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"Care Just Changes Your Life": Factors Impacting upon the Mental Health of Children and Young People with Experiences of Care in Northern Ireland

Christine Mullan, Siobhán McAlister, Fiona Rollock & Lelia Fitzsimons

This paper represents one element of a research project carried out into the mental health needs of children and young people with experiences of care in Northern Ireland. Focusing exclusively on qualitative data collected from 51 young people in care and aftercare, it discusses in the first instance how the challenges and difficulties faced by young people can manifest themselves in feelings and behaviours that may exemplify poor mental well-being. In doing so it provides an understanding of mental health in the context of these young people's lives. Through offering a more detailed account of some of the specific issues that put these young people at increased risk, it highlights areas for further work and consideration as a means of protecting them against these risks. These include: dealing with experiences prior to care; easing and "normalising" the experience of living in care; and enhancing "safety nets" after care. A key objective of the research is to inform policy and practice through the accounts of children and young people. It is argued that more work needs to be done to find

Christine Mullan is completing a PhD with the Institute of Child Care Research, Queen's University Belfast and was formerly Research Officer with Voice of Young People in Care. Dr Siobhán McAlister is a Research Fellow in the Institute of Criminology and Criminal Justice, Queen's University Belfast. Fiona Rollock is an Assistant Psychologist with Belfast Health and Social Care Trust and was formerly Project Worker with Voice of Young People in Care. Lelia Fitzsimons is Assistant Director of Voice of Young People in Care and was formerly Project Manager for the Caspar Project. Correspondence to: Christine Mullan, School of Sociology, Social Policy and Social Work, Queen's University Belfast, 6 College Park, Belfast BT7 1NN, UK. Email: cmullan25@qub.ac.uk. This paper is based on research carried out by Voice of Young People in Care (VOYPIC) and funded by The Children's Fund, The Camelot Foundation, the Eastern Health and Social Services Board and Down and Lisburn Trust. The authors would like to thank all of the young people, parents, carers and professionals who took the time to be involved in the research and all those who advised and helped us with the design and implementation of the research, in particular the two Advisory Groups. The views expressed in this paper are those of the authors and do not necessarily reflect those of the funders or VOYPIC.

creative ways of enhancing the day-to-day experiences of young people while in care and when leaving care.

Introduction

Research with children and young people with care experiences consistently reports the differential nature of their mental health needs in comparison with those living and growing up in private households (for example, Blower, Addo, Hodgson, Lamington, & Towlson, 2004; Butler & Vostanis, 1998; Dimigen *et al.*, 1999; McCann, James, Wilson, & Dunn, 1996; Philips, 1997; Minnis, Pelosi, Knapp, & Dunn, 2001; Williams *et al.*, 2001). Indeed, nationwide research across England, Scotland and Wales found a high prevalence of mental health disorders among 11–15 years olds in care. In England, for example, the rate for those in the looked after population was found to be 49% compared with 11% of those living in private households. The figures for Scotland and Wales, although differing slightly, show similar patterns/discrepancies (Meltzer, Corbin, Gatward, Goodman, & Ford, 2003; Meltzer, Gatwood, Goodman, & Ford, 2000; Meltzer, Lader, Corbin, Goodman, & Ford, 2004a, 2004b). Unlike the rest of the United Kingdom, however, Northern Ireland has not benefited from similar prevalence studies and, despite the value of some smaller-scale research (for example, McAuley, 2006; McMaster, 2004; Teggart & Menary, 2005), there remain many gaps in knowledge when it comes to our understanding of the mental health needs of these children and young people.

While it is a commonly held view that care is in the young person's best interests, and this may be true to some extent, some have expressed concern that care brings its own problems to young people (Berridge, 2005; Department of Health, 2002; Ritchie, 2005; Rutter, 2000; Stanley, 2002). Berridge (2005) also notes that we can underestimate the nature of problems looked after children face as a result of the huge sense of loss they experience when their family breaks down or when they are separated from their families, and acknowledges that we cannot be sure we fully understand the social and psychological effects of that. The actual experience of care in terms of living in "artificial environments", the stigma attached to being in care and experiences of unstable and multiple placements have also been found to impact negatively on young people's mental well-being (Department of Health, 2002; Madge & Willmott, 2005; McAuley, 2006; Stanley, 2002).

Additionally, it has been suggested that the looked-after children (LAC) review and care planning processes are not adequately meeting emotional needs, with practical issues taking priority in Pathway Plans (Frankish & McCrossen, 2005) and young people feeling that they are not active participants in this process (Northern Ireland Commissioner for Children and Young People, 2006). Furthermore, it is reported that those who come into contact with LAC/care leavers with mental health problems are not always trained in mental health provision (Royal College of Paediatrics and Child Health, 2003). Developing services, however, to meet young people's needs and promote their mental health are no longer considered simply a statutory responsibility, but a responsibility of all working directly with young people

(Department of Health, Social Services and Public Safety, 2004). Key elements of service development therefore include developing services based on need, engaging with carers and staff in the young person's existing network and joined-up working. Yet evidence suggests that the focus is often on trying to fit young people into an "unnatural system", rather than the system trying to mould itself around the needs of the young person. Indeed, in Northern Ireland, just over one-third (37%) of placements occur due to "assessed need" and only 22% of arrangements for LAC have been found to be working "well" or "very well" (Mooney & Fitzpatrick, 2003).

In some ways, contrary to the evidence outlined above, when looking at young people's lives in the context of challenging and risky situations, it has been noted that some young people do better than might be expected and do not, in fact, become more vulnerable, or more at risk. Explaining and understanding this observation has revolved around the concept of resilience. At its most basic, resilience is defined as "doing better than expected when bad things happen" (Gilligan, 2005, p. 105). Within resilience theory, a number of factors may act in a protective manner to "modify, ameliorate, or alter a person's response to some environmental hazard that predisposes to a maladaptive outcome" (Rutter, 1985, p. 600). The present study drew on a model of resilience developed by Daniel, Wassell, and Gilligan (1999). A thread running through each of the six domains within their model of resilience is their shift in focus away from problems towards strengths, a fundamental principle in the resilience-based approach.

Taking these various debates and discussions on risk and resilience as a starting point, this research set out to examine the lives and experiences of children and young people with experiences of care in Northern Ireland. In so doing, it goes some way to filling a gap in local knowledge in gaining a deeper understanding of the mental health needs of children and young people in care. Furthermore, uncovering difficult and challenging instances, factors and experiences before care, in care and after care from the viewpoint of children and young people themselves raises important issues for policy-makers and practitioners in reducing and addressing some of the risks these young people face.

Research Aims

This paper is based on research carried out over a two-year period by Voice of Young People in Care (VOYPIC), a voluntary agency working with and for children and young people with experiences of care in Northern Ireland. The aims of the research were two-fold. Firstly, to identify the emotional, psychological and mental health needs of looked after children and care leavers aged between 12 and 25 years old, and secondly to review and explore how to develop services that support young people with an experience of care through the transition to adult life and to document relevant current policy and practice developments in Northern Ireland. This paper represents an overview of some of the key issues to emerge from the research at a general level for young people and, where particularly striking or relevant, notes differences by the type of care in which young people are placed.

Methodology

Data Collection

The research employed multiple methods of data collection, including in-depth qualitative interviews and focus groups with children and young people and postal questionnaires with foster carers, residential workers, fieldworkers and birth parents. For the purpose of this paper, however, we focus solely upon the research with children and young people in recognition of the fact that their voices are crucial to service development (see Mullan, Rollock, McAlister, & Fitzsimons [2007] for a fuller exploration of the findings and discussion of the carers' questionnaires).

In light of the sensitive nature of the research and the need to maintain confidentiality, it was agreed that in-depth qualitative interviews using stimulus materials and interactive exercises to encourage discussion were the most appropriate means of initial data collection. These were followed up with six "mini-focus groups" that allowed for further discussion within a smaller group context of some of the issues to emerge in the interviews. They also ensured that all of the research themes were adequately explored in recognition of the fact that there may be things that young people will find easier to talk about in a group setting among those with similar experiences than they may do in individual interviews.

Interviews generally took place in the young person's home and most of the mini-focus groups took place in VOYPIC offices. All interviews were carried out by a member of the research team and all focus groups were facilitated by the Research Officer and one other member of the research team.

Design

Two advisory groups, one made up of professionals and the other made up of 13 young people with experiences of care, were key in directing and informing the research at all stages. In particular, the Young People's Advisory Group played a vital role in ensuring that the voices and experiences of those whom the research was about were kept at the centre of the research.

While having input in all stages of the research from design to dissemination, this group was particularly helpful in identifying research issues and questions that professional researchers may miss or not prioritise. The topic guide was designed according to key areas raised as important by the Young People's Advisory Group alongside those issues outlined in the literature review (Mullan & Fitzsimons, 2006). The research was approached with a broad definition of mental health, and therefore interviews were structured from more general concepts of well-being through to asking young people directly about mental health near the end of the interview. Particular attention was paid to the use of the words 'mental health' following the Scottish Needs Assessment Programme (SNAP) report recommendation to describe the individual difficulties of young people rather than risking the stigma of the "mental health" label (Public Health Institute of Scotland, 2003).

In light of these issues, and in collaboration with the Young People's Advisory Group, a number of projective techniques were designed to help facilitate discussions around mental health issues. An example of an interactive interview task involved asking young people to award a "support prize" trophy to a person of their choosing in order to assist them in answering questions on support. In another interview task, young people were given a crystal ball to help them answer questions on how they saw their future. In the focus groups, a "Family Fortunes" exercise was used where young people were given an idea of what was said in the interviews and asked to guess how many people said each. They were also given an age-appropriate case vignette and asked exploratory questions around support and mental health issues. Given the difficult and emotive issues that the research aimed to explore, these interactive and non-threatening tasks were built into all aspects of data collection. The input and advice of the Young People's Advisory Group ensured that the design of these techniques were innovative and engaging, young-people-centred and framed in such a way that the research was less formal allowing young people to reveal and share what they were comfortable sharing.

Based on the research findings, the Young People's Advisory Group also created a poster that summarised the key messages in a form that was accessible to young people. The aim was to ensure that the findings reached as many young people as possible.

Sample Selection and Consent Process

A selection process was set up through the four Health and Social Services Trusts in the Eastern Health Board. A Trust liaison person was responsible for compiling a list of young people meeting the inclusion criteria for the study (i.e. aged 12–17 years and "Looked After" or aged 18–25 years and entitled to Leaving Care Services under Article 35 of the Children Order). A total of 665 potential participants (423 LAC and 242 care leavers) were identified in this manner, and resultant lists of ID numbers were then passed to the research team who randomly selected (every n th number) 220 LAC and 68 care leavers. The liaison person then sent an information sheet about the research and an opt-in/out letter to these young people (and for the under 16s, their legal guardian and birth parent). After a three-week decision period the liaison person passed on the details of those who had actively consented to the members of the research team, who then contacted the young person (and/or legal guardian and birth parent where necessary) by telephone to discuss the project in more detail and ask whether they were still interested in taking part in the study. On receiving a positive response, the interviews were then arranged at a time and place convenient to the young person and a confirmation letter was sent out. Thus, the research team never had access to the names and addresses of those young people who did not wish to participate in the study. This process was granted a favourable opinion by the Office of Research Ethics Committees Northern Ireland.

All but two of the young people who had been involved in interviews agreed at the point of interview to also take part in the focus group stage of the research. They were

then contacted by a member of the research team, who set up six mini-focus groups. These groups were separated into different age groups and were single gendered in the lower age groups (a recommendation of the Young People's Advisory Group). Between two and five young people participated in each of these groups.

Profile of Participants

Fifty-one young people agreed to take part in the study. This final group of young people consisted of 36 in the looked-after group and 15 in the care leavers group. Of the 51 young people, 27 were female and 24 were male. There was a spread of ages, with 21 of the young people aged 12–14, 16 young people aged 15–17 and 14 young people aged 18 years and over. The young people lived in various types of care, with around one-third in residential care, one-third in foster care and one-third in aftercare at the time of the interviews. However, the actual time they had spent in care varied from person to person, with some having been in care only a few months, others almost all their lives. It is also important to note that many of the young people had experience of both foster and residential care. One-third of the young people then proceeded to the focus group stage.

Analysis

With consent, interviews and focus groups were recorded digitally and full verbatim transcripts were made. Immediately after each interview, the Caspar team members recorded top of mind thoughts into a matrix. A thematic content approach was used for analysis whereby the research team read and re-read the transcripts and coded key themes. To facilitate this process, the team met frequently for discussions to draw out the main themes and a residential was held with the Young People's Advisory Group to discuss the analysis. A computer-assisted programme (NUD*IST) was used to assist with this process.

Findings

The findings presented in this paper relate to two key areas. The first discusses young people's understanding of mental health, and places this understanding in the context of their lives by revealing young people's responses to challenging situations and how they reflected on their behaviour. The second element examines a number of key messages regarding how young people are protected against increased risk moving from their entrance into care, through to living in care and leaving care.

Understanding Mental Health in Context: Responding to Challenging Situations

Mental health can be an abstract concept, and it is therefore important to try and understand it in the context of everyday life. For example, examining the way in which a young person responds to difficult situations (often related to living in care

or life before care) can tell us much about their emotional well-being. In this research, few young people defined their feelings, emotions or behaviours as being related to their mental health, and this is not surprising given their understanding of the concept of mental health. Very few, for example, displayed a good understanding of the concept of mental health and generally defined it in purely negative terms relating it, almost exclusively, to poor mental health. Phrases such as “not right in the head”, “being psycho”, “hearing voices”, “mad” or “crazy” were not uncommon. Unsurprisingly, then, when asked about their own mental health, only a few saw themselves as having a mental health problem.

In contrast, a substantial number of young people reported feeling down or depressed, which demonstrates that they were willing to self-define other related issues and concerns in their lives outside of a mental health label. Understanding or defining these, however, was often far from straightforward:

I'm not really a happy person anymore . . . I don't know but whatever it is I don't, I don't like it. I don't like being like this, I like, I like my normal self but I can't be myself anymore cos I don't know how. (Young woman, aged 16, foster care)

A range of ways of dealing with difficult feelings and situations were described by the young people on a continuum from positive means of coping through to negative coping strategies. At the positive end of the continuum, healthy responses included activities such as listening to music, going for a walk, watching television or going outside to play. Others felt that time and space to reflect could be a useful strategy, although some mentioned the opportunity for this could be restricted in residential care.

Talking can be seen as a positive response or means of coping, a way of “emptying the pit” as one young woman said, but the number of young people in this research who stated that they did not or would not talk to anybody about things that worried them was striking. Some felt they did not need to, others wanted to resolve issues for themselves, while some simply preferred not to talk. Not talking or hiding true feelings, they often argued, could be seen as a short-term method of coping or a way of avoiding further difficulties since talking could expose them as vulnerable or difficult, jeopardise the stability of placements, and lead to further professionals entering their lives or more heavy monitoring. Set against the frequent expectation to open up to different professionals about the same issue (not helped by multiple placements and changes in social workers), young people spoke of their experiences of telling their story and recounting their feelings over and over again to professionals whom they sometimes believed were unlikely to remain in their lives for any great length of time. The annoyance of many is illustrated in the experience of one young woman in foster care:

Chopping and changing every other year, you get fed up with it. Just getting to know them, then they go, “goodbye”, then somebody else comes in then they go, “goodbye” and you know it gets kind of boring after a while. I don't like it, they

keep asking the same questions over and over again, and they have got my file, they can look it up but they take me out and go “blah blah blah” like with just the same answer over and over again, it’s just kind of annoying all of the time. (Young woman, aged 15, foster care)

On the more negative side of the continuum, externalising behaviours such as alcohol, solvent and drug use, self-harm, and anger and hitting out emerged frequently in the young people’s accounts. Their reflections on these responses revealed that they were often used as a form of escape from the realities of their lives. For some who had experienced residential care, this could be due to direct exposure to these behaviours in the residential care environment. Reasons for self-harming and the emotional release experienced through it were sometimes described in a very vivid way. In the following extract the young woman clearly outlines how self-harming was a way of making her emotional pain visible, and in some respects, more understandable to her:

Well if you are feeling something up in your head, right, you can’t rationalize it ‘til you see it, it’s like it’s not real until you can see it so basically when you cut yourself you can see the blood, you can see when you are hurting, so you are saying yeah I can rationalize that now it’s there. (Young woman, aged 20, aftercare)

Young people directly mentioned that their feelings about being in care could have a negative effect on their behaviour (e.g. anger), as one young woman, among others, noted:

I have to admit being in care right just changes your life and about how you think about life and you know what’s happening, most people you meet in care are a wee bit angry but they don’t want to show it so they take it out on other people that they don’t mean to. (Focus group, female, 15–17 years)

Regardless of the individual interpretation placed on these responses, the research shows that they need to be understood within the context of the emotional pain many young people with experiences of care feel inside. Although frustrating for carers or workers, it is important that systems do not make such behaviours pathological and look at the wider context of the individual young person’s life. In particular, we might ask whether the issue of not talking is a result of a lack of engagement with a system that is essentially pitched wide of them and that they often feel they have little control over. We might also ask whether the system provides adequate opportunity for the development of trusting relationships, which are important if young people are to feel that they can open up.

Overall, however, the fact that only a few young people had strongly positive experiences of life in care, and mentioned many negatives, seems to reinforce previously raised concerns regarding whether placing children in care is indeed in their best interests and questions the extent to which the Department’s aim (Department of Health, Social Services and Public Safety, 2004) to provide stability

and protect young people from harm is being met. Implications for this in relation to what the young people identified as particularly difficult experiences are highlighted and discussed further in the remainder of the paper.

Protecting against Increased Risk: Key Messages

The care experience was reported for many as a risky situation, and the young people's discussions of the things that impacted negatively upon them reveal key messages to practitioners and policy-makers about areas that require further discussion and work. Essentially, if young people highlight these factors as making them particularly vulnerable to risk and impacting negatively upon their feelings of well-being, some of that risk may be alleviated through changes to policies and practices, and hence act to protect the mental well-being of young people who have experiences of care.

While the research consolidates the findings of previous research, it also highlights a number of more practical everyday issues that can potentially impact on young people's mental health on a day-to-day basis. These include dealing with the experiences they had prior to care, easing and "normalising" the experience of living in care, and enhancing "safety nets" after they leave care. Since many of the young people had experienced both foster and residential care these key themes relate to their general care experience. Only instances where there are clear differences by type of care are noted.

Dealing with experiences prior to care

Family situations prior to care were often difficult experiences and memories to convey and a number of young people felt that they could not talk about this period of their life. Others, however, noted a sense of a "lost childhood", and the memories that a significant number of young people were left with were vivid and could be seen to continue to impact upon their mental health. The following interview extract from a 20-year-old woman in aftercare is illustrative of this:

I had to grow up very quickly ... I can remember a lot ... I can remember the fighting; I remember every single solitary thing, but, because of that there, that hindered me. (Young woman, aged 20, aftercare)

Feelings of abandonment, self-blame, being let down by parents and a continued lack of understanding about why they were placed in care were recurrent themes in a number of accounts, and were issues for many that had clearly not been dealt with. The fact that some of these young people reflected upon the continued impact of painful pre-care experiences and others found this too painful to talk about suggests that more direct work on pre-care trauma and providing information on life history is needed.

Easing and “normalising” the experience of living in care

The move from a family home environment to a care setting was clearly linked to the young people's emotional well-being as foster care and residential care brought with them new cultures, rules, boundaries and regulations within which these young people were not used to living and working. Young people talked of feeling disorientated, and therefore made specific adjustments or employed survival tactics such as “getting a wee bit wilder” or “tougher” in residential care, or being more attentive to their behaviour and/or suppressing concerns in foster care in order not to jeopardise the stability of placements. Some noted that they had come to their placements with behaviours that may already be interpreted as “challenging” within this new context—behaviours for some that were previously a “normal way of life” in their family homes. It is clear, then, that the interpretation and understanding of “challenging behaviours” must be understood within the context of these young people's lives.

While a small number of young people did note that care provided them with a better life than they would have had at home, a large number pointed to the risks or negatives present in their lives directly due to being in care. Feelings around being in care centred for many on being away from their families, far from home and the huge sense of loss when their family broke down. Coupled with this sense of loss and related to the lack of control over their lives was what many young people referred to as the lack of a sense of “normality” in their lives. This is clearly illustrated in the following interview quotation:

All the time my mates are out having good craic [fun] and all enjoying themselves and all while I'm stuck here looking at about 80 walls or something. What do you do whenever you come in here you're not even allowed to be a child, you're not allowed to be a young person? . . . They own you more or less, and it really annoys me. (Young woman, aged 14, residential care).

Several factors that could be seen to ease the experience of living in care emerged in the research, including, among others, supporting family and social relationships; the importance of social support; honesty and information; privacy and confidentiality; less rigid policies and procedures; combating stigma and bullying; enhancing leisure time, space and activity and stability and continuity. These will be discussed in turn and followed by a few issues specific to foster care and residential care.

Supporting family relationships while in care was consistently reported by young people as extremely important and, although this has been shown in previous research (for example, McAuley, 2006), the present research also shows the importance of a number of other social relationships to young people. Maintaining links with parents and other family members, particularly siblings as well as extended family, and also friendships were seen as important to young people. For many, these relationships were seen as providing someone young people felt they could trust and confide in, and they clearly related this to the earlier point about being able to talk; if they have someone they feel they can talk to, they can share and alleviate some of their worries and concerns in a healthier or less risky way. The nature and strength of

these relationships, however, did not seem to be reflected in contact arrangements (see also Horgan & Sinclair, 1997) and difficulties were often exacerbated by policies and procedures. There is clear potential for the positive relationships in young people's lives to be maintained and for turbulent relationships to be worked upon, particularly family relationships.

Linked to the previous point is the importance of social support in easing young people's time in care. Despite the importance of the birth family in young people's lives, there was a discrepancy between who they saw as most important and who they saw as most supportive when asked to give a prize for support. Usually the support prize went to foster carers, key workers, co-workers, aftercare workers, teachers, siblings or friends. When prompted for reasons driving their choice, young people felt the prize should go to someone who had been there for them on a longer-term basis, someone who had solidly and consistently helped them. While some young people truly struggled to think of a person they would give the "support prize" to and a small number identified themselves as most deserving of it, the support of specific caregivers was particularly notable. The key to a good relationship with such a caregiver revolved around aspects such as the worker knowing the young person well, being open and friendly, and being able and willing to listen. The strength of the relationship component for young people suggests that positive relationships with key professionals in their lives could be cultivated and further training and support could be offered in meeting young people's emotional needs.

Honesty and information were seen by the young people as important in these relationships, and particularly at the entrance into care, a time of difficulty and sadness as well as uncertainty or self-blame. Many noted never understanding the abrupt change in circumstances and being given no real information about what was happening. While these were not the experiences of all, they highlight the importance of clearly explaining the process of moving into care to young people in a manner that is understandable to them. Furthermore, at times misinformation around how long they were going to be in care resulted in unrealistic expectations about expected length of time in care and feelings of resentment and mistrust of workers who had provided this information. From these young people's experiences and discussions, the clear message is that young people require honest answers (even if they may be difficult to accept) and clear information about care and the care process in order to ease this already difficult transition.

Linked to this are issues around privacy and confidentiality, which they subsequently related to their likelihood to talk and open up to others. Young people demonstrated a keen understanding of the importance of confidentiality and some had felt that problems had arisen due the process of confidentiality not being adhered to and thus trust being breached. The fact that trust had, in some young people's opinions, been breached had a detrimental effect on the likelihood of some young people opening up again. They felt that the sharing of information needed to be more explicit regarding what the person was passing on, to whom and why. It is clearly important that young people feel they can talk to professionals in confidence, yet a tension exists whereby professionals, in order to "protect themselves", may feel that

they need to pass all information on. Greater trust and responsibility needs to be given to professionals to use their professional judgement more freely in keeping information private and confidential.

Young people were also critical of many of the policies, procedures and rules that governed their lives and were unanimous in their criticism of LAC reviews. When present, several young people had experienced LAC reviews as a wholly negative personal indictment of them by a number of people in positions of power. This could have a negative impact on their feelings of self-worth and hence their mental well-being, and often deterred them from attending future meetings. Another issue frequently raised in relation to policies and procedures was with reference to police checks, which had to be carried out before the young people could, for instance, visit friends' houses. Delays in these led to uncertainty, which could create annoyance and anxiety, and it also served to continually remind these young people of their feelings of difference. This research, therefore, echoes the need for change in these two areas as also highlighted in recent research by the Northern Ireland Commissioner for Children and Young People (2006). It also raises issues regarding the corporate parenting debate and questions the absolute necessity of all of these policies and procedures, which for many took away that "sense of normality" to their lives.

Young people were not only reminded of their feelings of difference because of the policies and procedures that impacted on their lives, but a significant number spoke of experiences of name-calling and differential treatment outside the care setting too. They mentioned particularly hurtful comments about their families not loving them or them not living in a "real family". This was often a consequence of society's misconceptions of living in care and the stigma attached to it (see also Stanley, 2002). This is, therefore, another way in which the care experience can have a negative impact on young people, and some of those involved in this research mentioned that having to explain the reality of living in care to others continued to highlight and reinforce their feelings of difference. In light of continued misconceptions around care and bullying related to this in schools and communities, there is obvious scope for a public information campaign and for schools to do more work around this issue in order to dispel some of the myths around care.

Leisure space, time and activity is another area that is not only valuable for good emotional health (Iwasaki & Schneider, 2003) and linked to "normality" as young people noted, but in some of these young peoples' lives it provided a sense of achievement that they did not gain through formal education. The availability of particular leisure activities, however, appeared to be linked to placement type with, for example, snooker, pool, football and computer games more often pursued in residential care, while more varied activities and social opportunities were available in foster care. This obviously had implications when placements broke down and is an area that can be improved on a practical level.

Finally, and perhaps unsurprisingly, stability of placement was seen as having an enormous impact on young people's lives, with the majority of young people having experienced a number of placement moves. This instability occurred not just in care but often continued after leaving care, as the following two quotes show:

It does kind of piss me off cos I'm not a parcel and to me in the past seven years it's as if people have been shifting me from place to place like I'm a parcel, but I'm actually a human, people just don't realise that it does get to them and it does actually affect the way kids behave. (Young woman, aged 15, residential care)

Just having like a stable place to live and not this pinball living. 'Cos I was living from hostel to B&B and just all over the show and it just melted my head and I just couldn't take it. (Young man, aged 18, aftercare)

Both quotes are particularly powerful and concerning. The first clearly illustrates how young people can feel dehumanised by the process of placement change. A parcel represents an inanimate object, it has no feeling and it is the giver and receiver rather than the parcel itself that has decision-making powers. Similarly, in the second, pinball is a game that is controlled from above and thus again evokes a sense of the young person having no control over their living arrangements. The value and importance of stable and secure placements has been shown in other research (for example, Koprowska & Stein, 2000; Meltzer *et al.*, 2003) and has a clear impact on feelings of attachment, security and well-being. However, only a minority of young people reported that they had experienced stability in their lives in care and stability had been achieved for some young adults only after they left care.

While the aforementioned themes and issues occur across all types of care, issues were raised directly in relation to foster care and residential care and will be discussed briefly.

With regards to foster care a number of young people mentioned the difficulty of feeling "at home" because the reality was that they were not living at "home" with their parents. Making a distinction between their family life and home life, some felt unattached to foster families, which impacted upon the degree to which they felt comfortable opening up to them. However, a significant number, while noting varying positive aspects of foster care, discussed how they sometimes did not feel that they fully belonged, being intermittently reminded that they were "different" and not really part of the family. "Family occasions" and periods of respite care were most often cited as the main cause of these feelings, and those who would have liked to feel part of the foster family articulated their feelings of "hurt" or sense of being "removed" at these times. This again, has implications for young people's sense of belonging and attachment and reveals the impact of respite care on young people. Despite all these disadvantages, a small number of young people who were very happy with their placements had lived in foster care for a more prolonged period of time.

For those who had experience of living in residential care, the main areas of potential vulnerability were in their relationships with others, including staff as well as their peers. Young people mentioned finding it very difficult or awkward getting to know new people in placements, and some felt it was "the luck of the draw" regarding who they lived with. Some worried or did not like the influence others had on them, or the effect of other young people on their home whereby they learned new behaviours such as destructive behaviour, substance use, absconding or indeed criminal behaviour. Conflict with other young people was also mentioned, including

in some cases, bullying. Poor relations and conflict with residential staff particularly around the use of restraints and sanctions or staff difficulties in being unable to control situations due to low staff numbers were also mentioned. Other issues included boredom and a lack of stimulation in residential care. Private space was seen as being particularly hard to achieve in the residential setting, especially when young people felt that they needed some “mental space”. A few young people also noticed on reflection that they had been institutionalised by this group-living.

Enhancing “safety nets” after care

While young people in aftercare were faced with difficult realities in line with previous research (e.g. homelessness, pregnancy, unemployment, etc.; see Biehal, Clayden, Stein, & Wade, 1995; Social Exclusion Unit, 2003), there was a sense from the interviews of preference for aftercare to care. Having more freedom and control was one of the most frequently cited positive aspects of aftercare. The prospect of leaving care was a source of anticipation, with young people being anxious to get out of care and have their own place. This deep-rooted desire to leave care as early as possible meant, however, that some young people were not fully prepared for the drastic change in circumstances. Only a small number of young people said they had a good awareness of the potentially difficult realities of life after care and felt prepared for these because of the skills they had been learning.

One might suggest that in the lives of some of the young people we spoke to there was a cycle or build-up of difficulties that continued to impact upon their mental well-being after care. So, for example, pre-care trauma had not been directly or adequately dealt with, the care experience may have been difficult, confusing, constricting or unstable and these issues did not, by themselves, merely disappear once the young person moved into aftercare. While young people did have a number of goals or dreams relating to jobs, family life and particular lifestyles, they did not benefit from the same safety net as their peers (e.g. family support). Greater preparation for the realities and risks of life after care could be more fully integrated into young people’s care plans and the impact of the Children (Leaving Care) Act (Northern Ireland) 2002 remains to be seen.

It is worth dwelling on educational and work experiences as a final point. While the research revealed positive and negative school experiences in line with previous research (see also Harker, Dobel-Ober, Akhurst, Berridge, & Sinclair, 2004; Martin & Jackson, 2002; McAuley, 2006; McLaughlin, 2002), it also showed that education was not rejected by these young people despite negative experiences. Indeed, in aftercare some young people realised they wanted to go back to education, but were however starting at a different and often disadvantaged level than many of their peers. It is also noteworthy that very few young people were in paid employment at the time of data collection and that those working were usually on work placements through training schemes or part-time employment. That said, most had aspirations towards paid employment, there was a clear work ethic and those with work experience generally offered positive accounts of this. What we can tell from these young peoples’ accounts

(and those of others in the sample) is the importance of work at a social and psychological level. That is, it provided a time structure, regular activity, social contacts, involvement in a collective purpose, status and personal identity (see Jahoda, 1982). In light of this, it is worth considering at least in the short term, making greater links with further education, the Careers Service and the voluntary sector as these can provide routes to paid employment and the associated “social psychological categories of experience” (for example, MacDonald, 1996; McAlister, 2007).

Discussion

It is perhaps pertinent to note that the most striking point that has underpinned the findings of this research and stands out well beyond the intricacies, individuality and poignancy of many of the accounts has been the everyday emotions of young people in care and aftercare. One clear message to emerge from this is the need to understand the attitudes, experiences and behaviours of these young people within the context of their lives. Like all young people in society, these young people have emotional needs, yet the research has shown that their experiences before care, during care and indeed after care intensify these needs. Their feelings and behaviours are best viewed as natural responses to what might be seen as “unnatural situations”, yet society at large and the care system itself, through its response, can pathologise these behaviours.

A number of more specific themes emerge from this research. Firstly, young people feel very disoriented in care in relation to the reasons why they were placed in care and/or remain in care and left unchecked, this disorientation can persist after they leave. It is perpetuated by young people’s lack of knowledge about the system, how it is supposed to work, what it is supposed to achieve and their role and voice within it. Furthermore, while in care, young people attempt to adjust to their new environments and experience a number of problems with the system that impacts on their mental health in an everyday sense. Secondly, the care system to some extent reflects this disorientation with confusion about how best to meet the needs of the young person. While training can be important, the need for a cultural shift is perhaps more pressing. This would involve a shift away from tightly regulated rules, regulations, controls and “referring on” to one where those close to young people are given more freedom, control and decision-making powers, potentially leading to more healthy and supportive relationships based on trust and a more “normal” experience of growing up. Thirdly, there are a number of ways in which the system could better meet the needs of young people particularly in light of this crucial disorientation. There is a need to move away from responding to behaviour to understanding that young people’s responses are not unnatural or surprising. While there is no single answer or easy fix, it is apparent that creating new services is not necessarily needed; those that currently exist could be adapted, linked better and the quality of provisions improved. Indeed many of these points are reflected in recommendation 30 of the Bamford Review as follows:

A model that meets the needs of LAC needs to be developed. A cornerstone of the model must be close collaboration between social services and the network surrounding the child. Clinical aspects must include a comprehensive assessment of need, and appropriate evidence based interventions. (The Review of Mental Health and Learning Disability (Northern Ireland), 2007, p. 60)

Conclusion

The implication that these young people are not being allowed “normal” teenage development while in care is unacceptable. In this time of change in Northern Ireland, there are opportunities to utilise the knowledge gained through this study to prioritise the rights and voices of these children and young people. Crucially, this research drew on the experiences of a broad spectrum of young people who shared personal and difficult life stories in the hope of improving their and others experiences. Their voices need to be listened to by policy-makers and practitioners if we are to truly share responsibility for their well-being. At its most basic, this research suggests that more needs to be done to make care a more “normal” and “natural” way of life, and while it is hard to create normality in a system that is inherently artificial we must find creative ways of enhancing the day-to-day experiences of young people while in care and when leaving care (see Mullan *et al.* [2007] for more detailed recommendations).

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