).

The absence of an asset-based model amongst evidence suggests more resilience is present in care leavers and provides reasoning for a less rigid methodology at this stage. The study therefore uses a critical-realist lens through qualitative with quantitative methods to inform the development of interventions and support systems that empower care leavers. The approach take to this study has been influenced by a previous study conducted by Fernandez *et al.* (2017), who used both quantitative and qualitative methods to explore coping strategies and resilience of those who have experienced care between 1930 and 1989 in Australia. They undertook their research in two stages. The first was a questionnaire, the second stage undertook interviews, utilising a concurrent triangulation-based research design to gain a broader and in depth understanding of care leavers (see Sandelowski, 2000; Doyle, Brady and Byrne, 2009; *cited in* Fernandez *et al.,* 2017). This research approach strengthened and added to the robustness of research findings, leading to more credible and reliable conclusions by identifying the observable factors of participants' experiences in the care system using both quantitative techniques and qualitative email interviews, gathering observational factors and the subjective experiences of the participants' realities (Smith, 2006; Creswell and Plano Clark, 2011).

In the context of researching resilience among care leavers, the utilisation of mixing research methods presents both challenges and opportunities. While this approach may introduce complexities in planning and implementing the study, due to the diverse nature of data collection and analysis methods involved, its benefits far outweigh the limitations. A sole reliance on quantitative research might lack depth in comprehending the contexts and settings experienced by care leavers, as it primarily adheres to an objective framework (Queirós *et al.,* 2017). Conversely, relying solely on qualitative research may introduce potential researcher bias and hinder generalisability of findings (Igwe and Odii, 2020).

By adopting a mixture of qualitative and quantitative approaches, this study aims to strike a balance between subjectivity and objectivity, capitalising on the strengths of both qualitative and quantitative methodologies. The incorporation of diverse data collection and analysis techniques can lead to a more comprehensive understanding of the resilience processes among care leavers (Ungar, 2003). This holistic approach enhances the validity and reliability of research findings, enabling the identification of robust patterns and meaningful insights that may inform interventions and support systems tailored to the unique needs of this vulnerable population (Richards and Schmidt, 2002). Moreover, the research design facilitates a deeper exploration of the interconnected factors shaping resilience while also advancing knowledge in the field of care leaver research. This study adopts a concurrent triangulation design as outlined in Figure 4 below.

Figure 4. Convergent Triangulation Design Plan



This design has capitalised on the strengths of both qualitative and quantitative approaches while mitigating their individual limitations (Ungar, 2003). However, it is important to acknowledge that this research design can be complex and time-consuming (Creswell, 2006; Creswell and Plano Clark, 2006; Creswell and Plano

Clark, 2010; Bryman, 2012). To address these challenges, a timeline was diligently followed to adhere to strict deadlines and time constraints.

The Research Strategy

In this section, we will provide a detailed account of the research methods adopted for this study on resilience among care leavers. We will begin by exploring the ethical considerations that underpin this research, ensuring the well-being and rights of the participants are upheld throughout the study. Then the sampling process will be outlined, focusing on the rationale behind the chosen sampling approach and how it aligns with the research objectives. In addition, how resilience is to be measured, will be explored alongside the representativeness of the sample and its implications for the study's generalisability. By examining these crucial aspects of the research methods, we aim to provide a comprehensive understanding of how the researcher's positionality, coupled with critical realism and the use of a questionnaire survey design with follow up questions, have shaped the study's design.

The original design of the study was a questionnaire survey design two-fold with follow-up face to face interviews. However, this changed due to the effects of the Covid-19 global pandemic. Due to the Pandemic guidelines implemented (no face-to-face contact), the participants were offered video interviews, however, for multiple reasons the participants opted for email interviews. Despite these changes, the method and results of the data collection remained robust and insightful. Regardless of the methods used to collect data, the integration of the questionnaire and follow up email interviews ensures the research is not only academically rigorous but also grounded in the real-life experiences of care leavers, seeking to contribute positively to future lives of care leavers and their well-being.

Ethical Considerations

The term ‘hard to reach’ and ‘vulnerable’ is often contested but also a term commonly used in social research, particularly in the sphere of health and social inequalities (Flanagan and Hancock, 2010; Bracken-Roche, 2017). ‘Hard to reach’ populations are underrepresented and often lack empowerment making it difficult to engage with and establish rapport (Nguyen Thanh *et al.,* 2019). In the context of this study, care leavers can be considered a vulnerable and hard-to-reach group, as their unique experiences and circumstances make it challenging to establish contact and maintain participation throughout the research process (see Stein and Carey, 1986; Stein, 1990; Biehal *et al.*, 1995; Dixon and Stein, 2005; Sinclair *et al.,* 2005; Stein, 2005; Stein, 2008; Stein and Morris, 2010; Stein, 2012).

Research with vulnerable groups presents unique ethical challenges that require diligence in safeguarding the rights of participants (Flanagan and Hancock, 2010; Bracken-Roche, 2017). This section examines the ethical considerations involved in conducting this study on care leavers, who frequently face vulnerabilities and sensitivities that require special consideration. This research was able to navigate the complexities of this study while maintaining the participants' trust and dignity by adhering to ethical principles and implementing appropriate safeguards.

Informed Consent

Obtaining informed consent was of the utmost importance to this study. Recognising the potential vulnerability of participants, special precautions were taken to reduce any risks associated with their participation (Equality Challenge Unit, 2017). To maintain good practice, an information sheet (see appendix E) was provided to all participants before they signed consent, allowing them to exercise their right to withdraw from the study if they so choose. The participant's understanding of the study's purpose, potential risks and benefits was ensured by the comprehensiveness and clarity of the information provided in the information

sheet. Given the sensitive nature of the research topic and the past experiences of the care leavers, informed consent was obtained with the utmost sensitivity and compassion. Any concerns or questions raised by participants were addressed, ensuring that their participation in the study was voluntary and informed (Equality Challenge Unit, 2017). Throughout the entire process, the participants' autonomy and right to withdraw at any time without repercussions were consistently respected, ensuring their safety and preserving the study's integrity.

Confidentiality and Anonymity

To protect the privacy and identities of the participants, maintaining confidentiality and anonymity proved essential, which is an important principle of any research (Scott, 2013). Participants were made aware that this study was to be completed anonymously and that any identifying data would be removed from the analysis. Furthermore, to ensure the utmost safety of the participants' information, stringent data protection measures were implemented; recognising that the participants may have previously had negative interactions with authorities, clear assurances of data security were provided, playing a crucial role in establishing trust and encouraging open discussion (Giordano *et al.,* 2007). Participants were informed that only the researcher had access to the data, which was safely and securely stored (see *Data Protection Act 1998*). Throughout the analysis and reporting of findings, pseudonyms are consistently used and any information that may lead to the identification of individuals was carefully redacted (Gerrard, 2021). By adhering to these practices, the research can uphold the ethical principles of confidentiality and respect for the participants' rights while providing valuable insights into the lived experiences of care leavers.

Safeguarding and Well-being

Given the potential vulnerabilities, the questionnaire and email interview questions were developed with the participants' mental well-being and safety in mind. Prior

to consenting, the participants were made aware of the potential risks of participating in this study (Barrow, 2022). To ensure that care leavers receive appropriate support, the questionnaire included contact information and helpline numbers for counselling services that are specifically tailored to care leavers. The objective was to empower participants to seek professional help and emotional support when necessary. Moreover, throughout the questionnaire, the study emphasised the voluntary nature of participation and reassured participants that they could withdraw from the study at any time without repercussions, respecting the autonomy and well-being of the care leaver participants. Adhering to informed consent procedures, ensuring confidentiality and anonymity and prioritising the well-being of participants are essential components of conducting ethical studies that contribute to the empowerment of this vulnerable population. This research consistently adhered to these ethical principles to maintain a safe and respectful research environment. Detailed information regarding the ethical considerations can be found in Appendix E, which provides comprehensive documentation and confirmation of ethical approval obtained from the Manchester Metropolitan University's Research and Ethic Governance Board.

Objectivity and Bias

'Insider' researchers may face challenges in maintaining objectivity and avoiding bias (Chavez, 2008). Personal experiences and preconceived ideas could potentially influence data collection, analysis and interpretation. To address these concerns, it was essential to practice reflexivity throughout the research process. As the researcher's positionality is like that of the participants, it was important to critically reflect on one's own background, experiences and potential biases to minimise bias risks throughout the data collection and analysis process (Miller, 1997; Chavez, 2008), multiple techniques were employed to achieve this. Triangulation methods, the use of both quantitative and qualitative data collection approaches aided in the minimisation of researcher bias while further enhancing the credibility of the findings (Noble and Heale, 2019). Engaging in regular team discussions with supervisors

contributed to a more comprehensive understanding of the research topic, to aid in a more accurate reflection of the participants' lived experiences. By implementing these strategies, this study effectively navigated potential biases and upheld its integrity.

Sampling Methods

Although there are limitations to researching care leavers specifically in relation to access as this is a dispersed population post-care and safeguarding issues limit research access whilst in care. However, the researcher's positionality as a care leaver was advantageous as it aided in unique access to other care leavers (Saidin, 2016), as care leavers often have a 'natural' distrust of authority, being able to talk to 'one of their own' tended to encourage participation. Relatedly, the researcher was already connected to many formal and informal care leavers networks. However, this study still came across challenges that arose from the desire to maintain a large enough sample comparable to the population of study. After looking at a systematic review of literature relating to hard-to-reach disadvantaged groups, it is common practice to have sampling issues relating to care leaver participants (see Appendix D for systematic review of research and sample sizes). In this study, careful consideration was given to the sampling techniques employed.

Sampling

The successful execution of any research study relies significantly on the appropriateness of the sampling strategy chosen. A non-probability snowball sampling technique was adopted; which is commonly used to target 'hard to reach' groups (Adams *et al.,* 2007; Bryman, 2012). The nature of the target population, characterised by its limited accessibility and dispersed nature, presented considerable challenges in recruiting a representative sample through conventional probability sampling methods. By employing a non-probability snowball sampling approach, the research leveraged the use of social media networks and organisation

within the care leaver communities to identify potential participants. This technique proved instrumental in enhancing participant recruitment, as existing participants assisted in referring other individuals who shared similar characteristics or experiences. This snowball sampling strategy, therefore, offered a practical solution to overcome the inherent barriers associated with accessing hard-to-reach populations (Brown, 2005), facilitating the collection of valuable data that would have otherwise been challenging to obtain. Despite acknowledging the limitations of potential sampling bias and reduced generalisability (Lewis-Beck *et al.,* 2010), the non-probability snowball sample was deemed the most suitable method for capturing the insights of care leavers.

Due to the initial worries about accessing this population, it was decided that the questionnaire administered would include three open-ended questions, being strategically incorporated to elicit in-depth qualitative responses from the participants. These open-ended questions were intentionally designed to encourage participants to share their thoughts, feelings and experiences related to the research topic based on their own realities. With the chance of not being able to engage with participants to gather the qualitative requirements of this study, it was thought that utilising open-ended questions in the study's questionnaire would be able to capture rich and detailed narratives, providing valuable insights into the perspectives and viewpoints of this hard-to-reach population.

Follow-up Email Interviews

Secondly, following the completion of the questionnaire phase, participants were given the opportunity to express their consent to be further involved in the research through in-depth email interviews. This nested design allowed for the capitalisation of data collected in the initial quantitative stage, as participants who willingly volunteered for the email interviews provided additional insights and perspectives on their time in and leaving care (Schatz, 2012). This approach was instrumental in maximising the depth and richness of the data collected, as participants who

engaged in both phases of the study offered refined and context-specific information, providing a deeper understanding of the experiences. The nested design (Schatz, 2012), therefore, served as a logical and efficient means to gather comprehensive data and generate valuable insights that would have been otherwise challenging to obtain through isolated qualitative data collection methods.

Nonetheless, it is imperative to acknowledge the inherent limitations associated with this sampling approach. Not every care leaver had the opportunity to participate in the research due to the nature of the 'hard-to-reach' sample (Saunders *et al.,* 2012). Consequently, the risk of potential selection bias may exist and the sample may not fully represent the entire care leaver population. To address this limitation, a post-sampling analysis was performed.

The post-sample analysis focused on examining the percentage distributions of age, gender, education qualification and ethnicity among the participants to assess the representativeness of the sample. The data was compared to the national figures for care leavers provided by the Department for Education (2021) to assess the representativeness of the sample (See Page 136 - 143).

Questionnaire Distribution

Utilising a snowball sampling technique, the data collection process commenced by sharing the questionnaire through online platforms, like Twitter and Facebook, leveraging the advantages of online research methods (Ward, Clark and Zabriskle, 2014). These methods prove particularly advantageous in overcoming barriers to participation and providing a comfortable research environment for hard-to-reach groups. The internet's accessibility and convenience allow for a larger and more diverse sample of individuals to be engaged within a shorter timeframe, especially if they are deemed 'hard to reach' (Granello and Wheaton, 2004; Lefever, Dal and Matthiasdottir, 2007). Online research methods also offer participants a sense of anonymity and privacy, enabling them to share sensitive information truthfully

(Shepherd and Edelmann, 2005; Wang *et al.,* 2005). Adopting this approach created a safe space for care leavers to express themselves openly, leading to more genuine and insightful responses. By harnessing the power of online research and snowball sampling, the study successfully expanded its reach beyond immediate contacts and maximised participation.

In addition to online methods, the study established connections with organisations closely affiliated with care leavers, such as, the Care Leavers Association and Barnardo's, who shared the questionnaire amongst their social networks. This strategic outreach aimed to enhance the sample diversity and enrich the research findings by incorporating perspectives and insights from care leavers who may have had varying trajectories and encounters within the care system. These organisations proved to be valuable allies in disseminating the questionnaire within their networks and community. Their involvement not only broadened the potential participant pool but also lent credibility to the study, reinforcing trust and willingness to participate, especially beyond those who were not in the researcher's personal care leaver networks.

Using online research methods and engaging actively with social media followers and connections, individuals were encouraged to participate in the study (see appendix E for social media advert). Furthermore, individuals were encouraged to share the survey link with their respective networks, thereby expanding the study's reach and pool of potential participants. Utilising online platforms and participant networks, the study aimed to maximise participation and collect a wide variety of responses. By leveraging the snowball sampling method, participation quickly extended beyond immediate contacts. As participants completed the questionnaire and shared it with their social circles, a snowball effect was triggered, leading to an organic and widespread distribution of the questionnaire. This strategy enabled the inclusion of individuals who may have been difficult to reach via conventional recruitment methods, ultimately enhancing the data's overall representativeness and depth (Granello and Wheaton, 2004; Lefever, Dal and Matthiasdottir, 2007).

The snowball sampling technique's iterative nature facilitated continuous participant recruitment, allowing the study to tap into a wider group of care leavers. As the questionnaire spread through social media and organisational collaborations, it gained visibility and attracted individuals who resonated with the research objectives. Overall, snowball sampling was instrumental in overcoming the challenges associated with studying care leavers. It allowed this study to engage with a diverse and relevant sample of care leavers, generating a wealth of rich and valuable data that contributed to a comprehensive understanding of care leaver experiences and perspectives. Additionally, the researcher's positionality as a care leaver also helped in finding and connecting with relevant charities and care leaver-focused social media pages. Because of the familiarity the researcher has on these platforms and within these organisations, this helped the recruitment effort for this study.

It might be seen as helpful in building rapport and confidence with possible participants from the care leaver group as a researcher having firsthand experience of the care system. Nevertheless, this information was not made clear in the participant information sheet. The rationale for this choice was to reduce any potential biases or misconceptions pertaining to the researcher's background while keeping the focus on the research objectives. Rather, the focus was on maintaining anonymity and confidentiality, creating a space where participants felt at ease talking about their experiences honestly and candidly informing participants of the ethical guideline of this research. However, as social media was used as the tool to recruit participants the researcher's experience of the care system was available on the social media platforms.

Sample Size

Prior to data collection, an estimated sample size was established in order to ensure representativeness of the sample to overall population. Using the Qualtrics sample size calculator (Qualtrics, 2019) it is estimated that the quantitative aspect of this research would need to achieve a minimum sample size of 381 care leavers. This was calculated based on the current size of the care leaver population being estimated at 44,590 (aged 17 – 21 years old) (Department of Education, 2021), while allowing for 95% confidence in the results of the analysis, with a 5% margin of error. While the latter addresses the sample size that was needed to meet the representation criteria of the research, a power analysis was also conducted with specific hypotheses formed, using G*Power software (Faul *et al.,* 2007: Faul *et al.,* 2009). This test was done to determine the smallest sample size that is suitable to detect the effects of a given test. Using a power analysis increases the chance of avoiding type I (false positive interpretation) and type II errors (false negative interpretation) (Field, 2009). The sample size produced from this software suggests a sample size of 988 care leavers in order to be able to achieve statistical hypothesis testing (See appendix C).

Unfortunately, the intended sample size necessary to achieve adequate representation and support hypotheses testing could not be attained due the nature of the sample size. The data collection process coincided with a global pandemic, which significantly impacted participant recruitment and, consequently, the sample size. As a result, the statistical analysis of the collected data was limited to descriptive statistics, precluding the ability to draw broader inferences from the results.

The sample size for the quantitative aspect of the study consisted of 106 participants who completed the questionnaire. Despite the smaller sample, the quantitative data collected still provided valuable insights into the research topic.

Sample Size for Follow-up Interviews

From a critical realist perspective, the unexpected circumstances presented an opportunity to leverage the global pandemic's effects to strengthen the qualitative aspect of the data collection process. As a researcher with a care experience background, potential biases could have inadvertently influenced the research outcomes. To mitigate this bias, face-to-face interviews were no longer feasible, prompting the implementation of alternative data collection methods. Participants were offered the option to conduct interviews online or complete questionnaires at their convenience via email communication (Dahlin, 2021). This adaptation effectively minimised the potential for researcher bias and increased participant comfort in sharing their experiences openly.

The shift to written-format email interviews proved particularly advantageous, as it fostered an atmosphere of openness and confidentiality. Almost all participants opted for this mode of data collection, thereby enhancing the authenticity and depth of the qualitative responses. Despite the challenges posed by the pandemic, this adapted data collection approach yielded valuable insights and enriched the understanding of the experiences of care leavers. Moreover, demonstrating methodological flexibility during this period of disruption highlights the commitment to upholding integrity and rigor of the study despite unforeseen challenges.

For the qualitative component, 80 participants contributed to the study by engaging in open ended questions within the questionnaire. The decision to included open ended questions was driven by the desire to obtain rich and detailed narratives, offering a deeper understanding of the experiences of care leavers. These open-ended questions proved to be exceptionally insightful and provided a comprehensive view of the research topic.

The qualitative email interviews involved a total of 5 participants. Although the sample size for the email interviews was relatively modest, the methodological approach employed, including a nested design (Schatz, 2012) within the questionnaire, ensured the maximisation of data richness and diversity. Despite the challenges of recruiting a larger sample, the in-depth nature of the email interviews

allowed for a more profound exploration of participants' perspectives, providing valuable and nuanced insights into the lives and experiences of care leavers.

Questionnaire Design

The rationale behind the questionnaire design was to collect comprehensive and relevant data that aligns with the research aims, thereby ensuring the accuracy and significance of the study's findings. The design aimed to draw information on key variables related to pre care, in care and leaving care experiences, as well as ensure the inclusion of demographic questions to estimate the sample's representativeness. In addition, careful consideration was given to the creation of clear and unambiguous questions (Fife-Schaw, 1995), the use of appropriate scales or response formats and the organisation of the questionnaire in a logical order to enhance participant engagement and data quality (*ibid.).* The overarching objective was to create a questionnaire that effectively collects the necessary data to answer the research questions and provide valuable insights into the field (Fife-Schaw, 1995; Bryman, 2016) (see appendix E for questionnaire and email interview questions).

Table 4. Variables for Questionnaire

Categories	Variables
Demographics	Ethnicity Gender Age Relationship Status Sexuality Education Qualifications Disability Main source of income
Pre-Care experience	Reasons for entering care
In care experience	Type of placement Age of entry in care Number of placements moves Person to trust while in care Length of time in care
After Care experience	Support worker at initial point of leaving care Age when leaving care Person to trust when left care
Open ended questions	If any, can you describe any positive experiences you remember once you left care? If any, can you describe any positive experiences you remember while you were in care? Please use this space to provide any extra information that you wish to share

Demographics: (Ethnicity, Gender, Age, Relationship Status, Sexuality, Education Qualifications, Disability, Main Source of Income): Demographic information was used to identify who the sample is and to understand the diverse characteristics of the care leaver sample. It allows for the identification of potential variations in experiences based on individual backgrounds and circumstances and to check for representativeness.

Pre-Care Experience: (Reasons for Entering Care): Understanding the reasons for entering care provides valuable insights into the challenges and circumstances that care leavers may have experienced before they entered the care system. These experiences can significantly influence how they perceive and engage with the care

environment, subsequently shaping their overall journey through the system and beyond.

In-Care Experience: (Type of Placement, Age of Entry in Care, Number of Placement Moves, Person to Trust While in Care, Length of Time in Care): These factors are critical in understanding the quality and stability of care provided to individuals during their time in the system.

- *Type of Placement*: Understanding the type of placement experienced by care leavers is crucial in assessing how different living arrangements may impact their ability to cope with challenges and develop resilience. This variable can measure the quality and stability of care provided during their time in the system.
- *Age of Entry in Care:* The age at which care leavers entered the system can have significant implications for their resilience. Early experiences of adversity or instability may differ from those who entered care at a later age, potentially influencing their resilience levels.
- *Number of Placement Moves:* The number of times care leavers moved between placements can impact their sense of stability and attachment to caregivers. Investigating this variable provides insights into how multiple transitions may affect their ability to adapt and bounce back from adversities.
- *Person to Trust While in Care:* Identifying the significant relationships that care leavers had while in care can highlight the presence of supportive figures who might have contributed to their resilience. Trustworthy individuals within the care environment may play a crucial role in fostering resilience.
- *Length of Time in Care*: The duration of care experience can vary among individuals. Exploring how the length of time spent in the care system relates to resilience can provide valuable information on the potential cumulative effects of care experiences.

After-Care Experience: (Support Worker at Initial Point of Leaving Care, Age When Leaving Care, Person to Trust When Left Care): These items help to measure the

level of support and assistance provided to care leavers during their transition to independent living. They also identify significant relationships and resources available to them during this critical period.

- *Support Worker at Initial Point of Leaving Care:* Investigating the presence of a support worker at the time of leaving care provides insights into the professional assistance available to care leavers during their critical transition into independent living. This variable assesses the level of guidance and resources provided to help them navigate this challenging period.
- *Age When Leaving Care:* The age at which care leavers exit the system can have implications for their resilience and preparedness for independent living. Using this variable allows us to understand whether the timing of leaving care influences their ability to cope with the challenges they may encounter.
- *Person to Trust When Left Care:* Identifying the significant individuals who care leavers trust after leaving the care system sheds light on the presence of support networks in their lives. Trusted individuals may play a vital role in offering emotional support and practical assistance during this critical phase.

Open-Ended Questions: Open-ended questions provide care leavers with the opportunity to express their experiences in their own words, allowing for a deeper understanding of the nuances and complexities of their lives beyond the structured response options. This qualitative data complements the quantitative data obtained from other items, enriching the overall analysis.

Overall, the combination of demographic information, pre-care, in-care, after-care experiences, ensures a comprehensive exploration of the lived experiences of care leavers. These questions were developed as a result of the evidence provided in chapters one and two, relating to the structure of care system and what the lived experience of care leavers looks like as evidenced in *Children Act 1989* and the *Children (Leaving Care) Act 2000,* two-fold with academic literature relating to experiences that have previously been researched. The inclusion of open-ended questions with the quantitative questions relating to in care and after-care

experiences enables a holistic understanding of their journey through the care system and their life beyond it.

To add to the richness of the open-ended questions and to delve more into the understanding the resilience of care leavers for this study, it was important to use consistent questioning during qualitative email interviews. To comprehensively capture participants diverse experiences and perspectives, a set of standard interview questions was developed (see appendix E). By consistently asking each participant the same questions, this study aimed to ensure fairness and objectivity during data collection (Britten, 2006). This allowed the study to make fair comparisons across various care leavers and to identify recurring patterns and themes that contributed to their resilience.

The standardised data collection process afforded every care leaver an equal opportunity to share their story, eliminating the possibility of interviewer bias or interviewer variation (Britten, 2006). Reliability and validity were also achieved by adhering to a consistent questioning format (Britten, 2006). In accordance with the objectives of the study, the email interview questions explored various aspects of the lived experience of the care system.

As the study conducted its analysis of qualitative data, the consistent questioning proved invaluable. As recurring themes and derived meaningful insights were identified that would have been obscured in the absence of this standardised method. The study results achieved a more nuanced understanding of the multifaceted nature of resilience in this vulnerable population by embracing a variety of perspectives and comparing responses from different participants (Britten, 2006). The consistent use of questioning throughout the study strengthened the foundation of the findings and paved the way for significant contributions to the field of care leaver studies.

Measuring Resilience

Regardless of sample size, measuring resilience presents significant challenges (Levine, 2014). One of the primary difficulties lies in precisely defining the phenomenon to be assessed, as existing definitions of resilience lack clear parameters for quantification (Levine, 2014). Moreover, resilience is better understood as a spectrum rather than a simple yes/no concept, making it difficult to establish fixed thresholds *(ibid.)*. Resilience entails a broad spectrum of factors that play a role in fostering positive outcomes and adaptive capabilities in individuals confronting adversity. These factors encompass individual strengths, social support networks and access to resources (Schofield, 2001; Newman and Blackburn, 2002; Newman, 2004; Gilligan, 2008; Gilligan, 2009).

Formal aspects of life, such as membership in a formal organisation, are relatively easy to measure, whereas capturing the interplay of informal social relationships is more complex. Relying solely on formal dimensions may provide limited insight into the true resilience individuals experience. In addition, it is essential to distinguish between individuals and their respective contexts when employing measurement techniques. The combination of factors related to both people and places in a single measurement could lead to erroneous assumptions and obscure crucial details (Levine, 2014). To address these challenges, innovative and context-specific approaches to measuring resilience are essential, as such this research is going to be using qualitative data and analysis techniques to identify the context specific factors associated with resilience in care leavers. By navigating these methodological intricacies thoughtfully, the study aims to contribute valuable insights into understanding and promoting resilience across the care leaver population.

Obtaining reliable and meaningful data for measuring resilience among care leavers can present challenges. Often, resilience research has been predominantly qualitative in nature, relying on subjective interpretations without utilising

statistical measures, which may not offer a comprehensive view of resilience (Schofield, 2001; Driscoll, 2013; Scofield, Larson and Ward, 2016; Sulimani-aidan and Melkman, 2018). On the other hand, quantitative approaches have been hindered by the scarcity of validated tools specifically designed for measuring resilience in looked after children and care leavers (Van Breda, 2017). Although the *Youth Ecological-Resilience Scale* has been previously employed to examine resilience among care leavers, it has been acknowledged by Van Breda (2017) that further validation is necessary to establish its suitability and reliability for use in the Looked after children and care leavers population.

In light of these considerations, this study determined that the *Adult Resilience Measure (ARM-R)* (Resilience Centre, 2019) would be more appropriate for this research. The *ARM-R* has gained popularity in studies focusing on care leavers globally (see Resilience Research Centre, no date) and it has undergone rigorous validation procedures to ensure its validity and reliability (*ibid.*). By utilising a well-established and validated instrument like the *ARM-R*, this study aims to capture a more accurate measure of resilience among care leavers.

Developed as part of an *International Resilience Project* consisting of 14 communities over 11 countries, work within these communities led to the original development of a 58-item index scale *Child and Youth Resilience Measurement (CYRM)* now reduced to a 17-scale item resilience measure adapted for the use on children and adults (*ARM-R*). Each of the items can be measure on either a 3 or 5-point Likert scale. The index scale measures social-ecology resilience that is recognised and used by practitioners and researchers worldwide[10] (see Collin-Vezina *et al.,* 2011; Henderson and Greene, 2014; Baginsky, 2017; Hughes *et al.,* 2018). Prior research has provided popular indicators of reliability and validity for the *RRC-ARM* reporting high reliability and internal consistency (Cronbach's α ranged from .82 to .87) (Liebenberg *et al.,* 2012; Jefferies *et al.,* 2019). Although several instruments have been validated for use across vulnerable groups the *ARM*

[10] To see all the studies that have used the RRC-ARM please see http://cyrm.resilienceresearch.org/properties/

represents one of the few that has been developed using items generated from a diverse framework and investigator panel and validated using different samples (Liebenberg *et al.,* 2012).

To access the reliability of the *ARM* for this study Cronbach α was used, Cronbach α is a way of assessing reliability and consistency by comparing the amount of shared variance or covariance, among the items making up an instrument to the amount of overall variance. As such, the internal consistency Cronbach's alpha score of .92. demonstrates that as the Cronbach α value is above the .8, we can determine the instrument is reliable to be used in this study.

Understanding the Measure

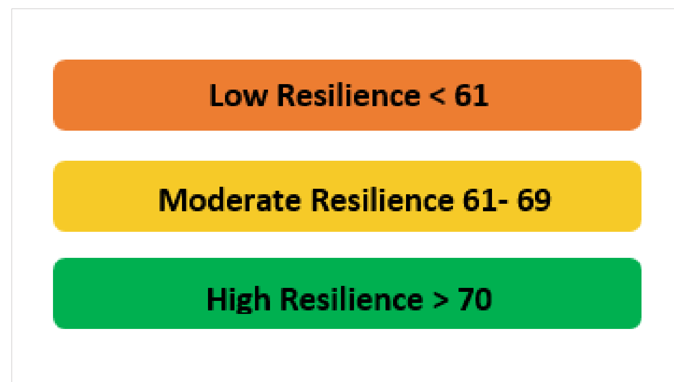
Table 5. Adult Resilience Measure Questions

	ARM-R	Not at all	A little	Somewhat	Quite a bit	A lot
1	I get along with people around me	1	2	3	4	5
2	Getting and improving qualifications or skills is important to me	1	2	3	4	5
3	I know how to behave in different social situations (such as at work, home, or other public places)	1	2	3	4	5
4	My family is supportive towards me	1	2	3	4	5
5	My family knows a lot about me (for example, who my friends are, what I like to do)	1	2	3	4	5
6	If I am hungry, I can usually get enough food to eat	1	2	3	4	5
7	People like to spend time with me	1	2	3	4	5
8	I talk to my family/partner about how I feel (for example, when I am sad or concerned)	1	2	3	4	5
9	I feel supported by my friends	1	2	3	4	5
10	I feel that I belong in my community	1	2	3	4	5
11	My family/partner stands by me when times are hard (for example, when I am ill or in trouble)	1	2	3	4	5
12	My friends care about me when times are hard (for example, when I am ill or in trouble)	1	2	3	4	5
13	I am treated fairly in my community	1	2	3	4	5
14	I have opportunities to show others that I can act responsibly	1	2	3	4	5
15	I feel secure when I am with my family/partner	1	2	3	4	5
16	I have opportunities to apply my abilities in life (like using skills, working at a job, or caring for others)	1	2	3	4	5
17	I like my family's/partner's culture and the way my family celebrates things (like holidays or learning about my culture)	1	2	3	4	5

The items within the measure are summed to gain a total score. Once the total score is created the minimum score is 17 and the maximum score is 85. The higher the score the stronger the resilience.

To add to the interpretation of this resilience measure, the value can be regrouped from an interval measure to a categorical variable so that resilience score thresholds can be better applied to understand resilience scores in this population (Resilience Research Centre, 2019). Figure 5 highlights the derived scores and thresholds that participants can be grouped in.

Figure 5. Threshold values for three groups of Resilience



Measuring Generational Differences

As an integral aspect of this study, great emphasis was placed on ensuring inclusivity of participants regardless of their age. It is of firm belief to the researcher that no matter what age an individual is, their experiences of the care system should be validated and their experiences shall not be dismissed because they are now older than the age required to be in receipt of support from their local authority; they are still have lived experience of the care system and their voice should still be reflected in the wider care leaver community. Recognising the enduring impact of the care system on individuals, the study sought to include participants from all age groups to gain a comprehensive understanding of care experiences and resilience across

different generations. By encompassing a wide age range, the study aimed to capture the diverse perspectives and insights of care leavers, allowing for a more holistic and representative analysis of their journeys beyond the care system. It is worth noting, as we did in Chapter 2, that most previous research, such as Stein's study (2005), is limited because it does not consider the potential legislative impact across generations. This omission may have influenced the outcomes of care experiences and hindered the application of Stein's resilience diamond model (2005) to the current cohort of participants.

To address this concern and mitigate any potential legislative confounding factors, each cohort of participants was assigned a specific legislative context based on their ages at the time of data collection.

Table 6: Generational Cohorts

Generation	Current age	Legislation at time of leaving care
1	between 50 - 70 years	*Children Act 1948*
2	between 37 and 45 years	*Children Act 1989*
3	between17 and 35 years	*Children Leaving Care Act 2000*

Generation 1, comprising participants aged between 50 and 70 years, experienced care prior to the implementation of the *Children Act 1989*. Generation 2, with participants aged between 37 and 45 years, left care after the implementation of the *Children Act 1989* but before the enactment of the *Children (Leaving Care) Act 2000*. Finally, Generation 3, including participants aged between 17 and 35 years, left care after the implementation of the *Children (Leaving Care) Act 2000*.

By explicitly considering and addressing the potential legislative implications for each cohort, this study seeks to offer a more comprehensive understanding of the care experiences of different generations of participants. This approach allows for a

more nuanced analysis of resilience and post-care outcomes, facilitating the examination and interpretation of data within the specific legislative contexts that shaped the care experiences of each cohort.

Analytical Strategies

Quantitative Data Analysis

Following the concurrent triangulation design, the data was collected and then analysed separately. Using an exploratory data analysis (EDA) (Tukey, 1977) approach to the quantitative data, descriptive statistics were generated and explored.

Exploratory Data Analysis

The EDA approach was pioneered by Tukey (1977), challenging the dominance of hypothesis testing or the so-called Frequentist approach. Exploratory data analysis involves the exploration of data to understand its underlying patterns, relationships and distributions. The aim is to uncover insights, by means of identifying interesting features, potential outliers, trends and relationships in the data (Scott Jones and Goldring, 2021). It moves the researcher's focus away from testing to trying to understand the data in a more holistic way. In this research descriptive statistics were generated and explored, at the univariate and bivariate level. By applying both analysis methods, the study was able to identify common themes and variations in the responses of participants, shedding light on prevalent patterns and trends in their experiences.

Descriptive statistics

Descriptive statistics involves summarising and describing the main characteristics of a dataset, providing a concise summary of the data. The premise of this is to allow the researcher to become familiar with the data allowing the researcher to understand the overall patterns and trends within the dataset (Scott Jones and Goldring, 2021). Moreover, this process ensures that the data is cleaned and prepared for further exploration. It is primarily concerned with organising and presenting the data in a meaningful and interpretable manner.

In the context of this study this phase of analysis proved instrumental as it allowed for exploration of the sample demographics and to further check to see if the data is representative of the wider care leaver population (Scott Jones and Goldring, 2021). This was achieved through measures such as central tendency (mean, median, mode), variability (range, standard deviation) and distribution (skewness).

Qualitative Data Analysis

Following Fernandez *et al*., (2017) and Sulimani-Aidan, (2018) research into resilience and care leavers, this study utilised an inductive thematic approach (Braun and Clarke, 2006). Through inductive thematic analysis, themes were allowed to emerge directly from the raw data, without being influenced by existing literature or theoretical frameworks. This approach was deemed particularly relevant for this study, considering the scarcity of research on the topic of care leavers and resilience, particular in a UK context (See appendix D for systematic literature review). Inductive analysis enabled a fresh exploration of the data, allowing for the discovery of new insights and patterns specific to a care leaver population. By adopting this method, the study aimed to provide a comprehensive understanding of the experiences and resilience of care leavers, contributing valuable knowledge to the field. Using Braun and Clarke's (2006) framework for analysing qualitative data, the following will highlight the phases taken to produce the analysis.

Getting to Know the Data

Due to the absence of face-to-face interactions during the data collection process, initial understanding or preconceptions of the potential themes that may emerge were limited. Consequently, the initial phase of the analysis centred on familiarising oneself with the data by delving deeply into its content to gain a comprehensive understanding of its scope and depth. This was achieved through repeated and active reading, actively searching the data for meaningful patterns and connections. This rigorous examination of the data informed the initial stages of the analysis, allowing the researcher to develop a more comprehensive and intricate understanding of the diverse experiences of care leavers. By immersing oneself in the data and actively searching for emerging themes, it was possible to gain a deeper understanding of the dataset's complexities and nuances.

Generating Initial codes

After gaining familiarity with the data, the process of generating initial codes followed, adhering to the principles outlined by Braun and Clarke (2006). This guiding framework provided a structured and systematic approach to identify and categorise meaningful segments within the data. The use of this established method facilitated the organisation and preparation of the data for further analysis, setting the foundation for the subsequent stages of thematic exploration and interpretation.

Different approaches to searching for and coding data were considered, including theoretical thematic analysis, described as a deductive approach (Braun and Clarke, 2012), which involves aligning the data with the overall research question. In this method, the researcher identifies data that fits the research question, generating themes from a top-down perspective (Braun and Clarke, 2006). However, an inductive approach was used, driven primarily by the data rather than the research question(s). This method is more open to exploring and uncovering potential

themes present in the data, regardless of their direct alignment with the specific research question(s) (Braun and Clarke, 2006). The inductive approach is considered a bottom-up process, allowing themes to emerge from the data organically and not influenced by other means.

The choice of employing an inductive approach in this study allowed for a more exploratory and open-ended analysis of the data. It facilitated the discovery of themes and patterns that might not have been apparent if constrained solely by the research question(s). This approach enabled a richer understanding of the experiences and insights of the participants, contributing to a more comprehensive and nuanced analysis of the data.

Table 7. Example of data extract with codes

Data Extract	Codes
Being alone amongst nature sometimes. A couple of caring and supportive residential care workers. An aunt who took a sustained interest in my well-being despite living on another continent. The stability of my main residential placement enabling me to do well at school. (R_1q8rwan3HEOYkiU)	1. Contact with family 2. Supportive residential staff/placement 3. Stability led to education attendance
There were some I'm sure there must have been buy I can't think of any, but it's hard to build on because I never felt I fitted in or belonged in the home or they loved me. So, I never moved so my SW though one placement no issues and never asked properly about anything it was all very cursory. So, I just stayed in this house with people for all that time without fitting in at any level struggling with loneliness, feeling I had no one to talk too. And because they thought things were going so well the SW visits went to 2 or 3 a year, so I had no relationship with the person who I has as a SW as it wasn't even the same SW. (R_27x4tC0CFlw7pGd)	1. Belonging/identity 2. Lack of support from social worker 3. Not expressing what they need or feel 4. Lack of attachment/support 5. Feeling lonely

Having friends, playing out, making choices re new bedroom (new house), doing well at school, dancing, football, playing with siblings. (R_3J4ut7fzNRo9MNU)	1. Friendship and spending time with friends 2. Independence and autonomy over their choices 3. Doing well at school 4. Time spent with family

Whilst it is recognised that there are software packages (e.g., NVivo) available to use to carry out thematic analysis Fernandez *et al*. (2017), it can also be undertaken manually as suggested by Braun and Clarke (2006) in their work on coding. Using Microsoft Word and by highlighting (colour coding) and adding comments to each feature of the responses, the codes were selected based on the statements that participants made, firstly highlighting the broad concept of their statements. This was completed with the whole dataset and it became apparent that the same codes were being generated and themes where emerging.

Searching for Themes

In this phase of the analysis process, the data was systematically coded and collated, resulting in a comprehensive list of different codes identified across the dataset. This phase marked a transition from focusing on individual codes to the exploration of broader themes, aiming to uncover patterns and connections within the data. The researcher embarked on sorting the various codes into potential themes and collecting all relevant coded data extracts under each identified theme.

The objective during this stage was to analyse the codes and investigate how they could combine to form overarching themes that capture the underlying patterns and meanings within the dataset. Through a meticulous examination of the codes, the researcher sought to identify emerging themes that provide a deeper understanding of the research topic.

Through an iterative process of analysis and synthesis, the data was refined and finalised into the identified themes, ensuring they accurately reflected the data and aligned with the research objectives. This phase of analysis facilitated a comprehensive interpretation of the dataset, allowing for more meaningful insights that contribute to the overall understanding of resilience in care leavers.

Figure 6. Recurrent Themes Across the Sample

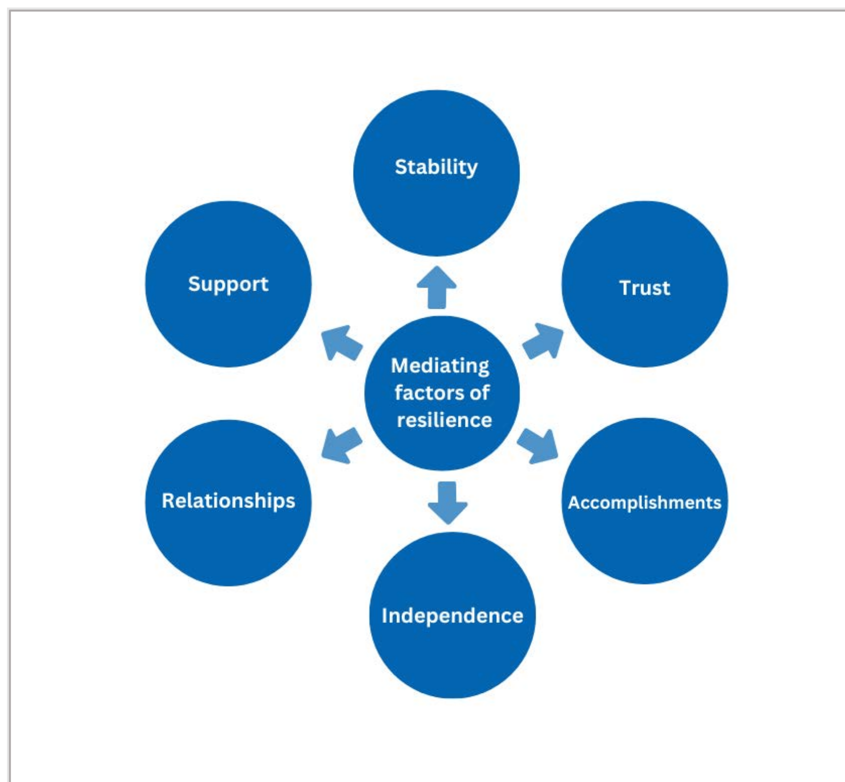


Figure 6 demonstrates the final themes that emerged from thematic analysis. These themes offer important insights into the experiences of the study's participants. Each theme illuminates key factors that contribute to the resilience of care leavers and represents a unique aspect of their journey.

The first theme, Stability, emphasises the significance of a safe and consistent environment throughout their care journey. It encompasses elements such as stable placements, reliable support systems and consistent access to essential resources.

This theme highlights the significant impact stability has on the ability of care leavers to thrive and navigate life after leaving the care system.

Trust emerges as a central theme, highlighting the importance of establishing trustworthy relationships and ties. It includes confidence in carers, professionals and the larger support network. This theme emphasises the significance of trust in shaping the sense of security and belonging among former foster children.

Accomplishment includes a sense of accomplishment, personal development and the attainment of personal objectives. This theme emphasises the significance of educational, professional and personal achievements for care leavers, highlighting their resilience and resolve in overcoming obstacles and achieving success.

Independence depicts the journey of care leavers towards autonomy and self-sufficiency. This theme includes the acquisition of life skills, access to education and employment opportunities and the attainment of financial independence. It emphasises the significance of assisting former foster youth in acquiring the skills and resources necessary to lead independent and fulfilling lives.

Relationships play a pivotal role in the lives of care leavers and constitute a distinct theme in the analysis. This theme emphasises the importance of positive relationships within and beyond the care system. It highlights the importance of nurturing and supportive relationships in promoting the emotional health, identity formation and social connections of care leavers.

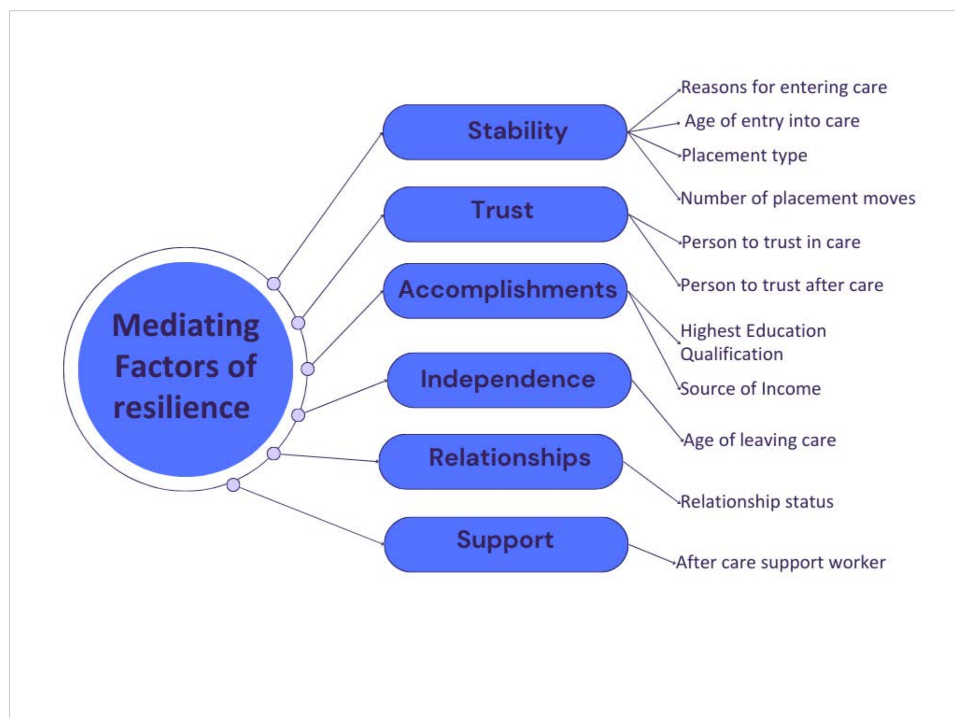
Lastly, the theme of Support emphasises the significance of care leavers having access to comprehensive and ongoing support services that are tailored to their specific needs. This theme includes emotional support, practical assistance and access to specialised services that address the unique challenges care leavers face. It emphasises the importance of support systems in fostering resilience, well-being and successful transitions into adulthood. The identified themes will be thoroughly

explored and analysed in the subsequent chapters dedicated to the analysis and discussion of the findings.

Bringing the Qualitative and Quantitative Data Together for Analysis

As previously highlighted, the qualitative and quantitative data was analysed separately. The findings predominantly emerged from qualitative analysis, with the quantitative data providing valuable support and complementing the qualitative insights. Specifically, the quantitative data served to reinforce and add depth to the themes identified through qualitative analysis. Figure 7 provides a visual representation of how the variables used in the quantitative analysis correspond with the themes identified in the thematic analysis. This figure showcases the relationship between the quantitative data and the qualitative themes, providing a clear and concise overview of how the two aspects of data analysis are interconnected in the analysis chapter.

Figure 7. Variables that align with the qualitative themes



By bringing together the qualitative and quantitative analyses, the study aims to provide a more comprehensive understanding of the research topic. The quantitative data complements the qualitative findings by offering numerical insights and trends that support and reinforce the themes identified in the qualitative analysis. This integration of data sources enriches the overall analysis and contributes to a more nuanced interpretation of the research findings. Moreover, chapters 5 and 6, will adhere to a structured approach outlined in the diagram provided. By following this structured approach, the chapters aim to provide a coherent and logical progression of the analysis and discussion of findings.

Limitations of the Study

The primary limitation of this study is associated with its methodology. Initially, the aim of the study was to conduct a comprehensive statistical analysis of the factors that contribute to resilience in care leavers. However, sample size constraints prevented the required statistical power being achieved for inferential tests (Faul *et al.,* 2007: Faul *et al.,* 2009) limiting the ability to draw statistical significance conclusions from quantitative data alone (Field, 2009). It is important to acknowledge that while this research incorporates elements of both quantitative and qualitative methodologies, it does not strictly adhere to a 'mixed methods' approach as the data has predominately come from one source (questionnaire with embedded qualitative questions) and supplemented with five email-based follow up interviews which were not 'live' (Cresswell, 2014). The study utilised the in-depth qualitative responses from the questionnaire and the follow up email interviews, which provided rich insights into the experiences of care leavers and shaped their resilience. The integration of the questionnaire survey design and follow up email interview questions, theoretical contributions and personal experiences provides a comprehensive understanding of the factors that contribute to resilience.

Secondly, in social research, the connection and closeness established between researchers and participants raise various ethical considerations. Researchers encounter dilemmas regarding privacy respect, fostering genuine and transparent interactions and preventing misinterpretations (Van den Hoonaard, 2002). However, in this study, which was conducted without any face-to-face interaction with participants (due to Covid-19 global pandemic), the associated risks are limited. Despite the absence of direct contact, the nature of this research, involving participants recollecting memories from their time in care, still poses challenges. There is a potential for inaccuracies in participants' recollections due to factors such as memory decay, reconstruction, and selective recollection, which could affect the reliability and validity of the data obtained (Müggenburg, 2021). Furthermore, participants may endure discomfort or emotional distress, especially when recalling sensitive or traumatic experiences. To counteract this, two-fold with the evidence of individuals having better recollection of positive experiences (Grawe, 2004; Talarico et al., 2004) and with the aim of this study using a strength-based approach, the qualitative questions asked to participants were to recollect their positive experiences while in care and when leaving care (see appendix E. for Questionnaire).

However, it is crucial to interpret findings within the context of the data collected. While acknowledging these limitations, this study still derived meaningful insights and interpretations from the data gathered. Additionally, employing appropriate analytical techniques, such as triangulation with quantitative data, helped to enhance the robustness of the findings. Ultimately, the interpretation of findings strived to strike a balance between acknowledging the limitations of retrospective responses and extracting valuable insights that contribute to the advancement of care leaver outcomes.

Concluding Remarks

This chapter has provided a thorough overview of the methodological foundations used to address the aims and objectives of this study's research. Utilising a

concurrent research design that incorporates qualitative with quantitative data provides a thorough investigation into the research topic.

Now that we have established the methods used to address the research questions, the forthcoming chapters will build upon the methodological and research design framework to examine the research findings the results of the analysis will be thoroughly explored in the light of both the data and wider resilience literature.

Chapter 5: Findings

This chapter undertakes a comprehensive analysis, encompassing qualitative with qualitative data, to provide a thorough examination of the subject. The analysis begins by highlighting the sample characteristics and evaluating the sample representativeness. Secondly, this chapter will focus on the qualitative findings derived from thematic analysis, serving as a foundation for the integration of subsequent quantitative data to validate and reinforce the identified themes. These themes, originating from the thematic analysis, establish a framework for the analysis, guiding the exploration of the newly developed STAIRS model. The STAIRS model, developed through this comprehensive analysis, encompasses the pivotal themes of Stability, Trust, Achievements, Independence, Relationships and Support, all of which have been identified to be factors associated with participants who have increased levels of resilience. Each sub-section of the second part of this chapter delves deeper into these themes.

Furthermore, this analysis recognises the importance of historical context in understanding the broader landscape of the care system. Building upon the insights gained in previous chapters, key policies, legislative developments and societal attitudes are explored to illuminate historical patterns that have impacted different generations of care leavers. By integrating historical perspectives, this analysis strengthens and validates the findings, providing a nuanced understanding of the subject matter.

Sample Characteristics

This section focuses on the core demographic variables of gender, age, ethnicity and education qualification while evaluating the representativeness of the sample. By comparing these variables against national data collected by the Department for Education (2021), this study seeks to ascertain the extent to which the selected

sample of care leavers represents the broader care leaver population. By investigating representativeness, this research can provide a robust foundation for drawing informed conclusions (Zhao, 2021) and offering meaningful insights into the experiences and resilience outcomes of care leavers.

Gender by Age Groups

Table 8. Percentages by Age Groups and Gender

Gender	Age Groups percentage *(n)*			
	17 – 21	**22 – 25**	**26+**	**Total**
Male	23.8*(5)*	21.4*(6)*	28.3*(15)*	26
Female	76.2*(16)*	78.6*(22)*	71.7*(38)*	76
Total	21	28	53	102

Of a total 102 participants, 71.7% (*n*76) are female, 25.5% (*n*27) are male, while 2.8% (*n3*) of participants stated their gender identity as 'other'. Among the male participants, 23.8% (*n*5) fall into the 17-21 age group, while a larger 76.2% (*n*16) of female participants fall into the 17-21 age group.

The table indicates that most participants are female (74.5%), with a higher representation in all age groups. The largest gender difference is observed in the 17-21 age group. As comparisons can only be made to those aged between 17 and 21 as this is the only national data that is collected by the DfE, the data demonstrates that the gender ratio in this study is not representative of the wider care leaver population aged between 17 to 21. Whereby 62% of the wider care leaver population are males (Department for Education, 2021). Therefore, we can assume that there will be potential gender bias in the sample when comparing to resilience.

Table 9. Percentage by Gender and Resilience

Resilience	Gender *(n)*		
	Male	**Female**	**Total**
Low	*70.8(17)*	*54.3(38)*	55
Moderate	*16.7(4)*	*20.0(14)*	18
High	12.5(3)	25.7(18)	21
Total	24	70	94

Of a total 94 participants, In the low resilience category 70.8% (*n*17) are male, 54.3% (*n*38) are female. For moderate resilience the male participants decline at 16.7% (n4), while females account for 20.0% (n14). The decline continues for males in the high resilience category, where 12.3% (*n*3) are male and 25.7% (*n*18) are female. These findings highlight a larger representation of females in the study, which could potentially lead to gender bias when interpreting resilience levels, meaning that caution must be taken when interpreting the result.

Ethnicity

Figure 8. Pie Chart for Ethnicity (2-groups)

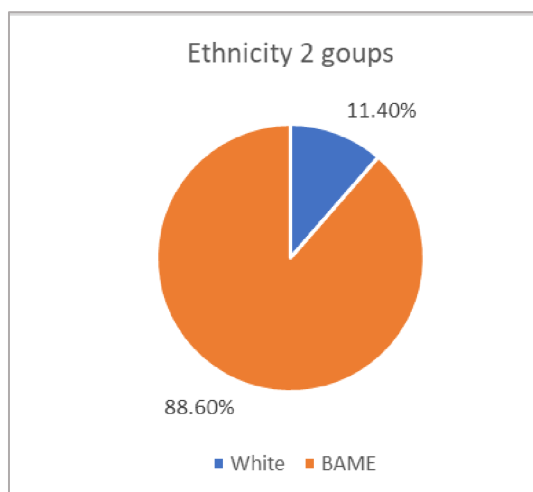
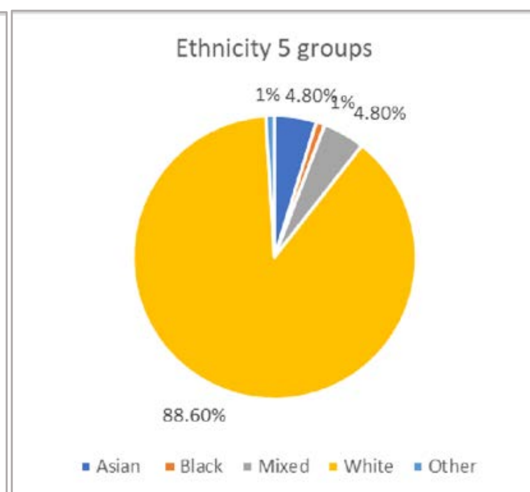


Figure 9. Pie Chart for Ethnicity (5-groups)



When asked to identify their ethnic background, 88.7% (*n*94) identified themselves as white. Both Mixed and Asian ethnic participants equally make up 4.7% (*n*5) in each of the two categories. Similarly, those that are Black or stated 'other', equally make up 0.9% (*n*1) of the sample in each of the two categories.

To gain a better understanding of the differences between ethnic groups in the study, the minoritized ethnic groups were recoded into two categories: white and BAME (Black and Minority Ethnic). As a result of the recoding, the BAME categories make up 11.4% (*n*12) of the sample, including those who identified as Asian, Black and other. Although the sampling for ethnicity is not equally distributed, when looking at the latest statistics held on children in care (Department for Education, 2021); those from a white ethnic background makeup 75% of children in care, with Asian or Black British making up 11% of children in care. Therefore, it can be suggested that this study representative of the UK care leaver population.

Highest Education Qualification

Table 10. Highest Education Qualification

Qualification	**Percentage *(n)***
Doctor of Philosophy	5.7*(6)*
Masters (MSc, MA, PGCE)	15.2*(16)*
Degree with Honours	24.8*(26)*
Diploma of Higher Education	14.3*(15)*
A-Level or Equivalent	13.3*(14)*
GCSE or Equivalent	21.0*(22)*
No qualifications	4.8*(5)*
Total	**104**

The largest portion of participants comprising 24.8% (*n*26), hold a degree with honours. This qualification represents the successful completion of an undergraduate programme with high academic performance. 15.2% (*n*16) have obtained a master's degree, encompassing various disciplines such as Science (MSc), Arts (MA) and Postgraduate Certificate in Education (PGCE). This indicates a

significant proportion of participants with post compulsory education. A small percentage of 4.8% (*n*5), reported having no formal qualifications. Lastly, 5.7% (*n*6) of participants have successfully completed a Doctor of Philosophy (PhD) degree, indicating a noteworthy attainment of academic excellence and expertise. It is worth noting that the representation of PhD holders in this study is comparatively higher than the national figures in the UK, where only 2% of the population currently possess a PhD (OECD, 2021).

Besides the data collected for this study, the national data collected on care leavers comes from the Department for Education (DfE) and they group education into 'education below higher education', 'higher education' and 'not in education'. It was decided to recode this variable into these three groups to check how representative this data is. However, it must be noted that the DfE only report data on those aged between 17 and 21 years and their current activity, not reporting their highest education qualification. However, comparisons were made assuming those will complete the education reported, firstly for those aged between 17 and 21, by current activity and again for all ages of participants in this study.

Table 11. Education Qualifications - Comparisons by DfE

Qualification	This Study age 17-21	DfE – age 17-21	This study – all ages 17-70
Higher Education	*20.8%*	*10.0%*	*60%*
Below Higher Education	*70.8%*	*70.0%*	*35.2%*

Source: Department for Education, 2021

For the data collected for this research on educational qualifications, 20.8% (*n*5) of participants have Higher education qualifications (BA/BSC equivalent or above). A further, 70.8% (*n*17) below higher education qualifications (Diploma/GCSE/A-Levels). Meanwhile, a smaller 8.3% (*n*2) of participants have no qualifications.

The current statistics reported by the DfE on care leavers aged between 17 and 21 years by their current activity, suggests that 10% are in Higher Education, with a higher 70% in education below higher education, this study's data is somewhat representative of the data reported by the DfE for those aged between 17 to 21 years.

When looking at the percentages for this study for those aged between 17 to 70 years; 60% of the participants have a higher education qualification, suggesting that care leavers enter higher education at a later age than their peers (Harrison, 2019). Moreover, it is reported by the DfE that the activity of 12% of care leavers aged between 17 – 21 years is not known (Department for Education, 2021). As comparisons cannot be made to the wider population of care leavers above the age of 21 years, we must remain cautious with the quantitative results.

Resilience – Adult Resilience Measure

Table 12. Adult Resilience Measure Result on Sample

		Adult Resilience Measure - Total Score
Mean		57.91
Median		58.00
Mode		39
Std. Deviation		13.536
Range		62
Minimum		23
Maximum		85
Percentiles	*25*	47.50
	50	58.00
	75	67.50
Total N		97

The *ARM* table presents key descriptive statistics for the resilience scores of the participants. The mean score of 57.91 indicates the average level of resilience among the participants, with a median score of 58.00 representing the middle value in the

dataset. The most common resilience score amongst participants is 39. The standard deviation of 13.536 reflects the extent of variability in the scores, indicating some diversity in resilience levels. The range of 62 indicates the spread of scores from the lowest at 23 to the highest at 85. The Quartiles demonstrate that 25% of the sample has a resilience score less than 47.50, 50% of the sample has resilience score less than 58.00 and 75% of the sample had less than 67.50 resilience score, with a total sample size of 97.

Figure 10. Histogram for Adult Resilience Measure

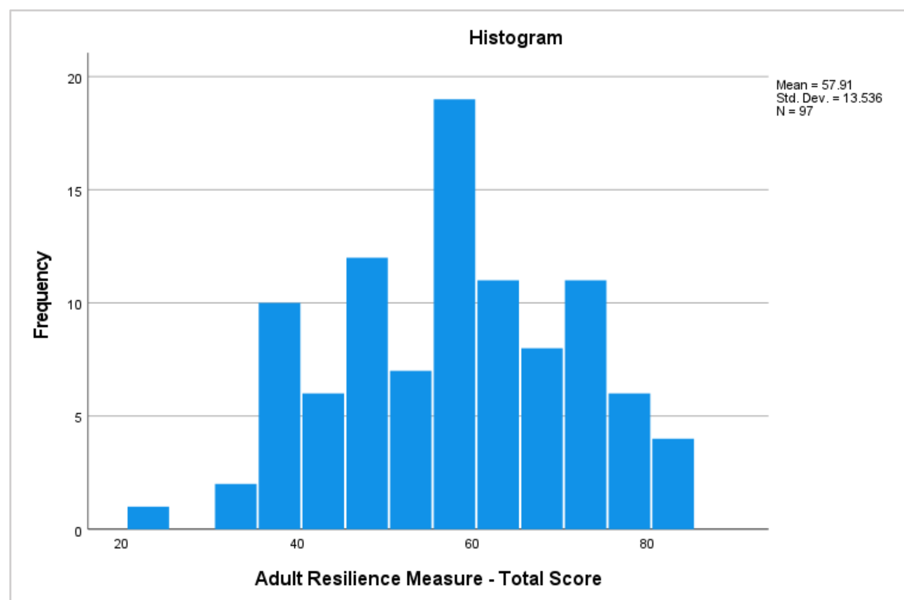
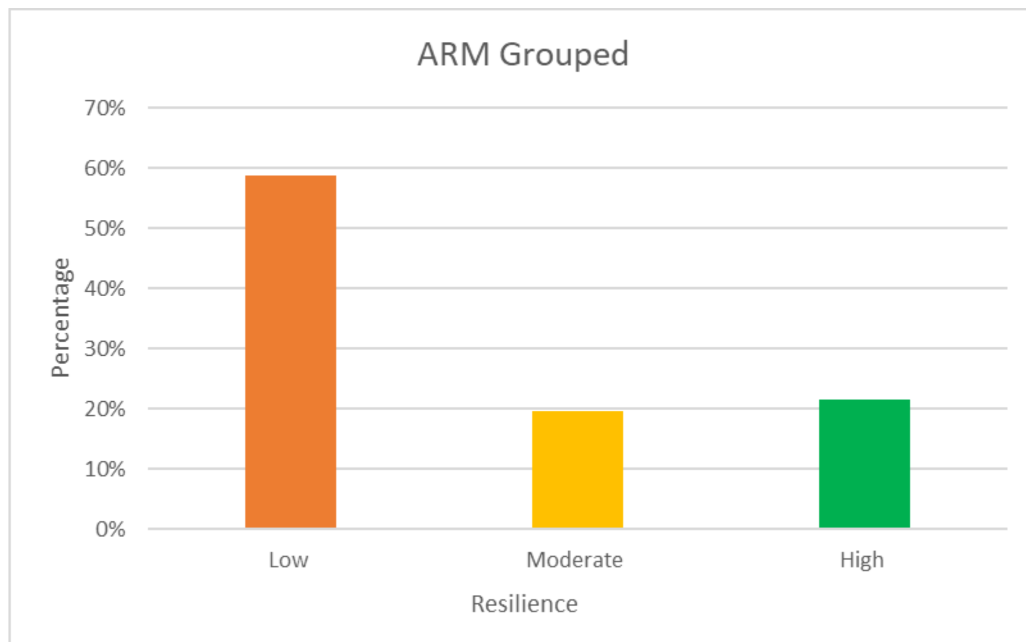


Figure 10 demonstrates an approximately normal distribution of resilience as demonstrated with the similar mean and median values (Mean 57.91: Median 58.00). Based on these boundaries and the mean value (57.91) it can be suggested that the average level of resilience across participants is at a low level. To gain a more in depth understanding of participants by the resilience threshold, Figure 11 highlights participants' resilience score using the grouped (categorical) variable.

Figure 11. Bar chart of Resilience Level by Groups



The figure presents the distribution of resilience scores among the participants. More than half of the participants, accounting for 58.8% (*n*57), demonstrate low resilience scores. A smaller percentage, 19.6% (*n*19), have moderate resilience scores. Additionally, 21.6% (*n*21) of participants have high resilience scores. Overall, the data indicates a range of resilience levels among the participants, with the majority falling in the low resilience category.

The STAIRS Model

This section presents the qualitative findings from thematic analysis, which form the basis for integrating quantitative data to validate the identified themes from the qualitative data. These themes create a framework for exploring the newly developed STAIRS model as identified in the analysis below. The STAIRS model, encompassing Stability, Trust, Achievements, Independence, Relationships, and Support, highlights key factors associated with increased resilience among participants. The following analysis will individually evaluate each of the themes identified.

S is for Stability

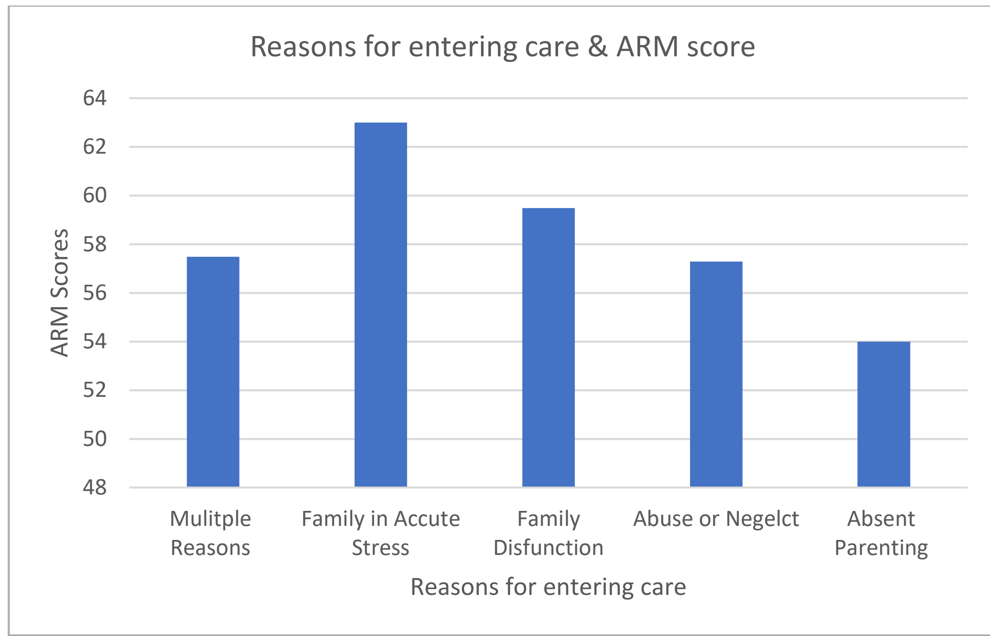
Being placed in care initially can have a significant impact on stability for children and young people. The transition into the care system represents a major change in their lives and the level of stability they experience in their unfamiliar environment can vary. For some children, entering care provides them with a newfound sense of stability and security they may not have experienced prior to placement.

> *"My foster carer makes me feel safe and part of the family. I have always been included in holidays and celebrations. I always feel listened to and valued. Without her support I would not be at university now she has helped me to believe in myself and that I am worthy*."
>
> Hannah, aged 18, 3rd generation.

The care system, with its structured and regulated approach, aims to provide a stable and supportive environment for children who have faced adverse circumstances (Family Rights Group, 2022). These children may find stability through the provision of necessities such as a safe and stable home, regular meals, access to education and consistent care from foster families or residential carers. This newfound stability can be crucial in addressing the challenges they faced before entering care and supporting their overall well-being. However, it is important to acknowledge not all children and young people entering care experience immediate stability. The circumstances that necessitate their placement, such as family dysfunction, abuse,

neglect or acute stress, can result in profound disruptions and instability in the lives of these children and young people.

Figure 12. Bar Chart for Reason of Entering Care by Mean Resilience Score



Participants who entered care due to family being in acute stress showed moderate resilience (63.00) compared to other reasons. Whereby, those who entered care for reasons of family dysfunction (59.49) abuse or neglect (57.28), absent parenting (54.00) all demonstrated low resilience. Overall, when considering the average score for resilience across all reasons for entering care, the *ARM* mean is 57.49, with a range of 23 to 85.

Acute stress within the family setting has been recognised as a potential catalyst for resilience growth in children, as it prompts the acquisition of effective coping mechanisms in response to hardship (Masten and Narayan, 2012). On the other hand, family dysfunction, characterised by inconsistent or ineffective parenting, conflict or dysfunctional relationships, can hinder children's resilience development and impact their overall well-being (Bowlby, 1988; Masten *et al.,* 1999). Research suggests children who experience abuse or neglect may face challenges in developing adaptive coping strategies, leading to lower resilience scores (Cicchetti, 2013;

Masten, 2014). These adverse experiences can have enduring effects on children's resilience. Similarly, absent parenting, which involves the absence or lack of consistent caregiving, disrupts children's peer relationships and hampers the development of their resilience, limiting opportunities for them to acquire skills and resources associated with resilience (Sroufe *et al.,* 2009).

These findings emphasise the importance of understanding and addressing these factors to promote resilience in children facing adversity. They also emphasise the significant influence of family-related factors on children's resilience.

"The fact I was taken into care was positive in itself as I had been returned home initially and wasn't happy about this."

Alexandra, aged 29, 3rd generation.

Alexandra aged twenty-nine, entered care aged thirteen, for reasons of family dysfunction; she had three placement moves during her time in care, all being in a foster family environment and is a 3rd generation care leaver. She also highlighted she had a person to trust both while in care and leaving care and she had a support worker at the initial point of leaving care. Alexandra has completed a degree in higher education and demonstrated a moderate level of resilience on the ARM, scoring sixty-one.

Her response to entering care is described it as a positive outcome, emphasising she was not initially happy when she was returned home prior to entering care. This response suggests the care leaver recognised the importance and value of being taken into care as a preferable alternative to her previous living situation. By expressing dissatisfaction with being returned home, she implies her home environment was not favourable to her well-being or provided the necessary stability and support. This response reflects the significance of stability in the care system (SCIE, 2004). Indicating, that entering care offered her a chance to escape an

unsatisfactory or potentially harmful living situation and providing her with a more stable and supportive environment.

> *"I was moved from an abusive situation to a non-abusive situation. That was a positive, lifesaving move. Though the placement still was not great, it was much better."*
>
> Jessica, aged 29, 3rd generation.

Jessica aged twenty-nine, a 3rd generation care leaver. She entered care aged two, due to all four reasons, abuse and neglect, absent parenting, family dysfunction and family in acute stress. She left care aged eighteen and during the sixteen years she was in care she had a total of five placement moves, all in a foster family setting. She did not have a person to trust while in care and leaving care, nor did she have a support worker at the initial point of leaving care. She demonstrated a low level of resilience on the ARM, scoring forty-four.

Despite their differing experiences within the care system, both Alexandra and Jessica's qualitative responses highlight the significance of stability in their lives, by expressing what their positive of experience of being in care was. Alexandra emphasises the positive aspect of being taken into care, as it provided her with an alternative to an unsatisfactory home environment. Although her placements may not have been perfect, they were an improvement, indicating the importance of stability. On the other hand, Jessica acknowledges the life-saving nature of her move from an abusive situation to a non-abusive placement. This suggests stability, even if not optimal, had a significant positive impact on her.

Both participants illustrate stability within the care system plays a crucial role in improving the lives of care leavers. Despite the presence of stability in their placements, which enables them to escape harmful environments and experience a safer and more supportive setting, the outcomes in terms of resilience vary

significantly. Given the differing experience for Jessica, it is evident there are other factors of the care system that could have had an impact on her building resilience as a care leaver. Factors such as, the age of entering care (Become, no date), the length of time in care, the number of placements moves while in care as well as the type of foster placement accommodation, all impacting stability (Strijbosch *et al.,* 2015), as evident in the experiences of both Jessica and Alexandra's summaries previously highlighted.

When looking at the quantitative data and comparing the age of entering care with resilience, individuals who enter care at an older age between 13 to 18 years have higher resilience scores than looked after children younger than 13 years.

Figure 13. Bar Chart for Age at Entry of Care by Mean Resilience Score

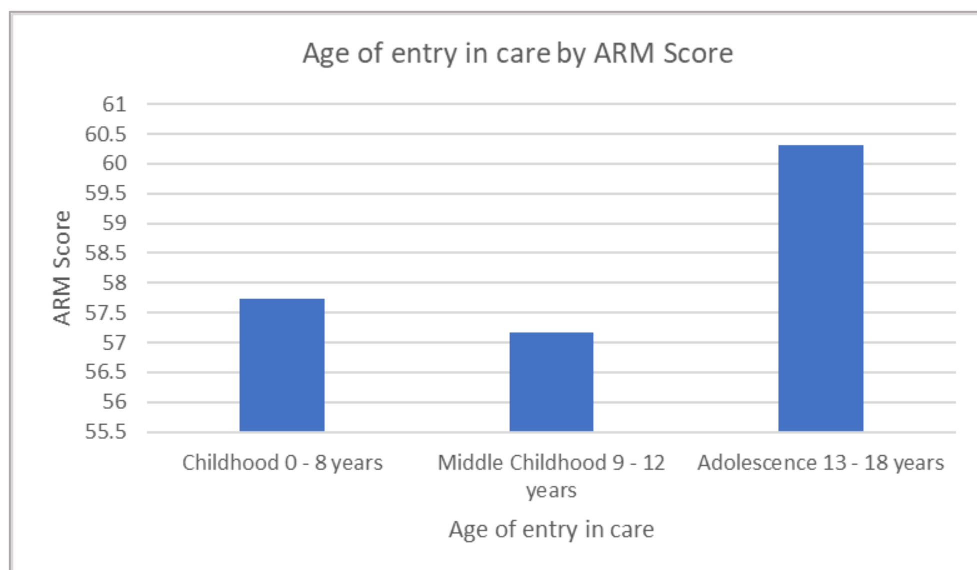


Figure 13 shows a gradual increase in resilience as the age respondents were in care increases. Specifically, those aged between 0 and 8 had a mean score of 56.74, whilst 9 and 12 years had a score of 57.16 and 13 to 18 years had the highest score of 60.31. Mastel *et al.* (2005) discuss the impact of pre-care stability, establishing trust, routines and constant caregiving being explanations as to why resilience increases for those entering care older.

Older children who enter care are considered to experience much higher levels of instability in care compared to younger children (Children's Commissioner, 2019),

that can affect resilience. However, research has shown separating a child from her/his parents can have long lasting emotional and psychological effects, from the trauma of the removal itself (Trivedi, 2019). However, due to attachment created with biological parent/s regardless of the reason for entering care, some children will be affected by the broken bond they had with parents. Those who tend to be older and entering care are more likely to be able to pinpoint when things started going wrong at home and have more awareness and understandings for being placed in care (Children's Commissioner 2021). Even though the overall situation was difficult, they may have had the chance to create trusting relationships, establish routines and engage in consistent caregiving. Because they had a stable foundation to build their coping mechanisms and adapt to new circumstances, their pre-care stability may have contributed to their higher resilience scores (Masten *et al.,* 2005).

The pre-care lives of younger children may have been less stable than those of older children who enter care at an early age. Their sense of stability may have been undermined and the growth of resilience hampered by disruptions, inconsistent caregiving or even abuse and neglect. For younger children, the lack of early stability may present additional challenges as they develop their resilience (Masten and Narayan, 2012). These findings highlight the importance of considering the pre-care experiences and age of children entering care when assessing their resilience levels and designing appropriate support systems.

> *"Being placed with my last foster Carer, who I stayed with for over 9 years and call her Nanna."*
>
> Georgia, aged 24, 3rd generation.

Georgia, aged 24, entered care aged 10, she stated other reasons for entering care but highlighted it was for reasons of violence. While she was in care, she had one placement only and this was in a foster family environment. She left care aged nineteen and is also a 3rd generation care leaver. She had a person to trust both while in care and leaving care and she had a support worker at the initial point of leaving care. Georgia has completed a degree in higher education and demonstrated a high level of resilience on the ARM scoring eighty-one.

Georgia's experience of entering care at the age of ten highlights the potential benefits of entering care during middle childhood in comparison to early childhood. This period of development is characterised by increased cognitive abilities and the capacity to form meaningful relationships (Carr, 2017). By entering care at this age, Georgia is more likely to have had the opportunity to establish a stable and nurturing placement with her foster carer, whom she considers family. Also, the long-term nature of this placement suggests she had a higher level of stability and consistency (Schofield, 2002).

In contrast, Alexandra entered care at the age of thirteen and Jessica entered care at the age of two. These differing ages of entry may have influenced their experiences of stability within the care system. Alexandra and Jessica had multiple placements moves during their time in care, indicating a higher level of instability and disruption in their living environments. These frequent changes may have affected their sense of security, attachment and overall well-being, influencing their overall resilience.

The age at which individuals enter care can significantly impact the ability to form stable relationships, adapt to new environments and develop a sense of belonging (Jones *et al.,* 2011). Younger children, like Jessica, may experience challenges in building stable attachments due to her limited cognitive and emotional capacities.

Adolescents, like Alexandra, may face difficulties adjusting to new environments and establishing trust with caregivers.

Therefore, both Alexandra and Georgia's experience of entering care after childhood stands out as a potential contributing factor to resilience. Suggesting, entering care at an age when individuals have greater cognitive and emotional capacities may enhance their ability to form stable relationships and benefit from a more consistent and supportive caregiving environment. This highlights the importance of considering the age of entry into care when assessing the impact of stability on the outcomes of individuals in the care system.

However, there is one anomaly that potentially effects the previous assumption on the age of entry into care and the resilience outcomes, being the participants age at the point of measuring their resilience.

"The stability of my main residential placement enabling me to do well at school."

Jason, aged 56, 1st generation.

Jason aged fifty-six, who entered care aged 3 years and left care pre-1989 being a 1st generation care leaver. His time in care was spent in a residential setting consisting of four moves. He spent a total of 15 years in care and did not have a support worker to aid his transition out of care, nor did he have a person to trust while in care or leaving care. His highest level of education is a Post graduate degree (Doctorate) and he falls in the moderate resilience threshold, scoring sixty-one.

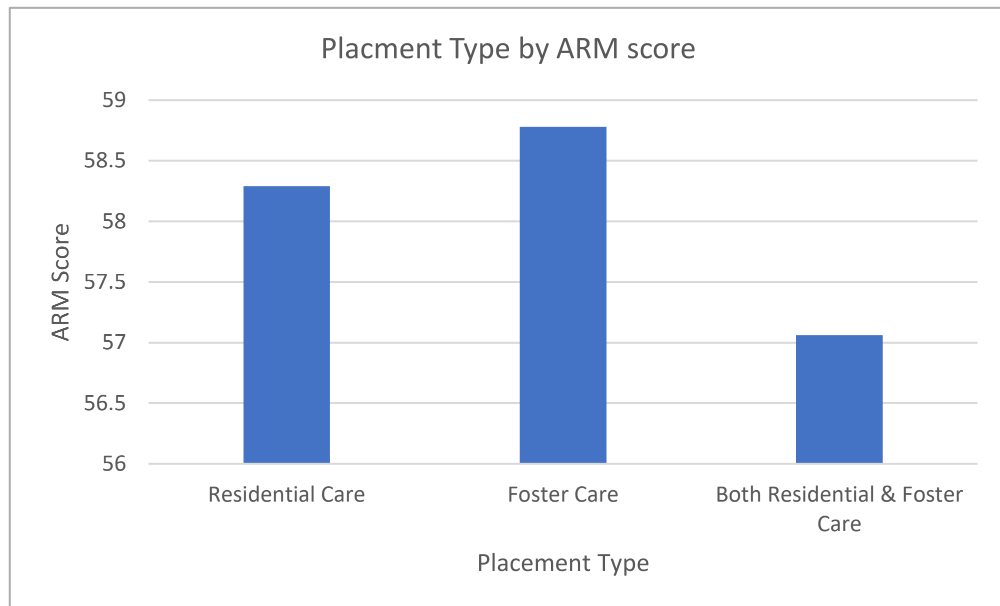
In terms of age of entry into care, of which Jason entered aged 3 years, like that of Jessica (aged 2) and left care prior to 1989 (1st generation care leaver). Their resilience scores are different, with Jason having a moderate level of resilience and Jessica having a low level of resilience. While it is evident stability played a significant

role in his outcomes, specifically highlighting this in his response. Jason's current age and his accumulated life experiences may have contributed to his ability to build resilience. Life experience that could be influence by availability of social support networks, integration and social connectedness, twofold with the possibility of internal protective factors such as, wisdom, reminiscence and self-esteem (Centre for Policy on Ageing, 2014; Windsor *et al.,* 2015; Eatough, 2022).

However, his contribution to this research has demonstrated that consistent and stable environment provided by his main residential placement allowed him to thrive academically and achieve success in his education. This highlights the importance of stability in Jason's life, as it provided him with a supportive foundation that positively influenced his educational journey.

In comparison to Jessica, Alexandra and Georgia, other than his age, Jason's experience of stability in his main residential placement sets him apart. Despite experiencing multiple moves within the residential setting, the overall stability of his primary placement had a positive impact on his development. The lengthy duration of his time in care, along with the absence of a support worker or a trusted person, suggests his stability primarily stemmed from the stability within his one type of placement setting - residential care, rather than experiencing both residential care and foster care.

Figure 14. Bar Chart of Type of Placement by Mean Resilience Score



Of ninety-eight participants, 41.8% (*n*41) of the sample have resided in foster care only, while 16.3% (*n*16) have resided in residential care only. 31.6% (*n*31) have resided in both foster care and residential care. When comparing this characteristic in relation to the mean resilience score for individuals who have been in residential care, the score on the *ARM* scale is 58.29. The mean resilience score for individuals who have been in foster care is 58.78. The mean resilience score for individuals who have experienced both residential and foster care is 57.06. This indicates, individuals who have been placed in foster care exhibit slightly higher levels of resilience according to the *ARM* assessment when compared to residential care. Moreover, individuals with a combination of residential and foster care placements tend to have slightly lower resilience scores this could also be influenced by placement moves. However, *ARM* score for all placement types all falls in the low category.

The impact of placement type, whether it be foster care or residential care, have been recognised as a crucial factor influencing resilience outcomes among looked after children. The type of placement can significantly shape a child's experiences, relationships and overall well-being during their time in care. The differences in these placement types can have implications for resilience outcomes, as the quality of

relationships, availability of emotional support and opportunities for personal growth and self-advocacy may vary and is all an extension of stability in the care system. Understanding the impact of placement type is crucial in developing effective strategies to support the resilience and well-being of children and young people in care.

"My Foster Carers really cared and treated me like their own."

Harry, aged 20, 3rd generation.

When asking the Harry again in the questionnaire what his positive experience was like when he 'left' care the response given was;

"My Foster Carers support me."

Harry, aged 20, 3rd generation.

Harry aged twenty, entered care aged 8, for reasons of abuse and neglect, he had three placement moves during his time in care, all being in a foster family environment and is a 3rd generation care leaver. He also highlighted he had a person to trust both while in care and leaving care and he had a support worker at the initial point of leaving care. Harry has a higher education qualification and demonstrates a moderate level of resilience on the ARM, scoring sixty-seven.

The qualitative responses provided by Harry in the questionnaire, highlight the positive impact his foster care placement had on him. Harry expresses appreciation for his foster carers, emphasising the genuine care they had for him, treating him as part of their family. This suggests, the foster care environment provided him with a sense of belonging, support and care, contributing to his overall well-being and resilience.

Additionally, when asked about his experience upon leaving care in the questionnaire, Harry again emphasises the support he received from his foster carers. This suggests, the support extended beyond his time in care continued to aid

his transition into independent adulthood. The presence of ongoing support from his foster carers likely provided him with stability and guidance during this critical period of transition. Harry's moderate level of resilience, as indicated by his resilience score, further supports the notion that foster care placement played a positive role in his development. The combination of emotional support, a nurturing environment and ongoing care from his foster carers likely contributed to his ability to cope with challenges and adapt to various life circumstances. Overall, Harry's qualitative responses highlight the significance of foster care placement in fostering resilience, coinciding with the quantitative results from figure 14. The supportive and caring nature of his foster carers and the continued support he received upon leaving care likely contributed to his ability to navigate the transition to adulthood and demonstrate a moderate level of resilience.

Figure 15. Bar Chart for Placement Type by Number of Placement Moves

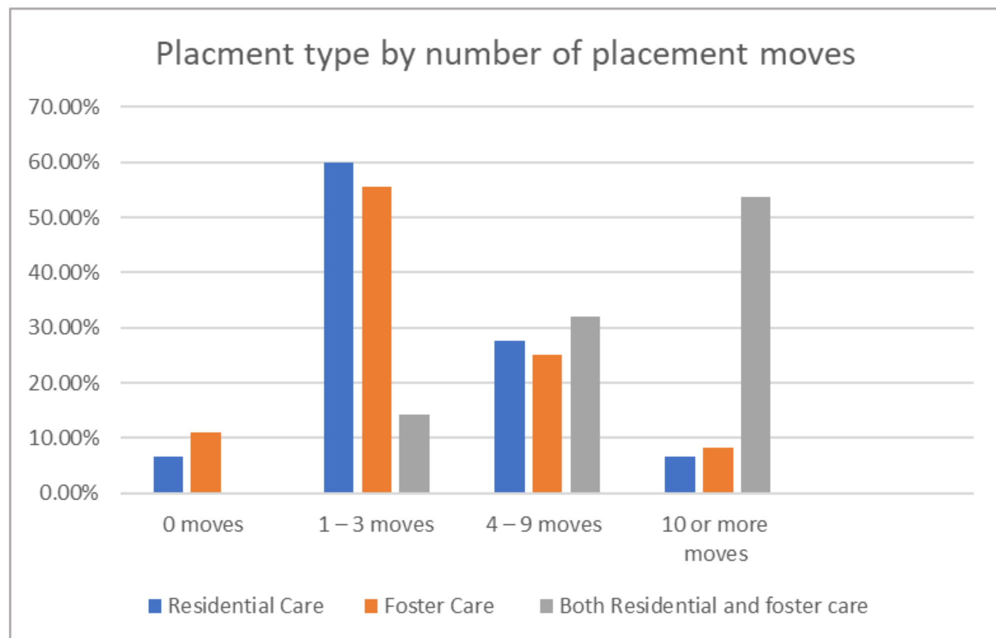


Figure 15 summarises the percentage distribution of placement moves for participants in three care settings: Residential Care, Foster Care and Both Residential and Foster Care. In residential care, 6.70% (*n*1) of have not moved placements, 60% (*n*9) have moved between 1 to 3 times, 27.70% (*n*4) have moved 4 to 9 times and

6.70% *(n*1) have moved 10 or more times. For Foster Care, 11.10% (*n*3) have not moved, 55.60% (*n*20) have moved 1 to 3 times, 25% (*n*9) have moved 4 to 9 times and 8.30% (*n*3) have moved 10 or more times. In both residential and foster care, 0% (*n*0) have not moved, 14.30% (*n*4) have moved 1 to 3 times, 32.10% (*n*9) have moved 4 to 9 times and a significant 53.60% (*n*15) have moved 10 or more times.

"My foster parents were absolute gold - and are now grandparents to my kids. My fondest memory is having them at the top table at my wedding."

John, aged 33, 3rd generation.

John aged thirty-three, entered care aged thirteen, for reasons of abuse and neglect, he had two placement moves during his time in care, all being in a foster family environment and is a 3rd generation care leaver. He also highlighted he had a person to trust both while in care and leaving care and he had a support worker at the initial point of leaving care. John has a higher education qualification and demonstrates a high level of resilience on the ARM, scoring eighty-two.

John's quote reflects the significance of stability in his care experience. He describes his foster parents as 'absolute gold' and emphasises how they are now grandparents to his own children. This indicates a long-lasting and nurturing relationship that he has endured beyond his time in care. Having his foster parents present at the top table at his wedding is a fond memory for John, highlighting the deep bond and sense of belonging he experienced with them. The presence of stable and supportive foster parents in John's life played a crucial role in providing him with a secure and nurturing environment. This stability may have contributed to his positive overall care experience and fostered his resilience. Having consistent and caring adults in his life during his time in care provided him with the necessary emotional support, guidance and sense of belonging, helping him develop and thrive.

"Care allowed me to have a sense of what "family" looked like. The experience gave me the chance to access levels of education that I would, should I have been at home."

Jermaine, aged 24, 3rd generation.

Jermaine aged twenty-four, entered care aged 8 years and is a 3rd generation care leaver. He entered care for multiple reasons, abuse and neglect, absent parenting and family dysfunction. His time in care was spent in a foster care setting where he remained for eleven years with the same family. He highlighted he did have a person to trust both while in care and leaving care and had a support worker to aid his transition out of care. His highest level of education is a Postgraduate degree (Doctorate) and he falls in the moderate resilience threshold, scoring sixty-six.

Jermaine's perspective sheds light on two significant aspects of his care experience. Firstly, his time in care provided him with a stable and nurturing environment, resembling a family setting, allowing him to develop a sense of what a supportive family looks like. This stability was facilitated by the presence of a consistent foster family or caregiver who provided him with the emotional support he needed. This supportive family dynamic positively impacted Jermaine's emotional well-being and overall development. Secondly, being in care also granted Jermaine access to educational opportunities that may have been inaccessible to him in his original family situation. The stability provided by his care placement allowed him to focus on his education and experience continuity in his learning. This conducive educational environment fostered his academic growth. In summary, Jermaine's quote highlights how stability in his care experience, both in terms of a supportive family-like environment and access to education, played a crucial role in positively shaping his development. It provided him with a sense of family and enabled him to access educational resources that may have been limited or unavailable in his original home environment.

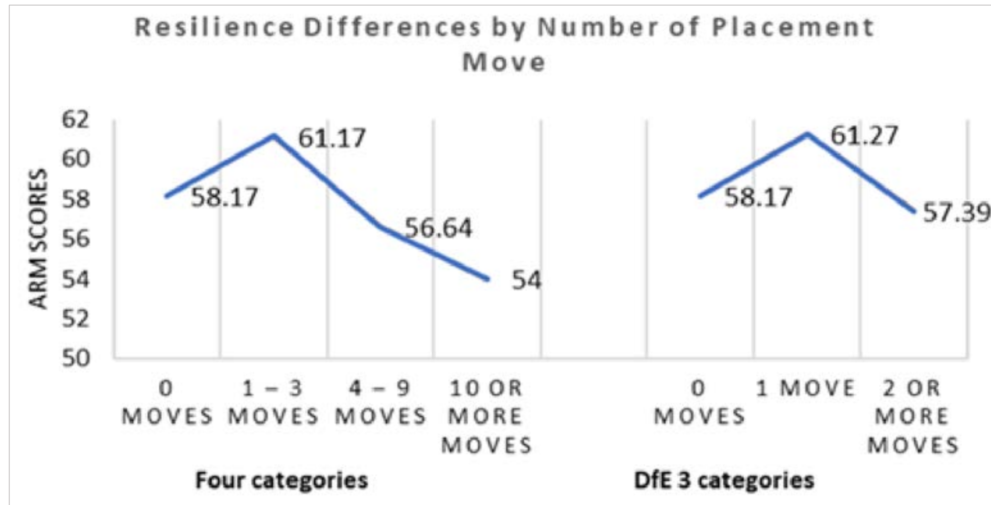
The main difference between John and Jermaine's experiences in care lies in their age of entry into care, the reasons for entering care and the number of placements moves they had. John entered care at the age of thirteen, while Jermaine entered care at the age of eight. This age difference suggests, John had a longer period spent in his original family environment before entering care, potentially experiencing more significant and prolonged adverse experiences compared to Jermaine. In terms of reasons for entering care, John's entry was prompted by abuse or neglect, while Jermaine's entry was due to multiple reasons including abuse or neglect, absent parenting and family dysfunction. Although both experienced challenging family circumstances, the specific factors contributing to their entry into care may have varied, impacting their overall care experiences.

Another notable difference is the number of placements moves each participant had. John had two placement moves during his time in care, both in a foster family environment, indicating a relatively stable care trajectory. On the other hand, Jermaine remained with the same foster family for eleven years, suggesting a high level of stability and continuity in his placement. Both participants mentioned having a person to trust and a support worker during their care and transition out of care, indicating the presence of supportive relationships in their lives. However, it is important to note that the duration and nature of these relationships may have differed between the two participants. Regarding educational attainment and resilience, John has a higher education qualification and demonstrates a high level of resilience, scoring eighty-two on the *ARM*. In contrast, Jermaine has higher education qualifications including a postgraduate degree and falls within the moderate resilience threshold, scoring sixty-six. However, they both demonstrate better than average resilience scores from the total sample and share the experience of foster care placement types with more stable experience of care compared to participants with lower level of resilience on the *ARM* measure.

As evident in the previous participant’s narrative, one factor that sticks out when considering stability, is the number of placements moves. To gain a better understanding of their stability and out of care trajectories, it is essential to examine

quantitative results (see Figure 16 below), as this will provide more evidential results between the effects of placement moves and resilience outcomes in participants.

Figure 16. Line Chart for Placement Moves by Mean Resilience Scores



Although evaluating the same thing, the two measures produce differing narratives. However, regardless of the measure, the different groups (number of placement) move shows a similar trend. For instance, those who have had 0 placement moves demonstrates low resilience (57.17), resilience increases and is at its highest for those that have had at least one placement (61.27) or between one to three moves (61.17). However, resilience scores then decrease based on more placement moves (Cordner's grouping – four to nine moves, 56.64; ten or more moves, 54.00; DfE groupings - two or more moves, 57.39).

The above figure highlights the average resilience scores of individuals in different categories based on their placement moves, as measured by two different groupings (Cordner's Groupings and DfE Groupings). The data suggests, as the number of placements moves increases, resilience scores tend to decrease (0 moves, 57.17; one placement, 61.27 or between one to three moves, 61.17; Cordner's grouping – four to nine moves, 56.64; ten or more moves, 54.00; DfE grouping - two or more moves, 57.39). The frequent disruptions and changes associated with multiple placement moves can have a detrimental impact on a care leaver's sense of stability and well-being. The challenges of adjusting to new environments, forming new relationships

and coping with the uncertainty of future placements can all contribute to lower resilience levels.

Having explored the concept of stability in a factual sense, including reasons for entering care, placement types and the number of placement moves, the focus now shifts to examining the emotional aspect of stability. While stability in terms of physical placements is crucial, emotional support and nurturing play an equally vital role in promoting the overall well-being of looked after children. This next section will refer to the various components of emotional stability, by understanding and addressing the emotional needs of children in care, we can further enhance their overall stability and contribute to their long-term well-being.

The qualitative analysis shows that love and security are essential elements of stability in the context of care leavers. Care leavers reported a strong perception of stability when they felt safe and loved by their foster families or residential care settings. Their sense of safety, security and nurturing contributes to their overall wellbeing and sense of stability, which is where this stability comes from. These results support the idea that stability includes internal factors that offer emotional security and a sense of belonging, in addition to external factors like dependable placements or material resources (Cashmore and Paxman, 2006). Care leavers feel more stable and are better able to develop resilience and deal with life's challenges when there are secure attachments and emotional support available.

> *"Caring staff, good environment, respected, trusted, listened to, nurtured, affection".* Lexi, aged 40, 2nd generation.

Lexi, aged forty, entered care aged six for reason of abuse or neglect. She is a 2nd generation care leaver. Her time in care was spent in both residential care and foster care consisting of one move. She spent a total of 4 years in care and did not have a support worker to aid her transition out of care, nor did she have a person to trust when she left care. However, she did have a person to trust when she was in care. Her highest level of education is a below higher education (A-level) and she falls in the moderate resilience threshold, scoring sixty-nine.

The bond that some looked after children experience with their carers tends to be twofold with the feeling of security and love. They feel protected from what seems to be for the first time in their lives. Going into care is a traumatic experience for some looked after children but also turns into being a positive experience when addressing the circumstances that led them to entering the care system. For example, one participant reported their positive experience in the physical love provided.

"I was safe, in some placements I received a lot of positive touch like hugs which I really needed."

Samantha, aged 21, 3rd generation.

While other participants felt safe in other ways by having the necessities that one may take for granted not having experienced the same childhoods as looked after children.

"Supportive carers, set routines, food available at all times, clean clothes, someone to talk to who would listen, sitting around a table chatting about our day, picked up good habits, they wanted me to succeed."

Jennifer, aged 45, 2nd generation.

"Safe, food, bed, warmth, friends, outings, school."

Barry, aged 54, 1st generation.

"Having a bed to sleep in. Food and heating. Access to the local library and BOOKS!"

Harriet, aged 62, 1st generation.

Samantha's quote reflects the importance of physical touch and affectionate gestures, such as hugs, which provided her with a sense of safety and emotional support. This suggests that the presence of nurturing and caring relationships can create a stable and secure environment for looked after children.

Jennifer, Barry and Harriet emphasise various aspects of stability, such as having supportive carers, set routines, access to necessities like food, clothing and a comfortable place to sleep. They also mention the presence of a supportive network, engaging in activities and access to educational resources. These factors contribute to a stable and nurturing environment, allowing looked after children to feel safe and supported.

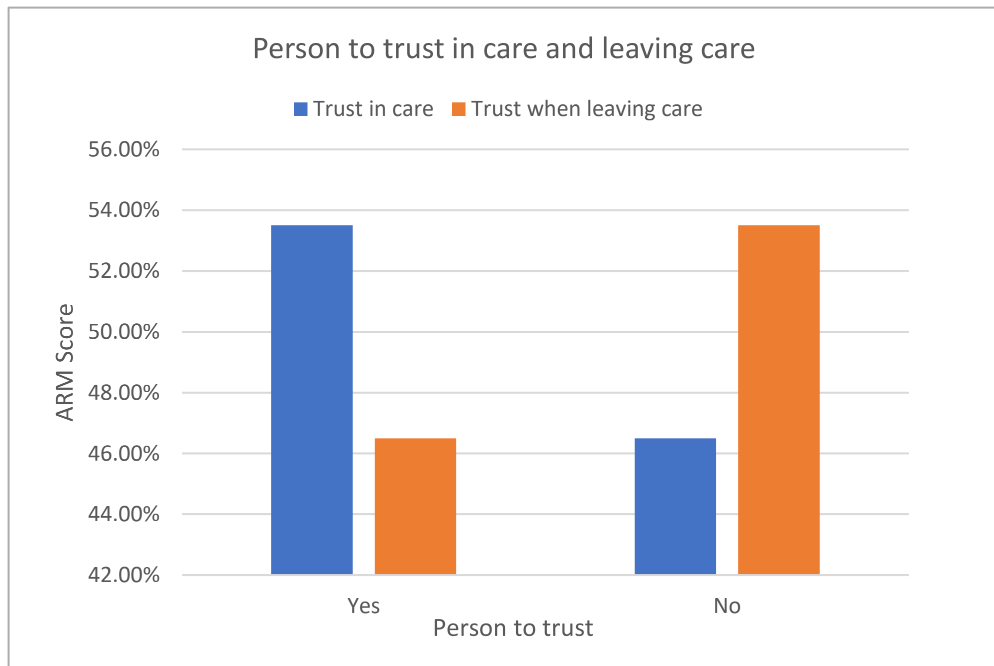
Overall, these quotes highlight that stability in care, encompassing emotional support, provision of basic needs, consistent routines and access to resources, plays a significant role in promoting a positive and secure experience for looked after children. The presence of stability in these aspects helps create a sense of safety, belonging and overall well-being, which can positively impact their resilience and development.

T is for Trust

Trust is a crucial element that has a significant impact on looked after children in care as well as those leaving it. It serves as the cornerstone for creating safe and encouraging relationships, fostering emotional stability and a sense of community (Putnam, 1995). When people have trusted relationships with their foster carers or

other carers, they feel valued, heard and supported, which promotes a positive sense of self (Kelly, 2016; Fahlberg, 1994; Ryan, 2012; Care Inquiry, 2013). However, quite often care leavers find it difficult to trust due to previous disruptive relationships and being let down (Knight, *et al.,* 2006). For care leavers to successfully navigate their transition, they need to be able to trust the mentors and leaving care workers who will help them with resources, advice and emotional support. Self-trust is equally significant because it enables care leavers to have confidence in their skills, make choices and seize opportunities (Govier, 1993). In all its manifestations, trust is essential to one's health, resilience and successful transition of individuals in and leaving care, by mitigating risks (Bellis *et al.*, 2017).

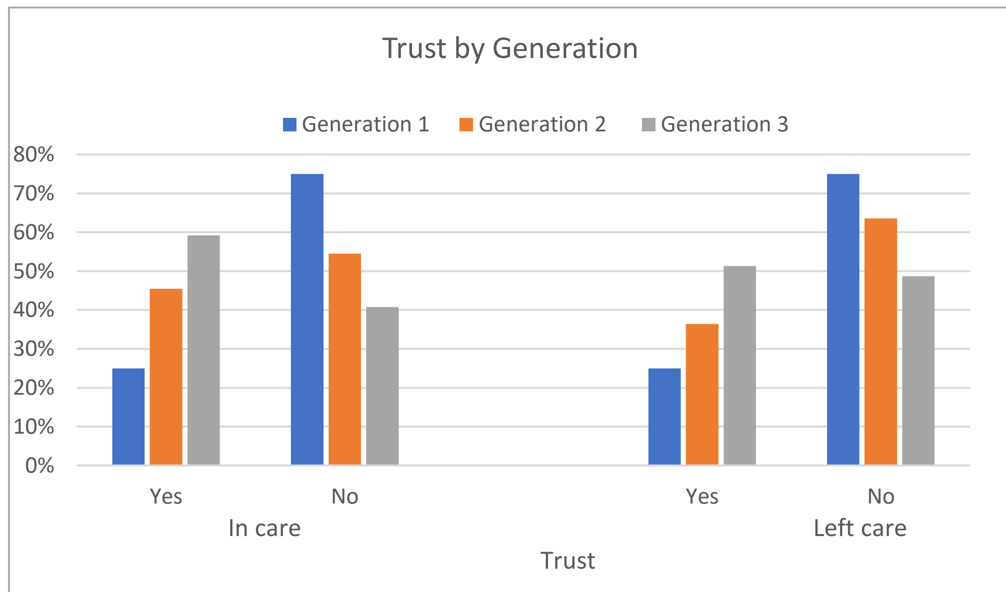
Figure 17. Bar Chart for Person to Trust Both in Care and Leaving Care



The data indicates a shift in trust relationships for care leavers. While 53.5% had someone they could trust while in care, only 46.5% had such support when leaving care. This suggests a change in the availability of trust relationships during the transition from care, with fewer participants having trust relationships after leaving care.

This analysis highlights the shifting dynamics of trusting relationships experienced by the participants. While a majority reported having someone they could trust while in care, the proportions changed when they were leaving care. The data suggests that trust in relationships during the transition out of care may be less prevalent or that individuals may have experienced a change in their perception of trust when leaving care.

Figure 18: Bar Chart for Trust by Generation



The data from figure 18 provides insights into trust relationships for individuals in care and after they left care, categorised by three generations: Generation 1 (Pre-1989), Generation 2 (1989-2000) and Generation 3 (Post-2000).

Trust While in Care

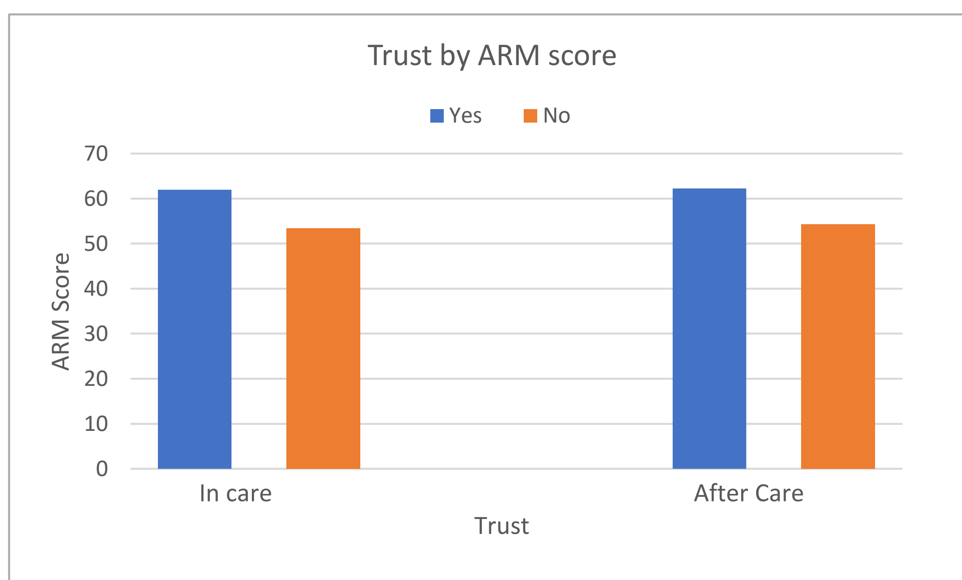
Among those surveyed, generation 1 had the lowest trust level with only 25.0% of individuals reporting having a person to trust during their time in care. Generation 2 showed a moderate level of trust, with 45.5% of individuals reporting that they had at least one person they could trust while in care. Notably, Generation 3 reported the highest level of trust, with 59.2% of individuals stating they had someone they could trust during their time in care.

Trust After Leaving Care

Generation 1 showed the same level of trust levels after leaving care, with 25.5% of individuals reporting that they had at least one person they could trust. However, Generation 2 had a decrease in trust after leaving care, with 36.4% of individuals indicating trust relationships. Like the trust patterns while in care, Generation 3 shown less trust after leaving care, with 51.3% of individuals reporting that they had someone they could trust.

Trust relationships while in care were generally higher across all three generations compared to trust relationships after leaving care. Generation 3 had the highest trust levels both while in care and after leaving care. Generation 2 showed an increase in trust from 25.0% in care to 36.4% after leaving care. This may indicate that trust relationships improved slightly for this generation upon transitioning out of the care system. Overall, the data suggests that trust relationships have increased since the implementation of the *Children (Leaving care) Act 2000*. However, there the data reflects issues with trust during the transition of leaving care.

Figure 19. Bar Chart for Trust Both in Care and Leaving Care by Resilience Score Measure



Participants who reported having a person to trust while in care and when leaving care had higher mean values of resilience on the *ARM* scale (61.94, 62.25) compared to those who did not have trust (53.43, 54.30). Those with trust showed moderate

levels of resilience (>61), while those without trust remained in the low resilience threshold (<61). This suggests that having at least one person to trust during and after care is associated with higher resilience levels.

When looking at the qualitative data for care leaver participants, there are two different aspects of trust found in the responses, trust in carers and trust in staff (social worker/system support). The following will delve into the finding of each aspect found in this analysis.

Trust in foster carers

Establishing trusting relationships with caregivers during the care experience cultivates a positive sense of self, as individuals perceive themselves as valued, listened to and provided with support.

> *"I had a strong sense of attachment, was secure and very self-assured. Had communication with them [parents] 3 times a year. Never resented them for it. I loved being in residential care. I can't emphasise that enough. Ups and downs like any childhood. The trauma for me came when I was taken away from it."*
>
> Lesley, aged 45, 2nd generation.

Lesley, aged forty-five, who entered care aged ten for 'other' reasons, highlighting reasons related to parental employment. She is a 2nd generation care leaver (left care between 1989 and 2000). Her time in care was spent in residential care consisting of one move. She spent a total of five years in care and did not have a support worker to aid her transition out of care, nor did she have a person to trust when she left care, however, she did have a person to trust when she was in care. She has completed a degree in higher education and she falls in the high resilience threshold, scoring eighty.

Because of the trusted relationships Lesley had with her carers in residential care she reports feeling a strong sense of attachment, security and self-assurance. The development of trust between her and her carers can be seen in the fact that she felt heard, valued and supported. She never complained to her carers about the infrequent communication (three times a year) with her biological parents and instead expressed a profound love for living in residential care. This demonstrates the crucial role that trust plays in care. Looked after children can feel safe, accepted and connected in a supportive environment when they have trusting relationships with their carers. The sense of security and attachment Lesley felt while receiving residential care can be attributed to her carers' trustworthiness. By having trust Lesley was able to form a close relationship and a sense of community, which can be seen as a contributing factor to her overall positive self-perception.

Lesley also implies that the trauma endured was caused less by her time in residential care and more by her separation from that secure environment. This emphasises even more on how important trust is in this environment. The dissolution of reliable connections and the absence of a nurturing environment can have a significant negative effect on the wellbeing of care leavers (Unrau *et al.,* 2008; Coy, 2009; Skoog *et al.,* 2015). This qualitative response highlights the significance of trust in care overall. People who have trusted relationships with carers feel valued, heard and supported, which promotes a positive sense of self. In care experiences, trust serves as a foundation for the growth of safe attachments, a sense of belonging and emotional well-being.

"My last foster carer was incredible and was the first person who I genuinely thought believed in me. She was patient, kind and empowering."

Imogen, aged 22, 3rd generation.

Imogen, aged twenty-two, who entered care aged fifteen for reasons related to abuse and neglect. She is a 3rd generation care leaver. Her time in care was spent in foster care consisting of fours moves. She spent a total of three years in care and did have a support worker to aid her transition out of care. She did have a person to trust while she was in care however, she did not have a person to trust when she left care. She has completed a degree in higher education and she falls in the moderate resilience threshold, scoring sixty-three.

Imogen emphasises the importance of her foster carer in her life by calling her "incredible." Her statement that she was the first to genuinely believe in her highlights the transformative power of trust. Imogen continues by describing her foster carer as kind, patient and empowering, demonstrating that she received a nurturing and supportive environment from this person. Imogen was able to experience safety, worth and encouragement because of the relationship's presence of trust. Her perception of herself and her self-esteem were probably greatly impacted by the foster carer's confidence in her abilities. The significance of trust in foster care relationships is exemplified by Imogen’s quote. Because of Imogen's interaction with her previous foster carer, we can see how trust can have a significant impact on a young person's life. In addition to fostering a sense of belief, the presence of trust gives people the confidence to face challenges, discover their potential and form a positive self-image. Imogen was able to begin a transformative journey where she was supported, mentored, and given the power to realise her full potential thanks to the trusting relationship with their foster carer (Stott, 2005). The caregiver's kindness, patience and empowerment were crucial in fostering a climate where trust could grow.

"There were some I'm sure there must have been, but I can't think of any. It's hard to build on because I never felt I fitted in or belonged in the home or they loved me. So, I never moved so my social worker thought one placement, no issues and never asked properly about anything. It was all very cursory."

Janet, aged 45, 2nd generation.

The above quote is references by Janet, aged forty-five, who entered care for reasons related to abuse and neglect. She is a 2nd generation care leaver. Her time in care was spent in foster care consisting of zero moves. She did not have a support worker to aid her transition out of care nor did she have a person to trust while she was in care when she left care. She has completed a degree in higher education, and she falls in the low resilience threshold, scoring thirty-seven.

Throughout her time in care, Janet describes feeling deeply cut off from and alienated in the home she was given. The fact that Janet has trouble recalling specific instances, despite the possibility that there may have been positive experiences, suggests that any positive memories were likely overshadowed by her negative feelings of not belonging and being unloved. The importance of feeling at home and loved is highlighted by Janet's quotation. Her overall experience in care was significantly impacted by the absence of these crucial components. It was difficult for Janet to establish trust and create enduring relationships with her carers because she didn't feel loved and a part of anything. Additionally, Janet discusses the subpar assistance she received from her social worker. Even though she remained in the same setting, her social worker interpreted this as a sign of no problems and neglected to properly enquire about or meet her needs. Janet felt even more left out and unsupported by the system because of the lack of a thorough assessment and support.

This insightful quotation emphasises the significance of providing children in care with a welcoming and nurturing environment. It emphasises how important it is for parents, guardians and social workers to actively engage with, attend to and understand the emotional needs of children (Happer *et al.,* 2006; Siebelt *et al.,* 2008; DCSF, 2009; Ryan, 2012). Fostering trust and enhancing the general wellbeing of

those in care is possible by fostering a sense of belonging, love and all-encompassing support (Happer *et al.,* 2006; Siebelt *et al.,* 2008; DCSF, 2009; Ryan, 2012).

Comparatively, Harriet, Imogen and Janet's various resilience scores correspond to their perceptions of trust. Resilience appears to be positively influenced by having someone to trust while in care. The more resilient Harriet had a trusted carer, but she lacked it during her transition. Imogen faced difficulties that had an impact on her overall resilience, but she had someone to trust during care. Due to her lower level of resilience, Janet lacked trust throughout her care experience. A care leaver's resilience and capacity to successfully navigate the care system could be seen as greatly influenced by their level of trust or lack thereof.

Trust in Social Worker/Support System

Building on the response from Janet in the previous section, highlighting the lack of attention and support received from the social worker, the data reveals the profound impact of not feeling a sense of belonging and not receiving adequate support or attention within the care system. Emphasising the importance of trust and the need for caregivers and social workers to actively listen, engage and address the emotional needs of young individuals.

"The only positive experience I had was leaving because it was only then they seemed to care while I was a kid. It was like I wasn't worth their time. Glad to be out of the system."

Becky, aged 21, 3rd generation.

Becky, aged twenty-one, who entered care aged fourteen for reason related to abuse and neglect. She is a 3rd generation care leaver. During her time in care, she had experience with foster care and residential care consisting of six moves. She spent a total of four years in care and did not have a support worker to aid her transition out of care nor did she have a person to trust while she was in care or when she left care. Her highest level of education is below higher education (A-Level) and she falls in the low resilience threshold, scoring thirty-eight.

Analysing Becky's quote, she has little faith in the social care system, which has a negative effect on her resilience and well-being. Inferring that her time in care was marked by a lack of care and attention, Becky says that the only enjoyable experience she had was leaving the system. She feels that during her time in care, she wasn't valued or given the support she needed, which left her feeling unworthy of their time. Becky's resilience was probably negatively impacted by her lack of faith in the system because she might have felt abandoned and neglected. She seems to feel better now that she's out of the system, as evidenced by her expression of relief at being free of the system's control. Overall, Becky's quote highlights the value of trust in the social care system and highlights how a care leaver's resilience and perception of their value within the system can be negatively impacted by a lack of trusted relationships.

"There were some brilliant staff that demonstrated genuine care and belief in me. Not all were like this."

Kelly, aged 31, 3rd generation.

Kelly aged thirty-one, who entered care aged 13 years and is a 3rd generation care leaver. She entered care for multiple reasons, family dysfunction and family in acute stress. Her time in care was spent in residential care setting for nine years, although experiencing 4 different placement moves. She highlighted that she did have a person to trust while in care but not when leaving care. Although she did have a have support worker to aid her transition out of care. She also has a higher education qualification. Her resilience was with in the high range, scoring seventy-eight.

Kelly claims that she had both positive and unfavourable interactions with staff members during her time in the care system. She admits that there were some outstanding staff members who genuinely cared about her and saw her potential. These people develop a genuine relationship with Kelly, giving her the support and inspiration, that she saw as adding to her positive experience while in care. However, Kelly acknowledges that not every employee was like this, though. It suggests that some employees might not have given her the same amount of attention, encouragement or faith in her abilities. This demonstrates the disparities in staff attitudes and methods within the social care system as well as the inconsistent quality of care provided. Kelly's aptitude for distinguishing between 'brilliant' and less helpful staff members demonstrates her adaptability and resiliency within the care system. She came across people who might have undermined her trust and resilience, but she was still able to find her way and advance in her education, demonstrating a resilient mindset and a desire to succeed.

Kelly also shared her positive experience of leaving care too. She stated that;

> *"I was supported financially through university. I didn't feel so supported emotionally though however, when learning how to manage on my own."*
>
> Kelly, aged 31, 3rd generation.

In Kelly's first quote, she emphasises the positive support she received while in care, highlighting the good experiences and the staff members who genuinely cared for and believed in her. This indicates a level of trust and reliance she developed during her time in the care system. However, in the second quote, her focus shifts to the experience of leaving care. While she acknowledges receiving financial support during her university education, she expresses a sense of lacking emotional support during the challenging process of learning to manage on her own. This suggests that she may have had reservations or felt a lack of trust in terms of receiving emotional guidance or assistance from others. It is evident that the support she received while in care had a positive impact on her, but the lack of emotional support when transitioning out of care had a negative effect, highlighting the importance of trust and emotional support in her overall experience.

It is clear from reading the participants' narratives that Becky's quote focuses primarily on her negative experiences with the care system, highlighting the lack of care and attention she received. It's obvious how relieved she is to be out of the system. Kelly's quotes, on the other hand, offer a more nuanced perspective, balancing both positive and negative experiences and recognising the critical role that emotional support played during the transitional phase out of care. Notably, Becky scored low on the resilience scale (thirty-eight) while Kelly scored high (seventy-eight), suggesting that Kelly may have developed more robust resilience and coping mechanisms than Becky. Additionally, Kelly's higher education achievement and the availability of a support worker during her transition out of care contrast with Becky's lower educational achievement (A-Level) and lack of a support worker.

Overall, these differences in trust experiences between Becky and Kelly emphasise the varying impact that trust (or lack thereof) can have on care leavers. Becky's lack of trust likely contributed to a negative perception of the system, whereas Kelly's mixed experiences highlight the importance of trustworthy and supportive relationships in fostering resilience and well-being.

A is for Accomplishment

The analysis reveals that numerous participants take pride in their achievements following their departure from care, showcasing their resilience in the face of adversity. These accomplishments are highly individualised, with each participant forging their unique path. When we consider the challenges experienced by these individuals, such as entering care at a young age, enduring lengthy stays and enduring multiple placement changes, we gain a deeper appreciation for the significance of their achievements. What may appear ordinary to others could be monumental for these care leavers, as they have triumphed over circumstances that may be unimaginable to their peers. Their ability to persevere and succeed despite the obstacles they encountered exemplifies their remarkable resilience.

The care leavers in this study demonstrate a similar perspective on accomplishment compared to their peers, particularly when it comes to educational achievements, although care leavers often face more barriers into education than that of their peers, due to adverse circumstances delaying their ability to partake the same age as their non-care leaver peers. As noted earlier, those with care experience have significantly poorer educational outcomes than the general population on average (Office for Students, 2022). However, a significant proportion of participants in this sample have successfully obtained educational qualifications.

Figure 20. Bar Chart for Highest Education Qualifications

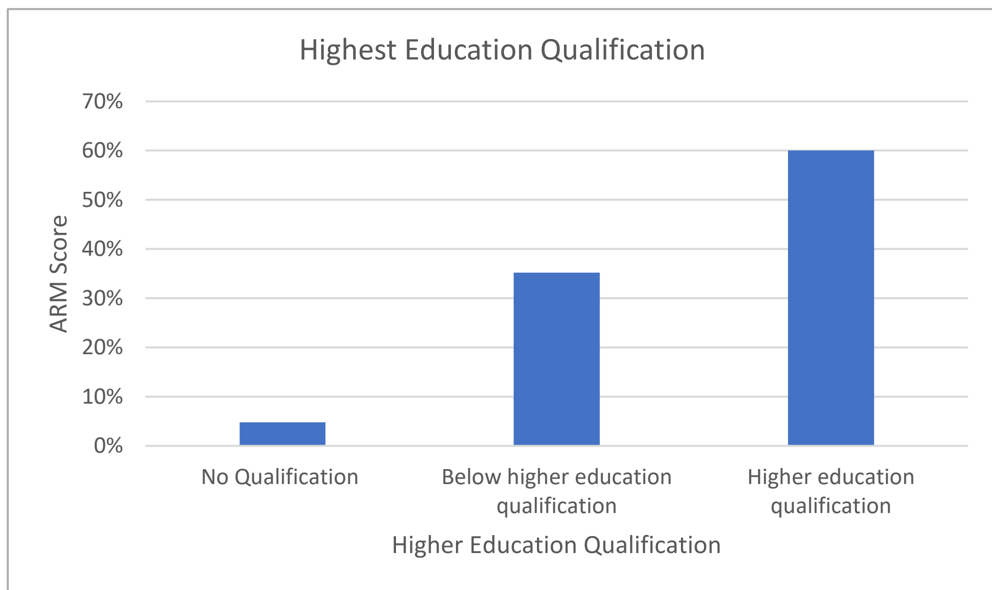


Figure 20 highlights the differences in educational attainment amongst participants. A remarkable 60% (*n*63) have higher education qualification and 35.2% (*n*37) have below higher education qualifications. A much smaller 4.8% of participants have no qualifications (*n*5). The remarkable academic accomplishments of participants, who have overcome numerous challenges and barriers to pursue their educational goals is a testament to their determination, resilience and commitment to personal growth and development.

Analysing qualitative data on care leavers and their experiences with education accomplishment is justified by the significant mentions of education and university as positive experiences after leaving care. This finding demonstrates the salience and value that care leavers attribute to their educational pursuits. By examining the narratives and perspectives of participants, we gain deeper insights into the role of education in their lives, highlighting its positive impact and potential as a source of accomplishment and empowerment.

"I moved to university and have never looked back".

Emma, aged 22, 3rd generation.

Emma, aged twenty-two, entered care aged sixteen, for reasons of abuse or neglect. She had one placement move during her time in care, not highlighting the type of placement she was in and is a 3rd generation care leaver. She also highlighted that she did have a person to trust while in care and after she left care. She had a support worker at the initial point of leaving care. Emma's highlights qualification is at doctorate level and she demonstrates a high level of resilience on the ARM, scoring seventy-three.

As highlighted in the section relating to Stability (see page 146), Alexandra (aged 29, 3rd generation) discussed her in-care experiences in positive terms, referring to her entering care stating, 'The fact I was taken into care was positive in itself as I had been returned home initially and wasn't happy about this.". However, in the questionnaire, Alexandra was asked about her positive experiences of leaving care, and responded with;

"*I was supported through university - albeit a challenge at times*."

Alexandra, aged 29, 3rd generation.

"None at all, apart from being supported to come to university (with the process) and my social worker dropping me off. However, it took me until I was 22 to come to university and I did this from my own back."

Mathew, aged 25, 3rd generation.

Mathew aged twenty-five, entered care aged thirteen, for multiple reasons, abuse or neglect, absent parenting and family dysfunction; he had thirty-one placement moves during his six years in care, experiencing both foster care and residential care. He is a 3rd generation care leaver. He also highlighted that he had a person to trust both while in care but not after leaving care and that he had a support worker at the initial point of leaving care. Mathew has completed a degree in higher education and demonstrated a low level of resilience on the ARM, scoring fifty-nine.

The participants, Emma, Alexandra and Mathew, have all gained higher education qualifications, however, all three have differing resilience outcomes, which can be attributed to various factors influencing their care experiences and individual characteristics.

In terms of similarities, all three participants expressed that education, especially their university experience, had a positive influence on their lives after leaving care. This highlights the significance of educational accomplishments in promoting overall well-being and resilience among care leavers. Additionally, Emma and Alexandra emphasised the importance of having a person to trust during their time in care and after leaving care, highlighting the role of supportive relationships in fostering resilience. However, there were also notable differences among the participants. They had varying care experiences and placements, with Emma having one placement move of unspecified type, Alexandra experiencing three placement moves within foster family environments and Mathew enduring a significant number of placement moves (31) that included both foster care and residential care. These differences in the stability and type of placements may contribute to variations in their resilience levels. Furthermore, Emma and Alexandra had support workers at the initial stage of leaving care, while Mathew did not mention ongoing support from a support worker. The level of support and guidance received during the transition out of care could have influenced their resilience levels. The participants also exhibited different resilience scores, with Emma demonstrating a high level of resilience,

Alexandra displaying a moderate level and Mathew showing a lower level. These variations in resilience scores indicate differences in their ability to cope with challenges and adversity.

Figure 21. Bar Chart for Highest Education Qualifications by Mean Resilience Score

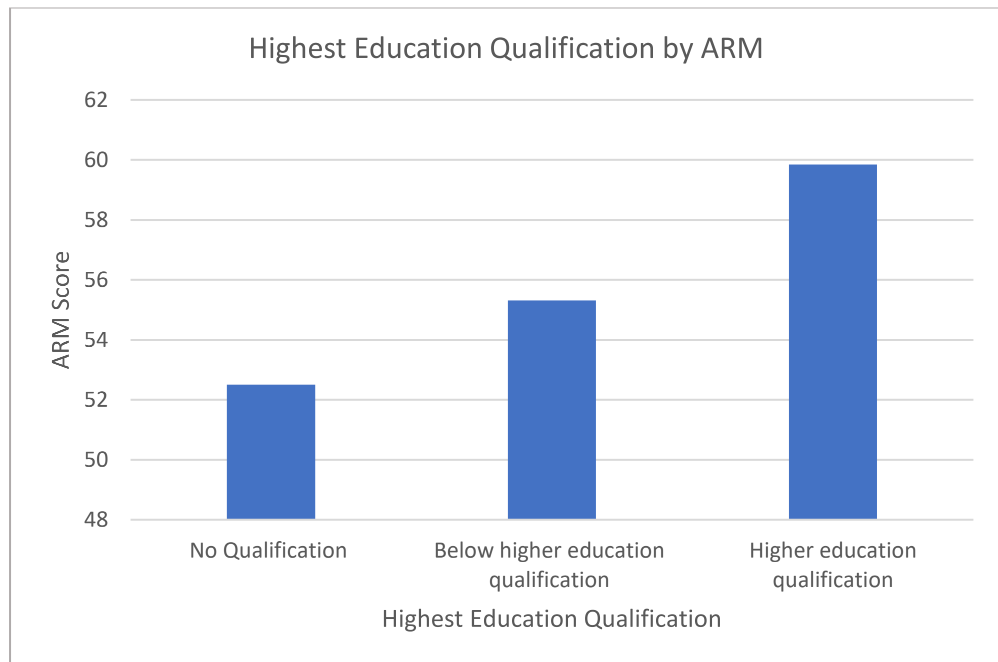
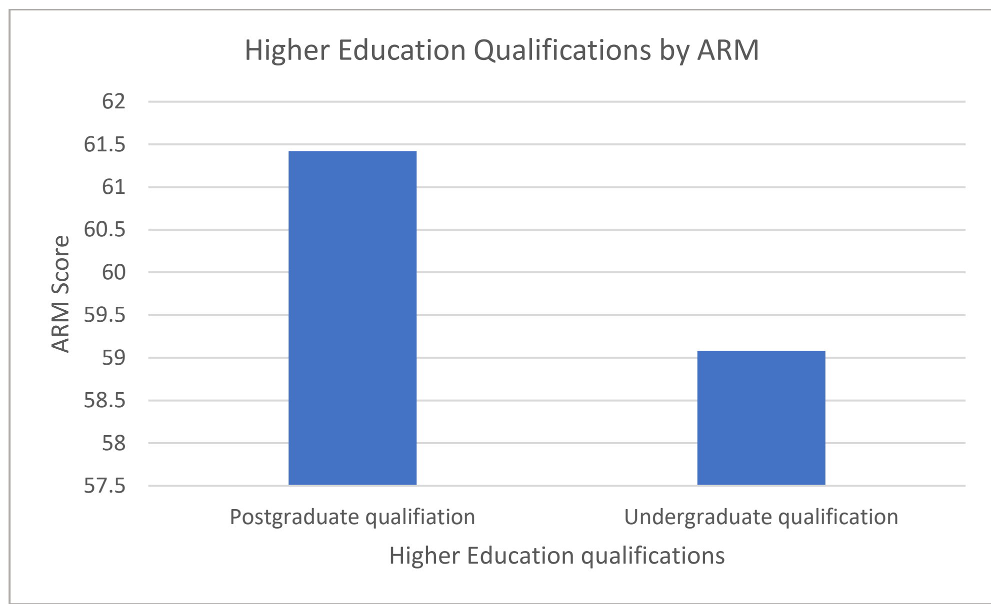


Figure 21 illustrates a clear pattern of increasing resilience as participants achieve higher levels of education. Specifically, individuals without any qualifications had a mean resilience score of 52.50, while those with qualifications below higher education had a slightly higher score of 55.31. Those with higher education qualifications, including undergraduate degrees, achieved the highest mean resilience score of 59.84.

Figure 22. Bar Chart for Higher Education Qualifications by Mean Resilience Score



Upon further analysis, considering the different levels of education qualifications and distinguishing postgraduate degrees from undergraduate degrees, participants with a qualification at postgraduate level (PhD or Masters) demonstrated the highest mean *ARM* score of 61.42. While those with qualifications at undergraduate level (Diploma of HE or Degree with Honours) have a lower mean *ARM* score of 59.08. This suggests that individuals with a postgraduate qualification are likely to possess moderate levels of resilience, surpassing all other qualification types where lower levels of resilience were observed.

The association between educational success and resilience among Looked after children and Young People is well-documented in the literature (Rutter *et al.,* 1998; Newman and Blackburn, 2002; Sinclair *et al.,* 2005). Education is often considered a mechanism for coping, an opportunity for personal growth and a means to access supportive relationships. It is viewed as a significant factor contributing to the development of resilience for young people (Gilligan, 2000). As evident in this analysis. The results underscore the positive impact of education, particularly university experiences, on the lives of care leavers. Attending university provided opportunities for personal growth, achievement, and empowerment. Additionally, the presence of trusting relationships and access to support systems, such as support

workers, played crucial roles in enhancing resilience, that will be discusses later in this chapter.

Transitioning from the analysis of education as an accomplishment to the recognition of employment as another significant accomplishment for care leavers found in this analysis, it is important to acknowledge the multifaceted nature of resilience and the diverse experiences of individuals. While education provides opportunities for personal growth and empowerment, employment can be seen as a milestone in one's life journey that brings its own set of challenges and rewards, one that can be demonstrated as a factor enhancing one’s resilience.

Figure 23. Bar Chart for Income Type by Mean Resilience Score

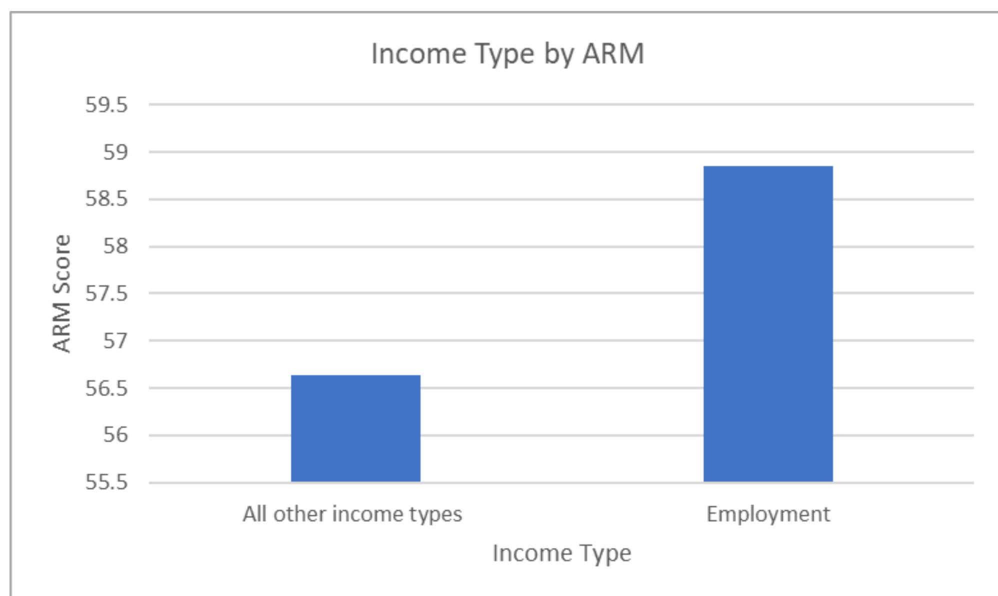


Figure 23 illustrates a difference between main source of income and increasing resilience levels for participants in employment. Specifically, individuals whose main source of income from employment had a mean resilience score of 58.85, while those whose main source of income was from other sources, such as, family or friends, state benefits, education loans and grants had a slightly lower score of 56.63.

Care leavers often perceive gaining employment as a meaningful accomplishment. Securing a job represents a new chapter filled with responsibilities, financial

independence and opportunities for personal development. Just as education equips individuals with skills and knowledge, employment can foster resilience through the development of professional relationships, career growth and the ability to navigate the complexities of the workplace. The positive aspect of being in employment was regarded as a positive experience of leaving care, evidence through qualitative analysis.

"I have gone on to be a mental health social worker. My experiences have given me much better insights in doing this work, having been in the system."

Steph, aged 31, 3rd generation.

Steph, aged thirty-one, entered care aged thirteen, for reasons of family dysfunction and family being in acute stress. She had two placement moves during her time in care, spending her time in residential care and is a 3rd generation care leaver. She also highlighted that she did have a person to trust while in care but did not after care. She had a support worker at the initial point of leaving care. Steph highlights she completed a degree in higher education. She demonstrates a high level of resilience on the ARM, scoring seventy-eight.

"I managed to look after myself and get a job".

Michelle, aged 27, 3rd generation.

Michelle aged twenty-seven, entered care aged two, for reasons of abuse or neglect and family dysfunction. She had twelve placement moves during her time in care, spending her time in foster care and is a 3rd generation care leaver. She also highlighted that she did not have a person to trust while in care and after leaving care. However, she did have a support worker at the initial point of leaving care. Michelle also completed a degree in higher education. She demonstrates a high level of resilience on the ARM, scoring sixty-six.

Both Steph and Michelle experiences as care leavers demonstrate their accomplishments in employment and how their time in the care system has influenced their career paths. Steph's quote highlights how her experiences in the care system have provided her with valuable insights that contribute to her success as a mental health social worker. This indicates that her time in care has shaped her understanding and expertise in her chosen field of employment. By acknowledging the impact of her experiences, Steph recognises the significance of her accomplishments in employment, as she has been able to apply her insights gained from being in the system to her work. Similarly, Michelle's quote reflects her ability to take care of herself and secure a job. Her emphasis on self-sufficiency and independence showcases her accomplishments in employment. Despite the challenges she faced as a care leaver, Michelle's resilience and determination enabled her to overcome obstacles and achieve employment success. Both Steph and Michelle's completion of higher education degrees further highlight their accomplishments in the academic realm, which can contribute to their employability and professional growth. Their resilience scores on the ARM indicate their ability to navigate challenges and adapt in employment settings.

In summary, Steph and Michelle's experiences as care leavers exemplify their accomplishments in employment. Their quotes demonstrate the impact of their time in care on their career paths, with Steph highlighting the valuable insights gained from her experiences and Michelle showcasing her self-sufficiency and job attainment. These narratives illustrate how their accomplishments in employment are intertwined with their experiences as care leavers, showcasing their resilience and determination.

In relation education and employment one participant that is previously highlighted in this chapter (Jermaine) provides this research with an interesting statement;

“Once I left the care system, I felt that the quality of care was no existent. No one seemed to care unless you were achieving or accessing job or university, etc.”

Jermaine, aged 24, 3rd generation.

Jermaine aged twenty-four, entered care aged 8 years and is a 3rd generation care leaver. He entered care for multiple reasons, abuse and neglect, absent parenting and family dysfunction. His time in care was spent in a foster care setting where he remained for eleven years with the same family. He highlighted he did have a person to trust both while in care and leaving care and had a support worker to aid his transition out of care. His highest level of education is a Postgraduate degree (Doctorate) and he falls in the moderate resilience threshold, scoring sixty-six.

Despite Jermaine's positive experience with trust and stability within his foster care placement, his quote suggests that once he left the care system, he felt a lack of care and support. He perceived that the system's attention was primarily focused on achievements related to employment or university access, rather than his overall well-being. This discrepancy between the care system's priorities and his own needs may have led Jermaine to feel undervalued and unsupported.

It is important to note that despite these challenges, Jermaine has achieved a significant educational milestone, attaining a postgraduate degree (Doctorate). His resilience, as measured by the ARM, falls within the moderate threshold, indicating his ability to cope with adversity and challenges. Jermaine's experiences highlight the complexity of the care system, where individuals may encounter varying levels of support and a discrepancy between the system's emphasis on achievements and the broader care and well-being needs of care leavers. Overall, Jermaine's story exemplifies the nuanced experiences of care leavers, highlighting the importance of comprehensive support beyond academic or employment achievements to ensure their overall well-being and successful transition into adulthood.

I is for Independence

Upon leaving care, many care leavers can fear the thought of having to be independent or in other words left to fend for themselves, this fear stems from not having the correct skills to help them prepare for independence, whether that be managing finances or learning how to clean and cook.

However, this analysis found that leaving care and becoming independent not only fostered a sense of freedom but also contributed to the development of resilience among care leavers. By transitioning out of the care system and assuming responsibility for themselves, care leavers had the opportunity to cultivate their self-reliance and overcome the constraints imposed by the rules and regulations of the care system. This newfound autonomy and the ability to make decisions for themselves often elicited a sense of relief and empowerment, ultimately contributing to their overall resilience in navigating the challenges of adulthood.

> *"Feeling free... Being able to eat freely... Felt more stable when I got permanent accommodation."*
>
> Janelle, aged 29, 3rd generation care leaver.

Janelle, aged twenty-nine, entered care aged ten, due to the death of a parent. She had two placement moves during her time in care, spending her time in foster care setting. She left care aged 19 and is a 3rd generation care leaver. She also highlighted that she did have a person to trust while in care and when she left care. She had a support worker at the initial point of leaving care. Janelle highlights she completed a postgraduate degree in higher education (Masters). She demonstrates a high level of resilience on the ARM, scoring seventy-one.

"I feel that leaving care was more positive than being in care only because I was independent and did not have anyone telling me what to do and could choose my own path".

Rebecca, aged 28, 3rd generation.

Rebecca, aged twenty-eight, entered care aged five, due to the abuse or neglect. She had three placement moves during her time in care, spending her time in foster care setting. She left care aged 18 and is a 3rd generation care leaver. She also highlighted that she did have a person to trust while in care but not when she left care. She also did not have a support worker at the initial point of leaving care. Rebecca highlights that her highest education qualification is GCSE's. She demonstrates a moderate level of resilience on the ARM, scoring sixty-three.

"I had a good amount of support with budgeting, self-help skills around the house e.g.: changing a plug, cooking, shopping."

Jennifer, aged 45, 2nd generation.

Jennifer, aged forty-five, entered care aged eight, due to the abuse or neglect, family dysfunction, family in acute stress and absent parenting. She had three placement moves during her time in care, between both residential and foster care. She left care aged 18 and is a 2nd generation care leaver. She also highlighted that she did have a person to trust while in care and once she left care. She also did have a support worker at the initial point of leaving care. Jennifer highlights that her highest education is higher education (Degree with honours). She demonstrates a high level of resilience on the ARM, scoring seventy-one.

Analysis of the participants' transitions out of care and into independence reveals both similarities and differences. Despite having different backgrounds, all the participants expressed support for the idea of independence. Janelle was able to feel free and enjoy fundamental freedoms like unrestricted eating after leaving foster care because she had a permanent place to live. Rebecca emphasised the benefits of overseeing her own life and making her own decisions free from outside interference. Jennifer emphasised the help she got in learning crucial life skills like budgeting, housework and independence. These results show that leaving care and becoming independent can increase care leavers' feelings of freedom, empowerment and self-determination.

Additionally, this analysis discovered that their transition to independence helped them become more resilient. They had the chance to develop their independence and get past the limitations of the care system by taking charge of themselves and overcoming the difficulties of adulthood. They felt relieved and empowered to make decisions and manage their own lives, which ultimately increased their resilience. The experiences of the participants show how leaving care and becoming independent give them a sense of freedom as well as the knowledge and perspective needed to successfully negotiate the challenges of adult life.

These results underline how important independence is as a successful outcome for care leavers after leaving care. Care leavers feel liberated and empowered because of gaining autonomy and the capacity to make their own decisions. As care leavers face the challenges of adulthood, the transition to independence encourages the growth of resilience. These observations highlight the significance of providing tailored support systems, instruction, and skill development to help care leavers successfully navigate their transition to independence.

As highlighted in the section relating to Stability (see page 149), Georgia (aged 24, 3rd generation) discussed her in-care experiences in positive terms, referring to her final foster carer, who she stayed with for 9 years, as 'Nanna'. However, in the

questionnaire, Georgia was asked about her positive experiences of leaving care, and responded with one word;

"Freedom."

Georgia, aged 24, 3rd generation.

Although the strength of stability is expressed with in the 'in care experience' qualitative response, Georgia's statement of "Freedom" in relation to leaving care reflects the positive experience of gaining independence. However, twofold with her leaving care after the age of 19 suggests there was an agreement in place for Georgia to remain with her foster carer or 'Nanna' beyond the age of eighteen. Like that of Janelle, who is also a 3rd generation care leaver and left care at the age of nineteen, they both demonstrate high resilience and express independence as a positive theme of leaving care. These instances imply that both individuals were comparatively well-prepared and capable of managing their independence. Consequently, the age at which care leavers transition out of care assumes a crucial role in shaping their path toward independence and the development of resilience.

Figure 24. Bar Chart for Age of Leaving Care by Mean Resilience Score

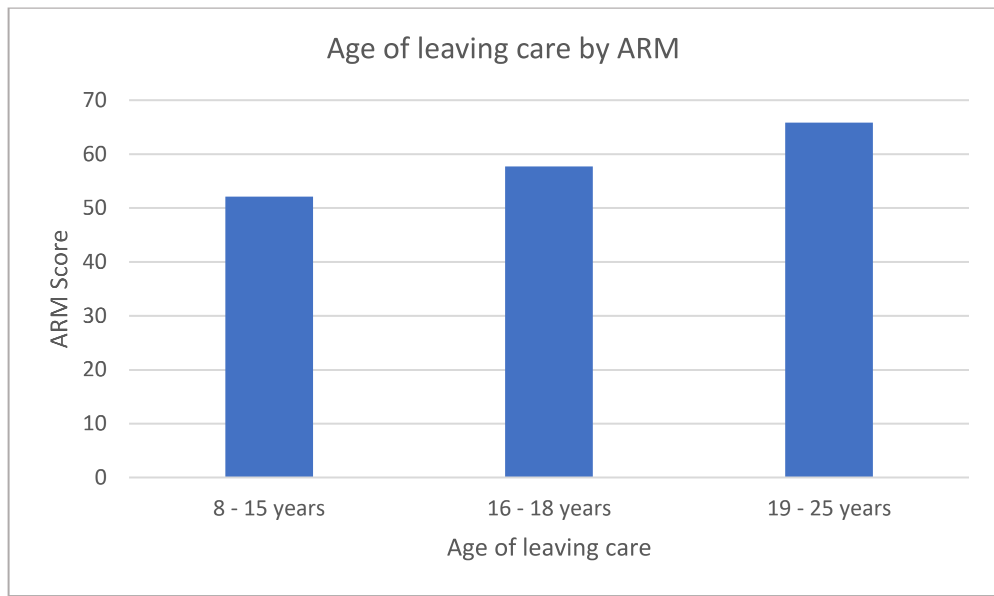


Figure 24 illustrates the difference between resilience mean scores and the age participants left care or otherwise become referred to as care leavers. Participants leaving care between the ages of 19-25 have higher levels of resilience compared to all younger age groups. Specifically, individuals who left care aged 19 – 25 years, demonstrate a moderate level of resilience (65.88). While those who left care aged between 16 – 18 (57.74) and between 8 – 15 years (52.11) demonstrate a low level of resilience.

By having more time and resources, care leavers who leave care at a later age are better equipped to navigate the challenges of independent living. They can gradually develop self-sufficiency and build a strong foundation for resilience (Action for Children, 2020). On the other hand, those who exit foster care at a younger age often face more significant obstacles in their journey towards independence, as they may lack the necessary resources and guidance.

R is for Relationships

The theme of relationships is a significant aspect of the analysis among care leavers, encompassing both their experiences while in care and their relationships after leaving care. This section delves into the dynamics of relationships within the care system, exploring the impact of support networks, trust and connection on the well-being and resilience of care leavers. Subsequently, it examines the transitions and challenges care leavers face in establishing and maintaining relationships outside of the care system, highlighting the role of support systems in facilitating healthy connections and social integration.

When thinking about children in care it is easy to assume that these young people do not have a support system in place due to the negative stereotypes that are cast amongst wider society. For children in care, the term 'family' somewhat differs from the conventional understanding of family, some might say that being a child in the care system strays away from what is considered normative and what sets them apart from their peers is family. A traditional family is thought to consist of being raised in a functional household, typically with married biological parents and possible siblings (Georgas, *et al.,* 2001). However, in late modernity, family roles have vastly evolved (Beck and Beck-Gernsheim, 2004), for looked after children the term 'family' is somewhat different from the traditional meaning. Looked after children are a reflexive community (MacKian, 2004), they are akin to developing 'families of choice' (Pahl and Spencer, 2004) these findings are also reflected in this analysis. Throughout the analysis, it is apparent that children who are raised in either foster placements or residential care homes do develop bonding social capital in reflectively constructing their families with their primary care givers, enabling positive impacts on their wellbeing.

The findings of the qualitative analysis demonstrate that relationships constructed with carers may be an influencing factor that creates better outcomes and increased resilience amongst participants. The participants did not only speak highly of their

relationships with carers, but they also acknowledged how positive and supporting their caregivers were while they were in care. As previously highlighted (page 156) John (aged 33, 3rd generation) stated;

"My foster parents were absolute gold - and are now grandparents to my kids. My fondest memory is having them at the top table at my wedding."

John, aged 33, 3rd generation.

John's statement also exhibits stability. He reveals a satisfying and solid bond with his foster parents. He calls them "absolute gold" and mentions that they are now his children's grandparents, demonstrating a strong and enduring relationship. Their presence at the head table of his wedding, which emphasised the importance and closeness of their relationship, is his most cherished memory. The above quote exemplifies the value of nurturing and promoting relationships in the foster care system. John had a sense of security, love and belonging because he had loving and trustworthy foster parents. It demonstrates the beneficial effects that solid relationships can have on care leavers' overall outcomes and well-being.

As previously highlighted above (page 149) Georgia (aged 24, 3rd generation) stated;

"Being placed with my last foster Carer, who I stayed with for over 9 years and call her Nanna."

Georgia, aged 24, 3rd generation.

As well as stability pertaining to the theme of 'stability', Georgia's quote about her relationship with her foster carer, whom she refers to as "Nanna," is closely also linked to the theme of relationships. The enduring and supportive relationship she had with her foster carer played a significant role in fostering her resilience. The stability, care and emotional support provided by her foster carer over the course of

9 years helped Georgia develop the strength and resilience necessary to overcome the challenges she faced during her time in care. Having a consistent and nurturing figure in her life allowed Georgia to build trust, security and emotional well-being. This strong foundation of support likely empowered her to navigate the obstacles associated with being in the care system and transition successfully into adulthood. By highlighting the positive impact of this relationship on Georgia's resilience, we recognise the significant role that supportive relationships can play in the lives of care leavers.

"Since I met my partner 22 years ago, my life has improved enormously. But I left care in 1974! Life was tough……Having my children quite young was very positive, I loved them and learnt that all the things that were said about me were lies. Creating my own family and having fun, going on holiday, camping, picnics, bike rides. All these things have given me joy. And now I have that joy again with my beautiful grandchildren. Loving your family is what makes the world go round. As John Lennon says, all you need is love."

Harriet, aged 62, 1st generation.

Harriet, aged 62, entered care shortly after birth, she entered care for other reasons but stated "my mother was forced to give me up for adoption but due to her mental health I couldn't be adopted as this was back in the days of 'bad blood". While she was in care, she had nine placements moves, experiencing both residential and foster care. She left care aged sixteen and is also a 1st generation care leaver. She did not have a person to trust both while in care and leaving care and she did not have a support worker at the initial point of leaving care. Harriet's highest level of education is a PhD in higher education and demonstrated a high level of resilience on the ARM scoring seventy-three.

Harriet's statement reflects the profound impact of positive relationships on her resilience throughout her life. Despite leaving care in 1974, she emphasises the

transformative role of her long-term partner, whom she met 22 years ago. This relationship has provided support, stability and happiness. Additionally, becoming a young mother challenged negative perceptions and nurtured her capacity for love. Creating her own family and enjoying simple pleasures has brought joy into Harriet's life. The love she feels for her family has been a driving force in her resilience journey. Harriet's story underscores the role of relationships in promoting resilience and highlights the enduring power of love.

"For the first few years after leaving care, my experiences were not positive, unfortunately. It was a time of feeling lost and thoroughly on my own. It took a few years to find my feet."

Angela, aged 53, 1st generation.

Angela aged fifty-three, entered care aged two, enter care for reasons of abuse or neglect. While she was in care, she had fourteen placement moves, in both residential and foster care. She left care aged eighteen and is also a 1st generation care leaver. She did have a person to trust while in care and when she left care, although she did not have a support worker at the initial point of leaving care. Angela has completed a Master's in higher education and demonstrated a high level of resilience on the ARM scoring eighty-one.

Angela's statement reflects a challenging period in her life immediately after leaving care, where her experiences were not positive. This suggests that her transition into independent living was accompanied by a sense of feeling lost and being on her own. The absence of positive experiences during this time indicates a lack of supportive relationships and guidance, which could have contributed to her difficulties in finding stability and adjusting to life outside of the care system.

Angela's account highlights the importance of supportive relationships in the post-care period. The absence of such relationships during her initial years after leaving care likely made it more challenging for her to navigate the transition and establish

a sense of belonging. This emphasises the need for ongoing support networks and resources for care leavers, particularly during the critical period immediately after leaving care when they are adapting to independence.

"If I did not have my friends and partner, I believe I would have answered differently."

Amber, aged 22, 3rd generation.

Amber aged twenty-two, entered care aged fifteen, for reasons of family dysfunction. While she was in care, she had four placement moves, in both residential and foster care. She left care aged eighteen and is also a 3rd generation care leaver. She did not have a person to trust while in care but did when she left care. She did have a support worker at the initial point of leaving care. Amber has completed a degree in higher education and demonstrated a high level of resilience on the ARM scoring seventy-three.

Amber's statement highlights the significance of her relationships with friends and her partner in shaping her perspective and experiences. The presence of supportive friendships and a positive romantic relationship has had a profound impact on her well-being and outlook on life. Without these relationships, Amber acknowledges that her responses and experiences may have been different. This quote underscores the crucial role of social connections and relationships in the lives of care leavers. Friendships and romantic partnerships provide emotional support, a sense of belonging and opportunities for personal growth. They can contribute to resilience, offering care leavers a network of individuals who understand and empathise with their experiences.

John, Georgia, Harriet, Angela and Amber, the care leavers in the examples provided, share a common convergence in recognising the crucial role of positive relationships in their lives. Whether it's John's foster parents, Georgia's foster carer whom she calls Nanna, Harriet's long-term partner, Amber's friends and partner or Angela's trusted

relationships in care and after care, these relationships have provided them with support, stability and a sense of belonging. The care leavers emphasise the significant impact of these relationships on their overall well-being and resilience. Another point of convergence among the care leavers is their demonstration of resilience. Despite facing challenges and adversities, they have shown the ability to bounce back and thrive, all having high levels of resilience. The presence of supportive relationships in their lives has contributed to their resilience. Whether it's John's strong bond with his foster parents, Georgia's enduring relationship with her foster carer, Harriet's transformative partnership, Angela's trusted individuals or Amber's supportive friends and partner, these connections have provided care leavers with emotional fortitude and a network of support to navigate difficulties during their care experiences and transition into adulthood.

However, there are notable divergences in the care leavers' experiences. The number of placement moves and types of care settings varied among them, impacting the formation of relationships and overall well-being. The support received upon leaving care also differed, with discrepancies in having a person to trust and a support worker. Additionally, the care leavers belong to different generations and represent different life stages, influencing their perspectives and the resources available to them (Centre for Policy on Ageing, 2014; Windsor *et al.,* 2015; Eatough, 2022). Despite these divergences, the overarching convergence highlights the universal importance of nurturing relationships and resilience in the care leaver experience, emphasising the need for tailored support approaches.

"Family holidays, being part of the family with the last family I was with."

Jade, aged 35, 3rd generation.

Jade, aged 35, entered care aged 10, enter care for reasons of abuse or neglect. While she was in care, she had six placement moves all in a foster family environment. She left care aged eighteen and is also a 3rd generation care leaver. She had a person to trust while in care but not when leaving care and she had a support worker at the initial point of leaving care. Jade has completed a master's degree in higher education and demonstrated a moderate level of resilience on the ARM scoring sixty-five.

Jade's statement about the positive experiences of family holidays in care directly relates to the theme of relationships. During her time with the last family, she was placed with, Jade had the opportunity to engage in family activities and create meaningful connections with her foster family. These experiences highlight the importance of nurturing relationships within the care system, as they provide care leavers like Jade with a sense of belonging, support and a foundation for building future relationships.

However, the absence of positive experiences mentioned after leaving care indicates a potential gap in forming supportive relationships outside of the care system. This underscores the challenges that care leavers may face in transitioning to independent living and developing new relationships. It highlights the significance of ongoing support and resources to help care leavers like Jade navigate this transition and build positive connections in their post-care lives.

"My throughcare foster family… was the closest I have ever felt to being part of a family that cared for me."

Jemma, aged 34, 3rd generation.

When asking the Jemma again what her positive experience was like when she 'left' care the response given was;

"Immediately after leaving care, I attempted suicide, it was only several years later when I had my daughter that I got positive experiences."

Jemma, aged 34, 3rd generation.

Jemma, aged 34, entered care aged twelve, enter care for reasons of abuse or neglect. While she was in care, she had six placement moves, in both foster care and kinship care. She left care aged eighteen and is also a 3rd generation care leaver. She did not have a person to trust while in care and when she left care, nor did she have a support worker at the initial point of leaving care. Jemma has completed a degree in higher education and demonstrated a moderate level of resilience on the ARM scoring sixty-three.

Jemma's experiences in care and after leaving care highlight the significance of relationships in her life. In care, she formed a positive and caring relationship with her throughcare foster family, which provided her with a sense of belonging and support. However, after leaving care, her relationships changed dramatically, leading to a challenging period where she faced emotional difficulties and attempted suicide. This suggests a lack of supportive relationships during her transition out of care. However, the trajectory of Jemma's experiences shifted when she became a mother. The relationship with her daughter brought about positive changes in her life, offering joy, purpose and a sense of connection. The bond with her child likely provided Jemma with a renewed sense of belonging and emotional support, enabling personal growth and resilience.

From the example above, Jade, aged 35 and Jemma, aged 34, are care leavers who entered the care system due to abuse or neglect. During their time in care, both experienced multiple placement moves, with Jade residing in foster families and Jemma in both foster care and kinship care settings. Jade completed a master's degree in higher education, while Jemma obtained a degree. They both demonstrated a moderate level of resilience on the *ARM* scale. However, their experiences diverge when it comes to relationships. Jemma formed a positive and

caring bond with her throughcare foster family while in care, which provided her with a sense of belonging and support. In contrast, Jade recalls positive experiences during family holidays with her last foster family. While Jade had someone to trust during her time in care, she did not have the same level of trust when leaving the care system. In contrast, Jemma lacked a trusted person both during her time in care and after leaving care.

Additionally, Jade had a support worker to assist her during the initial phase of leaving care, whereas Jemma did not have this support. The most significant divergence in their experiences emerges after leaving care. Jemma encountered emotional difficulties and even attempted suicide immediately after leaving care. However, her trajectory shifted when she became a mother, as the relationship with her daughter brought about positive changes in her life. The bond with her child provided Jemma with a renewed sense of belonging, joy, purpose and emotional support, fostering personal growth and resilience. On the other hand, Jade does not mention any positive experiences after leaving care, indicating a potential gap in forming supportive relationships outside of the care system. This highlights the challenges that care leavers like Jade may face in transitioning to independent living and establishing new connections. It underscores the importance of ongoing support and resources to assist care leavers during this critical transition, enabling them to build positive relationships in their post-care lives.

In summary, while both Jade and Jemma share common experiences as care leavers, such as multiple placements and a moderate level of resilience, their paths diverge when it comes to relationships. Jemma had a positive relationship while in care but lacked support when leaving care, which had a profound impact on her well-being. Conversely, Jade had positive experiences within the care system but struggled to establish similar connections after leaving care. The transformation in Jemma's life occurred when she became a mother, emphasising the significance of the relationship with her daughter. These contrasting experiences highlight the complex journey of care leavers and underscore the need for ongoing support to foster positive relationships and resilience during and after the care experience.

"I've got to go on adventurous holidays which I never would've got the chance to do with my birth family. I've got to have my own bedroom which was nice."

Susan, aged 29, 3rd generation.

When asking the Susan again what her positive experience was like when she 'left' care the response given was;

"Immediately after leaving care, I was homeless and then Sex trafficked for four years. Any positive experience would've happened longer after that."

Susan, aged 29, 3rd generation.

Susan, aged twenty-nine, entered care aged nine, for reasons of abuse or neglect. While she was in care, she does not recall her placement moves, but experienced both residential and foster care. She left care aged fourteen and is also a 3rd generation care leaver. She did not have a person to trust while in care nor when she left care. She also did not have a support worker at the initial point of leaving care. Susan has completed a degree in higher education and demonstrated a low level of resilience on the ARM scoring fifty.

Susan's experiences in care and after leaving care highlight the role of relationships in shaping her journey. During her time in care, Susan mentions positive experiences such as going on adventurous holidays and having her own bedroom. These experiences likely resulted from her relationships with foster families or caregivers who provided her with opportunities for exploration and a sense of belonging. However, after leaving care, Susan faced significant challenges, including homelessness and being subjected to sex trafficking. These experiences reflect a lack of positive relationships and support networks during that period. It is evident that the absence of stable and nurturing relationships had a detrimental impact on Susan's well-being and safety. The contrast between Susan's positive experiences in

care and the absence of positive experiences after leaving care underscores the importance of ongoing relationships and support for care leavers. Strong and consistent relationships, whether with foster families, friends, partners or support services, can provide care leavers with a sense of stability, guidance and emotional support during the critical transition into independent adulthood.

"Meeting a partner that changed my world. I have grown up, got a fantastic career and starting a family."

Zack, aged 46, 2nd generation.

Zack aged, forty-six, entered care aged twelve, for reasons of abuse or neglect. While he was in care, he had 1 placement move, experiencing both residential and foster care. He left care aged eighteen and is also a 2nd generation care leaver. He did not have a person to trust while in care but did when he left care. He also did not have a support worker at the initial point of leaving care. Zack's highest education qualification is a Diploma of HE. He demonstrated a low level of resilience on the ARM scoring sixty.

In this qualitative response, Zack, a second-generation care leaver aged 46, reflects on the transformative impact of meeting a partner in his life. He describes this encounter as changing his world, indicating that it had a profound and significant influence on him. This relationship seems to have played a vital role in Zack's personal growth and development. Zack mentions that because of this partnership, he has grown up and achieved a fantastic career. This suggests that his relationship has not only affected his personal life but also had a positive influence on his professional trajectory. It implies that the support and stability provided by his partner have contributed to Zack's ability to focus on his career and achieve success in that area. Furthermore, Zack expresses his excitement about starting a family. This signifies that his relationship has progressed to the point where he envisions building a life together with his partner and creating a family of their own. Starting a family is often

seen as a significant milestone and a source of joy and fulfilment for many individuals.

Both Zack and Susan are care leavers who have experienced challenging circumstances during and after their time in care. They share a common background of abuse and neglect, highlighting the adversity they faced during their formative years. This shared experience of trauma may have shaped their perspectives and influenced their resilience levels. Despite their difficult experiences, both Zack and Susan mention the significant impact of a relationship in their lives. Zack emphasizes meeting a partner who changed his world, while Susan does not mention any positive experiences until a later point. Nonetheless, their responses indicate the potential for relationships to play a transformative role in their lives, offering support, stability and the opportunity for personal growth.

One notable divergence between Zack and Susan's experiences lies in the timing of their positive experiences. While Zack mentions positive outcomes such as personal growth, a fantastic career and starting a family, Susan states that any positive experiences occurred longer after leaving care. This difference suggests that Zack was able to experience positive changes and progress in his life relatively soon after leaving care, whereas Susan faced a longer period of hardship before finding positive experiences. Another divergence is their level of resilience, as assessed by the Adult Resilience Measure (ARM) scoring. Susan demonstrates a low level of resilience, scoring fifty, while Zack's resilience level is slightly higher, scoring sixty. This indicates that Zack may have exhibited slightly more capacity to bounce back and adapt to adversity compared to Susan. The variations in their resilience levels may be influenced by a combination of individual factors and the availability of supportive relationships or resources in their respective journeys.

Additionally, there is a difference in their care experiences regarding the number of placement moves. Susan does not recall her placement moves, suggesting a lack of stability and continuity in her care journey. In contrast, Zack had only one placement

move, indicating a relatively more stable placement experience. These variations in placement moves can have significant implications for the development of relationships, access to support networks and overall well-being.

In summary, Zack and Susan's experiences as care leavers converge in their shared background of abuse and neglect, as well as the recognition of the significant impact of relationships in their lives. However, they diverge in terms of the timing of positive experiences, their resilience levels and the stability of their care placements. These divergences highlight the individual nature of care experiences and the unique challenges and opportunities that care leavers may encounter.

In conclusion, the participants' levels of resilience were closely tied to the presence or absence of positive relationships in their lives, which significantly impacted their care experiences and outcomes. Those with low resilience often lacked a person they could trust both during their time in care and when leaving the system. The absence of supportive relationships may have contributed to their lower resilience levels and posed challenges in their transition to adulthood. However, despite these difficulties, some of them were able to complete higher education degrees, suggesting the potential for resilience to be nurtured even in the absence of strong relationships. Participants with moderate resilience levels demonstrated a more varied set of experiences. While they may have had a person to trust while in care, they lacked that support upon leaving the system. However, they did have the assistance of a support worker at the initial point of leaving care. These findings suggest that having support during the transition period can play a significant role in fostering resilience, even if long-term supportive relationships are not present. In contrast, participants with high resilience levels often had a person they could trust both during their time in care and when leaving care. This support, coupled with the presence of a dedicated worker, likely contributed to their higher levels of resilience. These individuals were more likely to achieve higher education qualifications, emphasising the positive impact of nurturing relationships on educational outcomes and overall well-being.

Overall, the study highlights the critical role of positive relationships in the lives of care leavers. Building trust, providing support and cultivating meaningful connections can contribute to the development of resilience and positively influence care experiences and outcomes. The findings underscore the need for interventions and support systems that prioritise the establishment and maintenance of nurturing relationships throughout a care leaver's journey, from their time in care to their transition into adulthood.

S is for Support

Historically, the care system has had a bad reputation when it comes to supporting looked after children (See Chapter 2). Looking back through the legislation, not much was in place around the mid to late 20th century to protect children and young people who were removed from their parents (*The Children Act 1948;* Venken and Röger 2015). Although the care system is in place to care for looked after children that are familiar with adverse childhood experiences, these children were not always cared for, this is reflected in the responses made by older participants. For instance, one participant stated that while she was in care her positive experience was;

"In care absolutely nothing positive at all care was the last thing we received".

Katie, aged 53, 1st generation.

When asking her if she had anything else to share, she stated;

"I never received care. When taken from your family because they failed you and then being told it would be better in care. They lied, they failed, my life was worse."

Katie, aged 53, 1st generation.

Katie aged fifty-three, entered care aged five due to abuse or neglect. She had two placement moves during her time in care, spending his time in residential care setting. She left care aged seventeen and is a 1st generation care leaver. She also highlighted that she did not have a person to trust while in care and when she left care. She also did not have a support worker at the initial point of leaving care. Katie highlights her higher education qualification is GCSE or equivalent. She demonstrates a low level of resilience on the ARM, scoring fifty-eight.

Opposed to Katie is Barry who as a 1st generation care leaver also has differing resilience outcomes and in-care experiences. In the questionnaire, he was asked about his positive experience whilst in care. He stated:

"Safe, food, bed, warmth, friends, outings, school".

Barry, aged 54, 1st generation.

However, he did not share anything in relation to support he was provided with while in care. Opposed to this when asking him in the questionnaire if he had any positive experiences once he left care he said;

"None."

Barry, aged 54, 1st generation.

Barry aged fifty-four, entered care aged seven due to family dysfunction. He had three placement moves during her time in care, spending his time in residential care setting. He left care aged sixteen and is a 1st generation care leaver. He also highlighted that he did have a person to trust while in care, but not when he left care. He did not have a support worker at the initial point of leaving care. Barry highlights he has no qualifications. He demonstrates a high level of resilience on the ARM, scoring seventy-two.

Katie's account reveals a deeply negative perception of her time in care. She expresses a complete lack of positive experiences and states that care was the last thing she received. Her narrative suggests a profound disappointment and a sense of betrayal by the system that was meant to provide her with support and protection. Katie emphasises the absence of a person she could trust while in care and when leaving care, as well as the lack of a support worker during her transition. These factors likely contributed to her low resilience level, as reflected in her ARM score of fifty-eight. Furthermore, Katie's highest education qualification being GCSE or equivalent indicates potential challenges in educational attainment. In contrast, Barry's response reveals a more positive view of his time in care, particularly highlighting the provision of safety, food, shelter, warmth, friendships, outings and school. He acknowledges these aspects as positive experiences during his care placement. However, Barry does not elaborate on the support he received while in care. When asked about positive experiences after leaving care on the questionnaire, he states that he had none. This suggests that Barry may have struggled with the transition from care to independent living. Despite this, Barry demonstrates a high level of resilience, as evidenced by his *ARM* score of seventy-two. It is worth noting that while he had a person to trust while in care, he lacked such support after leaving care, which may have impacted his post-care experiences.

These two contrasting accounts highlight the significant variations in care experiences and resilience outcomes among 1st generation care leavers. Katie's

negative perception and low resilience level indicate the potential adverse effects of inadequate support and the absence of positive relationships during her time in care. On the other hand, Barry's higher resilience level suggests that despite the absence of support after leaving care, his positive experiences while in care may have contributed to his ability to cope and adapt. These findings underscore the importance of providing comprehensive and continuous support throughout a care leaver's journey, including both during their time in care and during the critical transition to independent adulthood.

In practice from 1989, children transitioning out of care were entitled to continued support from the state to aid their transitions out of care and until the ages of twenty-one while in education, employment or training. More specifically from the implementation of the Children (Leaving) care Act 2000 looked after children should be appointed with a personal advisor (after care support worker) to aid them in their transition out of care up until the ages of 21 or 25 if in education, employment or training. In 2010, new regulation was set (*The Children Act, 1989*) highlighting the duties of the personal adviser. As a result of this, participants were asked if they had a personal advisor (after care support worker) at the initial point of leaving care. Of which, 47.5% of participants said they did not have an aftercare support worker. Moreover, to build a stronger picture, the following table predicts the difference by generation of participants and whether they had an aftercare support worker?

Table 13. Cross Tabulation for Generation by Aftercare Support Worker

	Left care by generation			
After care support worker	*Generation 1 - Pre1989*	*Generation 2 - 1989-2000*	*Generation 3 - Post 2000*	*Total*
Yes	0.0%	36.4%	63.2%	52.5%
No	100.0%	63.6%	36.8%	47.5%
Total	100.0%	100.0%	100.0%	100.0%

The table provides a summary of the presence or absence of aftercare support workers at the initial point of leaving care, categorised by different

generations of care leavers. For Generation 1 care leavers, none of them had an aftercare support worker. For Generation 2 care leavers (1989-2000), 36.4% had an aftercare support worker, while 63.6% did not. In contrast, for Generation 3 care leavers (post-2000), a higher percentage, 63.2%, had an aftercare support worker, while 36.8% did not. Overall, the data indicates a considerable improvement in the provision of aftercare support workers for care leavers in more recent generations. However, there is still a significant portion of care leavers who do not receive this crucial support upon leaving care.

The lack of support trend persists even among the 3rd generation care leavers. This is evident in the account of a participant with low resilience, who highlights the absence of support as a significant aspect of their experience when leaving care. This narrative underscores the ongoing challenges faced by 3rd generation care leavers in accessing the necessary support systems during their transition from care.

"I was very lucky to be in residential home that had a very high CQC rating. Many children from that home did also go to university. I was supported very much so to become independent and to chase my educational aspirations by the care home. Unlike, the social workers and PAs who just told me to apply for benefits and to just focus on getting a part time job or apprenticeship. Thanks to the [residential home staff], I exceeded everyone's expectations and I am a postgraduate marketing student with PhD aspirations, a miniscule statistic compared to both the 6% of care leavers at university and to care leavers and care experienced people. The [residential home] made feel loved and cared for. They taught me to live and not just survive. They provided a strong feeling of an important foundation; the foundation of family, granted a big family but a caring environment, nonetheless".

Ben, aged 22, 3rd Generation.

When asking the Ben again what his positive experience was like when he 'left' care the response given was;

"Not much, support was minimal. I was always told to ground my aspirations by the care leaving team. They did not really approve of me or encourage me to continue education at a postgraduate level."

Ben, aged 22, 3rd Generation.

Ben, aged twenty-wo, entered care aged fourteen, for reasons of abuse or neglect. While he was in care, he had a total of two placement moves, spending his time in residential care. He left care aged nineteen and is also a 3rd generation care leaver. He did not have a person to trust while in care but not when he left care. He also had a support worker at the initial point of leaving care. Ben has completed a degree in higher education and demonstrated a low level of resilience on the ARM scoring forty-seven.

The care home staff played a crucial role in supporting Ben's independence and nurturing his educational aspirations. Their encouragement and guidance helped him exceed expectations, leading to his status as a postgraduate marketing student with aspirations for a PhD. Ben attributes his success to the caring and supportive environment provided by the residential home, which made him feel loved and valued. However, the picture changes after Ben left care. When discussing his experiences after leaving care, he highlights a notable contrast in the level of support. Ben perceives the support he received as minimal, particularly from the care leaving team. He mentions being discouraged and not approved of in pursuing higher education at a postgraduate level. This lack of support and encouragement to continue his education appears to have affected Ben's experience after leaving care. The disparity in support between Ben's time in care and after leaving care suggests a difference in the quality and effectiveness of support systems during these two phases. The residential home provided a nurturing and supportive environment, fostering Ben's personal and educational growth. However, the care leaving team, responsible for supporting young people transitioning out of care, seemed to have limited support and approval for Ben's educational aspirations.

Among the 2nd generation care leavers, it is noteworthy that only one participant explicitly mentioned support as a positive experience of who has high resilience. This participant's narrative sheds light on the significance of support in their journey. By examining their experience, we can gain insights into the specific impact of support on individuals from the 2nd generation care leaver population.

"Supportive carers, set routines, food available at all times, clean clothes, someone to talk to who would listen, sitting around a table chatting about our day, picked up good habits, they wanted me to succeed."

Margaret, aged 45, 2nd generation.

When asking Margaret again what her positive experience was like when she 'left' care the response given was;

"I had a good amount of support with budgeting, self-help skills around the house e.g., changing a plug, cooking, shopping."

Margaret, aged 45, 2nd generation.

Margaret aged forty-five, entered care aged eight due to reasons of family dysfunction, abuse or neglect, family in acute stress and absent parenting. She had three placement moves during her time in care, spending his time in both residential and foster care setting. She left care aged sixteen and is a 2nd generation care leaver. She also highlighted that she did have a person to trust while in care and when she left care. She did have a support worker at the initial point of leaving care. Margaret highlights her highest educational qualification is a degree in higher education. She demonstrates a high level of resilience on the ARM, scoring seventy-one.

Margaret, a 2nd generation care leaver, experienced a supportive care environment. She had caring and stable carers who established routines, provided food and clean clothes and engaged in meaningful conversations. This fostered a sense of security

and belonging. Margaret also gained positive habits and felt supported in her goals. After leaving care, Margaret received practical support in budgeting and developing essential skills like cooking and shopping. This assistance aimed to prepare her for independent living. Her account highlights the importance of supportive relationships and structured care in the lives of care leavers. It demonstrates the positive impact of having empathetic caregivers who invest in a care leaver's development and well-being. Margaret's experience emphasises the need for comprehensive support throughout a care leaver's journey, encompassing both their time in care and the transition to adulthood. Providing nurturing environments, emotional support and practical guidance can significantly contribute to care leavers' resilience and successful transition to independent living.

Moving on to the analysis of 3rd generation participants who demonstrate high resilience levels, it is notable that they emphasise the importance of support as a positive experience both during their time in care and after leaving care. These individuals have scored high on the resilience index, indicating their ability to adapt and thrive despite challenging circumstances. Their narratives shed light on the significant role that support plays in shaping their outcomes. By examining their experiences, we can gain insights into the impact of sustained support on the lives of care leavers.

“Learning what unconditional support is.”

Demi, aged 32, 3rd generation.

When asking the Demi again in the questionnaire what her positive experience was like when she ‘left’ care the response given was;

“Social worker still regularly in touch. Financial support.”

Demi, aged 32, 3rd generation.

Demi aged thirty-two, entered care aged fifteen due to reasons of abuse or neglect. She had two placement moves during her time in care, spending his time in foster care setting. She left care aged sixteen and is a 3rd generation care leaver. She also highlighted that she did not have a person to trust while in care nor when she left care. But she did have a support worker at the initial point of leaving care. Demi highlights her highest educational qualification is GCSE's. She demonstrates a high level of resilience on the ARM, scoring seventy-two.

The response provided by Demi highlights the theme of support in her care experience. She expresses the significance of learning about unconditional support during her time in care. This suggests that she experienced a consistent and unwavering form of support from caregivers or professionals involved in her care. When asked about her positive experience after leaving care on the questionnaire, Demi mentions that her social worker has remained in regular contact with her. This indicates that she continues to receive ongoing support and guidance even after transitioning out of the care system. Additionally, Demi mentions receiving financial support, which further demonstrates the importance of continued assistance in helping care leavers navigate post-care life. Overall, Demi's responses emphasise the value of both enduring connections and practical support in her care journey, highlighting the crucial role that support plays in the well-being and success of care leavers.

"Being listened to. Briefly over coming my social anxiety."

Amelia, aged 21, 3rd generation.

When asking the Amelia again what her positive experience was like when she 'left' care the response given was;

“Leaving Care worker was fantastic and jumped through hoops to get me more support.”

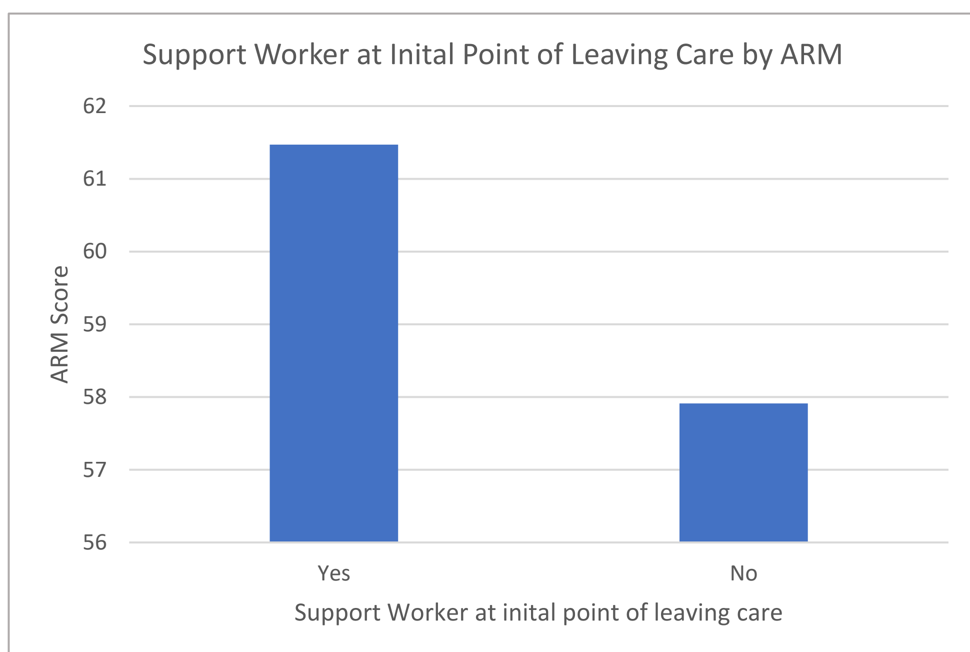
Amelia, aged 21, 3rd generation.

Amelia, aged twenty-one, entered care aged fifteen due to her own mental health problem and needing a specialist placement. She had three placement moves during her time in care, spending his time in both residential and foster care settings. She left care aged eighteen and is a 3rd generation care leaver. She also highlighted that she did have a person to trust while in care and when she left care. But she did have a support worker at the initial point of leaving care. Demi highlights her highest educational qualification is GCSE’s. She demonstrates a high level of resilience on the ARM, scoring eighty.

The response provided by Amelia reflects the theme of support, particularly in the areas of being listened to and overcoming social anxiety. Amelia highlights the importance of having her voice heard and valued during her time in care, indicating that she experienced a supportive environment where her opinions and concerns were acknowledged. Furthermore, Amelia mentions briefly overcoming her social anxiety, suggesting that she received assistance and encouragement in managing and addressing this challenge. This implies that she received support and guidance from caregivers or professionals who actively worked towards her personal growth and well-being. When discussing her positive experience after leaving care, Amelia specifically mentions the Leaving Care worker being fantastic and going the extra mile to secure additional support for her. This further emphasises the significance of having dedicated professionals who advocate for and provide care leavers with the necessary resources and services to thrive in their post-care lives. Amelia's responses highlight the vital role of attentive listening, overcoming personal challenges and the dedication of supportive professionals in her care experience. It underscores the positive impact of tailored support in addressing individual needs and promoting the well-being and development of care leavers.

Shifting from the qualitative aspect of resilience and aftercare support workers, we now turn our attention to the quantitative results regarding participant resilience mean scores and the presence of an aftercare support worker at the initial point of leaving care. Furthermore, we will examine the number of participants who had an aftercare worker and their resilience scores independently, focusing on the quantitative analysis.

Figure 25. Bar Chart for Support Worker when Leaving Care by Mean Resilience Score



The mean resilience score for participants who had an aftercare support worker at the initial point of leaving care is 61.47. On the other hand, participants who did not have an aftercare support worker have a lower mean resilience score of 53.96. The total mean resilience score, combining both categories, is calculated to be 57.91. This analysis suggests that participants who had the support of an aftercare worker at the time of leaving care tend to have a higher average resilience score (moderate) compared to those who did not receive such support (low).

To summarise, both Katie and Ben, who demonstrate low levels of resilience, experienced multiple placement moves during their time in care. They both lacked a person to trust while in care and after leaving care. However, there was a difference in the availability of support. Katie did not have a support worker at the initial point of leaving care, while Ben did have a support worker. Their educational qualifications also varied, with Katie having a GCSE or equivalent qualification, while Ben completed a degree in higher education. Barry, Margaret, Demi and Amelia, who exhibit high levels of resilience, had fewer placement moves during their time in care. They all had a person to trust both while in care and after leaving care. Barry and Demi did not have a support worker at the initial point of leaving care, while Margaret and Amelia did have a support worker. In terms of educational qualifications, Margaret and Amelia had degrees in higher education, while Demi and Barry did not have any qualifications.

The key divergence between the participants with low and high resilience levels lies in their experiences of support. Katie and Ben, with low resilience, lacked a significant level of support. Katie did not have a support worker and Ben only had minimal support from the care leaving team. This limited support may have impacted their ability to navigate the challenges of transitioning out of care and hindered their educational aspirations. In contrast, Barry, Margaret, Demi and Amelia, with high resilience, had more positive experiences of support. They either had a support worker or experienced support from the care system. This support seemed to contribute to their higher educational achievements and overall resilience. They had someone to trust and relied on the support system, enabling them to succeed academically and develop higher levels of resilience.

The convergence and divergence in the experiences of the participants highlight the crucial role of support in shaping resilience outcomes. Adequate support, both while in care and during the transition out of care, appears to contribute to higher resilience levels and better educational outcomes. In contrast, a lack of support may hinder resilience and limit educational opportunities for care leavers.

Chapter 6: Discussion of Findings

Building upon the analysis presented in the previous chapter, this chapter will provide a comprehensive discussion of the research findings, focusing on addressing the two research questions:

1. What are the mediating processes associated with positive outcomes for care leavers?
2. How does one's experience in the care system influence their outcomes?

The first research question will be answered by a discussion of the STAIRS model in the light the data analysis presented in chapter 5; it will be argued that the unique theoretical contribution of this thesis is the formulation of a new dynamic model for understanding resilience in care leavers, which draws on their experiences in,-during- and after care. The second research question will be answered through the unique methodological contribution of this thesis which via the use of qualitative with quantitative methods, emphasises the lived experience of care leavers and the effect of their generational cohort and its socio-political context.

In line with the format of Chapter 5, this discussion will be organised into six sections, each of which addresses one component of the STAIRS model, although we must emphasise that each component works together in a dynamic way, which is affected by generational cohort effect:

1. Stability as a factor in resilience
2. Trust and its impact on resilience
3. Accomplishments and their association with resilience
4. Independence and its influence on resilience
5. Relationships and their impact on resilience
6. Support as a factor in resilience

Each theme is dedicated to exploring a distinct understanding of resilience outcomes within the care leaver population. By delving into these themes, this discussion seeks to shed light on the multifaceted factors that influence the resilience of care leavers. It emphasises the importance of considering the broader context and evolving perspectives surrounding this research population, ultimately contributing to a more significant and comprehensive understanding of their experiences and resilience outcomes. The chapter will then end with concluding remarks, which return us to the research objectives and offer recommendations in the light of the analysis.

The STAIRS Model

Historically, prior to the 1970s, the theoretical understanding of this research population was limited, with attachment theory serving as the primary framework (see Robertson 1952; 1953; Robertson and Bowlby 1952; Brooks and Bowlby, 1973; Waters and Noyes, 1983; Bowlby and Solomon, 1989). However, in this study, which draws on the lived experience of looked after children and care leavers themselves, our understanding of resilience and positive outcomes for this group has expanded significantly. Incorporating a resilience framework has allowed for a more dynamic understanding (Ungar, 2004; Walsh, 2011; Rutter, 2013; Masten, 2014; Ungar, 2015; Van Breda, 2015; Walsh, 2015; Van Breda, 2018), not only of their initial separation from biological parents which is primarily a contribution to attachment theory (Bowlby, 1979; Bowlby and Ainsworth, 2013), but of the experiences they encounter prior to care (Felitti *et al.*, 1998; Bywater's *et al.,* 2016), during their time in care and the mediating processes that shape their outcomes after leaving care (Fernandez *et al.,*. 2017) which are commonly described in research, rather than theorised (See, Godek, 1976; Kahan, 1979; Robson, 1987; Lupton, 1985; Morgan-Klein, 1985; Stein and Maynard 1985; Stein and Carey, 1986). Building on earlier resilience frameworks the STAIRS model, proposed in this study, allows for the appreciation of pre/in and post care factors and facilities a greater understanding of what drives positive outcomes. As Chapter Five demonstrated, qualitative with quantitative data provides clear empirical evidence for the efficacy of the STAIRS model. The STAIRS

model has six dimensions to it; each dedicated to a specific theme and its impact on the resilience of care leaver; however, it is important to note that, the themes are not considered static - there is interconnectivity between all six. However, for the purposes of this discussion each one will be discussed in turn.

Stability as a Factor in Resilience:

Stability plays a paramount role in the lives of care-experienced individuals, exerting a profound impact on their resilience, well-being and overall development. By providing a secure and consistent environment, stability fosters healthy relationships, reduces uncertainty and enables care-experienced individuals to navigate challenges with greater resilience and adaptability (Stein, 2008). Recognising and prioritising stability within the care system is crucial for supporting the positive outcomes and long-term success of care-experienced individuals (Zima *et al.,* 2000; Vanderwert *et al.,* 2016). The following will highlight the main factors of stability contributing to resilience.

Reasons for Entering Care

Initially, entering care is seen as a threat to stability, as the initial process of leaving the home of biological parents to enter care is considered a disruption to a child's life. The initial process of entering care is commonly for reasons of, abuse, neglect, absent parenting, family dysfunction and parents in acute stress (Bywaters *et al.,* 2016; Department for Education, 2021). The analysis revealed that for some children, being removed from their biological parents and dangerous environments, is perceived as a positive aspect of entering care. Removal from neglectful or abusive situations creates a safer environment for the child, thus being considered an influential factor in fostering resilience by providing the necessary space and resources to overcome previous adversities. As such, the circumstance experienced by looked after children can have profound effects on them physically, emotionally and psychologically (Felitti *et al.,* 1998).

However, it is important to recognise that the nature and extent of the adversities faced significantly impact the ability to overcome these experiences after entering care. Quantitative analysis showed that individuals who entered care due to 'absent parenting' exhibited the lowest levels of resilience in adulthood. Although, it could be inferred that this aligns with attachment theory (Bowlby 1979; Bowlby and Ainsworth, 2013) suggesting that these participants were less likely to have formed secure attachments with their biological parents that could hinder their resilience (Sroufe *et al.,* 2009). However, attachment theory can only attempt to explain the outcomes for those that entered care for reasons of absent parenting but does not account for other reasons of entering care and mediating factors associated with resilience outcomes and care leavers. Moreover, individuals who entered care due to 'family in acute stress' demonstrated the highest levels of resilience. Experiencing stress, as opposed to physical or emotional abuse, may provide opportunities for individuals to develop and acquire coping mechanisms more readily as stress in a family setting can prompt the acquisition of effective coping mechanisms in response to hardship (Masten and Narayan, 2012). Consistent with existing literature, the research findings indicate that greater adversity in childhood, particularly in terms of physical and emotional aspects, is associated with lower resilience levels in adulthood (Cicchetti, 2013; Masten, 2014). Thus, the reason for entering care can influence resilience outcomes later in life.

Age of Entry into Care

Additionally, the age at which individuals enter care has been found to have a relationship with resilience in care leaver participants. Specifically, entering care between the ages of thirteen and eighteen is associated with better resilience outcomes as opposed to those that enter care at a younger age. It could be suggested that those who are older have a greater understanding of the reasons for their entry into care and possess more advanced emotional and cognitive abilities compared to younger children (Children's Commissioner 2021; Department for Education, 2021). It could also be inferred that prior to entering care they had somewhat of a stable

foundation to build coping mechanisms and adapt to new circumstances, suggesting that pre-care experiences effect stability which in turn, hinder/support resilience (Masten *et al.,* 2005). Conversely, the pre-care lives of younger children may have been less stable than those of older children who enter care at an early age. Their sense of stability may have been undermined and the growth of resilience hampered by disruptions, inconsistent caregiving or even abuse and neglect; all presenting additional challenges for younger participants (Masten and Narayan, 2012). Moreover, supporting evidence carried out by Bright Spots Research Programme (Staines and Selwyn, 2019) highlights that older children are likely to receive a greater explanation regarding their entry into care. Having limited understanding of their childhood and histories can negatively affect looked after children and care leavers socially and emotionally (Ryan and Walker, 2016).

However, these findings do not align with the experiences of 1st generation care leavers. While stability plays a significant role in the outcomes of 1st generation participants, particularly in terms of the support received during their time in care and its positive impact on academic achievements, it can be inferred that the accumulation of life experiences and challenges may also contribute to their ability to develop resilience through internal and external protective factors (Windsor et al, 2015; Eatough, 2022).

Considering the findings presented, it becomes evident that tailored support is essential for looked after children upon entering care. Understanding the specific reasons for their entry into care and providing appropriate support accordingly is crucial in promoting positive outcomes, particularly in terms of stability, in the long term. Moreover, it is important to consider the age at which looked after children enter care as an additional factor in determining the type of support they require. For instance, for those who entered care due to 'family in acute stress', it is likely that they have already developed some resilience and coping strategies. However, it is important to acknowledge that for looked after children who entered care for other reasons, such as abuse, neglect, absent parenting or family dysfunction, the absence of timely and appropriate support, particularly support that equips them with

effective coping strategies, could have prolonged adverse effects on their stability, thus disrupting their ability to develop greater resilience.

Therefore, it is recommended that comprehensive and individualised support systems be implemented for looked after children upon entering care, considering both the reason for entering care and the age at which they entered. This support should be tailored to address the unique needs and challenges associated with their specific circumstances, with a particular focus on promoting stability. For example, trauma-informed care should be provided for those who experienced abuse or neglect, with an emphasis on creating a stable and nurturing environment. Furthermore, considering the age at which looked after children enter care is crucial in determining the appropriate level of support. Older children entering care, for example, between the ages of thirteen and eighteen, may require support in transitioning to independence and building stable foundations for their future. Tailoring support to their specific age group can optimise their resilience-building process, enhance their stability and ensure that they receive the most effective assistance.

By prioritising the provision of tailored support, both in terms of the reason for entering care and the age at entry, we can maximise the potential for positive outcomes in terms of stability among looked after children. It is crucial to recognise the diverse needs and experiences within this population and provide personalised support that addresses their unique circumstances, with the goal of fostering stability throughout their journey in care. By doing so, we can empower looked after children to overcome challenges, build resilience and establish a strong foundation for long-term stability in their lives.

Placement Type

The analysis of the types of placements experienced by care leaver participants reveals distinct differences in resilience outcomes. Foster care placements are

associated with slightly higher levels of resilience, while exclusive residential care placements show slightly lower levels. Surprisingly, participants who have experienced both foster care and residential care exhibit even lower resilience scores. These findings highlight the importance of stability and the cumulative effects of multiple placement transitions on resilience.

The data aligns with previous literature suggesting that foster care placements provide a more stable and nurturing environment, contributing to enhanced resilience outcomes (Newton *et al.,* 2000; Schofield, 2001; Sinclair *et al.,* 2005; Rubin *et al.,* 2007). However, the analysis somewhat challenges the previous literature by showing that exclusive residential care placements can also offer a certain level of stability with comparable resilience levels to foster care. It is important to note that the combined experience of both foster care and residential care has a slightly detrimental effect on resilience outcomes, likely due to the increased disruptions and challenges associated with transitioning between different placement types.

Qualitative responses from care leaver participants support the significance of stability in their care experiences. Stable and supportive foster care placements are highlighted as having a positive impact on well-being and resilience. The narratives emphasise the role of caring and consistent foster parents in providing a sense of belonging, support and guidance. These experiences underscore the importance of stability in foster care placements for fostering resilience and positive outcomes.

To reiterate, the findings suggest that it is not the placement type itself that hinders the resilience of care leavers, but rather the level of support received within the placement. The analysis indicates that individuals who have experienced both foster care and residential care exhibit the lowest levels of resilience. Therefore, it is recommended to focus on creating a supportive and nurturing environment within all placement types. This includes providing consistent and compassionate care, establishing positive relationships with looked after children. Supportive placements, whether foster care or residential, should prioritise stability, belonging and opportunities for positive connections with family members and peers.

Furthermore, the analysis highlights the variability in training and support received by care leavers in both foster care and residential settings. To enhance resilience outcomes, it is essential to ensure equal levels of support for care leavers. This requires comprehensive training programmes and ongoing support for carers in both types of placements. By investing in the professional development of carers, we can enhance their ability to meet the unique needs of care leavers and contribute to their overall resilience and well-being.

Placement Moves

Participants who have experienced both foster care and residential care tend to have a higher number of placement moves compared to those who have only experienced either foster care or residential care. Specifically, the data shows that 53.6% of participants who have experienced both placement types have had 10+moves, whereas only 8.3% of participants who have experienced foster care only and 6.7% who have experienced residential care only, have had a similar number of moves. These findings suggest that participants who have been exposed to both foster care and residential care experience a greater level of instability, as reflected in the higher number of placement moves. In contrast, participants who have only experienced one type of placement, either foster care or residential care, tend to have a relatively lower number of placement moves, indicating a higher degree of stability in their care experiences. Although these results support previous research that suggest foster care is considered relatively more stable than residential care (Sinclair *et al.,* 2005), there is limed understanding on the impact of experiencing both type of placement has on looked after children and care leaver outcomes.

Moreover, the analysis reveals a clear trend in resilience outcomes related to placement stability. Quantitative data indicates that individuals with zero placement moves have lower resilience scores (57.17), while those with one or between one to three placement moves exhibit higher resilience scores (61.27 and 61.17,

respectively). As the number of placements moves increases, resilience scores decline. These findings suggest that stability, characterised by fewer placement moves, is associated with improved resilience outcomes.

Participants who experienced fewer disruptions in their care placements had a greater opportunity to build stable relationships, establish routines and adapt to their surroundings, ultimately contributing to higher levels of resilience. These findings align with existing resilience research, which emphasises the positive impact of stability on care leavers. Stability, particularly in terms of fewer placement moves and foster care placements, facilitates the development of relationships, positively influences emotional and behavioural factors, supports continuity and identity formation and enhances physical, cognitive and social-emotional well-being (Goodyer, 2009; Barn, 2010; Bellamy, Gopalan and Traube, 2015). Therefore, promoting stability in care placements can significantly enhance the resilience outcomes of care leaver participants.

While stability is undoubtedly a fundamental aspect of resilience when studying care leavers, it is imperative to acknowledge that it is not the sole determining factor.

This discussion of stability highlights the importance of tailored support for looked after children upon entering care. Recognising the specific reasons for their entry into care and addressing their unique needs and challenges is crucial in promoting positive outcomes, particularly in terms of stability. The findings underscore the significance of stability in foster care placements, as well as the detrimental effects of experiencing both foster care and residential care. It is recommended to prioritise the provision of comprehensive support systems that focus on stability, belonging and the development of coping strategies for looked after children. Additionally, considering the age at which looked after children enter care is essential in providing appropriate support. By investing in caregiver training, creating nurturing environments and minimising placement moves, we can enhance the resilience outcomes of care leavers. Ultimately, promoting stability, individualised support and a holistic approach to care can empower looked after children to overcome

challenges, build resilience and foster long-term stability in their lives. Lastly, when considering 1st generation care leavers, it could be suggested that their life experiences have contributed to their resilience. However, their time in care also reflects the stark contrast between the care system of their era and the improvements that came with *The Children Act 1989.* This stark difference demonstrates how the care system has evolved, with better and improved services now available for care leavers with the holistic development in children rights and safeguarding. Nevertheless, the responses from younger generations indicate that there is still room for further improvement within the care system.

Trust and its Impact on Resilience:

Analysing the quantitative data on trust relationships among care leaver participants, a notable shift in trust dynamics becomes apparent. For 3rd generation care leavers, the majority had reported having someone they could trust while in care, the proportions changed when they were leaving care. This suggests a change in the availability of trust relationships during the transition from care, with fewer participants having trust relationships after leaving care. However, the proportions did not change at all for the 1st generation participants. While the 2nd generation had improved levels of trust in comparison to 1st generation, they were not as positive as the 3rd generation of care leavers, demonstrating that legislative implementation (*Children Act 1989*; *Children Leaving Care Act 2000*) has had an increasing positive effect on the younger generation of care leavers but is still not at optimal levels, with concerns during their transition out of care. Moreover, when looking at resilience and trust, participants who reported having a person to trust both in care and when leaving care, demonstrated higher levels of resilience, as indicated by their mean resilience scores on the *ARM scale*. In contrast, those who did not have trusting relationships scored lower on the resilience scale. These findings emphasise the positive influence of trust on resilience outcomes and highlight the importance of having at least one person to trust during and after care. However, it is noteworthy that the percentage of participants reporting trust when leaving care was lower

compared to trust while in care. This suggests that there may be a decrease in the availability or perception of trusted relationships during the crucial phase of leaving care.

Furthermore, when looking at the generational difference, the quantitative findings reveal that over half of the 3rd generation participants indicated that they were able to trust at least one person while in care. However, for those who left care prior to 2000 (2nd generation), less than half reported having a person to trust in care. Notably, of participants who left care before the implementation of the *Children Act 1989* (1st generation), only 25% had a person to trust while in care. As previously highlighted, these findings suggest an improvement in trust experiences over the decades as policies have been implemented due to the *Children Act 1989* and *Children (Leaving care) Act 2000.* Trust in care tends to promote resilience in care leaver participants, as those who have a person to trust while in care demonstrate higher levels of resilience. However, there is a shift in trust once they leave care.

Examining the qualitative data, two aspects of trust emerge: trust in carers and trust in staff (social workers and system support). Care leavers who developed trusting relationships with their foster carers reported feeling a strong sense of attachment, security and self-assurance (Singer *et al.,* 2013). Trust in carers creates an environment where care leavers feel heard, valued and supported, contributing to their overall positive self-perception. The transformative power of trust is evident in their narratives, with trust serving as the foundation for safe relationships with carers, a sense of belonging and emotional well-being (Bellis *et al.,* 2017).

However, some care leavers expressed challenges in establishing trust and developing positive relationships. This could stem from feelings of not belonging or not feeling loved in their foster care placements. The absence of trusting relationships and a lack of support from social workers further compounded their difficulties. These experiences underscore the significance of providing looked after children with a nurturing and inclusive environment where they feel loved, valued and supported. Furthermore, early foundations of trust can be tarnished by early

childhood adversity especially in the pre-care setting, as trust is thought of as being a cognitive process (Rotter, 1954). As such looked after children are likely to have little or no trust upon entering the care system, which can then affect the initial relationships with carers and social workers. In turn, significantly influencing the stability of looked after children as trust is essential in aiding positive relationships and aiding in the navigation of challenging situations (Bellis *et al.,* 2017); likewise, we might argue that stability may engender trust or vice versa, thus the two are interconnected. Establishing a trusting connection with someone, such as a caregiver, social worker or support professional, can have a profound effect on their overall well-being and sense of security.

When looked after children feel that they can trust someone in their support network, it creates a safe and nurturing environment for them to grow and thrive. Trusting relationships can lead to better communication, enhanced emotional support and more effective problem-solving, as looked after children feel comfortable expressing their needs and concerns. Building trust and attending to the emotional needs of looked after children is vital to fostering their overall well-being and resilience.

Trust plays a crucial role in the lives of care leavers, both during their time in care and as they transition out of care (Newman and Blackburn, 2002; Newman, 2004). It serves as a foundational element in the creation of safe and supportive relationships, fostering emotional stability and a sense of belonging (Rotter, 1954). When care leavers have trusted relationships with their foster carers or other carers, they feel valued, heard and supported, which contributes to a positive self-perception. Trust is also essential in the transition process, as care leavers rely on the trust they place in mentors and leaving care workers who provide them with resources, guidance and emotional support. Furthermore, self-trust is equally significant, empowering care leavers to have confidence in their abilities, make autonomous choices and seize opportunities. In all its manifestations, trust plays a pivotal role in the well-being, resilience and successful transition of individuals in and out of care.

As highlighted in the literature (Happer *et al.,* 2006; Siebelt *et al.,* 2008; DCSF, 2009; Ryan, 2012; Bellis *et al.,* 2017) and evidenced in the analysis, trust is a crucial element in the lives of care leavers, impacting their experiences in care and their transition out of care. Trusting relationships with carers and staff contribute to a positive sense of self and emotional stability. Care leavers who have trusting relationships demonstrate higher levels of resilience. However, challenges in establishing trust and receiving adequate support can hinder care leavers' well-being. Therefore, it is imperative to prioritise the development of trusting relationships, provide nurturing environments and ensure ongoing support for looked after children and care leavers to enhance their resilience and successful transition into adulthood.

Prioritising trust-building efforts and providing comprehensive support is essential for fostering trust and resilience among care leavers. This can be achieved by providing training and support to carers, fostering open communication, active listening and empathetic responses. Trusting relationships contribute to emotional well-being, a sense of belonging and successful transitions into adulthood. During the transition, leaving care workers, mentors and support systems should be trusted and relied on, offering emotional support, guidance and access to resources. Addressing challenges in trust building, such as past negative experiences or feelings of not belonging, can help improve well-being and develop trusting relationships. Promoting self-trust is also crucial, as it empowers care leavers to navigate challenges, make independent choices and seize opportunities. Regular assessment, feedback and guidance for carers are essential for ongoing trust-building efforts. Maintaining communication channels with care leavers even after transitioning out of care ensures access to resources and guidance, further promoting trust and resilience. By prioritising trust-building efforts, care leavers can thrive and build resilience, ultimately improving their experiences and outcomes.

Accomplishments and the Association with Resilience:

Accomplishments play a vital role in nurturing resilience, as they contribute to personal growth, a sense of mastery and overall well-being. They provide individuals with the opportunity to thrive and build positive momentum, fostering feelings of gratitude and enhancing their resilience (Newman and Blackburn, 2002; Newman, 2004). It is particularly impactful to recognise the achievements of care leavers in education when considering that non-care leaver peers often regard education as a significant accomplishment (Cole, 1990). As such, the findings of the study underscore a positive association between higher education qualifications and resilience levels among care leavers. Participants who had achieved higher education qualifications demonstrated higher levels of resilience compared to those with lower education qualifications or no qualifications. This suggests that educational attainment plays a significant role in fostering resilience outcomes within the sample.

For care leavers, pursuing education is not just an academic journey but also a testament to their resilience, determination and ability to succeed despite facing numerous challenges and limited resources, both physically and emotionally (Ellis and Johnston, 2022). These findings from the analysis highlight the remarkable resilience demonstrated by care leavers in their pursuit of educational achievements.

Additionally, it was observed that care leavers who possessed higher education qualifications were more likely to have had either a person to trust when leaving care or access to an aftercare support worker during their transition out of care. This indicates a potential relationship between educational achievement, the presence of supportive relationships and resilience outcomes. However, it is crucial to note that some participants with higher education qualifications and low resilience, experienced challenging circumstances during their time in care, including multiple placement moves and exposure to both foster care and residential care.

One specific case, Mathew, exemplifies the complex interplay between education, care experiences and resilience. Despite holding a higher education degree, Matthew exhibited low levels of resilience. His history involved 31 placement moves and a combination of foster care and residential care experiences. Although he had a person to trust while in care and received support from an aftercare worker, Matthew emphasised that the only positive aspect of his care experience was the support he received to pursue higher education. This suggests a lack of other positive forms of support during his time in care, highlighting the importance of considering a comprehensive range of supportive factors beyond educational achievements.

These findings emphasise the complex nature of the relationship between educational attainment, care experiences and resilience outcomes and as such, several key recommendations can be implemented to enhance the resilience of care leavers and support their educational journeys. First and foremost, it is essential to establish and strengthen support networks for care leavers. This includes providing access to mentors, aftercare support workers and other dependable individuals who can provide guidance, emotional support and practical assistance. These support networks play a crucial role in fostering resilience and facilitating educational success. In addition, it is crucial to acknowledge that educational accomplishments alone are insufficient to foster resilience in care leavers. During the period of care, a comprehensive range of supportive factors should be provided. This includes ensuring the availability of stable placements, nurturing relationships, emotional support and therapeutic services. By addressing these multiple dimensions of care, we can contribute to the overall health and resiliency of care leavers, complementing their academic achievements. In addition, it is essential to tailor support and interventions to the unique needs and circumstances of care leavers. This requires considering particular care experiences, trauma histories and support networks. Implementing trauma-informed approaches that prioritise care leavers' emotional and psychological well-being is essential for promoting healing and resilience. It is essential to foster a supportive educational environment. It is essential to recognise and celebrate the educational achievements of care leavers and to acknowledge the unique obstacles they have overcome. It is essential to create an inclusive and

supportive educational environment that provides care leavers with the necessary resources, guidance and academic success opportunities. This empowers carers and increases their resilience.

Moreover, it is evident that beside educational accomplishments, securing and excelling in employment is viewed as a significant accomplishment by individuals who have experienced life in care. Steph (aged 31) and Kelly's (aged 27) experiences exemplify how employment holds a special value for them, representing more than just a job but a demonstration of their resilience and personal growth.

For care leavers, employment becomes a testament to their strength and determination (Arnau-Sabatés and Gilligan, 2015). Having navigated the challenges of the care system, they often face additional hurdles in their journey towards meaningful work. As they overcome these obstacles and succeed in their chosen professions, it reinforces their resilience and ability to persevere despite adversity. Employment provides them with a sense of agency and self-sufficiency, helping them break free from dependency on the system and empowering them to shape their own lives (Gilligan, 2008). Employment not only supports their financial well-being but also boosts their self-esteem and confidence and wellbeing (*ibid.)* as they prove to themselves and others that they are capable and valuable contributors to society. For care leavers, employment is more than just a job (Dixon, 2007); it is a symbol of resilience and personal achievement. Their experiences within the care system have shaped their perspectives and values, making securing employment a transformative and empowering journey. As they overcome barriers and achieve success in their careers, they demonstrate their resilience and capacity to thrive despite the challenges they have faced. Encouraging and supporting care leavers in their pursuit of meaningful employment can serve as a catalyst for their continued growth and success, fostering a brighter and more promising future.

However, one aspect of this study found that care leavers' accomplishments are measured quite commonly through education and employment attainment, this is also reflected in the *Children Act 1989* and the *Children (Leaving Care) Act 2000*, with

the guidance to support care leavers more prominently if in education training or employment. However, it is apparent that care leavers accomplishments often go unnoticed (Stanley, 2022) and they do not all measure their accomplishments by means solely of academic attainment. What they consider to be a good outcome for them given their life experience does not always align with what a non-care leaver peer would consider to be an accomplishment. As such, care leavers accomplishments can also be seen in personal aspects of their lives such as, having children or a family of their own, having and maintaining permanent accommodation, the choice to choose their own path, in light of their lived experiences it is apparent that education and employment are not the only factors that measure care leavers' success as accomplishments are subjective to them and their experiences.

Independence and its Influence on Resilience:

The analysis reveals a notable association between the participants' emphasis on independence as a positive aspect of leaving care and those with higher levels of resilience. Contrary to initial perceptions that a strong desire for independence at a young age may reflect dissatisfaction with being in care and a hasty eagerness to exit the system, these participants demonstrated a genuine embrace of autonomy. Their perspective suggests that being a child in the care system can sometimes make individuals feel like anonymous figures, treated as mere statistics rather than unique individuals. Consequently, leaving the care system is perceived as a rewarding opportunity to seize control of their own destinies and actively participate in decision-making processes, thereby breaking free from the constraints of having decisions made on their behalf. Coinciding with Stein's (2005) resilience diamond, it was found that his 'moving on' group of care leavers (high resilience) welcomed the challenge of independence as it allowed them to take control of their own lives while aiding them with confidence and self-esteem (Stein and Carey, 1986; Stein, 1990; Biehal *et al.,* 1995; Dixon and Stein, 2005; Sinclair *et al.,* 2005; Stein, 2005; Stein, 2008; Stein and Morris, 2010; Stein 2012), as reflected in the findings for this study.

This interpretation highlights that the pursuit of independence can serve as a powerful motivating factor for care leavers and significantly contribute to their resilience (Stein, 2005). The sense of agency and the ability to shape their own lives empower them to navigate and overcome challenges more effectively. Embracing autonomy allows them to redefine their identities, assert their control over their future and establish a sense of ownership over their life's trajectory. This newfound freedom and self-determination can be a crucial component of their resilience journey, bolstering their ability to adapt, persevere and thrive in the face of adversity (Stein and Carey, 1986; Stein, 1990; Biehal *et al.,* 1995; Dixon and Stein, 2005; Sinclair *et al.*, 2005; Stein, 2005; Stein, 2008; Stein and Morris, 2010; Stein, 2012).

A key element in promoting resilience among care leavers is the provision of an aftercare support worker, which is required by the *Children Act 1989* and the *Children (Leaving Care) Act 2000*. This support aims to assist and empower care leavers during their transition into independence. By assigning a personal advisor or aftercare support worker, care leavers are provided with a dedicated mentor who can guide and support them through the challenges they may encounter in their journey towards independence. The presence of an aftercare support worker is justified by the understanding that care leavers may face unique obstacles as they navigate the transition from care to independent living (*Children Act 1989*; *Children Leaving Care Act 2000*). These challenges can range from practical issues such as finding accommodation and employment to emotional and psychological adjustments. The role of the aftercare support worker is to bridge the gap and provide the necessary assistance and resources to help care leavers overcome these obstacles. By having a personal advisor who understands their individual circumstances and can provide tailored support, care leavers are better equipped to develop their resilience. The guidance and mentorship offered by the aftercare support worker enable care leavers to gain confidence in their decision-making abilities and take ownership of their lives. This support creates a supportive environment that empowers care leavers to actively participate in shaping their future, ultimately fostering their independence, as evident in the analysis of this study for those with higher resilience.

The policies that mandate the provision of aftercare support workers recognise the importance of assisting care leavers during this critical phase of their lives. By ensuring that care leavers have access to supportive services, these policies aim to enable their independence and enhance their resilience. The presence of an aftercare support worker serves as a valuable resource in equipping care leavers with the necessary tools and support to navigate the challenges of independent living, ultimately fostering their resilience and facilitating a successful transition into adulthood.

Recognising and supporting care leavers' aspirations for independence is crucial for fostering their resilience (Stanley, 2021). We empower care leavers to actively shape their lives and decision-making processes by recognising and supporting their independence. This approach values their experiences, strengths and aspirations and provides the necessary support and resources to facilitate a confident and resilient transition to adulthood.

Nonetheless, it is essential to recognise that care leavers with lower levels of resilience may view independence less favourably, possibly due to unpreparedness and fear of the transition from care (Stanley, 2022). These individuals may have encountered instability within the care system and lacked the necessary networks of trust and support for independence. In addition, they may have limited social networks, resources and the necessary life skills for successful independence. The inability to adequately address past disruptions, trauma and adversities while in care hinders their ability to achieve independence (Biehal *et al.,* 1994).

In addition, care leavers do not receive the same opportunities and ongoing support as their peers upon reaching adulthood (Stein, 2005). While non-care leavers can remain at home until they are prepared to take their next steps in life, many care leavers must transition in a hurry, frequently before they feel prepared or ready.

In conclusion, care leavers who embrace independence demonstrate higher resilience; therefore, it is essential to support care leavers on their journey to

independence by recognising their unique obstacles and providing the resources and support necessary to overcome them. By addressing their specific needs, fostering autonomy and acknowledging the disparities they face in comparison to their peers, we can empower care leavers to successfully navigate the transition from care. Independence and the ability to thrive independently is built on stability, trust and focus on accomplishments; thereby demonstrating the dynamic and interconnected nature of the STAIRS model.

Relationships and its Impact on Resilience:

It is essential to acknowledge that relationships cannot be equated with trust, as evidenced by the findings revealing inconsistencies between participants' experiences with carers and the presence of trust. For instance, Jemma expressed feeling a strong sense of belonging with her foster family, yet she did not have anyone she could trust while in care. This highlights the complexity and variability of relationships within the care context.

One consistent pattern that emerged regarding relationship dynamics was the significance of family or family-like connections. Participants who reported strong bonds with their foster families tended to demonstrate higher levels of resilience. However, a notable finding was that many participants, especially those who had negative experiences during their transition out of care, lacked relationships outside of the care system, leading to feelings of loneliness and a lack of emotional support, ultimately contributing to more negative outcomes in adulthood. Unfortunately, when looked after children transition from care to independence, they often leave behind the relationships they have formed, sometimes involuntarily.

Interestingly, a few participants highlighted the positive experiences they had after leaving care by creating their own family-like networks. The importance of family remains central within the care system, as individuals have been separated from their

birth families, either voluntarily or involuntarily and family breakdown is a defining aspect of the care journey. Family continues to hold significant value for those who have transitioned out of care, as participants emphasised the families, they have built for themselves as adults as a positive aspect of their post-care lives.

As demonstrated by Stein's (2005) Resilience Diamond model, the 'moving on' group participants who exhibited high levels of resilience demonstrated a healthy understanding of interpersonal relationships. While the literature on care leavers frequently emphasises the importance of relationships in the context of trust (Luhmann, 1979; Gambetta, 1988; Coleman, 1988; Coleman, 1990; Erikson, 1993; Putnam, 1995; Misztal, 1996), this analysis demonstrates that trust and relationships are not inherently interconnected for care leavers and looked after children.

Singer *et al.,* (2014) note, however, that experiencing positive and secure relationships can contribute to several important functions, such as informational support (guidance and advice), instrumental support (resources and access to services), emotional support (companionship, affection and trust) and appraisal (increasing self-worth). This analysis demonstrates that these functions contribute to the development of resilience, particularly among those with supportive carers or staff, trust in a person either while in care or after leaving care or both and support from aftercare workers during the transition out of care. Participants with these types of relationships exhibited greater levels of resilience.

Consequently, although the direct relationship between trust and relationships may not be apparent in the context of care leavers, the presence of positive and supportive relationships, which include trust, can play a crucial role in promoting resilience. This analysis demonstrates that the provision of informational, instrumental, emotional and evaluation support within these relationships contributes to the development of resilience among care leavers.

Support as a Factor in Resilience:

The sixth and final component of the STAIRS model is Support. The analysis sheds light on the availability and impact of aftercare support for care leavers, particularly in relation to the implementation of the *Children Act 1989*. While it is recognised that limited support was provided for individuals leaving care after the enactment of the Act, only one third of the second-generation sample had access to an aftercare support worker during their initial transition out of care. This shows some improvement compared to the first-generation participants, where none of them had an aftercare worker. These findings suggest that there has been a modest enhancement in the availability of support after leaving care since the implementation of the *Children Act of 1989*. However, considering that three decades have passed since the enactment of the *Children Act 1989* and two decades since the *Children (Leaving Care) Act 2000*, one would expect a higher proportion of care leavers to receive support from aftercare workers. Surprisingly, it was found that 36.8% of the third-generation participants did not have an aftercare support worker at the initial stage of leaving care. This indicates that there is still a significant gap in the provision of aftercare support for care leavers.

As previously highlighted, the analysis demonstrated that having a person to trust both during the care experience and when leaving care increased resilience scores; however, it was observed that if participants did not have a person to trust in both stages, having an aftercare support worker could help mitigate the lower levels of resilience observed in these individuals. Furthermore, participants who had a person to trust both in care and aftercare, along with the presence of an aftercare worker, demonstrated the highest levels of resilience. This underscores the cumulative positive impact of trusted relationships and professional support throughout the care journey and beyond, emphasising the need for comprehensive aftercare services for care leavers.

Considering the STAIRS model one can see that each element creates a step wise move towards greater resilience for care leavers, but some elements may contribute more than others depending on the individual's socio-political context. Stability and Support would appear to be crucial bookends to the other components in the process. The literature emphasises the detrimental effects of placement instability and disruptions on the ability of care leavers to develop healthy relationships, regulate emotions and reach developmental milestones (Rubin *et al.*, 2007; Unrau *et al.*, 2008; Coy, 2009). Placement moves uproot children from their familiar environments, separating them from their communities and support networks, thereby impeding their path to independence (Stott, 2005). These disruptions in caregiving and support systems hinder the development of trust, thereby increasing the difficulty of forming positive relationships and attaining resilience (Barn, 2010).

Recognising the significance of support and stability, it becomes clear that it is essential to maintain consistent and supportive relationships throughout the care journey. Together with access to resources and emotional support, high-quality relationships contribute to care leavers' resilience and well-being (Singer *et al.,* 2013). Therefore, it is essential that care leavers have access to mentors, aftercare support workers and other reliable individuals who can provide guidance, emotional support and practical assistance.

There is still work to be done to ensure that all care leavers have access to comprehensive aftercare services, even though the analysis shows some improvement in the availability of support after leaving care since the implementation of the *Children Act of 1989* and even further improvement after the implementation of the *Children (Leaving Care) Act 2000.* This includes addressing the significant gap highlighted by the findings in the provision of aftercare support for care leavers. Care leavers can receive the necessary guidance and resources to successfully navigate the challenges of independence by strengthening support systems, particularly during the transition out of care.

Chapter 7: Conclusion

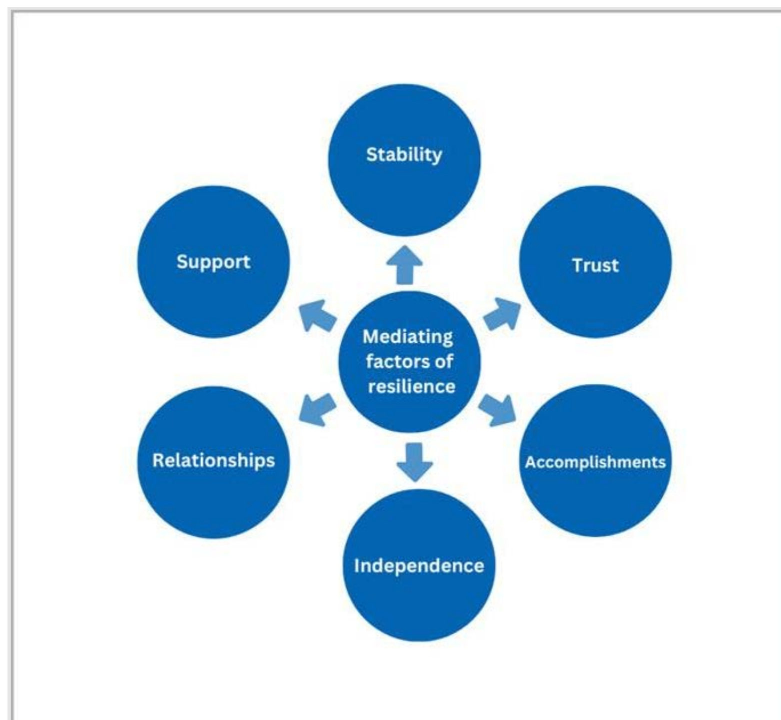
In this chapter, the key findings of this research will be discussed, specifically the significance of the STAIRS model and its implications for practice, policy and future research. The primary objective of this study was to explore the mediating processes and protective factors of resilience among care leavers. Employing qualitative with quantitative analysis of care leavers' experiences, the research aimed to uncover the underlying factors that contribute to resilience. Through this research, the study illustrated the factors that facilitate positive outcomes for care leavers, as evidenced in the STAIRS model in Chapter 5. Specifically, highlighting, Stability, Trust, Accomplishments, Independence, Relationships and Support as key mediating factors that significantly influence the well-being of care leavers. Notably, participants who have experienced all factors of the STAIRS during their time in and after care, demonstrated heightened resilience in comparison to those that did not. This suggests that a combination of stable environment(s), trustworthy relationships, personal accomplishments, autonomy, positive relationships and adequate support plays a crucial role in fostering resilience among care leavers. Moreover, these findings underscore the importance of addressing these factors holistically in interventions and support programmes aimed at promoting the well-being of looked after children and care leavers.

By addressing the above objective, the study has significantly advanced our knowledge and understanding of resilience among care leavers. Moreover, its potential to inform policies and practices aimed at enhancing care leavers overall outcomes and well-being is significant. Implementing the insights gained from this research will contribute significantly to improving the lives of care leavers and facilitating their successful transition into adulthood.

Emergence of the STAIRS Model

As a direct result of this research, the output is the development of the innovative STAIRS model, marking not only a unique contribution in understanding the lived experienced of children in care and care leavers, but also a significant advancement of research in this field. The STAIRS model, which builds on existing resilience theories (Stein, 2005) and addresses significant gaps in the literature on resilience and care leavers (Juliette *et al*., 2023) illustrates the mediating factors that shape resilience in this population. By comprehensively examining care leavers' experiences, the STAIRS Model identified six key mediating factors that play a vital role in influencing their ability to navigate the challenges of leaving care and transitioning to independence.

Figure 26. Factors Contributing to Resilience in Care Leavers



Rather than aiming to understand resilience itself, the STAIRS Model delves deeper into the underlying components that mediate and contribute to care leavers resilience. By acknowledging the dynamic interplay of these factors, the model offers

a thorough framework that provides a clearer understanding of the processes that foster resilience among care leavers.

By incorporating the lived experiences of care leavers, this model is firmly grounded in the practical realities of their lives, ensuring its relevance and applicability to their unique circumstances. The implications of the STAIRS Model extend beyond academia. Policymakers and practitioners can utilise the model's findings to shape more effective and tailored support systems for care leavers. By addressing the identified factors, future looked after children can be better equipped to foster resilience and empower them to be successful care leavers.

The STAIRS model identifies six key mediating factors that play a vital role in influencing care leavers' resilience:

Stability

Stability emerges as a pivotal factor in fostering resilience among care leavers. The presence of stable environments and consistent caregiving plays a crucial role in nurturing trust and fostering positive relationships within this population. Stability, particularly in placement settings, mitigates disruptions in care, providing individuals with the opportunity to form secure attachments and cultivate resilience.

It is noteworthy to address the stigma often associated with residential care settings. Despite prevailing societal perceptions, our analysis reveals that the type of placement experienced does not inherently correlate with differences in resilience outcomes among care leavers. However, a notable exception arises when individuals undergo multiple placement moves between different types of placements. This underscores the importance of stability, irrespective of the care setting, in nurturing resilience among care leavers.

Stability stands as a cornerstone in the care journey of individuals transitioning out of care, offering a foundation upon which trust, positive relationships and ultimately, resilience can flourish. By prioritising stability and minimising placement disruptions,

caregivers and policymakers can enhance the well-being and prospects of care leavers as they navigate the transition into adulthood.

Trust

The presence of a trusted individual throughout both the care experience and the transition out of care significantly boosts resilience scores among care leavers. Throughout our examination of the literature (Govier, 1993; Fahlberg, 1994; Knight *et al*, 2006; Ryan, 2012; Care Inquiry, 2013), trust emerged as a foundational element crucial in fostering supportive relationships and navigating challenges during the journey toward independence. However, our research findings unveiled a distinct aspect: for looked after children, trust in someone does not necessarily equate to a positive relationship with them.

There could be several reasons why a care leaver may not have a positive relationship with the person they trust. Firstly, trust can exist in various forms and contexts. While an individual may trust someone for certain aspects or needs, their overall relationship dynamic might not necessarily be positive. Additionally, the quality of the relationship could be influenced by factors such as past experiences, communication patterns and the level of support provided. Moreover, trust alone may not guarantee a positive relationship if other elements like respect, understanding and emotional support are lacking. Furthermore, external factors such as systemic issues within the care system, social dynamics or personal differences could also impact the nature of the relationship despite the presence of trust.

Accomplishments

Achieving milestones and personal accomplishments, such as educational attainment or employment, plays a crucial role in fostering resilience among care leavers. These accomplishments provide a sense of agency and self-efficacy, contributing to overall well-being. However, there are a multitude of accomplishments beside Higher Education and employment (the standard measures used for care leavers' 'success' by the State) that has an impact on the outcomes of both looked after children and care leavers. As evidenced in the analysis, attending

high school and enjoying it, parenting a child or even managing and maintaining a home, are significant accomplishments given their circumstances. A more holistic and nuanced approach to measuring 'success' is required that is based on the lived experiences of care leavers.

Independence

Transitioning to independence requires the development of essential life skills and self-reliance. Care leavers who demonstrate independence and autonomy in managing their affairs exhibit higher levels of resilience. The development of independence among care leavers promotes resilience by fostering self-efficacy, adaptability, empowerment, resilience-building experiences and reduced vulnerability, enabling them to successfully transition to adulthood and navigate life's challenges more effectively.

Relationships

Positive relationships, both during the care experience and afterwards, significantly impact resilience outcomes. Supportive relationships with caregivers, social workers, aftercare workers and positive relationships with significant others serve as buffers against adversity and facilitate positive adaptation to challenges.

Support

Access to comprehensive support from carers and social workers while in care and aftercare services, including mentorship, emotional support and practical assistance, is crucial for promoting resilience among care leavers. While improvements have been observed since the implementation of relevant legislation, such as the *Children Act* (1989) and the *Children (Leaving Care) Act* (2000), there remains a significant gap in the provision of aftercare support. Addressing this gap is essential to ensuring that all care leavers receive the necessary guidance and resources for successful transition into adulthood.

The creation of the STAIRS model represents a critical turning point in our knowledge of and efforts to support looked after children and enhance care leavers' resilience.

This creative framework offers a thorough and dynamic method for resilience evaluation and intervention, surpassing the shortcomings of previous frameworks, such as Stein's (2005) Resilience Diamond Model.

Through the integration of the essential factors of Stability, Trust, Accomplishments, Independence and Support, the STAIRS model provides a fresh perspective on the resilience of care leavers. It acknowledges that resilience is a dynamic quality that results from complex interactions between both internal and external factors that change over time.

Moreover, the STAIRS model goes beyond merely identifying resilience groups; it delves deeper into the unique experiences and challenges faced by care leavers. Through a deeper understanding of the interplay between these factors, agencies can tailor interventions and support systems to nurture the inherent strengths and potentials of care leavers, thereby enabling them to navigate life's challenges with resilience and confidence.

This research not only contributes to the theoretical understanding of resilience but also has practical implications for policy development and service provision in the care system. By focusing on the strengths and potentials of care leavers, the STAIRS model advocates for a strengths-based approach that fosters empowerment, self-determination and holistic well-being.

To put it simply, the STAIRS model is a source of empowerment and direction for organisations and experts that work with looked after children and care leavers. The model offers a strategic approach to addressing the specific needs and problems faced by care leavers globally by way of offering an inclusive and transformative clear roadmap for resilience.

Recommendations for Practice and Policy

As a result of this study, several suggestions for enhancing the support and outcomes of care leavers can be made. These recommendations aim to capitalise on the

insights gained from the STAIRS Model and contribute to the development of care system policy and practice:

Strengths based approach: Advocate for a policy shift towards a strengths-based approach in supporting care leavers. Shifting towards a strengths-based approach acknowledges the inherent abilities and talents of care leavers (Shea, 2021). This can lead to increased self-esteem, confidence and resilience among care leavers, enabling them to overcome challenges more effectively (ibid). As opposed to deficit-based approaches, strength-based approaches also promote a more positive narrative surrounding care leavers, reducing stigma and discrimination.

Personalise Support Services: Implement a more nuanced and truly personalised approach to support services that cater to the specific needs of looked after children and care leavers. Recognise the diversity of care leavers' experiences and tailor interventions to their unique circumstances. This personalised approach would be more effective and relevant to the needs of looked after children and care leavers by acknowledging the unique needs, strengths and aspirations of everyone, increasing the likelihood of successful outcomes and long-term stability.

Prioritise Early Intervention and Prevention: The care system should place a greater emphasis on early intervention and prevention strategies. For example, upon entering care the mental health needs related to trauma experienced either prior to care or the trauma of entering care itself should be a priority, as such this will also aid in preventing future harm to looked after children, with continued mental health support as and where needed. Prioritising early intervention and prevention strategies can significantly mitigate the risk of negative outcomes for care leavers. By identifying potential risks early on and providing targeted support, the care system can intervene before problems escalate, ultimately improving the overall well-being and life trajectories of care leavers.

Enhance Post-Care Transition Support: Increasing assistance during the transition from care to independence is crucial for ensuring that care leavers have the necessary resources and support networks to succeed. Currently and evidenced in this research, the support is quite often lacking at the point of leaving care. The current *Children (Leaving Care) Act 2000* supports post-care transition, but, as evidenced in this research it is lacking, especially regarding the emotional needs of care leavers. By offering improved emotional, financial and practical support, as well as access to educational and vocational opportunities, care leavers are better equipped to navigate the challenges of adulthood and achieve their goals.

Invest in Thorough Staff Training: Given the critical role that professionals play in the care system, it is essential to fund thorough training initiatives that provide staff members with the abilities and information they need to carry out the above recommendations. A variety of subjects should be included in staff training, such as trauma-informed care, methods for fostering resilience, cultural competency and individualised support plans. Through improving the ability of frontline personnel to understand and adapt to the distinct requirements of looked after children and care leavers, we can guarantee a more loving and supportive atmosphere inside the care system, one that has a positive impact on both looked after children and care leavers.

While there will be cost implications involved, the costs considerably outweigh the long-term benefits. Such costs might cover things like purchasing training materials, paying outside consultants or trainers, paying staff members to attend training sessions and continuing professional development opportunities. It's crucial to understand, though, that the price of sacrificing staff training could be considerably higher and result in inefficiencies, inadequate support systems and worse outcomes for care leavers. Therefore, allocating resources towards staff training is an appropriate investment in the welfare of looked after children and care

leavers as well as a strategic approach to maximising the effects of practice and policy changes in the care system.

Overall, implementing these recommendations can lead to a more holistic and effective approach to supporting care leavers, ultimately improving their outcomes and quality of life. However, it's important to ensure that these recommendations are accompanied by adequate resources, training and systemic changes to truly make a meaningful impact.

Future Research Directions

There is a shortage of existing research on care leavers' resilience. Although a few studies recognise the existence of resilience (see appendix D for Systematic Review of Literature), more comprehensive studies are needed to understand how care leavers develop and sustain resilience throughout the course of their life.

In addition, the existing research on care experienced groups often use a deficit perspective that, unfortunately, focuses on emphasising problems and negative outcomes of this group. Care leavers' potential assets and resilience are frequently disregarded by this perspective. Furthermore, most of the research being conducted breaks down the care experience into distinct stages, with the focus either being on the experience during care or after care. A perspective that captures the entirety of the care journey (experience prior to care, in care and after care) is needed to understand the lived experience and outcomes of this population, this cannot be possible when looking only at distinct stages.

Furthermore, there are often outdated theoretical ideas used to explain the outcome of looked after children and care leaver, namely 'attachment theory' (Bowlby, 1979; Bowlby and Ainsworth, 2013). Although attachment theory provides insightful perspectives it is just one of many factors that may contribute to care leavers outcomes. We need to move away from using attachment theory to explain the

outcomes of care leavers when researching their lived experience and looking at using more asset focused methods so that we establish 'what works' rather than what does not work. Doing so, we allow for a more comprehensive understanding of the factors influencing the lives of care leavers by embracing a greater variety and modern explanations.

Thinking of the limitations of existing literature and the aim of this research, to counter the above limitations, the STAIRS model represents a significant advancement in our understanding of resilience among care leavers. However, further research is needed to validate and refine the model. Future studies could explore the longitudinal impact of the identified mediating factors on care leaver outcomes and investigate additional factors that may influence resilience in this population.

Promote Longitudinal Studies: Encouraging longitudinal research on individuals who have experienced state care can yield valuable insights into their long-term outcomes and resilience factors, as such the use of survey such as, but not limited to, the 'Understanding Society – The UK Household Longitudinal Study' (University of Essex, Institute for Social and Economic Research, 2023) has observed 219 children in foster care between wave 1 and 8 of data collection, this would be useful to analysis and continue to do so upon each wave (Borkowska, 2019). There are limitations to the secondary data analysis proposed such as, sample representation, variables of interest and design of the study (Wickham, 2019). However, the use of either secondary or primary longitudinal research approaches will allow researchers to track the trajectories of children in care and care leavers over time, identifying patterns, challenges and successes. Longitudinal studies provide a more comprehensive understanding of the complex factors that influence resilience, enabling the development of targeted interventions and policy recommendations that are informed by real-world data and experiences.

Hypotheses Testing*:* Given the insights gained from this research on the STAIRS Model and its significance in understanding resilience among care leavers, it is recommended that future studies with larger and more diverse samples than this one explore hypotheses testing to validate and further refine the model. Specifically, hypotheses could be formulated to examine the causal relationships between each component of the STAIRS Model (Stability, Trust, Accomplishments, Independence, Relationships and Support) and resilience outcomes among care leavers.

For example, hypotheses could be proposed to test whether:

- Higher levels of stability during the care experience are positively associated with greater resilience scores among care leavers.
- The presence of trust during the care experience and transition out of care predicts higher levels of resilience among care leavers.
- Accomplishments and achievements attained in care and after care correlate positively with resilience levels among care leavers.
- Greater levels of independence and autonomy in managing affairs during the transition out of care are associated with higher resilience scores among care leavers.
- Positive relationships, both during and after the care experience, are predictive of higher resilience levels among care leavers.
- The availability of support, both during and after the care experience, is positively associated with higher resilience among care leavers.

By empirically testing these hypotheses, researchers can provide further validation and refinement of the STAIRS Model, enhancing its utility as a framework for understanding and promoting resilience among care leavers. Additionally, such studies can inform the development of targeted interventions and support strategies aimed at bolstering specific components of the model to improve outcomes for this vulnerable population.

Encourage Cooperation and Partnerships: Promoting collaboration and partnership among key stakeholders fosters a more inclusive and comprehensive approach to addressing the needs of care leavers. By engaging researchers, policymakers, practitioners and care leavers themselves in co-creating solutions and enhancing policy implementation, the recommendations can be tailored to reflect diverse perspectives and priorities. This collaborative effort ensures that interventions are grounded in evidence-based research, responsive to the lived experiences of care leavers and effectively implemented within the broader social and institutional context.

By implementing these recommendations, we can create a more nurturing and empowering environment for looked after children and care leavers. The STAIRS Model has provided a solid foundation for understanding the factors that contribute to resilience and through these recommendations, we can translate research into real-world impact, thereby enhancing the lives of care leavers and fostering positive outcomes as they transition into adulthood.

As we move forward, it is crucial to continue building upon the insights provided by the STAIRS Model. By fostering collaboration between researchers, policymakers and practitioners, we can collectively work towards enhancing the well-being and resilience of care leavers. By ensuring that their needs and experiences are considered at every level, we can create a more nurturing and empowering environment that enables care leavers to thrive and embrace a future filled with resilience and fulfilment.

The development of the STAIRS model represents a significant milestone in care leaver research, offering a comprehensive framework for understanding and promoting resilience in this vulnerable population. This model defines the focal points that warrant action within the care system: prioritising stability in the care system; developing a thorough grasp of how to build trust with looked-after children; and providing specialised support to enhance their sense of accomplishment should

be the main goals of this collective effort. Additionally, it involves giving them the room to develop their independence and autonomy in making decisions; giving them the tools they need to successfully prepare them for the transition out of care. It also requires supporting the development of meaningful relationships in care, which is the cornerstone of influencing healthy relationships in adulthood. Lastly, comprehensive support for looked after children and care leavers should extend across all levels of the care system, encompassing their home environment, educational pursuits and beyond, with a particular emphasis on providing emotional support throughout their journey.

Final Reflections on this Study

In Chapter One, it was stated that the initial motivation behind pursuing this study was rooted in frustration with the prevailing research on care leavers. As a care leaver myself, I have personally experienced the challenges and adversities that come with transitioning from care to independence. While there is an abundance of research (Mendes and Moslehuddin, 2006; Rubin *et al.,* 2007; Dixon, 2008; Bellis *et al.,* 2013; Newburn *et al.*, 2013) focusing on the difficulties and negative outcomes experienced by care leavers, there seems to be a significant gap in the literature when it came to highlighting the experiences of those who were thriving and achieving positive outcomes.

I was determined to shift the focus of research towards exploring the factors that contribute to positive outcomes for care leavers. I wanted to understand what sets apart those who are doing well and how their experiences could provide valuable insights to improve the outcomes of care leavers.

Throughout the course of the study, my research purpose evolved as I delved deeper into the experiences and stories of care leavers who were succeeding despite their past adversities. Witnessing their resilience and determination served as an inspiration and reinforced my belief in the potential for positive change within the

care system. This research journey has not only been about addressing the gap in the literature but also about advocating for a more balanced and strengths-based approach to understanding care leaver experiences.

My personal experience as a care leaver who has managed to overcome obstacles and pursue higher education has fuelled my commitment to this research. I wanted to shed light on the diversity of outcomes among care leavers and to understand the factors that influence these outcomes. It was essential for me to challenge the prevailing narrative and highlight that care leavers can thrive and succeed given the right support and opportunities. Too often policies are developed to 'legislate' a problem, but by their nature they must treat all care leavers the same; this inevitably means that one-size fits all cannot work for all. It is crucial that we understand the experiences of care leavers, like me, to better inform and change policies.

By conducting this study, I hoped to contribute to a more holistic understanding of care leaver experiences, one that recognises their resilience and strengths alongside the challenges they face: hence the STAIRS model. Ultimately, I aspire to inform policies and practices that empower care leavers, leading to improved outcomes and a brighter future for individuals transitioning from care to adulthood.

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Appendices

Appendix A: Univariate Analysis – Original Output Tables

Reasons for Entering Care

Do you know the reason you went into care?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Multiple Reasons	30	28.6	34.9	34.9
	Family in Acute Stress	2	1.9	2.3	37.2
	Family Disfunction	13	12.4	15.1	52.3
	Abuse or Neglect	40	38.1	46.5	98.8
	Absent Parenting	1	1.0	1.2	100.0
	Total	86	81.9	100.0	
Missing	-99	8	7.6		
	Other	11	10.5		
	Total	19	18.1		
Total		105	100.0		

Age of Entry in Care

Age in Care Grouped

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Childhood 0-8 years	35	33.3	38.5	38.5
	Middle Childhood 9-12 years	19	18.1	20.9	59.3
	Adolescence 13-18 years	37	35.2	40.7	100.0
	Total	91	86.7	100.0	
Missing	-99	14	13.3		
Total		105	100.0		

Trust in Care

While you were in care, did you have at least one person you could trust?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	53	50.5	53.5	53.5
	No	46	43.8	46.5	100.0
	Total	99	94.3	100.0	
Missing	-99	6	5.7		
Total		105	100.0		

Trust when Left Care

Once you left care, did you have at least one person you could trust?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	46	43.8	46.5	46.5
	No	53	50.5	53.5	100.0
	Total	99	94.3	100.0	
Missing	-99	6	5.7		
Total		105	100.0		

After Care Worker at the Initial Point of Leaving Care

Did you have an after care support worker at the initial point of leaving care?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	52	49.5	52.5	52.5
	No	47	44.8	47.5	100.0
	Total	99	94.3	100.0	
Missing	-99	6	5.7		
Total		105	100.0		

Appendix B: Exploratory Statistics – Original Output Tables

Placement Type by Resilience

Adult Resilience Measure (3Groups) * What type of care did you spend time in? Crosstabulation

			What type of care did you spend time in?			
			Residential Care	Foster Care	Both Residential & Foster Care	Total
Adult Resilience Measure (3Groups)	Low	Count	9	19	23	51
		% within What type of care did you spend time in?	64.3%	46.3%	71.9%	58.6%
	Moderate	Count	1	14	2	17
		% within What type of care did you spend time in?	7.1%	34.1%	6.3%	19.5%
	High	Count	4	8	7	19
		% within What type of care did you spend time in?	28.6%	19.5%	21.9%	21.8%
Total		Count	14	41	32	87
		% within What type of care did you spend time in?	100.0%	100.0%	100.0%	100.0%

Placement Moves by Resilience

Adult Resilience Measure (3Groups) * Placment Moves (grouped) Crosstabulation

			Placment Moves (grouped)				
			0 Moves	1 to 3 moves	4 to 9 moves	10 or more moves	Total
Adult Resilience Measure (3Groups)	Low	Count	3	16	14	17	50
		% within Placment Moves (grouped)	50.0%	45.7%	56.0%	81.0%	57.5%
	Moderate	Count	2	9	5	1	17
		% within Placment Moves (grouped)	33.3%	25.7%	20.0%	4.8%	19.5%
	High	Count	1	10	6	3	20
		% within Placment Moves (grouped)	16.7%	28.6%	24.0%	14.3%	23.0%
Total		Count	6	35	25	21	87
		% within Placment Moves (grouped)	100.0%	100.0%	100.0%	100.0%	100.0%

Placement moves by Mean Resilience Scores

Report

Adult Resilience Measure - Total Score

Placment Moves (grouped)	Mean	N	Std. Deviation
0 Moves	58.17	6	13.848
1 to 3 moves	61.17	35	12.308
4 to 9 moves	56.64	25	15.502
10 or more moves	54.00	21	13.528
Total	57.93	87	13.755

Trust in Care by Generation

While you were in care, did you have at least one person you could trust? * Left care by generation Crosstabulation

			Left care by generation			
			Generation 1 - Pre1989	Generation 2 - 1989-2000	Generation 3 - Post 2000	Total
While you were in care, did you have at least one person you could trust?	Yes	Count	3	5	45	53
		% within Left care by generation	25.0%	45.5%	59.2%	53.5%
	No	Count	9	6	31	46
		% within Left care by generation	75.0%	54.5%	40.8%	46.5%
Total		Count	12	11	76	99
		% within Left care by generation	100.0%	100.0%	100.0%	100.0%

Percentage of Trust When Left Care by Generation

Once you left care, did you have at least one person you could trust? * Left care by generation Crosstabulation

			Left care by generation			
			Generation 1 - Pre1989	Generation 2 - 1989-2000	Generation 3 - Post 2000	Total
Once you left care, did you have at least one person you could trust?	Yes	Count	3	4	39	46
		% within Left care by generation	25.0%	36.4%	51.3%	46.5%
	No	Count	9	7	37	53
		% within Left care by generation	75.0%	63.6%	48.7%	53.5%
Total		Count	12	11	76	99
		% within Left care by generation	100.0%	100.0%	100.0%	100.0%

Trust in Care by Mean Resilience

Adult Resilience Measure - Total Score * While you were in care, did you have at least one person you could trust?

Adult Resilience Measure - Total Score

While you were in care, did you have at least one person you could trust?	Mean	N	Std. Deviation
Yes	61.94	51	13.958
No	53.43	46	11.642
Total	57.91	97	13.536

Trust When Left Care by Mean Resilience Scores

Adult Resilience Measure - Total Score * Once you left care, did you have at least one person you could trust?

Adult Resilience Measure - Total Score

Once you left care, did you have at least one person you could trust?	Mean	N	Std. Deviation
Yes	62.25	44	12.472
No	54.30	53	13.433
Total	57.91	97	13.536

Highest Education Qualification

Education (3 Grps)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No Qualifications	5	4.8	4.8	4.8
	Below Higher Education Qualification	37	35.2	35.2	40.0
	Higher Education Qualifications	63	60.0	60.0	100.0
	Total	105	100.0	100.0	

Highest Education Qualification by Mean Resilience Scores

Report

Adult Resilience Measure - Total Score

Education (3 Grps)	Mean	N	Std. Deviation
No Qualifications	52.50	4	13.102
Below Higher Education Qualification	55.31	35	14.503
Higher Education Qualifications	59.84	58	12.810
Total	57.91	97	13.536

Higher Education Qualification by Mean Resilience

Report

Adult Resilience Measure - Total Score

Higher Education Qualification	Mean	N	Std. Deviation
Postgraduate	61.42	19	10.658
Undergraduate	59.08	39	13.802
Total	59.84	58	12.810

Highest Education Qualification by Age Groups

Education (3 Grps) * Age Groups * Adult Resilience Measure (3Groups) Crosstabulation

Adult Resilience Measure (3Groups)				Age Groups 17-21 years	22-25 years	26+ years	Total
Low	Education (3 Grps)	No Qualifications	Count	1	1	1	3
			% within Age Groups	8.3%	5.6%	3.7%	5.3%
		Below Higher Education Qualification	Count	8	8	6	22
			% within Age Groups	66.7%	44.4%	22.2%	38.6%
		Higher Education Qualifications	Count	3	9	20	32
			% within Age Groups	25.0%	50.0%	74.1%	56.1%
	Total		Count	12	18	27	57
			% within Age Groups	100.0%	100.0%	100.0%	100.0%
Moderate	Education (3 Grps)	Below Higher Education Qualification	Count	2	0	5	7
			% within Age Groups	50.0%	0.0%	45.5%	36.8%
		Higher Education Qualifications	Count	2	4	6	12
			% within Age Groups	50.0%	100.0%	54.5%	63.2%
	Total		Count	4	4	11	19
			% within Age Groups	100.0%	100.0%	100.0%	100.0%
High	Education (3 Grps)	No Qualifications	Count	0	0	1	1
			% within Age Groups	0.0%	0.0%	7.7%	4.8%
		Below Higher Education Qualification	Count	5	0	1	6
			% within Age Groups	100.0%	0.0%	7.7%	28.6%
		Higher Education Qualifications	Count	0	3	11	14
			% within Age Groups	0.0%	100.0%	84.6%	66.7%
	Total		Count	5	3	13	21
			% within Age Groups	100.0%	100.0%	100.0%	100.0%
Total	Education (3 Grps)	No Qualifications	Count	1	1	2	4
			% within Age Groups	4.8%	4.0%	3.9%	4.1%
		Below Higher	Count	15	8	12	35

Income Type by Mean Resilience Scores

Report

Adult Resilience Measure - Total Score

Income Type Employment	Mean	N	Std. Deviation
All other income types	56.61	36	13.921
Employment	58.85	59	13.284
Total	58.00	95	13.499

Age of Leaving Care by Mean Resilience

Report

Adult Resilience Measure - Total Score

Age of leaving care (grouped)	Mean	N	Std. Deviation
8-15 years	52.11	9	13.950
16-18 years	57.74	74	13.239
19-25 years	65.88	8	15.914
Total	57.90	91	13.718

Aftercare Support Worker by Generation

Left care by generation * Did you have an after care support worker at the initial point of leaving care? Crosstabulation

			Did you have an after care support worker at the initial point of leaving care?		Total
			Yes	No	
Left care by generation	Generation 1 - Pre1989	Count	0	12	12
		% within Did you have an after care support worker at the initial point of leaving care?	0.0%	25.5%	12.1%
	Generation 2 - 1989-2000	Count	4	7	11
		% within Did you have an after care support worker at the initial point of leaving care?	7.7%	14.9%	11.1%
	Generation 3 - Post 2000	Count	48	28	76
		% within Did you have an after care support worker at the initial point of leaving care?	92.3%	59.6%	76.8%
Total		Count	52	47	99
		% within Did you have an after care support worker at the initial point of leaving care?	100.0%	100.0%	100.0%

Appendix C: Sample Size Calculator - G-Power output

Input Parameters		Output Parameters	
Tail(s)	One	Critical z	1.6448536
Determine => Odds ratio	1.3	Total sample size	988
Pr(Y=1|X=1) H0	0.2	Actual power	0.9501283
α err prob	0.05		
Power (1-β err prob)	0.95		
R^2 other X	0		
X distribution	Normal		
X parm μ	0		
X parm σ	1		

Appendix D: Systematic Review of Literature Survey

Table X. Systematic Review Criteria	
Key terms for searches (Abstract Searches)	Resilience or Resilient & Care Leaver or Leaving Care or Child in Care or Looked after children or leaving care
Inclusion Criteria	After 2000, globally.
Exclusion Criteria	Research prior to 2000 (before the CLCA 2000)

Studies of Care leavers and Resilience								
	Sample							
Study	*N*	Gender	Age range	**Method**	**Measures**	**Confounding Variables**	**Key Findings**	**Key limitations**
Driscoll, J. (2013) UK **Supporting Care Leavers to Fulfil their Educational Aspirations: Resilience, Relationships and Resistance to Help**	7	Males 4 Females 3	16-20	**Recruitment** Looked after Children **Design** Qualitative **Data Analysis** Grounded theory	Non-discussed		-Busy interaction (interact but unable to establish relationships) Self-reliant. -Co-operating relationship still impersonal. -girls more resilient than boys. -Motivation to education	
Schofield, G. (2001) UK Resilience and Family Placement: A Lifespan Perspective	40		18-30	**Recruitment** Opportunistic/in touch with organisations **Design** Qualitative Developmental approach **Analysis** Non-discussed	Non-discussed		*In childhood:* placements that built internal sources of resilience through offering a secure base and promoting self- esteem and self-efficacy, not only within the family relationships but also in the range of other relationships/activities where children need to feel confident and effective. These internal resources included the young adult's capacity to achieve comfortable intimacy, to think and reflect on situations, to make choices and to seek out/use support. - *In adult life*: the continuing availability of significant adults, former caregivers in particular but also other networks, who offered love and support to young people who remain vulnerable and continue to need a family.	Not representatives of the care population (case examples were chosen specifically to demonstrate how the concept of resilience can be used to explain the diversity of experiences in a child-hood in care and something of the legacies in adult life)

*appendix 1.0 continued								
Study	**Sample**			**Method**	**Measures**	**Confounding Variables**	**Key Findings**	**Key limitations**
	N	Gender	Age					
Sulimani-aidan, Y,. & Melkman, E. (2018) (Israel) Risk and resilience in the transition to adulthood from the point of view of care leavers and caseworkers	25 - care leavers 25 - caseworkers	Care levers 52% male 48% female Case Workers 92% female 8% male	18 - 25	**Recruitment:** care leavers - approached over the phone Case workers – approached at national learning centres for at risk children and youth **Design:** Exploratory Qualitative interviews – semi structured interviews (open ended) **Analysis:** Thematic analysis	Non-discussed		Care leavers and case worker both identified that there is struggle during the transition to adulthood, including financial support and lack of support from parents, loneliness was a barrier to the transition, lack of social mobility, lack of support from formal or informal people, feeling of not belonging, care leavers place more emphasis on their resilience and characteristics	Sample size, not representative. Lack of quantitative analysis that will provide a more comprehensive picture. Future research could analyse care leavers and caseworkers that are paired including research on their placement types. Therefore, future research with a more sizeable sampling of youth, would allow for better comparisons and contribute to our understanding of the unique challenges each groups of care leavers experience.
Van Breda. A. D. & Dickens, L (2017) South Africa The contribution of resilience to one-year independent living outcomes of care-leavers in South Africa	52	Males 49 Females 3	16 - 21	**Recruitment** From Girls and Boys Town, South Africa **Design:** Mixed method – longitudinal- completed a resilience measure when leaving care and interviewed yearly (narrative). **Analysis** Non-parametric tests (Spearman's rho/Mann Whitney)	Youth Ecological Resilience Scale (YERS) (Van Breda, 2017),		It was found that, resilience processes work in multisystemic ways, enabling significant advantages for care-leavers in multiple life domains, notably housing, education, employment, well-being and relationships. This seems to confirm Ungar's (2012) assertion that ecological resilience has greater explanatory power for positive outcomes than personal resilience Environmental factors contribute to fostering care-leavers' resilience, as described by Ungar (2012) in his ecological approach.	Sample size reduced statistical power resulting in non-parametric testing. Not representative of the gender population. result rely upon possible bias report from care leavers. data was drawn from a single organisation.

*continued

Study	Sample			Method	Measures	Confounding Variables	Key Findings	Limitations
	N	Gender	Age					
Scofield, G,. Larson, B,.& Ward, E (2016) UK **Risk, resilience and identity construction in the life narratives of young people leaving residential care**	20	Males 13 Females 7	17 – 26	**Recruitment** Linked to the transition's teams – approached by staff **Design** Qualitative – inductive. Semi-structured interviews **Data Analysis** Narrative analysis	Non discussed		Five narrative pathways were identified from the data: love and loss to moving on (n = 4); victim to survivor (n = 3); victim to struggling (n = 3); bad child to survivor (n = 7); and bad child to struggling (n = 3). Stein's analysis of leaving care outcomes in terms of moving on, surviving and struggling (Stein 2012). Resilience dimensions captured; connection, agency, activity and coherence.	
Samuels, M. G. and Pryce. M. J. (2008) America **"What doesn't kill you makes you stronger": Survivalist self-reliance as resilience and risk among young adults aging out of foster care**	44	Females 27 Males 17	17 - 21	**Recruitment:** Sampled from a larger longitudinal panel The Midwest Evaluation of Adult Outcomes of Former Foster Youth Courtney *et al.*, 2005) Latent class analysis (LCA) - Stratified sampling to begin, ending with purposive sampling **Design:** Qualitative Semi-structed interviews **Data Analysis:** Inductive analysis – extended case method	Non discussed		Premature conferral of adult status and independence Growing up without parents: learning to take oneself through life Survivor pride and the disavowal of dependence: making meaning of loss and hardship	

*continued								
Study	**Sample**			**Method**	**Measures**	**Confounding Variables**	**Key Findings**	**Limitations**
	N	Gender	Age					
Bond, S & Breda, A. B. (2018) South Africa Interaction between possible selves and the resilience of care-leavers in South Africa	12		17-18	**Recruitment:** Conducted by social workers from four CCYC's (purposive sampling from a larger study) **Design:** Qualitative Semi-structured interviews (including life mapping) and focus groups **Data Analysis:** Thematic analysis	Non discussed		Illustrate interaction between selves and resilience. Found several areas of interaction. Negative and positive role model, Possible selves emerge in a network of relationships. Findings suggest the value of implementing possible selves' activities with young people in care as a means to develop their resilience and facilitate better outcomes when they make the transition from care into adulthood	
Yafit Sulimani-Aidan, Y. (2015) Israel Do they get what they expect?: The connection between young adults' future expectations before leaving care and outcomes after leaving care	277	Males 168 Female 109	Mean 19.5 years	**Recruitment** **Design** Mixed methods 2 stages -self report questionnaire (while still in care), 2nd stage (1 year after, out of care) phone interviews **Data Analysis** Descriptive statistics, bivariate correlations, multiple regression models	Future expectations scale for adolescents (McWhirter & McWhirter, 2008)	Stage 1 - gender; ethnicity (Israeli, Ethiopian, Russian, or other); family status (married parents, divorced parents, or parent deceased) and placement history (total number of placements and total length of stay in current placement in years). Stage 2 – housing educational achievements, financial status, military service, Life satisfaction. 24% reported instability in housing 8% has nowhere to stay. Over 50% were happy with where they lived. 60% reported that their life is good.	Future expectations of family and friends before leaving care were positively associated with stability in accommodations after leaving care Care leavers who reported higher negative future expectations were less satisfied with housing. Future expectations were positively associated with financial status. Higher negative future expectations were associated with worse financial status. Future expectations were positively correlated with educational achievements. Care leavers with higher expectation of future achievements and of family and friends reported higher educational achievements. -Care leavers with higher future expectations of family and friends reported higher life satisfaction. Education explained 12.2% of the regression model, when future expectation increased the amount of variance.	

*continued								
Study	**Sample**			**Method**	**Measures**	**Confounding Variables**	**Key Findings**	**Limitations**
	N	Gender	Age					
Sulimani-Aidan, Y. (2015) Israel **Present, protective and promotive: Mentors' roles in the lives of young adults in residential care.**	140	Males 77 Females 63	Mean age 20.5	**Recruitment:** Emancipate youth villages – random sampling **Design:** Qualitative - Semi-structured phone interviews **Data Analysis:** Thematic analysis Condensed the qualitative into quantitative based on the number of times a theme occurred	Not discussed	Non discussed	2 main "types" of mentor: (1) a present, accessible and supportive mentor, who is mainly characterized as a parental figure and a role model, a life coach who is also a confidant; (2) a motivating and catalysing mentor, who is characterized as promoting adaptive coping with life stressors and leading the young adults to set and achieve their goals and change their behavioural and mental status for the better.	
Refaeli, T (2017) Israel Narratives of care leavers: What promotes resilience in transitions to independent lives?	16	Males 8 Females 8	22 - 24	**Recruitment:** Purposive sampling – all been in military service **Design:** Qualitative - Narrative approach **Data Analysis:** Holistic analysis	Non discussed	Non discussed	Two distinct groups could be discerned: the "struggling to survive" group, (at risk) and the "surviving through struggle" (positive) group. Shown that care leaver needs personal resources, support from family and support from significant other in order to promote resilience.	

*continued								
Study	**Sample**			**Method**	**Measures**	**Confounding Variables**	**Key Findings**	**Limitations**
	N	Gender	Age					
Driscoll, J (2011) England **Supporting Care Leavers to Fulfil their Educational Aspirations: Resilience, Relationships and Resistance to Help**	7	Males 8 Females 3	16 – 20	**Recruitment:** Contacted through local care council **Design:** Qualitative Semi- structured interviews **Data Analysis:** Axial coding Selective coding	Non discussed	Non discussed	Females appeared to be more resilient than males. protective factors appeared to be the result of chance rather than good planning and that education and social care services 'could do a great deal more to identify and promote protective factors.	
Fernandez, F., Lee, J,. Foote, W,. Blunden, H,. McNamara, P,. Kovacs, S, & Cornefert, P. (2017) Australia There's More to be Done; "Sorry" is Just a Word': Legacies of Out-of-Home Care in the 20th Century	669	Males 280 Female 378	27 - 100	**Recruitment:** Non-probability sampling (purposive & opportunity) **Design:** Mixed Methods Surveys – interviews - focus groups – (triangulation) In care between 1930 and 1989 **Data Analysis:** Thematic analysis Descriptive statistics	Kessler Psychological Distress Scale (K10) (Kessler *et al.,* 2002) and the Multidimensional Scale of Perceived Social Support (MSPSS) (Zimet, Dahlem, Zimet, & Farley, 1988).	**Entry in to care** Age, status at entry into care, police involvement reasons for placement **Trajectories in care** Type of placement experienced, contact with family, returned to family, number of placements, duration in care, overall satisfaction in care **Schooling in care** Attending school while in care, schooling effected by care, level of schooling, number of schools, age at leaving school **Transition out of care** Age at leaving care, preparedness for independent living, had a job when leaving care no help leaving care, no one to call for help **Socio economic outcomes post care** HE qualification, annual income, employment Housing, criminal history	Experiences while in care had negative consequences in adulthood including serious physical and mental health problems. Most survivors carry high levels of trauma and complex unmet needs	

*continued								
Study	**Sample**			**Method**	**Measures**	**Confounding Variables**	**Key Findings**	**Limitations**
	N	Gender	Age					
Breda, A, (2014) South Africa Journey towards independent living: a grounded theory investigation of leaving the care of Girls & Boys Town, South Africa	9	Males 9	19-23	**Recruitment:** Availability sampling **Design:** Qualitative - Grounded theory Un-structed interviews **Data Analysis:** Line-by-line coding	Non discussed	Non discussed	Themes on - post-care adult outcomes with regard to socio-economic status, health and wellbeing and access to services. Identified the social processes that care-leavers engage in during the transition. care-leavers employ a number of critical social skills that work together- striving for authentic belonging and networking people for goal attainment (highly interpersonal processes) - contextualised responsiveness and building hopeful and tenacious self-confidence (cognitive processes)	
Webb, L,. Cox, N,. Cumbers, H,. Martikke, S,. Gedzielewski, E, & Duale, M. (2016) England Personal resilience and identity capital among young people leaving care: enhancing identity formation and life chances through involvement in volunteering and social action	8 6 care leavers 2 in care	Females 12 Males 6	14 – 21	**Recruitment:** Purposive sampling **Design:** Qualitative – Semi-structed interviews **Data Analysis:** Content analysis	Non discussed	Non discussed	Main finding was that agentic individualisation and identity capital helped explain the personal change and growth associated with volunteering activities. Demonstrates that personal resilience, in the form of self-esteem (confidence), ego strength (integrity and sense of purpose) and self-determination (agency) is also dependent on individualisation opportunities and identity capital.	

* continued								
Study	**Sample**			**Method**	**Measures**	**Confounding Variables**	**Key Findings**	**Limitations**
	N	Gender	Age					
Mathews, S & Sykes, S, E. (2012) England Exploring Health Priorities for Young People Leaving Care	9 3 in care 6 left care	Males 3 Females 6	16 – 21	**Recruitment:** Purposeful sampling **Design:** Qualitative – interpretive phenomenology Semi-structed interviews **Data Analysis:** Naive reading Structural thematic analysis Interpretation of the whole	Non discussed	Non discussed	Those that had left care or experienced health problems seemed to have a clearer awareness of their own health. Health from a medical model perspective Participants struggled to stay motivated and needed a push, whilst others found the idea of coping alone overwhelming and adopted negative coping strategies, such as ignoring problems Difficulties with motivation and self-esteem Indicated that leaving care plans tended to have a limited focus on more concrete issues such as accommodation, finances and education or employment.	

Appendix E: Research Materials

Advert for social media

Questionnaire

What is the purpose of the study?

People who have been raised in care have often experienced challenging situations which can impact on their health and wellbeing. This can affect individuals in many other areas of their lives such as education, social lives and employment. The purpose of this research study is to collect these experiences from people who have been in care, so we can improve the current care system and make it better for children in care. Before you agree to take part, please take some time to read the Participant Information Sheet on the link below.

[Participant information sheet]

I agree to participate in this research study. I understand the purpose and the nature of this study, and I am participating voluntarily. I understand that I can withdraw from this study at any time.

○ Yes

○ No

About You

Q1. What country do you live in? E.g., England, Scotland

____

Q2. What are the first three digits of your postcode? E.g., M40, BB5

____

Q3. What local authority or authorities were you based in when you were in care? E.g., Bolton

____

____

Q4. What is your ethnicity?

- ○ White British
- ○ White Irish
- ○ Any other white background
- ○ Traveller of Irish Heritage
- ○ Gypsy/Roma
- ○ White and Black Caribbean
- ○ White and Black African
- ○ White and Asian
- ○ Any other Mixed background
- ○ Indian
- ○ Pakistani
- ○ Bangladeshi
- ○ Any other Asian background
- ○ Caribbean
- ○ African
- ○ Any other Black background
- ○ Chinese
- ○ Any other ethnic group

Q5. What is your Gender?

- ○ Male
- ○ Female
- ○ Other ____

Q6. How old are you in years?

____

Q7. What is your relationship status?

- ○ Single
- ○ Married
- ○ In a relationship
- ○ Same sex civil partnership
- ○ Divorced
- ○ Widowed
- ○ Other ____

Q8. What is your sexual orientation?

- ○ Heterosexual (attracted to opposite sex)
- ○ Homosexual (attracted to the same sex)
- ○ Bisexual (attracted to both sexes)
- ○ Other ____

Q9. What is your highest education qualification?

- ○ No qualification
- ○ GCSE
- ○ A-Level or equivalent
- ○ Diploma of Higher Education
- ○ Degree with honours (BA or BSC)
- ○ Masters (MSc or PGCE)
- ○ PhD or equivalent
- ○ Other ____

Q10. Do you consider yourself to have a disability? (if no, please go to question Q12).

- ○ Yes
- ○ No
- ○ Prefer not to say

Q.11 If yes to the previous question can you please specify your disability?

____

Q12. What is your main source of income? Please tick all that apply

- ○ Employment
- ○ Self-Employment
- ○ State Benefits
- ○ Education loans/grants
- ○ Support from family/friends
- ○ Other ____

Q13. Have you participated in any kind of volunteering work? (if no please go to Q17).

- ○ Yes
- ○ No

Q14. How long have you been a volunteer?

- ○ One month or less
- ○ 1 month - 6 month
- ○ 6 month - 1 year
- ○ 1 year - 3 years
- ○ 3 years or more

Q15. How often do you volunteer?

- Once a week or more
- Once a month
- A few times a year
- Once a year
- Seasonal/When needed
- Less than once year

Q16. Can you describe the positive effects volunteering has had on you?

____

____

Q17. Do you know the reason you went into care?

- Abuse or Neglect
- Absent Parenting
- Family in acute stress
- Family Disfunction
- Other (please state) ______________________________________
- Don't Know

Q18. What type of care did you spend time in?

- Foster care
- Residential care
- Both foster care & residential care
- Other (please state) ____

Q19. How old were you when you went into care?

____

Q20. How many placement moves did you have during your time in care?

____

Q21. How old were you when you left care?

____

Q22. How long were you in care for?

____

Q23. While you were in care, did you have at least one person you could trust?

○ Yes

○ No

Q24. Once you left care, did you have at least one person you could trust?

○ Yes

○ No

Q25. Did you have an after-care support worker at the initial point of leaving care?

○ Yes

○ No

Q26. Listed below are a number of questions about you, your family, your community and your relationships with people. These questions are designed to help me better understand

	Not at all	A little	Somewhat	Quite a bit	A lot
I get along with people around me	○	○	○	○	○
Getting and improving qualifications or skills is important to me	○	○	○	○	○
I know how to behave in different social situations (such as at work, home, or other public places)	○	○	○	○	○
My family is supportive towards me	○	○	○	○	○
My family knows a lot about me	○	○	○	○	○
If I am hungry, I can usually get food to eat	○	○	○	○	○
People like to spend time with me	○	○	○	○	○
I talk to my family/partner about how I feel (for example, when I am sad or concerned)	○	○	○	○	○
I feel support by my friends	○	○	○	○	○
I feel that I belong in my community	○	○	○	○	○
My partner/family stands by me when times are hard (for example, when I am ill or in trouble)	○	○	○	○	○
My friends care about me when times are hard (for example, when I am ill or in trouble)	○	○	○	○	○
I am treated fairly in my community	○	○	○	○	○

I have opportunities to show others that I can act responsibly	○	○	○	○	○
I feel secure when I am with my partner/family	○	○	○	○	○
I have opportunities to apply my abilities in life (like using skills, working at a job, or caring for others)	○	○	○	○	○
I like my partner's/family's culture and the way my family celebrates things (like holidays or learning about my culture)	○	○	○	○	○

Q27. Next, I would like to ask you four questions about your feelings on aspects of your life. There are no right or wrong answers. For each of these questions I'd like you to circle each answer on a scale of 0 to 10, where 0 is "not at all" and 10 is "completely".

None at all	Completely
Overall, how satisfied are you with your life nowadays?	1 2 3 4 5 6 7 8 9 10
Overall, to what extent do you feel that the things you do in your life are worthwhile?	1 2 3 4 5 6 7 8 9 10
Overall, how happy did you feel yesterday?	1 2 3 4 5 6 7 8 9 10
Overall, how anxious did you feel yesterday?	1 2 3 4 5 6 7 8 9 10

Q28. On a scale of 0-10 how resilient would you consider yourself?

0 being not at all resilient and 10 being extremely resilient.	1 2 3 4 5 6 7 8 9 10

Q29. Would you say that being in care has had an effect on your mental wellbeing?

- Yes
- Maybe
- No

Q30. This section is about your physical and mental health. Please select a response for each statement that best describes your health.

Has any of the following behaviours ever been apart of your life style?

	Never done this	Used to but have given this up	Have reduced doing this	Still do this
Smoking	○	○	○	○
Selfharm	○	○	○	○
Heavy alcohol intake (this is defined as more than 14 units of alcohol in one week equivalent to 5 pints of larger ABV 5.2% or 7 standard glasses of wine ABV 12%)	○	○	○	○
Using prescribed and/or non-prescribe drugs recreationally such as, cannabis, cocaine, legal highs, pain medications etc.	○	○	○	○
Eating excessively	○	○	○	○
Eating too little (6)	○	○	○	○
An inactive (couch potato) lifestyle	○	○	○	○

Q31. On a scale of 0 - 10 how positive was your experience while in care?

0 being not positive at all and 10 being extremely positive ()	1 2 3 4 5 6 7 8 9 10

Q32. Thinking back to when you was **in care**, can your describe any positive experiences?

____

____

____

____

____

Q33. On a scale of 0-10 how positive was your experience after you left care?

0 being not positive at all and 10 being extremely positive ()	1 2 3 4 5 6 7 8 9 10

Q34. If any, can you describe any positive experiences you remember once you **left care**?

____

____

____

____

____

Q35. Do you believe that your outcomes are a result of your experiences....

(please select all that apply)

- ◯ Before care
- ◯ During care
- ◯ Leaving care
- ◯ or all three (before care, during and after care)
- ◯ Not sure

Q36. Please use this space to provide any extra information that you wish to share.

____

____

As part of this research, follow up interviews will be taking place at a later date. You can be a part of this if you want to. You can choose to be interviewed face-to-face which will be voice recorded or I will send you the interview questions via email and you can answer them yourself in your own time. I could even call you by phone, it's up to you. If you prefer the face-to-face or phone interviews the questions will be sent to you one week before so that you know what you will be asked and you can decide which questions you feel comfortable answering. We also don't have to stick to my questions if you don't want to as it is your experiences of the care system that I am looking for. If you decide after seeing the interview questions that you no longer wish to take part, then this is ok and you would not be treated any differently.

Similar to the process for this survey, the information you give will be stored securely. All the data held on you will be anonymous and any identifying features removed. Recorded data will be stored on a password protected computer and will be transcribed as soon as possible after the interviews your name will be changed; the voice recordings will be deleted once the transcribing has taken

place. You can request to have the recording or paper interviews deleted at any time.

Would you like to be involved in the interview stage for this research? If so, please select your preferred method of interviewing.

- ○ Online (provide email address)

  ____

- ○ Face-to-face (provide either telephone or email)

  ____

- ○ Telephone interview (provide telephone number)

  ____

- ○ Would not like to take part.

If you require some support after completing the questionnaire, please do not hesitate to contact one of the support services listed below. If the below service providers listed are not suitable to your needs, please contact the researcher who will try their best to provide you with the details of the correct service.

BARNARDOS
Telephone: 0208 550 8822
Fax: 0208 551 6870
Website: https://www.barnardos.org.uk/

SAMARITANS
Telephone: 116 123
Website: http://www.samaritans.org/

THE CARE LEAVERS' ASSOCIATION
Telephone: 0161 637 5040
Website: http://www.careleavers.com/

CATCH-22
Website: https://www.catch-22.org.uk/collaborate/

REES FOUNDATION
Website: https://www.reesfoundation.org

Legalities

If you would like to know more about this research study or have any concerns about any aspect of this study, you should speak to the researcher who will do their best to answer your questions;

Miss Carla M. Cordner
Email: c.cordner@mmu.ac.uk

If you still have concerns and wish to pursue any further enquires you can do this by contacting the researcher's supervisor;

Professor Julie Scott Jones
Telephone: 0161-247-3003
Email: j.scott@mmu.ac.uk

You can find all the information on the website address below for Manchester Metropolitans University complaints procedure;
https://www.mmu.ac.uk/academic/casqe/regulations/assessment/docs/academic-misconduct.pdf

Also, the following website address details Manchester Metropolitans Universities ethics and governance procedures;
https://www2.mmu.ac.uk/research/our-research/ethics-and-governance/

Your rights as a participant are important to this research. The following link will set out all the helpful and important information about your rights as a participant as addressed by the General Data Protection Regulation;
https://gdpr-info.eu/chapter-3/

Thank you very much completing this Survey.

Email Interview Questions

Interview Questions

For this research I would like to ask you a few questions relating to your experience in the care system. You do not have to answer all the following questions if you feel that you do not want to. Your identity will be kept strictly anonymous. You can write as little or as much as you wish too. If you have any questions, please contact myself Carla Cordner via email at c.cordner@mmu.ac.uk

Before you go ahead can you please confirm that the following statements are true.

I agree to participate in this research study. I understand the purpose and the nature of this study and I am participating voluntarily. I understand that I can withdraw from this study at any time.

YES

NO

Below are the questions, you can answer the questions underneath each question or if you prefer on a separate sheet as long as you highlight what question you are answering.

1. Can you tell me more about your life in the care system? (This question is open to your interpretation. You can tell me as little or as much as you like, this is more to highlight your own narrative about your experience, whether this is your journey into and through the care system or a snippet of your life).
2. What important thing have happened to you in your life?
3. Who is your longest standing best friend and what makes it a good friendship?
4. Who are the important people in your life?
5. How did you get on at school? (For instance, did being in care effect your education)
6. How do you like to spend your time?
7. What is the best thing currently in your life currently?
8. What do you like about your life?

9. Is there anything in your life that you would do differently if you had the could?
10. What are you proud of in your life?
11. Have you some plans for the future or long-term goals that you wish to achieve?
12. Thinking back to your answer on the last question, how would you put these plans/long term goals into reality?
13. What may hinder you in achieving these plans?
14. What advice would you give other young people in care and/or care leavers about life?

Once completed can you please email it back to c.cordner@mmu.ac.uk

Thank you for taking part in this research.

Participant Information Sheet

Participant Information Sheet

What is the purpose of the study?

People who have been raised in care have often experienced challenging situations which can impact on their health and wellbeing. This can affect individuals in many other areas of their lives such as education, social lives and employment. The purpose of this research study is to collect these experiences from people who have been in care, so we can improve the current care system and make it better for children in care.

Please read the following information carefully before you decide to take part.

Why have I been invited?

You have been invited to take part in this research project as you are a care leaver. The needs of care leavers are often neglected, especially once they have turned 25, we want to change that. Therefore, this survey is open to all care leavers above the age of 16 years.

Do I have to take part?

It is up to you. If you agree to take part, I will then ask you to sign a consent form. However, you are free to withdraw at any time, without giving a reason (this will not affect the standard of care you receive).

What will happen to me if I take part?

The only thing that is required of you if you do decide to take part is complete a questionnaire about your experience of the care system. The questionnaire will take you approximately 15 - 20 minutes. You do not have to answer all the questions if you don't want to (just the ones you feel comfortable with).

Expenses and payments?

There will be no expenses or payments made for participating in this research.

What are the possible disadvantages and risks of taking part?

As this research is focusing on well-being, some questions can be seen as sensitive and may cause distress as you might remember some unpleasant memories and feelings. If any of the questions asked upsets you in any way and you feel you would like to access support services, please do so. There is a list of support services provided at the end of this survey.

What are the possible benefits of taking part?

We cannot promise this research will help you, but the information you provide might help improve the services provided for care leavers and children in care. As you may be aware, there is not enough known about care leavers and the care system. By taking part in this research you will contributing to raising awareness on behalf of all care leavers and children in care.

Will my taking part in the study be kept confidential?

The information you give will be stored securely. All the data held on you will be anonymous and any identifying features removed. All the information you provide will be kept on a password protected computer. Any hard paper information you provide will be stored in a locked cabinet, in a locked office. Electronic data will be

stored on a password protected encrypted computer. You can request to have any information deleted at any time. No one other than the researcher (Carla Cordner) will see the information you provide.

It is important to let you know that you will **NOT** be identified in any report/publication unless you have given consent to this.

What will happen if I don't carry on with the study?

Nothing, you can withdraw from the research at any time up to when the PhD and subsequent research articles are published. If you do withdraw, all the data collected on you will be removed and destroyed.

What will happen to the results of the research study?

The results of this study will be published in the researchers PhD thesis and in academic journals. Copies of the research will also be sent to those with responsibility for looking after young people when in care, so they can begin to improve how they do their work where appropriate. A cut down version of the report will be made available to you 3 months after the report project end date estimated to be 1st March 2021. The results will be sent to you using your preferred contact method either email or post. For participants who preferred to be contact using their phone alternative arrangements will be made. The information you provide me with will be written up and used for my PhD thesis.

Who is organising or sponsoring the research?

This research is being carried out by a PhD student funded by the Q-Step Centre at the Manchester Met who also credited the qualification.

List of Participants information used in Qualitative Analysis

Participants Demographics for Qualitative Analysis

Participant	Age	Gender	Ethnicity	Generation
Hannah	18	Female	White	3rd generation
Alexandra	29	Female	White	3rd generation
Jessica	29	Female	White	3rd generation
Georgia	24	Female	White	3rd generation
Jason	56	Male	White	1st generation
Harry	20	Male	White	3rd generation
John	33	Male	White	3rd generation
Jermaine	24	Male	White	3rd generation
Lexi	40	Female	White	2nd generation
Samantha	21	Female	White	3rd generation
Jennifer	45	Female	White	2nd generation
Barry	54	Male	White	1st generation
Harriet	62	Female	White	1st generation
Lesley	45	Female	White	2nd generation
Imogen	22	Female	White	3rd generation
Janet	45	Female	White	2nd generation
Beck	21	Female	White	3rd generation
Kelly	31	Female	White	3rd generation
Emma	22	Female	White	3rd generation
Alexandra	29	Female	White	3rd generation
Mathew	25	Male	White	3rd generation
Steph	31	Female	White	3rd generation
Michelle	27	Female	White	3rd generation
Janelle	29	Female	Black	3rd generation
Rebecca	28	female	White	3rd generation
Angela	53	Female	White	1st generation
Amber	22	Female	White	3rd generation
Jade	35	Female	White	3rd generation
Jemma	34	Female	White	3rd generation
Susan	29	Female	White	3rd generation
Zack	46	Male	White	2nd generation
Katie	53	Female	White	1st generation
Ben	22	Male	White	3rd generation
Margaret	45	Female	White	2nd generation
Demi	32	Female	White	3rd generation
Amelia	21	Female	White	3rd generation

Ethics

07/11/2018

Project Title: Care Leavers - the misguided path to independance

EthOS Reference Number: 0257

Ethical Opinion

Dear Carla Margaret Cordner,

The above application was reviewed by the Arts and Humanities Research Ethics and Governance Committee and, on the 07/11/2018, was given a favourable ethical opinion. The approval is in place until 30/09/2020 .

Conditions of favourable ethical opinion

Application Documents

Document Type	File Name	Date	Version
Project Proposal	Research Proposal Final 2	29/03/2018	3
Consent Form	Consent-Form Questionnaire	01/10/2018	2
Consent Form	Consent-Form Interview	01/10/2018	2
Information Sheet	Participant-Information-Sheet (Experts) V4	02/11/2018	004
Information Sheet	Partipant-Information-Sheet(CLs) V4	02/11/2018	004

The Arts and Humanities Research Ethics and Governance Committee favourable ethical opinion is granted with the following conditions

<u>Adherence to Manchester Metropolitan University's Policies and procedures</u>

This ethical approval is conditional on adherence to Manchester Metropolitan University's Policies, Procedures, guidance and Standard Operating procedures. These can be found on the Manchester Metropolitan University Research Ethics and Governance webpages.

<u>Amendments</u>

If you wish to make a change to this approved application, you will be required to submit an amendment. Please visit the Manchester Metropolitan University Research Ethics and Governance webpages or contact your Faculty research officer for advice around how to do this.

We wish you every success with your project.

Art and Humanities Research Ethics and Governance Committee

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