The Experience of Life Story Work: Reflections of Young People Leaving Care

Anna Buchanan

May 2014

Supervised by:

Prof. Neil Frude
Dr. Liz Andrew

Dissertation submitted in partial fulfilment of the requirement for the degree of D.Clin.Psy.at Cardiff University and the South Wales Doctoral Programme in Clinical Psychology

DECLARATION

This work has not been submitted in substance for any other degree or award at this or any other university or place of learning, nor is being submitted concurrently in candidature for any degree or other award.

Signed ………………………………………. (candidate)   Date …………………………

STATEMENT 1

This thesis is being submitted in partial fulfilment of the requirements for the degree of D.ClinPsy…………………………(insert MCh, MD, MPhil, PhD etc, as appropriate)

Signed ………………………………………. (candidate)   Date …………………………

STATEMENT 2

This thesis is the result of my own independent work/investigation, except where otherwise stated.

Other sources are acknowledged by explicit references. The views expressed are my own.

Signed ………………………………………. (candidate)   Date …………………………

STATEMENT 3

I hereby give consent for my thesis, if accepted, to be available for photocopying and for inter-library loan, and for the title and summary to be made available to outside organisations.

Signed ………………………………………. (candidate)   Date …………………………

STATEMENT 4: PREVIOUSLY APPROVED BAR ON ACCESS

I hereby give consent for my thesis, if accepted, to be available for photocopying and for inter-library loans **after expiry of a bar on access previously approved by the Academic Standards & Quality Committee.**

Signed ………………………………………(candidate)   Date…………………………..

Acknowledgements

Abstract

Young people in care often lack basic information about their lives before care, the reasons for their entry into care and connection with their birth family. The National Institute for Clinical Excellence (2010) recommends the use of life story work for young people residing in local authority care in the UK, in order to support them to develop a coherent sense of identity. To date, there has been very little research on the efficacy or acceptability of this work from a young person's perspective. The aim of this research was to explore care leavers' experiences of life story work. Thirty-eight young people accessing local authority leaving care teams in South Wales completed a short survey to ascertain the perceived level of knowledge they had about their family of origin and to enquire about their experience of life story work. Nine of these young people participated in individual, semi-structured interviews that sought to explore their views about the life story work they had undertaken and the way in which they felt it had impacted on their sense of self. Interpretative Phenomenological Analysis was used to explore the interview transcripts. Four super-ordinate themes relating to the experiences of life story work were identified: *The need to know; Getting life story work right; Life story work: An emotional journey;* and *Life story work and the concept of family.* The young people reported engaging in life story work to be a largely positive experience, and there was a degree of consensus on how the process of using this could be improved. All participants reported the value of contact with birth family members, especially siblings. However, life story work was felt to be useful by most, even when regular contact with their birth family was maintained. The clinical and service implications of these findings are discussed and suggestions for future research are proposed.

Table of Contents

List of Figures

List of Appendices

Chapter One: Introduction

1.1 OVERVIEW OF THESIS

1.1.1 Study Aim

This study explores young people's experiences of completing life story work whilst residing in, or leaving, Local Authority care. It is intended that this research will provide an in-depth insight into the nature of life story work being completed in South Wales, and the experiences of those who have undertaken it. This is in line with current clinical guidelines that identify the need to collaborate with young people and to put their views at the centre of all decision making in order to improve their quality of life and long-term outcomes. The use of a qualitative design enabled the researcher to obtain care leavers' views about the process, nature, benefits and challenges of life story work and how it has contributed to their understanding of themselves.

1.1.2 Thesis Structure

This thesis is comprised of the following four chapters:

- *Chapter 1: Introduction:* A critical appraisal of relevant literature is presented in order to explain the rationale for this research. This includes a systematic review of the evidence base.
- *Chapter 2: Methodology:* The design, procedure and participants are described in detail. The qualitative methodology and quality framework selected is described and information provided about how these have been applied in this study.
- *Chapter 3: Results:* Using Interpretative Phenomenological Analysis super-ordinate and sub-ordinate themes are presented to provide a coherent picture of the convergent and divergent experiences described by participants. Themes are anchored by direct quotes from the interview transcripts.

- *Chapter 4: Discussion:* Conclusions are drawn based on the findings of the study. Implications for practice and recommendations for future investigation are identified. Limitations of the present study are also considered.

1.1.3 Definition of Terms

1.1.3.1 Care Leavers - Young People Leaving Care (YPLC)

The Children (Leaving Care) Act 2000 defines 'care leavers' as young people who are aged between 16 and 21 years (up to 24 years if they remain in education) who are, or have been, supported by their Local Authority. To meet the provisions of this legislation the young people must have been looked after for a minimum of 13 weeks since turning 14 years of age, regardless of whether they continue to be 'looked after' by the local authority or not. Research and policy may also refer to this group of young people as 'young people leaving care' (YPLC) and/or young people 'aging out of care'.

1.1.3.2 Looked After Child (LAC)

The Children Act (1989) identifies a 'looked after child' (LAC) as a child or young person who has been admitted into the care of their Local Authority either on a voluntary or compulsory care order for a minimum of 24 hours.

1.1.3.3 Life Story Work (LSW)

Life story work (LSW) is a term used to describe a social work tool sometimes employed with looked after children to help them construct a coherent life story (Ryan & Walker, 2007). No single methodology is employed to complete this work as it is not a model but rather a '*way of working'* or process that seeks to help the young person make sense of their personal and family history and their journey through care (Ryan & Walker, 2007, *p2*; Rose & Philpot, 2006). Cook-Cottone & Beck (2007) note that such work could include a variety of personal items such as photos, documents, pictures, drawings, words, toys, and family stories and that these could be used flexibly to create

meaningful records through an array of methods (e.g. a timeline, a memory box, a scrap book, or a collection of poems or photos).

As life story work can include a variety of elements and is not a standardised or uniform model (Ryan & Walker, 2007), this study includes participants who have been told by a professional that they have undertaken life story work or who believe themselves that they have undertaken such work. It was made clear to the young person in the initial questionnaire that life story work is more than conversations with family members and that for the purposes of this research it needs to have been a piece of work completed with a professional or foster carer.

1.2 CHAPTER OVERVIEW

Chapter One provides a context for this research study. The chapter presents a review of the literature relating to the challenges facing young people leaving care, the effects that time in care can have on their ability to develop a coherent personal narrative and the current evidence for life story work within the social care context. A systematic review of the relevant research was undertaken to explore the current evidence base for life story work with young people in or leaving care. The rationale and subsequent aims for this research study are also outlined.

1.3 CARE LEAVERS

1.3.1 Prevalence of Children and Young People in Care

The number of children and young people who are looked after in Wales has been steadily increasing since 2003, with a 24% rise recorded (Welsh Government; WG, 2013). The available figures indicate that 5,743 children were in care on the 31st March

2013 in Wales (WG, 2013). This is equivalent to 91 per 10,000 of the population aged under 18 years and is markedly higher than the 59 per 10,000 figure reported for England (Department for Education; DfE, 2012). It has been found that social and economic deprivation place children and young people at an increased risk of becoming looked after by their Local Authority. As Wales is recognised as one of the three most economically deprived regions of the UK, it is perhaps unsurprising that Wales reports a notably higher rate of looked after children (Office of National Statistics; ONS, 2012).

1.3.2 The Need for Care: Reasons Reported by Local Authorities

Children and young people are most frequently taken into care in both England (62%) and Wales (60%) due to concerns relating to abuse and neglect. This is by far the most prevalent reason given, with family stress and dysfunction cited as the second most commonly reported basis for children being removed from their homes (DfE, 2013a; WG, 2013). However, the *Children Act (1987)* requires that children be removed if they are assessed as not being in receipt of a satisfactory level of care. Therefore, other reasons for children and young people becoming 'looked after' in Wales for the year ending 31st March 2013 included parental illness or disability (7%) and socially unacceptable behaviour (4%) (WG, 2013). These figures suggest that those entering care are likely to have experienced considerable emotional and physical trauma prior to becoming 'looked after', and such conditions have been shown to have long-term effects on a child's development (McAuley & Davis, 2009). This is arguably compounded by multiple placements once the child is in the care system (Holland & Crowley, 2013; McAuley & Davis, 2009), with 10% of those in care in Wales experiencing more than three placements during the year 2012-2013 (WG, 2013). Hiles *et al.,* (2013) note that almost a quarter of those leaving care in the UK will have experienced in excess of eight placements during their journey through care.

1.3.3 An Increasing Number of Young People Leaving Care

In line with the increase in the number of children becoming 'looked after' year on year across England and Wales (DfE, 2013a; WG, 2013), it follows that the number of young

people aging out of care is also increasing. In Wales, 653 young people aged 16 years or over ceased to be looked after in the year ending March 2013, with 93% of those care leavers aged over 19 years remaining in contact with their local authority (WG, 2013). As the number of children and young people in and leaving care continues to rise, so too does the need for research in order to understand how this population can be offered appropriate and timely support both throughout their time in care and during the transition into independent, adult life (Holland & Crowley, 2013).

1.3.4 Potential Consequences of the Journey through Care

It is well documented that children in and leaving care have poorer health and well being than their peers (Department for Children, Schools & Families; DCSF, 2009; National Children's Bureau; NCB, 2008). It has been widely demonstrated that such children experience more difficulties and have poorer outcomes, across multiple dimensions, than those who have not been in care (Hiles *et al.*, 2013). It is believed that this is in part due to their experience of multiple adverse childhood events prior to entering care, such as social and economic disadvantage, parental mental health difficulties, substance misuse and domestic violence (Bruskas & Tessin, 2013; McAuley & Davis, 2009; DCSF, 2009; Chase *et al.*, 2006). It has been suggested that the greater number of such adverse childhood events increases the risk of significant harm posed to the child's psychological, physical, economic and social outcomes (Bruskas & Tessin, 2013; Viner & Taylor, 2005). However, it has also been recognised that their subsequent journey through care can often compound these early adversities through instability, a lack of enduring positive relationships and attachments and the experience of multiple losses (Stein, 2006a; McAuley & Davis, 2009).

1.3.4.1 Physical Health

Whilst there is a paucity of research exploring the physical health of young people in and leaving care, the available evidence suggests that up to two-thirds of this population have one or more physical health problems (Meltzer *et al.*, 2003; DCSF, 2009; Stein & Munro, 2008).

Research indicates that care leavers are more likely to seek immediate gratification and so engage more frequently in risky behaviours such as substance misuse, which may negatively affect their health (DH, 1999; National Institute for Health Care and Excellence (NICE) & Social Care Institute for Excellence (SCIE), 2010). Additionally, evidence suggests a greater vulnerability to making poor choices with respect to health and well-being including eating a poor diet, engaging in minimal physical exercise and smoking (Blueprint Project, 2004; Ward *et al.*, 2003; Dixon, 2008; NCB, 2008). It is worth noting that when asked about the five most important factors that affect their health, care leavers considered that traditional issues such as diet, smoking, exercise and alcohol consumption affected their health far less than feelings about their life in general, housing worries, positive relationships and their care experience (NCB, 2008).

1.3.4.2 Mental Health

It is well recognised that looked after children and young people are significantly more likely to develop mental health difficulties and developmental disorders than their peers (DCSF, 2009; Department of Health; DH, 2009). UK prevalence rates indicate that between 45% and 49% of LAC show signs of psychiatric disorders and psychosocial adversity as compared to 10% of the general population (Meltzer *et al.*, 2000; 2003; McAuley & Davis, 2009). A high prevalence of these factors is found even when LAC are compared to peers from the most disadvantaged socio-economic groups who have not spent time in care. Ford *et al.,* (2007) found that 46% of looked after children aged between 5-17 years met the diagnostic criteria for a mental health disorder compared to their socio-economically disadvantaged peers from private households.

As part of a UK wide initiative, Meltzer *et al.,* (2004) completed a survey of the mental health of young people in Wales, and reported that mental health disorders were eight times more likely in looked after children under the age of 10 years, relative to their peers from private households. These findings are consistent with those reported for the rest of the UK and other developed western nations, such as Australia and America (Tarren-Sweeney, 2010; Burns *et al.*, 2004).

Tarren-Sweeney, (2008; 2010) note that the difficulties this population present with are often complex. Such presentations include: self-injury, eating disorders, and attachment and relationship difficulties. These difficulties can manifest as behaviours that prove challenging for those caring for them such as conduct problems, inattention, hyperactivity and trauma related anxiety. It is suggested that this can result in looked after children experiencing further instability and not accessing the health care they require, thus increasing the risk of long-term difficulties (DCSF, 2009).

Whilst the increased risk of mental health difficulties for this population appears to be generally acknowledged and forms the basis of considerable policy, legislative and guidance reforms in the UK in recent years, there remains some debate regarding exact prevalence rates, with these varying across studies (Ford, *et al.*, 2007).

1.3.4.3 Education and Employment

Children and young people who have spent time in care have lower educational attainment, are less likely to gain employment and, when they do become employed, are more likely to be in unskilled roles than their non-looked after counterparts (Wade & Munro, 2008). Hiles *et al.*, (2013) report considerable variability in the support offered to young people by professionals to access education and employment, and note that further evidence suggests that vocational pathways are encouraged over higher education.

Whilst educational attainment is slowly increasing in the UK within the looked after children population, the gaps remain large at all Key Stage levels. This is especially evident for those at Key Stage 4, where only 15% of LAC achieved five GCSEs at grade A* to C, compared to 58% of non-looked after children in 2013 (DfE, 2013). This discrepancy may be partly explained due to the high proportion of LAC assessed as having special educational needs (68%) and the fact that they are twice as likely to have been permanently excluded from school (DfE, 2013; Rees, 2013). Outcomes reported for Wales for the same period indicate that looked after children in Wales appear to be at a disadvantage to those living in England, with figures decreasing since 2010 and

only 9% achieving five GCSEs at grade A* to C (WG, 2013). The Welsh Audit Office (WAO) note that while academic achievement is improving within this population, there remain many who are not believed to be achieving their potential (WAO, 2012).

It is perhaps unsurprising that young people faced with the challenges that contribute to their entry into care, and their often difficult experiences whilst in care, struggle to maintain educational interest and achievement. The long term effects on cognitive functioning of neglect, abuse and insufficient cognitive stimulation during a child's early years is widely accepted (Rees, 2013; Mills *et al.*, 2010). Moreover, some argue that factors during and after care may also impact on the young person's educational attainment. A lack of support due to multiple placements, carers who lack interest in education, financial and social factors may explain the low levels of academic attainment. It has been argued that this may explain why it remains an exceptional achievement for a young person who has spent time in care to attend university, with only 6% achieving this outcome (Jackson & Ajayi, 2007). It is noteworthy that the figures for access to higher education are not included in the annual government statistical releases, given the clear need for improvement in this area. The significant impact that poor educational outcomes can have on long-term prospects, particularly in the context of on-going social exclusion and deprivation, is of great concern and forms the foundation of many recent government policies such as the UK Government's White Paper *Care Matters* (Barn & Mantovani, 2007; DfES, 2007).

1.3.4.4 Crime

The results from the *Surveying Prisoner Crime Reduction* (SPCR) longitudinal cohort study of prisoners reported that 24% of prisoners had spent time in care during their childhood (Ministry of Justice; MJ, 2012). This is consistent with other research which suggests that care leavers are over-represented in prison and that approximately half of those in young offender institutions are from the care population (Social Exclusion Unit; SEC, 2002; Blades *et al.*, 2011). Recent figures indicate that over 6% of looked after children in England aged between 10 and 17 years had been convicted or subject to a final warning or reprimand in the year ending March 2013 (DfE, 2013). Considering the

risk factors prevalent in the prison population such as the experience of abuse, observation of domestic violence, parental substance misuse and a history of poor educational attendance, it is arguably understandable why those from a care background are at an increased risk of offending (MJ, 2012).

1.3.5 Transitioning Out of Care

Care leavers are considered to be one of the most marginalised groups of people, at high risk of stigma, social exclusion and isolation (DfE, 2010; Hiles *et al.*, 2014; Stein, 2006). Whilst outcomes for children in care are poor, the negative effects of a life in care appear to have an even greater impact on young people transitioning from care to independence (Broad, 2005; Hiles *et al.*, 2013, Wade & Munro, 2008; Stein & Dumaret, 2011). Such care leavers are at greater risk of homelessness, poor educational attainment, unemployment, offending behaviour, poor physical health, young parenthood and mental health problems (Stein, 2006; NCB, 2008; Dixon, 2008). Evidence suggests that the process of transition and all that it entails has a particularly negative effect on a young person's mental health, with a recent study finding a significant increase in mental health problems reported by young people 12 – 15 months after leaving care (Dixon *et al.*, 2006).

Recent changes in policy have enabled young people to remain in care until 18 years old, but many still leave care early (Action for Children & The Fostering Network Wales, 2014; DCSF, 2009; Department for Education & Skills; DfES, 2007). In addition to making this transition at a younger age than their peers, the factors associated with transition (e.g. finding a home, job and possibly starting a family) are often compressed and overlap (Ward, 2011; Wade & Dixon, 2006; Stein, 2006). Moreover, the move to independent living is often final in nature, with no return possible when times are tough (Stein, 2006). Considering that 49% of young people in the general population reside with their parents until 24 years of age, care leavers clearly face faster and riskier transitions to adult responsibilities and independence than their peers (ONS, 2014; Barnardos, 2013; Wade & Dixon, 2006). This can mean that young people are required to adopt several new identities simultaneously, without the opportunity to try them out or

reject them temporarily if they feel they are not yet ready for them (e.g. independent adult, renter, parent, partner, employee) (Ward, 2011). Action for Children and The Fostering Network Wales are currently campaigning for amendments to the proposed *Social Services and Well-being (Wales) Bill* (2014) that would see those in foster care being able to remain with their foster carers until at least 21 years. They argue that this would provide a much more gradual and supported transition to adult life. However, it is currently unknown whether this *Chance to Stay* campaign will be successful.

Often making the transition without appropriate or effective support networks, many care leavers report feeling isolated and confused about the realities of living independently and so are arguably disadvantaged in their path into adulthood (Wade, 2008; Ward, 2011; Hiles *et al.*, 2013; 2014; Stein & Dumaret, 2011). The age that the transitions occur coincides with a transition from child to adult mental and physical health services. Housing instability and young people's mistrust of services can mean that whilst having a higher need for support, they are more vulnerable to being lost in the gaps between adult and child services (Ford, *et al.*, 2007; DCSF, 2009). It therefore follows that the period of transition is a time of increased risk to a young person's physical and mental health (Care Leavers' Association, 2009; Stein & Dumaret, 2011; NCB, 2008).

1.3.6 Protective Factors: The Concept of Resilience

Whilst many young people leaving care experience the difficulties noted above, it must be recognised that some do well in spite of having had a disadvantaged background and multiple adverse childhood events (Drapeau *et al.*, 2007; Stein, 2006b; 2008). In fact, statistics demonstrate that 66% (England) and 52% (Wales) of 19 year olds who were looked after at age 16 were in education, employment or training during 2012-2013 (DfE, 2013b; WG, 2013). Whilst lower for Wales, these figures imply that many young people leaving care do not experience the negative outcomes described by much of the research in this area. These young people are considered within the literature to demonstrate *resilience.* A number of protective factors have been identified as

contributing to the development of resilience and may offer an explanation as to why some young people display more resilience than others.

1.3.6.1 Good Quality & Stable Placements

Arguably the central component of the protective factors is a good quality, stable placement which provides security and continuity of care (Stein & Dumaret, 2011). Stability refers not only to maintaining a single placement, but also incorporates the need for stability within that placement. For example, keeping the same social worker, support staff, school, peer group, other foster children, etc. (Ward, 2011). This offers the young person the opportunity to develop unconditional, positive relationships with others including carers, peers and professionals which can ameliorate the impact of poor early attachment experiences and offer a supportive network at transition (Hiles *et al.*, 2013; Drapeau *et al.*, 2007; Rose & Philpot, 2006). Evidence suggests that young people who are described by Stein (2008) as 'moving on' successfully, were more likely to have made sense of their family relationships, to have remained in contact with carers, to have had increased capacity for maintaining trusting relationships and had been more able to ask for and received help at times of difficulty (Hiles *et al.*, 2013; Stein, 2006a; 2008). A recent Welsh study investigating the nature and impact of resilience factors on the mental health, cognitive ability and emotional literacy of the entire population of looked after children (aged between 7 and 15 years) within one local authority has produced some notable findings (Rees, 2013). The young people's scores across a number of measures in this study, including the Strengths & Difficulties Questionnaire, Emotional Literacy Assessment and the British Ability Scales, II were compared to general population norms and other existing research studies. Those young people who demonstrated resilience through meeting positive exception criteria were also compared to the other participants on key factors. Analysis found that contact with birth family was the only significant association with educational achievement and well-being (Rees 2013). Whilst this is in line with previous research indicating the importance of parental contact on educational achievement and well being, the author observed that the nature of this association is unclear. For example, it may be that those children demonstrating resilience factors may be more able to maintain contact rather than the contact resulting

in improved resilience. Moreover, Rees (2013) observed that some local demographic differences may limit the generalizability of the findings (e.g. the looked after status of the child was less likely to be under a voluntary agreement than their peers in England). However, the results of this study and previous findings contribute to the growing focus around achieving stability and regular contact with birth family members for looked after children which has formed a central component of government Policy in recent years.

1.3.6.2 Educational Stability

Remaining in a stable placement allows the young person to maintain educational stability. This can have multiple benefits, particularly if the young person is attending mainstream school (Rees, 2013). School continuity can improve academic attainment, offer the possibility of extra-curricular leisure activities and thus instigate the development of new skills and social networks all of which are known to be protective factors (Jackson & Cameron, 2012; Drapeau *et al.*, 2007; Stein, 2006b).

1.3.6.3 Sibling and Peer Relationships

Many young people come from large sibling groups which are often separated or in which contact is disrupted either through initial entry into care or by the care process itself (McBeath *et al.*, 2014; Hegar, 2005; Parker, 2010). Additionally, some young people have reported important social and emotional relationships with foster siblings and cousins, which can then be experienced as a further loss when the child or young person is moved on from that placement (McBeath *et al.*, 2014; Tarren-Sweeney & Hazell, 2005).

A growing body of research suggests that maintaining relationships with siblings and peers has a positive effect on the young person's mental health and can reinforce a positive sense of personal and family identity (Parker, 2010; Meltzer, 2003; Moyers, *et al.*, 2006). Young people in care are more likely to be in contact with their siblings than with any other birth family member and it is argued that maintaining these relationships not only provides support, advice and shared experiences, but also offers the young

person an opportunity to hold onto birth family connections where contact with parents has been lost or is not possible and may symbolise a family that they once had (Hernick & Piccus; 2005; Wade, 2008; Parker, 2010). Moreover, young people have reported that the contact they have with their siblings can at times be more important to them than contact with their birth parents (Aldgate & McIntosh, 2006). Those young people placed with at least some of their siblings have been found to have as good or better outcomes as those who were placed on their own (Hegar, 2005; Parker, 2010).

While conflict is a normal aspect of sibling relationships and can provide opportunities to develop positive coping and social skills, if the young person is not supported to manage the conflict in a helpful way this can lead to negative outcomes across multiple domains and the effects can extend into early adulthood (McBeath *et al.*, 2014). Despite this risk, the benefits of positive sibling relationships appear to outweigh the potential detrimental effects. Therefore, it would seem that time and thought needs to be invested into planning and maintaining positive sibling relationships by the professionals who are involved in supporting the young person. Particularly in light of the current evidence of the limited social support available for young people leaving care from other sources (Hiles *et al.*, 2013; Singer *et al.*, 2013).

1.3.6.4 A Positive Sense of Identity

NICE (2010) identify the link between knowing about one's personal history and having a positive sense of identity and improved self-esteem. They suggest that this can be facilitated through life story work and by supporting young people's preferences for contact with people they value. This research study explores the importance of positive identity development in the context of personal autobiographical narratives and considers how young people who have limited or fragmented information about their birth family and childhood experiences are able to develop this through life story work.

1.4 IDENTITY AND THE IMPORTANCE OF PERSONAL NARRATIVES

The question about who we are and how we develop a sense of our own identity has attracted a great deal of research for many years (Berzonsky, 2004).   A theory of normative psychosocial identity development was put forward by Erickson (1959). Erickson noted that a person moves through a series of fixed developmental stages, which ultimately enables the young person to consolidate childhood and adolescent experiences into a coherent adult identity. Erickson argued that identity conflict is experienced in adolescence and that it is through the successful transition of this stage that the young adult emerges with a secure sense of self. However, Hammond (2012) notes that applying rigid developmental expectations that rely on typical culturally available narratives is likely to be inconsistent with the experiences of many children and adolescents in care and therefore potentially unrealistic as a model for this population. He notes that a social constructionist approach to understanding identity may offer more scope when considering how young people in care make sense of who they are and how this can be facilitated by those around them. Recent evidence appears to support a broader and more holistic view of identity development that is affected by social contexts. Certainly, by shifting one's focus and considering identity within the context of social constructionism allows the consideration of how young people are actively engaged in constructing, negotiating and understanding their identity within their own personal context (Winter & Cohen, 2005).

Benson and Elder (2011) observed that, despite some young people transitioning into adult roles earlier, many lack the psychosocial maturation and support network that facilitate the development of a coherent adult identity. This is consistent with the findings of other studies that indicate poor outcomes for young people leaving care at a young age who have experienced a compressed and accelerated transition into adulthood (Singer *et al.*, 2014; Ward, 2011).

Winter & Cohen (2005) argue that the construction of a sense of self relies on four inter-related components; nature, nurture, cognition and time. It has been suggested that

knowledge about our social and genetic origins, together with the ability to integrate this with our own lived experience is essential for developing a coherent sense of self (Smith & Logan, 2004; Habermas & Bluck, 2000). Such awareness of personal history is thought to develop and build on childhood memories and the associated stories that sit alongside them. These stories are considered vital for a child to begin to make sense of who they are in the context of their past, present and future through the construction of an autobiographical narrative (Cook-Cottone & Beck, 2007). More broadly, a narrative model offers the person the opportunity to consider the impact of the lack of an early narrative, limited or no access to familial and cultural roots and the potential for a considerable professional narrative to become a large part of the young person's sense of identity (Dallos & Draper, 2010). For this reason, the current study considers identity development from the perspective of a narrative framework, which places emphasis on the social context, relationships and discourse experienced and how this is made sense of through the development of stories by the individual.

1.4.1 What are Personal Narratives?

Personal narratives form the basis of how individuals make sense of who they are and of the world around them, and such narratives often rely initially on the information provided by those closest to them (e.g. parents). Until the child is old enough for formal operational thought in adolescence, this information is believed to be supported by parents through the verbal co-construction of memories via reminiscing and storytelling (McAdams, 2006; Cook-Cottone & Beck, 2007). Parents or significant others in the child's life adopt an active role in the sharing and retelling of important information so that the child can develop a coherent autobiographical narrative (Schachter & Ventura, 2008; Von Korff *et al.*, 2010; McLean, 2005). Research investigating the degree to which the linguistic framework offered by the primary carer influences the child's skills in developing coherent narratives suggests that providing children in care with consistent adults who are able to provide detailed and elaborate scaffolds for the child's experiences as they develop may be crucial to their future narrative coherence (Nelson & Fivush, 2004).

It is thought that autobiographical narratives continually evolve, based on the individual's experiences, into increasingly complex life narratives that form the basis of dynamic and interactional identities (Thomas & Holland, 2010; Frame, 2009). As the child develops their cognitive skills, so the depth and quality of their narrative increases. In young children *temporal coherence* is demonstrated by their ability to relate single experiences as stories with beginnings, middles and endings. As they grow older, they gain societal knowledge and an understanding of a typical life story – they may consider how their life story is similar or different to those of others. This is identified as *autobiographical coherence*. When young people reach adolescence and young adulthood they become able to link their experiences into causal chains and extract from this information an overarching theme that they use to justify a conclusion about themselves. These narratives are said to have developed *causal coherence* and *thematic coherence* that form the basis for adult identity that will continue to develop and evolve (McAdams, 2006; Hammond, 2012).

A personal narrative facilitates the organisation of a person's thoughts, perceptions, interactions and moral choices (Cook-Cottone & Beck, 2007; Horrocks & Goddard, 2006). It becomes a guiding organising principle that helps the individual to construct a coherent understanding of new experiences and of themselves, enables them to develop healthy self-esteem, and subsequently provides a foundation upon which they can navigate life's ups and downs. It is perhaps unsurprising that individuals who develop narratives with causal and thematic coherence display increased levels of psychological wellbeing (McAdams, 2006). Having these skills is potentially all the more important for young people leaving care who have been shown to have poorer outcomes and less informal support than their non-looked after peers (Wade, 2008; Horrocks & Goddard, 2006).

1.4.2 Identity and Personal Narrative Development in Care Leavers

Winter & Cohen (2005) ask the question, 'how do you make sense of who you are, as you grow older, if you don't have information about your early experiences and family of

origin?' From the perspective of a person who has been adopted, Frame (2009) notes that *'personal biography is indispensable to how individuals understand themselves and how they perceive themselves in relation to the world'* (p. 3). He goes on to suggest that identity is both discovered and created, observing that stories incorporating information about birth family and parents are *'crucial and primarily formative of identity and individuality'* (p. 4). This is arguably even more important for young people who are not adopted and have often experienced discontinuity in placements, caregivers and relationships. However, people who have left care frequently report being unaware of even the most basic of information about their background including; their parentage, the existence and whereabouts of relatives and the reasons for them being taken into care (Horrocks & Goddard, 2006). When such a lack of basic information is combined with a sense that their life story varies widely from what is considered culturally 'normal' it is perhaps unsurprising that these young people often feel compelled to discover their past. Consequently, the research reporting extensive searching behaviour and requests to access care files, and attempts to re-connect with birth family members is a logical next step for those leaving care (Wade, 2008; Wade & Horrocks, 2008; Goddard, 2006).

The lack of a consistent adult to scaffold the child recalling and making sense of their experiences, together with often damaging and confusing events prior to and during care, leaves many young people in care with a negative and damaged identity (Rose & Philpot, 2006). It is argued that a narrative does not have to be complete, 'good' or wholly positive to be coherent, but it needs to allow for causal links to be established and to answer *why* things have happened to them (Horrocks & Goddard, 2006). This allows the young person to make sense of their experiences in a balanced way and to avoid believing that they are inherently bad and deserving of the rejection they have experienced. The absence of objectively presented causal links can contribute towards mistrust of others, and low self-esteem and can increase the risk of the negative outcomes commonly observed in the care leaver population (Rose & Philpot, 2006).

1.4.3 Identity and LAC Policy

An increasing awareness of the importance of having a coherent narrative about our cultural, biological and familial roots has, in recent years, informed policy and legislation around the amount of contact and information shared with looked after children and young people. There is an emphasis now on the rights of the child to have access to such information, which is enshrined in legislation such as the *United Nations Convention on the Rights of the Child* (UN, 1989), the *Children Act* (1989) and the *Adoption and Children Act* (2002). Indeed, identity is now one of seven categories of a child's developmental needs included in the *Framework for the Assessment of Children in Need and their Families* (WAG, 2001), which requires social workers to assess and report the child's core needs. Identity is also included, with social and family relationships recognised as key components in individual pathway plans for those leaving care (Munro *et al.*, 2011). Pathway plans are a statutory requirement and have been designed to identify and meet the needs of young people leaving care, with the aim of improving the outcomes of this population. There is a growing emphasis on direct working with the young person to obtain appropriate and relevant information to facilitate this process (McMahon & Curtin, 2012). However, concern remains that despite identity being incorporated within the National Framework; information in these sections of a child's pathway plan is often missing or tends only to include reports of negative elements of their identity and is completed without the child's input. (Thomas & Holland, 2010; Munro *et al.*, 2011; Holland, 2004).

The most common method of sharing information about the child or young person's early experiences and thinking with them about how they make sense of this has become what is referred to as *life story work*.

1.5 LIFE STORY WORK

1.5.1 Development of an Intervention

Life story work (LSW) is a term used to describe a biographical approach within health and social care settings that offers individuals an opportunity to talk and think about their lived experiences. Life story work is something a young person completes with a social worker, a support worker, mentor or foster carer. It can include lots of different information, but it aims to help the young person understand more about their birth family and why they came into care. Some of the things it might include are; talking about the reasons behind why they were taken into care, collecting and looking at photos of their birth family, looking through their care file or reading letters and/or cards from birth family members. It can also be used to create an ongoing record of the child's journey through care. Sometimes this information is made into a book (Life Story Book; LSB) that tells the child's story from the time they came into care using information from their file, photos, letters, memories etc. Sometimes it is just about spending time thinking and talking about these things with someone who is there to support them to make sense of their experiences.

Life story work is used across a variety of settings including older adult, learning disability and specialised dementia services and with a number of different objectives in mind (i.e. reminiscence, foundation for person-centred care and as part of an assessment process (McKeown *et al.*, 2006). The current study focuses on life story work that is completed with looked after children to help them construct a coherent account of their life story (Ryan & Walker, 2007; Rose & Philpot, 2006; Hammond, 2012).

It is thought that life story books originated in social care in the 1970's, although some suggest that they may have been utilised as early at the 1950s and 1960s (Willis & Holland, 2009; Cook-Cottone & Beck, 2007; Hammond, 2012). However, the use of these books to provide looked after children with important information about their

history and family of origin gained momentum following the seminal piece of work by Ryan & Walker and their manual 'Making Life Story Books' (1985). Initial interest in life story work as a means of working directly with children and permanency planning grew following the introduction of the *Children Act 1989* and *Adoption and Children Act 2002*. A further publication by Ryan & Walker (2007) cemented this technique as a widely accepted intervention for young people in care, and several life story book templates have subsequently been released, with most interest observed in Australia and the UK (Cook-Cottone & Beck, 2007; Baynes, 2008). This has led to the use of this intervention becoming more widespread within social work practice, particularly for those young people who become adopted (Winter & Cohen, 2005; Willis & Holland, 2009). In fact, the disparity of attention afforded to those who remain in care, as opposed to those who are adopted, in terms of support to complete identity work such as life story work arguably remains, despite similar experiences and information needs (Goddard *et al.*, 2008).

1.5.1.1 More Than Giving Information

As the field has developed it has moved on from simply producing a life story book. It is now acknowledged that there is no single methodology employed to complete this work as it is not model but rather a '*way of working'* or a process that seeks to help the young person make sense of their personal and family history and their journey through care (Ryan & Walker, 2007; Rose & Philpot, 2006). Life story work has moved beyond the traditional model of simply giving factual information to a young person about their early lives, to collaborating with them to make sense of their experiences (Hammond, 2012; Baynes, 2008). It offers a framework within which a child or young person can be supported to talk about difficult thoughts and emotions. Cook-Cottone & Beck (2007) note that such work could include a variety of personal items such as photos, documents, pictures, drawings, words, toys, and family stories and that these could be used flexibly to create meaningful records through an array of methods (e.g. a timeline, book, a memory box, a scrap book, or a collection of poems or photos). While recent analysis suggests that it is the *process* rather than the *content* and measurable output of the work that is crucial to its success, a study conducted with young people

highlighted the fact that the preservation of material records remains extremely valuable (Willis & Holland, 2009; Baynes, 2008).

Contemporary life story work has discarded the long-held view that children in care should sever all ties with their birth families and 'make a fresh start'. The intervention acknowledges that even when children are removed from their families of origin at a young age, birth families continue to maintain a significant presence in the emotional world of the child, through adolescence and into early adulthood (Holland & Crowley, 2013). Life story work seems to reflect the dominant philosophy found in more recent work with this population, that maintaining family links wherever possible is of significant value (Wade, 2008).

1.5.2 A Model of Life Story Work

Cook-Cottone & Beck (2007) have proposed an interactive model that describes life story work in the context of the development of self identity by the means of coherent autobiographical narratives. They identify life story work as the *'construction or reconstruction of an individual's life story that involves the integration of the individual's internal processes (cognitive, emotional and biological) as well as the relationships and values within the family, community and culture in which the child has developed'* (Cook-Cottone & Beck, 2007: (p. *193*)). They argue that attunement between the internal self and the external system is facilitated by an individual's representation of self which the authors identify as the way in which the individual engages with their environment. They draw on autobiographical narrative literature to suggest that the development of a coherent personal narrative facilitates the development of a sense of self-continuity and self understanding, which in turn organises how people make sense of themselves and the world around them. Consequently, they suggest that life story work forms the *'nexus of the internal and external systems'* (p. 194) (see Figure 1.1).

A model for life-story work

Internal System : Real Self

cognitive
(thoughts)

emotional
(feelings)

physiological
(body)

The
Representation
of Self

Life-story
work:
Co-construct
the personal
narrative

External System: Ecological Context

microsystem
(family)

exosystem
(community)

macrosystem
(culture)

spheres of influence   attunement
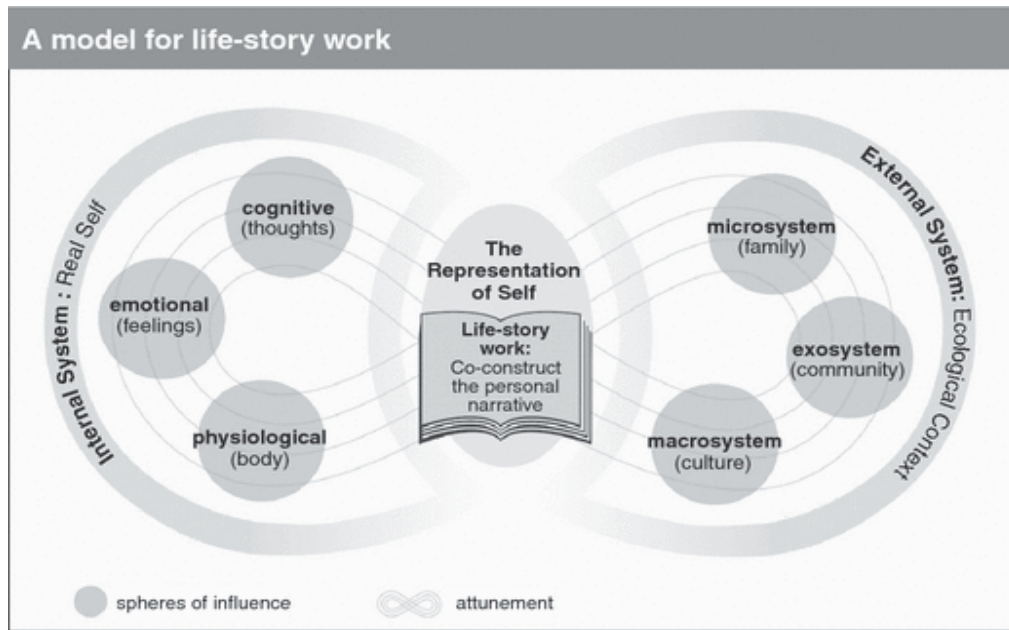
Figure 1.1: Cook-Cottone & Beck's model of life story work (2007)

This model identifies not only the need for the development of a coherent narrative, but also recognises the importance of secure attachments and consistency that is derived from the permanence offered by traditional family contexts. The authors suggest that the process of collecting, processing and giving important personal artefacts to the child and young person through life story work provides a sense of empowerment that fosters an internal sense of consistency in spite of potential placement instability. This is consistent with the findings that material items provide a source of meaning making that can provide young people with connections and links across time and experiences (Shotton, 2013; Willis & Holland, 2009; Hurdley, 2006).The organised collection and preservation of personal items may also reduce the loss of such items which has been cited by young people as a key feature of living in care (Ward, 2011). Cook-Cottone & Beck argue that life story work encapsulates items such as the life story book which captures significant life events and transitions, but propose that it also offers a method by which to structure meaningful contact and interactions with birth family members who may be able to collaborate in the construction of the child's narrative. Such organised contact is in line with the recommendations made by Moyers *et al.*, (2006), who found that family contact was improved in quality, and that the negative impact of contact on

the child and foster family was reduced, when contact was managed and structured proactively by the social worker.

While the model provides a coherent method of drawing together theories on attachment, and narrative coherence through a systemic focus, it does not account for those young people who demonstrate resilience despite an apparent lack of information about their history. One would expect that young people who do not have the information provided through good LSW would display considerable difficulty integrating their internal and external systems. The resilience literature indicates that this is not necessarily always the case, with some young people thriving despite this (Rees, 2013; Drapeau *et al.*, 2007; Stein, 2006b; 2008). Additionally, whilst the model identifies LSW and the co-construction of personal narratives as central to the development of a coherent sense of self, it does not elaborate on the detail regarding what such LSW would incorporate. For example, do young people need to know their early chronology and birth family details, or is it enough to facilitate a coherent narrative of their experience post coming into care such as through a memory store approach (Shotton, 2013). One might argue that this would depend on the age at which the young person enters care. Whilst the model offers a useful interpretation of the theory in this area, the true nature and impact of LSW will arguably not be clear until more research is conducted with the young people who complete it.

1.5.3 Life Story Work: What Can It Offer?

1.5.3.1 Making Sense of the Past and Understanding the Future

The literature discussed above demonstrates that a coherent autobiographical narrative supports the development of a positive sense of self and identity development. Life story work is considered to be a method of facilitating the creation of narrative coherence through the gathering of new information and the sharing and retelling of experiences in order to achieve a sense of resolution (Schofield & Beek, 2006).

If one considers that the development of coherent narratives appears to be dependent on support from a consistent and engaged adult to explore lived experiences within the context of sometimes unknown information, it follows that young people in care are at increased risk of difficulty in this area (Holland & Crowley, 2010). They often do not receive the rich verbal history typically shared within a family and rarely experience continuity of professional input (Humphreys & Kertesz, 2012; Goddard, *et al.*, 2008). Moreover, when one considers the effect of abuse and neglect reported in the attachment literature on core areas of development such as the sense of self and ability to form trusting relationships with others, young people in care appear to be at a distinct disadvantage (McAuley & Davis, 2009). Arguably, this can be intensified for those leaving care when they lose what is potentially their only sense of identity, that of the identity of a 'foster child' (Samuels & Pryce, 2008). The lack of a consistent and enduring sense of identity other than that of 'foster child', may partly explain the 'crisis of identity' that is observed during the transition out of care described by Ward (2011) (*p. 2516*) and the frequently observed poor long term outcomes for care leavers described above (NCB, 2008).

Young people have described a feeling of having *'missing pages'* as a result of their disrupted lives and gaps in their knowledge about their personal histories (Wade & Munro, 2008). They suggest that missing information and confused and multiple stories about their birth family, make it very difficult to make sense of what has happened to them without support from others to think about *why* these things have happened (Holland & Crowley, 2012). Life story work provides a framework for understanding, analysing and accepting the past which, it is argued, offers the opportunity for young people to move on (Rose & Philpot, 2006). The opportunity for them to reinterpret and share their story enables them to reflect on their past and consider their future and helps them to heal following experiences of abuse, neglect and emotional upheaval (Hammond, 2012; Brunell & Vaughn, 2008).

1.5.3.2 Magical Thinking and Filling in the Gaps

By supporting the child or young person through their journey and not missing out information such as why a placement broke down or why their parents were unable to care for them means that the young person does not need to fill in the gaps with their own guesses and assumptions. Such guesses and assumptions can be potentially harmful and may lead to confusion and often unrealistic expectations of joyful reunions with the birth family on leaving care (Ward, 2011). Closing the gaps in their knowledge and making sense of their experiences based on honest and open sharing of information by a trusted professional helps to eliminate what has been referred to as 'magical thinking' and the potentially distorted thinking and idealised fantasies that this can generate (Ryan & Walker, 2007; Rose & Philpot, 2006).

1.5.3.3 Increasing Emotional Wellbeing

Developing an understanding of who we are, our place in the world and how to relate to those around us is critical to emotional wellbeing (Rose & Philpot, 2006; NICE, 2010). Having a coherent narrative to share with others when expected (e.g. when applying for a job or educational course, or when meeting new people) is necessary if people are to meet societal expectations and avoid appearing different from peers (McAdams, 2006; Habermas & Bluck, 2000). Life story work seeks to help the young person integrate both positive and negative information, which offers a more balanced identity and prepares them for presenting themselves in day to day relationships (Rose & Philpot, 2006). Through building skills in making and maintaining relationships, it is hoped that young people become more able to develop secure attachments, which is thought to increase positive emotional wellbeing and improve outcomes (Stein, 2006; 2008). Cognitively and emotionally reprocessing earlier attachment, separation and loss issues during life story work may help to alleviate anxiety experienced by young people faced by new placements and times of transition and enable young people to access greater support in times of need (Hiles *et al.*, 2013; Fahlberg, 1994).

1.5.3.4 Connecting With and Learning About Cultural Heritage

Children and young people from black and minority ethnic backgrounds are disproportionately represented in the care population (NICE & SCIE, 2010). Children and young people who have experienced multiple placements and have not maintained links with their family of origin are at risk of becoming unaware of their ethnic, cultural or religious heritage (Rose & Philpot, 2006). When completed in a sensitive and thoughtful manner, life story work can empower the child to reconnect and explore their cultural heritage and to recognise potential additional challenges that they face such as racism, differing values and beliefs, etc. This may be all the more important in light of evidence suggesting that some foster carers can be unaware of, or disinterested in, the heritage of the young people who reside with them (Ward, 2011).

1.5.3.5 Building on the Facts from Files

All children and young people who have experienced the care system will have a file detailing aspects of their care held by their local authority (Goddard *et al.*, 2010; Horrocks & Goddard, 2006). Following changes in the *Data Protection Act (1998)*, young people leaving care are able to access their care files when they reach the age of 18 years. The number of non-adopted young people leaving care accessing their care files is increasing. However, successful acquisition of the files is often fraught with difficulties due to continued logistical barriers and inconsistent processes across Local Authorities. Files are frequently lost, destroyed, incomplete or withheld due to concerns regarding the impact of the information they contain (Goddard *et al.*, 2008; 2010; Humphreys & Kertesz, 2012).

Care leavers' desire to access their files is understandable when one considers the gaps in their knowledge about their personal information and the subsequent difficulties this can cause in relation to identity. Care files can be the only substitute for the missing or incomplete family narrative for young people in care (Humphreys & Kertesz, 2006). However, the notes in these files are written by a succession of professionals and rarely include the perspective of the person they are written about. The move towards a risk averse culture within social work has led to a more perfunctory and accountable

narrative being recorded, which can neglect the inclusion of detail crucial to the development of a coherent identity (Humphreys & Kertesz, 2012). Additionally, the content of the file is likely to reflect the fragmented nature of care and the dominant legislative and policy discourse prominent at the time of writing. With this in mind, it may prove difficult for the young person to make sense of the decisions made without support to place this information in context. These issues may result in the narrative that the young person reads in the file being at considerable odds with their own lived experience (Humphreys & Kertesz, 2012).

Such difficulties suggest that life story work should provide more than simply accessing the factual information contained in the individual's file. It should offer the opportunity for the young person to access information in a timely manner, when they are ready and in an age appropriate format with someone they trust. It facilitates a gradual introduction to what must, at times, be very difficult information to take on board. Moreover, life story work ensures that the child or young person is supported to make sense of the information they are receiving and will be able to integrate it with their own lived experiences and in relation to the applicable cultural context. The manner in which life story work is intended to be shared with young people is arguably best described by Ryan & Walker (2007) who recognise that all looked after children will have experienced a profound sense of loss and hurt at being separated from their family, regardless of what has happened. They note that giving sanitised information is as unhelpful as sharing information in a way that does not take into account the young person's age and personal context. The authors suggest that life story work offers the chance for professionals to be *'honest, but not brutal' (p. 23)*. Fahlberg (1994), observed that by not openly discussing emotionally difficult memories and information, both the child's trust in the worker, but also their sense of their own ability to cope may be undermined. Fahlberg asserts that, *'Whatever the past was, the child has lived through it and survived'.* (p. 353).

1.5.4 Critical Analysis of Life Story Work

Very little research has been conducted to explore life story work with the looked after population, despite such work being recommended as an intervention by government guidelines and policy (Gallagher & Green, 2012; Willis & Holland, 2009). A systematic review conducted to explore the use of LSW across health and social care yielded no papers that met inclusion criteria to enable evidence-based recommendations for LSW with this population. The studies that met the criteria were all small scale, qualitative studies completed with service users from the older adult or learning disability populations (McKeown *et al.*, 2006). While the aims of life story work with this population differ, some of the limitations observed by this literature review appear applicable to the care population. These include the paucity of research on the views of service users, frustration experienced by staff regarding time constraints due to competing work demands, and the recognition that LSW was not helpful for everyone as it can lead to distress in some people. These limitations are consistent with the observations made in recent literature regarding life story work with children and young people in care, which identify the paucity of research incorporating the views of young people in care and the added pressures felt by social workers to meet ever increasing targets (Willis & Holland, 2009; Baynes, 2008; Rushton, 2004). Indeed, as life story work does not produce easily measurable outcomes and lacks a robust quality framework against which it can be evaluated, it appears vulnerable within the modern culture of inspection, audit and evidence based practice (Baynes, 2008). In fact, when one considers life story work from this angle it may seem surprising that it has been so extensively recommended in national policy and guidelines. However, attempts to standardise life story work may arguably result in losing the individualised and person-centred approach that underpins its clinical effectiveness (Baynes, 2008; Ryan & Walker, 2007).

Life story work requires social workers to share sensitive information with children and young people and this can be a difficult thing to do. Baynes (2008) suggests that social workers are becoming unfamiliar with listening to children following the shift towards competence-based training. She notes that feeling uncomfortable in this context may

explain why some children are *'given descriptions of their birth families so glowing that they must wonder why they were ever removed'* (p. 43). The use of sanitised language to describe difficult situations such as domestic violence and abuse is unlikely to fit with the child's lived experience of the situation. This may also lead to the child feeling that the worker is not engaged in the task or is simply ticking a box (Gallagher & Green, 2012). Providing information in this way could potentially lead to a life story that is not the child's own narrative, and thus may result in a sense of lack of ownership and disengagement from the process (Baynes, 2008; Gallagher & Green, 2012; Horrocks & Goddard, 2006).

It has been suggested that finding out information about the past and thinking about this can be unhelpful if done at the wrong time. Care leavers have reported that it matters how and when they receive this information, and have stated that it needs to be repeated over time. They note that entry into care can be a daunting and overwhelming time so that, for some, this may not be the appropriate time to start such work (Entitlements Enquiry; APPG, 2013). It seems imperative that young people are asked if they would like to engage in this work and are given the opportunity to choose to learn more and to ask questions at a time that is right for them, rather than instigating the work as a result of organisational timelines (Baynes, 2008; Ryan & Walker, 2007; Rose & Philpot, 2006). It has been observed in earlier work that the child must want to engage with the work in order for it to have a positive effect on the child's placement (Rushton, *et al.*, 1998). However, one must consider that, as stated earlier, the outcomes of life story work may not be readily observable.

The timing of the work may be explained by more traditional approaches to understanding identity development. Hammond (2012) suggests that life story work has traditionally focused on middle childhood. He suggests that this has meant that young people entering care at an older age are often not offered life story work, and that it is rarely repeated as the child grows older. Additionally, he suggests that the traditional format of life story work which is aimed at younger children is unappealing to adolescents. This may explain why some young people have described the work as

being *'tedious and feel(ing) like a chore'* (Willis & Holland, 2009; p. 46). More recently, efforts have been made to design interactive and digital tools that aim to make life story work more appealing and applicable to adolescents (Hammond, 2012; Ryan & Walker, 2007; Willis & Holland, 2009). Initial evidence indicates this has had a positive impact, but, once again the evidence base remains limited at present (Hammond, 2012).

1.5.5 The Views of Children and Young People in Care

The researcher has identified two small scale qualitative studies that report the views of children and young people in care of life story work (Willis & Holland, 2009; Gallagher & Green, 2012). The young people who took part in the studies had varied experiences of life story work and were living in a variety of placements including kinship care, foster placements and residential placements. The ages of the young people ranged from 11 to 18 years in one study (Willis & Holland, 2009) and 16 to 21 years in the other (Gallagher & Green, 2012). Despite differences in age and placement type, the views expressed across both samples were consistent in themes. Most reported that life story work had been a positive and valuable experience.

Young people reported considerable variability in the quality and level of support offered to them, with some being left to complete pre-printed books independently and others spending long periods of time making their own books or discussing experiences with their worker. Equally, while some were supported to go on trips to gather photographs and information, others completed the work entirely at home. The younger group noted that finding out information about the origins of their names and who they looked like from their birth family had been important in helping them make sense of who they are. Photographs that had been collected were viewed as a valuable demonstration of this sense of belonging to their birth family (Willis & Holland, 2009). The older group identified three main ways that the work had helped them. They reported that it had helped them to achieve a more accurate picture of their life prior to care, it facilitated their relationships with staff and carers and it provided them with an opportunity to deal with the emotional and behavioural difficulties that they had experienced (Gallagher & Green, 2012).

Young people acknowledged the importance of timing and feeling ready to undertake the work. One young person stated: *'for me, I think it was a good time for me to find out all the stuff'* (Willis & Holland, 2008; p. 47). Equally, individuals reported differences in the intended audience for the information collected. While some people seemed happy to share the books with interested people or those close to them, others were very clear in their need to keep the information private. One young person expressed concern that it could highlight his status as a foster child to his peers.

Material items and the records produced during the work were important to the young people. Many described treasuring them, returning to them often and planning to continue to add to them. While some reported finding the difficult information hard to re-read, the value of recording happier events alongside these was keenly described as a method for remembering the good times from the past. Similarly, the emotions evoked by the work ranged from feelings of happiness to anger, with many reporting that the work had often been emotionally challenging for them. This reinforces the concept of coherent narratives needing to be balanced in content through making sense of both the good times and the bad (McAdams, 2006).

A third study completed by Shotton (2013) explored the experiences of children and their foster carers who completed collaborative memory store work. The children in the current study were much younger than in the previously described studies with three of the four children aged five years. A board game was used to elicit their feelings about the memory store work they had completed, with the children reported as talking positively about the items and memories collected in their memory store. However, it should be noted that few direct quotes are provided to evidence this, with most of the themes based largely around the responses of the foster carers. It is possible that the positive responses may also be explained by the fact that this approach does not seek to provide information about the child's life prior to their current placement, and so avoids discussions about why the child has come into care and information about their birth family.

The above summary indicates that life story work currently takes a variety of forms, but that this does not appear to affect the positive experience of it by the young people. It is interesting to note that whilst some reported that the work was emotionally challenging, all agreed that it had been a valuable experience. This contrasts with the finding reported for the work within an older adult setting which suggested that the level of distress caused made it inappropriate for some (McKeown*, et al.*, 2006). The focus of life story work for older adults is reminiscence and the sharing of a lost identity with those around them. However, for young people the aims are to support them to develop a coherent identity, often following experiences of trauma and abuse. Arguably, the construction of such an identity that requires the telling and retelling of difficult experiences will inevitably evoke strong emotional responses, and so for younger children a memory store approach could be a good starting point for this work.

1.6 SYSTEMATIC REVIEW: LIFE STORY WORK WITH CHILDREN IN CARE

A systematic review of the available literature was conducted to explore the evidence base for life story work with looked after children and young people. Due to the anticipated small amount of research completed in this area, the systematic review question was kept broad to ensure that all possible research conducted with care leavers in relation to life story work was identified. As such the question defined was: *What are the studies evaluating life story work with children in, or leaving care?*

1.6.1 Databases Accessed

On 12th April 2014 a systematic search of the Cardiff University Full Text Journals, Embase, ASSIA, Ovid MEDLINE, AMED, PsycINFO and PsycArticles databases was completed. There were no date or study type limits applied to the searches conducted.

1.6.2 Search Terms Identified

Key word search terms identified for 'care leavers' and 'children in care' (and all relevant variants of these terms, (see Appendix 1) were combined using the Boolean operator 'OR'. Key word search terms for 'Life story work' (and all relevant variants of this term, (see Appendix 1) were combined using the Boolean operator 'OR'. The results of these two searches were combined with the Boolean operator 'AND'.

1.6.3 Inclusion and Exclusion Criteria

As outlined above, it was anticipated that there would be very few studies found in this area. Therefore any research investigating life story work with children in care was included in this review. The inclusion and exclusion criteria are identified below.

Inclusion Criteria

- o Qualitative or quantitative analysis of life story work with young people in or leaving care.

Exclusion Criteria

- o Unpublished studies
- o Non-peer-reviewed Studies
- o Books
- o Studies not published in English
- o Studies of life story work with older adult or learning disability populations

1.6.4 Search Process

A search of the seven electronic databases elicited 3,769 hits for the combined keyword terms. An analysis of these titles found that a vast majority of the papers pertained to unrelated medical studies or studies focusing on 'identity' with no relevance to life story work. 3,736 titles were discarded and 166 abstracts retrieved. 133 of the abstracts did not meet the inclusion criteria and so were discarded. 33 full text articles were retrieved and analysed, of which two were found to meet the inclusion criteria for this review. A

further hand search of the grey literature and article references elicited two further studies for inclusion. Therefore, four studies were found to be relevant to the research question. A diagrammatic representation of the search process is presented in Figure 1.2 below.

Figure 1.2 Diagrammatic representation of systematic review process

Research question, inclusion and exclusion criteria identified

↓

Keyword lists developed

↓

Seven electronic databases searched

Search A	Search B
Search terms identified Care Leaver' and all relevant terms combined with Boolean operator 'OR'	Search terms 'Life story work' and all relevant terms combined with Boolean operator 'OR'

↓

3,769 Title Hits (with duplicates removed)
3,736 Irrelevant titles discarded

↓

166 Abstracts Retrieved
133 discarded as did not meet inclusion criteria

↓

33 Articles Retrieved	
Further analysis revealed:	20 = not relevant topic area, 3 = accounts of therapy, 2 = papers offering no evaluation, 6 = LSW theoretical review papers

↓

2 Articles Retained

↓

Hand search of grey literature and article references: 2 further articles idenitfied

↓

4 Articles included in review

1.6.5 Summary of Included Studies

It is clear from the above search process that there is very limited research in relation to the evaluation of life story work with young people in or leaving care. The articles retained, whilst similar in that they all contained an evaluation of LSW, differed in their sample and the LSW methodology. Willis & Holland (2009) interviewed 12 young people (aged between 11 and 18 years) about their experiences of LSW; Shotton (2010;2013) interviewed foster and adoptive carers and young children (aged five to nine years) about their experience of completing a form of LSW known as the memory store approach, and Gallagher & Green (2012) interviewed young adults about their views on their lives within a therapeutic residential establishment – a small part of which reports on the young adults' views regarding the LSW completed with them whilst in care. Whilst the contributions and limitations of these studies is considered, a full quality review was not undertaken due to the very small number of studies identified.

1.6.5.1 Design and Methodology

All four studies were small-scale and qualitative in nature. Semi-structured interviews were used to gather the views of the participants for the older young people and carers, with a board game utilised by Shotton (2013) to elicit responses from their younger participants. Themes were identified using a variety of methodologies, with Shotton (2010; 2013) employing IPA and Willis & Holland (2009) utilising thematic analysis (unspecified). Of note is the fact that Gallagher & Green (2012) employed template analysis, as they argued that this methodology was appropriate when the authors were aware of pre-existing themes. This implies that they approached their research with a different perspective from the other two studies.

1.6.5.2 Sample

The sample size for all four studies was small, and all were self-referring, opportunistic samples. Whilst not explicit, Shotton's (2010; 2013) sample appears to have been drawn from a group of 12 carers who had attended training on the LSW model hosted by her service. What is of note is that, despite the carers attending the training, only five

of the 12 carers participated in interviews in both the initial research and the follow-up study and only four young people participating in the follow-up study only (Shotton 2010; 2013). Willis & Holland accessed 12 young people through their local authority teams and social workers and Gallagher & Green (2012) traced and contacted 16 young people using contact details held by the organisation that operated their therapeutic children's home.

It is important to highlight the fact that the age of completion of the life story work was not reported in the studies conducted with young people. However, the age of the samples spans from 11 – 18 years in the Willis & Holland (2009) study and 16 – 22 years in the Gallagher & Green (2012). The age of the children with whom the carers had completed the LSW work in Shotton's research was mostly aged between five and nine years (Shotton 2010; 2013).

1.6.5.3 Research Findings

The limited research completed indicates that LSW, whilst emotionally challenging for some, was generally considered to be a positive experience. The views of the young people in these studies are reported in more detail in Section 1.5.5. The carers interviewed by Shotton (2010) also felt that the memory store approach to LSW that they had embarked on had elicited positive experiences both for themselves and for their young people. The carers reported that the work improved their relationship with the child, offering opportunities to share both happy and sad memories. Shotton noted that the work had been valued by both the carers and the children as evidenced by their shared motivation to complete the work. However, it was reported that, for some, finding the time to complete the work did at times prove challenging and at times foster carers were unsure of how to support the young person to select what should be included in the LSB and what should not. When interviewed for the follow-up study (2- 3 months after completion of the work), both the foster carers and the young children reported positive experiences of the work. They noted that it had not only enabled the children to collect important and cherished information (e.g. photographs, birthday cards etc) but the collaborative nature of the work had provided an opportunity to strengthen their

relationship. Shotton (2013) suggests that via this strengthened relationship the child's internal working model is adapted, with the child more able to develop positive perceptions of themselves, others and the world around them. However, the results of this study stand apart from the other research described due to both the young age of the children and the fact that the LSW approach utilised did not include the sharing and working through of more difficult information such as the reasons for entering care. Moreover, with an approach that requires the completion of the work by the foster carer, this approach may prove difficult to complete with those children and young people who face multiple placement moves and inconsistent care.

The style and content of LSW reported in these studies varied widely. Structured and integrated LSW is described by Gallagher and Green (2012) and Shotton (2010; 2013), the former having included LSW as part of an 18 month integrated therapeutic model alongside 1:1 therapy, and the latter having stemmed from formal training but not including information prior to placement. Arguably the wide variation in format of LSW observed in the Willis & Holland research is more representative of that available to the wider LAC population.

1.6.6 Limited Empirical Evidence

As previously highlighted, despite the use of life story work becoming increasingly widespread and recommended by NICE (2010), little research has focused on assessing how it is used and what the outcomes are (Willis & Holland, 2009; Cook-Cottone & Beck, 2007; Rushton, 2004). Baynes (2008) argues that there is an urgent need for more research to understand the efficacy of this type of work, which is currently unregulated, particularly in regard to the experiences of those who engage with it. Research to date has centred more on the subjective meaning and practical implications of life story work for staff rather than the young people who undertake it (McKeown *et al.*, 2006). Whilst Shotton's studies (Shotton, 2010; 2013) reports positive experiences of LSW, the majority of this evidence appears to be based on the perspective of the carer and not the child, with limited quotes provided to evidence the child's views. Willis & Holland (2009) noted that no UK published qualitative studies had

asked the child or young person about their experiences of completing this work. Their small-scale study indicated that whilst the process and nature of the work varied considerably, most of the children interviewed reported the process as having been a positive one. A further study by Gallagher & Green (2012) has included a small analysis of care leavers' reflections of life story work as part of a study on their broader views about their lives in care and Shotton (2013) has gathered some feedback from young children about their feelings towards the memory store they had created with their foster carers. This research aims to build on the work completed by the above three studies, and seeks to explore care leavers' views about the life story work they have undertaken.

1.7 AIMS OF THIS RESEARCH PROJECT

1.7.1 Building on the Evidence Base

Based on the importance of developing a coherent sense of self and the integral role of autobiographical narratives outlined above, this research seeks to explore how local care leavers have been supported to achieve this using life story work. Given that the number of children who are looked after in Wales has been steadily increasing since 2003, with 5,743 children looked after on the 31st March 2013 and only 327 of these placed for adoption (WG, 2013) the need to know how to get this work right seems essential.

NICE and SCIE (2010) identify the need for services to collaborate with young people to improve their quality of life and long-term outcomes. They assert that this can be achieved where it has previously failed by placing the young people at the *'heart of all decision making'* (NICE & SCIE, 2010, *p. 5*). Recommendation 25 within the guidance identifies life story work as a key method of supporting looked after children to explore their identity and sets out clear guidelines on how this work should be undertaken. In order to explore how services can get this right, it follows that more work needs to be

completed with care leavers to find out if the life story work being implemented at present is helpful, timely and valuable to them.

It is hoped that this research will be published and so inform clinical practice. Whilst the research is small scale, it has been argued that such qualitative studies are required in order to provide a richer picture of care leavers' experiences – something that is difficult to achieve via large scale quantitative methodology (Cook-Cottone & Beck, 2007; Holland, 2009).

Chapter Two: Methodology

2:1 CHAPTER OVERVIEW

A qualitative approach using semi-structured interviews was adopted for this research. Interpretative Phenomenological Analysis (IPA) (Smith, 1996) was used to analyse the data obtained from semi-structured interviews conducted with nine care leavers recruited from Leaving Care Teams across South Wales. Additional descriptive statistics were collated from an initial short questionnaire distributed to approximately 100 Care Leavers recruited through organised activities and groups for young people in South Wales. This chapter includes a methodological rationale, the background and philosophy of IPA and a description of the design and procedure adopted for this research.

2:2 QUALITATIVE METHODOLOGY

Qualitative research differs from nomothetic, quantitative methodology in that it aims to understand *in detail* the experiences of a particular individual or group rather than making probabilistic observations about large groups or populations (Smith & Osborn, 2003). Ashworth (2008) describes qualitative research as being concerned with an individual's *'grasp of the world'* through the careful and systematic analysis of verbal narratives. Qualitative research does not seek to test pre-existing theories and conclusions, but aims to facilitate the development of deeper and richer understanding (Elliott *et al.*, 1999) by engaging with and exploring participants' experiences from both a personal and social perspective. It seeks to establish the meaning of experiences within their context (Willig, 2008). Whilst qualitative approaches share this common purpose, the frameworks used to achieve such rich descriptions are not homogenous and draw on a variety of methodological and theoretical underpinnings (Smith, *et al.*,

2009; Smith, 2011). For example, approaches such as Discourse Analysis draw on a social constructionist epistemology whereby the information is understood as a personal construction of an event based on the participant's discourse capacity. Alternatively, if one adopts an Interpretative Phenomenological theoretical framework, one would draw from a more empiricist epistemology, where the account given is considered to reflect the cognitive processes and categorisation used by the participant to make sense of their experience (Biggerstaff & Thompson, 2008; Willig, 2008).

2.3 INTERPRETATIVE PHENOMENOLOGICAL ANALYSIS

2.3.1 Background & Theoretical Underpinnings

Interpretative Phenomenological Analysis (IPA) (Smith, 1995) focuses on working collaboratively with the individual to explore their experience, understanding, perceptions and views and making sense of these using a psychological perspective (Larkin, Watts & Clifton, 2006; Reid, Flowers, & Larkin, 2005). IPA's epistemological assumption is that a careful and meticulous interpretative approach allows the researcher to access the individual's inner world and develop an idiographic understanding of what a particular experience means to that individual within their own personal context (Biggerstaff & Thompson, 2008).

Developed by Smith (1996), IPA draws upon three main areas of the philosophy of knowledge, Phenomenology, Hermeneutics and Idiography (Smith, Flowers & Larkin, 2009). Originally coined by Husserl, and further developed by Heidegger, Merleau-Ponty and Sartre, phenomenology identifies the importance of examining experience within the context of a person's life including their relationships, culture, language, values and beliefs (Larkin *et al.*, 2006).

IPA suggests that experience can be understood best by exploring the meanings that the individual has attributed to it (Smith, Flowers & Larkin, 2009; Willig, 2008). However, the methodology acknowledges that the researcher's understanding of the experience

will be an interpretation, which will inevitably be influenced by their own personal contexts. Thus, it is accepted that hermeneutics – the theory of interpretation, forms a second key foundation upon which IPA is based. It is asserted that IPA operates a two stage interpretation process, a *double hermeneutic,* in that the researcher is interpreting and making sense of the person interpreting and making sense of their own experience (Smith & Eatough, 2007; Smith & Osborn, 2003). Smith (2009; 2011) takes this further suggesting that a second double hermeneutic is present within IPA. He notes that the researcher aims to not only gain an 'experience close' understanding of the participants' perspective, but that they also want to consider the experience from different angles through interpreting and questioning the narrative. The researcher has a *'responsibility to hear what informants are saying about their lives and the meaning of their experiences … and construct interpretations that may or may not conform to what the informants have told us'* (Kidder & Fine, 1998, cited in Larkin *et al.*, 2006; *pp. 113*). Therefore, Smith suggests that the hermeneutics (interpretation) of both empathy and questioning are combined through IPA methodology (Smith, 2011).

IPA adopts an Idiographic approach (Willig, 2008). It applies a data-driven, inductive methodology that requires that the researcher begin the study with an open mind and does not adopt an approach that favours any predetermined theory or values. It is an *iterative* process, whereby the researcher moves back and forth through the narrative in order to get as close as possible to the participant's experience. There is a commitment to understand each participant's lived experience via an in depth analysis of their story (Larkin, 2013; Smith, 2011). This is achieved through careful consideration of how the person has made sense of their experience, by paying attention to the language they have used to describe it (Smith, 2011). The researcher begins with a single case, focusing on the particular detail of that case. Only when this is completed will they move on to the next case, where they start the analysis process anew. The *idiographic* nature of the methodology makes it suitable for single case study designs (Smith, 2004; 2008; 2011). However, IPA also looks for convergence and divergence between participants drawn from a homogenous population, and thus enables the researcher to learn more about potential key generalizable themes across participants who share similar

experiences and to explore how these themes are evident within the individual stories (Landridge, 2007; Smith, 2004; 2011).

2.3.2 Rationale for Using IPA

The aim of this research was to explore the psychological reality of young people's subjective experiences of completing life story work whilst residing in or leaving local authority care. Whilst the research embodies a small-scale qualitative design, it has been argued that qualitative studies are required in order to provide a richer picture of care leavers' experiences – something that is difficult to achieve via large scale quantitative methodology (Cook-Cottone & Beck, 2007). Smith *et al.,* (2009) note that IPA can be at its most helpful when trying to capture experiences that have taken on significance in the individual's life. It was felt that IPA (Smith, 1995) offered evidence-based methodology that would allow the researcher to explore, in detail, the young person's lived experience of completing life story work through transcripts of semi-structured interviews (Willig, 2008). It also provided an opportunity to identify potential convergence and divergence of themes of participants' experience across the small South Wales population of care leavers (Smith, 2004; 2011)

2.4 QUALITY ASSURANCE IN IPA

The epistemology upon which IPA is based means that the traditional measures of validity applied to quantitative research cannot be easily applied in the same way (Yardley, 2008). The acceptance of the interpretative role of the researcher, the idiographic focus on understanding individual descriptions of events and the aim to identify insights that may be common across similar groups and contexts, makes the quantitative ideals of objectivity, reliability and statistical generalizability arguably inappropriate for assessing quality in IPA (Yardley, 2008). This does not mean, however, that the quality of such qualitative research should not, or cannot, be assessed. In fact, several frameworks seeking to capture common criteria to assess qualitative research have been developed in recent years in order to establish best

practice (Elliott *et al.*, 1999; Henwood & Pidgeon, 1992; Yardley, 2000). It is asserted that good quality research is evidenced through a systematic and transparent analysis which acknowledges contextual, theoretical and reflexivity implications (Willig, 2008; Yardley, 2008). Despite commonalities across the quality frameworks, Willig (2008) argues that the selection of a suitable framework should be considered in light of the epistemological underpinnings of the qualitative methodology employed to ensure that the most appropriate measure of quality is achieved.

The interpretative nature of IPA indicates a need to assess the researcher's *reflexivity* and, as such, Elliott *et al.'s* (1999) framework was adopted for this research. However, the following key elements of good IPA research identified by Smith (2011) were also incorporated into ensuring the quality of this research; a clear focus, strong data, a rigorous approach, sufficient elaboration of themes, engagement with the double hermeneutic approach, identification of divergence and convergence across participant experience and the production of a coherent and sustained narrative. Elliott *et al.'s* (1999) framework is outlined below in the context of this piece of research.

2.4.1 Owning One's Perspective

IPA accepts that the role of the researcher inevitably influences the interpretation and subsequent analysis of the narrative. Therefore, Elliott *et al.* (1999) argue that researchers must explore and disclose their own values, beliefs and assumptions in order to provide the reader with relevant information upon which they can base their own interpretations of the analysis described and make possible the development of alternative explanations.

For this study, an account of the researcher's perspective is described below in relation to both her personal and professional perspectives. Additionally, the researcher engaged in a 'bracketing' interview with a fellow trainee clinical psychologist who was similarly interested in IPA methodology. This was undertaken in order to highlight to the researcher their potential pre-existing values and\or expectations which may inadvertently exert influence over their interpretations of the data. A Reflective Diary,

(Appendix 2), was kept by the researcher in order to capture the development of their ideas, values and assumptions throughout the data analysis stage of the study.

2.4.1.1 The Position of the Researcher

The researcher is a 34 year old white, English, female. She is married to an Australian man and has two young children. The researcher was born in Kent, but has lived in a variety of places whilst growing up and lived in Australia for six years in her early to late twenties. The researcher has lived in a city in the South West of England since returning to the UK in 2006. Whilst the researcher has worked in South Wales as a trainee clinical psychologist since 2010, she has never resided in Wales.

The researcher's parents divorced when she was an infant, but she has had regular and on-going contact with her father and his family throughout her life. She grew up living with her mother and younger half-sister. Her stepfather lived in the family home until she was fourteen years old. The researcher considers herself to be part of a close family, with regular and enjoyable extended family occasions having been common throughout her life. The researcher believes that despite growing up with her mother, it has been extremely important for her to have maintained a close relationship with her father and his side of the family in order to have developed a coherent narrative of her life. The researcher values time spent with family and often looks back through photographs of family and friends. The importance of family connections and relationships has become even more significant for the researcher since the birth of her children.

Prior to beginning the Doctoral Training Programme in Clinical Psychology, the researcher worked as an assistant psychologist with a local Child and Adolescent Mental Health Service (CAMHS) looked after children team. During her time with the team the researcher developed a keen interest in attachment theory and the effects that attachment can have on the development of identity. The researcher became aware of the often fragmented nature of the children's lives, particularly those who remained within the foster care system and were not adopted. The researcher believes that the care system often fails the young people it is designed to support through inconsistent

support due to a lack of resources and investment in front line staff. The researcher has also completed a placement during her training with the project designed to support young people leaving care through a DBT-focused intervention group. Based on her previous professional experiences, the researcher is aware that she is approaching this research with an expectation that care leavers' experiences of life story work are likely to be that it was mixed in format, content and quality and that this is likely to have impacted on their sense of identity and personal narrative.

The researcher has an interest in systemic approaches and believes that experiences must be understood within their context. She felt that, despite a great deal being written about how young people leaving care should be supported, there appeared to be very little rich information about the experiences of young people who have grown up in care. The researcher felt very strongly that time should be taken to actively listen to young people talk about their own experiences in order to gain greater insight into how support can be most helpful to those receiving it. It was acknowledged that in order for the research to be helpful it must have a clear focus. The researcher discussed these ideas with her clinical supervisor, and together they identified that life story work offered the opportunity to think about both the process and content of the intervention, while also providing an avenue for considering the effects that this may or may not have on the young person's sense of self.

2.4.2 Situating the Sample

Appropriate descriptive information about the participants and their personal contexts should be included to enable the reader to ascertain whether the findings presented can and should be generalised (Elliott *et al.,* 1999; Willig, 2008). Demographic information about each participant is provided and further information regarding their pathway into and through care is described, including their age on entering care, the number of placements they have experienced, and their perception of the amount of their contact with their birth family (See Figure 2.3, p56). Whilst acknowledging the importance of providing contextual information for the reader, the relatively small population of care leavers in South-Wales meant that information that could identify the participants was

removed to avoid breaking anonymity, which has been highlighted as a potential ethical dilemma for qualitative researchers (BPS, 2009, Thompson & Russo, 2013).

2.4.3 Grounding in Examples

The use of a substantial number of examples drawn from the participants for each theme identified provides the reader with the opportunity to assess the analysis offered and allows for them to draw possible alternative interpretations (Elliott *et al.*, 1999). Smith (2011) notes that for sample sizes of between four to eight participants, quotations from approximately half of the sample should be provided for each theme. Several extracts from participants have been included in Chapter 3 to illustrate the themes identified for this research in line with Smith's suggestion. A more detailed excerpt of a transcript analysis is included as Appendix 3 to provide a transparent example of the process followed.

2.4.4 Providing Credibility Checks

Credibility of the categories and themes proposed by the researcher should be checked against the interpretation of others (e.g. other researchers, participants, supervisors etc.) and/or through other methodology (e.g. quantitative data, other qualitative approaches). Credibility checks for this research included cross-checking transcript analysis with two fellow trainees in order to explore potential differences in themes generated by a different researcher. The process of cross-checking provided a valuable insight into how one's own perspective may influence the themes identified. For one transcript, a fellow trainee noted a sense of difference relating to the participant's interests that the researcher had not identified. This was subsequently incorporated into the analysis. The transcripts and analysis were also shared and discussed through supervision with the researcher's clinical and academic supervisors. Discussion regarding the emergent themes that were not directly related to LSW but which felt important, led to the inclusion of supplementary themes within the results analysis.

2.4.5 Coherence

Smith (2011) describes the importance of a '*sustained narrative*' for the reader, through clear writing and integration of the themes identified. This should include clear descriptions of convergence and divergence of the themes whilst maintaining a focus on individual experiences. Elliott *et al.* (1999) suggest that to achieve quality in this area themes should be presented through both a diagrammatic or tabular format in addition to a detailed verbal narrative of the structure described. The themes identified by the researcher for this study were discussed at length with their clinical and academic supervisor throughout the data analysis period to ensure that a coherent and rich narrative emerged. A diagrammatic presentation of themes is incorporated into Chapter Three in order to clearly demonstrate how themes are related and to provide a picture of the structure of the narrative. A verbal account with appropriate unique and shared examples of themes is also described in Chapter Three.

2.4.6 Accomplishing General Vs. Specific Research Tasks

The researcher must identify a clear focus that describes whether the data seeks to explain a general phenomenon or to provide a detailed study of more specific experiences (Smith, 2011; Willig, 2008). Adequate evidence of how this has been achieved and the limitations related to generalising the data outside of the original context is required to demonstrate clarity of the task undertaken (Elliott *et al.*, 1999). A clear description of the participants and their context is provided to enable the reader to identify potential areas of convergence with other young people in similar circumstances. However, the potential limitations of the applicability of this study are described in Chapter Four.

2.4.7 Resonance with the Reader

The research findings should be presented in a manner that enables the reader to understand the experiences captured and offers the opportunity for them to build on their knowledge of the subject or phenomena described (Elliott *et al.,* 1999).

The double hermeneutic described by Smith (2011) whereby the researcher aims to not only empathise with the participant's account, but to analyse and critique it in light of accepted psychological theory was applied to this research through the inclusion of a detailed literature review in Chapter One. The theory and evidence described were used in the second stage of interpretation by the researcher to make sense of the themes elicited in stage 1. Conclusions regarding how the themes identified in this study interact with existing theory are discussed in Chapter Four, with the aim of drawing the findings and existing evidence base together for the reader.

2.5 ETHICAL CONSIDERATIONS

2.5.1 Ethical Approval

This research has been reviewed and approved by the School of Psychology Research Ethics Committee at Cardiff University (See Appendix 4). National Health Service (NHS) ethical approval was not required, as participants were not drawn from NHS sources.

2.5.2 Informed Consent

Informed consent was sought from each participant, for each stage of the study, in line with current *British Psychological Society* (2009) and *Health and Care Professions Council Guidance* (2012) (See Appendices 5 & 6). The researcher is a Trainee Clinical Psychologist and is practiced and able to assess individuals' ability to provide informed consent in line with the *Mental Capacity Act for England and Wales* (2005). The principles of the *Mental Capacity Code of Conduct* (2005) were adhered to in order to help support individuals to provide or decline consent. The code of conduct includes steps to support people with language or literacy problems, and at times the researcher read the information sheet and consent forms aloud to the participant to ensure that literacy difficulties did not preclude informed consent.

2.5.2.1 Self-Determination

Participants were made aware that they could withdraw consent to participate in the research at any time and that their decision to participate or not would not impact on their access to services in any way. The recruitment procedure adopted ensured that participants were provided with opportunity to think about whether they would like to participate and to ask questions if they wished.

2.5.2.2 Participants Aged 16 – 18 years

Some participants were aged 16-18 years. This research followed guidance issued by the *Medical Research Council* (MRC) regarding consent by young people (MRC, 2004). 'Gillick Principles' were applied to establish competence to provide consent. However, none of the participants provided informed consent against the wishes of the person holding parental responsibility and therefore this did not present as an issue. Young people who did not consent to participate were not considered for inclusion.

2.5.3 Ensuring Confidentiality and Maintaining Anonymity

The confidentiality and anonymity of participants' details was maintained in accordance with the *HCPC Code of Conduct* (2012) and BPS professional practice guidelines (2011). The procedures to ensure confidentiality and anonymity are detailed for each stage of the study below:

2.5.3.1 Stage One

The completed survey forms were each allocated a participant number and separated from the Participant Details Form and Consent Form that contained the participant's name and contact details (See Appendices 7 & 8). These documents were stored separately in locked cabinets in a Cardiff University building. Information linking the participant number allocated to each survey and personal contact details was recorded and kept in a separate password-protected file accessible only to the lead researcher and the clinical supervisor.

2.5.3.2 Stage Two

The recorded interview was transcribed and a pseudonym was allocated at the point of transcription. The transcript was kept apart from the Participant Details Form and Consent Form, which contained contact details for the participant. These documents were stored separately in locked cabinets in a Cardiff University building. Information linking the pseudonym and Consent Form was recorded and kept in a separate password-protected file accessible only to the lead researcher and the clinical supervisor. The audio-recording was destroyed at the earliest opportunity following transcription. Any quotes used to evidence themes within the study are reported linked to the pseudonym. Due to the relatively small population of young people leaving care in South Wales, other identifying information that could possibly breach anonymity was changed (for example, foster carer and social worker names, Social Work Team, sibling names, residential locations, etc.).

2.5.3.3 Breaking Confidentiality

Information Sheets (See Appendices 9 & 10) and Consent Forms made participants aware of the circumstances under which confidentiality might have to be broken (e.g. risk to themselves or another) in accordance with Cardiff and Vale University Health Board policy and procedures and Professional Practice Guidelines (BPS, 2008; HCPC, 2007). In this instance the participants were advised that disclosures would be shared with the researcher's supervisors, the participant's personal advisor/key worker or any other professionals necessary in order to keep them or others safe. This advice was also shared with the participants verbally, prior to them completing the surveys and/or interviews. In some cases, contact was made through the young person's social worker and in other cases young people were asked if they would like the researcher to advise their social worker that they had participated in an interview. In all cases, the young person said that they would like their social worker to be informed.

2.5.4 Managing Potential Distress and Disclosures

The researcher was aware that discussion about life story work and about contact and relationships with an individual's birth family might be emotive for some. It is believed that that through adopting a self-selecting sampling methodology, ensuring that time was taken to explain the study and gain informed consent, and taking care to make it clear that participants could stop the interview at any time, the potential for distress was planned for and consequently minimised. In addition, as a final year trainee clinical psychologist, the researcher felt able to support individuals should they show signs of distress during the completion of surveys or interviews.

The researcher's clinical supervisor was available to provide psychological support to individuals should they have felt this would have been helpful, or where the researcher had become concerned about their level of distress. However, whilst available, this support was not sought by any of the participants during the study.

Whilst it was highly unlikely that, in an interview of this nature, the young person would make a disclosure that would have risk implications, if the researcher had become concerned about a participant's mental state, they would have, with the participant's permission, referred them on to the clinical supervisor for more in depth assessment and management.

2.6 PARTICIPANTS

2.6.1 Sample

A purposive sampling method of recruitment was chosen to ensure as homogenous group of participants as possible in line with IPA methodology (Smith, 2004; Smith *et al.*, 2009). Care leavers, (as defined by *The Children (Leaving Care) Act, 2000),* accessing services from five local social services leaving care teams within South Wales were invited to self-select to participate in the study.

Stage One of the study involved the distribution of 100 survey forms to care leavers in order to gather descriptive data about the wider population of young people leaving care in South Wales. These survey forms were also used as a recruitment strategy, with participants who reported having completed life story work asked to identify whether they would be interested in talking to the researcher in an interview about their experiences of completing the life story work.

Smith *et al.*, (2009) asserts that there is no specified ideal sample size when completing IPA, noting that a sample of between four and ten participants should offer the opportunity to gather both rich, individual data and evidence for convergence and divergence of themes across narratives. With this in mind the researcher aimed to complete interviews with the first ten respondents who met the inclusion criteria. However, pragmatic restraints (inability to contact several volunteers, changes in life circumstances of individuals, etc.) resulted in nine interviews being completed for this study.

2.6.2 Inclusion & Exclusion Criteria

To participate in Stage One of this study, young people were considered eligible if they were care leavers aged 16-21 years, identified as currently accessing services from one of five local Social Services leaving care teams, and consented and completed the initial survey.

Young people who indicated on their Stage One survey that they had personal experience of having undertaken life story work at some point during their time in care and had volunteered to participate in an interview about this work were invited to participate in Stage Two. As life story work can include a variety of elements and is not simply one model (Ryan & Walker, 2007), individuals who believed they had been told by a professional that they had undertaken life story work or believed that they had undertaken it, met the inclusion criteria for Stage Two. It was made clear to the young person in the initial survey that life story work is more than conversations with family

members and, for the purposes of this research, needed to have been completed with a professional or foster carer.

Exclusion Criteria

The exclusion criteria for both Stage One and Two included individuals assessed as unable to provide informed consent (see guidelines outlined in section 2.5.2). It is of note that several young people under the age of 16 years asked to complete the survey despite the age limit inclusion criteria. In these circumstances the survey form was provided to avoid disappointment, however, it was explained to the young person that their data would not be included within the study data set.

Following analysis of Stage One surveys and identification of the subsequent volunteers for Stage Two, criteria excluding individuals who had maintained close and continuing relationships with their birth family throughout their time in care required careful consideration. All of the individuals who volunteered to participate in interviews described having maintained a level of contact with some people from their birth family. While most had limited, supervised contact with one or both birth parents at some point during their time in care, all but one had had contact with birth siblings. Due to eight of the nine potential volunteers describing such contact it was felt that the exclusion criteria needed to be revised as birth family contact seemed an important aspect of their narrative and a common experience shared within the sample.

2.6.3 Recruitment

2.6.3.1 Stage One

The researcher gave presentations to Local Authority Teams and asked the teams to gather together groups of young people who might be interested in completing the initial short questionnaires. Potential participants were identified based on the inclusion and exclusion criteria of the study. The social workers from all of the teams suggested that the researcher attending organised group events and group residences would be the most appropriate method of meeting with their young people. Permission was sought

from Team Managers and group leaders to attend these events, and Information Sheet Stage One, Consent Form Stage One, and the short questionnaire distributed to all eligible young people in attendance. The study was explained to participants and they were given the opportunity to ask the researcher any questions they might have about the process of participating. They were advised that if they wished to take part they could complete the questionnaires at their leisure and return them to the staff supervising the event. Alternatively, they were able return them to the researcher at a designated time in the future (e.g. the next organised event) or using stamped addressed envelopes. This was judged to ensure that the young people had been given sufficient time to consider whether they would like to participate in Stage One.

2.6.3.2 Stage Two

Responses to the Stage One surveys that indicated an interest in participating in Stage Two, and which reported experience of life story work, were numbered as the researcher received them. No further selection criteria were implemented at this stage. Attempts were made to contact all those who had indicated an interest in being interviewed about their experience of life story work on their completed questionnaire. Of the 14 who had expressed an interest in participating, three were unable to be contacted, four were unable to participate due to a change in personal circumstances and nine agreed to be interviewed. A mutually convenient time and place was arranged to discuss the research with them. Information Sheet Stage Two and Consent Form Stage Two were provided to them and the researcher explained the purpose and process of the research with each participant at this meeting. All of the participants provided informed consent and all requested to proceed immediately with the interview rather than schedule a second meeting.

2.6.3.3 Prize Draw

All participants who completed Stage One were entered into a prize draw for a £40 Tesco voucher. Participants who also completed Stage Two were entered into the draw twice. The prize was considered proportionate to the time invested by the young people

and the likelihood of success in winning the draw. The winner was selected at random by the researcher's Clinical Supervisor.

2.6.4 Response Rates

2.6.4.1 Stage One Survey

Survey forms were distributed to 100 young people attending groups or at their residences. Of the 100 distributed, 46 were completed and returned (46% response rate). Of the 46 returned, eight were excluded due to age. Therefore, 38 forms were analysed.

2.6.4.2 Stage Two

Young people were asked to indicate their interest in participating in an interview about their life story work as part of their Stage One form. Of the 38 forms returned that met the inclusion and exclusion criteria, 16 indicated an interest in being interviewed. Three of the young people who had expressed such interest were not able to be contacted and four were unable to participate due to recent changes in their personal circumstances. Therefore, nine young people were interviewed for this research.

2.6.5 Situating the Sample: Participant Demographics

2.6.5.1 Stage 1

Participant demographics collected for Stage One illustrate the high number of placements experienced by the young people in this sample. The average age of participants on first entry to care was 9 years. Most of the young people entered care at the age of 10 years; however the range of age on entering care was considerable, ranging from 1 to 17 years. A higher proportion of females than males participated (61%; 39%). The average and most common age reported for the sample was 18 years. Demographic data is presented in Figure 2.1 & 2.2 below.

Figure 2.1 Stage One: Group Demographic Data (N= 38)

	Mean	Mode	Median	Range
Current Age (yrs)	18.0	18.0	18.0	16 - 21
Age Entered Care (yrs)	8.6	10.0	10.0	1 - 17
Number of Placements	7.2	3.0	6.0	1 - 20

Figure 2.2 Stage Two: Participant Gender (N= 38)

Gender	N	%
Male	15	39%
Female	23	61%

2.6.5.2 Stage 2

Nine young people were interviewed. Their names have been changed to protect their anonymity. Their ages ranged from between 16 and 20 years, with an average age of 18 years. The sample comprised of three males and six females. Notably, three sibling pairs participated. Luke and Lucy were adopted together and resided together until Lucy turned 13 years old. Matt and Mandy were placed separately. Alys and Andrew are twins. Andrew entered care a year before Alys, with both placed separately for the duration of their journey through care. All of the sibling groups have maintained frequent contact during their time in care. Demographic data is presented in Figures 2.3 and 2.4 below.

Figure 2.3 Stage Two: Individual Demographic Data (N= 9)

Interview Pseudonym	Age	Gender	Age Entered Care (yrs)	Number of Placements
Katie	18	F	12	9
Luke } Sibling Group	18	M	3	1
Lucy	19	F	4	7
Matt } Sibling Group	20	M	11	6
Mandy	17	F	4	10
Ellie	19	F	7	3
Gemma	18	F	1	2
Alys } Sibling Group	16	F	11	5
Andrew	16	M	10	4

Figure 2.4 Stage Two: Group Demographic Data (N= 9)

	Mean	**Mode**	**Median**	**Range**
Current Age (yrs)	17.9	18	18	18 - 20
Age Entered Care (yrs)	7.1	4, 11	7	1 - 12
Number of Placements	5.2	n/a	5	1 - 20

2.6.5.3 Stage Two: Participant Summaries

Katie

Katie is eighteen years old and currently lives with her partner and his friend. Katie had lived with her Nan, brother and sister until she was 10 years. This was due to her mother's alcohol misuse and her father passing away when she was three years old. Her Nan became unwell and Katie and her siblings moved back to live with her Mum. Katie reported that she often cared for her siblings during her Nan's illness and when living with her Mum. Katie was taken into care at the age of 12 years old. Katie described her entry into care as traumatic and sudden. She was collected from school by her social worker and was not given the opportunity to say goodbye to her siblings. Her first placement lasted four years but also ended suddenly with no opportunity for goodbyes at the age of 16 years. Katie reported having had a further nine placements since turning 16 including, supported lodgings, hostels and friends' and partners' flats. Katie reported completing formal LSW at the age of 13 years old.

Luke

Luke is 17 years old and has recently moved into his own flat. Luke entered care with his sisters at the age of two years old, having been dropped off at the police station by their Dad. He was adopted with his two sisters at the age of four years old. Luke lived with his adoptive parents until the age of 16, when the adoptive placement broke down and he moved back into care. Luke and his sisters maintained contact with his Nan, initially via letters and then via face-to-face contact twice a year. Luke has experienced difficulties with anorexia during his teenage years but is currently at a healthy weight. Luke completed LSW at the age of seven years, alongside his sisters (but each had their own LSB).

Lucy

Lucy is 18 years old and is currently living in supported lodgings. Lucy was taken into care with her sister and brother, Luke, at the age of three years old. Lucy was adopted at the age of five years old with her brother and sister. Lucy re-entered care when her adoptive placement broke down at the age of 13 years old. Lucy reported having had approximately 6 or 7 foster placements since re-entering care. Lucy and her brother and sister maintained contact with their Nan, initially via letter contact and then via face-to-face contact twice a year. Lucy completed LSW at the age of 5 years old, and then returned to it at the age of eight years old with her siblings. Since turning 18 years Lucy has searched for and found her birth mother. She reported that subsequent contact with her mum was not a positive experience. She is currently searching for her birth father and half-siblings. Lucy has requested her care file.

Matt

Matt is 20 years old. He moved back in with his birth mum and step-dad on leaving care at the age of 18 years. Matt lived with his Nan until he witnessed her death from a heart attack at the age of six years. He then moved back in with his mother until he was taken into care at the age of 11. Matt has had one, three year placement and five further placements until leaving care at the age of 18. Matt describes positive relationships with both his birth family and two sets of previous foster carers. Matt has 22 half-siblings. He has maintained contact with his birth mum and 4 half-siblings (all of whom are in care) throughout and following care. Matt searched and made contact with his birth father. This was not a positive experience for Matt. Matt requested information at the age of 16 years old and completed an informal series of LSW sessions. He was not given a LSB and has no childhood photographs – something he reported feeling very sad about. Matt plans to request his care file.

Mandy

Mandy entered care when she was seven years old. Mandy was placed with her twin sister until the age of 13 years when her sister moved placements. Mandy and her sister

were placed separately from her older half-brother Matt but has maintained contact with him. Mandy also maintains contact with her younger half –sister who is also in foster care. Since entering care Mandy had a two year and four and a half year placement until she was 13 years old and Mandy has since moved placements more than eight times. Mandy reported a close relationship with a younger foster sibling who she sees regularly. Mandy completed LSW with her twin sister when they were 12 years old. She reported that it had included lots of information about her Nan but nothing about her father (which she states is because she had never met him). Mandy reported that the photographs were the most important part of her LSB.

Ellie

Ellie is 19 years old and has recently moved into a new flat. Ellie was taken into care at seven years of age following significant abuse and neglect. She was placed with her older sister who moved out when she became 18 years old (Ellie was then 15 years old). Ellie found this hard. Ellie had a very positive 10 year placement that came to an end when she was 17 due to concerns regarding her foster carer's use of alcohol. Ellie found this transition very difficult and did not want to move. She became unwell and accessed CAMHS due to anorexia. However, she was subsequently placed with a member of her previous foster carer's family, whom she knew well. This placement lasted until she moved into her own flat when she reached the age of 18. Ellie has had regular contact with her birth parents since the age of nine years and intermittent contact with her brothers. She has a close and continuing relationship with both her foster carers and describes them as her 'real family'. Ellie completed LSW at the age of 16 years old having requested more information about her birth family and entry into care. Ellie has requested access to her care file.

Gemma

Gemma is 18 years old and has recently moved in with her boyfriend of one year. Gemma is a qualified hairdresser. Gemma and her boyfriend are expecting their first baby that is due in a month. Gemma entered care at 14 months of age with her sister. Gemma and her sister were placed in 'emergency foster care' until the age of three and

a half years and then moved to a 15 year placement. Gemma describes a close relationship with her foster family. Gemma has had regular contact with her mother until the last year. Gemma reported that she had completed 'basic' LSW when she was 5 years old with her sister, which did not include photographs. She subsequently requested further LSW when she became 16. Her LSW was completed with her foster carer's social worker. Gemma reported that her second experience of LSW was more helpful as it was more collaborative and offered more choice and autonomy. Contact with her father was made as a result of this work. Gemma described this as a positive but 'awkward' experience. She has not met with him since.

Alys

Alys is 16 years old and has been living with her current foster carers for four years. Alys lived with her birth parents and twin brother Andrew until their mother died when she believes she was five years old. Alys reported that her father was 'horrible' which prompted her and her brother moving to live with their Aunt and Uncle. Sadly, her Aunt died when Alys was 10 years old. Andrew was taken into care but Alys remained with her Uncle for a further year before entering care at 11 years. Alys and Andrew have remained in regular contact but have not been placed together. Alys has had limited contact with her birth grandfather in the past. Alys completed formal LSW at the age of 12 years with her brother Andrew. The LSW was undertaken with the social worker who had taken them into care and with whom both Alys and Andrew describe having had a very difficult relationship with. Alys plans to access her care file when she turns 18 years old.

Andrew

Andrew is 16 years old and moved in with his current foster carers just six to eight weeks ago. Andrew has had four placements of a three year, two and a half year and 18 month duration. Andrew has a leading role in the local 16+ group and is on the Young Person's Ministerial Group with the Welsh Government. Andrew entered care at 10 years old, a year before his twin sister, Alys. Andrew reported living with his mother until she died, when he believes, he was three years old. Following abuse by his father,

Andrew moved with his sister to live with their Aunt and Uncle. When his Aunt passed away he was taken into care. Andrew has maintained contact with his sister and describes a close relationship with her. He has had contact on two occasions with his birth grandfather whilst in care, although this was not a positive experience for Andrew. He completed LSW when he was 12 years old with his sister. The LSW was undertaken with the social worker who had taken them into care and with whom both Alys and Andrew describe having had a very difficult relationship. Despite finding the information included in his LSW distressing and unwelcome, Andrew plans to access his care file when he turns 18 years old.

2.7 STAGE TWO: SEMI-STRUCTURED INTERVIEWS

2.7.1 Development of the Interview Schedule

Semi-structured interviews are the most commonly used data source for IPA research as they facilitate the collection of rich stories that provide in-depth insight into the participant's perspective (Willig, 2008; Smith *et al.*, 2009). They differ from more structured interviews in that they allow the conversation between participant and researcher to be guided by the participant, enabling a more flexible discussion of topics which may not always be those anticipated by the researcher (Smith & Osborn, 2008).

An interview schedule and prompts were developed for this research (Smith *et al.*, 2009).This allowed the researcher to think about potentially distressing questions and topics in advance (Smith & Osborn, 2008). It was anticipated that some participants might not be accustomed to talking about personal information and experiences and therefore might need extra cues and support to talk about some topics. Whilst the interview schedule and prompts were used to introduce topics of interest, the schedule was not followed in a linear fashion, with the discussion being led by the participant whenever possible (Smith *et al.*, 2009).

Interview questions were developed based on discussion with the researcher's Clinical Supervisor who leads a local project supporting care leavers. Time was taken to pilot both the initial survey and interview schedule questions and prompts with a group of care leavers accessing a local support project. Feedback was assimilated and questions revised to reflect their comments and suggestions. It was felt that this facilitated the development of an interview schedule that would be more ecologically valid for those taking part in the interviews.

Interview questions aimed to explore the process, content and perceived usefulness of the life story work that participants had undertaken, their thoughts and feelings about the experience and suggestions about how it could have been done differently. Questions were formulated to be open-ended wherever possible to encourage the participants to recount the detail of their experience, with some participants needing more support through closed questions and prompts than others.

2.7.2 The Interview Process

Participants who had indicated interest in being interviewed were contacted and asked if and where they would like to meet. The researcher met with each participant individually to explain the purpose of the study, to discuss confidentiality and to answer any questions they had. Five of the interviews were conducted at the individual's own home, one was conducted at a local community organisation base and another at the local Leaving Care Team offices. Participants were offered the opportunity of more time to consider whether they would like to be interviewed, but, all participants opted to proceed immediately with the interview.

Interviews were based on a schedule of key questions and prompts that it was anticipated would take approximately 60 minutes to discuss. The schedule was implemented in a flexible manner consistent with IPA methodology, with additional questions asked to explore the individual experiences recounted during interviews (Smith *et al*., 2009). Interview duration ranged from 35 to 65 minutes. Each interview was audio-recorded and transcribed in preparation for analysis.

2.7.3 Transcript Analysis

Verbatim transcripts were made of the nine audio-recorded interviews. Pseudonyms were allocated and identifiable information (e.g. locations, sibling names, etc.) removed at the point of transcription, in line with professional and ethical guidelines (BPS, 2009; HCPC, 2012). Whilst there is not a single, definitive process of analysis in IPA, Smith & Osborn (2008) assert that for analysis to be effective a *'sustained engagement with the text and a process of interpretation'* is necessary (Smith & Osborn, 2008; p.66). Smith *et al.,* (2009) note that it can be helpful for those researchers new to IPA to follow a set of common processes in order to guide the iterative and idiographic analysis of their data. Therefore, this research has employed the step-by-step guidelines for transcript analysis proposed by Smith *et al.,* (2009), which are outlined below:

Step 1: Reading and Re-reading

The researcher initially immersed herself in the narratives by reading through the transcriptions whilst listening to the audio-recordings of the interviews. This was to ensure that nuances in tone and emotion were not missed in the analysis process (Smith *et al.*, 2009). Re-reading the transcripts several times allows the researcher to actively engage with the narrative and get a broader sense of the structure and flow of the interview.

Step 2: Initial Noting

The aim of this stage is to move from superficial reading of the transcript to a more detailed engagement with the text. The notes made in the margin of the transcript reflected three levels of analysis. The first level sought to explore the content of the narrative to identify things that appeared important to the participant such as people, places, objects and experiences. Consideration of the language that the person used to describe and communicate the content formed the second level of note taking including examples of linguistic tools such as metaphors, hesitations, etc. Thirdly, notes were made to capture initial interpretations and concepts that occurred to the researcher based on their own reflection, experience and theoretical knowledge.

Step 3: Developing Emergent Themes

At this stage of data analysis, the researcher moves away from analysing the transcript itself, and focuses on exploring the notes and commentary made in Step 2. The analysis explored patterns, relationships and connections within the initial notes to identify emergent themes in a chronological order. The emergent themes were grounded by extracts from the transcript in line with the suggestions made in Elliott *et al.'s.* (1999) quality framework.

Step 4: Connections Across Emergent Themes

Emergent themes were printed onto separate sheets of paper and clustered together to form master themes. Some emergent themes were discarded at this stage due to a lack of supporting evidence within the text. Additionally, emergent themes that were considered to occupy polarised perspectives were grouped together under a master theme.

Step 5: Moving to the Next Case

On completion of a set of master themes for the first transcript, the researcher repeated the above steps for each of the further eight transcripts being careful to use the Reflective Diary to bracket the themes identified in previous transcripts. This allowed each transcript to be explored using the idiographic approach inherent in IPA.

Step 6: Convergence and Divergence Across Cases

The researcher looked for patterns across the nine cases to identify areas on convergence and divergence between the cases. Master themes were explored to locate examples of different presentations of a common overarching concept. Master themes were then grouped together under super-ordinate themes, with extracts from the transcripts provided, where appropriate, to evidence the master themes incorporated. The super-ordinate and sub-ordinate themes within them are presented in a diagrammatic format in Chapter 3, section 3.3.

2.7.4 Sharing the Research Results

All participants from Stage One and Two were provided with the contact details of the chief researcher and made aware that they could request a Research Summary outlining the main conclusions of the study upon its conclusion.

2.8 CONCLUSION

The use of semi-structured interviews aimed to provide the young people with an opportunity to talk in detail about their experiences of life story work. The additional use of the survey forms enabled a broader picture of the context of young people leaving care in South Wales to be obtained. The combination of both sets of data was considered a useful method of gaining both contextual and rich, individualised data.

Chapter Three: Results

3.1 CHAPTER OVERVIEW

This chapter presents an analysis of the data obtained from nine interviews exploring young people's experiences of completing life story work whilst residing in, or leaving, Local Authority Care. IPA was used to identify emerging themes for each case, which were then reviewed and clustered together to create master themes. The master themes for each case were subsequently analysed in order to look for patterns across cases. This analysis identified four super-ordinate themes, incorporating thirteen master themes which are summarised in blue in the diagram below (Figure 3.1). Extracts from the interview transcripts have been provided to illustrate each of the thirteen master themes. In order to provide additional context and to situate the sample for the qualitative analysis, the descriptive data collected in stage one of the study are briefly presented first, with additional survey data included in the appendices (Appendix 11).

3.2 STAGE ONE DESCRIPTIVE STATISTICS

The survey forms completed for Stage One of this research had two functions. The first was to provide a recruitment strategy for stage two interviews. The second was to gain broad descriptive statistics of the target population to orient the reader to the leaving care population accessed for this study. The statistics provide both a context within which to interpret the experiences of those interviewed and an opportunity to compare the local leaving care population to the wider population of those leaving care.

3.2.1 Participant Demographics

Thirty- eight survey responses were included in the descriptive statistics analysis. Of these, 61% (N=23) were female and 39% (N=15) were male. The age of participants ranged from 16 to 21 years, with an average age of 18 years. Further details regarding participant demographics can be found in Chapter Two, Section 2.6.4.

3.2.2 Summary of Key Survey Findings

The information gathered for the descriptive statistics demonstrates that the majority of those who took part in this research had had ongoing contact with their birth family, and that this was considered to be very important to them. Siblings, birth mothers, partners/friends and grandparents were most frequently identified as the most significant others in the young person's life and the significant others with whom the young person has the most contact. Most felt that whilst considered important by young people leaving care and at 21 years, contact with birth family was reported to be at its most important up until the age 16 years. Many of the young people described feeling that they had a good level of knowledge about their birth families with approximately half still wanting more. This is possibly explained by the large number who felt that they knew quite a lot already and by the fact that most were in regular contact with their birth family. A number reported having requested LSW despite contact with their birth family and a number of these requests do not appear to have been met.

3.3 QUALITATIVE ANALYSIS

Analysis of the interview data elicited a rich picture of the value, nature and impact of the life-story work that the participants had completed. Although there was variation in the individual experiences of the work, with most reporting it as a positive experience, salient themes were identified across cases. Whilst many themes represent similar or shared experiences and views, a range of perspectives within themes demonstrates the idiographic nature of life story work.

The rich information gathered through the interviews provided themes beyond the scope of the research question, but which the researcher felt should be recognised in order to help provide the broader context for these young people. These supplementary themes are represented in orange in Figure 3.9 and are discussed briefly in Section 3.3.5 of this chapter.

Quotations from participants are used to illustrate each of the master themes. Shortened quotations are identified using three full stops (…). In order to improve readability, some quotations may have additional added text that is captured within square brackets [].

Figure 3.1: Diagrammatic Representation of Super-ordinate, Sub-ordinate and Supplementary themes

The Need to Know	Getting LSW Right	LSW: An Emotional Journey	LSW & The Concept of Family	The Effects of a Childhood in Care
'Putting the Pieces Together'	An Ongoing, Gradual Process	'Scary but Exciting'	'My Real Family'	Multiple Loss/Rejection
Knowing what Others Know	Feeling Safe & Supported	'Dragging up the Past'	The Value of Sibling Relationships	Striving for Stability
Taking Control	An Individualised Approach	Is Information Enough?		Early Adulthood
	Being Ready			

3.3.1 Super-Ordinate Theme 1: The Need to Know

A desire to know more about their family of origin and the reasons why they entered care, and the need to make sense of their journey through care, was prevalent across all nine participants. Many reported a lack of basic information and a sense of confusion that accompanied this. Their wanting information and clarity about their life was often exacerbated by their judgement that others knew more about their lives and families than they did. This was a source of frustration and anger for many. Whilst the amount

and quality of life story work varied across participants, it is notable that most participants expressed a determination to access their care files upon reaching 18 years, and so to take control of their own information. In some cases, initial attempts to do this had proved difficult both practically and logistically, and when this happened it often fuelled feelings of frustration and of a lack of autonomy and control.

3.3.1.1 Putting the Pieces Together

Many of the participants described a sense of confusion about their backgrounds and missing information from their past. Although she had been given a small amount of information at the age of five by her social worker, which was subsequently stored by and lost by social services, Gemma observed that she *"didn't know anything"* about her past until asking to complete a more thorough piece of life story work at 16 years of age. Similarly, Luke and Ellie reported that they too had very poor memories of their early lives, and that this continued to impact on their current perception of their past:

> *"It's kind of a broken image because, like I said, most of them [birth family] haven't been there…it's really distorted and really complicated". Luke, p. 27, 20-28.*

> *"I couldn't remember a lot from when I was younger". Ellie, p. 8, 1.*

Alys and Lucy's accounts of the type of basic information that they lacked about their birth family were told with a tangible sense of sadness and regret. When asked what they would like to know more about both Alys and Lucy movingly reflect on not knowing what has happened to important relatives in their lives:

> *"What actually happened…I don't even know what exactly happened to my mum…Don't even know the real date she died…I don't even know when she was born, it's like 51 or 53, one of them." Alys, p. 26, 6 – 12.*

"I think he [Dad] only dropped me and my brother off at the police station and took the other two [half- siblings], I don't even know. Apparently they went into care, because obviously dropping kids off at the police station isn't a good thing to do!" Lucy, p. 28, 8-12.

The 'broken image' and 'distorted' early memories so clearly described by Luke become all the more striking when one considers that Alys and Andrew, who are twins, report being different ages when their mother passed away.

The young people talked in great detail about the need to build a coherent picture of their lives. When asked why it was important to find out about her birth family and past experiences, Ellie talked about how she had struggled to make sense of what had happened to her and how not knowing why she was taken into care had left her feeling to blame. She believes that this contributed to her experiencing anorexia at 15 years old:

" I would have liked to have known more about everything that happened, because I thought it would be easier to deal with it and I'd understand a bit more". Ellie, p. 21, 24 – 28.

"…just thinking when I was a kid, it's my fault, like I'd been naughty or something". Ellie, p. 17, 8 – 9.

Similarly, Luke and Katie identify the importance of knowing about your past and having a sense of where you come from in relation to building a sense of identity:

"I think it's important because if you don't know where you're from then you're not going to care about anybody else." Luke, p. 27, 31-33.

"I don't think I'd be myself…If I didn't know nothing about [Dad] I don't know what I'd be like." Katie, p. 16, 26; 35 – 36.

Most of the participants talked positively about how LSW had offered an opportunity to build their knowledge about their past. However, there was variation in the amount of information provided through this work. It appeared that those who had completed the work at an older age, or had returned to it as they grew up, reported having had a more helpful experience of the information shared than those who had engaged in LSW at a younger age:

"I would still have been confused to this day, really, that [life story work] helped me a lot through it." Katie, p. 16, 17-18.

Conversely, Mandy noted that the LSW did not give her any more information than she already knew and did not include information about her dad:

"I didn't have anything in there about my father because I've never met him." Mandy, p. 5, 24-25.

Most of the young people noted that the LSW they had completed, whilst not providing everything they would have hoped for, provided a firm foundation upon which to build their knowledge and to make sense of their journey through care:

"It's taken me years actually, to fit all the jigsaw pieces together, because although the information was in the book, there's still a lot that wasn't, and in my head I suppose over the years I've been piecing it all together, adding the bits until they fitted, and then I've built a better picture of it in my head from the bits I've been given." Luke, p. 18, 25-31.

"It just filled in this whole blank thing I didn't know anything about, not knowing any of my family, just kind of filled things in really." Gemma, p. 22, 12-14.

Many of the young people noted that knowing about their past was necessary in order to make sense of what they had experienced and most agreed that LSW had offered a good starting point in providing the relevant information. Those who had found LSW less helpful went on to explain that it was the manner in which the work had been completed and its content that had been unhelpful, rather than them not wanting to know the information that they had been given.

3.3.1.2 Knowing what Others Know

For many of the participants there was a shared feeling that others held more information about their lives than they did. This included social workers, foster carers and birth family members:

> *"Well, they know more about my life than I do! And I'd feel a bit like not private, it's not like my life, it's like everyone knows, and that would make me feel a bit insecure". Ellie, p. 12, 25 – 28.*

> *"Because they [adoptive parents] were obviously told more because they'd gone to court or whatever." Luke, p. 18, 34 – 35.*

Katie felt that because her foster carers already knew about her history they weren't able to join her on her emotional journey through the life story work, which she believes ultimately impacted on her relationship with them:

> *"…they went 'oh that's good isn't it, you've done a lot of work', and they didn't ask me to explain any of it to them because obviously they knew it all before I even went into care anyway…" Katie, p. 12, 11-14.*

The common belief that others knew more than they did was often associated with a general feeling that the information others held was deliberately kept from them. A sense of information being kept secret, hidden or confused was evident, which understandably led to many feeling frustrated, angry and mistrustful of others:

"Because everyone's kept everything from me and I just want to know now what they're keeping." Lucy, p. 9, 15-16.

"I did want to know more, but she [Nan] didn't really want to answer anything, like she wouldn't tell us much…Like she's hiding something, I think. Anyway, she doesn't want to tell me the full picture." Lucy, p. 9, 1-2; 7-8.

"I was a bit annoyed when I first asked to see my file, because they were, like, they'd have to take lots of bits out, and I was, 'Well, that's to do with me, why can't I know?'". Ellie, p. 23, 3-6.

"My dad keeps everything to himself, like if I ask him a question sometimes, he'd be like, 'None of your business." Ellie, p. 19, 1-2.

"…it was as if they [birth family] were saying one thing, someone else [foster carers and social services] was saying another thing…It was a bit confusing, because I didn't know what was right." Gemma, p. 13, 23-28.

While many participants reported feeling that they still do not have all of the information they need, due to other people's reluctance to share information, Luke spoke about how he would often find out about information that he didn't know during arguments with his carers. He commented that whilst this was emotionally challenging, it provided him with another piece of the jigsaw of his life:

"Most of the time it would come up in an argument or something like that, so it would always be blunt. I'd have to go off and think about it and break it down and think, 'No they didn't mean it like that', just to make it easier. But then I'd always have that information then." Luke, p. 30, 21-26.

The perception that others knew more about their life than they did was a powerful aspect of the young people's stories, with siblings often seeming to have had access to varying levels of shared information. For example, Matt had more contact with his birth

family than his sister Mandy, but Mandy had had LSW at an earlier age. The level of desire for more information was also varied, with Luke's satisfaction with his current level of knowledge contrasting sharply with his sister Lucy's determination to access her care file. The different sources and levels of information available to young people seemed at odds with the policy of providing young people with the opportunity to develop a coherent sense of identity. Ellie eloquently summarised the need for others to share information with young people in care by noting how different things were for her non-looked after peers:

> *"If you haven't been in care you usually live with one or two people, your parents, since you were younger, so you know all that's happened to you, and most of the time it's happy memories…you would probably remember it all…so they wouldn't need to put it down." Ellie, p. 27, 1-9.*

3.3.1.3 Taking Control

Most of the young people, even those who reported that they had not found life story work helpful, talked a great deal about seeking out information from multiple sources. The desire to take control was often linked to a determination to find and make contact with birth family members. Alys, Mandy and Lucy all reported using social media to try and find out more about birth family relatives, often with difficult consequences:

> *"She [my mother] just told me to add them as a friend on Facebook so I did, like I didn't know who they were at first. They said they're on my Dad's side, so I added them like and said I'm so and so's daughter". Katie, p. 15, 23-27.*

> *"Looked for my Dad on Facebook, couldn't find him." Alys, p. 18, 2.*

> *"I didn't meet her [mum], I just spoke to her on Facebook, and she's not that nice!" Lucy, p. 5, 26-27.*

Gemma asked to complete more life story work at age 15 and whilst she felt supported, she acknowledges that her actively seeking out her birth family increased the momentum of the LSW she was completing;

> *"It kind of made things go, because it didn't seem as if anyone was doing anything apart from [foster carer's social worker]." Gemma, p. 19, 1 – 3.*

> *"It's something I've taken control of now."Gemma, p. 17, 23.*

All but one of the participants reported a desire to access their care files in order to take control of their information. However, contrary to government policy, most had found this practically very difficult:

> *"For more information, to see like the date of births, something to track people down…" Lucy, p. 10, 14-16*

> *"It's not easy to do…they won't tell you a lot because of data protection." Lucy, p. 30, 3-4.*

> *"They said they only pick bits that they think are suitable for me to read. I want my file and they won't give it to me." Alys, p. 20, 6-8.*

Ellie noted that she has been waiting for more than a year to access the information from her file. A sense of feeling invalidated and powerless pervades her response to being asked when she thinks she might receive the information:

> *"If they get round to it!...It is a bit irritating because of the fact that they took the time to take you away from your parents…and then they can't do the stuff that you want them to do!" Ellie, p. 25, 20-26.*

The desire to take control of their information was often voiced by the young people interviewed, but many of them had found it difficult to achieve this.

3.3.2 Super-Ordinate Theme 2: Getting LSW Right

The young people's experiences of the process and nature of life story work varied considerably in terms of duration, the age at which they completed it, the level of support offered and how helpful they felt it was. However, most were able to describe what they had experienced and how this compared with what they would have liked. It is interesting to note that despite variation in actual experiences, most reported very similar aspects of LSW that they would have found helpful.

3.3.2.1 An Ongoing, Gradual Process

The young people entered care between 14 months to 12 years old, with some having experienced kinship care prior to formal entry into the care system. Alys, Andrew and Katie entered care at a later age and completed LSW within a year of entering care; Lucy, Luke and Gemma entered care at a younger age and completed their LSW in mid-childhood. Gemma was offered more detailed and comprehensive LSW on request at 16 years of age. Matt and Ellie waited longest for LSW, with both reaching 16 years old before undertaking the work. The amount of time and effort invested in the work by the professionals did not seem to be related to the age at which the work was completed. Some young people reported that they had received only one or two sessions, while others described multiple sessions over the course of many months. Moreover, the number of sessions did not always correspond with the amount of information the young person felt they had received:

> *"I think mine was just a one-off. My sister's went on a bit longer." Gemma, p. 10, 22.*

> *"I don't know, a couple [of sessions] probably." Alys, p 8, 2.*

> *"[We met] about three or four times." Andrew, p. 9, 4.*

"I had a folder full of stuff" Katie, p. 10, 9.

"There was everything about family, everything about us being born, photographs…It was just jam-packed." Luke, p. 11, 4 – 7.

"They went through it a couple of times with us, they did it when they first adopted us and then when I was about eight or nine they did it again. I still didn't get it! I don't think I got it until I was about 10 or 11…" Lucy, p. 7, 8-14.

While Alys and Andrew reported never returning to the piece of work, they both agreed that they probably would have engaged in more LSW if the opportunity had been offered by someone that they trusted. The value of returning to the book was described by the other participants. Some chose to simply look through it to see 'familiar faces' or to remind them of coming through difficult times in the past when faced with new transitions. Others have embraced it as an ongoing project that they hope to continue to add to:

"I suppose I was on my own, so I'd look through and see familiar faces in the book." Luke, p. 15, 27-29.

"I'd like to update it every month. I'd update it in a different colour pen, and just update it." Katie, p. 14, 39 – 40.

"It is something I can make bigger…Because it will be nice to keep something right the way through…it's just nice to add things to something like that" Gemma, p 16, 10-14.

Matt engaged in LSW at 16 years old. This simply involved discussion, with no formal records or personal items such as photographs. He noted that having a Life Story Book

(LSB) at a younger age would have been helpful in recording his life journey for reminiscence as he does not have any photographs of himself during childhood:

"It would have been a brilliant thing to do because I could look through and think like days when I was little, and then I would make my way up then to like when I was older. So you would think it would be memories then right through my life." Matt, p. 17, 9-13.

Most of the young people said that the work was something that is most helpful when it is revisited over time. Those who had not formally returned to the work had often returned to it independently, but all agreed that continuing the work as an ongoing and gradual process would be helpful:

"It gives you a chance to absorb it at a slower rate and really understand it rather than have it all put together and it just crashed down on you. Sometimes it can be a bit of a blow if you get it all at once." Luke, p. 28, 28-32.

"It gives you a few years, when you grow up, to understand in your head. Whereas if you just know when you're older you beat yourself up, 'Why didn't I know all those years?"? Ellie, p. 16, 29-33.

"she [social worker] was able to sit down and not just give it to me all in one go but just to break it down over different times when she'd come down, so I'd be able to handle it better." Gemma, p. 12, 15-18.

3.3.2.2 Feeling Safe and Supported

All of the participants reported that whether they felt safe and supported when completing the work had a significant impact on their perception of the LSW. Ellie noted how important the support she had received was to her experience of the work:

"I'm just glad that I've had people to help me through it, so like the DBT group, the CAMHS team and my carers…" Ellie, p. 28, 30-13.

When asked what advice she would give to a social worker considering completing life story work with a young person she highlights the need for emotional support:

"It's quite confusing really; just make sure you're always there to support them through it. I think that's the best a social worker can do is be supportive to the young person they're working with." p. 27, 9-13.

While most of the participants reported knowing the person who had engaged with them in LSW, at least for a short time, this did not always affect how supported they felt. Luke and Lucy reported feeling safe and supported despite not having met their worker previously. However, Alys and Andrew noted that they had known their social worker for several months prior to completing the work. It is perhaps unsurprising that Alys and Andrew felt very negatively about their experience of LSW, bearing in mind that both reported having 'hated' the social worker who completed it with them as she had been involved in their removal from their birth family and their entry to local authority care. The relationship with the person undertaking LSW seemed to have an impact on the level of commitment and ownership that the young person felt towards the work:

"Didn't feel safe as didn't like the social worker. She probably did it the right way but I just didn't like her so I didn't really listen to her." Alys, p. 14, 9-10.

"She said we were going to finish it but then we never did". Alys, p. 7 30-31.

"It [LSW] was good, if we'd completed it." Alys, p. 8, 30.

When asked if completing it with a different person would have made a difference, both Alys and Andrew agreed. Andrew noted that the person doing the work needed to have experienced a similar situation before they would be able to provide support. He stated

that a subsequent social worker, who had herself been in care and experienced bereavement, would have been better placed to have offered him LSW:

> *"Her mum died and she's been in care." Andrew, p. 23, 26*

> *"Well I'd have listened to them and asked more questions." Alys, p. 14, 26-27.*

The available support offered by foster carers appeared important, with young people expressing different experiences and views about how this had affected them:

> *"I had all of my foster family around me to help me through it. They were really supportive. " Gemma, p. 17, 5-8.*

> *"I suppose my adoptive parents could have encouraged us more…they could have, I suppose, sat down with us and gone through it, but we were left to read it ourselves." Luke, p. 12, 2; 4-6.*

> *"Well my social worker did [support me], then when I went back I'd tell my foster carers anyway because I would go home upset, and I used to class them as my mother and father because I was with them for four years, like, I used to call them Mam and Dad. I told them and they just didn't help me through it, so my trust just went out the window with them then." Katie, p. 12, 1-7.*

However, Andrew felt very differently about receiving support from foster carers, stating that if they had asked about his LSW it would have felt like an:

> *"…invasion of my personal space". Andrew, p. 23, 14.*

The availability of people to offer support can also affect the enthusiasm for returning to it. Katie commented that she would like to return to her LSW now as she feels supported by her boyfriend;

"I'd like to do it because I know I've got my boyfriend to support me through it."
Katie, p. 23, 17-18.

Young people referred to difficult experiences of accessing potentially distressing information from their care files particularly when this occurred outside of LSW. When asked if she had been helped to understand distressing information from her file at 18 years old Lucy explained that people 'just told her'. As a result, she struggled to manage the information:

"I've asked the questions and they've just told me as it is…I just let things build up until I explode and then I just go nuts!" Lucy, p. 19, 16-24.

3.3.2.3 An Individualised Approach

A feeling of ownership appeared to be fostered through the use of a person-centred and flexible approach to LSW. Luke seemed keen to explain that the life story book he developed had not been generic:

"It looked like something that was made for me" Luke, p. 11, 32.

However, Andrew described his experience in very different terms:

"We had this huge big book thing. We only did about 8 pages and that was about it then." Andrew, p. 7, 20-22.

The content of the LSW reported as being most helpful incorporated photos, drawings, speech bubbles, sentimental objects and opportunities for the young people to comment on their feelings and to be creative in the content. This type of child-led approach offered choice with respect to both content and format:

"It was easier to do it that way, to make my mind up about things…like what bits should have gone in and what bits don't have to go in…" Gemma, p. 12, 34.

"It was a bit easier to understand, because it was coming from my point of view not someone else's or like someone had just met me and written this book or something. So it was nice to have come from, like it had come from me." Gemma, p. 15, 25-29.

Conversely, both Alys and Luke commented on how they had not enjoyed having to write as they were both painfully self-conscious about their handwriting. Alys felt she would have valued her LSW and not thrown out her LSB, if a more collaborative approach been taken:

"Why can't they just do it like the kids want to do? Like if they want to do drawings instead of writing, they can easily illustrate what they are trying to say." Alys, p. 21, 26-29.

All of the participants agreed that young people should be offered a choice whether or not to undertake such work, and that a collaborative approach should be adopted to establish whether it would be helpful for them;

 "I wouldn't say yeah or no to them, like, so it would be up to them if they wanted to do it." Katie, p. 25, 5-7.

"I think the social worker should let them have a good say in it, like let them get a word in." Katie, p. 27, 5-6.

"Only if they wanted to know, because I feel that some people aren't ready to know, and if they're not ready to know it could make them more ill…because they might not be in a stable position to deal with the information." Ellie, p. 21, 6-9.

3.3.2.4 Being Ready

All of the participants felt that it was important to feel ready to complete the work, and that this might be different for different people. However, all agreed that the information shared needed to be appropriate for the age of the child. This theme seemed to link with the theme of LSW being an ongoing process, as most participants felt that more information could and should be shared as the person became older. Most felt that hearing details that might lead to distress, such as the reasons for their entry to care, may have been too difficult to process at a young age. When asked about the age at which they completed LSW most answered that they had felt they needed the information, but in hindsight it may have been too much, too soon:

> *"It's hard to say, that is. I did, because it was quite useful information, but I didn't because I was too young…like my mind was telling me yeah, I'm old enough to learn it, but then my heart was saying look you're too young, don't do it." Katie, p. 21, 24- 22; 26-29.*

> *"It was enough at five, yeah. But there should have been like another book of information for when I was older. Maybe 10 or 11. When I was 16 or 18, even. There should have been everything then." Lucy, p. 18, 24-28.*

> *"Do it when you're older [suggests 16], so you understand more…Like why you went into care, what actually happened" Alys, p. 12, 8.*

> *"I'd look at it differently now, because then I was just kicking off about it and now I think I'd actually sit down and go through it." Katie, p. 25, 30-33.*

> *"I think there's a bit too much [detail] if I'd done it at a younger age. But, as I did it when I was slightly older, I think there was enough for me to handle, but it was still quite hard to handle." Gemma, p, 27, 28-31.*

The need to adopt an individualised approach is reflected in the theme of being ready. Matt observed that, unlike some of the other participants, he would not have been ready to have done LSW when he entered care at 11 years old as he describes difficulty in understanding information. Interestingly, he bases this view on an explanation provided by his social worker:

> *"Too soon because I was – like they [social workers] still reckon at the moment that I'm twenty but they reckon in mind I'm an age of like a sixteen year old." Matt, p. 8, 35-37.*

Alys' observation of needing to be ready supports the case for a person-centred approach to readiness. She said that people will know they are ready when they:

> *"…feel comfortable talking about it, or writing stuff down." Alys, p. 29, 16-17.*

Andrew agreed that a child engaging in LSW needed to be ready for this, observing that it was important that people felt *"mentally prepared"* for the work. He felt that in his case this would not have been until he was older.

3.3.3 Super-Ordinate Theme 3: LSW: An Emotional Journey

3.3.3.1 "Scary but Exciting!" (Katie)

Most of the participants had found LSW challenging but rewarding, and all but Andrew reported that they would recommend it to others. When asked what they had valued about the work, the young people described how it had helped them to gather the information they had needed to know:

> *"I guess scary, finding out all your information, but then it's exciting as well because you find out new information about your family and that." Katie, p. 24, 31-33.*

"I think it helps to find a piece of yourself in a way, and it helps you settle some of the facts that you might not be sure about." Luke, p. 28, 18-20.

"It's given me a bit more of an understanding of what happened and why I moved and everything." Gemma. p. 16, 32-33.

Mandy described *'looking forward'* to the LSW sessions and noted that it had provided an opportunity to remember her experiences:

'Remembering who I have lived with when I was younger and things I [did] with them and stuff like that". Mandy, p. 6, 21-22.

It was notable that siblings often had very different perceptions of how their brothers or sisters had viewed the work and the researcher wondered how this reflected on the young person's own feelings about the experience. For example, Alys commented that her brother (Andrew) had probably valued it more than she had. However, Andrew had actually described not engaging with the process at all. Perhaps what is most interesting is that both young people had thrown their LSBs away but had kept the photos, at approximately the same age, but independently of each other.

"I bet my brother's book is full!" Alys, p. 15, 9-10.

"How about one word. Crap!" Andrew, p. 35, 13.

Similarly, Luke had mused that his sister Lucy had probably thrown her book away. However, she reported that she still had it and often shared it with her friends. In contrast, Matt and Mandy seemed unaware of each other's LSW, with Mandy having photos that Matt believed no longer existed. The differences in sibling experience and perceptions is noteworthy, particularly for those who resided together, as it suggests that it is something that wasn't openly discussed or shared following the completion of the work. Andrew's observation that LSW is a private and personal piece of work seems

to support this lack of communication between siblings about LSW outside of the formal sessions.

3.3.3.2 "Dragging up the Past"

The way in which emotionally difficult information was shared was regarded by many as key to a successful piece of work. Luke noted that without a collaborative, gentle yet honest approach, he would have found the work much more challenging:

> *"It could have been written quite harsh. But the way it was put down in the book really broke it down and made it easier to hear…It would have been one hell of a punch otherwise." Luke, p. 24, 24-30.*

This is in contrast to Andrew who described a sense of anger at how his LSW was delivered:

> *"Because it's on one piece of paper and it's like, 'your dad did this and your mum died of that'. Well what I feel is there needs to be some empathy in it, not like, 'Oh your mum died of this, read that." Andrew, P. 12, 15-19.*

There was a sense of some information being very difficult to accept and very painful to think about. Alys and Andrew were very clear about the work having evoked very negative emotions in them. Alys reported that LSW brought back bad memories, and when asked if she ever talked with her brother about life before entering care she stated:

> *"Why would we want to remember?" Alys, p. 11, 20.*

Her brother Andrew went further, saying:

"It's just like one of those things where you're dragging up the past instead of pushing it to the side really." Andrew, p. 10, 26-28.

The idea that some things might be better forgotten or left unacknowledged was very clear in both Andrew and Alys' accounts. When asked if LSW had given them information they wished they didn't know, Andrew replied:

"My dad's violence towards me and Alys…" Andrew, p. 18, 12.

When asked about what was in her book, Alys' answer demonstrated the emotional impact of the information it contained, the memory of which clearly evoked feelings of anger and sadness:

"Terrible like. Terrible, like, my dad's name, I don't like him, I hate him." Alys, p. 15, 29 – 30.

When asked how it made her feel when she had looked through her book she replied:

"Angry. Sad. That's about it. [Sad] to see my mum's name there." Alys, p16. 3; 7; 9.

Although finding the experience of LSW largely positive, Lucy and Gemma commented on the continued emotional consequences of the work. Lucy reported that her LSB continued to evoke feelings of sadness and uncertainty:

"I just wondered if I'd ever see them or if they ever cared or wanted to see me." Lucy, p. 25, 31-32.

Gemma felt that LSW was a positive experience. However, her desire to discover the truth about why she entered care has resulted in her birth mother severing contact with her:

> *"Now I know it's kind of changed because she spends more time with my other sister now. Yet we used to spend all the time together as the three of us, so it has changed things." Gemma, p. 25, 3-6.*

Talking about the emotional impact of LSW appeared too hard for Mandy. While able to discuss the positive aspects of having information about her journey through care and the importance of the photographs it incorporated, Mandy noted that LSW had been *"a bit positive and a bit of negative"* but was unable to elaborate on what she had found negative. This is consistent with the difficulty she had throughout the interview discussing how she felt about her experiences.

While many of the young people described finding the work emotionally challenging, their ability to process this information and to make sense of it appears to correlate with the level of support they received and the amount of ownership they felt towards it.

3.3.3.3 Is Information Enough?

The young people described the collaborative process of the work as important. They noted that good LSW involves more than just the giving of information, but is more about the opportunity to sit with an interested and trusted person who can help them to make sense of the information. When asked how this had been achieved, the young people talked about open discussion and listening:

> *"Well, they gave me information; they sat there and talked me through it, like." Katie, p. 21-22.*

"She put it in an easier way to understand and that comforted me about it…made it sound better, easier to deal with...so a more simple format, I guess, and she used a more sympathetic way." Ellie, p. 14, 14 – 17.

"It wasn't so much set in stone stuff, it was giving possibilities…I did find it helpful because it left me to think for myself…It leaves you to kind of think more openly…" Luke, p. 13, 17-18; 23-26.

Although all of the participants acknowledged the importance of knowing about their past, there was a marked difference in opinion about the need to have material objects and/or records of the work. For some, just having had the opportunity to construct a coherent story had been enough and losing the book wouldn't be too upsetting:

"I wouldn't worry now because I've seen it and know what's in there." Lucy, p. 25, 22-23.

"I think I'd be okay with it because I'm not going to forget what's in it, and it was nice to do and I am always going to remember it." Gemma, p. 32, 10-12.

However, for others, having a documented record of their past seemed significant:

"I'd go nuts on them [if they threw it out]…it's [Life story book] really important…just knowing how my mother met my father and then like everything from when I was growing up." Katie, p. 11, 26; 29; 32-34.

"…I suppose it's kind of a sentimental piece that I probably wouldn't want to lose. If I lost it I'd probably be quite gutted." Luke, p. 15, 18-19.

"I got more pictures now. Like me and my twin sister and my little brother and when we were about three…I just check on them!" Mandy, p. 10, 22-23.

Matt reported that receiving photos from his mum when he was 15 was a significant thing for him and that this was something that he wished had happened when he was younger:

"It was important. Because it showed people who my family was. …Because they think 'oh you haven't got a family' because he's in foster care. I could show them then, see there's my family, now you know, like." Matt, p. 15, 1-4.

Those who had struggled to hear about their past had found it too difficult to keep the LSB but felt compelled to keep the photos that it had contained:

"I was like, 'oh my bedroom's a mess, I'd better clean it up' and I was like, 'bin, bin, save, bin…I threw out the book of what happened and all that." Andrew, p. 15, 1-3.

"Because [throwing away photos] is like throwing away memories." Andrew, p. 15, 17.

"I just took all the pictures out and just chucked the book." Alys, p. 24, 9-10.

The differences between the young people in what they found significant about the LSW demonstrated the importance of ensuring that LSW is a flexible, individualised piece of work that adopts a collaborative approach. For some it was *just knowing* and making sense of their narrative that was important, but for others *having* material possessions was a highly valued and needed aspect of the work.

3.3.4 Super-Ordinate Theme 4: LSW and the Concept of Family

3.3.4.1 'My Real Family'

When discussing what they had wanted to know and the things that they had found most helpful about completing the LSW, most participants voiced a desire to find out more about their birth family and the sense of connection that this was motivated by:

> *"Because it's the birth family really isn't it…they're related…I know like my foster carers couldn't replace them or nothing because I was made by my mum and dad really." Katie, p. 26, 17; 24-26.*

> *"It's just your birth family isn't it; it's like where you originated from. Everyone's got to come from somewhere." Luke, p. 27, 15-16.*

Matt talked about his birth family with warmth and affection despite difficult relationships, and when asked what family means to him he replied simply:

> *"Like loved ones. Ones you love and they love you as well." Matt, p. 11, 4-5.*

Mandy reported having asked to move closer to her family to aid contact. Indeed, all of the young people noted that having had contact with birth family members had been important throughout their time in care. However, the desire for information and contact did not always mean that they necessarily thought of their birth family as being emotionally important to them or that subsequent contact had been a positive experience:

> *"We don't want you down here, you're a big disappointment". Andrew, p. 19, 17-18.*

> *"She [birth Mum] didn't want to know me…" Katie, p. 12,*

> *"Well, I've spoken to my mother and heard her side of everything…I just spoke to her on Face book and she's not that nice!" Lucy, p. 5, 26-27.*

Gemma reported that although she has contact with her birth family and found it comforting to find out more about where her physical appearance stems from, she considered her foster carers as her family:

> "There are parts that say what my mum was like and it was nice to find out we do have…that we looked alike when we were younger. So it was really good to do that." Gemma, p. 22, 22-25.

> "I think of them [foster carers] more as family really." Gemma, p. 25, 23.

The role and importance of foster carers should not be overlooked, with many of the young people presenting an inclusive concept of family:

> "Some of the foster carers I'd place in, like, if it was a family circle…Like the ones I go down and see all the time or go up and see all the time, I would include them in it." Matt, p. 25, 1-5.

> "because she's [foster sibling] the same age as me, we're two weeks different, so we're into quite a lot of the same things, so that was good, because she always wanted a sister so I was sort of like a sister." Ellie, p. 4, 19-22.

> "There's my twin, and my foster carer." Andrew, p. 4. 28.

When she had to move on from her four year placement, Katie wasn't given an opportunity to say goodbye and this is something that she described as having found very distressing:

> "Four years from the age of 12 to 16. So that did break my heart." Katie, p. 13, 35-36.

Although Lucy has had ongoing contact with her birth Nan, and has at times experienced difficult relationships with her adoptive parents, she said that she felt accepted as part of her adoptive family:

> *"I think of my family as my adoptive family."Lucy, p. 16, 29-30.*
> *"My little sister's really like me…she's not adopted." Lucy, p16, 34.*

While most participants recognised an inevitable bond with their birth family, whether this was emotional or physical, the valued status of foster carers as family was also evident for many. This inclusive concept of family is a theme that seems important to recognise when considering the potential content of LSW.

3.3.4.2 The Value of Sibling Relationships

One of the most striking themes to emerge from the analysis was the value that the young people placed on sibling relationships. For some, it seemed that these relationships helped them to maintain a sense of connection with their birth family:

> *"I'm part of their family; they're part of my family." Matt, p. 10, 35-36.*

The reality of the care system was evident when Katie, Alys and Ellie recounted their confusion and horror at being separated from their siblings either when taken into care or whilst residing in care. Katie talked sadly about how having been responsible for the care of her younger siblings had magnified the grief that she felt when they were separated on her entry to care:

> *"But I think the scariest bit about going into care is that they took me away from my brother and sister when they was in school, so I didn't have a chance to say ta-ra to them or nothing". Katie, p. 9, 33-36.*

> *"We were like, why didn't we get placed together?" Alys, p. 10, 7-8.*

'"…after she [sister] went I was really upset, because I was used to her living with me, so I became not well then, so it was very difficult when she left". Ellie, p. 3, 20-23.

Ellie went on to explain how she felt that not being able to live with her siblings had affected her. She believed that supervised contact did not enable the 'normal' relationship that siblings have when they live together and that this has ultimately damaged their relationships:

"I felt pretty sad that we got split up, because I have always wanted brothers and sisters to live with, because they protect you, play with each other, and get on each other's nerves…because we don't see each other very often at all now…we're just nice to each other, and I just find that weird." Ellie, p. 8, 5-15.

Andrew expressed his fear about losing his sister and notes how unhappy he is about his sister's plans to join the army:

"Because if she dies it's just me then and I'll just be alone. And I won't be able to phone my sister." Andrew, p. 6, 13-15.

All of the participants agreed that LSW would have been more important had they not had contact with their siblings:

"It [LSW] would have been more important because there would have been more of a breakage in my whole family tree…" Luke, p. 23, 6-7.

Lucy agreed, noting:

"Because there were five of us and then there were three, so if I wasn't with the other two, then I would have wanted to know a lot more about them…" Lucy, p. 13, 9-11.

"[LSW] would be more important. Because she's my twin and we were born on the same day, around two minutes apart." Andrew, p. 21, 24-25.

An emerging theme from many of the narratives was the value that the young people placed on the shared experiences they have had with their siblings and how this has contributed to the significance of their relationships:

"They've been through the same thing so I'd want to see their experiences as well." Luke, p. 23, 12-13.

"We were all going through the same thing, at the same time and we all knew how each other were feeling and we all stuck together." Lucy, p. 14, 1-3.

"We always used to share and we'd like have bunk beds, so it always was, like, look at this one [photo], look at that one [photo]". Mandy, p. 11, 16-18.

It should be noted that valued sibling relationships were not only confined to birth relatives. Mandy, Lucy and Gemma talked warmly about the sibling relationships they had developed with their fostered or adopted siblings.

3.3.5 Supplementary Themes

The participants provided rich and detailed accounts of both their lives and their experiences of LSW. Whilst space does not allow going into detail about additional pertinent themes that arose from the analysis, it was felt that they should be acknowledged as they provide additional context for understanding the young people's

experiences. The strongest supplementary themes related to the young people's experiences of multiple losses and trauma, a desire to achieve stability and the often forced move into adult roles and responsibilities.

3.3.5.1 Multiple Loss, Rejection and Trauma

All of the young people had experienced loss of those important to them. Katie, Alys, Andrew, Matt and Mandy had all lost a parent or primary care giver at a young age. The distress generated by such losses was often compounded by inadequate and abusive relationships by other family members prior to care, and then the subsequent loss of foster carers due to multiple moves. Despite being from large sibling groups, all of the participants had been separated from at least some of their siblings, with contact either infrequent or absent in many cases. Many of the young people conveyed an on-going sense of rejection by birth family members, foster carers and in some cases professionals. Details of care leaver's individual circumstances are presented in Chapter 2.

3.3.5.2 Striving for Stability

A key theme that emerged through descriptions about their hopes for the future, desire to settle down or the forthcoming arrival of a baby illustrated a strong desire for achieving stability. Most had experienced multiple placements, particularly since reaching the age of 16 years old, and many had only been in their current accommodation for less than a few months. The tenacity that many displayed in wanting to achieve, or having already acquired, skills, was remarkable when one considers their personal circumstances:

"Well just settling down like, instead of going out and getting into trouble all the time and people not liking you. Be better if I had a girlfriend and settle down, make a family and everything". Matt, p. 22, 27-30.

"I would hopefully have my own business." Andrew, p. 30, 10.

"I'm not so much rock solid, but I'm not really unstable. It's a tough one. I suppose I could say I'm happy" Luke, p.34, 32-33.

3.3.5.3 Early Adulthood

Four of the young people were living independently and two were living in supported lodgings. Two are living with foster carers but are expected move to independent living when they are 18. One had returned to live with their birth family. Many talked about a sense of maturing in recent years with imminent parenthood for one participant. The move has proved challenging for some, with two stating how much they disliked their supported lodgings.

3.3 CONCLUSIONS

Interviewing nine young people about their life story work has elicited a rich description of their individual and shared experiences. The participants talked eloquently, and at length, about their views of birth family and LSW. However, the interviews also provided rich descriptions of the young people's lives, identifying the challenges that they have faced and their hopes and dreams for the future. The analysis above has focused on capturing the essence of the participants' individual and shared experiences in relation to the research question posed.

Chapter Four: Discussion

4:0 CHAPTER OVERVIEW

This Chapter considers the findings of the current study in relation to the existing evidence base and psychological theory. Implications for clinical practice are discussed, followed by a discussion of the strengths and limitations of the current study. Finally, possible areas of future research are explored.

4.1 RESEARCH FINDINGS AND THE EXISTING LITERATURE

The results of this study are discussed within the context of both the wider evidence base relating to resilience for young people in and leaving care and the perceived role that LSW has played within the development of a coherent autobiographical narrative. A social constructionist lens is applied, with consideration of how the young people have been able to actively engage in constructing, negotiating and understanding their identity within their own personal context, through LSW.

Descriptive data and super-ordinate themes are discussed, with attention paid to the convergence and divergence noted between the participants' accounts. To ensure clarity, themes are identified by italicised text.

4.1.1 Descriptive Data

4.1.1.1 Contact with Significant Others

The findings of the stage one survey indicated many similarities between the local population of care leavers and the wider evidence base pertaining to care leavers. Consistent with previous findings (e.g. Wade, 2008), there was a wide variety of

significant others identified by the young people, but it was contact with birth family - and in particular siblings - that was reported as being most important to those care leavers that were surveyed. Moreover, all except two participants reported that they were currently in contact with their birth family and, for many, this contact had been maintained throughout their journey through care. The data suggests that grandparents are also actively involved in the lives of these young people. Grandparent significance is potentially positive, as it has been noted that support from maternal grandparents is associated with positive outcomes for the young person (Moyers *et al.*, 2006). This is significant when one considers the findings of Rees (2012), who found that contact with birth family was the only significant predictor of improved outcomes for young people leaving care. If this level of contact is consistent across the wider leaving care population (where outcomes are far from positive for a large proportion), it suggests that it may not be the amount of contact that is important, but rather the quality of it. Indeed, Moyers *et al.* (2009) reported that almost two thirds of young people had experienced contact that was rated as detrimental to them.

4.1.1.2 Knowledge of Birth Family

The data collected is encouraging as it suggests that many young people felt that they knew 'quite a lot' or 'a lot' about their birth family, which differs from previous findings (Horrocks & Goddard, 2006). This could be explained by the regular contact with birth family reported by many of the participants. However, it could also result from improved sharing of information and supported contact due to government policy and guidelines. It is of note that those interviewed described a sense of mistrust at the information shared by their relatives and a sense of not all information having been shared. This might explain why, despite many reporting regular contact with relatives, just over half of the participants reported wanting to know more. It is perhaps unsurprising, therefore, that the number of care leavers requesting access to their care files and seeking contact is increasing (Wade, 2008; Wade & Horrocks, 2008; Goddard, 2006).

4.1.1.3 Prevalence of LSW

The data indicated that more of the young people had requested LSW than had completed it. This suggests that while there is interest in such work, not all local authorities seem to be responding to these requests despite the guidance published by NICE and SCIE (2010). While approximately one third of the participants reported that they had completed life story work, these results should be interpreted with caution as it is possible that those who had heard of LSW were more likely to participate in the study. This may be evidenced by the fact that 16 of the 38 participants who completed the survey expressed an interest in being interviewed. However, it is arguably significant that 45% of the young people had reported requesting LSW, despite all but two of the participants claiming regular contact with their birth family. This could be explained by a desire to find out more, or it may be due to LSW having been described to them as an opportunity to think more about their own lives and journey through care, rather than simply finding out about birth family.

4.1.2 Qualitative Data

4.1.2.1 The Need to Know

The need to know was a super-ordinate theme prevalent across all nine participants. Three sub-ordinate themes were identified within this super-ordinate theme; *'putting the pieces together'*, '*knowing what others know'* and '*taking control'*. These themes reflected the lack of information reported and its effects; the perception that the young people have only been afforded limited access to their own information and their determination to seek out the missing information for themselves. The young people spoke eloquently about how they have actively attempted to develop and make sense of themselves within an often challenging social context. These descriptions support the assertion that identity development can be helpfully understood from a social constructionist perspective, as they illustrate how young people actively engage with the world around them in order to make sense of themselves (Hammond, 2012; Winter & Cohen, 2005).

'Putting the Pieces Together'

Consistent with the findings of previous research, the young people reported having a lack of even the most basic information about their past and the reasons for their entry to care (Horrocks & Goddard, 2006). They spoke honestly and openly about the sense of confusion that this had caused for them, with some reporting difficulties in making sense of their own identity and, in one case, feelings of blame for being in care. The need to understand *why* they had entered care was common across all but one of the young people, something that has been hypothesised by previous authors. (Frame, 2009; Schofield & Beek, 2006). The lack of information and subsequent feelings of confusion is consistent with the assertion that without basic information about the past, the development of a coherent personal narrative becomes challenging, if not impossible (Cook-Cottone & Beck, 2007; Winter & Cohen, 2005). The sense of confusion reported by the young people could therefore be understood as resulting from a lack of a coherent personal narrative. This is supported by the description that through gaining information from LSW and making sense of this in the context of their own lived experiences, many have felt able to 'fit all the jigsaw pieces together'. Most of the young people noted that whilst LSW had not always provided all of the information they would have liked, it had offered a firm foundation upon which to build their knowledge and make sense of their journey through care by the sharing and retelling of experiences. It has been suggested that this offers an opportunity to integrate conflicting emotions and experiences, and thus facilitate a sense of resolution (Schofield & Beek, 2006).

Knowing what Others Know

For many of the young people there was a sense that others knew more about their lives than they did, with most reporting feelings of anger and frustration about this. While there was divergence in whether the young people wanted to know more than they had learnt through LSW, many described information as being powerful and at times shared in hurtful ways by those around them. However, the information that most non-looked after young people know about themselves and their lives was considered by many of the participants to have been deliberately withheld or 'hidden' from them. In

fact, access to information varied within and between sibling groups. The difficulties that young people experience in accessing information held by professionals is well documented (Goddard, *et al.,* 2008; 2010; Humphreys & Kertesz, 2012). However, some of the participants voiced a strong frustration that their birth family members were keeping 'secrets' from them. That such a lack of knowledge was reported despite most having maintained contact with birth family members, was striking. It appeared that the people one would expect to provide a scaffold and framework of information about the past were often unwilling or unable to offer this (Nelson & Fivush, 2004; McAdams, 2006). This arguably implies that LSW remains an important source of information, regardless of contact with birth family.

Taking Control

Most of the young people interviewed described having sought information about their lives from multiple sources including professionals, foster carers, siblings, birth family members and social media. The desire to take control of their autobiographical information was often voiced by the young people but many reported finding this hard to achieve.

The determination to discover more information was often linked with a strong desire to make contact with members of their birth family. There was evidence that some of the young people had actively sought out contact using social media and/or care files with the hope of reunification, but that these attempts often had difficult consequences. Such 'magical thinking', whereby young people fill in the gaps in their knowledge with guesses and assumptions about their birth family, often based on idealised fantasies, was observed in some of the participants (Wade, 2011; Ryan & Walker, 2007; Rose & Philpot, 2006). This suggests that simply completing LSW may not be enough to dispel the unrealistic expectations of some for joyful reunions. Conversely, one young person had chosen not to seek out more information or contact. He stated that he preferred to avoid obtaining information that could potentially undermine his belief that his birth family may not prove to be as he would like to think that they are.

4.1.2.2 Getting LSW Right

As described in the study completed by Willis & Holland (2009), there was found to be considerable variation between participants in respect to the duration, content, age of completion, perceived level of support and the ultimate helpfulness of the LSW completed. All were able to describe what they had experienced and how this compared to what they would have liked. However, the super-ordinate theme *Getting LSW right* draws on the fact that despite the variation in actual experience most of the young people described very similar aspects of LSW that they had, or would have, found most helpful. These have been conceptualised through the four sub-ordinate themes, *an ongoing, gradual process; feeling safe and supported; an individualised approach;* and *being ready.*

An Ongoing, Gradual Process

The variability in the content and process of the work was in line with that reported by Willis & Holland (2009). The perception of some participants that the work had been limited in content and duration, with only one person reporting that the life story work was returned to formally at a later date, may reflect the growing pressures that social workers report as affecting their direct work (Willis & Holland, 2009; Baynes, 2008; Rushton, 2004). Six of the young people interviewed had completed life story work by mid-childhood, with only one returning to it later. This appears to support Hammond's (2012) assertion that LSW is perceived by many professionals as something undertaken early, on entry to care, and is then forgotten about unless specifically requested at an older age.

While Alys and Andrew reported never returning to the life story work, the value of returning to their Life Story Book (LSB) was described by the other young people; with most agreeing that LSW is most helpful when revisited over time. The reasons given for them revisiting the information included a desire to reminisce about past experiences and a need to feel connected to their birth family by looking at 'familiar faces'. For some it had served to remind them that they have been able to manage difficult times in the

past when faced with new and daunting transitions. The reported use of the LSB to navigate difficult times during their journey through care seems to reflect the need for a coherent narrative to navigate life's ups and downs (Cook-Cottone & Beck, 2007).

The importance of making sense of the information over time was stated by many participants, with some remarking that it takes time to 'absorb' the information. They noted that working collaboratively with others to gradually make sense of the information allowed the young person to come to terms with information that could be emotionally distressing, rather than having the information 'just crashed down on you'. This did not mean that they did not want the information, but rather suggested that hearing things over time and returning to them as they got older provided the opportunity to build on their knowledge and to make sense of it at the right time for them. Such an approach makes sense when one considers the evidence of the way in which autobiographical narratives are thought to gradually evolve and become more complex as children mature into adolescence (McAdams, 2006; Hammond, 2012).

Feeling Safe and Supported

The role of relationships was found to be important in the commitment and ownership young people reported towards their LSW, despite variability in the level of support experienced. As with that reported by Willis & Holland (2009), those who felt emotionally supported and able to trust the person undertaking the work with them perceived the work as more helpful and were more likely to return to it. These reports are also consistent with the idea that young people need to feel safe and secure in order to be able to effectively access and process memories, feelings and new information (Schofield & Beek, 2006; Fahlberg, 1994). It is interesting to note that the length of the relationship was not as important as its perceived quality, with some reporting feeling safe with a newly introduced professional, and others feeling unsupported by the social worker they had known for some time. Andrew commented that he felt that the professional needed to have had similar experiences in order to be well placed to offer helpful LSW.

Whilst all agreed that safety and support from the professionals was significant, the young people differed in their desire for support from their carers. Some felt that a sense of poor support from their carers ultimately affected their trust in them, while others felt it was a very private piece of work that should not be shared. This is congruent with the differences in intended audience reported by the young people in Willis & Holland's study (2009).

The value placed by the young people on feeling able to trust those supporting them through LSW is significant when one considers that these young people may have more difficulty in developing trusting relationships with others as a consequence of their early experience of neglect and abuse (McAuley & Davis, 2009).Therefore, it follows that building a relationship may be an area of LSW that requires a great deal of preliminary work and thought, prior to commencing with the work on biographical content. Moreover, the importance placed on the relationship with the professional by young people, indicates that the worker needs to feel comfortable in sharing difficult information, and needs to be able to listen and respond to the young person – skills that Baynes fears may be becoming lost in the modern, competence-based training of social workers (Baynes, 2008).

An Individualised Approach

It is widely accepted that there is no single methodology for LSW, and that it generally involves the process of providing a framework within which a young person is able to make sense of their personal and family history and their journey through care (Ryan & Walker, 2007; Rose & Philpot, 2006). The variability in content and process is observed both in the study reported by Willis & Holland (2009) and by the reports of the young people from the current study. It follows that as the young people in these studies were drawn from several local authority teams, there experiences were likely to be quite different. The views of the young people indicate that LSW should, in fact, be individualised and person-centred, with the participants who received a more generic LSB finding LSW less helpful than those who collaboratively designed their LSB.

Indeed, one young person who had been offered a generic approach championed the need for a child-led approach:

> *"Why can't they just do it like the kids want to do? Like, if they want to do drawings instead of writing, they can easily illustrate what they are trying to say." Alys, p. 21, 26-29.*

All participants agreed that young people should be offered the choice of whether to engage in LSW, how they would like to do it, and when. They felt that without these choices, LSW could potentially be unhelpful, and for some, painful. The young people's views are consistent with the suggestion that LSW needs to adopt a collaborative format in order to be helpful (Ryan & Walker, 2007; Rose & Philpot, 2006).

Being Ready

The shared view that it was important to feel ready for LSW, and that the information given needs to be provided in an age appropriate way, reflects the concept that personal narratives develop in line with the young person's cognitive and emotional development (McAdams, 2006; Hammond, 2012).

> *"It's hard to say, that is. I did, because it was quite useful information, but I didn't because I was too young…like my mind was telling me yeah, I'm old enough to learn it, but then my heart was saying look you're too young, don't do it." Katie, p. 21, 24- 22; 26-29.*

The acknowledgement that people will feel ready to complete LSW at different ages, but may not be aware of how much they are able to manage, appears to link with the themes that LSW must be an *individualised, gradual and ongoing process*.

4.1.2.3 LSW: An Emotional Journey

The findings suggest that, for most, LSW was considered to be an emotionally challenging but rewarding experience. This is consistent with the findings of Willis & Holland (2009) and Gallagher & Green (2012). Many participants reported that the espoused aims of LSW, namely providing an opportunity to learn more about their birth family and to make sense of their experiences within a safe environment, had been met (Baynes, 2008; Ryan & Walker, 2007; Rose & Philpot, 2006). However, for some, where they had not felt supported and the LSW had not been offered in an individualised manner, it had proved to be too distressing.

'Scary but Exciting'

It was encouraging to find that most of the young people reported that despite finding it 'scary' at times, LSW had offered them an opportunity to gather and make sense of the information that they had needed to know. Their views seemed to support the idea that there is an inherent need to make sense of one's own narrative in order to develop a coherent sense of self and a positive sense of identity (Cook-Cottone & Beck, 2007). This appeared to help them develop a coherent sense of self and ultimately seemed to be allowing many to develop skills and new positive relationships:

> *"I think it helps to find a piece of yourself in a way, and it helps you settle some of the facts that you might not be sure about." Luke, p. 28, 18-20.*

The fact that siblings often reported differing experiences of and feelings towards the work that they had often completed together illustrated the need for an individualised approach, even within sibling groups. The widely expressed view that they would recommend completing LSW to others was reflected in the views expressed by other young people who had completed LSW (Willis & Holland, 2009; Gallagher & Green, 2012).

'Dragging Up the Past'

All agreed that LSW had, at times, evoked distressing feelings. The way in which emotionally charged information was shared was regarded by many as central to the success of the work. The use of a collaborative, gentle yet honest approach reportedly helped the young people to process what may otherwise have been too distressing for them to hear. This suggests that the worker being skilled and comfortable in sharing such information makes a difference to the experience of the young people (Baynes, 2008). However, for some, a lack of readiness for the information impacted heavily on their emotional experience.

The two participants who felt that LSW had been unhelpful had completed the work soon after entering care, which may have contributed to them not feeling mentally prepared for the work. A sense of feeling overwhelmed and a persistent desire to leave some details unacknowledged or forgotten was conveyed by these participants and one wonders whether they would have felt differently had they been offered the LSW at a different time (Entitlements Enquiry; APPG, 2013). The shutting down and denying of feelings observed in these participant's accounts reflects a style of coping noted by Schofield & Beek (2006) who acknowledge that difficult information needs to be shared at appropriate developmental stages and at the most helpful point in the young person's recovery from their experiences. Certainly, their reluctance to engage may partly explain why they felt it had been unhelpful (Rushton, 2004).

> *"It's just like one of those things where you're dragging up the past instead of pushing it to the side really." Andrew, p. 10, 26-28.*

Is Information Enough?

As with previous studies, some of the young people noted how important it was to have treasured material items (Gallagher & Green, 2012; Willis & Holland, 2009). For some, this reflected a need to have a permanent record of their birth family for themselves or as proof for others of the existence of their 'actual family'. For others, keeping a record seemed to be connected more to the amount of time and energy they had invested in

Chapter Four: Discussion

the work. However, differing from previous studies, some young people reported that it had been finding out and making sense of missing information that had been important and that the physical document was less crucial. Significantly, the two participants who had found the work unhelpful had both retained the birth family photographs but discarded the 'story about what happened'. Therefore, one wonders whether the presence of physical and treasured items offers a connection to birth family and consistency across time and placements, which can be viewed as separate to the often difficult history and information that seeks to explain the absence of those family members (Ward, 2011). For some, it was knowing and making sense of their narrative that was important, but for others having material possessions was a highly valued and needed aspect of the work (Willis & Holland, 2009; Hurdley, 2006).

4.2.1.4 LSW and the Concept of Family

It is perhaps unsurprising that a dominant theme across the participants was that of family, as a major component of LSW is related to finding out about one's familial heritage and making sense of the reasons for entering care. However, what constituted *'My real family'* and who should be included as part of this varied considerably. Arguably, the most consistent theme that emerged relating to family was that of the *'Value of sibling relationships'*.

'My Real Family'

Inherent in LSW is the sharing of information about birth family in order to provide a sense of the young person's past (Ryan & Walker, 2007; Rose & Philpot, 2006; Schofield & Beek, 2006).While many of the participants related a desire to know more about 'where they had come from' , most identified difficult relationships with birth family members. There appeared to be a clear sense of a biological connection with birth parents, particularly birth mothers and grandparents. However, when asked who they considered to be family, most identified greater emotional connection to their foster carers. This was particularly true for those who had maintained longer and more stable placements. This suggests that young people in and leaving care operate with a more

inclusive concept of family. With this in mind, the need for young people to be asked who they would like to include in their LSW and how they would like them to be described seems important (McMahon & Curtin, 2012). Interestingly, the views expressed by the interviewees differed a little from that of the broader data collected in the survey, which identified birth family members as the most important people in the young person's life. This may be a result of the interviewees having had the opportunity to discover and make sense of the reasons they entered care through LSW. For one interviewee, this knowledge had resulted in less contact with her mother and a greater sense of identification with her foster family.

The Value of Sibling Relationships

All of the young people interviewed here described the importance of their relationships with their siblings, and emphasised how much more important LSW would have been without this contact. Consistent with previously reported studies, participants described feelings of loss when these relationships were disrupted or severed, both on entry to and during care (McBeath *et al.*, 2014; Hegar, 2005; Parker, 2010). Many described feeling that their siblings offered the chance to maintain contact with their birth family, with these relationships more frequently maintained by the young people on leaving care than those with other birth family members (Aldgate & McIntosh, 2008; Hernick & Piccus; 2005; Wade, 2008; Parker, 2010). It should be noted that, as with the perception of other family relationships, valued sibling relationships were not only confined to birth relatives. Mandy, Lucy and Gemma talked warmly about the sibling relationships they had developed with their fostered or adopted siblings (McBeath *et al.*, 2014; Tarren-Sweeney & Hazell, 2005). This again suggests that LSW should include more than information simply about birth family.

4.1.3 Summary of Findings

The views expressed by the young people in this study are consistent with those found in studies conducted by Willis & Holland, (2009) and Gallagher & Green, (2012). The variation in desire for foster carers to be involved in the work implies that whilst the

foster carers who participated in the study by Shotton (2010) reported experiencing a positive effect of LSW on their relationship with the young people in their care, the young people's views may have been different. The reported need to know information about the past in order to make sense of the future was eloquently and honestly described by the participants in the current study. The reported feeling that this sharing and sense-making process should be completed gradually and revisited often, taking into account the individual needs of the young person, fits with the concept of how young people develop an increasingly sophisticated personal narrative over time (McAdams, 2006; Cook-Cottone & Beck, 2007). All of the participants reported feeling that in order to make sense of themselves, they needed to understand their past, whether this was through LSW or through contact and access to care files. However, all but one felt that LSW offered a positive format in which to learn and understand this information.

4.2 IMPLICATIONS FOR PRACTICE

4.2.1 Service Implications

One of the key clinical aims of this research was to identify how LSW can be conducted with young people to be most helpful, timely and valuable to them. Whilst there have been many theory papers, models and professional views shared, very little was known about how LSW was viewed by those for whom it is intended. The views offered by the young people in this research have provided a greater insight into how LSW can be useful to them and why.

The findings of this study demonstrate how thoughtful young people are about their experiences and the consensus that seems to be present regarding how the delivery of LSW could be improved. With this in mind, it seems sensible that young people are asked to contribute to future policy and national guidelines as a matter of course. This would help to facilitate the aim of placing young people at the *'heart of all decision making'* (NICE & SCIE, 2010, *p. 5*).

The importance of feeling safe and supported by those around them was significant to the young people. The work often included the sharing of difficult, potentially distressing information. The ability of the professional to provide this in an honest but sensitive way, offering time and space to make sense of the information, appears to be crucial. Feeling that the work was valued by the professional and the foster carers seemed important in increasing the young person's ownership and engagement with the process, which ultimately impacted on their perception of the work. This implies that those undertaking LSW need to feel confident in listening and working through difficult information with the young person and responding to their needs. Clearly this will take time, particularly when one considers that the young people felt that LSW should be a gradual process. In a climate of austerity, where social welfare and NHS cuts are the norm, it will be challenging for professionals to satisfy the requested need for time and space. However, the evidence that good LSW can help young people develop a coherent narrative, which can then affect their behaviour and their ability to approach the future in a positive way, could offer a long-term opportunity to potentially reduce placement moves, crisis intervention and expensive residential services. It could be argued that more information about *how* to complete LSW should be included within the current NICE guidelines (2010). This does not suggest that a single model or approach should be recommended, but emphasises the need for a gradual, age appropriate process that is collaborative and individualised in format, and is returned to often.

The fact that LSW offers a foundation upon which to build an understanding and knowledge of the past was acknowledged, despite many of the young people being in contact with birth family. However, most reported a desire to access their care files, which seemed to be motivated by a sense of there being 'more' to know that others were not sharing. The young people's experiences reflect the previous findings that access to care files can be both practically and emotionally difficult (Goddard *et al.*, 2008). The findings indicate that those leaving care need greater support with accessing care files and making contact with their birth family, because in many cases this did not seem to have been a positive experience. Without this, it appears that many young

people access alternative routes such as social media, which at best potentially offers little or no support and at worst can expose them to harmful relationships.

The importance of foster carer support was evident for many of the participants, even when the young person was no longer residing with carers and reflects similar findings by previous studies (Wade, 2008; McMahon & Curtin, 2012). Many talked about considering them as family, with one young person describing an abrupt placement move in the same terms as she described her entry into care and loss of birth siblings. For this reason, it follows that LSW could offer opportunities for making placement transitions less traumatic and understood from a more objective perspective, which ultimately may improve the sense of consistency for the young person, and also model the fact that relationships are valuable. This approach is in line with the idea that the young person needs to be supported to integrate their ongoing experience within their developing narrative in order to achieve coherence. If young people can be supported to achieve narrative coherence - which includes both difficult and happy memories - one would hope that this may lead to an improvement in long term outcomes for this population (Schofield & Beek, 2006). The combination of early information and chronology offered by traditional life story approaches, together with a memory store approach that facilitates the ongoing development of coherent narratives appears to meet the needs expressed by the young people and previous research (Willis & Holland, 2009; Gallagher & Green, 2012; Shotton, 2013). However, the descriprtion by some of LSW being private and not something to be shared with foster carers requires consideration. The memory store approach suggested by Shotton (2010;2013) which focuses on the foster carer completing the work may not always be desirable for the young person. Therefore, services need to think carefully with the young person about who they feel the most appropriate person to facilitate the work is *for them*, which may or may not be their foster carer.

The young people were exceptionally clear about one topic: contact with birth family, especially siblings, is important. This reflects previous findings (Parker, 2010; McMahon & Curtin, 2012). Young people described multiple experiences of loss, rejection and

trauma both prior to and during care, which is consistent with the experiences reported for the broader population of care leavers. While many described feeling that, despite contact, they had little information about their history, it is perhaps unsurprising that all felt that LSW would have been even more important had they not had contact with their birth relatives. For many, siblings were the most present birth family members in their lives, and they were the most likely relationships to be maintained when leaving care. The views expressed by the young people indicate that recent policy changes that highlight the importance of contact are appropriate. There seemed to be an inevitability described by many young people that they would experience ongoing loss and rejection by others, but conversely, a feeling of being able to rely on their siblings. Therefore, it follows that care must be taken by services to ensure that sibling relationships are supported wherever possible. However, services should also be careful in not assuming that the presence of contact with birth family negates the value of LSW, as for many, more information was gained from LSW than from their birth relatives.

The findings that many of the young people sought contact with their birth family, often with difficult consequences is consistent with the findings of Wade (2008). Good quality life story work could potentially play a role in helping to offer young people a foundation upon which to make a more informed choice about potential contact, and possibly challenge idealised fantasies about reunion with birth family relatives. If this work was managed in a helpful way, it suggests a potential avenue for reducing the numbers of young people who leave care abruptly at 16 and then struggling to return when placement with birth family breaks down.

4.2.2 Implications for Clinical Psychology

To date much of the research and models of LSW appear to be drawn from social work practice. The views and experiences of the young people expressed in this study underline the psychological underpinnings of LSW, particularly in relation to the development of identity and autobiographical narratives. Clinical psychology could offer a great deal to this field in relation to researching theory-practice links between identity and LSW, as the literature review highlighted a paucity of evidence in this area.

A greater involvement in the practice of LSW, through more intensive and therapeutic models of LSW, such as that proposed by Rose & Philpot (2006), may offer psychologists the opportunity to support young people to make sense of the traumatic events in their lives within the context of their personal narrative. Greater exposure to this form of intervention could also assist psychology in playing a more significant role in disseminating information and supporting other professionals in completing the work. Shotton (2010; 2013) noted how well received the training in LSW had been by foster carers and the reported positive effects of this for their young people. Clinical psychology could become more involved in offering training to professionals and social workers about why LSW is important and how having a coherent narrative can positively affect the lives of young people in their care. Increasing the knowledge and understanding of the theoretical underpinnings of LSW may help to enhance the motivation for professionals to undertake such work. It is possible that clinical psychology could offer workshops to share this knowledge, within the context of both individual cases and more generic training.

Delivering emotionally charged information can be difficult. Baynes (2008) noted that many social workers find this hard to do, which can lead to over sanitisation of the information or avoidance of LSW altogether. Clinical psychology can offer supervision to other professionals who are delivering the work. Through such supervision social workers could be supported to identify and understand their own barriers to disclosing information to the young people, and thus remove potential obstacles to the successful delivery of LSW.

The model offered by Cook-Cottone & Beck (2007) provides a useful foundation upon which to understand how coherent personal narratives provide the means by which an individual can make sense of themselves, others and the world around them. Through research with young people, their carers and professionals who have completed or are completing LSW, the next step will be to gather more detailed information about how LSW contributes to this and to identify the key parts of this work. The combination of

research and clinical skills clinical psychologists possess arguably make them well placed to build on this research base with a view to extending the model. The information gathered from the young people in this study suggests that the inclusion of barriers and protective factors could be a valuable addition to the model. For example, the role of additional sources of information alongside formal LSW, the desire by some family members to 'hide' information or refuse to engage in LSW, and potential mediating factors such as the age at which LSW is completed. It is encouraging that the research to date is consistent with the theory and model developed, but the paucity of research requires attention if we are to be more certain of the value of LSW for young people.

The value placed on sibling relationships is one of the most striking findings of this study. All of the young people noted the importance of these relationships, with all reporting distress at the loss or disruption of sibling contact. Understanding the reasons behind the value of these relationships is important if professionals are to be able to support and promote them. Gemma commented that she felt she had been unable to maintain a 'normal' relationship with her siblings via contact sessions and that the sibling relationships had been lost through not living together. Therefore this suggests that the current format of simply facilitating contact sessions by social workers is not enough. The process of thinking carefully and creatively about how contact can be normalised where siblings are unable to reside together and how quality attachment and interaction between them can be facilitated may benefit from the theoretical knowledge and leadership of the team clinical psychologist.

4.3 METHODOLOGICAL STRENGTHS AND LIMITATIONS

The aim of this study was to explore the lived experience of young people competing LSW whilst residing in, or leaving, local authority care. The systematic review reported in Chapter One identified the lack of research with young people to explore LSW from

their perspective. Therefore, this research sought to begin to fill this gap through the completion of a qualitative methodology. It was anticipated that collaboration with young people to explore what they had felt worked most effectively in their LSW was an opportunity to develop an insight into how services can better deliver LSW. The strengths and limitations of this study are considered within the context of the quality framework for qualitative research proposed by Elliott *et al.*, (1999), which is described in detail in Chapter Two.

4.3.1 Methodology & Design

A qualitative design was adopted for this study as it was felt that this would offer the opportunity to gain rich descriptions of the lived experiences of those participating. Whilst adopting a qualitative methodology meant that the study had to focus on a small sample, it has been argued that a rich picture of care leavers' experiences would not have been possible via large scale quantitative methodology (Cook-Cottone & Beck, 2007; Holland, 2009). As LSW seeks to make sense of significant events in the lives of young people, IPA was felt to be the most appropriate approach to employ (Smith *et al.*, 2009).

The use of IPA enabled the researcher to explore an area in which there had been very little previous research. The idiographic nature of IPA provided the opportunity to consider the experience of LSW at an individual and group perspective (Cook-Cottone & Beck, 2007). It is significant that while the idiographic approach elicited divergence between individual experiences of the work, there was considerable convergence in participant beliefs about *why* LSW was valuable and *what* t*hey would have liked* LSW to be (Smith, 2004; 2011). IPA enabled themes to emerge that were not anticipated by the researcher or existing theory, and offered the opportunity to develop themes as close as possible to the participant's own descriptions (Larkin, 2013; Smith, 2011). The use of quotes provided a method of illustrating both the convergence and divergence between participants in relation to particular themes. It was hoped that the use of quotes would provide the reader with the opportunity to interpret the participants' words for themselves, and will also contribute to the creation of a sustained narrative (Smith,

2011). In order to facilitate this, themes were also presented in a diagrammatic format (Elliott *et al.*, 1999).

Thompson & Russo (2012) suggest that, in order for qualitative research to be understood, disclosure of participant details is necessary. They argue that this potentially creates an ethical dilemma for clinical psychologists in balancing the need for information to achieve quality, with consent and confidentiality issues. For this study, care was taken to anonymise data, and this is the reason why some details that may have added greater context, such as local authority teams, have not been reported. Whilst this may not be ideal, avoiding qualitative research for this reason would severely limit the opportunity to understand the perspectives of young people in the detail that was achieved here.

4.3.2 Recruitment and Sample

The use of a survey as a method to aid recruitment was felt to offer an anonymised opportunity for young people to volunteer, or not, for the interviews. The distribution of the survey forms at local authority organised events meant that an opportunistic, self-selecting sample was obtained. As LSW appears to be an emotive topic for some, it is possible that those who self-selected had had more positive experiences than those who chose not to participate. However, as this was not true of two of the participants, the impact of this recruitment strategy is unclear.

The 38% response rate to the survey was disappointing. On reflection, and having discussed this with the local authority team members and the researcher's supervisors, it is possible that more success may have been achieved had an alternative and more immediate incentive been offered. However, while this may have increased the number of responses, it was felt that this may have been unethical by increasing pressure on individuals to participate in something that they may not have wanted to do.

Due to the qualitative design, the use of a small sample was inevitable. However, the inclusion of nine interviewees was at the top end of that considered to provide

appropriate detail while maintaining a manageable data set (Smith *et al.*, 1999). Although one is less able to generalise findings of small, qualitative studies to larger populations, the similarities observed in the experiences of participants to the wider leaving care population indicates that the sample is likely to be representative of the wider, care leaver population.

The inclusion of sibling pairs within the sample was considered to be strength of this study, as it offered an opportunity to consider the same piece of LSW, completed together, from two perspectives. The views expressed by the young people often differed and highlighted the individualised nature of this type of work, but also demonstrated the disparity of information that can be present between siblings. However, it could be argued that the inclusion of sibling groups may have skewed data relating to the value of sibling relationships. Regardless, the observation that similar feelings towards siblings and the loss of sibling relationships were also expressed by those participants who did not have siblings included in the study supports the conclusion that sibling relationships are highly valued by young people in and leaving care.

4.3.3 Data Collection & Analysis

The use of semi-structured interviews provided flexibility in the structure of the conversations held. Whilst enabling each participant to give personal accounts of their own experiences, it offered some support for those young people who found it more difficult to talk spontaneously about a sensitive topic (Smith *et al.*, 2009). However, the need for additional prompts with one interviewee inevitably impacted on the quality and rich detail that was obtained during parts of the interview.

Arguably, there is a danger that IPA analysis of transcripts risks overlooking the emotion conveyed by the interviewee's tone. In order to address this, the researcher listened to the interviews whilst re-reading the transcripts and noting observations about tone, and perceived emotions. Often, emotion was conveyed through what was said or not said, with some participants able to eloquently describe the challenges they had faced, while

others offered non-committal responses such as 'I don't know' or silence when they could not find the words. Consequently, pauses and hesitations and repeated statements were noted, including the use of clichés such as 'at the end of the day'. Remaining alert to these subtleties appeared to enable the emotional tone of the interviewee's description to be recorded (Smith *et al.*, 2009).

4.3.4 Ensuring Credibility

Several measures were taken to improve the credibility of the research findings in line with the quality framework proposed by Elliott *et al.*, (1999). The perspective that the researcher brought to the research and data analysis were captured through the completion of reflective exercises. These were owning one's perspective by writing a narrative of the researcher's position and interest about the subject matter as described in Chapter Two, participation in a bracketing interview with a fellow trainee prior to data analysis in order to identify any pre-existing assumptions or biases that may have consequently influenced the themes identified during analysis, and the completion of a reflective diary by the researcher to offered an opportunity for on-going reflection throughout the research process. Additionally, themes were triangulated through extensive discussion with clinical and academic supervisors, and also with two fellow trainees with an interest in IPA.

Thompson & Russo (2012), suggest that quality could be further enhanced through sharing and receiving feedback on the themes identified with the interviewees. However, it was felt that the sensitive nature of the data and the difficulty that some had faced in talking about LSW during the interview was unlikely to be something that the young people would have benefitted from revisiting in a second interview. Focus groups were not considered appropriate due to the sensitive nature of the topic. Further, the time constraints placed upon this study meant that a greater level of triangulation was outside the scope of this research.

4.4 FUTURE RESEARCH

This research contributes to the small evidence base of young people's views of completing LSW. As with the two previous studies completed, this study focused on young people who had previously completed LSW, which for many was several years previously. It focused on their reflections of prior experience. While the young people spoke engagingly about the level of knowledge prior to and after LSW, further research could usefully explore this using a prospective design. Thus it would be interesting to interview young people prior to LSW about their knowledge and desire for information and then to interview them at the conclusion of the process in order to gain a more immediate impression of the work. A further follow-up interview would also establish how many had been given the opportunity to formally revisit the work and whether this had been helpful. Whilst qualitative methods are important for gathering rich data about young people's views, this could potentially be combined with quantitative measures of identity development and self-esteem to ascertain whether LSW has a measurable impact for the young person. Holland (2009) identified that very little quantitative data has been collected for this population. In an ever increasing outcomes and evidence based environment it will be imperative that more data is collected on the benefits of LSW as an intervention.

Additionally, there seems to be very little evidence about the prevalence of LSW within LAC and leaving care teams. As the intervention is included in NICE Guidelines (NICE & SCIE, 2010), it would be useful to establish how and where it is being implemented. This could then provide a foundation upon which qualitative studies could be based.

Despite having been described for decades, LSW research remains in its infancy. It seems that interviewing young people who have experienced LSW offers the most promising opportunity to draw links between LSW theory and practice, and so inform services about how they can best meet the needs of their young people completing this work.

4.5 CONCLUSIONS

Despite being recommended by NICE and SCIE (2010), very little is known about the success of LSW from the perspective of young people. Initial evidence suggests that it is a valued piece of work that offers young people the chance to *fill in the gaps* in their knowledge about their history and journey through care, and so aid the construction of a coherent narrative (Willis & Holland, 2009; Gallagher & Green, 2010). These findings, together with those of the current study indicate that LSW at its best mirrors the process of narrative development (McAdams, 2006). By adopting a gradual process that is appropriate for the young person's age it offers the support to make sense of and share stories that would, under different circumstances, be completed with birth parents (Cook-Cottone & Beck, 2007).

All but one of the young people described LSW as a largely positive experience, but most noted that it could have been completed in a more helpful way. Many of the young people were able to reflect on the consequences they had experienced as a result of an incoherent narrative and missing information, with some reporting issues with mental health, self-esteem, physical ill health and difficulty with relationships. Arguably, the most notable finding was the sense that LSW had helped young people piece together their personal narrative in a supported environment.

The interviews illustrate the bravery, honesty and tenacity of young people who have experienced significant and often repeated trauma as part of their life stories. That they have been able to so eloquently describe at times very emotionally difficult events and feelings is a credit to their resilience. Despite the positive evaluations of the LSW completed, the descriptions provided illustrate that services can and should do better, and that this is likely to be most successfully achieved through collaboration with the young people they are supporting. This research demonstrates that young people are able to identify what is helpful for them if only services would take the time to stop and listen. Resources need to be invested in researching the impact of LSW with young people and policy needs to go further than recommending LSW and reflect how the barriers young people face can be overcome, such as how to improve access to care

files, and how effective, ongoing LSW can be incorporated into standard social work practice.

Whilst it is recognised that this study was small in scale, the findings suggest many service implications. The views of young people captured add to the growing body of literature and it is hoped will contribute to a more informed understanding of what it is about LSW that is important for professionals to get right.

References

Action for Children & The Fostering Network Wales. (2014). *Chance to Stay*. http://www.actionforchildren.org.uk/media/7695720/chance-to-stay.pdf Retrieved 20/05/2014.

Aldgate, J. & McIntosh, M. (2006). *Time well spent: a study of well-being and children's daily activities.* Edinburgh: Social Work Inspection Agency.

All-Party Parliamentary Group for Looked After Children and Care Leavers. (2013). *The Entitlements Inquiry: Summary report with recommendations.* London: The Who Cares? Trust.

Ashworth, P. (2008). Conceptual foundations of qualitative psychology. In Smith, J. (Eds.) *Qualitative Psychology: A practical Guide to Research Methods (2nd Ed*), (pp. 4-25). London: Sage Publications.

Barn, R. & Mantovani, N. (2007). Young mothers and the care system: Contextualising risk and vulnerability. *British Journal of Social Work, 37(2),* 225-243.

Barnardo's. (2013). Still Our Children: Case for reforming the leaving care system in England. http://www.barnardos.org.uk/still_our_children.pdf. Retrieved: 20/05/2014.

Baynes, J. (2008). Untold stories: A discussion of life story work. *Adoption and Fostering*, *32(2),* 43-49.

Benson, J. & Elder, G. (2011). Young adult identities and their pathways: A developmental and life course model. *Developmental Psychology, 47(6),* 1646-1657.

Berzonsky, M. (2004). Identity style, parental authority, and identity commitment. *Journal of Youth and Adolescence, 33(3),* 213-220.

Biggerstaff, D. & Thompson, A. (2008). Interpretative Phenomenological Analysis (IPA): A qualitative methodology of choice in healthcare research. *Qualitative Research in Psychology, 5,* 214-224.

Blades, R., Hart, D., Lea, J. & Willmott, N. (2011). *Prison Reform Trust: Care - A stepping stone to custody. The views of children in care on the links between care, offending and custody.* Cambridge: Cambridge Printers Ltd.

Blueprint Project. (2004). *Where we live and when we leave: A review of literature and research on placements in care and the leaving care process.* London: Voice for the Child in Care.

British Psychological Society. (1995). *Professional practice guidelines.* Leicester: British Psychological Society.

British Psychological Society. (2009). *Code of Ethics and Conduct.* Leicester: British Psychological Society.

British Psychological Society. (2011). *Good Practice Guidelines on the use of psychological formulation.* Leicester: British Psychological Society.

Broad, B. (2005). *Improving the health and well-being of young people leaving care.* Lyme Regis: Russell House Publishing.

Bruskas. D., & Tessin, D. (2013). Adverse childhood experiences and psychosocial well-being of women who were in foster care as children. *The Permanente Journal, 17(3),* 131-140.

Burnell, A., & Vaughan, J. (2008). Remembering never to forget and forgetting never to remember: re-thinking life story work. In B. Luckock, & M. Lefevre, (Eds.) *Direct work: Social work children and young people in care.* (pp. 223-233). London: BAAF.

Burns, B., Phillips, S., Wagner, H., Barth, R. Kolko, D., Campbell, Y., Landsverk, J. (2004). Mental health need and access to mental health services by youths involved with child welfare: A national survey. *Journal of the American Academy of Child & Adolescent Psychiatry, 43(8),* 960-970.

Care Leavers' Association. (2009). *Young adults leaving the care system.* http://www.careleavers.com/newsletter/extra/92-youngadults. Retrieved 20/05/2014

Chase, E., Maxwell, C., Knight, A. & Aggleton, P. (2006). Pregnancy and parenthood among young people in and leaving care: What are the influencing factors, and what makes a difference in providing support? *Journal of Adolescence, 29,* 437-451.

Cook-Cottone, C. & Beck, M. (2007). A model for life-story work: Facilitating construction of a personal narrative for foster children. *Child and Adolescent Mental Health, 12(4),* 193-195.

Courtney, M.E., Piliavin, I, Grogan-Kaylor, A. & Nesmith, A. (2001). Foster youth transitions to adulthood: a longitudinal view of youth leaving care. *Child Welfare, 80,* 685-717.

Dallos, R. & Draper, R. (2010). *An Introduction to Family Therapy: Systemic Theory and Practice* (3rd Eds.) Maidenhead: Open University Press.

Department for Children, Schools and Families (2009). *Statutory Guidance on Promoting the Health and Wellbeing of Looked After Children.* Nottingham: Crown Copyright.

Department for Education and Skills. (2007). *Care Matters: Time for Change. Cm7173.* London: Crown Copyright.

Department for Education. (2010*). The Children Act 1989 guidance and regulations, volume 3, planning transitions to adulthood for care leavers.* London: Department for Education.

Department for Education. (2012). *Children Looked after by Local Authorities in England (including adoption and care leavers) – year ending 31 March 2012.* London: Department for Education.

Department for Education. (2013a). *Children Looked after by Local Authorities in England (including adoption and care leavers) – year ending 31 March 2013.* London: Department for Education.

Department for Education. (2013b). *Outcomes for Children Looked After by Local Authorities in England, as at 31st March 2013.* London: Department for Education.

Dixon, J. (2008). Young people leaving care: health, well-being and outcomes. *Child and Family Social Work, 13,* 207-217.

Dixon, J., Wade, J., Byford, S., Weatherly, H. & Lee, J. (2006). *Young people leaving care: A study of costs and outcomes.* Report to the DfES. SWRDU, University of York.

Drapeau, S., Saint-Jacques, M., Lepine, R., Begin, G. & Bernard, M. (2007). Processes that contribute to resilience among youth in foster care. *Journal of Adolescence, 30,* 977-999.

Elliott, R., Fischer, C., T. & Rennie, D.L. (1999). Evolving guidelines for the publication of qualitative research. *British Journal of Clinical Psychology*, *38*, 215-229.

Fahlberg, V. (1994). *A Child's Journey Through Placement: UK Edition.* London: BAAF.

Ford, T., Vostanis, P., Meltzer, H. & Goodman, R. (2007). Psychiatric disorder among British children looked after by local authorities: comparison with children living in private households. *British Journal of Psychiatry, 190,* 319-325.

Frame, T. (2009). Adoption and forming identity: The importance of life stories. *Australian Journal of Adoption, 1(2),* 1-6.

Gallagher, B. & Green, A. (2012). In, out and after care: Young adults' views on their lives, as children, in a therapeutic residential establishment. *Children and Youth Services Review, 34,* 437-450.

Gillick -v- West Norfolk And Wisbech Area Health Authority and Department of Health and Social Security, House of Lords, 17 October 1985

Goddard, J., Duncalf, Z. & Murray. S. (2010). *Access to child care records: A comparative Analysis of UK and Australian policy and practice.* Paper for the Social Policy Association Annual Conference, Licoln, 5-7th July 2010.

Goddard, J., Feast, J. & Kirton, D. (2008). A childhood on paper. Managing Access to child care files by post-care adults. *Adoption & Fostering, 32(2),* 50-62.

Habermas, T. & Bluck, S. (2000). Getting a life: The emergence of the life story in adolescence. *Psychological Bulletin, 126(5),* 748-769.

Hammond, S. (2012). *Exploring a role for digital technology in life story work with adolescents in residential care: a discourse analysis.* Doctoral thesis, University of East Anglia.

Health and Care Professions Council. (2012). *Standards of conduct, performance and ethics.* London: Health and Care Professions Council.

Hegar, R. (2005). Sibling placement in foster care and adoption: An overview of international research. *Children and Youth Services Review, 27(7),* 717-739.

Henwood, K. & Pidgeon, N. (1992). Qualitative research and psychological theorizing. *British Journal of Psychology, 83,* 97-111.

Herrick, M. & Piccus, W. (2005). Sibling connections: The importance of nurturing sibling bonds in the foster care system. *Children and Youth Services Review, 27(7),* 845-861.

Hiles, D., Moss, D., Wright, J. & Dallos, R. (2013). Young people's experience of social support during the process of leaving care: A review of the literature. *Children and Youth Services Review, 35,* 2059-2071.

Hiles, D., Moss, D., Thorne, L., Wright, J. & Dallos, R. (2014). "So what am I?" – Multiple perspectives on young people's experiences of leaving care. *Children and Youth Services Review,* doi: 10.1016/j.childyouth.2014.03.007

Holland, S. (2009). Listening to children in care: A review of methodological and theoretical approaches to understanding looked after children's perspectives. *Children & Society, 23,* 226-235.

Holland, S. & Crowley, A. (2013). Looked-after children and their birth families: Using sociology to explore changing relationships, hidden histories and nomadic childhoods. *Child and Family Social Work, 18,* 57-66.

Horrocks, C., & Goddard, J. (2006). Adults who grew up in care: Constructing the self and accessing care files. *Child and Family Social Work. 11(3),* 264-272.

Humphreys, C. & Kertesz, M. (2012). 'Putting the heart back into the record'. Personal records to support young people in care. *Adoption & Fostering, 36(1),* 27-39.

Jackson, S. & Ajayi, S. (2007). Foster care and higher education. *Adoption & Fostering, 31(1),* 62-72.

Jackson, S. & Cameron, C. (2012). Leaving care: Looking ahead and aiming higher. *Children and Youth Services Review, 34,* 1107-1114.

Landridge, D. (2007*). Phenomenological Psychology: Theory, Research, Method.* London: Pearson Education Ltd.

Larkin, M. (2013). Introduction to Interpretive Phenomenological Analysis. http://prezi.com/dnprvc2nohjt/interpretative-phenomenological-analysisintroduction/?auth_key=3d2c098e0db0a31ea05f2d9f60148ed5144e6d06. Retrieved: 22/01/14.

Larkin, M., Watts, S. & Clifton, S. (2006). Giving voice and making sense in interpretive qualitative analysis. *Qualitative Research in Psychology, 3*, 102-120.

McAdams, D. P. (2006). The problem of narrative coherence. *Journal of Constructivist Psychology. 19*, 109–125.

McAuley, C. & Davis, T. (2009). Emotional well-being and mental health of looked after children in England. *Child and Family Social Work, 14*, 147-155.

McBeath, B., Kothari, B., Blakeslee, J., Lamson-Siu, E., Lew Bank, L., Linares, O., Waid, J., Sorenson, P., Jimenez, J., Pearson, E. & Shlonsky, A. (2014). Intervening to improve outcomes for siblings in foster care: Conceptual, substantive, and methodological dimensions of a prevention science framework. *Children and Youth Services Review, 39,* 1-10.

McMahon, C. & Curtin, C. (2012). The social networks of young people in Ireland with the experience of long-term foster care: some lessons in policy and practice. *Child & Family Social Work, 18*, 329-340.

McKeown, J., Clarke, A. Repper, J. (2006). Life story work in health and social care: Systematic literature review. *Journal of Advanced Nursing, 55(2),* 237-247.

McLean, K. (2005). Late adolescent identity development: Narrative meaning making and memory telling. *Developmental Psychology, 41(4),* 683-691.

Medical Research Council. (2004). *Medical research ethics guide: Medical research involving children.* London: Medical Research Council.

Meltzer, M., Gatward, R., & Goodman, R. (2000). *Mental Health of Children and Adolescents in Great Britain.* London: HMSO.

Meltzer, H., Gatward, R. Corbin, T. Goodman, R. & Ford. T. (2003). *The mental health of young people looked after by local authorities in England.* London: HMSO.

Meltzer, H., Lader, D., Corbin, T., Goodman, R. & Ford, T. (2004). *The mental health of young people looked after by local authorities in Wales.* London: HMSO.

Meltzer, H. (2007). *The mental ill-health of children in local authority care.* London: HMSO.

Meyrick, J. (2006). What is good qualitative research? A first step towards a comprehensive approach to judging rigour/quality. *Journal of Health Psychology, 11(5),* 799-808.

Ministry of Justice. (2012). *Prisoners' childhood and family backgrounds: Results from the Surveying Prisoner Crime Reduction (SPCR) longitudinal cohort study of prisoners. Ministry of Justice Research Series 4/12.* London: Crown.

Moyers, S., Farmer, E. & Lipscombe, J. (2006). Contact with family members and its impact on adolescents and their foster placements. *British Journal of Social Work, 36,* 541-559.

Murray, S., Malone, J., & Glare, J. (2008). Building a Life Story: Providing Records and Support to Former Residents of Children's Homes. *Australian Social Work. 61*(3), 239-255.

National Assembly for Wales. (2001). *Framework for the Assessment of Children in Need and their Families.* Cardiff: Welsh Assembly Government.

National Children's Bureau. (2008*). Healthy Care Briefing June 2008: Promoting the health of young people leaving care.* London: National Children's Bureau.

National Institute for Health and Clinical Excellence & Social Care Institute for Excellence. (2010a). *Looked after children and young people.* (PH28). London: National Institute for Health and Clinical Excellence.

Nelson, K. & Fivush, R. (2004). The emergence of autobiographical memory: A social cultural development theory. *Psychological Review, 11(2),* 486-511.

Newman, T. & Blackburn. S. (2002). *Transitions in the lives of children and young people; Resilience factors.* Report for the Scottish Executive Education and Young People Research Unit, Edinburgh. (www.scotland.gov.uk/library5/education/ic78-00.asp).

Office for National Statistics. (2012). *Regional Gross Value Added (Income Approach) 2012.* Cardiff: Crown Copyright.

Office for National Statistics. (2014). Measuring National Well-being – Young People's Well-being, 2014. London: Crown Copyright.

Parker, E. (2010). *The meaning and significance of sibling and peer relationships for young people looked after on behalf of local authorities.*http://wrap.warwick.ac.uk/3920/ PhD thesis, University of Warwick.

Rees, P. (2013). The mental health, emotional literacy, cognitive ability, literacy attainment and 'resilience' of 'looked after children': A multidimensional, multiple-rater population based study. *British Journal of Clinical Psychology. 52(2),* 183–198.

Reid, K., Flowers, P. & Larkin, M. (2005). Explored lived experience: an introduction to interpretative phenomenological analysis. *Psychologist, 18,* 20-23.

Ryan. T, & Walker, R. (2007*). Life Story Work: A practical guide to helping children understand their past.* London: BAAF.

Rose, R. & Philpot, T. (2006). *The child's own story: Life story work with traumatised children.* London: Jessica Kingsley Publishers.

Rushton, A., Quinton, D., Dance, C. & Mayes, D. (1998). Preparation for permanent placement: Evaluating direct work with older children. *Adoption and Fostering, 21(4),* 41–48.

Rushton, A. (2004). A scoping and scanning review of research on the adoption of children placed from public care. *Clinical Child Psychology and Psychiatry, 9(1),* 89–106.

Samuels, G. & Pryce, J. (2008). "What doesn't kill you makes you stronger": Survivalist self-reliance as resilience and risk among adults aging out of foster care. *Children and Youth Services Review, 30,* 1198-1210.

Schachter, E. & Ventura, J. (2008). Identity agents: Parents as active and reflective participants in their children's identity formation. *Journal of Research on Adolescence, 18(3),* 449-476.

Schofield, G., & Beek, M. (2006) *Attachment handbook for foster care and adoption.* London: BAAF.

Shotton, G. (2010). Telling different stories: The experience of foster/adoptive carers in carrying out collaborative memory work with children. *Adoption & Fostering, 34(4),* 61-68.

Shotton, G. (2013). 'Remember when…'; Exploring the experiences of looked after children and their carers in engaging in collaborative reminiscence. *Adoption & Fostering, 37(4),* 351-376.

Sinclair, I., Baker, C., Wilson, K. & Gibbs, I. (2005). *Foster Children: Where they go and how they get on.* London: Jessica Kinsley.

Singer, E., Cosner Berzin. S. & Hokanson, K. (2013). Voices of former foster youth: Supportive relationships in the transition to adulthood. *Children and Youth Services Review, 35(12),* 2110-2117.

Smith, J. (1996). Beyond the divide between cognition and discourse: using interpretative phenomenological analysis in health psychology. *Psychology & Health, 11,* 261-271.

Smith, J. (2004). Reflecting on the development of interpretative phenomenological analysis and its contribution to qualitative research in psychology. *Qualitative Research in Psychology, 1*, 39 - 54.

Smith, J. (2008). Introduction. In Smith, J. (Eds.) *Qualitative Psychology: A practical Guide to Research Methods (2ⁿᵈ Ed)* (pp. 1-4). London: Sage Publications.

Smith, J. (2011) Evaluating the contribution of interpretative phenomenological analysis. *Health Psychology Review, 5,* 9-27.

Smith, J. & Eatough, V. (2007) Interpretative phenomenological analysis. In E Lyons and A Coyle (Eds.) Analysing Qualitative Data in Psychology. London: Sage.

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

Smith, C & Logan, J. (2004). *After Adoption: Direct contact and relationships.* London: Routledge.

Smith, J. & Osborn, M. (2008). Interpretative Phenomenological Analysis. In J. Smith. (Eds.) *Qualitative Psychology: A Practical Guide to Research Methods* (pp. 53-80).London: Sage.

Social Exclusion Unit. (2002). *Reducing re-offending by ex-prisoners: Report by the Social Exclusion Unit.* London: Office of the Deputy Prime Minister.

Stein, M (2005). *'Resilience and young people leaving care: overcoming the odds'*. Joseph Rowntree Foundation

Stein, M. (2006a). Research review: young people leaving care. *Child and Family Social Work, 11,* 273-279.

Stein, M. (2006b). Young people aging out of care: the poverty of theory. *Children and Youth Services Review, 28,* 422-434,

Stein, M. (2008). Transitions from care to adulthood: Messages from research for policy and practice. In M. Stein and E. Munro (Eds.) *Young People's Transitions from Care to Adulthood: International research and practice*, Jessica Kingsley. (pp. 289-306).

Stein, M., & Munro, E. R. (2008) *Young people's transitions from care to adulthood: International research and practice.* London: Jessica Kingsley Publishers.

Stein, M. & Dumaret, A-C. (2011). The mental health of young people aging out of care and entering adulthood: evidence from England and France. *Children and Youth Services Review, 33,* 2504-2511.

Tarren-Sweeney, M. (2008). The mental health of children in out-of-home care. *Current Opinion in Psychiatry, 21*, 345-349.

Tarren-Sweeney, M. (2010). It's time to re-think mental health services for children in care, and those adopted from care. *Clinical Child Psychology and Psychiatry, 15*, 613-626.

Tarren-Sweeney, M. & Hazell, P. (2005). The mental health and socialization of siblings in care. *Children and Youth Services Review, 27(7),* 821-843.

Thomas, J. & Holland, s. (2010). Representing children's identities in core assessments. *British Journal of Social Work, 40,* 2617-2633.

Thompson, A. & Russo, K. (2012). Ethical dilemmas for clinical psychologists in conducting qualitative research. *Qualitative Research in Psychology, 9,* 32-46.

United Nations. (1989). *United Nations Convention on the Rights of the Child*. UN General Assembly.

Viner, R. & Taylor, B. (2005). Adult health and social outcomes of children who have been in public care: Population-based study. *Pediatrics, 115(4),* 894-899.

Von Korff, L., Grotevant, H.D., Koh, B. D., & Samek, D. R. (2010) Adoptive Mothers: Identity Agents on the Pathway to Adoptive Identity Formation, *Identity. 10*(2), 122-137.

Wade, J. (2008). The ties that bind: Support from the birth families and substitute families for young people leaving care. *British Journal of Social Work, 38*, 39-54.

Wade, J. and Dixon, J. (2006). Making a home, finding a job: investigating early housing and employment outcomes for young people leaving care. *Child & Family Social Work, 11(3),* 199–208.

Wade, J. and Munro, E. (2008). United Kingdom. In M. Stein and E. Munro (Eds.) *Young People's Transitions from Care to Adulthood: International research and practice*, Jessica Kingsley (pp. 209-224).

Ward, H. (2011). Continuities and discontinuities: Issues concerning the establishment of a persistent sense of self amongst care leavers. *Children and Youth Services Review, 33,* 2512-2518.

Ward, J., Henderson, Z. & Pearson, G. (2003). *One problem among many: Drug use among care leavers in transition to independent living*. London: Home Office.

Welsh Audit office. (2012). *The educational attainment of looked after children and young people.* Cardiff: Welsh Audit Office.

Welsh Government. (2013). *First Release: Adoptions, Outcomes and Placements for Children Looked after by the Local Authorities: Wales. 2012 - 2013.* Cardiff: Welsh Government

Willig, C. (2008)**.** *Introducing Qualitative Research Methods in Psychology.*(2nd Ed.) Maidenhead: McGare Hill/Open University Press.

Willis, R. & Holland, S. (2009). Life story work: Reflections on the experience by looked after young people. *Adoption & Fostering, 33(4),* 44-52.

Winter, K. & Cohen, O. (2005). Identity issues for looked after children with no knowledge of their origins: Implications for research and practice. *Adoption & Fostering, 29(2),* 44-52.

Yardley, L. (2000). Dilemmas in qualitative health research. *Psychology and Health, 15,* 215-228.

Yardley, L. (2008). Demonstrating validity in qualitative psychology. In Smith, J. (Eds) *Qualitative Psychology: A practical Guide to Research Methods (2nd Ed.)* (pp. 235-251). London: Sage Publications

Appendices

Appendix 1

Systematic Review Search Terms

1. Search A: *OR*

"care leaver$1", "looked-after child*", "looked after child*", "Foster care", "foster child*", "leaving care", "childhood in care", "adopted children", "ag?ing out of care", "children leaving care", "experiences of leaving care", "young people leaving care", "care file$1", "LAC".

2. Search B: *OR*

"life story work", "life stor*", "life story book", "narrative coherence", "life book", "autobiographical narrative", "famil* of origin", "self-reflection", "identity", "birth famil*", "evaluation".

3. Search A *AND* Search B
   = 3,769

Databases Searched:

Cardiff University Full Text Journals; Embase; ASSIA, AMED; Ovid Medline, PsychInfo, PsychArticles.

No date or study type restrictions. Searches restricted to English Language.
Search completed on 12th April 2014.

Appendix 2

LSRP Reflective Diary Excerpts:

18/04/13	Met with Liz today to think about getting my head back into my research. It was good to review my proposal and documents and still feel excited about the topic. Agreed a plan to finish my ethics submission for the University ethics board.
07/06/13	First presentation today to LA team. Quite nerve racking but the team seemed interested and keen to help. It was good to hear that people from the teams believe this is a valuable area for research. We thought together about the best way to reach as many young people as possible. The team consensus was that the best method of recruitment would be for me to attend their organised events. Set some dates for upcoming events.
02/09/14	Arrived to attend final LA team meeting. Unfortunately the team manager had been called away and so no-one was aware I was coming! Feeling a bit frustrated as I was hoping to move forward with this area ASAP as I am aware I am getting closer to Christmas and I have only collected a few surveys! Have rescheduled for 16/09/14 so fingers crossed.
22/10/14	Wrote 1st part of my position statement. It was interesting to note what came into my head when writing this. I hadn't realised that the choice to complete this piece of work may be linked to my own sense of family as important, despite family break-ups I have experienced. This has made me aware that I need to bracket my own views and assumptions about family relationships and the significance of these.
24/10/14	First interview completed. Felt a bit nervous to begin with but the prompts seemed to work well and allowed for a natural conversation. The interviewee was really open and talked at length – I found myself drawn into his story. When he was discussing his difficult relationships with his adoptive family I noticed that I felt quite angry towards them. On reflection I think this might have been linked to my own feelings about the responsibilities of parents and how I believe they should support their children. I also noticed a sense of sadness for him which didn't appear to be reflected in his own feelings. It was good to hear that he had found LSW helpful, however, the description he gave of it didn't meet what I would have previously considered to be 'good' LSW and so this has made me re-think what helpful LSW might/might not include. I was surprised at his positive outlook, which I didn't expect based on his life experiences.

Areas for further thought:
- LSW doesn't have to be 'perfect' to be helpful
- How do foster/adoptive family support LSW – Is this important?
- He talked about his sister completing it with him – will she describe a similar experience? |
| 05/03/14 | Meeting with fellow trainee to triangulate sub-ordinate themes. I |

	noticed that it seemed easier for me to think objectively about her transcript than my own, which made me think more about possible assumptions and emotional connectedness, that I am bringing to my own research. It was very reassuring that she identified similar themes to those that I had found. But she raised an important point regarding one of my emerging themes about the participant feeling 'different'. I had interpreted this as a negative feeling, however, the possibility was raised that this might actually be something he experiences as positive – something I had not thought of. The triangulation process has made me more aware of questioning my own interpretation of the themes and being aware that these may differ from that of the participant.
13/03/14	Bracketing interview with fellow trainee. Themes that emerged were: • I wasn't expecting the young people to describe LSW in such a positive way. Does this reflect my own outsider perceptions of what is 'good enough' in terms of family, relationships and knowledge? • I have noticed that I feel in awe of many of the young people I have interviewed. I really am amazed at how well they have coped with often very difficult circumstances. What has been striking is the matter of fact way in which they talk about what I would consider to be very difficult experiences. I need to be aware of differentiating between my emotional responses and theirs when interpreting what they have said. • I have felt ashamed to be a professional who has worked with young people in care when listening to some of the participants describe their experiences of what I would consider poor support. I need to separate these feelings from the participant's when analysing their accounts of LSW. • The range of emotions that talking with these young people has elicited in me is interesting - how far do my responses reflect the feelings in the room during the interview? Transference issues?
07/04/14	I have analysed 6 of the interviews now and feel at times like there are a million different ways I could interpret the data. I have returned to the Smith book several times as I have been unsure how much to add my own thoughts and interpretations to the data. I feel that I need to note my own responses and questions to the data, but also make sure that I look further into the participant's own words – listening to the audio as I have read the transcripts has helped with this process.
24/04/14	Shared my cross-case, sub-ordinate themes with my supervisors and discussed these in relation to the transcripts. We discussed the possible groupings of these within super-ordinate themes and how best to reflect each of the individual's experiences within these. What came across was despite commonality of themes - there was often wide variation within these. Discussion regarding the role of birth family contact and perception of 'family' led to agreement that these themes needed to be depicted within a separate super-ordinate theme to that of support offered within LSW alone.

Limited
remedians?

only thing?

1	CL	My birth family. If my parents had stayed there from the start
2		and wrote and stuff, then it might be them instead, but my
3		nan was the only one that did. That was the only connection
4		we really had. It was something to look forward to.
5	INT	**What was it that you looked forward to?**

identity,
roots.
origins

6	CL	Even though it was only once a year, just to have that
7		connection. Being in the vicinity of someone you know is
8		where you're from. Without her we wouldn't be here. She
9		hasn't really done anything to us in a way really because
10		she's our nan. She's not to blame so I don't see why she
11		should miss out on those experiences either.

idea of
blame
- deserving

12	INT	**When you say 'where you're from', tell me a bit more**
13		**about that - what does that mean to you when you think**
14		**about 'where I'm from'?**

imp of
roots +
identity

15	CL	It's just your birth family, isn't it, it's like where you originated
16		from. Everyone's got to come from somewhere.
17	INT	**So what do they represent to you? When you think**
18		**about birth family in your head, what image comes to**
19		**mind?**

remains
broken image
fragmented
memories

deserving
of effort

identity.
sees self
as grandchild

complicated
representation
of family

20	CL	It's kind of broken image because, like I said, most of them
21		haven't been there so my birth family I think, I do think of my
22		mum and dad but not so much as my nan who has been
23		there. Like I said, the reason we've seen our nan so much
24		as well is she shouldn't really miss out on the experiences of
25		grandchildren, because we're her oldest grandchildren. My
26		mum and dad are there somewhere but it's not so much,
27		because there was no effort really made afterwards. It's
28		really distorted and really complicated.
29	INT	**Do you think it's important to have a sense of where**
30		**you're from?**
31	CL	Yeah, I do. I think it's important because if you don't know
32		where you're from then you're not going to care about
33		anybody else. It just shows you don't really care as such.

— describes
seeing nanas
something positive
- 'connection'
to birth family.

- idea of roots
as important
- idea of where
you are from
being important
origins --

- so who is to blame?
idea of being deserving

- roots +
origins

- grandparents - grps
'broken' metaphor
used to describe
perception of
birth family.

- contradicts
earlier statement
of not bothered -
sense of
his place in
the family - occupies
a role.

- no effort made
by parents
- parents included
but remain
fragmented.

- having info
directly effects
how you feel
about those people.

↳ consideration of broader
relationships.

[handwritten margin note, left: LSW gave him a perspective / made him more independent? / unfairness]

[handwritten margin note, right: sense-life is book gave him info re challenge things said by ad. parents]

1 about them differently and therefore I probably would have
2 behaved a lot more.

3 **INT** **Do you mean if you hadn't known stuff about your birth**
4 **family?**

[handwritten: poons?]

5 **CL** Yeah. A lot of the stuff they brought up was irrelevant and
6 quite harsh, or they'd say something that really was quite
7 harsh. My adopted dad more than anything, even my
8 mother sometimes.

[handwritten margin note, right: unsupportive old parents. - feels like this shouldn't have happened,]

9 **INT** **Do you think it was helpful to have the grounding from**
10 **the life story work so that you knew where they were**
11 **coming from, or do you think it would have been easier**
12 **to have heard what they were saying without having that**
13 **life story work?**

[handwritten margin note, left: info as weapon]

[handwritten margin note, right: courage to disc of LSW being 'subtler']

14 **CL** The way my adoptive parents put it was really blunt.
15 Normally in the heat of an argument they put it in a way that
16 was really like-

[handwritten: diff to picture as supportive rd,]

17 **INT** **Hard to hear.**

18 **CL** Yeah, in the way you wouldn't really want to hear it. You
19 know in your head: 1) it could have been put in a nicer way;
20 and 2) they probably didn't mean it in that way but it's just

[handwritten margin note, left: sudden events are unpleasant]

[handwritten margin note, right: makes excuses for parents]

21 spur of the moment they've said it, so it's really harsh. Most
22 of the time it would come up in an argument or something
23 like that so it would always be blunt. I'd have to go off and
24 think about it and break it down and think, 'No, they didn't
25 mean it like that', just to make it easier. But then I'd always
26 have that information then. So although it was put in that
27 way it's still a little bit of extra information. Not as nice as
28 having it in the book of course, but at least it was there.

[handwritten margin note, left: real time process info]

[handwritten margin note, left: making excuses for others]

[handwritten margin note, right: using our skills is nicer to process. choosing it even though it is hard cos extra info 'nicer' as is book. part of dyssu]

29 **INT** **If you'd got to 18 – you're 18 soon – and you knew**
30 **nothing at all about your birth family, all you knew is**
31 **that you came into care and that's it, how would that be?**
32 **What would that be like? Would you be wondering?**

[handwritten margin note, left: info worth having.]

33 **CL** No. That's one thing I'm certain of myself, I wouldn't
34 probably go and look for anything, because it's got to the

Appendix 4

Ethics Feedback - EC.13.05.07.3455R

Friday, 31 May, 2013 13:52

From: "psychethics" <psychethics@Cardiff.ac.uk>

To: "Anna Buchanan" <annacbuchanan@yahoo.co.uk>

Cc: Neil.Frude@wales.nhs.uk

Dear Anna,

The Chair of the Ethics Committee has considered your revised postgraduate project proposal: The experience of life story work: Reflections of young people leaving care (EC.13.05.07.3455R).

The project has been approved.

Regarding the issue of people aged 16-18 providing consent. In the situation where Gillick principles would be applied, and where a participant has consented but the person with parental responsibility has not consented to their participation, the Committee understands that participation would only be allowed to take part if denying them from taking part would harm or disadvantage them in some way. As it is very unlikely that this situation would occur, given the nature of the project, the Committee recommends that the young person would still be entered into the prize draw without taking part.

Please note that if any further changes are made to the above project then you must notify the Ethics Committee.

Best wishes,

Natalie

School of Psychology Research Ethics Committee
Tower Building
Park Place
CARDIFF
CF10 3AT

Ffôn /Telephone: +44 (0) 29 2087 0360
Ffacs/Fax: +44 (0) 29 2087 4858

http://psych.cf.ac.uk/aboutus/ethics.html

Follow us on Facebook -
https://www.facebook.com/PsychCardiff

Follow us on Twitter -
https://twitter.com/PsychCardiff

Follow us on LinkedIn -
http://www.linkedin.com/groups/Cardiff-University-Psychology-Graduates-4352895

CONSENT FORM: STAGE ONE

The experience of life story work: Reflections of young people leaving care.

Researcher: Anna Buchanan.

Participant Identification Number:

Please put your initials in the boxes:

I confirm that I have read and understand the information sheet
for the above study and have had the opportunity to ask questions.

I understand that my participation is voluntary and that I am free to withdraw at
any time without giving any reason and that this will not affect the services I
receive in any way.

I understand that the information I provide will remain secure and confidential and
held no longer than necessary for the purposes of this research.

I understand that the information from the questionnaire will be kept anonymous
and reported as part of group information only.

I understand that information I provide may be shared with the researcher's clinical
supervisor if the researcher becomes worried that I am at risk of seriously harming
myself or someone else.

I understand that if at any time during the study I feel distressed I can request
further support from the researcher, who will seek appropriate support for me.

I agree to take part in the above study.

_____   _____   _____
Name of participant   Date   Signature

Appendix 6

CONSENT FORM: STAGE TWO

The experience of life story work: Reflections of young people leaving care.

Researcher: Anna Buchanan

Participant Identification Number:

Please put your initials in the boxes:

I confirm that I have read and understand the information sheet
for the above study and have had the opportunity to ask questions.

I understand that my participation is voluntary and that I am free to withdraw at
any time without giving any reason and that this will not affect the services I
receive in any way.

I understand that the information I provide will remain secure and confidential and
will be held no longer than necessary for the purposes of this research.

I understand that the interview will be audio-recorded and transcribed for the
purposes of this study, but the audio data will be destroyed at the earliest possible
time. Transcriptions held will be anonymous.

I understand that any quotes included in the research will be kept anonymous with
personal information changed where necessary to ensure that this is achieved.

I understand that information I provide may be shared with the researcher's clinical
supervisor if the researcher becomes worried that I am at risk of seriously harming
myself or someone else.

I understand that if at any time during the study I feel distressed I can request
further support from the researcher, who will seek appropriate support for me.

I agree to take part in the above study.

_____   _____   _____
Name of participant   Date   Signature

Appendix 7

Thank you for taking the time to complete this short questionnaire. As explained in the Information Sheet attached you do not have to complete any or all of these questions, it is completely up to you.

Who is important to you?

Please could you let us know the people that are important to you at the moment. They might be important for different reasons. For example, one might be a good friend another might be important because you can't stop thinking about them even though you don't see them, another might be a professional who is making big decisions about your future.

Put the people who are most important closest to you in the centre of the circle. You don't have to use their names, just their relationship to you (e.g. friend, partner, mum, cousin, support worker etc).

YOU
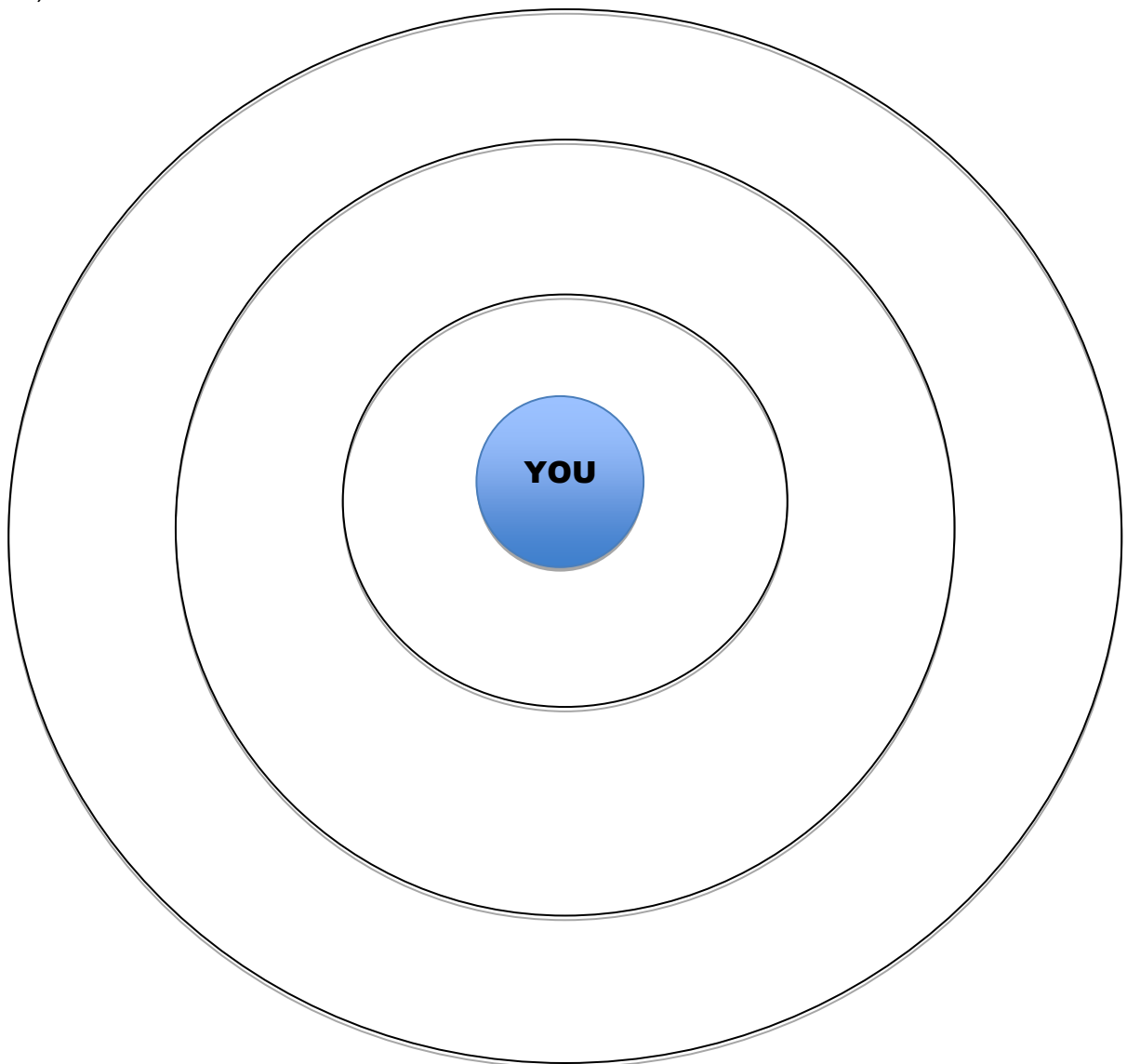
PLEASE TURN OVER

Below are some questions about how much you know about your birth family and how much you see them or would like to see them.

Thinking about the past

1. How old were you when you first came into care?

    ……………………

2. How many placements have you had since coming into care?

    ……………………

Thinking about now

3. How much do you feel you know about your birth family? (please tick one)

    ○ Nothing
    ○ Only a little bit
    ○ Quite a lot
    ○ A lot

4. How much more do you feel you would like to know about your birth family? (please tick one)

    ○ I don't want to know anything
    ○ I would like to know a little bit more than I do
    ○ I would like to know a lot more than I do
    ○ I know everything I need to know

5. Look at the following table. How important would it have been for you to have known more about your birth family at each of these times in your life?

	Not at all important			**Extremely important**		
a) In care (up to 16 years)	1	2	3	4	5	Please circle one number
b) Leaving care (16-21 years)	1	2	3	4	5	Please circle one number
c) Now (21 + years if applicable)	1	2	3	4	5	Please circle one number

PLEASE TURN OVER

Contact with your birth family

6. Do you see anyone from your birth family? (Please tick one circle and list if appropriate)

○ **Yes**
Please list who: (e.g. sister, mum, cousin)

Please circle how often you see or contact each person

…………………………………Since I was ……yrs   Rarely Sometimes Often

…………………………………Since I was ……yrs   Rarely Sometimes Often

…………………………………Since I was ……yrs   Rarely Sometimes Often

…………………………………Since I was ……yrs   Rarely Sometimes Often

○ **No not anymore (Please list who you used to see)**

I used to be in touch with……………………………… until (age) ………………years

I used to be in touch with……………………………… until (age) ………………years

I used to be in touch with……………………………… until (age) ………………years

○ **No never have**

7. Look at the following table. How important was it to have seen people from your birth family at each of these times in your life:

	Not at all important				Extremely important	
a) In care (up to 16 years)	1	2	3	4	5	Please circle one number
b) Leaving care (16-21 years)	1	2	3	4	5	Please circle one number
c) Now (21 + years if applicable)	1	2	3	4	5	Please circle one number

8. Thinking about how you keep in contact with members of your birth family, what are the main ways you do that? (you can tick more than one)

○ Facebook/Social Networking   ○ Formal/Supervised Contact

○ Email   ○ Other (please specify)

○ Telephone/Text

○ Visiting them

…………………………………………

PLEASE TURN OVER

Life story work

Life story work is something you might have done with your social worker, a support worker, mentor or foster carer. It can include lots of different things, but it aims to help you understand more about your birth family and why you came into care. Some of the things it might include are:

- Talking about the reasons behind why you were taken into care
- Looking at photos of your birth family
- Looking through your care file
- Reading letters/cards your birth family may have sent to you

Sometimes these things are made into a book that tells your story from the time you came into care using information from your file, photos, letters, memories etc. Sometimes it is just about spending time thinking and talking about these things with someone who is there to support you.

9. Have you ever asked to do some life story work?

○ Yes
○ No

10. Have you done any life story work while being in care? (Please tick one)

○ Yes (go to question 11)
○ No (Stop here)
○ Unsure (Stop here)
○ Started it but didn't finish it (Stop here)

If you have completed some life story work, can you remember how old you were when you first started it?
………………………yrs

11. If you have done some life story work, would you be interested in talking to the researcher about your experience of doing this work?

○ Yes
○ No

Thank you again for taking the time to complete this questionnaire.

Please tick the box below if you would like to be entered into a Prize Draw to win £40 Tesco voucher.

PLEASE TURN OVER

We are really interested in finding out more about your experiences of life story work to help us understand what you found helpful and what was less useful for you. If you could spare an hour of your time to talk to me about this and share your thoughts then please tick the box below so that we can get in touch. Alternatively you can contact me on the contact details below:

Anna Buchanan
Trainee Clinical Psychologist, Postgraduate student.
South Wales Doctoral Programme in Clinical Psychology
11th Floor, School of Psychology, Tower Building, 70 Park Place, Cardiff, CF10 3AT
BuchananAC@cardiff.ac.uk
029 20870582

☐   Yes! Please enter me in the Prize Draw for £40 Tesco Draw

☐   Yes, I am interested in taking part in an interview about my thoughts and experiences of life story work.

Appendix 8

PARTICIPANT DETAILS FORM: STAGE ONE

**The experience of life story work: Reflections of young people leaving care.
Researcher: Anna Buchanan.**

Participant Identification Number:

Name: ……………………………………………**Age (yrs):** ………………

Telephone: ………………………………………………………………………

Social Worker: …………………………………………………………………

Social Work Team: ……………………………………………………………

Appendix 9

PARTICIPANT INFORMATION SHEET: STAGE ONE
Version 2.0 June 2013

Title of Study:	**The experience of life story work: Reflections of young people leaving care**
Principal investigator:	Anna Buchanan, Trainee Clinical Psychologist.
Supervisors:	Dr Liz Andrew, Consultant Clinical Psychologist. Prof. Neil Frude, Consultant Clinical Psychologist.
Contact details:	Clinical Psychology Training, School of Psychology, Tower Building, 70 Park Place, Cardiff, CF10 3AT.
	e-mail: BuchananAC@cardiff.ac.uk telephone: 029 2087 0582

We are inviting you to take part in a research study to find out about young peoples' experiences of life story work. This part of the study aims to find out more about the young people leaving care in Gwent using a short questionnaire. Everyone who takes part in this study will be entered into a prize draw to win £40 Tesco voucher. It should take no more than 20 minutes to fill out the questionnaire. When completed, this study will be submitted as part of Anna Buchanan's training in Clinical Psychology.

Before you decide whether or not to take part, it is important for you to understand why the research is being done and what it will involve. Please take time to read this information sheet carefully and discuss it with others if you wish. If you have any questions, or would like more information, please feel free to contact us anytime using the contact details above.

Thank you for reading this and for your interest in the research.

What is the study about?

We are doing this study in the hope that we can find out what young people leaving care know about their birth families and how they have been helped to find out more information about themselves and their families. Some people will have spent time doing something called life story work and some won't. We want to know what young people have found helpful and unhelpful. We hope that by asking care leavers about their experience of finding out about their families and their journey through care, we will be able to better understand what is most helpful.

Why have I been chosen?

We are asking about 100 people to take part in this part of study. We will take the first 100 people who have been contacted by their key worker and who agree to take part. You are being asked because you are accessing leaving care services at the moment.

Do I have to take part?

No – you only take part if you want to. If you decide to take part you can withdraw at any time, without giving a reason. If you don't want to take part, or if you decide to stop and withdraw, it won't affect any of the care you get or services you are involved with.

What do I have to do?

If you do decide to take part, you will be asked to sign a consent form to show that you've agreed to take part in this stage of the study. Your personal information will be treated with the utmost respect by the researcher and the answers you provide will be kept anonymous.

Firstly, the researcher will explain the reasons for the study in more detail and answer any questions you may have about it. You will then be given a short questionnaire that will take about 20 minutes to do. The questionnaire will ask about who is important to you at the moment, how much you know about your birth family and whether you see any of your birth family. It will also explain what life story work is and ask if this has ever been offered to you and whether you have ever done life story work. If you have, you will be asked whether you would like to take part in the next part of the study. If you think you have done some life story work and would be interested in talking about this in more detail with the researcher, you will be asked to provide your contact details at the bottom of the questionnaire so that this can be arranged.

Will my taking part in this study be kept confidential?

If you agree to take part, the completed survey you provide will be allocated a participant number and separated from the Participant Details Form which holds your name and contact details. These documents will be stored separately in locked cabinets in a Cardiff University building. Information linking the participant number allocated to your survey and your contact details will be recorded and kept in a separate password protected file accessible only to the lead researcher and clinical supervisor. You can withdraw your answers from the research at any time up until your questionnaire is anonymised. Your contact details will be kept to enable the researcher to contact you if you win the Prize Draw.

The only exception to confidentiality is if you say something about your safety or someone else's safety (including any children). For example, if you said you were going to hurt yourself or someone else, or told us you were in danger of being harmed in the near future, we would have to share that information with the researcher's supervisor, your personal advisor/key worker or any other professionals necessary in order to keep you safe.

What will happen to the results of the research study?

The information you give on the questionnaire you complete will be used to understand the general experiences of young people leaving care in Gwent and will be written up as part of a study. This study will be submitted as part of Anna Buchanan's training in Clinical Psychology. It may also eventually be published in an academic journal, as well as possibly being used in academic presentations. No personal information will be identified in any publication of the results. All results will be shown as group results for young people leaving care in Gwent – no individual results will be used for this stage of the study.

What are the disadvantages or risks of taking part?

You might find that the questions lead you to think about your birth family more. If this causes you any distress please do not hesitate to contact the researcher via the numbers provided below.

What are the benefits of taking part?

There are no direct benefits to you of taking part, except that you will be entered into a prize draw to win a £40 Tesco voucher. But, by taking part you will be helping to provide a better understanding of what young people leaving care have found helpful and unhelpful about the support offered to them to find out more about their birth family. It is hoped that this will contribute to making the support offered by services as useful as possible in the future.

Who is organising and funding the research?

Cardiff and Vale University Health Board is funding and sponsoring the research.

Who has reviewed the study?

This research has been reviewed and approved by School of Psychology Research Ethics Committee at Cardiff University. If at any time during the research you have any concerns or complaints about the research you can contact the School of Psychology Research Ethics Committee by telephone or in writing at:

Secretary to the Research Ethics Committee

School of Psychology

Tower Building

70 Park Place

Cardiff

CF10 3AT

psychethics@cardiff.ac.uk

If you would like more information about the project, please feel free to contact us:

Anna Buchanan

Trainee Clinical Psychologist, Postgraduate student.

South Wales Doctoral Programme in Clinical Psychology

11th Floor, School of Psychology, Tower Building,

70 Park Place,

Cardiff,

CF10 3AT

BuchananAC@cardiff.ac.uk

029 20870582

Academic supervisor:

Prof. Neil Frude -

Consultant Clinical Psychologist

South Wales Doctoral Programme in Clinical Psychology

Cardiff & Vale UHB

neil.frude@ntlworld.com

02920 206464

Appendix 10

PARTICIPANT INFORMATION SHEET: STAGE TWO

Version 2.0 June 2013.

Title of Study: **The experience of life story work: Reflections**
of young people leaving care

Principal investigator: Anna Buchanan, Trainee Clinical Psychologist.

Supervisors: Dr Liz Andrew, Consultant Clinical Psychologist.
                                        Prof. Neil Frude, Consultant Clinical Psychologist.

Contact details: Clinical Psychology Training,
                                        School of Psychology, Tower Building, 70 Park Place,
                                        Cardiff, CF10 3AT.

                                        e-mail: BuchananAC@cardiff.ac.uk
                                        telephone: 029 2087 0582

We are inviting you to take part in the second part of a research study to find out more about young peoples' experiences of life story work. You have already completed a short questionnaire and have indicated that you would be interested in talking to the researcher about your experience of life story work whilst in care. Everyone who takes part in this study will be entered into a prize draw to win £40 Tesco voucher. This part of the study involves talking with the researcher for **1 hour** about your experiences and thoughts about the life story work you have done. When completed, this study will be submitted as part of Anna Buchanan's training in Clinical Psychology.

Before you decide whether or not to take part, it is important for you to understand why the research is being done and what it will involve. Please take time to read this information sheet carefully and discuss it with others if you wish. If you have any questions, or would like more information, please feel free to contact us anytime using the contact details above.

Thank you for reading this and for your interest in the research.

What is the study about?

We are doing this study in the hope that we can find out what young people leaving care know about their birth families and how they have been helped to find out more information about themselves and their families. You have indicated that you believe you have spent time doing some life story work with someone supporting you whilst you were in care. We want to know more about this and what you have found helpful and unhelpful about this work. We hope that by asking care leavers about their experience of finding out about their families and their journey through care, we will be able to better understand what does and does not help when planning services.

Why have I been chosen?

We are asking about 10 people to take part in this part of study. We will take the first 10 people who have indicated on their questionnaire that they have completed this type of work and agree to being asked about this in more detail. You are being asked because you have indicated that you are interested in talking with the researcher and have provided your contact details.

Do I have to take part?

No – you only take part if you want to. If you decide to take part you can withdraw at any time, without giving a reason. If you don't want to take part, or if you decide to stop and withdraw, it won't affect any of the care you get or services you are involved with.

What do I have to do?

If you do decide to take part, you will be asked to sign a consent form to show that you've agreed to take part in this stage of the study. Your personal information will be treated with the utmost respect by the researcher and the information you provide will be kept anonymous. Sometimes it may be necessary for the researcher to change personally identifying information to ensure that any quotes that may be used in the research are kept anonymous.

Firstly, the researcher will explain the reasons for the study in more detail and answer any questions you may have about it. If you are happy to be interviewed you will be asked to take part in a **1 hour** interview with the researcher. During the interview you will be asked about your experience of life story work, how helpful you found it and how you think it could have been improved.

Will my taking part in this study be kept confidential?

If you agree to take part, all of the information that you give us will be kept anonymous and confidential. The recorded interview will be transcribed and a pseudonym will be allocated to the transcript. The information you have given will be anonymous from this point. The transcript will be separated from the Participant Details Form which holds your name and contact details. These documents will be stored separately in locked cabinets in a Cardiff University building. Information linking the participant number allocated to your survey and your contact details will be recorded and kept in a separate password protected file accessible only to the lead researcher and clinical supervisor. You can ask for your interview to be withdrawn from the research up until the pseudonym is allocated. The audio-recording will be destroyed at the earliest opportunity. Any quotes used will be attributed to the pseudonym and not yourself.

The only exception to confidentiality is if you say something about your safety or someone else's safety (including any children). For example, if you said you were going to harm yourself or someone else, or told us you were in danger of being harmed in the near future, we would have to share that information with the researcher's supervisor, your personal advisor/key worker or any other professionals necessary in order to keep you safe.

What will happen to the results of the research study?

The things that you talk about will be used to understand the general experiences of young people leaving care in Gwent and will be written up as part of a study. Sometimes quotes may be used to explain a specific point that care leavers have made. However, every care will be taken to ensure that the quote used cannot be identified as something you have said.

This study will be submitted as part of Anna Buchanan's training in Clinical Psychology. It may also eventually be published in an academic journal, as well as possibly being used in academic presentations. No personal information will be identified in any publication of the results. All results will be shown as group results for young people leaving care in Gwent – no individual results will be used for the study.

What are the disadvantages or risks of taking part?

You might find that the questions lead you to think about your birth family more. If this causes you any distress please do not hesitate to contact the researcher via the numbers provided below.

What are the benefits of taking part?

There are no direct benefits to you of taking part, except that you will be entered into a prize draw to win a £40 Tesco voucher. But, by taking part you will be helping to provide a better understanding of what young people leaving care have found helpful and unhelpful about the support offered to them to find out more about their birth family. It is hoped that this will contribute to making the support offered by services as useful as possible in the future.

Who is organising and funding the research?

Cardiff and Vale University Health Board is funding and sponsoring the research.

Who has reviewed the study?

This research has been reviewed and approved by School of Psychology Research Ethics Committee at Cardiff University. If at any time during the research you have any concerns or complaints about the research you can contact the School of Psychology Research Ethics Committee in writing at:

Secretary to the Research Ethics Committee

School of Psyhology

Tower Building

70 Park Place

Cardiff

CF10 3AT

psychethics@cardiff.ac.uk

If you would like more information about the project, please feel free to contact us:

Anna Buchanan

Trainee Clinical Psychologist, Postgraduate student.

South Wales Doctoral Programme in Clinical Psychology

11th Floor, School of Psychology, Tower Building,

70 Park Place,

Cardiff,

CF10 3AT

BuchananAC@cardiff.ac.uk

029 20870582

Academic supervisor:

Prof. Neil Frude -
Consultant Clinical Psychologist
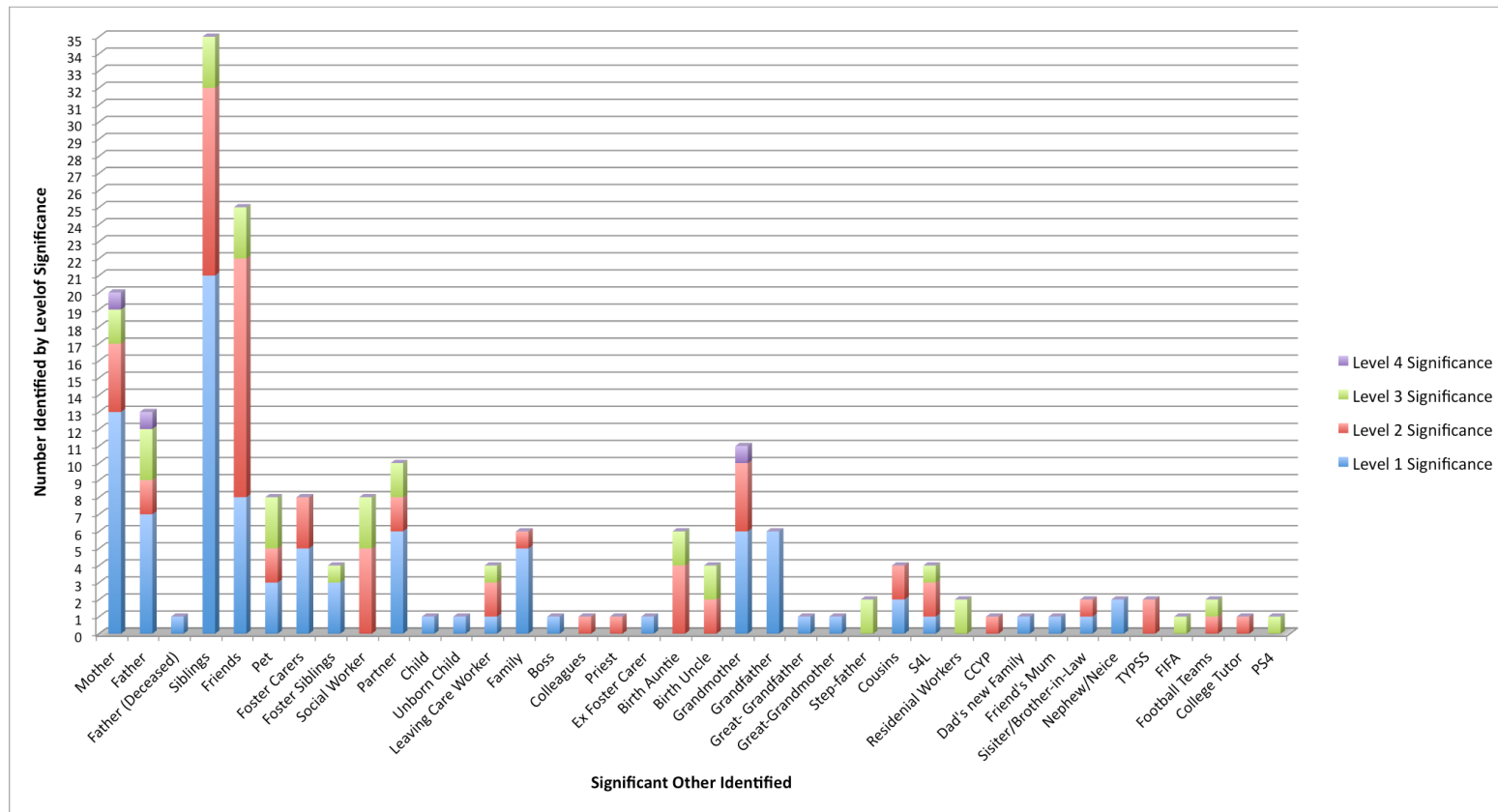South Wales Doctoral Programme in Clinical Psychology
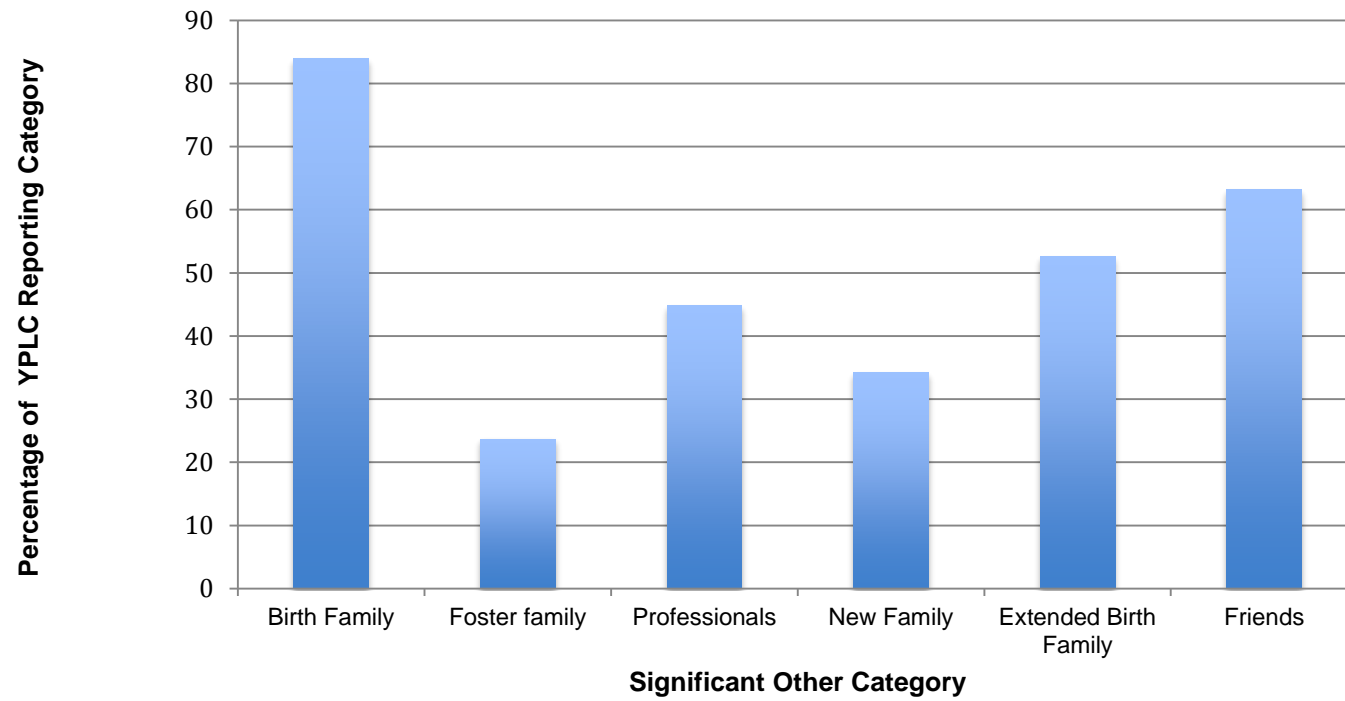Cardiff & Vale UHB

neil.frude@ntlworld.com
02920 206464
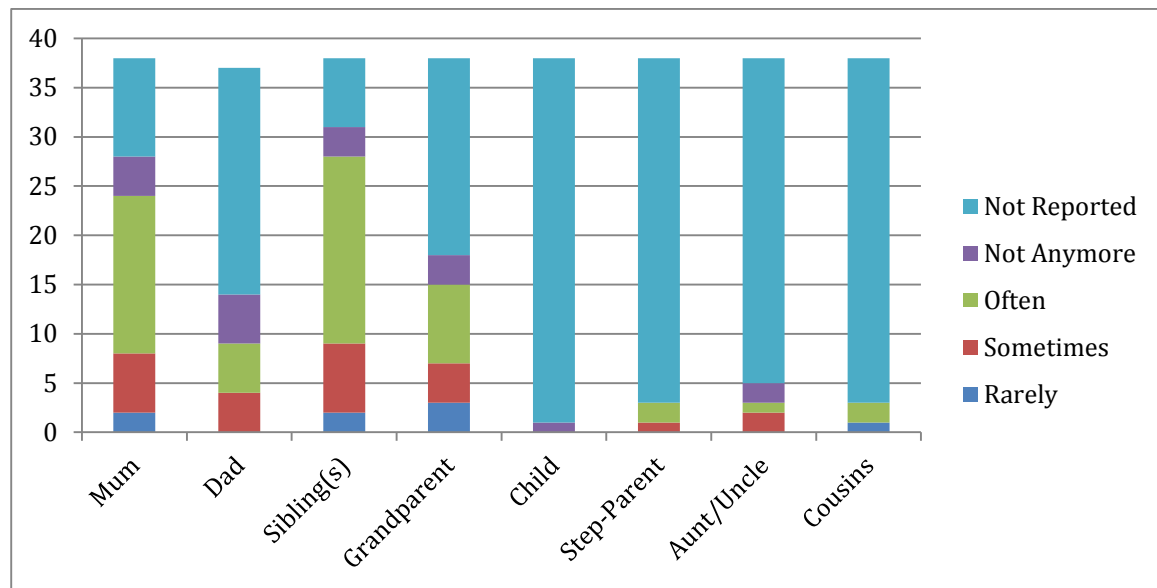
Appendix 11

Graphs of Descriptive Data Results

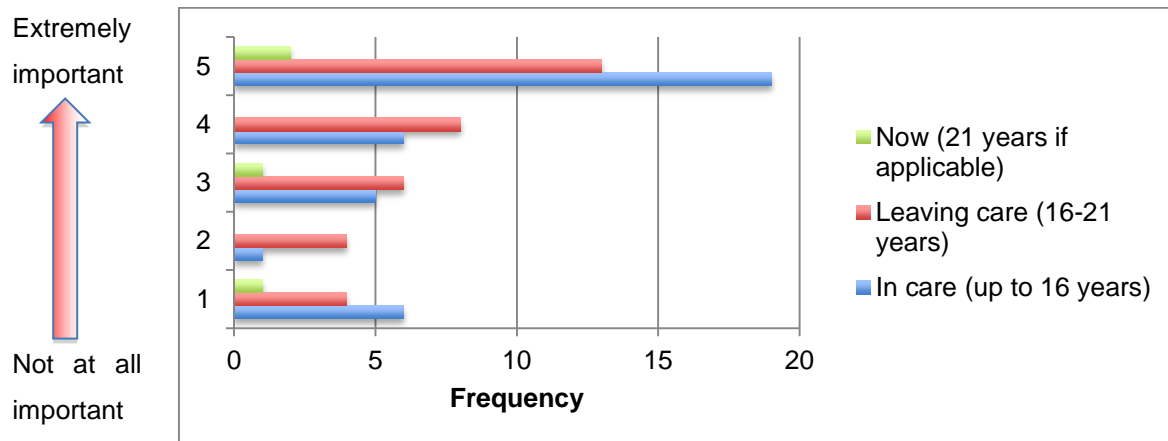*Frequency of Available Relational Networks (N=38)*

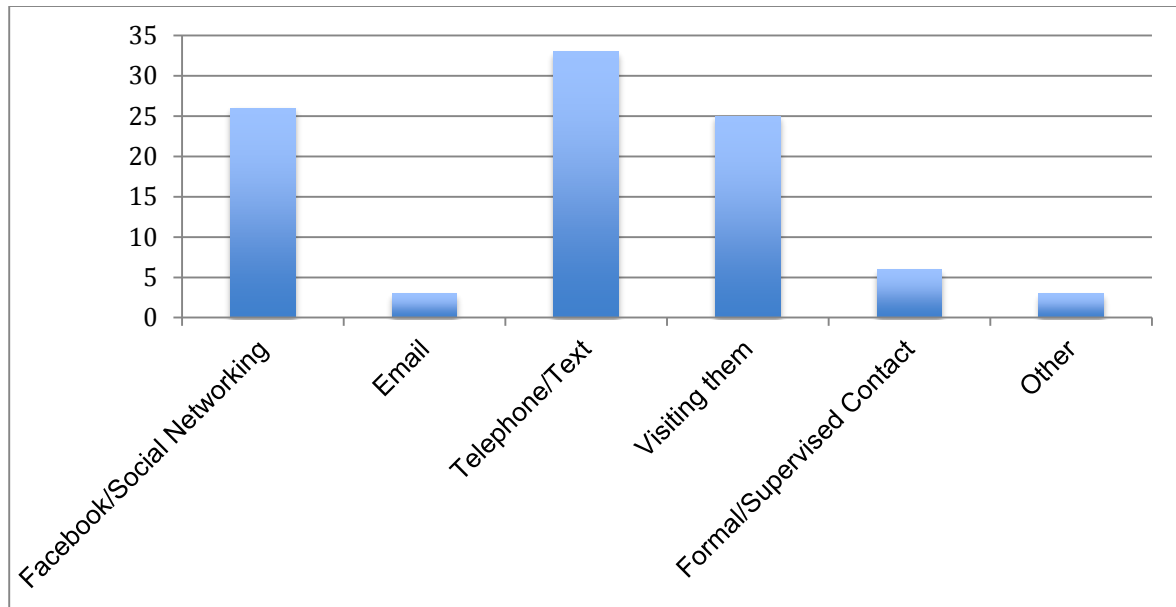*Frequency of Reported Significant Other Categories (N=-38)*

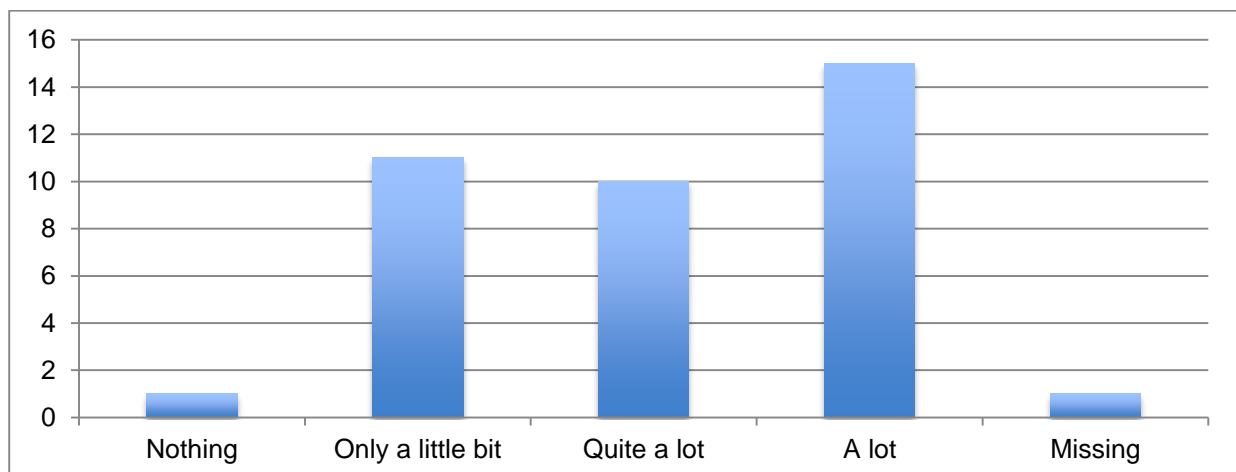*Reported Frequency of Current Contact with Birth Family (N= 38)*

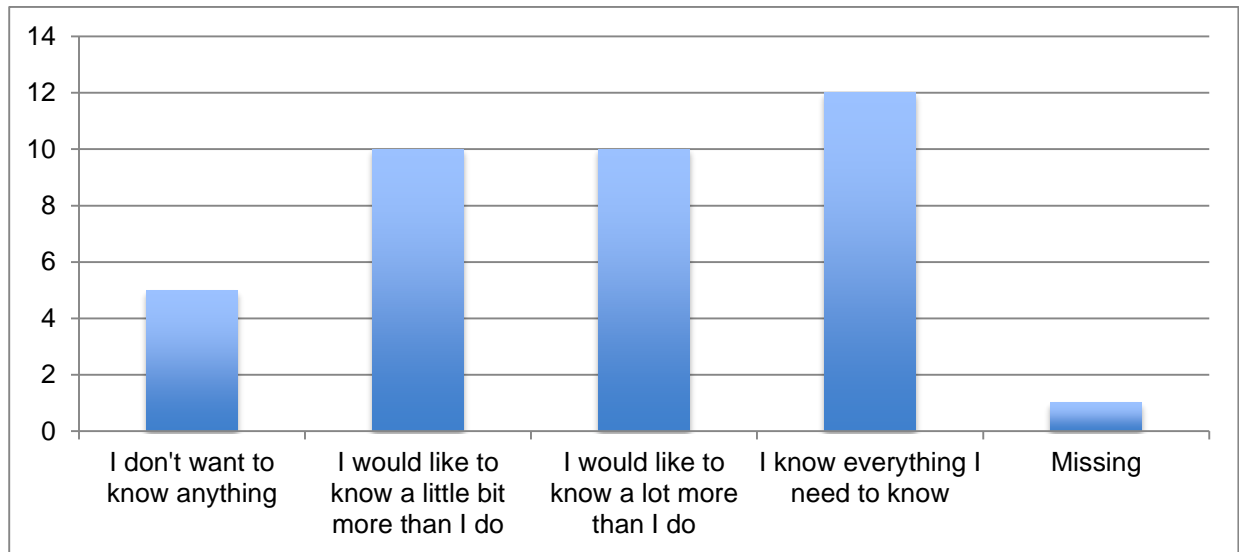*Importance of Knowing about Birth Family at Different Times in Life*

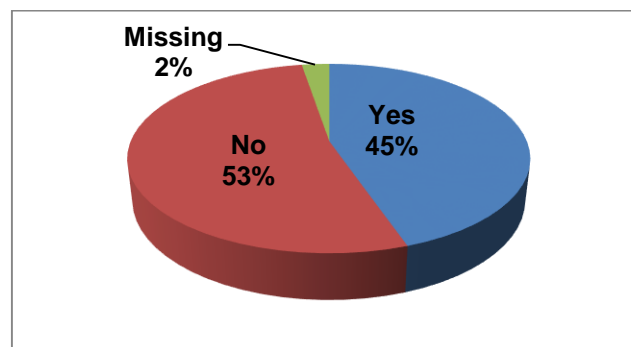*Methods Identified to Maintain Contact with Birth Family (N = 38)*

Perceived Level of Current Knowledge of Birth Family (N= 38)
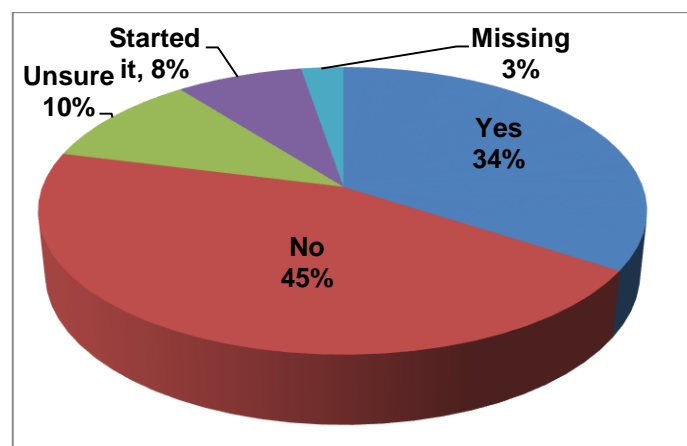
Reported Desire for Greater Knowledge of Birth Family (N= 38)

Percentage of Participants who had Requested LSW (N= 38)

Percentage of Participants Reporting Completion of LSW (N=38)

Appendix 12

Luke Emergent Themes:

Need for acceptance from interviewer / cooperating
Time – sense of busyness/no time
Hope for future ambitions
Ambition
Planning for positive future
Self as different from others
Imp of others people's perception
Considers self 'weird'?
Time to work out sense of self
Overwhelmed – too much music
Too many demands
Positive plans for future – joining band
Socially isolated
Formal language to distance self - clients
Self as different - no shared interests – good and bad?
Perception of self and identity
Fluctuating clarity of memories - not related to time – exact about adoptive age
Multiple moves – instability
 'real family'
Sense of belonging to birth family
Separate from adoptive family
Abandonment by siblings
Anger/Loss
Difficult rel. with adp. family
Difficulty finding words - reflects conflicting emotions?
Sense of futility of arguments
Need for acceptance from adoptive family – mixed emotions about rel.
Placating role – keeping the peace
Him as making effort
Others as not making effort – confusion about this
Self as taking the adult role
A Family contact is businesslike – task orientated
Identity - no shared interests with AF
Outside in family
Desire to be accepted
Anger and Confusion at being rejected by AF
Not valued or important by AP
Not cared about by AP

Putting on a front
Desire to be valued and supported
Communication as weapon
Lack of interest by AP
Feeling isolated and lonely within AF
Unsupported
Language – disengaged from AP – 'mother' 'they' them' 'the parents'
Unfairness – took his stuff, not allowed to write letter on computer
Independence – looking after self
Need to be in control
Rejection and abandonment by AP
Battling against the world
Disconnection birth parents
Regular and infrequent contact w nan
Sense of AP has holding the power
Taking control back at 18
Uses 'I think' a lot when emotionally diff topic?
Nan as reliable – only one?
Identity – rubbish at writing
Fear of judgement by others
Fear of not being good enough
Confused by AP unfairness
Sense of self worth – being good at computers
Shared experiences with siblings
Feeling valued by Nan
Made effort = effort shows care
Use of formal language – 'mother' no distinction between AM and BM
No contact with BP
Memory affected by young age
Different from siblings… they think contact
Care has not affected him as too young
Sense memories of past can cause worry – e.g. for sisters
Conflicting feelings towards BP
Sense of 'actual family'
Curiosity – questions
Need to be seen positively – not being pushy
Mixed emotions about seeing them
Managed life – struggle
LSW has effect on people – good and bad

LSW one off
LSW Completed when 7/8 - really young
Unknown worker
Preparation and planning with him
Individual work – important to him
Not generic – made for him
Had LSB and Box
Importance of origins
Where you are from
Info can be overwhelming
Manage Info by gradual exposure
LSW needs to be age appropriate
Comprehensive – coherent story
Detailed memory of events
No support from AP t time or to revisit
Abandoned to read it by self
Desire to return to it
Wanted AP to be interested
Nurtured and valued book – rebound
Reflected often on the content
Actual family – roots
Minimises emotional response – like information
Scientific language - coping mechanism for emotions?
Answered a lot – more to know
Info shared in helpful way
Had time to make sense of it
Pleased the info was tentative - magical thinking?
Would like to believe BP but unsure if can
Nothing happened while with AP
Conflicted and confused rel. with AP – sometimes parents sometimes them
Treasuring of memorabilia
Sense of other knowing more than him
Needing to make sense of events
Treasured items – sentimental
Would not want to lose it
Planning for future use of LSB
LSB elicits positive emotions
Process of LSW was helpful
LSW anchoring at diff transitions
Coping mechanism - Proof he can survive?
Lots of instability in life
Importance of stability in life
Scientific detached thinking
Predictability important
Dissociates when emotionally difficult – coping?
Overcomes fears
Quiet, shy person

Ability to adapt
Put on a front
More mature than siblings?
Rel. with siblings improved with age
Fluctuating relationships
Closeness and warmth towards siblings
Considers self not important?
Confused when did LSW
Integrated LSW info over years – jigsaw analogy
Lack of control over info access
LSW offered control
Ownership of the process – his narrative
Passive – doesn't actively seek out info
Avoidance of potentially difficult info?
Sister's heads' exploding with q.s
Differences exacerbated by adoptive family
Idea of interests a cause of rel. difficulties with others
Volatile rels.
Broken rels. – sibs
Futility of sib and family conflict
Lack of guidance and support
Not feeling valued
Shared qualities with siblings
Important to be bothered- he makes effort
Fearful of knowing more about heritage – e.g music talent
Tenacious
Desire to share experiences with sib
Persistent
LSW Compensate for break of family tree
BF connection important
Connected through shared experience
Not valued by others
Imagines better life if not been in care?
Info – likened to physical harm
Clear memory of Nan not writing – abandonment
Confusion
Preparedness important
Sib support important – e.g. visiting Nan
Others can be unreasonable
Communication- makes assumptions
Fragmented memories
Identity: sees self as grandchild
Distorted pic of BF

Imp to give people chance – doesn't feel he has been given one
LSW 'helped find a piece of yourself'
Self as made up of different pieces
Connection between emotional prob. and behavioural prob. and physical health
LSW as ground work – prepared for other info
Gave him some perspective
More independent
Info has been used as a weapon
Sudden events are unpleasant
Makes excuses for others –
Strong emotional response to info
Value of things staying the same
LSW needs to be done properly
Limited, trusted audience
Bad experience of exposure previously
Can't trust people
Family should stick up for you
Feels misunderstood / different
Siblings stand up for him
Use of cliché's as emotional barrier?
Desire to avoid conflict
Achieved a sense of stability
Stability is gradual process
Forced maturity

Appendix 13

Table of Super-ordinate Themes and Themes from Luke

Super-ordinate Themes	Master Themes
Conflicted Relationships	The importance of effort
	Putting on a front
	Shared experiences
	Needing to be valued
The Need to Know	A fragmented narrative
	Putting the pieces together
	The power of information
	A sense of belonging
	Curiosity
The Effects of a Fragmented Youth	Unhelpful Coping Strategies
	Anger
	A sense of abandonment
	Striving for stability
	Independence and Control
Getting LSW Right	The right time
	Ownership is important
	Feeling safe
	A good foundation