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MAJOR RESEARCH PROJECT
THE SUBJECTIVE EXPERIENCE OF OUT-OF-HOME CARE AND ITS ROLE IN
IDENTITY DEVELOPMENT

Section A: Exploring the lived experience of being in care

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**Section B: More than meets the eye: How black and minority ethnic care leavers construct
and make sense of their identity**

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CANTERBURY CHRIST CHURCH UNIVERSITY

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Summary of MRP portfolio

Section A provides a review of the empirical literature exploring the lived-experience of out-of-home care. The review considers the experiences that looked-after children and care-leavers themselves see as central to their time in care, and the sense they make of those experiences. It highlights the formative role of relationships in care, and the longstanding impact of care experiences on identity. Implications for practice and research are critically discussed, and limitations of the literature are outlined.

Section B presents a qualitative study that explores how black and minority ethnic care-leaves construct and make sense of their identity development. Interpretative Phenomenological Analysis was applied to eight semi-structured interviews. The superordinate- and subthemes were outlined and discussed in relation to previous research. Limitations, clinical implications and future research directions are discussed.

Section C contains an appendix of supporting documentation.

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MAJOR RESEARCH PROJECT SECTION A:

LITERATURE REVIEW

Exploring the Lived Experience of Out-of-home Care

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Abstract

Children in care are exposed to a variety of unusual and distressing experiences throughout their care journey, however relatively little research has explored the subjective experience of care and the meaning children make of it. The current review synthesizes and critiques the existing literature exploring the broad experience of being in care. It aims to address the following questions: What aspects of out-of-home are most important to those with lived experience of it? And what sense do looked after children and care-leavers make of their experiences in care? PsychINFO, CINAHL, EBSCO, Medline and Google Scholar were searched for relevant studies. 16 studies met the specific inclusion criteria and were included in the review. Relationships, autonomy, stigma and religion were repeatedly raised as central to the experience of care. The meaning made of these experiences related to issues of belonging, control, identity and gratitude. Methodological issues were found in sampling, research design, quality of reporting, lack of generalisability and reflexivity. Further research is needed on the experiences of looked-after children from minority ethnic groups, and on the impact of out-of-home care on identity. Clinical implications include the importance of promoting positive relationships for children in care and the need to involve them in decision-making.

Key words: Looked-after children, foster care, lived experience

Introduction

The role of care-giving in child development

Throughout childhood, parents and other adults are responsible for making decisions in the best interests of children. Attachment theory (Bowlby, 1969) suggests that through having their basic physical and emotional needs consistently met, the infant comes to learn that their primary care-givers, and by extension other adults, are safe, well intentioned and helpful, and the child is worthy and loveable. As infants grow, consistent and fair boundaries enable learning of action and consequence and facilitate the internalisation of societal rules and ethics. According to attachment theory, primary care-givers also act as a 'secure base' from which to explore the world. Feeling that a primary care-giver is there to supervise and protect them gives children the safety and freedom to take risks and make mistakes. Erikson's (1969) model of psychosocial development highlights the importance of exploration in adolescence, as a function of achieving a coherent sense of self. The quality of the child-carer relationship can impact this identity development, with supportive and nurturing relationships giving adolescents the safety and freedom they need to explore (Beyers & Goossens, 2008).

Out-of-home care

According to the Care Act (1989), a child is placed in out-of-home care (OoHC) if they are "*suffering or at risk of suffering significant harm, and that harm... is attributable to the care being given*". Instead of learning that adults are safe, well-intentioned and consistent, these children, herein referred to as looked-after children (LAC), may therefore have experiences of adults as unsafe, inconsistent, and even intentionally abusive (Schofield & Beek, 2005). For this, and many other reasons, entering OoHC can be deeply traumatising. LAC have little say over

where they live, and what restrictions are implemented, putting the child in a vulnerable and powerless position (Mason, 2008). A lack of transparency and communication around these processes can heighten the sense of powerlessness and mistrust these children feel (Schneider & Phares, 2005). Additionally, although the primary care-givers have been deemed unable to care for their child by court, the child themselves may have strong feelings of love, belonging and obligation to them and other family members, such as siblings (Poulin, 2005). Being removed from the home can therefore often be accompanied with feelings of great loss, anger and guilt (Bruskas, 2008). If parental responsibility for the child is revoked, legal responsibility for LAC lies with the state, as represented by their social worker and foster carer. The child is expected to abide by the legal terms laid out by their social worker (e.g. In relation to family contact, school attendance, where they reside) as well as the personal household rules of their foster carer. LAC may be coming from a living situation where boundaries were unclear or poorly enforced, or where authority was abusively punitive. As such, attempts by state-allocated carers to implement firm boundaries may be experienced as unfamiliar, controlling or threatening. For many LAC, relationships with carers are challenging, and placement breakdowns are frequent (Harkin & Houston, 2016). This perpetuates feelings of uncertainty, powerlessness and fragile relationships (Rostill-Brookes, Larkin, Toms, & Churchman, 2011).

Listening to Looked-After Children

The assumption that children have the right to safety and protection has only been operationalised in legislation for approximately the past century (Batty, 2004). Prior to this, children were seen as the rightful property of their parents. For much of the twentieth century, children were still considered best “seen and not heard” (Munro, 2010). Obedience and

discreetness were important traits for children, and marked deviation from these norms was met with disdain. The Children's Act (1989) was the first UK legislation to protect children's right to participate in decision making. It stated that, in addition to prioritising child welfare, courts should consider "the ascertainable wishes and feelings of the child concerned" when making decisions about their care. In the same year, the United Nations (1989) published their international Convention on the Rights of the Child (UNCRC). The UNCRC has been widely ratified internationally, and states that children have "the right to express those views freely in all matters affecting the child...in particular be provided the opportunity to be heard in any judicial and administrative proceedings affecting the child". Despite this, LAC often feel left out of decision-making processes regarding care (Winter, 2006). The Care Standards Act (CSA, 2000) outlines the minimum expected standards for children in foster care in the UK, which include "promoting a positive identity, potential and valuing diversity through individualised care" (see appendix A. for full minimum standards).

The current context of LAC research

The traumatic experiences faced by LAC prior to and during their OoHC experiences place them at greater risk of developing mental health problems, poor educational and employment outcomes and relationship difficulties (Richardson & Lelliott, 2003). In spite of this, many LAC do achieve good outcomes. While outcomes for LAC have improved, there continues to be a growing gap between outcomes for those in care and those who are not (Mason, 2008). Relatively little research has tried to explore the broad experience of being in OoHC, and the aspects of OoHC that LAC view as most important. Understanding how LAC experience OoHC, and what aspects of care they feel promote or hinder positive development, is vital to

continue shaping OoHC to meet the needs of LAC. Research and service development without this input runs the risk of making changes driven by the agendas of policy-makers and funders, rather than the needs of those in care.

Review aims

This review aims to draw together the existing literature on the lived experience of being in care. Rather than looking at particular outcomes, such as educational attainment, or mental health, this review seeks to include studies exploring experiences of OoHC more broadly, in order to capture LAC's views on what is most important for meeting their needs in OoHC.

This review aims to address the following questions:

1. What aspects of OoHC are most important to those with lived experience of it?
2. What sense do LAC and care-leavers make of their experiences in care?

Methods

Literature search

Searches were carried out on four databases: CINAHL, EBSCO, PsychINFO and Medline, between 01/10/2018 and 03/12/2018. A search was undertaken on Google Scholar for completeness. Search terms adopted were: ("foster child" OR "looked after child*" OR LAC OR "care leave*") AND (experience OR perception OR attitude OR view OR feeling OR opinion OR reflecti* OR belief) AND ("foster care" "foster home" OR placement OR "residential care" OR "children's home" OR "out-of-home"). Searches were limited to peer-reviewed journal articles written in English. Studies with a narrow focus on a particular aspect of OoHC were excluded (e.g. Studies on educational attainment, mental health). Previous literature has suggested that children experience kinship care differently to other forms of care because they

retain their sense of being in their family and are more likely to have regular contact with a parent (Farmer, Selwyn, & Meakings, 2013). Therefore, studies looking solely at kinship care were not included. Due to a dearth in research, international studies were included, as long as they were written in English. Searches were limited to studies undertaken since the UNCRC was widely adopted in 1992, as this legislation is likely to have marked an international shift in professional attitudes to the provision of OoHC. Both studies with current LAC and care-leavers were included. This allows the review to capture views relating to the immediate experience of care and reflections after leaving care.

Initial searches yielded 2099 results. Titles and abstracts were screened, resulting in 36 studies that met initial inclusion criteria. Full-text reviews of these articles resulted in a further 20 being excluded. Reference lists of papers were also screened for relevant papers. In total, 16 papers were included in the review. See figure 1. For a flow diagram of the literature search process.

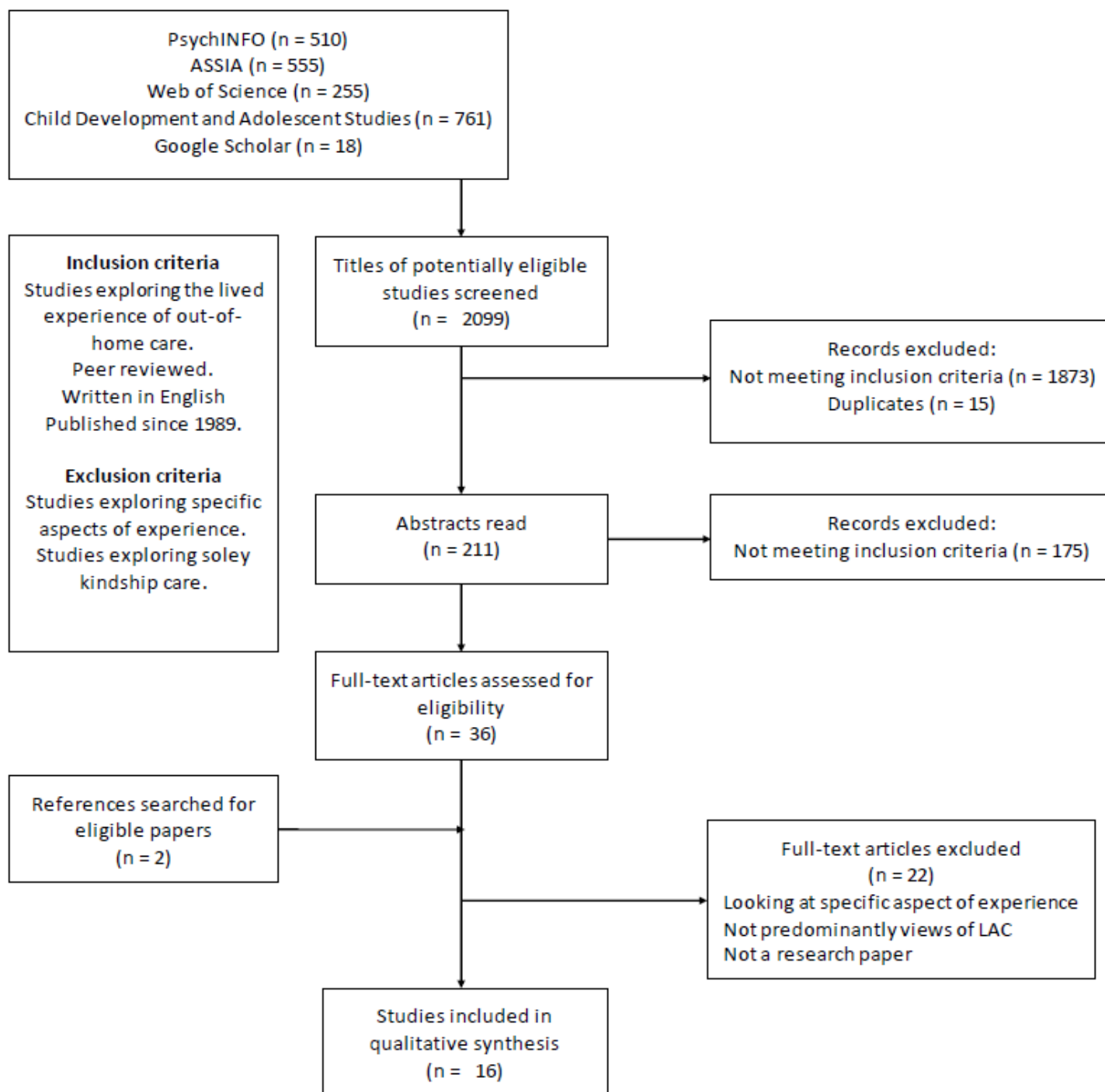


Figure 1. PRISMA diagram of literature search process.

Assessing the quality of studies

All studies were read and summarised (see table 1). Fourteen studies were qualitative, and three were surveys. The Critical Appraisal Skills Programme (CASP) checklist for qualitative research was systematically applied to each qualitative paper (see appendix B). The three surveys were assessed for quality using guidelines developed by Burns & Kho (2015) (see appendix C). These tools suggest a number of questions to be asked in the appraisal of research to ensure the papers are of a reasonable quality.

Literature Review

Four articles reported studies with care-leavers reflecting on their past experiences in care, while seven articles focused on current LAC and five had a mixed sample of current LAC and care-leavers. There was also a split between focusing on participants with lived experience of residential care (seven papers), those with experience of foster care (five papers) and studies with a mix of care contexts (four papers). The papers outlined studies undertaken in the UK, the USA, Australia, Belgium, Serbia, South Africa, Botswana and Uganda. This review will initially focus on the experiences discussed in the papers in relation to question one (What aspects of OoHC are most important to those who experience it?), before exploring the meaning participants made of these experiences (question two). Despite the geographical variation, a number of themes repeated through the different papers. These recurrent themes provided the basis for structuring and synthesising this review. Papers were read and re-read, with emerging themes highlighted and recorded. Once all papers were read, final themes were

developed through a reflexive process of going back and forth between papers to compare and refine emergent themes.

Table 1: Summary of papers included in the review

Authors	Title	Design	Participants	Summary	Quality Evaluation
Nurcombe-Thorne, A., Nadesan, V. & DuPlessis van Breda, A. (2018)	Experiences of "I" and "we" among former looked-after children in South Africa.	Qualitative, cross-sectional design. Semi-structured interviews with care-leavers about their experiences in care, plus focus groups. Interviews were audio recorded, transcribed and subject to thematic analysis.	N= 6 18-21 year old residential care leavers in south Africa. 4 x female, 2 x male. 2 x black African, 1 x white, 3 x mixed race	From a range of findings, key themes of the self, and the self in relation to others, were the focus of the paper. Regarding the self, participants reported both positive and negative experiences of self-determination and decision-making participation. Participants highlighted aspects of care that had led to personal growth, though these lessons were at times only realised in hindsight. Regarding the self in relation, participants all reported a sense of not belonging and lacking connection, with difficult care-giver relationships. However, they recounted positive relationships that had contributed to personal growth and development. Other children in care gave a sense of family and familiarity.	CASP Qualitative criteria: <ol style="list-style-type: none"> 1. Aims stated? Yes 2. Methodology appropriate? Yes 3. Research design appropriate? Yes 4. Recruitment strategy appropriate? Yes 5. Data collection addresses issue? Yes 6. Reflexivity re relationship? Yes 7. Ethical issues discussed? Yes 8. Analysis rigorous? Yes 9. Findings clearly stated? Yes 10. Impact/value? Yes
Khoo, E., Mancinas, S. & Skoog, V. (2015)	We are not orphans. Children's experience of everyday life in institutional care in Mexico.	Mixed-methods, qualitative design. Mapping, Photovoice and focus groups.	N= 6 14-16yr olds in residential care in Mexico. 2x male and 4 x female.	Superordinate themes of 'everyday life' and 'significant people' were discussed. 'Everyday life' included subordinate themes of 'home', participants expressing often conflicting feelings of belonging and being different; 'an ordered life', having highly structured routines, which could be seen as controlling, but also containing; and 'living spaces', participants reminisced on important memories that had taken place in the institution. 'Significant people' included subordinate themes of 'fragile ties to family', participants feeling a lack of control over when and how they saw loved ones, and a sense of conditionality to the relationships; 'caring people, the importance of caring staff in the absence of family relationships; and 'having each other', the importance of relationships with peers in the residential setting.	CASP Qualitative criteria: <ol style="list-style-type: none"> 1. Aims stated? Yes 2. Methodology appropriate? Yes 3. Research design appropriate? Yes 4. Recruitment strategy appropriate? Yes 5. Data collection addresses issue? Yes 6. Reflexivity re relationship? Not discussed 7. Ethical issues discussed? Yes 8. Analysis rigorous? Yes 9. Findings clearly stated? Yes 10. Impact/value? Yes

Burgund, A. & Zegarac, N. (2016)	Perspectives of Youth in Care in Serbia.	Qualitative, cross-sectional design. Semi-structured interviews with young people in care about their experiences. Interviews were audio recorded, transcribed and subject to thematic analysis.	N=16 13-18 year olds in care. 10 x male and 16 x female, 13 x Serbs and 3 x Roma. 6 participants were in kinship care, 6 were in foster care and 4 were in residential care	Seven themes were identified: 'life context and living conditions', how birth-family relationships affected perceptions of care, and the recognition of personal responsibility in adaptation and developing relationships; 'perception of family, relationships with others and significant relationships', all participants had lost contact with some of their biological family and community and felt unsupported to maintain contact; 'emotional regulation', participants reported managing their emotions alone, by withdrawing and detaching; 'perception of school', peer relationships and a sense of belonging facilitated positive experiences of school; 'perception of social care', relationships with care managers were mediated by the type of placement; 'perception of self, their abilities, possibilities of influence and the future', perceptions of self as good and helpful were frequent. Unpleasant emotions were kept from foster carers and case managers to maintain this perception.	CASP Qualitative criteria: 1. Aims stated? Yes 2. Methodology appropriate? Yes 3. Research design appropriate? Yes 4. Recruitment strategy appropriate? Yes 5. Data collection addresses issue? Yes 6. Reflexivity re relationship? Not discussed 7. Ethical issues discussed? Yes 8. Analysis rigorous? Yes 9. Findings clearly stated? Yes 10. Impact/value? Yes
Gallagher, B. & Green, A. (2012)	In, out and after care: Young adults' views on their lives, as children, in a therapeutic residential establishment.	Qualitative, cross-sectional design. Semi-structured interviews with young people who were placed in therapeutic children's homes. Interviews were audio recorded, transcribed and subject to template analysis.	N=16 16-21 year old TCH leavers. 10 x female, 6 x male. 15 x white, 1 x BME (unspecified)	Themes were divided according to "Life in the TCH", "life outside the TCH" and "life after the TCH". "Life inside the TCH" included 'relationships', Good relationships with care staff were considered essential to well-being; 'therapy', all children at the TCH received therapy. There were mixed feelings about this; 'Life story work' was undertaken with all participants. Participants reported finding it valuable in helping them make sense of their experiences and build relationships with carers, however it could also be a source of distressing memories. "Life outside the TCH" included 'School', this was a difficult area for a number of participants including bullying or feeling different, though some found a sense of normality and belonging; 'friendships', where participants had felt able to develop them were all valued; "Leisure" was looked back on by many participants as a positive aspect of their experience, with a wide range of activities to engage in.	CASP Qualitative criteria: 1. Aims stated? Yes 2. Methodology appropriate? Yes 3. Research design appropriate? Yes 4. Recruitment strategy appropriate? Yes 5. Data collection addresses issue? Yes 6. Reflexivity re relationship? Not discussed 7. Ethical issues discussed? Partially 8. Analysis rigorous? Yes 9. Findings clearly stated? Yes 10. Impact/value? Yes
Fournier, B., Bridge, A., Pritchard Kennedy, A., Alibhai, A. & Konde-Lule, J. (2014)	Hear our voices: A Photovoice project with children who are orphaned and living with HIV in a Ugandan group home.	Qualitative, cross-sectional design. Photovoice method and focus groups with HIV seropositive children in a group home in Uganda about their experiences of care. Root cause questioning was used to analyse the children's stories. Focus groups were tape recorded, transcribed and subject to matrix methodology techniques.	N= 13 children between 12-18yrs living in a Ugandan group home. 5 x female, 8 x male. All black African.	Two superordinate themes emerged: "Protective factors" and "Hardships". Protective factors encompassed: 'Nature as a resource', the natural world linking participants to God, and how essential the natural world is for survival; 'Hopes and dreams', participants shared their desires to be successful and contributing members of society; 'Material resources', appreciation for the material care provided at the group home; and 'Social support', the value of being cared about, accepted and supported by staff and peers at the group home. "Hardships" encompassed: 'Stigma and discrimination', the impact of wider stigma around HIV/AIDS, as well as personal experiences of discrimination on self-worth and connection; and 'psychological, emotional and social challenges', participants discussed the various challenges they had faced including loss, abuse and witnessing suffering.	CASP Qualitative criteria: 1. Aims stated? Yes 2. Methodology appropriate? Yes 3. Research design appropriate? Yes 4. Recruitment strategy appropriate? Yes 5. Data collection addresses issue? Yes 6. Reflexivity re relationship? Not discussed 7. Ethical issues discussed? Partially 8. Analysis rigorous? Yes 9. Findings clearly stated? Yes 10. Impact/value? Yes

Mantovani, N. & Thomas, H. (2015)	Resilience and Survival: Black Teenage Mothers 'Looked After' by the State Tell their Stories About their Experience of Care.	Qualitative, cross-sectional design. Unstructured interviews with young black care-experienced mothers. Interviews were tape recorded, transcribed, and analysed using a modified grounded theory approach.	N= 15 16-19yr olds. All female, either mothers or pregnant. 2x Black British, 13 x Black African. 2 migrated with family, 2 were educational migrants and 9 were unaccompanied asylum seekers.	The analysis drew out negative aspects of care including "Inadequate supportive relationships", many participants reported distant and inconsistent support from social workers - having multiple changes of keyworker and infrequent contact with them; and "Experiencing adversity whilst in foster care", including financial exploitation and material deprivation by foster carers. Positive findings were "Supportive care-giving practices foster resilience" - participants who identified supportive relationships with social workers valued having the social, emotional support and a secure base. The small details of caring were seen to be important; "Practices nurturing positive change", attentive practices from foster parents promoted positive self-identity, "Investing in moral identity", Unsupportive relationships were reframed as opportunities to exert resilience, independence or connect with religious identity.	CASP Qualitative criteria: 1. Aims stated? Yes 2. Methodology appropriate? Yes 3. Research design appropriate? Yes 4. Recruitment strategy appropriate? Yes 5. Data collection addresses issue? Yes 6. Reflexivity re relationship? Not discussed 7. Ethical issues discussed? No 8. Analysis rigorous? Not clear 9. Findings clearly stated? Yes 10. Impact/value? Yes
Chapman, MV., Wall A. & Barth, RP. (2004)	Children's voices: the perceptions of children in foster care	Quantitative, Cross-sectional design. A survey methodology was used to assess children's views of placement experiences. Descriptive findings were presented and data were analysed using multivariate techniques.	N=316 care-experienced children aged 6 and over in the USA. 49% male and 51% female. 38% White American, 37% African American, 17% Hispanic, 8% other races.	Descriptive findings included children desiring more contact with their birth families, with happiness being the most frequently reported emotion after family visits. Many children held hope for reunification with family. Logistic regression revealed differences in perceptions based on placement type: Children in foster or kinship care were more likely than children in group homes to like those they were living with and to want to remain permanently in their current placement. Children in group care were more likely to have visits cancelled. Children in kinship care were less likely to try and run away, and less frequently reported missing their family. Feelings of relatedness to caregivers did not differ significantly by placement type. Feelings of closeness to caregiver were stronger in kinship care than in group care.	Burns and Kho (2015) survey criteria: 1. Research question stated? Yes 2. Recruitment strategy appropriate? Yes 3. Systematic approach? Yes 4. Appropriate testing? Yes 5. Bias considered? Yes 6. Response rates recorded? Yes 7. Findings clearly stated? Yes
Ward, H., Skuse, T. & Munro, E. (2005)	"The best of times, the worst of times": young people's views of care and accommodation	Qualitative cohort study. Semi-structured interviews with care-experienced children and young people. Interviews were tape recorded, transcribed and thematically analysed.	N=27 care-leavers in England. Demographic information absent.	Care-leavers reported that ordinary features of everyday life that peers would usually take for granted, such as having someone to talk to or doing ordinary family things like going to the cinema, were the main benefits of the care system. This contributed to a sense of belonging and being cared about.	CASP Qualitative criteria: 1. Aims stated? Yes 2. Methodology appropriate? Yes 3. Research design appropriate? Yes 4. Recruitment strategy appropriate? Yes 5. Data collection addresses issue? Yes 6. Reflexivity re relationship? Not discussed 7. Ethical issues discussed? No 8. Analysis rigorous? Not clear 9. Findings clearly stated? Yes 10. Impact/value? Yes
McCormack, L and Issaakidis, g., L. (2017)	Complex trauma in childhood; psychological growth in adulthood: Making sense of the lived experience o out-of-home-care	Qualitative, cross-sectional design. Semi-structured interviews with care-leavers about their experiences in care. Interviews were audio recorded, transcribed and subject to IPA.	N=4 women >30yrs, all with multiple placements. Opportunistic sampling - leaflets and word of mouth. Ethnicity not reported.	Two superordinate themes were discussed: unconditional is conditional; and learning to walk with the self. Participants raised issues of struggling to find a sense of belonging, both in care and later on in life. It felt difficult to trust others, and relationships always felt conditional. However, psychological growth felt possible, and participants reported a shift from self-blaming to self-empathy throughout their lives. They also spoke of aspirations to use their experiences to become better parents.	CASP Qualitative criteria: 1. Aims stated? Yes 2. Methodology appropriate? Yes 3. Research design appropriate? Yes 4. Recruitment strategy appropriate? Yes 5. Data collection addresses issue? Yes 6. Reflexivity re relationship? No 7. Ethical issues discussed? No 8. Analysis rigorous? Not clear 9. Findings clearly stated? Yes 10. Impact/value? Yes

Nuytiens, A., Luyten, I., Christiaens, J., Dumortier, E. (2018)	Voicing young and older adult care-leavers in Belgium: How the experience of being in care shapes narratives of the self	Qualitative, cross-sectional design. Semi-structure interviews with care-leavers about their experiences in care. Interviews were audio recorded, transcribed and subject to IPA	N=34 care-leavers between the age of 21-65 in Belgium. N=14 men, N= 24 women. Ethnicity not reported.	Analysis drew out three narratives of the self, which are shaped by the experience of being in care: the collective self, the problematic self and a resilient self. The perception of the collective self and the problematic self results in feelings of stigmatisation and a search for the lost self or new self throughout the later life-course. Results suggested that the (impact of being in care on) narratives of the self change over time, demonstrating the need for a long-term perspective.	CASP Qualitative criteria: 1. Aims stated? Yes 2. Methodology appropriate? Yes 3. Research design appropriate? Yes 4. Recruitment strategy appropriate? Yes 5. Data collection addresses issue? Yes 6. Reflexivity re relationship? Not discussed 7. Ethical issues discussed? No 8. Analysis rigorous? Yes 9. Findings clearly stated? Yes 10. Impact/value? Yes
Carter, J. (2011)	Analysing the impact of living in a large-group therapeutic community as a young person — views of current and ex-residents. A pilot study	Qualitative, cross-sectional design. Semi-structured group interview with residential care leavers, plus analysis of individual pre-existing video interviews of similar content. Interviews were transcribed, and data were organised into themes.	N= 8 current residents and alumni. 3 residential care leavers and five current residents. No demographic data.	Participants spoke positively of their experiences in care. They discussed their increased ability to relate well to others, attributing this to the feeling of being wanted by staff, who were perceived as forgiving and personally invested. There was also a feeling of belonging where participants felt staff and peers understood them and they could be themselves.	CASP Qualitative criteria: 1. Aims stated? Yes 2. Methodology appropriate? Yes 3. Research design appropriate? Yes 4. Recruitment strategy appropriate? Yes 5. Data collection addresses issue? Yes 6. Reflexivity re relationship? No 7. Ethical issues discussed? No 8. Analysis rigorous? Not clear 9. Findings clearly stated? Yes 10. Impact/value? Yes
Stepanova, E. & Hackett, s. (2014).	Understanding Care Leavers in Russia: Young People's Experiences of Institutionalisation	Quantitative, Cross-sectional design. A survey methodology was used to collect data on Russian care-leavers experiences of care.	N=45 care leavers 16+. N=18 female, n=27 male.	A number of factors were found to influence the wellbeing of care leavers, including placement instability, institutional isolation, poor education, stigmatisation of care leavers, relationships with "houseparents", and supportive and often challenging friendships.	Burns and Kho (2015) survey criteria: 1. Research question stated? Yes 2. Recruitment strategy appropriate? Yes 3. Systematic approach? Not clear 4. Appropriate testing? Not stated 5. Bias considered? No 6. Response rates recorded? Yes 7. Findings clearly stated? Yes
Morantz, G. & Heymann, J. (2010)	Life in institutional care: the voices of children in a residential facility in Botswana	Qualitative, cross sectional design. Semi-structured interviews with children, youths and young adults from a residential home for children in Botswana. Interviews were audio recorded, transcribed and subject to them thematic analysis.	n = 78 current or ex-residents of the home. N=60 current children's home residents, n=14 youth house residents and n=4 alumni.	The children spoke of the importance of having uninterrupted access to food, shelter and schooling and a sense of belonging. However, they also reveal a profound ambivalence towards their paid caregivers, and the other children residents. They describe being separated from siblings, missing their families and feeling disconnected from the community at large.	CASP Qualitative criteria: 1. Aims stated? Yes 2. Methodology appropriate? Yes 3. Research design appropriate? Yes 4. Recruitment strategy appropriate? Yes 5. Data collection addresses issue? Yes 6. Reflexivity re relationship? Not discussed 7. Ethical issues discussed? Yes 8. Analysis rigorous? Not clear 9. Findings clearly stated? Yes 10. Impact/value? Yes

Baldry, S. & Kemmis, J. (1998)	Research Note What is it Like to be Looked After by a Local Authority?	Qualitative, cross-sectional design. Survey methodology. Structured interviews and postal surveys with children in care in the UK. Responses were recorded and collated.	N = 71 children and young people in care in the UK, aged 6-18yrs. N=35 female, n = 36 male. N =11 black African, N= 1 black other, N= 29 white, N=13 mixed, N=17 other/not specified. Mix of care contexts.	Children generally reported satisfaction with their placements and social workers. However, many didn't understand their care plans or feel involved in the decision-making processes. There was also a felt lack of stability and security, both in domestic life and in the frequent restructuring and staff-turnover of social care.	Burns and Kho (2015) survey criteria: 1. Research question stated? Yes 2. Recruitment strategy appropriate? Yes 3. Systematic approach? Not clear 4. Appropriate testing? Not stated 5. Bias considered? No 6. Response rates recorded? Yes 7. Findings clearly stated? Yes
Whiting, J. & Lee, R. (2003).	Voices From the System: A Qualitative Study of Foster Children's Stories	Qualitative, cross-sectional design. Semi-structured interviews with pre-adolescent children in care in the USA. Interviews were transcribed, analysed and subject to ethnographic analysis.	N=23 children in care in the USA, aged 7-12yrs. N=16 males, N=7 females. N=19 African American, N=3 White, N=1 Mixed race.	Four domains were developed in the analysis: culture and ecology; biological and foster families; the child's emotional and personal characteristics; and the story chronicle from past to future. Most of the children interviewed reported being satisfied with their care, however they felt significant confusion and ambivalence regarding care and their foster families, and expressed fear and anger regarding their experiences.	CASP Qualitative criteria: 1. Aims stated? Yes 2. Methodology appropriate? Yes 3. Research design appropriate? Yes 4. Recruitment strategy appropriate? Yes 5. Data collection addresses issue? Yes 6. Reflexivity re relationship? Yes 7. Ethical issues discussed? Yes 8. Analysis rigorous? Yes 9. Findings clearly stated? Yes 10. Impact/value? Yes
Higgins, J., Higgins, D., Bromfield, L. & Richardson, N. (2007).	Voices of Aboriginal and Torres Strait Islander children and young people in care	Qualitative, cross-sectional design. Focus group interviews with young indigenous people in care in Australia. Details of analysis not provided.	N = 16 indigenous young people in Australia.	Themes of 'cultural activities' and 'connection to family and community' were drawn out. Participants emphasised the importance of maintaining connections to their and the majority strongly desired to go home, despite abuse or neglect. The young people also valued being involved in decision-making, and having a sense of agency appeared to positively influence placement satisfaction and self-esteem.	CASP Qualitative criteria: 1. Aims stated? Yes 2. Methodology appropriate? Yes 3. Research design appropriate? Yes 4. Recruitment strategy appropriate? Yes 5. Data collection addresses issue? Yes 6. Reflexivity re relationship? Not discussed 7. Ethical issues discussed? No 8. Analysis rigorous? Not clear 9. Findings clearly stated? Yes 10. Impact/value? Yes

What aspects of OoHC are most important to those who experience it?

Relationships

In each paper reviewed, relationships were considered of paramount importance to participants and were seen to significantly shape the experience of foster care. This supports other LAC research (e.g. Ahrens et al., 2011), which consistently identifies relationships as a key mediating factor in the experience of foster care. Good relationships with parents, carers and social workers predict positive educational, mental health and employment outcomes for LAC, whereas poor relationships are associated with increased risk-related behaviours such as substance use, unprotected sex and criminality (Duke, Farruggia, & Geramo, 2017). The papers focused on five types of relationships; those with birth parents, carers, social workers, siblings and peers.

Relationships with birth parents.

Many studies touched upon relationships with birth parents. Higgins, Higgins, Bromfield, and Richardson (2007) highlighted the intense desire participants in care expressed for reunification with parents, even if those relationships had placed the young person at risk. A significant number of children surveyed by Baldry and Kemmis (1998) wanted more contact with their birth parents than they currently had. Similarly in Chapman et al. (2004) the majority of children saw their birth parents twice per month or less, and desired increased contact with them. Whiting and Lee (2003) found that children reported positive memories of their families, despite significant reports of trauma. However, in Ward, Skuse and Munro (2005) some participants expressed a belief that a period in foster care saved a failing relationship with parents.

In residential care, children appeared to have particularly infrequent contact with birth family. Morantz and Heymann (2010) reported a significant difficulty with adapting to life in residential care was missing parents. Nurcombe-Thorne, Nadesan and van Breda (2018) also highlighted the fragility of family relationships for those in residential care. Khoo, Mancinas, and Skoog (2015) found that children still reported strong desires to be back with birth family, even if not possible, and a privileging of familial connection over non-blood ties, particularly with family meeting a need for love. Burgund and Zegarac (2016) found that the level and quality of familial contact had implications for their attitudes towards being in care, with those who had lost all contact more likely to view placement as long-term and acceptable.

Relationships with carers

The majority of papers reported a broad variety of participants' experiences of care relationships. These ranged from supportive relationships to fractious or even abusive ones, and a majority of participants desired a more intimate caring relationship. In Mantovani and Thomas (2015) the majority of participants had negative experiences with foster carers. Stepanova and Hackett (2014) found that many participants described carers as indifferent, not understanding, and lacking morals. Higgins et al. (2007) found that many LAC disliked being with carers, even if they were kind, as it was strict and kept them away from their families. Similarly while 90% of children reported liking their carers in Chapman et al. (2004), over 80% said they would most like to be living with a family member. Baldry & Kemmis (1998) however, found that the majority of children surveyed were happy with their placements, feeling supported by their carers. Similarly, despite some negative experiences of care, children in Whiting & Lee (2003) tended to report positive experiences of foster care, feeling cared-for and safe, and learning 'the

right way to do stuff'. This extended, for participants in McCormack and Issaakidis (2018), to learning ways of nurturing and caring that were vital for when they became parents. However, participants in this study also felt carers took them on in pursuit of admiration, gratitude and self-promotion, rather than out of a genuine desire to help.

In the studies of residential care, participants tended to report more positive experiences of finding "family" in care. In interviews with current residents and alumni of residential care in Botswana, Morantz & Heymann (2010) found that many participants reported coming to see the housemothers as a parent. Children reported having little contact with men in the care home, and reported not knowing the role fathers played in households. In Fournier, Bridge, Pritchard Kennedy, Alibhai and Konde-Lule (2014) and Carter (2011) children highlighted the importance of relationships with the care-home staff, providing love and care in the absence of parental relationships. Nurcombe-Thorne et al. (2018) and Khoo et al. (2015) similarly found variation in reports, but many residential care alumni spoke to the importance of genuine and caring relationships with staff to provide some semblance of 'family' connection. Despite this desire to form connection, high staff turnover led to a reluctance to form connections or share personal problems. In Gallagher and Green (2012) participants reported that they developed positive relationships with at least one care worker. Many of them valued the safety and care of relationships with staff, and having someone to talk to. The majority of respondents maintained contact with at least one member of staff at the home after they left. In contrast to the above findings, Burgund and Zegarac (2016) reported that children in foster care appeared to view their relationships in the care environment as closer than children in residential care. In fact, children in residential care in this study rarely spoke of care workers as close. Similarly, participants in

Nuytiens, Luyten, Christiaens, and Dumortier, (2018) felt residential care workers treated them as ‘robots’. Ward et al. (2005) captured this range of experiences, highlighting significantly different cultures across care homes; some experienced as warm and caring, and others as cold and unempathic.

Relationships with social workers

While relationships with social workers varied, a consistent theme was that they were not available enough, and changes were frequent. Baldry and Kemmis (1998) reported that children valued genuineness, honesty and sticking to agreements. The vast majority of participants had multiple social workers, and few had the same social worker for two or more years. Mantovani and Thomas (2015) similarly described that a common experience among participants was the ‘revolving door’ social worker. This was associated with feelings of instability and inconsistency. Further, contact with social workers was infrequent, and participants reported that they were difficult to contact, leading to feeling unsupported and forgotten. When social workers were seen to be present and supportive, they were highly valued by participants. Participants in Ward et al. (2005) similarly appreciated social workers who were good listeners, supportive and communicative, and disliked those who were not.

Relationships with siblings

Although discussed in fewer papers, siblings, when discussed, were seen as vitally important. Higgins et al. (2007), for example, found that young people placed particular emphasis on sibling relationships, describing nurturing and caring relationships. In Morantz and Heymann (2010) siblings were frequently mentioned, and a majority of children reported hoping

to live with their siblings after leaving care. Whiting and Lee (2003) noted the importance of having shared experiences with siblings, and how reliant they were on each other. Similarly, in McCormack and Issaakidis (2018) participants prioritised the importance of being placed with siblings, even if this meant being in a less caring or desirable home.

Relationships with peers

In the majority of studies, peer relationships had a significant impact on the experience of life in care. They were considered a key factor in the experience of care by participants in Stepanova and Hackett (2014). In Burgund and Zegarac (2016) the majority of the children interviewed reported ease with establishing peer relationships and were well liked. They tended to cite their peers as the people closest to them. Baldry and Kemmis (1998) found most children reported being happy with their friendships, but those who were not often blamed themselves. Peers were particularly important in residential care. Morantz and Heymann (2010) found that children in the residential units would come to see other children as family. Similarly, Carter (2011) reported that care home residents felt their peers were integral in developing a sense of 'home', and Nuytiens et al. (2018) noted that participants often spoke about their experiences using plural pronouns; children in residential care went through life together. The supportiveness of peer relationships in the care home was reiterated in Fournier et al. (2014). However, there were also perceived negatives to living with a large peer group. In Nuytiens et al. (2018) participants felt that focus on the group resulted in individual care and attention being neglected. In Gallagher and Green (2012) the majority of participants shared difficult experiences with 'othering' and bullying by their peers, or a sense of difference within themselves. However,

some found a sense of normality and belonging amongst their school peers. Friendships were valued where present, both in and outside the care home, and their absence was distressing.

Choice, autonomy and decision-making

Having a say in choices about care and daily life appeared important to many participants. Reference to the impact of having choice and freedom, or having it taken away, were frequent throughout the papers. To some extent, this is likely to reflect typical developmental experiences in later childhood and adolescence. Feeling limited by and resistant to rules implemented by adults is a normal part of growing up. However, the participants in these studies appear to experience restrictions as excessive in their comparisons to children outside of the care system.

Involvement in decisions about care

Khoo, Mancinas, and Skoog (2015) found that participants felt a considerable lack of control over family contact, and missed their families terribly. Although not specifically mentioned, the discussion in a number of papers (Morantz & Heymann, 2010; Higgins et al., 2007) similarly pointed to children feeling they had no power in deciding to go back to their families, despite this being their wish. Baldry and Kemmis (1998) found that although children were generally clear about why they were taken into care, they were not clear of the legal repercussions of this, possibly suggesting this had not been fully or clearly explained. Further, although many children in this study felt their views were considered, many were unsure about important aspects of their care such as knowing what their care plan was or receiving decisions

from reviews in writing. Burgund and Zegarac (2016) also found that the majority of children reported they had little understanding of, or involvement in, decision making around where they were placed. Participants in Ward et al. (2005) were more positive and said they had missed being with their families and wanted to return to them while in care, but on reflection after leaving care felt it was the right decision for them. While this may illustrate the need for professionals to make care decisions in the best interests of children, it also highlights a continuing, unmet need to take children's views into account, and support them to maintain contact with their families.

Decisions about day-to-day life

Baldry and Kemmis (1998) reported that the majority of children interviewed recalled being consulted about the decisions regarding daily routines in their home. In contrast, Mantovani and Thomas (2015) found that participants felt a strong lack of agency over many decisions in care. On the other hand, while the rules and structure in placements were some of the most unpopular aspect of care in Ward et al. (2005) for care-leavers reflecting on the experience, there was also a sense that by taking over some control of day-to-day life, carers were showing concern and care, as parents might.

In residential care, there was a strong awareness of the routine and structure in place. Nurcombe-Thorne et al. (2018) found that children felt left out of day-to-day decision-making, and restricted or controlled by the home. This was reiterated by Khoo et al. (2015), where all participants shared their experience of life at the care home as very structured, and felt disempowered when it came to decision making around routines and activities. Similarly, in Nuytiens et al., (2018), care-leavers spoke of restrictions on personal items, and many

belongings being uniform and generic. There were also strict routines and a perceived lack of choice in day-to-day life. In Burgund and Zegarac (2016) carer's views were experienced as pivotal in educational decisions and outcomes, and many participants reported feeling they had been talked into making choices that were wrong for them. This theme continued in Gallagher and Green (2012). Participants felt that the care home's practices in relation to socialising were overprotective and restricted their opportunities for developing friendships. Further, unlike other studies, therapy was compulsory for children in this care home. While some found this supportive, others reported finding it intrusive and overbearing, and desired the choice to opt out.

Abuse and stigma

In addition to traumatic experiences prior to entering care, many children report experiencing abuse, neglect or stigma once they have entered care (Euser, Alink, Tharner, van IJzendoorn, & Bakermans-Kranenburg, 2014). A number of the studies replicated these findings, with participants sharing aversive experiences in care, which were unsurprisingly significant in shaping their experience.

In Morantz and Heymann (2010) children reported use of physical punishment by housemothers, which, though possibly culturally appropriate, was sometimes believed to be an 'overreaction'. Children also reported violence from their peers. Some participants in Mantovani and Thomas (2015) reported that foster carers had been abusive, exploiting them financially, or being emotionally or physically abusive. Others felt stigmatised by carers. School also was commonly associated with being stigmatised. In Morantz and Heymann (2010), while most children reported being treated equally at school, some felt that they were discriminated against because of their care status. In Nuytiens et al. (2018), participants

reported being excluded and mocked by other children. Similarly, children in Fournier et al. (2014) reported difficult experiences of stigmatisation by those in their communities, due to their associations with orphanhood and HIV. Stigma was also a considerable concern for participants in Stepanova and Hackett (2014).

Religion and culture

Although discussed less frequently in the papers, religion and culture appeared to be important aspects of participants' experience. In the UK, the majority of foster carers are white (Phoenix, 2016). Research and policy has highlighted how these aspects of identity are often overlooked in care. The findings of this review appear to corroborate this, not only in terms of the young peoples' experiences, but also in the absence of discussion of these experiences in many papers.

Baldry and Kemmis (1998) noted that of the children surveyed, many reported being in placements with no access to their ethnic, cultural or religious backgrounds. For those of whom English was not their first language, most of them were not able to speak their first language in their placement. Black and Minority Ethnic (BME) children in Chapman, Wall and Bath (2004) were very aware of racial differences and expressed wanting foster carers from similar ethnic backgrounds. In Mantovani and Thomas (2015) young black women had also been acutely aware of racial differences and some were victims of racism at the hands of their carers.

What sense do care-experienced people make of those experiences?

Belonging Vs Otherness

In all studies, issues around belonging and otherness were apparent. Reports of feeling disconnected from one's community and family were common, leading to a sense of being different, or not belonging. Consistency of staff, expressions of love and affection, and support from staff to remain in contact with family, all contributed to a sense of belonging, while high staff turnover, fragile family ties and stigma all detracted from the sense of belonging.

McCormack and Issaakidis (2018) noted that participants' experiences of relationships with carers as conditional diminished a sense of belonging, already impaired by separation from birth family. In Mantovani and Thomas (2015), Chapman, Wall and Bath (2004) and Baldry and Kemmis (1998), ethnic and cultural differences between participants and their carers heightened feelings of being an outsider and not belonging.

Many studies involving residential care found that those participants developed a sense of belonging amongst their peers at the residential unit. In Khoo, Mancinas, and Skoog (2015), the children reported a sense of belonging at the institution, it had come to represent something akin to 'home' and family. Similarly, participants in Nurcombe-Thorne et al. (2018) and Carter (2011) found a sense of fraternity and shared experience with other residence provided a strong sense of belonging and togetherness. However, while these ties provided a sense of belonging in care, children in residential care tended to feel more out-of-place or 'abnormal' in external contexts. For example, in Nuytiens et al. (2018) care-leavers reported feeling like outsiders when it came to other children outside of the home.

Supported Vs Controlled

Many of the studies highlighted the importance balance between feeling supported, and feeling controlled. Some control was found to be supportive and containing. Residential care was found to be particularly structured and controlled. Participants in Carter (2011) reported that being in a more controlled environment kept them 'out of trouble', and gave them the opportunity to express anger more openly. Similarly, in Ward et al. (2005), participants felt that adults taking control gave them an opportunity to feel held and protected. However, more frequently, participants spoke of feeling oppressed, restricted and disempowered. Many participants in Nuytiens et al. (2018) found ways to rebel against control, either using overtly defiant behaviour, or more subtle means of resistance, such as restricted eating or self-harm. In Khoo, Mancinas, and Skoog (2015) lack of control over family contact led to high levels of distress, and feeling that family ties were fragile and uncertain. In Nurcombe-Thorne et al. (2018) lack of autonomy had the effect of diminishing the young person's sense of self. The contrast between this very restricted environment, and their experiences moving from care to independence meant they felt unprepared for the world. Similarly, participants in Nuytiens et al. (2018) found that the rigid and un-personalised routines diminished their individual identities.

Identity development

A much-commented upon aspect of individual experience, particularly in the care-leaver studies, was that of identity development, and the factors in care that promoted or inhibited positive identity. In Nurcombe-Thorne et al. (2018) caring relationships with staff were seen as important for identity development. In particular, feeling understood, heard and supported contributed to self-worth and self-esteem; fundamental components of positive self-identity

(Department of Health, 2000). Similarly, in Gallagher and Green (2012) participants felt caring relationships shaped them in the long-term, giving them social skills and values that have been important for more recent relationships. Likewise, participants in Carter (2011) felt that above and beyond any practical learning or skill development, positive caring relationships were pivotal for positive identity development. Ex-residents in the study reflected on how these relationships had allowed them to develop trust and open up to trusting relationships in the long term. Care-leavers in McCormack and Issaakidis (2018) corroborated this, reflecting on how care experiences had helped them develop into more nurturing, empathic and trusting people. Some participants attributed this to a changing sense of self-worth.

In addition to positive care experiences, participants reported that the difficulties they faced had also impacted identity development. Participants in Mantovani and Thomas (2015) reframed difficult care relationships as opportunities for personal growth and development of a survivor identity. In Nurcombe-Thorne et al. (2018) some participants felt that the difficult experiences in care made them stronger. The religious inclination of the home was also a source of lasting personal growth and identity delineation. In Mantovani and Thomas (2015) participants associated opportunities to exert control over their lives with developing self-worth. In Burgund and Zegarac (2016) the young people spoke of managing their emotions by withdrawing and attempting to overcome difficulty on their own, developing into characterological self-reliance. This, in part, appeared to be related to a belief that not showing distress maintains an image of them as 'good' in their carer's eyes. All participants saw their self-reliance as a strength; something that would be an asset to them in future. Self-reliance was also seen as a positive identity outcome by care-leavers in McCormack & Issaakidis (2018).

Gratitude

The experience of gratitude is associated with greater self-reported wellbeing, better education and work outcomes, and lower rates of mental health diagnosis (Wood, Froh, & Geraghty, 2010). In a number of studies, participants expressed gratitude and appreciation for the opportunities and resources made accessible by the care system. Children in Morantz and Heymann (2010) reported gratitude for the material provisions of the residential care, often standing in stark contrast to their life experiences before care. Participants in Nurcombe-Thorne et al. (2018) communicated gratitude and appreciation for the positive outcomes in their lives, and in Khoo et al. (2015) children also expressed gratitude for the provisions of the care home, both material and relational. Children in Fournier et al., (2014) expressed gratitude not just for the materials resources provided by the care home, but for the resources of the natural world that their survival relied on. Gratitude was also expressed by participants in Gallagher and Green (2012), in relation to the positive relationships they had with care home staff. The ‘welcoming’ environment of the residential home in Carter's (2011) was appreciated by residents, as was the sense of genuine care fostered by many care workers. In McCormack and Issaakidis (2018) participants reflected on how different things may have been if they hadn't entered care, and were grateful for what they imagined was a better life.

Critique of the literature

Each study clearly stated the research aims, and the chosen methodologies appeared appropriate for the research question. A significant issue for every study was that of selection bias. Bogolub (2006) raised issues in selection bias both when recruiting through social workers, or directly through potential participants. It is possible that social workers would have been

more likely to approach young people they had a good relationship with, biasing the sample towards those with more positive experiences of care. Similarly, studies which appealed directly to potential participants would be more likely to receive responses from those who had positive care experiences. In addition to the above issues, power imbalances may have predisposed participants to share more positive experiences of care over negative ones. This is particularly pertinent for child participants, who can perceive researchers as authority figures and wish to please them (Morrow & Richards, 1996).

A major flaw amongst the papers was a lack of specificity about methodology. Ward et al. (2005) and Carter (2011) reported no data regarding age, ethnicity or gender. McCormack and Issaakidis (2018), Stepanova and Hackett (2014) and Nuytiens et al. (2018) reported age and gender, but not ethnicity. This lack of demographic information makes it difficult to assess how representative the samples were. Furthermore, it obscures the reader's understanding of participants in their wider social and cultural context. Four papers (Baldry & Kemmis, 1998; Carter, 2011; Higgins et al., 2007; Stepanova & Hackett, 2014) also offered vague or incomplete descriptions of the steps from data collection through analysis and organisation of the data. This presents an issue for assessing methodological rigor and replication. In addition, the majority of papers offered no evidence of reflexivity in relation to researchers' biases and research agendas. As such results cannot be interpreted within the context of the researchers' perspectives. Overall, the inclusion of international papers allowed the review to capture the experiences of participants from a relatively wide range of ethnic and cultural backgrounds. Of the studies that fully reported demographic information however, only 6 (just over a third of the papers) included participants who were from an ethnic minority in the country the research took place in. Only

two studies specifically explored experiences of BME LAC, and only one study reported including refugees.

A further limitation was that the majority of papers were cross-sectional. Personal experiences are, by their very nature, changeable and dynamic. The studies captured participant's experience of a particular context, in a particular time in their lives. Had participants been interviewed in a different time period, responses may have been different. Furthermore, as is the case with much qualitative research, they may not be generalisable to wider populations. However, this does not detract from the importance of understanding those individual experiences. Furthermore, fact that the studies with care-leavers appeared to draw out many similar experiences to those with LAC suggests that the experiences reported remained significant to participants over time.

Discussion

This review synthesises the findings from 16 papers exploring the lived experience of OoHC. While LAC are a heterogeneous group, with diverse experiences of OoHC, a number of recurrent themes reiterated aspects of care that may be of particular importance to LAC. Primarily, the papers reviewed highlighted the importance of relationships to those in care. Participants consistently framed their care experiences within the context of the relationships. While relationship quality impacted the immediate experience of care, the pre-eminence of relationships in shaping identity development was apparent. This finding is in line with Erikson's (1969) theory of identity development, which situates identity formation largely within a relational context.

Autonomy, control and self-determination were important themes across studies. Participants felt they were over-controlled in many of the day-to-day aspects of their lives. This was particularly pertinent for those with experiences of residential care. Self-determination theory (Ryan & Deci, 2000) suggests that autonomy, competence and relatedness are basic psychological needs. The extent to which these needs are met or frustrated is theorised to impact an individual's intrinsic motivation to grow and develop. Although restrictions are generally put in place to protect LAC, they can be experienced as disempowering and can prevent the development of autonomy and self-determination.

A number of studies highlighted the strength and self-reliance participants reported as a result of their difficult experiences. Recent research has started to favour narratives of resilience in care-leaver identity (Schofield, Larsson, & Ward, 2017). This may be related to wider critiques that traditional narratives of victimhood are disempowering (Van Dijk, 2009). However, in a number of the studies reviewed, 'strength' appeared to be associated with the experience of learning to cope alone, because others were not dependable. While it is important to recognise and promote the considerable strength and resilience that many LAC identify within themselves, it is also important not to conflate self-trust and -reliance with a belief that others are untrustworthy or unreliable.

A similarly nuanced distinction arises when considering the experience of gratitude, mentioned in a number of papers. Although gratitude can be a highly positive experience, and is associated with well-being, it can also be connected to a negative experience of indebtedness (Washizu & Naito, 2015). This distinction, while not discussed in the vast majority of papers, was potentially captured in the slightly conflictual, recurrent narrative of care often not being "good enough", yet being grateful for it. This could possibly indicate that expressions of

gratitude may sometimes be underlined by less positive feelings of indebtedness or unworthiness.

It is important to note that there was a large amount of variance amongst the studies in terms of where and when participants were in care. The cultural and generational contexts in which participants lived would have had a huge impact on their experiences. This is perhaps one reason why, alongside similarities, this review highlighted areas of difference and contradiction. It would be expected, for example, that the findings of a paper exploring the care experience of a young child who was orphaned by HIV in present-day Botswana, will differ in some respects from the findings of a paper exploring the experience of an adult in their later life reflecting on past experiences in care in Belgium. Nonetheless, what is striking in the findings of this review is that, despite the vastly different contexts explored, the studies repeatedly draw out similar themes and experiences.

Clinical implications

Parental relationships were afforded significant importance by participants, though many reported dissatisfaction with the quality or frequency of contact with parents. The studies also suggested that where relationships with parents were not possible, alternative attachment relationships were reparative and promoted positive identity development. These were often relationships with carers, siblings, peers, or less frequently social workers. Despite this, many participants reported a lack of supportive relationships. Due to the relational traumas experienced by LAC prior to and during their transition into care, they may require additional support to build trusting and rewarding relationships. Perhaps partly because of this, as well as a focus on meeting basic material needs, less attention tends to be paid to the quality and

availability of supportive relationships for LAC. This highlights a need for OoHC providers and associated services to focus on supporting LAC and those around them to develop positive relationships, both with parents and other carers. This corroborates NICE guidance around the use of relational and attachment-based therapies with LAC. It also supports the use of systemic and consultative approaches in order to support carers and other professionals develop attachment-based understandings of relational difficulties, work towards positive relationships, avoid placement breakdowns, and manage the emotional demands of this challenging work.

Although a strengths-focused approach to working with LAC and care-leavers may promote and acknowledge resilience, the difference between believing that one is *able* to cope alone (when necessary), and believing that one *must* cope alone (always), is nuanced and complex. It is therefore important that services working with this population take an equally nuanced approach to constructing “resilience”. In the current climate of high-threshold, risk-focussed, under-resourced services, this warrants considerable concern. Young people who appear to be ‘coping’ alone will likely not be offered support. In doing so, services may unwittingly strengthen the belief that other people cannot or will not help, with negative implications for future wellbeing and service engagement.

Research implications

Despite the Children’s Act advocating the right of children to be involved in decision-making around their care, it appears that this may not always reflect the experience of LAC themselves. Further research exploring how the Children’s Act is implemented, and how this is experienced by LAC is needed.

Participants often made links between their experiences in care and the impact of those experiences on their sense of identity. Having a coherent sense of identity has been linked with overall wellbeing, and a negative or ambiguous identity may be related to a number of poor psychological and social outcomes (Schwartz et al., 2015). While research has started to explore the impact of OoHC on identity development (e.g. Colbridge, Hassett, & Sisley, 2017), further research in this area is needed.

Participants from BME groups raised issues of race and culture in relation to their placements. Connections to one's culture, heritage and family appear to be so strongly connected with identity (Winter & Cohen, 2005). Many participants felt this aspect of their experience was not given significant attention by services, and in some cases felt discriminated against or abused due to their cultural or ethnic differences. Even participants who felt their ERI was sensitively and thoughtfully considered reported increased feelings of difference and not belonging. Understanding and meeting the cultural and personal needs of BME LAC who may not have the opportunities to connect with their own family or culture presents an important challenge for services to meet. Despite this, few of the studies reviewed focused on these groups. Further research exploring how BME LAC and care-leavers make sense of their identity is needed.

Limitations of this review

This review sought to explore findings on experience and meaning-making, and as such the author drew out relevant themes from the papers reviewed. As is the case with qualitative research, a limitation of this method exists in the possibility of the author's own assumptions and biases colouring the findings of the review. While attempts were taken to limit this, such as

multiple readings of papers, attempting to use the language/themes of the authors and reflecting on personal assumptions, it is difficult to fully control for this. Another limitation was that the review focused solely on peer-reviewed papers written in English, which may have excluded relevant papers. While in some ways the inclusion of international papers was a strength, covering a wider variety of care and cultural contexts, it also posed limitations. While the UNCRC is ratified in many countries, it was not universally recognised by all countries represented in the review. Furthermore, even with basic international agreements on children's rights, such as the UNCRC, there will likely be significant international variation between child-rearing practices and care provisions. Though it felt appropriate to limit searches to post-publication of the UNCRC, it is also acknowledged that some papers included care-leavers who would have experienced care prior to the implementation of such legislation.

Conclusions

This review aimed to draw together findings from existing literature on the lived experience of OoHC, and the meanings LAC make of those experiences. Despite studies emanating from a variety of countries, and exploring a range of care contexts with current LAC and care-leavers, similarities in the findings were striking. The review highlights the pre-eminence of care relationships in shaping not just the OoHC experience, but individual identity and future relationships. It also highlighted the important distinction between feeling contained and protected, and feeling controlled and disempowered; and the desire for a sense of belonging that many LAC struggle to achieve. This emphasises the need to explore the factors that promote positive relationships in OoHC, and how LAC are empowered in decision making. Further

research is needed on the experiences of BME LAC. In addition, this review highlights the need for more research on the impact of OoHC on identity.

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MAJOR RESEARCH PROJECT SECTION B:

EMPIRICAL PAPER

More than meets the eye: How black and minority ethnic care-leavers construct and make sense of their identity

WORD COUNT: 8655 (706)

A thesis submitted in partial fulfilment of the requirements of Canterbury Christ Church University for the degree of Doctor in Clinical Psychology and prepared for submission in the journal 'Adoption and Fostering'.

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SALOMONS INSTITUTE

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Abstract

Background: Looked after children are exposed to significant developmental trauma, which may impact on their identity development. While it is necessary to understand the difficulties faced by care-leavers, discourses of “vulnerability” and “maladaptation” appear to be dominant in academia, despite care-leavers often self-identifying as “survivors”. The role of culture in identity formation is also well documented, and cultural socialisation is linked to psychological adjustment and wellbeing. Despite this, little research has explored identity development in black and minority ethnic (BME) care-leavers.

Method: Interpretative Phenomenological Analysis was used to analyse eight semi-structured interviews with BME care-leavers about their experience of identity development.

Results: Three superordinate themes were developed: My journey – how I became me; Identity as a process – the processes that support identity development; and Who am I – how I see myself now.

Conclusions: Participant’s identity development was extremely adaptive in the context of surviving the significant disruption and trauma they faced. Findings were discussed with reference to previous research, and limitations were considered. Clinical implications included the need to acknowledge care-leaver identity as adaptive, and embody a trauma-informed approach to working with this group. Further research into how care-leavers experience their cultural identity is needed.

Keywords: Care-leaver, identity, BME, culture, developmental trauma

Introduction

Identity development

Social, behavioural and cognitive sciences have explored the concept of 'identity' extensively, yet there is no absolute consensus on its definition (Kroger, 2007). Most definitions of identity emphasize a sense of self and belonging, which begins to develop in childhood and shows continuity over time. This paper adopts the following definition, utilised within The Framework for the Assessment of Children in Need and their Families (Department of Health, 2000):

[Identity is] the child's growing sense of self as a separate and valued person. It includes the child's view of self and abilities, self-image and self-esteem, and having a positive sense of individuality. Race, religion, age, gender, sexuality and disability may all contribute to this. Feelings of belonging and acceptance by family, peer group and wider society, including other culture groups. (p. 19)

Early theorists such as Sigmund Freud highlighted the formative role of early experiences in identity development (Adams & Marshall, 1996). Bowlby's Attachment theory (1969) proposed that the ability of a care-giver to respond appropriately to their baby's needs significantly impact on the baby's emotional, social and cognitive development. With Erikson's (1969) psychosocial theory of development came a shift in understandings of identity development. While acknowledging the role of childhood experiences, Erikson suggested that identity development continues throughout the lifespan. Identity is considered essential to well-

being and mental health, and an ambiguous or negative self-identity has been linked to a number of psychiatric diagnoses (Schwartz et al., 2015).

Looked-after children and Identity

The Children Act (1989) defines looked after children (LAC) as children ‘for whom a court has granted a care order to place them in care, or for whom a council’s children’s services department has cared for more than 24 hours’. LAC are frequently exposed to significant developmental trauma such as abuse or neglect (Copeland, Keeler, Angold, & Costello, 2007). Childhood trauma can have a significant impact on identity formation, including the delaying of maturation and pathological identity formation (Mcmurray, Connolly, Preston-Shoot, & Wigley, 2011). It can equally result in post-traumatic growth, and the development of a 'survivor' self-narrative (Samuels & Pryce, 2008). Stigmatisation of the foster care and LAC labels may also have a detrimental impact on identity development (Kools, 1997). Nurcombe-Thorne et al. (2018) found that the lack of autonomy experienced in care diminished young peoples’ sense of self. Furthermore, Stein (2008) found that failure by carers to help LAC understand their background can have a negative impact on identity development. ‘Promoting positive identity’ is one of the key outcomes in the Care Standards Act’s (2000) National Minimum Standards. Despite this, there is limited empirical literature exploring the experience of identity development for LAC.

While it is necessary to understand the difficulties faced by care leavers, discourses of “vulnerability” and “maladaptation” appear to be dominant in academia and the media (e.g. Bruska, 2008). Care-leavers themselves tend to self-identify as “survivors”, sharing alternative narratives of resilience and strength (Colbridge, Hassett, & Sisley, 2017). It is important to capture the stories that care-leavers themselves share about their lives and identities.

Cultural and Ethnic Identity

The role of culture in identity formation is well documented. Ethnic and Racial Identity (ERI) development involves a process of cultural socialization and exploration, through which a commitment to a particular ethnic group is made (Nelson, Syed, Tran, Hu, & Lee, 2018).

Literature focuses on the role of parents in providing this socialization, for example introducing children to cultural traditions and preparing children for the biases they will experience as a result of their ethnicity (Umaña-Taylor, Zeiders, & Updegraff, 2013). Evidence suggests cultural socialisation and ERI commitment are linked to psychological adjustment and wellbeing (Syed & Juang, 2014). There is emerging evidence that peer relationships may also play an important role in this process (Nelson et al., 2018).

In the UK, BME children are over-represented in foster care (Kirton, 2016). In addition, there are fewer foster placements with BME carers than BME children in need of foster care. As well as the health, social and economic inequalities faced by all LAC, BME LAC are at additional risk of psychosocial and relational difficulties compounded by ethnic and cultural differences in placements (Coakley & Gruber, 2015), and may be at greater risk of internalised racism or feelings of difference and not belonging (Butler-Sweet, 2011). However, evidence suggests that when cultural identity development is considered and managed sensitively, children in trans-racial care can achieve good outcomes (e.g. Hughes et al., 2006). Having knowledge of and access to one's own cultural heritage is linked to better outcomes for adopted and looked after children and is a key factor in the development of a coherent sense of self (Winter & Cohen, 2005).

Rationale for research

With global movement rising, the UK population is increasingly diverse (Office for National Statistics, 2017). Despite this, there is sparse research into the identity development experiences of BME care-leavers. This research provides an opportunity to develop an understanding of how BME care-leavers construct and experience their identity, and the factors that inhibit or promote positive self-identity. Through this, mental health services and social care will be better placed to support this group of young people.

Research into identity development in LAC tends to involve children or adolescents. However, recent evidence suggests that identity development may continue throughout young adulthood (Carlsson, Wängqvist, & Frisé, 2015). This study will therefore recruit young adults, in the expectation that they may be further along in their identity development.

Aims of research

To develop an insight into some of the ways that BME care leavers make sense of who they are and the experiences that shaped their identity.

Research Questions

- a. How do BME care leavers construct and make sense of who they are?
- b. How do BME care leavers understand their experiences of being in care?
- c. How do BME care leavers relate these experiences to their sense of who they are?

Method

Design

Interviews were analysed using Interpretative Phenomenological Analysis (IPA). IPA is underpinned by a social constructionist epistemology, which purports that knowledge is co-constructed by people through the agreed use of language and the shared meanings ascribed to it (Burr, 2015). Dominant discourses around care leavers tend to be constructed about these groups rather than by them. They are often created from a western cultural viewpoint, by those in positions of power such as government and media. This study is interested in the meaning and understanding that BME care leavers make of their own experiences.

IPA involves an in-depth examination of the participants' experience as they perceive it (Smith & Osborn, 2008). While focused on exploring the participants' interpretation of events, IPA also acknowledges the necessary interpretations the researcher will make in trying to draw out themes from the transcript. As such, findings from an IPA will be the researcher's interpretation of the participant's interpretation of events (Smith & Osborn, 2008). Considering the subjective nature of identity, it was hoped IPA would provide an in-depth insight into the personal meaning that participants ascribe to their experiences of identity and identity development.

Participants

Recommendations for IPA suggest a small, homogenous sample (Smith, 2015). At the inception of the study, focus was on care-leavers from refugee backgrounds. However, due to difficulties in recruitment, this was changed to BME care-leavers, including refugees. While this

included participants from diverse ethnic backgrounds with a wide range of life experiences, homogeneity was met in that all participants were from BME backgrounds, with non-British born parents, had experienced disruption and trauma in their childhoods, and a had significant period in care. Inclusion criteria were: 18 to 25 years old, from a BME background, non-British born parents, significant period in care (minimum 6 months); and fluent in English. Exclusion criteria included the following: adopted children, brief period in care (e.g., days/weeks); kinship care; learning disability; experiencing significant emotional distress, to the extent that participation would be too destabilising. Eleven care-leavers expressed interest participating. Two did not attend the interview, and one did not meet the inclusion criteria. Therefore, eight BME care-leavers were included in the study. Four were women and four were men (Table 1). All participants had experienced significant instability as children, living in multiple contexts in and outside of care.

Table 1. Participant demographic information

Pseudonym	Age (age into care)	Ethnicity	Current contact with birth family	Reason entered care (participant report)
Agata	24 (14)	Black African	None	Unaccompanied asylum seeker
Jack	21 (1)	Black British	None	Not disclosed
Irfan	25 (15)	Arab	Yes	Unaccompanied asylum seeker
Nina	23 (11)	Asian British	Yes	Domestic violence/parental mental health/death of parent
Claire	21 (14)	Black British	Limited	Parental mental health/neglect
Marco	24 (16)	Black British	Sister	Parental abuse
Naomi	21 (15)	Black African	None	Unaccompanied asylum seeker
Aiden	24 (15)	Arab	None	Unaccompanied asylum seeker

Recruitment

Participants were recruited through a charity for care-leavers. Staff were provided with the information sheet (appendix D) and inclusion criteria. They discussed the research with

potential participants and obtained consent to be contacted by the researcher from those who expressed interest. The researcher and participant met at the charity, and participants were given time to read the second part of the information form and ask questions. The researcher discussed confidentiality, highlighted potential negative consequences (e.g. distressing topics raised), and emphasised the participant's right to stop or withdraw at any time. When the person evidenced sufficient understanding of what participation involved, the consent form was completed (appendix E).

Ethical Approval

Ethical approval was obtained from Canterbury Christ Church University's Ethics Committee (appendix B). The study adhered to the British Psychological Society's (2009) code of ethics and conduct. Participants' distress and risk issues were considered throughout the interviews, and participants were offered advice on accessing support post-interview (appendix G)

Interviews

Existing literature was considered when developing the semi-structured interview schedule. The current supervisors had undertaken related research previously (Colbridge et al., 2017), and their interview schedule served as a guide. A panel of care-leavers who served as ambassadors for the charity were consulted during project development. Their comments and reflections shaped the final questions, information sheet and consent form. Interviews took place in a private room within the charity. The interview schedule served as a guide only, with the interviewer following the narrative brought by the interviewee. Interviews lasted between 54

and 99 min, with participants deciding where to end. Participants were provided with a space to debrief after the interview. All participants reported appreciating the space for reflection and exploration of their past. None expressed a desire for support following the interview.

Participants were offered £10 reimbursement for their time and travel costs. Interviews were digitally recorded, transcribed, and anonymized for analysis. Interviews took place over a period of 12 months.

Interview recordings were transported on an encrypted memory stick and then stored on a password protected file on a password protected computer. All transcripts were anonymised and pseudonyms were used. These were stored on a password protected computer. Transcripts are kept for 5 years.

Data analysis

As recommended in IPA (Smith & Osborn, 2008), the transcripts were read several times to gain familiarity with and immersion in the data. In each reading, aspects of the dialogue that stood out were commented upon, increasing the likelihood that themes developed came from the text itself and not from the assumptions of the researcher (Biggerstaff & Thompson, 2008). The transcripts were re-read, and comments were organised into preliminary themes (appendix K). These themes were continually reviewed with reference to the transcript and quotes were identified for each theme to ensure they captured the participant's experiences. Similar themes were grouped and refined to form new subthemes. Related subthemes were then clustered together into superordinate themes. Cards were used to create a visual representation of the themes and how they interacted (appendix L).

Once this process was completed for one participant, the same procedure was applied to the next transcript. Once all transcripts were read and analysed individually, themes were compared across the data set. Themes were reviewed and refined with reference back to the transcripts, to ensure they captured the experience of each participant (appendix M). All final sub- and superordinate themes were organised into a structured table (appendix O).

Quality assurance

Recent years have seen an increase in the profile and use of qualitative research methods (Mays & Pope, 2000). This has led to discussion of issues regarding quality assurance in qualitative research. While it has been difficult to establish a standardised bench-mark of quality for qualitative research, Yardley's (2000) quality assurance guidelines were followed throughout the research process. Grounding the research in the existing literature and consulting with care-leavers and those working with care-leavers ensured sensitivity to context (Yardley, 2000). A bracketing interview with a trainee clinical psychologist (Tufford & Newman, 2010) allowed for reflexivity, encouraging the author to reflect on some of her own assumptions and biases that may shape her interpretation of the data. In particular, the researcher reflected on her own experience of identity development, noting the significance of family attachments in her personal construction of this (appendix H). A reflective diary (see appendix I) was kept throughout the research process. This also supported reflexivity and enabled the researcher to maintain an awareness of her personal reactions to material raised in interviews. Smith and Osborn's (2008) guidelines for conducting IPA were adhered to, to ensure methodological rigor. During analysis, a supervisor provided inter-coder comparison (Yardley, 2000) on a sample of transcripts, to ensure that themes were grounded in the data. Transparency was ensured by

clearly detailing the data collection and analysis, and through provision of an audit trail of theme development (appendix J). Themes were also evidenced with quotes from the data.

Results

Analysis resulted in the construction of three superordinate themes comprising eleven subordinate themes. The superordinate themes were “My Journey: How I became me”, “Who am I? How I see myself now” and “Identity as a process: Processes that support identity development. “My journey” captured the significant life experiences that shaped identity development, including overcoming adversity, missing childhood, construction of family and pivotal moments. “Identity as a process” identified inter- and intrapersonal processes that seemed to support and protect the self-concept through these life experiences, including defence mechanisms, searching for belonging, and sense-making. “Who am I?” considered the present understanding of the self, taking into account these past experiences and identity processes, as survivors, different, helping others, and with a unique cultural identity.

My Journey: How I became me

This superordinate theme encapsulated memories and past experiences which played a significant role in shaping participants’ identities. While participants had very different life experiences, and made sense of them in different ways, each participant spoke of the past and its impact on them growing up and in the present.

Overcoming adversity

The adversity participants faced and overcame in childhood was an important part of their story. All participants felt a lack of control and agency in their adverse childhood experiences. As children, they felt unable to change their circumstances, only survive them. As Aiden reflected:

Try to forget it. Cos you can't do anything can you? You have to live with it. So try and put it out your mind, but it was always there. It was always back in there. (Aiden)

Furthermore, participants felt let down by the adults who were perceived to have more agency to create change, but were either unable or unwilling to do so. This contributed to a feeling of others as untrustworthy, uncaring or ineffective.

I thought she had good intentions at first, but I feel like after a while I got to see that it was just an act. (Jack)

Yeah, I arrived here, and then he said he'd be back, and I never see him again. (Agata)

Missing childhood

Another shared aspect of participants' journeys was that of a missing childhood. As young adults, participants looked back at their childhoods with loss and mourning, and a sense of protective anger for their younger selves. Some participants felt this in the unwanted responsibility they found themselves carrying as children.

And my mum she was under denial that her child was autistic, so she was very forceful, so even with her, dealing with my mum and then dealing with my sisters and brother, was not easy, I was struggling so much (Nina)

So I never had a childhood. You think that when you grow up at the time you will have toys, and stuff, I never had that. I was working. (Aiden)

Linked to this was a need for participants to grow up fast and learn to protect themselves. There was an overwhelming experience of aloneness in participants' pasts, which forced them to leave behind the vulnerability and dependency of childhood for self-reliance.

It's like they would spend their money stupidly because it's like they could ask them [parents] for a favour like you are payback or something. I can't do that. (Aiden)

This missing childhood meant that participants had often not had the same opportunities to play, learn and grow, as other young children. For some participants, this manifested in the absence of certain life skills:

Before that I didn't even know how to cook, didn't know how to clean, didn't know how to do my hair, still don't now know how to do my hair. But yeah just the natural learnings that you will get when you're growing up from your parents. (Claire)

For others, it was more felt in a sense of being eternally childlike:

I'm always going to be a child, there's always going to be a fantasy world in my head, that's not going to change. When I'm growing old, I'm still going to be a child (Nina)

This left participants holding conflicting identities as mature children, but immature adults, contributing to a fragmented, hidden self.

Constructing family

This subtheme related to the ways in which participants appeared to experience and construct the concept of 'family'. Participants spoke of their evolving sense of what family meant for them. Some privileged the importance of blood-ties in constructing family, while others shared an evolving sense of family to include foster families, and, later, friends.

Yes the good carer is the only one that I've ever kept in touch with like that. Because I still see them as family. They treated me as their son at the time. (Jack).

And I also have my biological dad but we don't talk about him. We can talk about him, but, I don't mind talking about him, but I wouldn't class him as family (Marco)

I know now that I wasn't treated the way I was supposed to be treated, if it was my mum and dad erm or my family blood blood (Naomi)

Participants discussed the influential roles that birth and foster family and friends played in their identity development. For all participants it seemed clear that their experience of family had significantly contributed to the world views and values they came to hold.

My foster mum, she's been just a mum, and she showed me what is the love of a mum. (Agata)

Eastenders was very important for me too, and also, that was the only thing we watched in my house, I think, and I think that was the only thing I wanted to take with me, because it reminded me of the family. (Nina)

Also central to the experience of family was a sense of ambivalence towards relationships. Participants shared mixed, conflictual feelings and beliefs about birth family, foster carers, social workers and friends. There was a sense of conflict in that participants appeared to both desire closeness and recoil from it. In some cases, participants were aware of this conflict, as aptly expressed by Nina:

My sister was my weakness but she was also my strength, my sister can actually drive me crazy, like, being away from her made me crazy and being with her made me crazy too (Nina)

However, there also appeared to be times where participants were unaware of some of the contradiction inherent in their experience of relationships:

[About a foster carer] *Mm she's a good woman. I'm not going to lie. She, she a, she was a good woman...Every now and then I think "how did you make it to be a foster carer?"* (Naomi)

This ambivalence about closeness appeared to relate to a need to hide the most vulnerable aspects of the self, to protect them against harm or rejection from others.

All my close friends do basically know my full story. Just not as in-depth. Like about my biological mum. Because I decide not to bring it up. Most of the time, it will just be something depressing about that situation, and I'm not trying to kill the vibe with my depressing stuff that's not really necessary. (Jack)

I had to hide behind different masks and personas, if you like, so I wasn't being myself, I was just trying to hide my weak side, my vulnerable side. (Irfan)

Pivotal moments

All participants reflected on pivotal moments in their lives, both negative and positive, which had led to a significant shift in the way they saw themselves or others. For some, there were key relationships that had been instrumental in strengthening alternative narratives of others as trustworthy, and the self as worthy; people who had “gone the extra mile”.

So I went to a new family, turns out that was the best thing that ever happened to me, because that was the only carer that I felt ever cared about me. (Jack)

Once I had, I was, I was out. I had no money. I called [foster carer] and I asked for money. And she gave me the money from her pocket. Cos they usually give me money for the week from social services, she gave money from her pocket, she don't have to do it, she done it. That was really something... I always remember. (Aiden)

There were also key times when adverse experiences in relationships drove participants to choose a different path to those who abused or let them down.

“I don't think I'm Christian the way I used to be. Cos even the pastor. He was on their side. Accusing me and everything. So after that, it was like, “no, you don't serve god in a truthful way”. So um. That kind of like had an impact [on religious beliefs]”. (Naomi)

“It shaped me indirectly a sense that wrongs were what I didn't want to do. Like maybe his wrongs into drugs and things like that, I know I didn't want to get into any of that” (Claire)

There were also examples of key moments, which seemed like turning points in participants' lives. Both positive and negative experiences, these led to personal shifts in outlook, or changes in circumstances.

When I was travelling, when I was in the lorry, I was kind of like very unhappy. I was like, "why am I doing this?" "I bet I die". But I was like, I will, I told myself "I'll make this different". I gave myself a time, I said by the time I'm 30 I will have everything I need. (Aiden)

That was probably like, the happiest day of my life, you know, it was something big; and from then on it was, you know, life started to become a lot better. (Irfan)

Identity as a process

This superordinate theme captures the adaptive psychological processes observed by the researcher within the interviews, which appeared to support participants in the development and protection of their identity within the aversive contexts discussed above.

Survival/Defence Mechanisms

All participants utilised conscious survival strategies and unconscious defences to see them through their childhoods. While these survival mechanisms had some unwanted relational consequences, they were highly adaptive given participants' adverse contexts. Participants were reflective about the nature and function of a number of conscious intra- and interpersonal processes, as well as their consequences. These included distancing from others and focusing on the positives.

I still sacrifice a lot for other people. And I find relationships exhausting. So because of that, I enjoy work, and I'm more focused on achieving. And I feel like I'm investing in the relationship with myself. (Marco)

I probably just blocked out by trying to be so humorous all the time. Because then people would find it very hard to just guess that I'm just in care. They'll be very shocked like what really you're in care
(Irfan)

I don't take anything to heart. I don't take anything to heart. Don't let nothing to affect me in a negative way. Yeah that's me. (Naomi)

There were also unconscious processes which, while not identified explicitly by participants, appeared to serve a defensive function for the self. The prominence of the researcher's interpretations in drawing out these processes, in particular drawing psychoanalytic theory, is acknowledged, however it was felt they contributed to a richer understanding of the participants' stories and as such warranted inclusion. Defences included splitting, denial and intellectualising.

They really helped me because here is a charity organisation, people are not fake here, they're doing it with their heart, they're not going to get money from me, that much, as much as the foster carers were getting; being in foster care was not nice because everybody was doing it for the money. (Nina)

The first seven years of my life [in Jamaica] was bliss. I was spoilt rotten as a child... I cannot remember what it was like in Jamaica. I think I completely blocked it. (Marco)

I only really had like one okay social worker. And that's pretty much because she was like new blood, like really in newly into social work. I felt like the system didn't break her yet. (Claire)

Search for belonging

The search for belonging appeared to span participants' life narratives. For all participants this was an ongoing, active process. It appeared to link somewhat with the aloneness discussed in the 'Missing Childhood' theme, and perhaps developed as a process to try and overcome this aloneness.

I didn't feel comfortable coming out to socialise with the family, because she always made me feel I was outside of the family, even though I was there living in the household. (Jack)

School was just a whole load of I guess emptiness really. I didn't really feel included in anything. I was always just being by myself. (Claire)

The charity had become, for most participants, a place where they found some sense of belonging and consistent care.

They have been very, very supportive. They have always sort of been there. They help me get into employment, onto my apprenticeship, and they always help me try to get back into education. It just felt like someone cares. (Claire)

I have to always thank, like, [charity worker] because she's a really nice lady... she's been there, she's been there when my contacts with my sister was going messy. She's seen me cry, she's seen my ups and downs, and she's seen me grow. (Nina)

Participants continued their search for belonging as they looked to the future, considering parenthood as a way to find their place.

My existence is only for children, I am not here for anybody else; and maybe, that's why I don't care about having a mother's love, a father's love. And that's it. (Nina)

I don't want to be, even if I have my own family I don't want my kids, I don't want to be like 60 and my kids to leave me alone, like, I want them to be around me (Aiden)

I'm going to be one of those single parents with my adopted kids. (Marco)

Sense-making

A constant meaning-making process was apparent throughout the interviews. It appeared to be a bi-directional process, of understanding the present through the lens of the past and making sense of the past through experiences in the present. For some participants, making sense of their experiences seemed to lead to self-compassion; letting go of some responsibility for their difficulties.

I've realised that with people, because I know a lot of people who had abusive relationships, they end up attracting those. I ended up attracting someone who was like my dad. So, for some reason, maybe because I was missing him, but in a different context, in a different relationship. So, I wanted some elements of my dad. (Nina)

For others, there was a sense of acknowledgment and appreciation for how the past had forged their personality.

I get my personality and where I come from. I know why am so animated, and I know I'm so hyperactive. Being bullied at home, being bullied at school, my way of navigating that was literally by acting my way through it. Oh, you're going to bully me? I'm still a boss though, I'm going to pretend to be happy (Marco)

Some participants also appeared to enter into this process of sense-making during the interview.

[Addressing the researcher after she asked a question] Do you think you'd be able to answer it? What thing made you that?...Yeah, the journey, here, everything. Back in home, everything. Everything put me in the place where I'm at. I'm nothing now, but still, the place I am now. And I appreciate it a lot. (Aiden)

Who Am I? How I see myself now

This superordinate theme focused on how participants appeared to understand and relate to their identity now. While acknowledging the individuality and diversity within the sample, a number of facets of identity appeared to particularly resonate with all participants.

I am a survivor

Participants shared their experiences from the perspective of having survived them. Their incredible adaptability and resilience enabled them to overcome their childhood adversity and work towards desired futures. Participants saw their experiences as having made them stronger.

So yeah, it was tough, but that makes me strong and make me realise to do what I have to do, just to survive. (Agata)

Well it made me stronger. Because before I let him get away with it. Because I wanted a family, boyfriend. Didn't want to do single mum thing and everything so I let it go. (Naomi)

Their survivor identities also came with a drive for a better future, and a belief they could overcome any obstacles that arose.

But this year I got my stay now, so I feel like nothing's going to stop me. There's no excuse and I have to do it. (Naomi)

I didn't have a direction where I was going to go in life or what I wanted out of life. Education wasn't going too well... I just felt lost. So I decided to take every opportunity that came my way. (Claire)

So I finally woke up and just thought this isn't me. I started to see how it was affected other people around me in the house and I wasn't trying to be like that. I really want to get a job, I want to do these positive things (Jack)

I am different

Each participant spoke of how their experiences made them different from other people. This had some negative connotations, such as feeling like an outsider, and not having support to fall back on, but also reflected participants' views of themselves as more responsible and driven than others. A number of participants felt their peers were more carefree than them, because they had families to fall back on.

I feel like I'm sensible, because they have parents to back them up the certain things that I don't. (Irfan)

I have English friends who have grown up here, who were born, who don't know the pressure of things like I do, and they don't work hard as much as I do. Cos they know, back in at the end of the day, they have somewhere to go. (Aiden)

They also believed others who had not been through what they had could not understand them fully, and so did not like to share their past. At times this extended to a fear of being stigmatised by others.

Being in care I feel like there has been a lot of negatives towards being labelled as a foster child or relieving care child or whatever. Because I feel like people's first thought is when I think of that is older probably mentally damaged, or something like that (Jack)

Feelings of difference were also compounded by issues relating to racial profiling and discrimination.

"I'll never forget Sarah went, if I saw you the black guy in an alleyway I would be scared. And everyone just laughed, and me and Amy just looked at each other like are you serious". (Marco)

"Even I was trying to change my name cos as soon as they see my name or my seen where I'm from, I believe they will try to ignore, they will try to not give the job to this race of people". (Aiden)

Helping others

Most participants connected with the role of being a helper or carer of others. In discussing existing relationships, participants noted how they often became someone who looked after people or organised them, provided a listening ear or even physical care.

I try to support anyone. Even if I don't know the person I will try to help (Irfan)

Some friends see me as big brother, it's a weird, I didn't ever see that. Yeah, they like to take my advice, because of some of the experiences I've gone through, they see it as I'm more mature. (Jack)

I love to help people. I don't have much but I try to do what I can do. (Naomi)

Aspirations for the future also often included being able to help others, either indirectly by means such as giving money to charity, or by working in helping professions.

I am definitely going to open a residential home for special needs, because, special needs, if the parents are not around, where do they go? They're going to end up in a care home, and I'm not going to let that happen. (Nina)

I'm always thinking of my future to be... being helpful to other people, even, I don't know, donate some money to charities or that kind of thing. (Aiden)

Cultural Identity

All participants touched on their cultural backgrounds, and how they had integrated their culture into their identity. For most participants, being connected to their birth family's culture was an important aspect of their identity.

I've always felt that when you're a Bengali, when you're from, with the Bengali's, it's a really nice culture, it's really, really nice, when you're in that family, it's a family. (Nina)

So yeah it was nice to have the fact that we are from the same culture and that. I could have been placed with any, no disrespect, it could have been a white family. Which is not really relatable to me.
(Jack)

However, participants appeared to forge their own path while navigating culture, selectively adopting aspects of the culture, and adapting cultural traditions to fit in with their personal values and identity.

Cos the Congolese love fashion, they love mixing colours, colourful colours, and stuff. They like to be seen as unique. I think that's what, I think I relate to that. And the music, yeah the music is more me. The fun stuff. (Naomi)

I'm proud to be Jamaican, I wasn't for a long time, but I like embrace my Jamaican culture. But I class myself as British because when I have conversations with people that are literally fresh off the boat, we have two very different mind-sets. (Marco)

Discussion

The results suggest that participants' early adverse experiences were significant in identity development. Resonant with attachment theory (Bowlby, 1969), the instability, fear and aloneness participants experienced in early relationships was formative in constructing their sense of self. The influence of interpersonal trauma on later development, in particular the development of pathology, is well documented (e.g. Spinazzola, Van Der Kolk, & Ford, 2018). Participants were reflective about how their early experiences shaped them and were aware of some of the narratives of pathology and maladaptation about care-leavers. However, they saw their identity development as adaptive, and saw themselves as resourceful survivors. This fits with Crittenden's (1997) critique of the classic four childhood attachment styles (secure, anxious/ambivalent, avoidant and disorganised), in which she argued that all attachment styles are, to an extent, organised, as they are adaptive to the child's environment. In addition, rather than solely defining their identities by their early experiences, identity development for participants appeared to be an ongoing process of self-definition and discovery. This fits with Erikson's (1969) assertion that identity development continues over the lifespan.

Responsibility was a key concept in the identity of most participants. This tended to manifest in identifying with helper or caring roles, often meaning that participants' own needs were left unacknowledged. By taking up a helper role, participants may defend against identifying with their own unmet need for care. This could be understood psychoanalytically as a defence against vulnerability, projecting this into others or developing a reaction formation of invulnerability in themselves (Freud, 1938). Similarly, Heller and LaPierre (2012) suggested that child victims of abuse or neglect may associate having needs with being bad. This could lead to the adoption of a helper role to defend against the shame of acknowledging one's own needs, as well as vulnerability.

A key aspect of participants' identity was being different. There was a sense that participants' early experiences made them outsiders, and meant others would struggle to understand them. This is commensurate with much of the previous LAC literature (e.g. McCormack & Issaakidis, 2018) and tied in with a sense of a 'hidden self' throughout the narratives; aspects of participants' identities that could not be shared. Kools (1997) similarly found that LAC did not present their 'real' selves to others, particularly their most vulnerable selves. However the present study builds on the findings of Colbridge, Hassett, & Sisley (2017) that suggest, rather than hiding their 'real' selves, the hidden self was an adaptive and integrated part of participants' identities, which allowed them to survive in numerous challenging environments.

In addition to the more 'hidden' difference felt as a LAC, participants were keenly aware of their visible differences as people of colour. The concept of intersectionality (Crenshaw, 1991) is useful when considering the interplay of these characteristics. Embedded in participants' narratives were multiple, concurrent experiences of oppression and exclusion due to

race, gender, sexuality and religion, as well as LAC status. One Black Caribbean participant felt that white foster carers had unintentionally encouraged his internalised racism. Another felt that he was disadvantaged in job applications due to having a Muslim name. In beginning to explore the interaction of these multiple experiences of oppression, this study builds upon the previously mentioned LAC research to highlight the need for an intersectional approach to exploring LAC identity.

All participants spoke of their experience of engaging with their culture. In keeping with ERI theory (Nelson et al., 2018) they valued opportunities to connect with their family's culture, whether with family themselves, or through the attempts of carers to seek out appropriate cultural activities. However, all participants appeared determined to develop a cultural identity that fitted with their own experience, rather than conform to existing cultural frameworks. This fits with the concept of 'biculturalism'; the selective integration of aspects of both one's background culture and the dominant culture in the current setting (Schwartz & Unger, 2010). The current findings suggest that, even in situations where participants were suddenly and permanently removed from their cultural context, they find adaptive and identity-congruent ways to make sense of their cultural identities in their new context.

Throughout the interviews, participants were engaged, with the researcher, in an active process of introspection and sense-making. This lends itself to a social constructionist perspective; both the participants' inner dialogue, and the dialogue with the researcher, were part of the meaning-making process (Gergen, 1999). The sense-making process also highlighted the confusion and contradiction participants still faced in relation to their experiences. This confusion was perhaps a manifestation of participant's fragmented memories and identities. In psychoanalytic theory, fragmentation can be understood as the result of repressing internal

experiences that threaten the relationship with the primary caregiver, leading to unconscious conflict (Lemma, 2003). Similarly, betrayal trauma theory (Freyd, 1994) suggests that when children are abused or neglected by a primary care-giver, their survival relies on maintaining the relationship, so they may be forced to forget or disconnect from the feelings of betrayal elicited by the abuse.

This may also link to participants' search for belonging, which was characterised by conflict and ambivalence. While belongingness is considered a fundamental human motivation (Baumeister & Leary, 1995), the need for safety precludes the need for belongingness (Maslow, 1968). As participants' archetypal relationships were unsafe, ambivalence towards relationships may have been necessary for their safety (Golding, 2008). Heller & LaPierre (2012) suggest ambivalence, in the context of unsafe relationships, is understandable given the child's desperate need for and intense fear of others.

It was notable that most participants spoke of a sense of safety, care and belonging within the recruitment charity. Despite the significant relational trauma in participants' backgrounds, they had come to see the charity as a sort of 'secure base' (Bowlby, 1969). This speaks to the personal growth of participants in taking the risks needed to forge this relationship, as well as the dedication, warmth and compassion of the charity workers.

This previous point highlights the reparative potential of relationships in relational childhood trauma. All participants shared exceptional experiences of genuine warmth, care and love from others, which provided an alternative blueprint for relationships, and for constructing their identity. This again is suggestive of identity development as a life-long, dynamic, relational process (Erikson, 1969). The aspirations for closeness and financial stability shared by participants also communicated their own belief in the potential for change and growth.

Limitations

While this study did not seek to illuminate generalisable truths, it is nonetheless important to consider limitations of lack of generalisability. Participants comprised a group of care-leavers seeking employment opportunities at a charity with whom they had been able to develop strong relationships. They were willing and able to tolerate talking to a stranger, in depth, about incredibly personal and painful experiences. As such, it is likely that there was a recruitment bias towards people who were, to a greater or lesser extent, coping in life, and had begun to process and integrate some of their trauma. In addition, all participants had London-based foster placements. Particularly when considering cultural identity, young BME people in less diverse areas may have different care experience.

IPA requires a homogenous sample so that findings remain contextualised within the parameters of the study (Robinson, 2014). Although attempts were made to recruit a homogenous sample, the study recruited from a difficult to access group, and as such concessions were made in this regard. The sample was made of mixed-gendered participants with a variety of trauma and care backgrounds, with differing birthplaces and ethnicities.

Another limitation lies in the unavoidable influence of the researcher on findings. Interviews were guided by a researcher-developed schedule developed. While attempts were made to ground the schedule in theory and the opinions of care-leavers, and leave questions open, the questions are likely, to an extent, to reflect the knowledge and interests of the researcher. During the interview, despite trying to maintain an open, curious stance, the researcher's non-verbal responses and follow-up questions would have played a role in co-creating the direction of participants' narratives. Furthermore, the researcher's position as a

white, female mental health professional may have been a barrier to participants feeling able or willing to present some aspects of their identity. This was eluded to by participants at times, (E.g. Jack: “If I’m talking to an adult I know had to adjust myself. I’ll talk more formally, or whatever it is that it may be necessary I don’t know. It depends who is sitting in front of me”); “Rather than I could have been placed with any, no disrespect, it could have been a white family. Which is not really relatable to me”). Finally, in the analysis and reporting of results, the researchers own beliefs and assumptions will have shaped the findings. Though reflective diaries, bracketing and discussion of themes with supervisors and colleagues mediated this, it is impossible to control for fully.

Implications

The findings have significant implications for how professionals and wider society understand the care leavers’ identity development. LAC and care-leavers’ identities are often labelled as pathological. Care-leavers have higher rates of mental health diagnosis and are more likely to have contact with the criminal justice system than the general population (Tarren-Sweeney, 2010). This study offers an alternative construction of care-leavers as resilient, adaptive, survivors. Moreover, mainstream understandings of identity tend to view so-called pathological identity in LAC as entrenched and chronic; unlikely to shift significantly even with mental health service input (Schmeck, Schlüter-Müller, Foelsch, & Doering, 2013). This study instead provides a hopeful picture of aspiration and personal growth. Tarren-Sweeney (2010) points out that prolonged mental health service engagement may increase already profound feelings of difference and shame in care-leavers. While he offers some helpful suggestions for improving LAC services, what may be lacking in Tarren-Sweeney’s analysis is recognition that

perhaps it is the pathologising foundation on which these services are built that heightens those feelings, rather than on-going engagement itself. The findings around the relationship with the recruitment charity may even suggest that the development of longer-term, positive relationships with some services can be reparative, and may provide a secure base from which to grow and develop connections. Although not a mental health service, the charity was associated with the care-leaver label, suggesting it is not the label, or service involvement that is, in-itself pathologising. Further research into the experience of mental health service and engagement for LAC, and their views on how to improve it, may elucidate this. Mental health services often lack an understanding of developmental trauma, and therefore the adaptive function many 'treatment behaviours' serve. A trauma-informed approach would acknowledge the adaptiveness of current coping strategies while supporting service users to find new ways of self-regulation and relating to others.

This research has implications for the way resilience is understood. Resilience is a commonly used, but rarely defined, term in LAC teams. It is generally thought to relate to an individual's 'relative resistance to psychosocial risk experiences' (Rutter, 1990). This definition could be problematic in light of the results of this study. What is actually 'relative resistance' in care-leavers, for example the adaptive survival mechanisms identified in this study, may be subject to pathologising discourse in mental health services and mainstream media. While strengths-based approaches may empower and de-stigmatise care-leavers (Murray & Goddard, 2014), further research is needed to fully explore the concept of resilience as it relates to this group. South, Jones, Creith, and Simonds (2015) found that foster carers associated resilience with LAC's ability to shut off and distance themselves from distress. This conflation of self-reliance and resilience may feed into relational dynamics described by participants in this study,

who felt foster carers were unwilling to provide emotional support, and therefore withdrew further into self-reliance and aloneness. However, it is important to acknowledge that this construction of resilience may serve as an understandable defence for foster carers faced with a child in considerable pain and distress, with little recourse to professional support themselves. This highlights the pressing need for ongoing psychological support and training for foster carers.

Participants' determination to construct their own unique relationship with their culture was striking. While this corroborates the need for those working with LAC to be aware of and provide for LAC's need for cultural connectedness, it also highlights the individual nature of cultural identities, and therefore the need to approach this openly, and without assumptions around cultural tradition. It could also be possible that this relationship with culture relates to the ambivalence and lack of belonging felt in the other aspects of care-leavers experience. Further research into how care-leavers experience their cultural identity is needed.

Conclusions

A literature search highlighted that identity development in LAC, particularly LAC from BME backgrounds, is a subordinated area in terms of research. This study adds to the limited literature in this area. Much previous research has explored childhood trauma and its role in the development of individual pathology. This study offers a unique understanding of identity development for these participants as highly adaptive within the context of their early experiences. It also emphasises the active and dynamic nature of identity. Participants actively constructed their identities in the context of their past, and developed their understanding of the past through experiences in the present. Finally, this study points to the reparative potential of

positive, safe relationships for these participants, both as children and adults. Due to the dearth of research in this area, further elaboration on these findings is required.

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MAJOR RESEARCH PROJECT SECTION C:

APPENDIX OF SUPPORTING MATERIAL

All identifying information has been removed

A thesis submitted in partial fulfilment of the requirements of Canterbury Christ Church
University for the degree of Doctor in Clinical Psychology

APRIL 2019

SALOMONS INSTITUTE

CANTERBURY CHRIST CHURCH UNIVERSITY

Appendix A. National minimum standards (child-focused) for foster care

Standard	Outcome
The child's wishes and feelings and the views of those significant to them	<ul style="list-style-type: none"> · Children know that their views, wishes and feelings are taken into account in all aspects of their care; are helped to understand why it may not be possible to act upon their wishes in all cases; and know how to obtain support and make a complaint. · The views of others with an important relationship to the child are gathered and taken into account.
Promoting a positive identity, potential and valuing diversity through individualised care.	<ul style="list-style-type: none"> · Children have a positive self-view, emotional resilience and knowledge and understanding of their background.
Promoting positive behaviour and relationships	<ul style="list-style-type: none"> · Children enjoy sound relationships with their foster family, interact positively with others and behave appropriately.
Safeguarding Children	<ul style="list-style-type: none"> · Children feel safe and are safe. Children understand how to protect themselves and are protected from significant harm, including neglect, abuse, and accident.
Children Missing from Care	<ul style="list-style-type: none"> · Children rarely go missing and if they do, they return quickly. · Children who do go missing are protected as far as possible and responded to positively on their return.
Promoting good health and wellbeing	<ul style="list-style-type: none"> · Children live in a healthy environment where their physical, emotional and psychological health is promoted and where they are able to access the services to meet their health needs.
Leisure activities	<ul style="list-style-type: none"> · Children are able to enjoy their interests, develop confidence in their skills and are supported and encouraged to engage in leisure activities. · Children are able to make a positive contribution to the foster home and their wider community.
Promoting educational attainment	<ul style="list-style-type: none"> · The education and achievement of children is actively promoted as valuable in itself and as part of their preparation for adulthood. Children are supported to achieve their educational potential.
Promoting and supporting contact	<ul style="list-style-type: none"> · Children have, where appropriate, constructive contact with their parents, grandparents, siblings, half-siblings, wider family, friends and other people who play a significant role in their lives.
Providing a suitable physical environment for the foster child	<ul style="list-style-type: none"> · Children live in foster homes which provide adequate space, to a suitable standard. The child enjoys access to a range of activities which promote his or her development.
Preparation for a placement	<ul style="list-style-type: none"> · Children are welcomed into the foster home and leave the foster home in a planned and sensitive manner which makes them feel loved and valued. · Children feel part of the family. They are not treated differently to the foster carer's own children living in the household. The child's needs are met and they benefit from a stable placement.
Promoting independence and moves to adulthood and leaving care	<ul style="list-style-type: none"> · Children are prepared for, and supported into, adulthood so that they can reach their potential and achieve economic wellbeing.

Appendix B. CASP quality criteria for qualitative research

Section A: Are the results valid?

1. Was there a clear statement of the aims of the research?
2. Is a qualitative methodology appropriate?
3. Was the research design appropriate to address the aims of the research?
4. Was the recruitment strategy appropriate to the aims of the research?
5. Was the data collected in a way that addressed the research issue?
6. Has the relationship between researcher and participants been adequately considered?

Section B: What are the results?

7. Have ethical issues been taken into consideration?
8. Was the data analysis sufficiently rigorous?
9. Is there a clear statement of findings?

Section C: Will the results help locally?

10. How valuable is the research?

Appendix C. Burns & Kho (2015) survey assessment criteria

1. Was a clear research question posed?
 - 1a. Does the research question or objective specify clearly the type of respondents, the topic of interest, and the primary and secondary research questions to be addressed?
2. Was the target population defined, and was the sample representative of the population?
 - 2a. Was the population of interest specified?
 - 2b. Was the sampling frame specified?
3. Was a systematic approach used to develop the questionnaire?
 - 3a. Item generation and reduction: Did the authors report how items were generated and ultimately reduced?
 - 3b. Questionnaire formatting: Did the authors specify how questionnaires were formatted?
 - 3c. Pretesting: Were individual questions within the questionnaire pretested?
4. Was the questionnaire tested?
 - 4a. Pilot testing: Was the entire questionnaire pilot tested?
 - 4b. Clinimetric testing: Were any clinimetric properties (face validity or clinical sensibility testing, content validity, inter- or intra-rater reliability) evaluated and reported?
5. Were questionnaires administered in a manner that limited both response and nonresponse bias?
 - 5a. Was the method of questionnaire administration appropriate for the research objective or question posed?
 - 5b. Were additional details regarding prenotification, use of a cover letter and an incentive for questionnaire completion provided?
6. Was the response rate reported, and were strategies used to optimize the response rate?

6a. Was the response rate reported (alternatively, were techniques used to assess nonresponse bias)?

6b. Was the response rate defined?

6c. Were strategies used to enhance the response rate (including sending of reminders)?

6d. Was the sample size justified?

7. Were the results clearly and transparently reported?

7a. Does the survey report address the research question(s) posed or the survey objectives?

7b. Were methods for handling missing data reported?

7c. Were demographic data of the survey respondents provided?

7d. Were the analytical methods clear?

7e. Were the results succinctly summarized?

7f. Did the authors' interpretation of the results align with the data presented?

7g. Were the implications of the results stated?

7h. Was the questionnaire provided in its entirety (as an electronic appendix or in print)?

Appendix D. Original ethical approval

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Appendix E. Ethical approval amendment

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Appendix F. Participant Information Sheet

Information about the research

Culture, foster care and identity: How BME care leavers construct and make sense of who they are.

Hello. My name is Isabelle Lensvelt and I am a trainee clinical psychologist at Canterbury Christ Church University. I would like to invite you to take part in a research study. Before you decide, it is important that you understand why the research is being done and what it would involve for you.

What is the purpose of the study?

I would like to interview young people from black and minority ethnic (BME) backgrounds who have been through the UK care system, to hear about the experiences that influenced their identity and the ways they made sense of who they are.

Our identity is our sense of who we are. It begins to form in early childhood and continues developing throughout our lives. Our personal identity affects the way we feel about ourselves and the way we relate to other people. It influences the way we respond to difficult situations, and the ambitions and goals we develop.

There is little known about the personal meaning that care leavers give to their experiences, particularly those from BME groups. This research will explore how young people who have lived in foster care make sense of who they are. Understanding the experiences of young people who have been through these experiences is necessary to make services and interventions more helpful for those in foster care. It is hoped that this research can add to the limited literature on this important area.

Why have I been invited?

I have asked the staff at [charity] to provide information on this study to BME care leavers using their service. They will not provide me with any information about you unless you tell them that you are interested in taking part.

Do I have to take part?

It is up to you to decide to join the study. If you do agree to take part, I will then ask you to sign a consent form. Even after signing this, you are free to withdraw at any time, without needing to give a reason. This would not affect your relationship with [charity].

What will happen to me if I take part?

You will be invited to an interview with me at [charity]. You will have an opportunity before the interview to ask me any questions about the research, or let me know of any concerns, which I will do my best to address.

The interview will consist of questions about your experiences. These will be flexible, because I am interested in hearing about things from your point of view. It is hard to say how long the interview will take, as it will depend on how much you have to say, but they are expected to last between 60-90 minutes.

The interview will be audio recorded and then typed up. Once typed up, the recordings will be deleted, and identifying information, such as your name, will be changed to protect your privacy.

Once I have typed up all of the interviews, I will use a research technique called Interpretative Phenomenological Analysis. The aim of this is to pull out themes or patterns that emerge in the interviews. Once I have the themes I will invite you to review them, and see if you think they fit with your experience, but it is up to you whether or not you want to do this.

Expenses and payments

The cost of your travel to the interview can be reimbursed (up to a maximum of £10). This will be given to you after the interview.

What will I be asked to do?

If you are happy to take part I will ask you to sign a consent form. You will be asked some interview questions. Please answer them in as much detail as you feel comfortable with. There will be time throughout the interview to pause and think about things, and we will have time at the end for you to ask questions and check in with how you feel.

What are the possible disadvantages and risks of taking part?

You might find that some of the questions bring up painful memories. It is important to look after yourself; if you think there are things that are too painful to talk about please let me know and we can pause. There is no obligation to talk about things you do not want to. It is also fine to take a break during the interview if you feel yourself getting overwhelmed.

What are the possible benefits of taking part?

In the past, participants in similar interviews have reported finding it helpful to talk about these things. It is an opportunity for you to tell your own story in a way that you may not have before. This research will help us to learn more about how young people from BME backgrounds who have lived in foster care develop a sense of themselves, which we think is an important area to learn more about. This may help professionals involved with people living in foster care to consider how they might adapt the way that they work with and provide services to young people in foster care. It could also lead to more research in the future.

What if there is a problem?

Any complaint about the way you have been dealt with during the study or any possible harm you might suffer will be addressed. The detailed information on this is given in Part 2.

Will information from or about me from taking part in the study be kept confidential?

Yes. We will follow ethical and legal practice and all information about you will be handled in confidence. The details are included in Part 2.

This completes part 1.

If the information in Part 1 has interested you and you are considering participation, please read the additional information in Part 2 before making any decision.

Part 2 of the information sheet

What will happen if I don't want to carry on with the study?

If you withdraw from the study, you can ask for your data to be deleted *up until the point of data analysis*. If you withdraw from the study after your data has been analysed, it will not be possible to remove the data from the study.

Complaints

If you have a concern about any aspect of this study, you can leave a message for me on xxxxxxxx, a 24hr research line, and I will get back to you. Additionally, if you wish for your complaint to be anonymous, you can speak to a member of the [charity] staff, and they will pass on your complaint to me anonymously. If you remain unhappy and wish to complain formally, you can do this by contacting Professor Paul Camic, Research Director, Salomons Centre for Applied Psychology - xxxxxxxx

Will information from or about me from taking part in the study be kept confidential?

All information which is collected from or about you during the research will be kept strictly confidential. All recordings will be on an encrypted device, and any written information about you that leaves the [charity] office will have your name and address removed so that you cannot be identified. All externally stored information will be kept on a password-protected computer in a locked office. You have the right to view the written transcript and correct any errors. If you tell me something that makes me concerned about your safety or the safety of someone else, I may have to break confidentiality, for example, by sharing information with your GP. I would do this only if keeping confidentiality would put you or someone else at serious risk of harm, and would always try to talk to you about it first.

What will happen to the results of the research study?

The results of the study will be written up into a report, which will be published publicly through Create; Canterbury Christ Church University's online research site. I would also hope to publish in a scientific journal. You would not be identified in the report, but it may include anonymised quotes from our interview.

Who is organising and funding the research?

I am undertaking this research in affiliation with Canterbury Christ Church University, who provide funding.

I am the primary researcher undertaking this study as part of my Doctorate in Clinical Psychology.

The research team also includes:

Dr Alex Hassett (Principal lecturer, Salomons Centre for Applied Psychology, Canterbury Christ Church University)

Dr Alicia Colbridge (Clinical Psychologist, West London NHS Foundation Trust)

Who has reviewed the study?

This study has been reviewed and given approval by Salomons Ethics Panel, Salomons Centre for Applied Psychology, Canterbury Christ Church University.

Further information and contact details

If you would like any further information on this study please leave me a message on xxxxxxxx and I will get back to you as soon as possible.

Appendix G. Participant consent form

CONSENT FORM

Title of Project: Ethnicity, foster care and identity: How BME care leavers construct and make sense of who they are.

Name of Researcher: Isabelle Lensvelt

Please write your initials in the box

1. I confirm that I have read and understand the information sheet dated xx.xx.xx (version x) for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.

2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason.

3. I agree that an audio recording may be used to record the interview. This will be deleted once a written record is accurately noted.

4. I understand that relevant sections of the recorded interview may be looked at by another member of the research team. I give permission for these individuals to have access to the recorded data.

5. I agree that anonymous quotes from my interview may be used in published reports of the study findings

6. I agree to take part in the above study.

Name of Participant _____ Date _____

Signature _____

Name of Person taking consent _____ Date _____

Signature _____

Appendix H. Interview schedule

Interview Schedule

This interview focuses on your understanding of who you are, and the life experiences that shaped you. I'm interested in your personal experience - there is no right or wrong answer. The questions serve as a guide to keep us on track, but please feel free to go beyond the question if you think it is important.

Take as much time as you need to think about your responses, and answer in as much depth as you feel comfortable. I may ask you to clarify things because I want to make sure I understand you as best as possible. If you would like to take a break please let me know.

There will be time for you to ask me questions at the end, but if you are unsure of anything during the interview please don't hesitate to ask. The interview should last for between 60-90 minutes, but if we need longer or if you would like to finish early, that's OK too.

1. I wondered if you could start by telling me a bit about yourself

Prompt: How old are you; what you do; who you live with at the moment; who is in your family; who do you socialise with; what are your interests and/or hobbies?

2. It would be helpful if you gave me a brief timeline of your life, so I have a sense of your journey to date. Could you tell me a bit about your path into care?

Prompt: When did you enter care; how old were you; how many care placements did you have; who was in these placements; where were they; did you move around; what was your experience of care system – good/bad experiences.

3. How would you describe yourself as a person?

Prompt: What are the things in life that are important to you; what are your strengths and weaknesses; what are your beliefs around religion/spirituality; how would you describe your culture; ethnicity; what's your sense of humour like.

4. How do you feel about yourself?

Prompt: What do you think are good aspects of your personality; what aspects of yourself would you like to be different; how does who you are fit with who you want to be;

5. What makes you unique?

Prompt: How do you see yourself as different from other people; what makes you stand out from the crowd; what do people tend to remember about you; what are people often surprised or interested to hear about you

6. How you see yourself in relation to others?

Prompt: What kind of role do you play in relationships e.g. organiser; joker; listener; leader; do you tend to socialise in big groups/small groups/1:1/prefer your own company

7. How do you think others see you?

Prompt: How would your friends/birth family/foster family/employers/teachers describe you; what assumptions/judgements do people make about you; what do people like about you; are there differences between how you see yourself and how others see you

8. Are there things about you that most people don't know?

Prompt: What parts of yourself do you avoid talking about; do you keep parts of yourself/your history secret? If I asked your friends to tell me about you, what wouldn't they know?

9. What influences have helped shape who you are?

Prompt: What role have your birth family/ foster family/friends played in making you who you are; what other influences; can you remember any experiences that were particularly important in shaping who you became; is there anyone in your life you've aspired to be like, or be different to; what experiences/relationships helped you move towards who you want to be; what barriers have there been to being who you want to be

10. You mentioned x, y & z as important aspects of who you are. What in your experience influenced these?

Prompt: What strengthened those aspects of you; what got in the way; were there particular people/relationships that nurtured those parts of you

11. How has who you are changed over your life?

Prompt: How are you different now to when you were younger; what has stayed the same; what has changed in terms of your relationships, beliefs, values, cultural practices, spirituality etc.

12. How do you see yourself in the future?

Prompt: Where would you like to be years from now; what would you like to be doing; who would you like to be; what are your hopes for e.g. work, family; what aspects of you will stay the same; what might change.

Those were all my questions. Is there anything that you think I should have asked that I didn't ask?

How was the interview? Were there questions that were particularly easy or difficult? How are you feeling? Do you feel I need to talk to anyone about how you are feeling?

Appendix I. Post-interview self-care plan

Looking after myself over the next few days

It is normal after the kind of conversation we had today to feel quite down, upset or drained. This should pass soon. Here are some things you can do over the next few days to look after yourself:

Talk to a friend/family member - Sometimes, just talking to someone you trust can be a big source of support and comfort.

Do something relaxing and enjoyable - Activities like reading a good book, having a warm bath, or doing some light exercise can help you relax. Think about the things that you enjoy doing to relax, and try to plan a couple over the next few days.

Have a cry - When you are down, it can seem like “getting on with it” or ignoring things is the best way to feel ok. Taking some time to yourself to acknowledge painful emotions and have a cry can actually help make sense of things and help you feel better.

What if I need extra support?

If you find these feelings don't pass, or if you feel very distressed, you can access additional support in the following ways:

Make an appointment with your GP - Your GP is a good first point of call if you think you could use some extra support. They can talk to you about the things you're struggling with and will be able to refer you to the most helpful service for your needs.

Helpful websites - The following websites can be useful sources of information and support

www.rethink.org/

<https://www.mind.org.uk>

<https://www.mentalhealth.org.uk>

What if I need help right now?

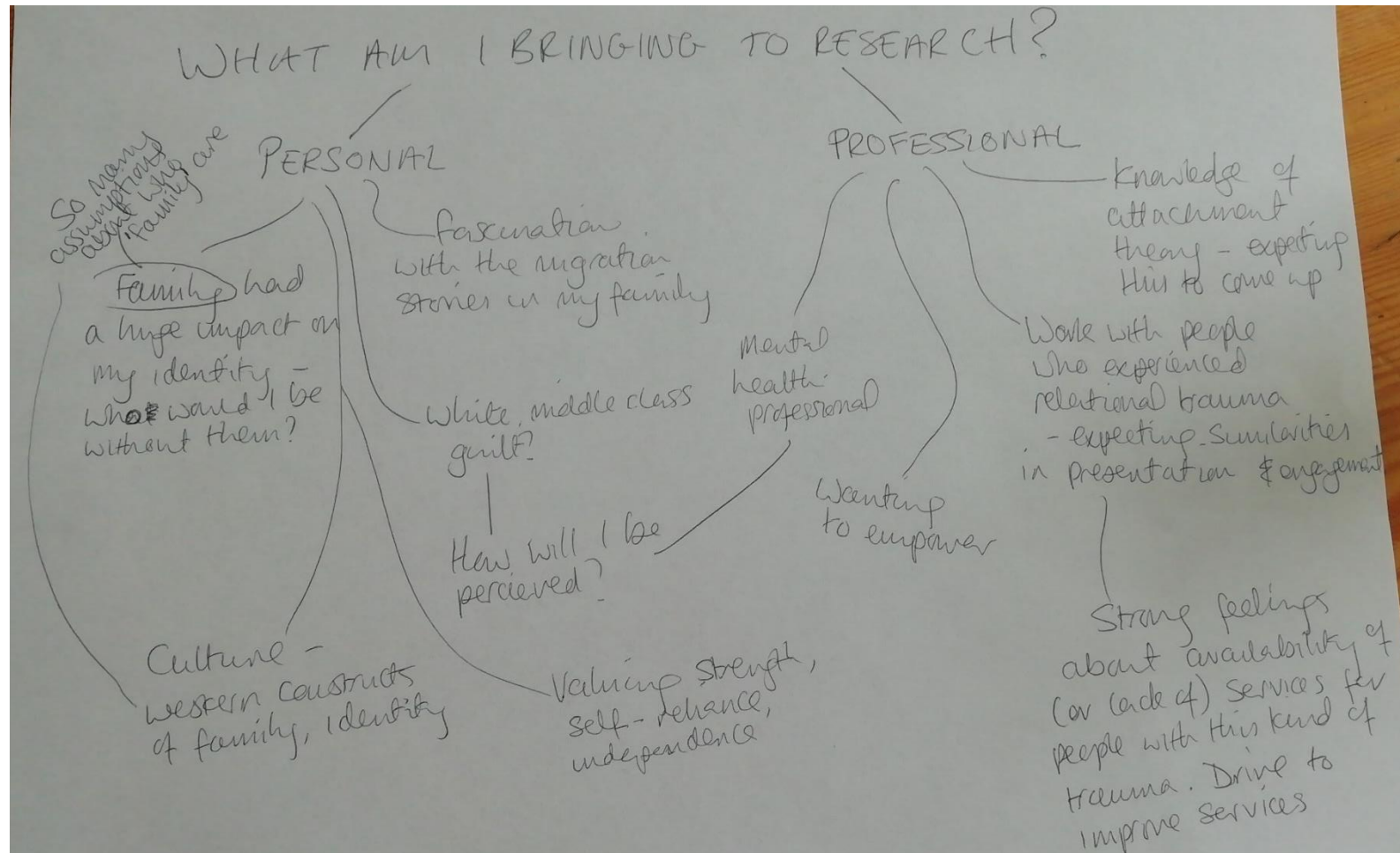
If you feel like you can't keep yourself safe and need immediate support, the following services will be able to support you:

Samaritans - 166 123

Saneline – 0300 304 7000

In an emergency you can always attend your nearest A&E or contact Emergency Services (999)

Appendix J. Mind map of bracketing interview



Appendix K. Excerpts from reflective diary

29/01/2018: Have been liaising with charity. Feeling hopeful. Really lucky that a previous trainee already forged these relationships and did lots of the prep work with the charity! I wonder what their experience of her/the research was? Definitely feeling some sense of having to match up to her standards, will I be as good a researcher/interviewer as her?

23/02/2018: Went to 'Ambassador's meeting' at charity – group of ex-charity users who take a more active role now in shaping the services offered. Presented the research and asked for feedback on draft information sheet and interview schedule. They all sounded positive about the research, some really interested, which is great! One member interested in taking part himself. Seem like a really active, engaged group with a desire to make changes for those coming after them – so impressed with their political involvement and lobbying.

14/03/2018: 5 interviews arranged already – amazing! I hope they all come. Pretty optimistic – it feels early to be here!

26/03/2018: First interview: Felt quite nervous, some questions seemed to lead to dead end – participant was initially very guarded, as we went further through his story this made a lot of sense in the context of his life experiences. Over time I was able to think of different routes to stories and he opened up slightly more – maybe re-think how order of questions could go from less to more in-depth, and prepare them for more personal questions at the beginning? Did not appear to have been briefed much on research - fairly frustrated that charity worker didn't give him the first part of the information sheet as asked. No wonder he wasn't ready to open up! Will

ask again for them to give potential participants information sheet. Noticed a real tendency towards more therapeutic/interpretative stance – RESEARCHER NOT CLINICIAN.

19/09/2018: Emailed charity again – still nothing on further potential interviewees. Feeling stupid for taking it for granted after the first round and not starting again sooner. Also annoyed with charity worker. A simple email to let me know she was shifting roles and wouldn't be available to help would have been useful. Really need to move forward with interviews. Have spoken to supervisor about options. He has some contacts he will try. Fingers crossed!!!

19/12/2018: One of supervisor's contacts might come through!! Emailed him to introduce myself. He replied fairly quickly. Says he works with a charity who house young asylum seekers, and they might be willing to get involved. Ethics amendments sent to university.

29/01/2019: Absolutely furious. Supervisor's contact no longer appears willing to help because participants aren't paid for their time. Surely that is a decision participants can make for themselves? He was so judgemental – suggesting that if there is no budget then I should pay them personally. And take them somewhere we can get a drink/food for the interview, as he apparently did with his research. In my mind totally inappropriate to have these sorts of conversations in a public place – how could they possibly open up? Feel so looked down upon! Was not ideal receiving that email on placement – had to take a bit of a walk to clear my head. Had a bit of a rant about it to placement s/v in supervision – feel very lucky to have such an understanding/interested s/v! Spoke to MRP s/v too, he was helpful and reassured me. Not sure

what to do about interviews. Possibly will need to change project to broaden inclusion criteria. Emailed charity again to ask about potential participants.

10/02/2019: Still no luck with charity. Have agreed with supervisor that will change focus of project from refugee care-leavers to BME care-leavers. A bit sad about this – the refugee element was one of the aspects that first interested me about this MRP. It also brings up different experiences, especially in regards to sense of home and belonging. How will this impact what comes up in interviews? Have emailed research director to ask what the change will involve.

16/02/2019: Got my ethical approval for change in project. Emailed charity letting them know, already replied with 2 potential participants!!! Amazing.

07/03/2019: Final interview: Very intense one to end on! Incredibly traumatised young woman. I found the interview quite frustrating. She spoke so much, I could barely ask any questions. And so much jumping around – I felt very frustrated with her. Lots of self-reflection/insight in places, but it felt this was somewhat superficial? Still incredibly resilient. How she has managed to get to where she is is beyond me. Although the interviews have more and more made me question the construct of resilience. Yes, the participants have generally found ways to cope with terrible experiences – this is resilience. But these ways of coping almost always keep them managing their distress alone. A lack of trust in others isn't the same as trusting yourself. Is the current focus on resilience in services actually based on empowering and recovery, or is it just another way to try and reduce caseloads?

23/03/2019: Re-listening to and re-reading transcripts massively gets me in touch with some of the awful experiences these young people have gone through. Wonder what defence structures kept the experience of it at bay in the interview – was I not picking up on this or were they disconnected from it?? They seemed so willing to get involved and show interest, despite the potential emotional burden of revisiting painful memories. Huge sense of appreciation towards them all!

Appendix L. Audit trail process

The following documents were reviewed by a supervisor:

- 1) Two un-annotated transcripts – lead supervisor
- 2) One complete, annotated transcript – lead supervisor
- 3) One document with emerging themes – lead and second supervisors
- 4) Results section with final sub- and superordinate themes and quotes from transcripts – lead and second supervisors

Appendix M. Coded interview transcript

This has been removed from the electronic copy

Appendix N. Theme development stage one – Individual level

<p>Who I am</p> <p>How I see myself</p> <p>protective I'm too possessive? Strong Resilient Smart Angry, threatening Clever – importance of education. Patient Dedicated to sister Selflessness Able – If I try it will be good Responsible for others Tomboy Travel, dance, funfairs, modelling Girly and boy things – multiple identity? Motivated. Determined? Hard to love a sister like that. Loving? Self-sacrificing? Always a child Passionate Don't seek attention, it just happens – different? Special? I don't follow orders, rules. Self-directed</p> <p>Responsibility and blame – Does this fit with “how I see myself?”</p> <p>I was the one who put her to jail – I'm to blame Unwanted responsibility Responsible for mum's mental health? Letting mum down?</p>	<p>Identity as a process</p> <p>Sense-making</p> <p>Impact of past on present relationships Drawing in controlling boys - Didn't let go of dad. Self-reflection, sense-making – looking for a brother, a brother Support, caring. Like dad, but boyfriend – confused boundaries? Sense making – why I am on the path I'm on Care happened for a reason – to finish education. Spoon-fed all life in some ways, but also lots of responsibility. Meaning making – eldest sister for a reason Meaning making – moving homes and impact on decision</p> <p>making</p> <p>Self-reflection/Making-sense – jumping in conversation No one gave me security, so I get angry, impatient. Sense-making</p> <p>Survival and self-protection</p> <p>Cut off from emotion Distancing Justification, explanation Keep pain hidden – OK on outside Affecting my studies, practical impact of distress – not emotional? Still lying, but ?not for him? Protecting self – not dad I left them – they didn't leave me. What could have been, things could've been worse. Guarded? – Don't like questions Other people's stories are worse than mine.</p>
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Cultural identity

Bengali – food
 Resisting oppression – role of women
 Religion – not defined by
 Create own path
 Importance of family
 Racism

How others see me

Importance of being a role model
 Angry, threatening
 Bubbly, happy, energetic
 Shocked at story – hides pain?
 Always crying, drama
 Needs protecting
 Didi first word – she is the most important?
 Disrespectful, after I looked after her like my own - Not appreciated?
 Behind a happy face there's a story
 Special – never saw someone like me

Friends help me forget who I am
 Look forward to school because it helps me forget
 Used to people leaving me, don't care, defense against abandonment
 Fake, happy families, Bollywood lies? Wants to escape into fantasy, but not lies.
 Self-sufficiency
 My pain just went away – flying so high
 Distance for safety. Closeness is a risk.
 Don't let others justify
 What goes around comes around.
 Retribution

Confusion and contradictions

Fear of family
 Right next to mum, closeness
 Mum's presence is comforting, worried mum would kill
 Care as either inadequate or over-protective/"crazy".
 Thankful for care – thankful, but critical of. Better than but not good enough.
 Contradiction – foster carers more damaging than parents, but without care life would be worse
 More confusion – I see her once a week, I see her every day.
 Men should protect women? – Tomboy because I protect everybody
 Contradiction/confusion – if we argue I go down bad vs I don't care

Personal growth

Let go of my hatred
 Importance of listening to young people
 Studying psychology helped me – understanding?
 Need for separation, autonomy.

	<p>Friends made me stronger From fearing mum to recognising her trauma, her vulnerability ?Growth, maturity? Hardship makes you a better person? In a better space now Good for the sake of the nice social worker. Good experiences make me want to be better</p>
<p>My journey – how I became me Facing adversity No choice, powerless. Lack of help Police traumatised me, foster carers traumatised me, social workers traumatised me Corrupt system. Anger over lack of help Others couldn't handle my pain Not prepared for independence, adulthood, life-skills. The situation at home wouldn't let me grow Missed out on happy foster homes, like brother and sisters. Angry, aggressive, because of experiences – past made me who I am</p> <p>Loss of childhood – Fits with adversity? I was only 11 – sense of responsibility/maturity at a young age Missing out – on food, on family? On childhood? Love sweet things – childlike?</p> <p>Lack of control – Does this come under adversity? Keeping us - possessive. Not having control? When I came out – foster care as prison?</p>	<p>Where I am going Aspirations Academic achievement – bettering self? Looking to the future. Won't take the risk – I have a valued life to lose? Big aspirations for future - unrealistic? Idealistic</p> <p>Helping others Working with young people – using experiences to help others like her? Looking after sister</p> <p>Learning from the past Learning for future relationships? Learning how to relate as she goes Learning from mum's ?mistakes? experiences?</p>

Kept – possession, control

People as untrustworthy – adversity

Lying.

Let down again. Dishonesty, fake.

Money most important for carer?

True face – People not what they seem

LA not seeing – incompetent, can't keep safe?

They left and blocked my number

Pivotal people and experiences

Social workers – positive influence – kept on straight path

Psychiatrists loved me, couldn't handle my pain.

Charity – genuine care.

My friends are my family

Protective friends – different role – child

One man can change everything – Sister's social worker

He is the reason why I have my sister

If not for him, I don't know what would have happened

Key person – advocate

Search for belonging

Instability

Permanent home – no more moving

Search for stability, permanence

Who am I if not sister?

Foster brothers and sisters – searching for belonging?

Alone – Does this fit with belonging?

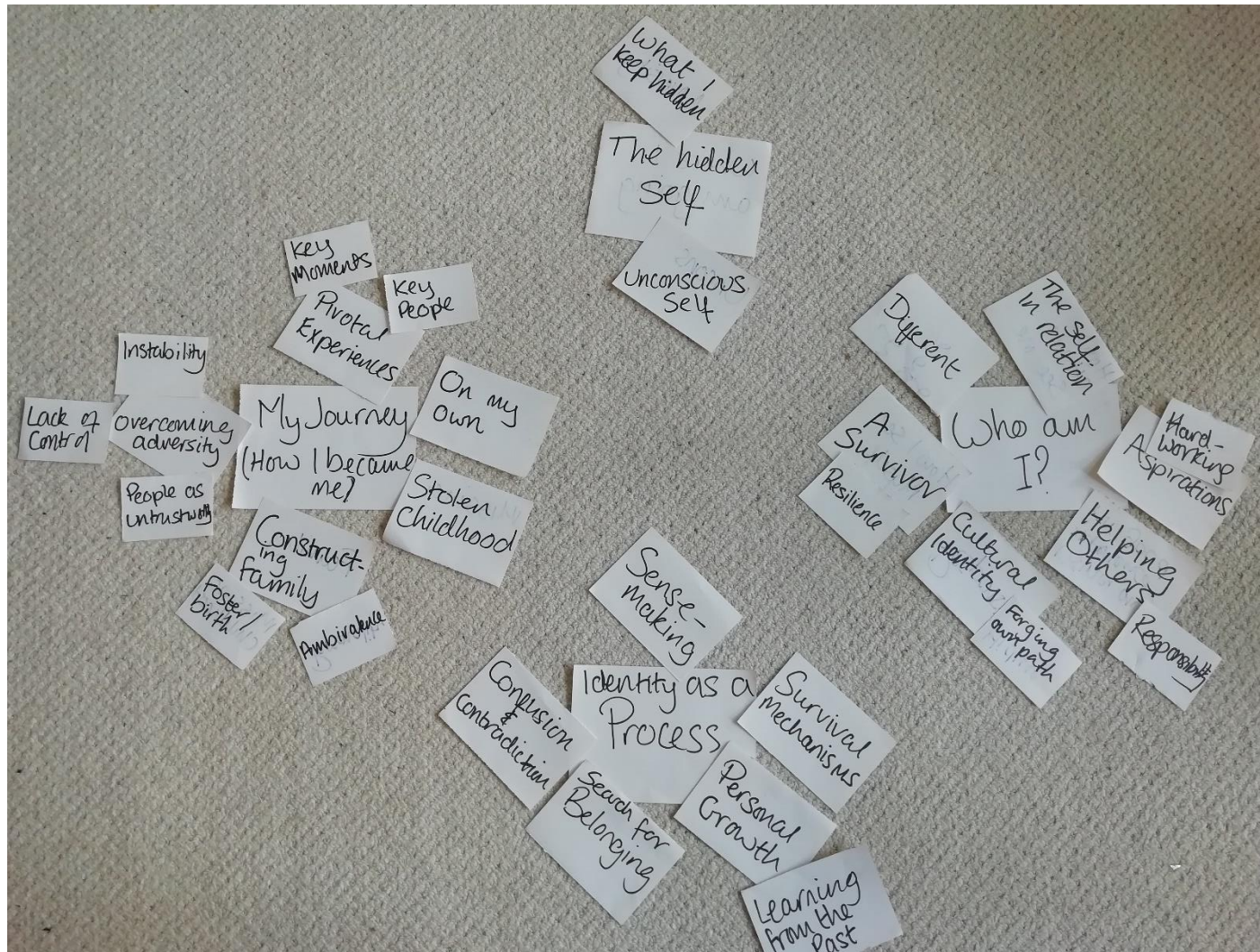
We weren't believed – no one will help?

<p> Alone, isolated, Netflix to cover the quiet They won't understand Object as attachment figure. Different to others Expecting to receive as much as gives – disappointed in relationships Lack of personal support Never told a single person, alone with story Story is confusing for others Friends don't understand Can't explain distress People think I'm blessed, but I work hard. Unseen struggle? </p> <p> family Food as an expression of culture, food as a family tradition Looks signify closeness, relatedness Pain of separation Died before me, but still my twin brothers. Family. We did – family as a unit Searching for family in others? Reminders of family time, family traditions Important to look like family We look alike, therefore we're all related. Ashamed at not knowing sister as well as SW. Family should understand each other </p>	
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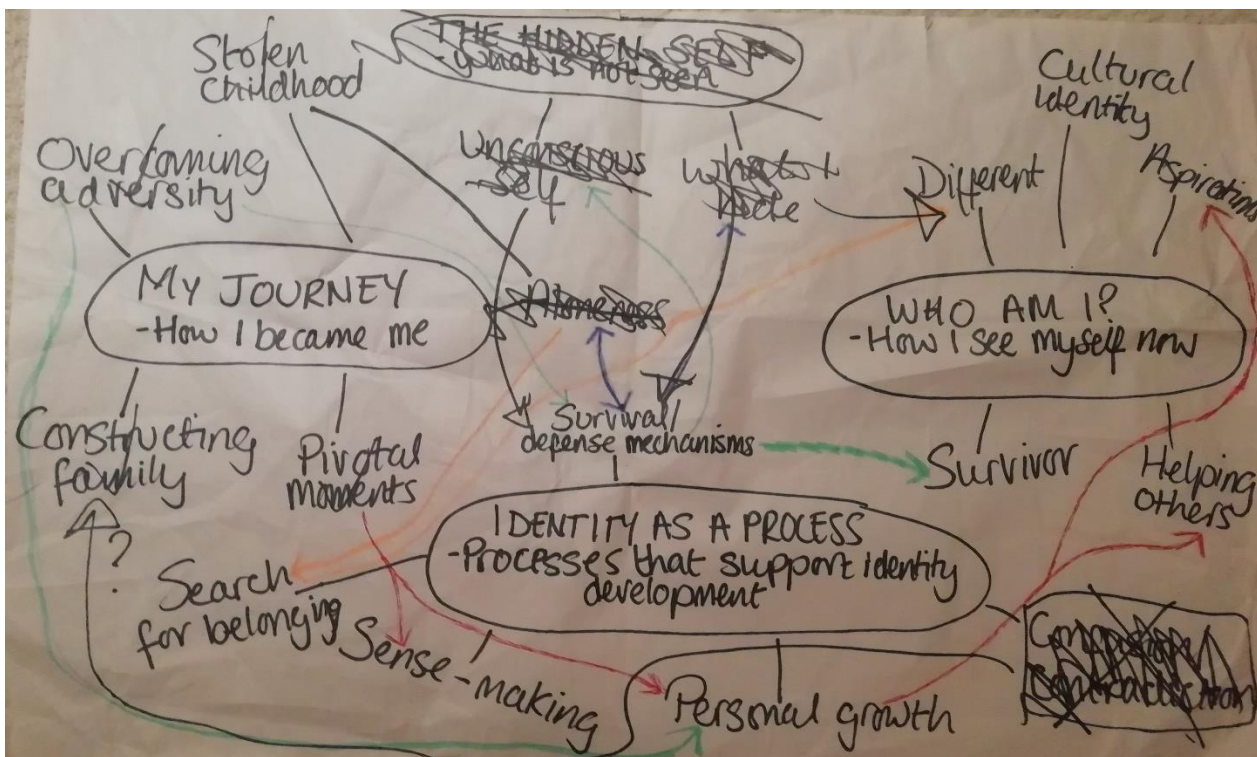
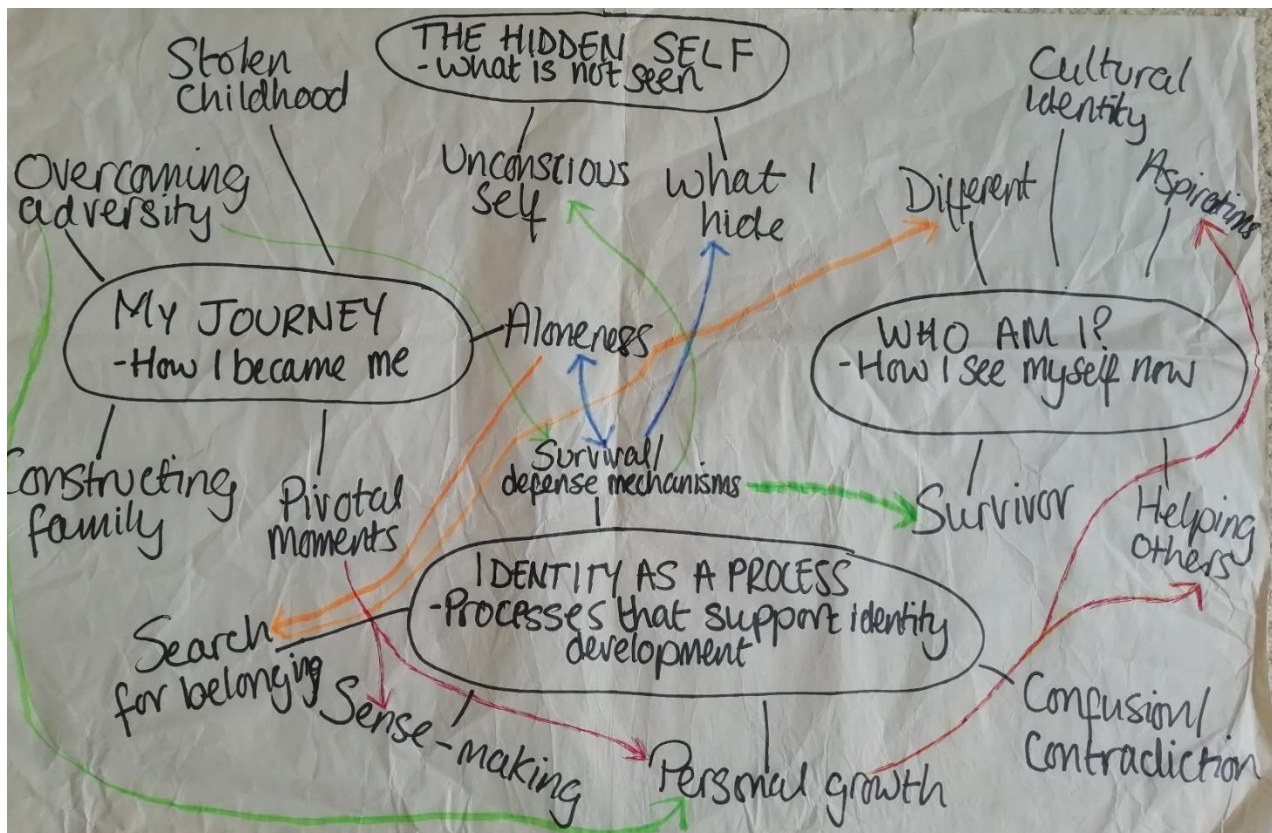
<p> My journey – how I became me. Focus on the past experiences that shaped them. Subthemes: Facing adversity – reflecting on the trauma and </p>	<p> Who am I? How they understand themselves now How I see myself How others see me </p>
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<p>adversity faced in their childhood Family – the influence of family in shaping them Pivotal experiences – key relationships and events that stand out as significantly influencing their lives Search for belonging – feeling different, alone, wanting to find their place.</p>	<p>Cultural identity</p>
<p>Where I am going Aspirations Learning from the past Helping others</p>	<p>Identity as a process Sense-making – how past influences present Survival mechanisms Personal growth Confusion and contradiction</p>

Appendix O. Theme development stage 2 – Group level



Appendix P. Theme development stage 3 – reviewing and refining



Appendix Q. Final summary of themes

My Journey: How I became me

Overcoming adversity

Missing childhood

Constructing family

Pivotal experiences

Identity as a Process: Processes that support Identity development

Survival/defence mechanisms

Search for belonging

Sense-making

Who Am I? How I see myself now

I am a survivor

I am different

Helping others

Cultural identity

Appendix R. Extended list of quotes by theme

Superordinate theme	Subtheme	Example Quotations
Who Am I?	I am a Survivor	<p>“When I was travelling, when I was in the lorry, I was kind of like very unhappy. I was like, "why am I doing this? I bet I die". But I was like, I will, I told myself "I'll make this different".” (Aiden)</p> <p>“If I don't cook for myself who's going to come cook for me? If I don't wash my clothes who's going to wash? No one. I have to do it myself.” (Aiden)</p> <p>“Cos most of the other people who were in my situation before and they come here, they won't go study, the will go work, as a, a whatever, and they don't want to do a craft, they just want to get money, and then, that's it. But me, I want to be a good person” (Aiden)</p> <p>“So yeah, it was tough, but that makes me strong and make me realise to do what I have to do, just to survive.” (Agata)</p> <p>“I think it's the way, when I say to myself, here you are, so wherever you are, you have to live there, so you just pick up, and just land, wherever you're living on.” (Agata)</p> <p>“And I feel like, not having her to look after me made me more look after myself. Like carefully looking after myself.” (Naomi)</p> <p>“But this year I got my stay now, so I feel like nothing's going to stop me. There's no excuse and I have to do it”. (Naomi)</p> <p>“Well it made me stronger. Because before I let him get away with it. Because I wanted a family, boyfriend. Didn't want to do single mum thing and everything so I let it go.”(Naomi)</p> <p>“Yeah. Because 2016/2017 my new year resolution was to take up any opportunity that came my way. That was my news resolution I got, I didn't have a direction where I was going to go in life or what I wanted out if life. Education wasn't going to well. I was quite focused on education and letting go well, so I just didn't know what to do. I didn't have opportunities to do things I wanted to do and I just felt lost. So I decided to take every opportunity that came my way, [charity] is doing a lot of stuff. I was pretty much at [charity] for the whole year in a way, until I started this apprenticeship. Until I started my apprenticeship in October 2017. “ (Claire)</p> <p>“I think, it was tough, but we didn't realise that it was tough, somehow, we've managed and thought, OK, this is it, and we're good”. (Irfan)</p> <p>"So I finally woke up and just thought this isn't me. I started to see how it was affected other people around me in the house and I wasn't trying to be like that. Everyone was in the same patterns in the house, I really want to do these things, I really want to get a job, I want to do these positive things” (Jack)</p> <p>“I was back in Iran I wouldn't be that person. Because I've been through a very hard life and I respect the things I have now” (Aiden)</p> <p>“I'm also very proud of myself, and very happy with myself, with my achievements, with the fact that I kept going through all this, and I don't give up and just dropped and handed myself to the streets”. (Irfan)</p>

		<p>“I think the tough times remind you of who you are, and help you get back in to your senses, I think” (Irfan)</p>
	<p>Different</p>	<p>“You want to become this person who's cool with everyone, and can just talk to anyone at any given moment at work, and create a relationship with anyone, be that professional or work, so I want to be that person, and I know I am, deep inside, but my psychological issues prevent me from being that person “ (Irfan)</p> <p>“...other people, will see that, well most of my friends are educated have masters degrees or they're rich people have moneys, so of course they will treat them differently from me”. (Aiden)</p> <p>“I have English friends who have grown up here, who were born, who don't know the pressure of things like I do, and they don't work hard as much as I do. Cos they know, back in at the end of the day, they have somewhere to go. And if they don't do this, they have their father, they have their family home, they've got sibling”. (Aiden)</p> <p>“Being in care I feel like there has been a lot of negatives towards being labelled as a foster child or relieving care child or whatever. Because I feel like people's first thought is when I think of that is older probably mentally damaged, or something like that” (Jack)</p> <p>“Because where before I've refused to break down in front of anybody, I hated crying in front of anyone, I hate it when people felt sympathy for me. Because I just hated to be looked down upon.” (Jack)</p> <p>“I feel like I'm sensible, because they have parents to back them up the certain things that I don't. It's like they would spend their money stupidly because it's like they could ask them for a favour like you are payback or something. I can't do that.” (Irfan)</p> <p>“The thing is I can really camouflage my feelings, how I feel so people can't really tell. Cos I can be very sad but I still laugh, so kind of, that's a difficult question. Cos I don't like people seeing me at my very low, cos I feel like they can take advantage of it.” (Naomi)</p> <p>“They would say I'm too serious. But I don't think I open up with anyone like that so” (Claire)</p>
	<p>Helping others</p>	<p>“With my friends, I'm just that friend who can provide support, when needed, provide advice, provide company, and I feel like I can also pick our friendship up and bring it back the way it was again”. (Irfan)</p> <p>“I like to join the pieces and be that person who can fix things, be kind enough to teach others how to be kind” (Irfan)</p> <p>“I try to support anyone. Even if I don't know the person I will try to help” (Irfan)</p> <p>“I mean the best um I'm always thinking of my future to be, have a normal job, waking up in the morning, afternoon come back home, having the weekend off, I mean, going out with friends, being helpful to other people, even, I don't know, donate some money to charities or that kind of thing” (Aiden)</p> <p>“I love to help people. I don't have much but I try to do what I can do”. (Naomi)</p> <p>“I'm a very care person, a very caring person. Especially when they get drunk, they call me ambulance. So I'm the person who helps everyone like that”. (Aiden)</p> <p>“Some friends see me as Big Brother, it's a weird, I didn't ever see that. Yeah, they like to take my advice, because of some of the experiences I've gone through, they see it as I'm more mature” (Jack)</p> <p>“I am definitely going to open a residential home for special needs, because, special needs, if the parents</p>

		<p>are not around, where do they go? They're going to end up in a care home, and I'm not going to let that happen". (Nina)</p> <p>"I'm always thinking of my future to be, have a normal job, waking up in the morning, afternoon come back home, having the weekend off, I mean, going out with friends, being helpful to other people, even, I don't know, donate some money to charities or that kind of thing". (Aiden)</p>
	Cultural identity	<p>"Culture, there's none left, it's completely wiped. That's the bit you miss the most, I think". (Irfan)</p> <p>"So yeah it was nice to have the fact that we are from the same culture and that. I could have been placed with any no disrespect it could have been a white family. Which is not really relatable to me. Not even the food or anything like that." (Jack)</p> <p>"I always try to keep the good things. The kindness, and like, all the good things about the culture, and those things, so yeah." (Aidan)</p> <p>"Cos the Congolese love fashion, they love mixing colours, colourful colours, and stuff. They like to be seen as unique. I think that's what, I think I relate to that. And the music, yeah the music is more me. Err French rappers, French Congolese are brining that old fashioned music into their rapping. Yeah I'm more into the music and into the fashion. The fun stuff." (Naomi)</p> <p>"I got like Ghanaian Nigerian friends and stuff like that and they, some of them pretty much in touch with their culture and things like that. Even I went to a predominantly black school and I guess I was kind of thing, but I guess it was because everybody else was so I would listen to like Ghanaian music." (Claire)</p> <p>"I'm proud to be Jamaican, I wasn't for a long time, but I like embrace my Jamaican culture, I listen to Jamaican music, I eat Jamaican food. But I class myself as British because when I have conversations with people, that are literally fresh off the boat, we have two very different mind-sets." (Marco)</p> <p>"I've always felt that when you're a Bengali, when you're from, with the Bengali's, it's a really nice culture, it's really, really nice, when you're in that family, it's a family". (Nina)</p>
My Journey: how I became me	Constructing Family	<p>"EastEnders was very important for me too, and also, that was the only thing we watched in my house, I think, and I think that was the only thing I wanted to take with me, because it reminded me of the family; because my mum and dad and my siblings was together when we watched EastEnders, so that was the only thing I needed as well, so I'll never let go of EastEnders". (Nina)</p> <p>"If you, you know that someone is there waiting for you if you want to go home. And you have that feeling that like, people actually care about you. Yeah, so you just kind of go home and do nothing, watch TV at that's it. They cook for you, you know someone is there and that's it. That was a good feeling" (Aiden)</p> <p>"Cos she, I'm not her child. If I was her son, yes, I would have said why not. But I'm a common person, I was there for a year and I'll be leaving, so for someone who done that it was very important" (Aiden)</p> <p>"Yes the good carer is the only one that I've ever kept in touch with like that. Because I still see them as family. They treated me as their son at the time." (Jack).</p> <p>"And I also have my biological dad but we don't talk about him. We can talk about him, but, I don't mind talking about him, but I wouldn't class him as family." (Marco)</p>

		<p>“I think that has impacted me the most, I think, the separation from mum, because, practically she raised me, and my dad wasn't around for me when I was young, and so she raised me in a way that was a bit overwhelming, to a point where, you know, mums they provide so much love, but don't realise that they're overdoing it”. (Irfan)</p> <p>“My foster mum, she's been just the mum, and she showed me what is the love of the mums all these years” (Agata)</p> <p>“All my close friends do basically know my full story. Just not as in-depth. Like about my biological mum. And that's because they never come up in the equation. Really. Because I decide not to bring it up. Most of the time, it will just be something depressing about that situation, and I'm not trying to kill the vibe with my depressing stuff that's not really necessary”. (Jack)</p> <p>“I had to hide behind different masks and personas, if you like, so I wasn't being myself, I was just trying to hide my weak side, my vulnerable side”. (Irfan)</p> <p>“My sister was my weakness but she was also my strength, my sister can actually drive me crazy, like, being away from her made me crazy and being with her made me crazy too”. (Nina)</p> <p>“[About a foster carer] Mm she's a good woman. I'm not going to lie. She, she a, she was a good woman...Every now and then I think “how did you make it to be a foster carer?”. (Naomi)</p>
	Overcoming Adversity	<p>“Try to forget it. Cos you can't do anything can you? You have to live with it. So try and put it out your mind, but it was always there. It was always back in there” (Aiden)</p> <p>“I thought she had good intentions at first, but I feel like after a while I got to see that it was just an act” (Jack)</p> <p>“Yeah. Supported living that was, interesting. I think I got robbed once that was crazy. They took my stuff from my room and that was I just happened to leave the door open, they just went in and took something” (Claire)</p> <p>“they just was not helpful at all, they were just there to sit in the living room wait for their shift to be over and just leave” (Claire)</p> <p>“Um because I've been told what I have to do with my life, cos my parents I don't know them. So I was being raised by someone I thought was my mum, and she wasn't. So she. She always told me what to do. Especially towards the end it became. It was even worse. So erm yes I think I got maybe traumatised, but I don't like that. Being told all the time what to do “. (Naomi)</p> <p>“My mum, she killed my dad because of an abusive relationship, my dad was into drugs and everything”. (Nina)</p> <p>“I had to go through really bad foster homes, and we moved 10 foster homes”. (Nina)</p> <p>“Yeah, I arrived here, and then he said he'd be back, and I never see him again” (Agata)</p> <p>the lack of support from the Social Care system in Hackney, and I think if they put a bit more effort and sort of care into our cases, things might have been different; but then again, you can't blame them for not doing</p>

		what your family are supposed to do” (Irfan)
	Pivotal Moments	<p>“Especially I hate my father, so, I don't want to talk about him, so. I want to. I just wish there was a button I press it and I can forget him, but there isn't. And I always want to be opposite to him. I don't want to be that kind of person.” (Aiden)</p> <p>“When I was travelling, when I was in the lorry, I was kind of like very unhappy. I was like, "why am I doing this?" "I bet I die". But I was like, I will, I told myself "I'll make this different". I gave myself a time, I said by the time I'm 30 I will have everything I need.” (Aiden)</p> <p>“Once I had, I was, I was out. I had no money. I called [foster carer] and I asked for money. And she gave me the money from her pocket. Cos they usually give me money for the week from social services, she gave money from her pocket, which she hasn't, she don't have to do it, she done it. That was very important, that was really something... I always remember” (Aiden)</p> <p>“So I went to a new family, turns out that was the best thing that ever happened to me, because that was the only carer that I felt ever cared about me. And that wasn't doing it for the money, or for all the negative reasons” (Jack).</p> <p>“They start expecting you to give them things and do them favours, and it just wasn't the best combination really. Yes so, when it was my time to finally move out, it was the best day, it felt like the best day ever at the time anyway.” (Jack)</p> <p>“That was probably like, the happiest day of my life, you know, it was something big; and from then on it was, you know, life started to become a lot better”. (Irfan)</p> <p>“I also had a lot of influential people in my life that I think helped me push through, and one of the biggest ones, was my previous boss, the one who agreed to pay for my counselling. His name was David, I think he was probably like my substitute father, who was so caring and loving” (Irfan)</p> <p>“So I had to go through a lot. And they didn't make it any easier. I had to go through the court, and until the judge believed what I'm saying, he's like “this girl's been through a lot and I don't see how you can put her through more at the age of 15”. So erm. And then home office are just accept it”. (Naomi)</p>
	Missing Childhood	<p>“Never had a childhood, so I never had a childhood. You think that when you grow up at the time you will have toys, and stuff, I never had that”. (Aiden)</p> <p>“They use to go to, like, to the beach-side, and stuff like that, they use to do a lot of activities, family activities together, so. But the rest of us didn't really get much of that”. (Irfan)</p> <p>“And my mum she was under denial that her child was autistic, so she was very forceful, so even with her, dealing with my mum and then dealing with my sisters and brother, was not easy, I was struggling so much” (Nina).</p> <p>“It's like they would spend their money stupidly, because it's like they could ask them [parents] for a favour like you are payback or something. I can't do that”. (Aiden)</p> <p>“Because before that I didn't even know how to cook, didn't know how to clean, didn't know how to do my hair, still don't now know how to do my hair. But yeah just the natural learnings that you will get when you're</p>

		<p>growing up from your parents” (Claire).</p> <p>“I’m always going to be a child, there’s always going to be a fantasy world in my head, that’s not going to change. When I’m growing old, I’m still going to be a child” (Nina)</p> <p>“I attended school because the husband of the woman, he used to, he liked me, he wanted me to attend school like his kids and everything, but after school I had to do everything in the house. So I had no rest”. (Naomi)</p>
Identity as a process	Sense-making	<p>“Yeah, the journey, here, everything. Back in home, everything. Everything put me in the place where I’m at. I’m nothing now, but still, the place I am now. And I appreciate it a lot“. (Aiden)</p> <p>“I had this thing when I was a child was like always wanting to be opposite my dad, so I always help everyone. I always want to be a rich person”(Aiden)</p> <p>“I will say if that never happened to me, I wouldn’t be the person I which I am now. I wouldn’t be here right now. I don’t want to be back in home now, I’m happy here. So it worked for me. (Aiden)</p> <p>“When you grow up in care you can go either way. You can go that I want to please people way, but that’s not necessarily a good thing because you’re like I don’t feel safe in this world, I need to make sure I do things to make people want me, and you can go the other way where you’re like I just don’t give a crap what people think, and I’m gonna become completely self-absorbed and do whatever I want to do.” (Marco)</p> <p>“I get my personality and where I come from. I know why am so animated, and I know I’m so hyperactive, and knowing is being bullied at home, being bullied at school, my way of navigating that was literally by acting my way through it. Oh, you’re going to bully me? I’m still a boss though, I’m going to pretend to be happy” (Marco)</p> <p>“I’ve realised that with people, because I know a lot of people who had abusive relationships, they end up attracting those. I ended up attracting someone who was like my dad. So, for some reason, maybe because I was missing him, but in a different context, in a different relationship. So, I wanted some elements of my dad.” (Lexie)</p> <p>I think because I was fortunate enough to be doted on as a child growing up, I think that gave me a sense of, even though I started beating me after a seven, I think my primary years already made me feel like I deserve the best from life, and he did a lot to kind of combat that, but my foundation, this deep deep part of me, really thought I don’t deserve this. (Marco)</p> <p>“Yes, I think, a lot of things I try and hide from people... I’m very much see-through, like, what you see, is what you get” (Irfan)</p> <p>“I kind of became my mum, I’m sensitive, I’m emotional, I’m vulnerable, too innocent, because you know your dad teaches you, like, manhood, and stuff, and how to be a man, how to handle certain situations, and stuff, how to socialize, I think these things will come from a dad, but my dad wasn’t around”. (Irfan)</p> <p>“Funnily enough because, you know, these things, the family separation and all that started to surface afterwards, only recently as well, for me personally any way, and when I started approaching my twenties, and, I’m 26 now, so from 22 until now, I started to realise the impact of the family separation and all that, the psychological part of it”. (Irfan)</p>

		<p>“[Addressing the researcher after she asked a question] Do you think you'd be able to answer it? What thing made you that?...Yeah, the journey, here, everything. Back in home, everything. Everything put me in the place where I'm at. I'm nothing now, but still, the place I am now. And I appreciate it a lot”. (Aiden)</p>
	Survival mechanisms	<p>“I have an interview next week I think I, I'm always thinking, I have the job already. I'm always positive”. (Aiden)</p> <p>“It was ok, because, I was expecting it. I knew I couldn't live with Jennifer for all my life. So I was making myself ready before I was going to move there. So I was making myself ready to be living alone.”(Aidan)</p> <p>“I probably just blocked out by trying to be so humorous all the time. Because then people would find it very hard to just guess that I'm just in care. They'll be very shocked like what really you're in care? Because you would never really see it me.” (Irfan)</p> <p>“I hide from them the fact that I'm angry with each and every one of them, and how I feel like they've failed me as a family. I hide that from them as well”. (Irfan)</p> <p>“So I'm very light-hearted, because all these years you just learn how to deal with it, because it just happened a lot.” (Jack)</p> <p>“How quickly people are willing to villainize you based on their own insecurities whatever. I also get that's a normal thing people do, because people can be really selfish sometimes. But the way it affects me is not okay. So I just think I'd rather be a boss, Do you know what I mean [laugh]. Money will never let me down.” (Marco)</p> <p>“I don't take anything to heart. I don't take anything to heart. Don't let nothing to affect me in a negative way. Yeah that's me.” (Naomi)</p> <p>“One thing that keeps me very positive is gym, exercise. I do a lot of it, so it keeps me in the right sort of mind. And it keeps me going. Cos I think without gym, like I was going to be depressed most of the time. “ (Naomi)</p> <p>“I have a lot of. I have a lot of friends, but I don't have a lot of close friends”. (Aiden)</p> <p>“Yeah so, I don't know, some of my friends see me as serious, so my friends see me as very unserious, it just depends what I choose to portray to them” (Jack)</p> <p>“All my close friends do basically know my full story. Just not as in-depth. Like about my biological mum. And that because they never come up in the equation. Really. Because I decide not to bring it up. Most of the time, it will just be something depressing about that situation, and I'm not trying to kill the vibe with my depressing stuff that's not really necessary” (Jack)</p> <p>“Outside of class just taking the mick out of people and just making jokes all the time. Sometimes more than I should. A lot of the time actually. So then people never really got to see that serious side of me. That's how I always avoided the conversations and things like that. Even when it was brought up by people, I just made a joke out of it. So the subjects” (Jack)</p> <p>“They really helped me because here is a charity organisation, people are not fake here, they're doing it with their heart, there's hardly anything to do with money, they're not going to get money from me, that much, as much as the foster carers were getting; being in foster care was not nice because everybody was doing it for the money”.</p>

		<p>(Nina) “The first seven years of my life [in Jamaica] was bliss. I was spoilt rotten as a child... I cannot remember what it was like in Jamaica. I think I completely blocked it”. (Marco)</p>
	<p>Search for belonging</p>	<p>“I don't want to be, even if I have my own family I don't want my kids, I don't want to be like 60 and my kids to leave me alone, like, I want them to be around me” (Aiden) “I didn't feel comfortable coming out to socialise with the family, because she always made me feel I was outside of the family, even though I was there living in the household. I don't know, I just felt that everyone was a bit funny with me, I don't know what she told them about me but it couldn't have been good” (Jack) “I'm struggling with that so much these days, and that's causing me a big deal of unease and stress, you feel a bit anxious about it as well. then suddenly the family problems become more of an issue, because I think you can substitute your family so how with good friends, but when you put pressure on yourself to make friends to substitute family, that becomes a task rather than something natural, and then, it just won't happen”.(Irfan) “School was just a whole load of I guess emptiness really. I didn't really feel included in anything. I was always just being by myself”. (Claire) “My existence is only for children, I am not here for anybody else; and maybe, that's why I don't care about having a mother's love, a father's love. And that's it”. (Nina) I'm going to be one of those single parents with my adopted kids. (Marco) “[About her future] Spending more time with my other kids that I will have and husband”. (Naomi) “[On hopes for future] Having millions of children. Yeah, getting married, have a child”. (Agata)</p>

Appendix S. End of study letter to ethics panel

Dear [chair of research ethics committee],

Study title: More than meets the eye: How black and minority ethnic care-leavers construct and make sense of their identity development

I am writing to inform you that the above research project is now complete, and a thesis has been written for submission in partial fulfilment of the degree of Doctor of Clinical Psychology at Canterbury Christ Church University. I have included a brief summary for your information.

Identity development is significantly shaped by our early experiences. Bowlby's Attachment theory (1958) proposed that the responsiveness and warmth of care-givers has a significant impact on the baby's emotional, social and cognitive development. Erikson (1968) suggested that identity development continues throughout the lifespan, and that adolescences is a key period for identity construction.

Identity is considered essential to well-being and mental health, and an ambiguous or negative self-identity has been linked to a number of psychiatric diagnoses. Childhood trauma can have a significant impact on identity formation, including the delaying of maturation and pathological identity formation. However, it can also result in post-traumatic growth, and the development of a 'survivor' self-narrative.

Looked after children (LAC) are frequently exposed to significant developmental trauma such as abuse or neglect. Stigmatisation around the label of foster care and LAC, a lack of autonomy, and a poor understanding of their background may all have a detrimental impact on LAC identity development.

The role of culture in identity formation is well documented. Literature has focused on the role of parents in providing this socialization, for example introducing children to cultural

traditions, preparing children for the biases they will experience as a result of their ethnicity, and promoting mistrust of other ethnic groups because of this bias. Evidence suggests cultural socialisation is linked to psychological adjustment and wellbeing.

In the UK, Black and Minority Ethnic (BME) children are over-represented in foster care. As well as the health, social and economic inequalities faced by all LAC, BME LAC are at additional risk of psychosocial and relational difficulties compounded by ethnic and cultural differences in placements. Evidence suggests that when cultural identity development is considered and managed sensitively, children in trans-racial care can achieve good outcomes.

Despite the UK becoming increasingly diverse, there is sparse research into the identity development experiences of BME care leavers. This research therefore fills an important gap in empirical literature, through which, mental health services and social care will be better placed to support this group of young people. The research aimed to answer the following questions:

- a. How do BME care leavers construct and make sense of who they are?
- b. How do BME care leavers understand their experiences of being in care?
- c. How do BME care leavers relate these experiences to their sense of who they are?

Semi-structured interviews were conducted with eight care-leavers about their experience of identity development. Data were analysed using interpretative phenomenological analysis, a methodology underpinned by social constructionism, and concerned with the personal meaning that people make of their experiences. During analysis three superordinate themes were developed: My Journey - How I became me; Identity as a Process – The processes that support identity development; and Who am I? How I see myself now. Table 1 provides a description of the themes and illustrative quotes.

Table 1. Themes with illustrative quotes.

Superordinate theme	Subtheme	Quotes
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Superordinate theme	Subtheme	Quotes
My Journey	Overcoming adversity	<p>“I had to go through really bad foster homes, and we moved 10 foster homes”. (Nina)</p> <p>“they just was not helpful at all, they were just there to sit in the living room wait for their shift to be over and just leave” (Claire)</p>
	Stolen Childhood	<p>“They use to go to, like, to the beach-side, and stuff like that, they use to do a lot of activities, family activities together, so. But the rest of us didn't really get much of that”. (Irfan)</p> <p>I attended school because the husband of the woman, he used to, he liked me, he wanted me to attend school like his kids and everything, but after school I had to do everything in the house. So I had no rest”. (Naomi)</p>
	Constructing family	<p>“I think that has impacted me the most, I think, the separation from mum, because, practically she raised me, and my dad wasn't around for me when I was young, and so she raised me in a way that was a bit overwhelming, to a point where, you know, mums they provide so much love, but don't realise that they're overdoing it”. (Irfan)</p> <p>“If you, you know that someone is there waiting for you if you want to go home. And you have that feeling that like, people actually care about you. Yeah, so you just kind of go home and do nothing, watch TV at that's it. They cook for you, you know someone is there and that's it. That was a good feeling” (Aiden)</p>
	Pivotal moments	<p>“So I had to go through a lot. And they didn't make it any easier. I had to go through the court, and until the judge believed what I'm saying, he's like “this girl's been through a lot and I don't see how you can put her through more at the age of 15”. So erm. And then home office are just accept it”. (Naomi)</p> <p>“Woman who used to do this football program for girls in like the estate I grew up in. She used to do it in the community centre. She used to push me and really saw my potential to do football”. (Claire)</p>
Identity as a process	Survival/defence mechanisms	<p>“One thing that keeps me very positive is gym, exercise. I do a lot of it, so it keeps me in the right sort of mind. And it keeps me going. Cos I think without gym, like I was going to be depressed most of the time. “ (Naomi)</p> <p>“I hide from them the fact that I'm angry with each and every one of them, and how I feel like they've failed me as a family. I hide that from them as well”. (Irfan)</p>
	Search for belonging	<p>“Suddenly the family problems become more of an issue, because I think you can substitute your family so how with good friends, but when you put pressure on yourself to make friends to substitute family, that becomes a task rather than something natural, and then, it just won't happen”.(Irfan)</p> <p>“[On hopes for future] Having millions of children. Yeah, getting married, have a child”. (Agata)</p>
	Sense-making	<p>“I've realised that with people, because I know a lot of people who had abusive relationships, they end up attracting those. I ended up attracting someone who was like my dad. So, for some reason, maybe because I was missing him, but in a different context, in a different relationship. So, I wanted some elements of my dad.” (Nina)</p> <p>“I get my personality and where I come from. I know why am so animated, and I know I'm so hyperactive, and knowing is being bullied at home, being bullied at school, my way of navigating that was literally by acting my way through it. Oh, you're going to bully me? I'm still a boss though, I'm going to pretend to be happy” (Marco)</p>
Who am I?	I am a survivor	<p>“I think it's the way, when I say to myself, here you are, so wherever you are, you have to live there, so you just pick up, and just land, wherever you're living on.” (Agata)</p> <p>“I think, it was tough, but we didn't realise that it was tough, somehow, we've managed and thought, OK, this is it, and we're good”. (Irfan)</p>
	I am different	<p>“...other people, will see that, well most of my friends are educated have masters degrees or they're</p>

Superordinate theme	Subtheme	Quotes
		rich people have moneys, so of course they will treat them differently from me”. (Aiden) “Because where before I've refused to break down in front of anybody, I hated crying in front of anyone, I hate it when people felt sympathy for me. Because I just hated to be looked down upon.” (Jack)
	Helping others	“I like to join the pieces and be that person who can fix things, be kind enough to teach others how to be kind” (Irfan) “I'm a very care person, a very caring person. Especially when they get drunk, they call me ambulance. So I'm the person who helps everyone like that”. (Aiden)
	Cultural identity	“I always try to keep the good things. The kindness, and like, all the good things about the culture, and those things, so yeah.” (Aidan) “I got like Ghanaian, Nigerian friends and stuff like that and they, some of them pretty much in touch with their culture and things like that. Even I went to a predominantly black school and I guess I was kind of thing, but I guess it was because everybody else was so I would listen to like Ghanaian music.” (Claire)

Much previous research has explored childhood trauma and its role in the development of individual pathology. This study offers a unique understanding of identity development for these participants as highly adaptive within the context of their early experiences. It also emphasises the active and dynamic nature of identity. Participants actively constructed their identities in the context of their past, and developed their understanding of the past through experiences in the present. Finally, this study points to the reparative potential of positive, safe relationships for these participants, both as children and adults. Due to the dearth of research in this area, further elaboration on these findings is required.

Intentions regarding dissemination are to submit for publication in ‘Adoption and Fostering’, and to invite participants and staff to a presentation of the findings at the recruitment charity.

Kind regards,

Isabelle Lensvelt

Appendix T. Journal submission guidelines (Adoption and Fostering)

1. WHAT DO WE PUBLISH?

1.1 AIMS & SCOPE

Before submitting your manuscript to *Adoption & Fostering*, please ensure you have read the [Aims & Scope](#).

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Articles may cover any of the following: analyses of policies or the law; accounts of practice innovations and developments; findings of research and evaluations; discussions of issues relevant to fostering and adoption; critical reviews of relevant literature, theories or concepts; case studies.

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Please supply any personal acknowledgements separately to the main text to facilitate anonymous peer review.

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