

Looked After Care: Young People's Views of Making Decisions in Review and Planning Meetings

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**A thesis submitted in partial fulfilment of the
requirements of the School of Psychology, University
of East London for the degree of Clinical Doctorate
in Psychology**

May 2012

Words 22,202

Abstract

Children and young people's right to participate in the decisions made about them is enshrined in national and international Acts and Charters: the Children Act 1989 and the UN Convention on the Rights of the Child 1999. This right takes on particular importance for Looked After Children and Young People, a frequently excluded group, as it concerns major decisions about their lives. This study sought to explore the views of 10 young people between the ages of 16 and 19 in looked after care on decision making in review and planning meetings. A critical realist grounded theory was deemed to be the most appropriate methodology for the research, partly because it allowed interviews and research directions to be led by the participants.

Interviews and analyses yielded interesting and novel results but also reflected many themes that have been found in previous research. The core category generated by the research was the ongoing process of *Pushing and Decision Making*. The main categories that comprise that core category were: *Becoming Active and Involved*, *Wanting more than just 'Good Enough'*, *Making Oneself Heard* and *Coming of Age in the Care System*. The core and four main categories are discussed with reference to other research into participation and decision making, and in terms of the young people getting their needs met within the context of the care system and corporate parenting.

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List of Abbreviations:

CAMHS	Children and Adolescents Mental Health Services
CR	Children's Rights Services
CYP	Children and Young People
DCSF	Department for Children, Schools and Families
DM	Decision Making
FC(s)	Foster Carer(s)
GT	Grounded Theory
LAC	Looked After Care
LACYP	Looked After Children and Young People
IRO(s)	Independent Reviewing Officer(s)
NICE	National Institute for Health and Clinical Excellence
SCIE	Social Care Institute for Excellence
SS	Social Services
SW(s)	Social Worker(s)
YP	Young People who participated in the current research

Acknowledgements

First and foremost I would like to thank the research participants and recognise the vital role they played in this study. These young people were friendly and open, robust and outspoken, kind and *human*.

I would like to thank the Children's Rights service and in particular the Children's Rights Manager for her time and dedication. The interviews revealed that the Children's Rights service manager is truly a great and inspiring person.

I gratefully acknowledge the support and encouragement I received from Dr Paula Magee and the insightful discussions and feedback from Dr Sara Northey.

Last, but not least, I would like to thank my family, friends and above all Julia: without whom none of this could have happened.

Dedicated to Timothy Edwards, *who would have loved to have met you*.

1. Introduction

Children and young people's right to participate in the decisions made about them is enshrined in national and international Acts and Charters: the Children Act 1989 and the UN Convention on the Rights of the Child 1999. This right takes on particular importance for Looked After Children and Young People, a frequently excluded group, as it concerns major decisions about their lives – such as whether they will be taken into care, where and with whom they will live etc. Research in the field of Looked After Children and Young People has been biased towards collecting quantitative outcome data, which have been shown to yield significantly more negative findings in contrast to the general population of children and young people.

The current study proposes to address the imbalance of the outcome-oriented approaches which have been dominated by universalist, age-based developmental psychological theories and have inherently neglected the views of children and young people (Winter, 2006). Theoretical perspectives viewing children and young people to be competent commentators of their lives and able to be involved in decision-making (Sinclair, 2004) suggest the benefits of young people's participation and this is supported by a growing research base. The current study seeks to develop deeper levels of understanding and explanation of the mechanisms by which this occurs.

1.1 Key Concepts and Definitions

The area of Looked-After Care is complex and multi-layered. This section provides definitions for key terms and issues of LAC relevant to the current study.

1.1.1 Looked-After Children and Young People

The term 'Looked-After Children and Young People' refers to children and young people between the ages of birth to 25 who are looked after by the state under the Children's Act 1989 and where, therefore, the state acts as legal guardian. The term can also include young people known as 'care leavers': young people generally between the ages of either 18 or 21 and 25 who still

receive care services due to their status of having been looked after. The concept of 'care leavers' reflects UK policy and is included in the current study.

Children and young people ('CYP') come into care via a variety of different avenues and there is a broad spectrum of care arrangements. Care arrangements include (adapted from Dickson, Sutcliffe and Gough, 2009):

1. CYP *compulsorily* removed from their family and placed in the care of the state.
2. CYP placed in the care of the state on a *voluntary* basis following an agreement between parents or guardians and the legal authorities.
3. CYP placed in 'out of home care' such as with foster carers, in residential homes, young offenders or secure institutions or at boarding school.
4. CYP residing with parents or other relatives but for whom the state is their legal guardian, sometimes as a result of kinship care or respite care.
5. And care leavers, young people for whom the state no longer acts as legal guardian but who continue to receive interventions from the state because of the status of having previously been looked after. In the UK individuals may continue to be 'looked after' until the age of 21, though many cease to be looked after at the age of 18 (Department for Children, Schools and Families, 'DCSF', 2009; in Dickson et al. 2009).

1.1.2 Review and Planning Meetings

Review meetings (also known as 'LAC Reviews', 'Case Reviews' and 'Reviews') are regular statutory meetings to review the child or young person's care plans¹. During these meetings, the care plan is 'considered, reconfirmed or changed and such decisions agreed and recorded in consultation with all those who have an interest in the child or young person's life, including the child or young person' (formal guidance notes jointly produced by the National Institute for Health and Clinical Excellence, 'NICE', and the Social Care Institute for Excellence, 'SCIE', 2010).

¹ Care plans are documents that set out actions to be taken to meet the child's need and are based on comprehensive assessments of the child or young person's needs (including emotional, physical, social and educational developments).

Review meetings are organised by the child or young person's social worker ('SW') and are chaired by the Independent Reviewing Officer ('IRO') whose statutory role is to ensure that the best interests of the young person are met (see below). Attendees at the meeting will include the SW, IRO and others involved in the young person's care (teachers, supported accommodation key workers etc). The child or young person will also present but if he/she chooses not to attend the meeting the IRO encourages the child or young person to make a contribution either in writing or via the IRO. The first review meeting is conducted one month after the child or young person comes into care and then either three- or six-monthly after that.

The term 'Planning Meeting' is used differently across Local Authorities and areas of the UK. Some refer to 'planning meetings' as meetings specifically aimed at agreeing the Care Plan at the start of the child or young person's journey into care (sometimes known as the 'Placement Agreement'). Other authorities and agencies refer to Planning Meetings as meetings aimed at discussing changes in placement type (e.g. foster care, supported living or independent living) or other major changes in the person's care, such as leaving care and post-care planning pathways.

1.1.3 Decision Making in Looked After Care

For LACYP, the right to participate in the decisions made about them is enshrined in the Children Act 1989 and their participation rights are engaged from their entry to care through to their experience of being in care and exit from the care system. Following the Children and Young Person Act 2008, in April 2011 new regulations came into force placing the child and young person at the centre of all decisions about their care, thereby ensuring that "the voice of the child or young person is heard at every stage in the care planning process, with particular concern for the choice, quality and continuity of the placement" (NICE and SCIE formal guidance notes, 2010).

Defining decision making (DM) and participation is difficult because children's participation is an imprecise and multi-dimensional concept (Sinclair, 2004). Bessell's (2011) three-dimensional definition can be helpful to understand

participation in decision making within the LAC context: 1/ 'a CYP has sufficient and appropriate information to be able to take part in the decision-making process'; 2/ a CYP has the opportunity to express their views freely; and 3/ the CYP's views affect the decision (Bessell, p. 497, 2011).

1.1.4 Independent Reviewing Officers

IROs are completely independent from Social Services (SS). IROs hold statutory obligations to monitor the local authority's performance of their duties towards the child or young person and to ensure that the quality of care and review processes are met. Paramount to the IROs' role is to ensure that each child or young person's wishes are heard and given full consideration by the appropriate authority.

1.2 Literature Search Strategy

A minor literature review was undertaken as part of the Research Proposal and Ethical Application (Appendix I) before the research commenced which led to the development of the research question/area to be investigated. However, in line with the methodological approach followed by the current study (Charmaz' Grounded Theory, 2006; please see Method Chapter) which advocates delaying the extensive literature review until after an initial grounded theory has been formed, the major literature review was conducted after the data collection and analysis phases of the research. This juxtaposed well with the author's relatively limited knowledge of Looked-After Care ('LAC') and Looked-After Children and Young People ('LACY') and with methodological concerns of trying not to 'force' a fit between the data and any interests or predetermined hypothesis that the researcher might have (Glaser, 1978).

Database:	Date Range
Academic Search Complete	1887 – Present
Family Studies Abstracts	1979 – Present
PsycArticles	1894 – Present
PsyInfo	1887 – Present
Education Research Complete	Not known
Educational Resources Information Centre	1966 – Present
British Education Index	1975 – Present
Australian Education Index	1997 – Present
Google UK:	http://www.google.co.uk/
Google Scholar:	http://scholar.google.co.uk/

Figure 1: Database names, year range coverage and internet search engines

Searches of eight electronic databases were conducted on 28th and 29th April 2012 with the general aim of finding research pertaining to the general area of the study and with a specific focus on qualitative research looking at the views of LACYP on decision making in review and planning meetings. Database names and year range coverage are provided in Figure 1. Internet searches via Google UK and Google Scholar search engines also elicited further research papers, reviews and practice guidelines.

Key search terms were determined by the research question and included developing strings of terms to denote the three key aspects of the study: 1/ population, i.e. young people, LAC and LACYP; 2/ research methodology, i.e. quantitative/qualitative, surveys/focus groups/interviews etc.; and 3/ focus of the research, i.e. views, decision making ('DM') and Review and Planning Meetings. Two further dimensions were added to the literature search as a result of the study analysis, 'participation' and 'advocacy'. As the current study

only collected the views of young people aged 12 and over, research with young children (under the age of eight) was not considered.

1.3 Looked After Care

There are more than 83,000 Looked After children in the UK and in England alone there were 60,900 on 31 March 2009, representing 55 children in every 10,000 of the population aged under 18. Of the 60,900 LACYP, 73 per cent live with foster carers and 10 per cent live in children's homes, hostels and secure units (DCSF, 2009). Most CYP (36%) who enter the care system are aged between 10 and 15 and have experienced a long history of problems and professional involvement (DCSF, 2009).

The outcomes for LACYP are bleak and there are numerous studies comparing the outcomes for LACYP compared to their non-LAC peers. These constantly reveal that “. . . looked after children constitute one of the most severely troubled and disturbed groups in the general child and youth population” (Iwaniec, 2006, p. 6; cited in Coman and Devaney, 2011).

A report from the Social Care Institute for Excellence (2005) looking into pregnancy rates amongst LACYP showed that this group is two-and-a-half times more likely to become pregnant as teenagers, with almost one-half of all female care-leavers becoming mothers between the ages of 18 and 24 years. The same report outlined that LACYP are more likely than non-LAC peers to have poor educational experiences and leave school with fewer qualifications: 36% of children looked after continuously for 12 months had no formal qualifications at statutory school-leaving age compared with 1% of the total population of similarly-aged children. LACYP are at significantly higher risk of offending and become part of the criminal justice system: nearly 10% of looked-after children aged 10 years and older had a caution or criminal conviction.

A recent paper by Coman and Devaney (2011) paints a similar picture for the mental health needs of LACYP. Citing various authors and researchers, Coman and Devaney say that between 40% and 90% may meet the criteria for a mental health disorder (compared to around 10% of the general population).

Similarly, over 30% of the LACYP population meet the criteria for two or more mental health disorders (known as co-morbidity) (Meltzer, Corbin, Gatward, Goodman and Ford, 2003; in Coman and Devaney, 2011).

1.4 Why Decision Making and Participation?

1.4.1 Children's Rights and Children & Young People as Social Actors

CYP have a right to participate in the decisions made about them is enshrined in the Children Act (England & Wales) 1989. Indeed, the UK government has ratified the United Convention of the Rights of the Child, guaranteeing that all CYP have a right to: express their views freely in all matters affecting them and for these views to be given due weight in accordance with the child's age and maturity (Article 12) and to have their placement checked regularly if they are in LAC (Article 25) (UN Convention on the Rights of the Child, 1999).

Universalist, age based developmental psychological theories of childhood still dominate views about children and young people both in LAC and more generally. To illustrate this point, Article 12 of the UN Convention on the Rights of the Child (1999) pronounces that CYP have a right to express their views freely in all matters affecting them and for these views to be given *due weight in accordance with the child's age and maturity* (my emphasis). On the other hand, it is being increasingly recognised that children and young people are "active social beings, constructing and creating social relationships" (Prout and James, 1997) - competent to be commentators of their lives and able to be involved in decision-making (Sinclair, 2004).

1.4.2 Participation Literature and Research

There is broad support in the literature that participation and decision making for CYP is valued but much of this is based upon opinions and anecdotal evidence (McLeod, 2008). Coman and Devaney's (2011) paper looking at the outcomes of LACYP from an ecological (systems) perspective points to the growing literature exploring how children can negotiate aspects of their care in ways that give them more personal agency and the positive effects that this participation can have (Roy, Young, and May-Cahal, 2009; cited in Coman and Devaney, 2011).

Many argue that, from early childhood through to adulthood, the ability to present yourself and your views and be heard is one of the most important issues in identity construction (see McLeod, 2008). Empowering young people to develop a positive personal identity mastery and control can help young people to more easily manage stressful experiences (Rutter 1990), as can associated positive feelings of high self-esteem and emotional well-being (Munro 2001). A significant proportion of children and young people have come to care as a result of abuse or neglect and have inherently been in positions of powerlessness. Due to the nature of care, LACYP are surrounded by numerous adults (SWs and other professionals etc.) all of whom are in a position of relative power. Allowing these young people to participate and make decisions in their lives addresses the power imbalances experienced prior to, and possibly during, care and allows the young person to develop a more positive identity.

LACYP are considered a 'frequently excluded group' (Department of Health, 2004; Department for Education and Skills, 2005). The number of adults involved in these individuals' care means that often their wishes and interests are overlooked, and they are often estranged from their families, cultural contexts and wider communities. Thus promoting participation in decision making can promote social inclusion (Spicer and Evans, 2006).

There is emerging evidence to suggest that participation can support the efficacy of interventions and therefore the outcomes of LACYP. For example: in a scoping review looking at the research evidence for effects (positive and negative) of participation on health outcomes for children in care, researchers Vis, Strandbu, Holtan and Thomas (2011) concluded that when participation was successful in health decisions, children's safety was improved, there was an increase in the success of care arrangements and an increase in feelings of well-being. These were related to a child's relationship with their social worker and the 'child-friendliness' of the process.

The right to participate in decisions made about them takes on particular importance for LACYP as it often concerns issues of life-changing impact:

whether they will be taken away from their birth parents, where and with whom they will live etc. For example, there is a relationship between the LACYP's choice of placement and placement stability (Lindsay, 1995) possibly because the resulting placements are more likely to be acceptable to the individual and felt to be more appropriate when they have been involved in the placement decision. Similarly, in a review about fostering Sinclair (2005) found that young people who felt consulted on their fostering placement would rate the placement as successful; conversely young people who had not been consulted were more likely to rate the placement as a failure, certainly over the first 12 months. Therefore, from the prevention of placement breakdown to other areas and important decisions in people's lives, involving CYP leads to more accurate and relevant decisions and which are likely to be sustainable. Engaging in the decision making process can help the CYP learn skills such as communication, debate and negotiation which can help the child or young person with problem-solving in other areas of their life (Sinclair 2005) including independent decision making and independent living.

1.5 Research Background

Research in the field of looked after children and young people, adoption and fostering has, until recently, been biased towards collecting quantitative outcome data. The outcome-oriented approaches, lacking in sociological understandings of children and childhood, have been dominated by universalist, age-based developmental psychological theories and have inherently neglected the views of children and young people (Winter, 2006a). Comam and Deveney (2011) argue that these theoretical perspectives are useful to understand intrapersonal and interpersonal factors of LACYP and how these factors interrelate with one another giving an understanding of adaptive and maladaptive behaviour. However, these authors argue the theories within themselves do not sufficiently account for the outcomes of LACYP and do not account for the systems and context of LAC, such as the influence of the corporate parent².

² 'Corporate Parenting' is the term used to describe the collective responsibility of Local Authorities towards LACYP and not just, for example, the responsibility of Children's Services.

Winter (2006a) argues that research concerning the views of looked after children in the realm of their education and health experiences has tended to view children as passive consumers of services. Similarly, with LACYP more generally, much research has tended to focus on the child or young person's 'best interest' in terms of child protection and has therefore been conducted 'on' rather than 'with' children and young people (Mayall, 2002).

The resulting methods and processes of researching children's views are therefore limited and constrained; using surveys and structured or constricted semi-structured interviews that are "defined and measured within a framework of measure, outcomes and indicators imbued with the values of their definers" (Winter, 2006a, p.58). These measures lean towards gaining information within a pre-determined agenda, at a prevalence of need level, and not towards trying to understand the issues most pertinent to LACYP.

It has been argued, however, that over the last decade there have been procedural and legal frameworks to ensure user involvement in the development and delivery of services and there has been an increased interest in exploring the views of children about the care system (Golding, Dent, Nissim and Stott, 2006). For example, the Every Child Matters policy document states that service improvement is only attainable through involving children and young people and listening to their views. Additionally, a review by Murray (2005) looking at '*Children and young people's participation and non-participation in research*' concluded that around 53% of relevant research studies involved children and young people in the research process.

Holland (2009), in a similar review of LACYP perspectives, looks at 44 refereed journal articles between 2003 and 2008. Holland questions the often-held belief that research and literature in the field of LACYP tends to neglect children and young people's views. She does highlight, however, two problematic issues that were inadequately addressed in the reviewed articles. Firstly, some of the research designs were not as 'open' as they could have been- thereby constricting the young person to construct his/her individual

experience and which could have also masked the complexity of these individuals' lives. The second concerns a lack of discussion of ethical issues.

1.6 Decision Making and Participation in Looked After Care in England – Where are we now?

A recent review by the National Children's Bureau and the Children's Rights Alliance for England (Burke, 2010), commissioned by the Office of the Children's Commissioner, examined children's participation in decision making in England. Broad areas of services for children and young people in care were identified where decision making and participation therein was taking place: strategic DM; individual DM in entry into care; individual DM in public law proceedings; participation when in care; statutory reviews and placement moves; fostering; and advocacy for children in care (Burke, p. 57, 2010).

The levels of participation in these areas are varied. For example, Burke's (2010) review revealed that involvement in DM and participations at a strategic level appeared to be good but that both individual participation in DM in entry into care and individual involvement in DM in public law proceedings were poor, quoting, for example, Winter's (2006b) conclusion in a review of children's participation in public law proceedings that:

“the research indicated that, despite much progress, the voice of Looked After children [and young people] in public law proceedings remain constrained, if not, in some instances, silent, and that children's involvement in decisions made about them (and thereby their participation rights) have not been fully recognised and implemented.” (Winter, 2006b; cited in, Burke 2010, p. 58-59).

LACYF views on participation when in care are surveyed yearly by the office of the Children's Rights Director and are presented in a report called the Children's Care Monitor. The most recent, the *Children's Care Monitor 2011* (OFSTED, 2011), surveyed 1,870 children between the ages of four and 24³ and found that:

³ 1,781 of respondents disclosed their age: median age 15, 37% aged 13 or under and 63% aged 14 or over. Gender split roughly half/half.

- Over half the children (57%) said their opinions were usually or always sought on things that mattered to them. Fourteen per cent said their opinions were not usually, or were never, sought.
- Overall, over half the children (54%) said their opinions usually or always made a difference to decisions about their lives, while 15% said their decisions didn't usually or ever make a difference.
- Just over two thirds of children (69%) stated that they are usually or always told what is going on when major changes are going to happen in their lives. Nine per cent said they are not usually, or are never, told.
- One change was that this year, care leavers were found to be just as likely as children and young people generally to be told when major changes were going to happen in their lives. In 2009 and 2010, results had indicated that care leavers were much less likely than others to be told when major changes were going to happen.
- The top three answers are exactly the same in 2011 as in the previous year. The top three decisions where children believe they should have more say than they do now are care decisions: about the future, about placements to live in and about family contacts when living away from the family. A quarter (25%) of the children answering this question reported that they did not think they should have 'more say' about any particular decision.
- Young people over 14 were much more likely than those under 14 to want more say in decisions about their future. 19% of the over-14s thought they should have more say in decisions about their future, compared with nine percent of those aged under 14. These findings are much the same as in 2010.

Burke (2010) reported that the involvement of LACYP seemed to have risen steadily in recent years, citing a rise in the number of children and young people who believe that their wishes and feelings are heard during reviews and reviewing processes (as reported by local authorities, DCSF 2009). Similarly, the number of children attending reviews and expressing their views and the number of children not attending but whose views were expressed by others

have both risen and the number of children and young people who either do not attend at all or who attend but whose views are not felt to be heard has been declining. There is a steady rise according to age in the number of children who attend and whose views are heard and as CYP get older they are more likely to be heard.

Numerous surveys and other quantitative measures have been used by statutory and non-statutory organisations since the 1990s to measure participation and decision making in various aspects of care. For example, Timms and Thoburn (2006) looked at the care planning process and the courts: many of the young people said that they had not been involved in writing their care plans and that some did not believe that the SW and/or the court listened to them and respected their rights. More specifically in a report by the Children's Rights Director, Morgan (2006) reported the views of eighty-six children and young people on decision making and planning: just under half said they felt included in plans but that they were not asked enough about the key decisions that affect their lives. The young people also said that they needed to have more information regarding new placements and support to change placements if they did not work out.

1.7 Qualitative Research

1.7.1 Qualitative Reviews

The majority of review research into LAC tend not to be solely 'views' focussed but reviews that incorporate qualitative views from users alongside other types of research. Notable exceptions include Davies and Wright (2008) who synthesised 14 studies focussing entirely on the on the views and experiences of LACYP on mental health services (i.e. as service users). These authors argued that LACYP should not miss out on the wider NHS drive for service user involvement and that CYP are capable to comment on their experiences of services and are able "to provide balanced views that prove useful in decision-making both on individual and service-wide levels" (Davis and Wright, 2008, p. 28).

A recent comprehensive review (Dickson, Sutcliffe and Gough, 2009) jointly commissioned by NICE and SCIE synthesised the research on the views, experiences and preferences of LACYP about the care system and what outcomes from the system were important to them, their families and carers. Nine key outcomes important to the LACYP were identified: love, a sense of belonging, being supported, having someone to talk to, contact with birth parents, stigma and prejudice, LACYP and education, professionals, preparation and support for leaving care. Inherent to some of the nine key outcomes was the sense of empowerment, decision making and factors enabling participation in the decision-making process (such as support and guidance).

1.7.2 Looked After Children and Young People Views of Decision Making

In many ways, qualitative studies echo many of the quantitative studies outlined above showing that whilst generally LACYP feel as if they are more involved in decisions about their lives, many feel let down with planning and review meetings and feel uninvolved in DM processes. Much qualitative research looking at the views of LACYP has had the main aim of increasing and improving children's participation both in decision making and more generally. For example, Vis and Thomas (2009) studied children's participation in Norwegian childcare and protection services and found that merely consulting with children was not sufficient to ensure their participation in decision making, children needed some understanding of what was going on and to have expressed views about the decision and that the child's views had to have had some effect on the outcome.

LACYP's views of decisions and processes of DM that are important to them yield frequently recurring themes, for example: feeling listened to and included in important matters; or having contact and seeing (birth) families. Good and trusting relationships with dependable and skilled helpers seems to aid the DM process, these are not necessarily SWs but can be IROs and other types of advocates. Changes of SWs and important adults are almost always resented by the LACYP, partly as the consistency of care and following through on decisions is compromised (Cashmore, 2002). Similarly, Tregeagle and Mason

(2008) found that LACYP felt listened to and felt that they had their views taken into account *once* the young person and worker had got to know each other and therefore long-term relationships between professionals and LACYP seems to cultivate CYP's involvement. Some of the LACYP in the Thomas and O'Kane (1999) study described feeling overwhelmed by the number of adults present in review and planning meetings, a finding frequently echoed in other studies, and many LACYP said that they preferred 1:1 communication and not talking to a group of adults (e.g. Cashmore, 2002).

1.7.3 Research Pertinent to Current Study

Part of the Thomas and O'Kane (1999) study looked at the views of 47 children in middle childhood (between eight and 12 years old) regarding their attendance at review and planning meetings and their participation during these meetings. Thomas (2002) later notes that the Thomas and O'Kane (1999) study was 'intended to explore the perspectives of children and adults on the process and issues involved in DM; to explore the meaning of what was going on and how it related to people's expectations of the DM process. Data analysis methodology was described by Thomas (2002) as not following a "pure grounded theory model" (p. 114) but tended towards an anthropological investigation. Informal semi-structured interviews drew out interesting factors as to why children are more likely to attend these meetings and the extent to which they then participate. Many children said that they felt listened to and supported in meetings, but few thought their views had much impact, especially if there was disagreement with the social worker or adults in power. Reflecting other research such as McLeod (2006), Thomas and O'Kane (1999) found that there were tensions between children's participation and adults' views of what was in their best interests, especially so regarding returning home or contact with family members. Many of the LACYP found that many of the decisions were made by a large number of adults and that review meetings were not child friendly and were also attended by many adults.

As part of large scale project looking at ways the care system could be made better for young people, and involving children and young people as participant researchers, the Blueprint project (2004) included looking at a smaller number

of young people's views about being able to making decisions in the care system and review meetings (*n* not reported). This project had conducted a similar survey around a decade earlier and the LACYP's dissatisfaction with review meetings remained largely unchanged. The young people did not feel they had as much say in the decision making process as they would have liked and they felt as if they were brought in towards the end of a decision and felt that they should have been the first to be consulted. The young people had issues regarding the timing of decisions as they thought that decisions took too long: often by the time a decision was agreed or followed through, it was too late. Some of the disabled young people interviewed felt that the adults wanted to make decisions as quickly as possible and that, therefore, it was easiest for the young person to go along with what the adult said. Some felt as if they were still fighting for some basic rights (such as the food they ate) or the opportunity for an interpreter to be present. Others described not being given enough information or explanations as to why and how decisions were made.

Other smaller studies looking at LACYP views have found similar results regarding decision making. Munro (2001) reports on the views of 15 10-17 year olds about their experience of being looked after and the degree of power they felt they had to influence decision making. This study used an unstructured interview as an ethical way of interviewing people in a position of relative powerlessness. These LACYP commented on the importance, and power, of the social worker in their lives and there were a range of views regarding the review meetings and the extent to which the children were allowed to make decisions for themselves in these meetings. Some of the LACYP also talked about frequent changes of social worker, lack of an effective voice at reviews, lack of confidentiality and, linked to this, lack of a confidante.

Leeson (2007)'s small scale study looked at four 12 to 14 year old boys' experiences of non-participation in decision-making processes with semi-structured interviews (data analysis methodology not disclosed). Themes that emerged from this study included:

- The overwhelming feelings of helplessness, low self-esteem and poor confidence as a result of not being involved in decision-making.

- The experience of corporate parenting coming across as impersonal and systems-oriented to the young people, resulting in a sense of alienation from social workers many of who were not local.
- The value of quality staff who were consistent, concerned and worked as advocates on behalf of the child or young person. For example, one of the participants talked about constantly changing SWs that resulted in a lack of meaningful relationships where he could talk about what was happening (something that had happened throughout his care).
- Participants attempts to communicate their feelings were often met with a lack of understanding from key adults often because the methods that the boys had used had either not been recognised by the adults or had been misunderstood.

Both Thomas and O’Kane (1999) and Leeson (2007) found that children value support and informal advocacy and there is further evidence to demonstrate that advocacy is of help to young people taking part in decision making (Oliver, 2006). Thomas (2002) suggests that children feel better able to contribute to decision-making processes if they have been prepared, informed and are supported through the process. The Thomas and O’Kane (1999) study found that LACYP needed particular support when they had something negative to express, and that this might include an adult speaking on their behalf.

A study by Boylan and Braye (2006) looked at 39 LACYP between eight and 17 in a variety of living arrangements, 11 of whom had experienced the involvement of an advocate. The aim of the project was to explore the role of advocacy in statutory review meetings by use of focus groups, individual interviews and observations of review meetings. Boylan and Braye (2006) found that:

- A dominant theme in their experience was exclusion and that many of the LACYP felt talked about rather than talked to in meetings and felt that their views were ignored.

- Similarly, many felt that their reviews and the decisions made were applied *to* the LACYP and not *with* the LACYP. These CYP did not have the sense of participating/being involved in the meetings and important decisions.
- Boylan and Braye described the LACYP's narratives as portraying a sense of privacy having been invaded by unwelcome personal questions and a disengagement or alienation within the meeting process.
- Most of the LACYP said that they did not feel in control of the meeting or have any say about who was there and that their own presence sometimes felt tokenistic. The LACYP expressed needing more power and presence in the meetings, features that they associated with adult status.

1.8 Study Aims

Overall, the study aims to contribute to the expanding knowledge of LACYP's views and experiences of being listened to in the looked after system. Like many of the studies reviewed by Holland (2009), one key aim of this study is enabling the voice of LACYP this frequently excluded group's voice to be heard when it would not otherwise be.

Viewing CYP as "active social beings, constructing and creating social relationships" (Prout and James, 1997) and competent to be commentators of their lives and able to be involved in decision-making (Sinclair, 2004), this study will attempt to address the imbalance of research designs constricted and constrained by the values of universalist, age-based developmental theories of childhood. Therefore, an open qualitative approach will be followed focussing on the views of LACYP. Similarly, this study will view LACYP as active social agents and not passive receivers of services.

Specifically, the study aims to explore how young people experience the decision making process in review and planning meetings. Building upon previous research into decision making in review and planning meetings, this study will include experiences of participation and not just non-participation in decision making (see e.g. Leeson, 2007). This study, in contrast to previous studies (e.g. Blueprint, 2004), will also explore to a greater depth how participants understand, make sense and experience the role of decision

making in review and planning meetings in their lives. Similarly to the Thomas and O'Kane (1999) study, this study will also explore the perspectives of LACYP (but not adults) on the process and issues involved in DM and the meanings they have of the DM process. Unlike the Thomas and O'Kane (1999) study, this study will follow a purer grounded theory methodological application.

Following Holland's (2009) suggestions, thought and discussion of ethical issues will form an integral part of this study's epistemological paradigm and a critical realist grounded theory has been chosen as the qualitative methodology and analysis (rationale for its use and explication of epistemological stance are discussed in Method Chapter below). As Leeson (2007) highlights, adults who seek to protect children in care tend to see them as especially vulnerable, possibly leading to a situation where the child's voice is not heard (and therefore making them more vulnerable). Unstructured interviews will be used in order to allow the LACYP as much power as is feasible in a situation where there is an inherent power imbalance between the adult researcher and the child or young person. Unfortunately, due to time and resource limitations, the research will not be fully participatory as the aims will not be determined by the participants but by the researcher. Interviewees will, however, be asked about what questions they think would be important to ask and these will then shape the direction of subsequent interviews (hence the use of Grounded Theory). As part of giving voice to this frequently excluded group, dissemination of results via peer-reviewed journals, feedback to social work and CAMHS local authority teams, Foster Carer magazines and care support organisations (such as '*Who Cares?*' and '*A National Voice*').

1.8.1 Key Aims:

1. Overall, the study aims to contribute to the expanding knowledge of LACYP's views and experiences of being listened to in the looked after system. Specifically, it aims to explore how young people experience the decision making process in review and planning meetings.
2. The study will seek to develop deeper levels of understanding and explanation to the mechanisms of how involvement via DM in review and

planning meetings may explain the benefits reported in the participation literature.

3. Building upon previous research into decision making in review and planning meetings, this study will include experiences of participation and not just non-participation in decision making (see e.g. Leeson, 2007).
4. This study, in contrast to previous studies (e.g. Blueprint, 2004), will also explore to a greater depth how participants understand and make sense of the role of decision making in review and planning meetings in their lives.
5. This study aims to give voice to LACYP and enable this frequently excluded group to become more integral to the DM process.

2. METHOD

Critical realist grounded theory was chosen as the qualitative methodology and analysis to use for the research. The following section contains an explanation of grounded theory and its development. An outline of critical realism is also given along with the epistemological position taken by the research and the rationale for the use of a critical realism grounded theory. Data collection and data analysis procedures are provided along with a statement of researcher reflexivity.

2.1 Grounded Theory

Grounded Theory (GT) was developed by Glaser and Strauss (1967) to provide an alternative method of data collection which was not driven by theory within the hypothetico-deductive, empirically based method of science. Instead, GT aimed to provide data to drive the systematic development of theory through a process of concurrent data collection and analysis (Glaser and Strauss, 1967). GT is conceptualised as an iterative research process, which involves a continuous process of moving back and forth from data collection to analyzing and theory development (see Bryant and Charmaz, 2007). There are significant differences in the different variations of GT however all the approaches share core characteristics, namely (adapted from Charmaz' Grounded Theory book chapter in Smith, 2008):

1. The researcher is required to be simultaneously involved in the data collection and 'analysis' stages of the research and immediately analyses and codes incoming data.
2. Codes and categories for the analysis are required to be developed from the data rather than from pre-existing ideas or hypotheses. From a Straussian GT (see below), a starting point of detailed line-by-line coding of the raw data (generally interview transcripts) allows one to 'break open the data to consider all possible meanings' (Corbin and Strauss, 2008, p. 59).
3. The construction of middle-range theories to understand and explain data and psychological processes.

4. The researcher is encouraged to write *memos* throughout the study so that the researcher's internal analytic dialogue and how the categories are formed are captured. Memos also prompt researcher reflexivity and will probably become further data for coding.
5. The researcher compares data to data, data to concept, and concept to concept.
6. Recruitment and sampling is conducted in a way that leads to theory construction and not representativeness of a given population. Following emergent insights as the data is analysed (above), the researcher identifies new data sources to develop the properties of his or her developing categories or theory.

2.1.1 Development of GT

There are significant differences in how grounded theory has evolved under different epistemological paradigms since it was originally developed by Glaser and Strauss in the 60s, notably between the two extremes of positivism and logical positivism at one end (i.e. realism) and social constructivism and critical ideas at the other (i.e. relativism) (Oliver, 2011). Willig (2001) describes the debate in terms of 'discovery versus construction' and 'objectivist versus subjectivist perspectives' and notes that the different 'versions' of grounded theory have arisen partly from lack of clarity in the original, partly from conceptual differences between the original authors and partly from ongoing developments of the methodology.

GT's original authors have disagreed on how to *conduct* GT and have parted to go on to develop their own, different variants of GT. Glaser – "an unrepentant positivist" (Oliver, 2011, p7) – would continue to emphasise the emergence of data about an objective reality and protect GT's inductive nature by containing the researcher's subjectivity within a clear frame of stages. Whilst Strauss (and later Strauss and Corbin) still shared Glaser's realism, he also saw individuals as "co-constructing knowledge and drawing on shared meanings to interpret their unique situations" (Oliver, 2011, p.7) and became more interested in validating criteria by systematically accounting for the researcher's values, beliefs and assumptions and the interplay between researcher and participant

on the data (see Strauss and Corbin, 1998). Mills, Bonner and Francis (2006) define these two strands of GT as *traditional* (Glaser) and *evolved* (Strauss and Corbin).

'Second generation' grounded theorists (Morse et al., 2009), notably the sociologist Kathy Charmaz, continued to develop Strauss and Corbin's work into a fully-fledged constructivist grounded theory, assuming the relativist ontological position (Mills et al., 2006, p.3). In contrast to the original version of GT where categories were viewed to emerge from the data (a discovery oriented understanding), Charmaz views categories as representing the *interaction* between researcher and participant - an interaction "influenced by the researcher's perspectives, privileges, positions, interactions and geographical location" (Charmaz, 2009, p. 130; cited in Oliver, 2011).

2.1.2 Critical Realism

The epistemological position of critical realism falls somewhere along the line between the two extremes of realism and relativism: at one end positivism and at the other constructivism and social constructionism. As Oliver (2011) eloquently describes, critical realism presupposes an objective reality existing independently of our thoughts and, like positivism, proposes that the discovery of the objective reality is one purpose of knowledge acquisition. But, unlike positivism, it holds that all description of objective reality is mediated through the filters of language, meaning-making and social context (Oliver, 2011). Critical realism does not observe cause and effect relationships but rather seeks vertical explanations which link events and experiences at an ontological level to underlying generative mechanisms (Bhaskar, 1978). GT is compatible with critical realism as it can operate across the traditional epistemological paradigms spanned by critical realism and the iterative process allows for the conceptualisation and reconceptualisation (Pratt, 1995) demanded by the belief that all understanding is partial, tentative and temporary and it embraces epistemic relativism (Oliver, 2011).

2.1.3 Rationale for using Critical Realist Grounded Theory

A critical realist position allows participant's descriptions to be viewed and respected as individual meaning-making whilst believed by the researcher as an objectively 'true'. This position can help address the imbalance of research that has tended to view children as passive consumers of services within the framework of universalist, age-based developmental psychological theories, and which have inherently neglected the views of children and young people (Winter, 2006). The position of epistemic relativism allows the research and the researcher to view the young people "as active social beings, constructing and creating social relationships" (Prout and James, 1997) - able to be commentators on their lives and competent to be involved in decision-making (Sinclair, 2004).

Whilst critical realism does not allow the identification of generalisable laws or principally identify the lived experience of beliefs of social actors, it does help develop deeper explanations and understanding about the individuals who are talked to. This may inform others such as other young people in care and professional and non-professional adults in the area of Looked After Care. Critical realism also has an emancipatory function by giving voice to young people by taking their views and what they say seriously, and revealing their "human needs, their frustration, and the relation of those needs and that frustration to the social structure" (Collier, 1994, p. 182; cited in Oliver 2011).

A critical realist position allows the researcher to address the double hermeneutic of social science (Giddens, 1987): the so-called two-way relationship between the 'research' interpreting the 'studied' and the studied – in turn – interpreting the 'research' and inevitably being changed by it. By not taking a position or view point of objective neutrality, critical realism addresses "both the event itself and the meanings made of it, approach[es] data with the preconceived analytical concepts of emergence and generative mechanisms and pursue[s] emancipatory, rather than merely descriptive, goals" (Oliver, 2011).

At a researcher level, critical realism and the view that there is an objective reality which is mediated by filters of language, meaning-making and differing levels of social context appeals to the author. Professionally, the author (a doctoral clinical psychology trainee) has knowledge in the arena of child and young people mental health and has been on placement in child and family mental health settings. He is, therefore, familiar with age-based developmental psychological theories and some statutory services although he has limited knowledge of LAC Services. Therefore, it is believed that a truly inductive GT is not possible due to the nature of the researcher's pre-existing theoretical knowledge, hunches and stereotypes about LAC, and any hypotheses he may form during the interviews or analysis stages.

2.2 Data Collection

2.2.1 Data Collection

Eleven interviews with twelve interviewees were completed overall, in three waves of semi-structured interviews (one interview consisted of two people). One interview with a single interviewee was discarded which meant that ten interviews were transcribed and analysed. The first wave included three interviews, the second four interviews and the third wave four interviews of which one was discarded because the participant only responded to questions in monosyllabic answers. A second interview was transcribed but later discarded due to the interview being incomplete and the researcher being unable to get back in contact with the interviewee. Interviews were recorded with a digital audio recorder and transcribed after each wave. Interviews lasted between 25 minutes (where one interviewee had to leave early) and 55 minutes – most interviews lasted around 35-40 minutes.

2.2.2 Interviews Questions and Development of Schedule

During the first wave of interviews, the semi-structured interview schedule was kept as open as possible but an adapted version of McLeod's (2008) pointers for good practice in involving children in decision making was used as a guide (appendix II). These pointers had been distilled from the literature on child participation (McLeod, 2008). The decision to keep the interviews as open as

possible was envisaged to enable this group's voice to be heard (reasons stated in Introduction Chapter). Participants were also asked to think about recent experiences they may have had at review or planning meetings.

All participants were asked to think of what they thought would be important to ask subsequent participants, and told that these questions would form part of the following interviews (which they did). After each 'wave' of interviews, memos and researcher reflections were noted and, along with the questions participants had thought important to include in the analysis, became 'points of departure' (Charmaz, 2006) and guided further lines of inquiry (see appendix III). Due to time constraints during data collection, transcription and formal GT coding and analysis occurred at the end of data collection (i.e. after all the interviews were finished). This method is not one formally recognised in the GT literature and I have named it as "*adapted version*" of GT or "*adapted GT*": please see Data Analysis Procedure (below) for description and Discussion Chapter for a full review discussion of its uses.

Finally, at the end of the interviews, all participants were invited to comment, ask questions and make suggestions and one interviewee ("Tim") wanted to know who would get to know about the research. This question was adapted by the researcher for all the following participants who were then asked who they would like to know about the results of the study.

2.2.3 Ethical Approval

The research was approved by the University of East London Research and Ethics Committees (see appendix I). Participants were given an explanation about the research at the beginning of the interviews, told about confidentiality and anonymity and were reminded that that they could leave at any time and would still be given a *thank you* for participating voucher (see *Recruitment*, below). All participants were presented with a participation information sheet at the start of interviews and signed a consent form (appendix IV and appendix V). No background information was sought by the researcher on the young person.

2.2.4 Recruitment

Accessing young people to recruit for research purposes is identified as problematic with this population (Davies and Wright, 2008) and, following Murray's review (2005), it was decided to avoid participating via 'gatekeepers' as far as possible in the research. All participants were recruited through a Children's Rights service (name not provided due to the size of the small size of the service and confidentiality) which consists of a young people's participation service that promotes young people's right to make a positive contribution, an Advocacy service for children and young people in looked after care and a service offering training, education and consultancy for policy, practice and planning to Looked After Services in the borough where the service is based.

Participants were identified by the Children's Rights service manager and other members of the Children's Rights staff (some of whom were also participants themselves) on a first come, first served basis and whether they met the inclusion criteria – namely whether participants were still having review or planning meetings and that they did not require an interpreter. Some participants were present in the centre when the researcher was also present and were asked if they would be interested. One participant came with another participant, unexpectedly. Many potential participants expressed an interest in participating but did not then proceed. As recommended by the Children's Rights manager, a £10 voucher was given to all participants as a *thank you* for participating.

2.2.5 Consent

After initial consultation with the Children's Rights service manager, the social services manager for the area was contacted and informed about the research. As holding legal responsibility for the young people, the social services manager decided that the social services department/case worker would need to be informed and ultimately give consent for all the participants under the age of 16. Participants over the age of 16 could give consent themselves. For all the participants under 16, social services were happy for the research to proceed and gave consent.

2.2.6 Participants

Of the eleven participants, seven were female and four were male. Participants came from a range of ethnic backgrounds. Ages ranged from 15 to 19. Figure 2 presents participant pseudonyms, approximate ages at interview and type of placement/accommodation when known:

Interview	Pseudonym	Gender	Age	Ethnicity	Accommodation
1	Steven	Male	19	White British	Independent Living
2a	Demii	Female	Turning 16	Black British	Living with Foster Carer(s)
2b	Maggie	Female	Turning 16	Asian British	Living with Foster Carer(s)
3	Janet	Female	17	Black from (EU country)	Supported Living
4	Sandra	Female	18	Black British	Placement Breakdown
5	Tim	Male	17	Black British	Supported Living
6	Jacqueline	Female	Turning 18	Black British	Supported Living
7	Tiffany	Female	(Around 15)	Black British	(Not known)
(8)	(n/a)	(Male)	(15)	(Black British)	(Not known)
(9)	(Tony)	(Male)	(Not known)	(White Irish)	(Not known)
10	Ibrahim	Male	Turning 18	Asian British	Moving to Independent
11	Charlotte	Female	Turning 18	Black British	Living with Foster Carer(s)

Figure 2: Participant Pseudonyms, Approximate Ages at Interview and Accommodation

2.2.7 Exclusion Criteria

Participants needed to have sufficient verbal English language ability and fluency so that they did not require an interpreter primarily as this was a resource which was not available. Also, due to the nature of the method and analysis, it was felt that participants needed proficient language ability and fluency to give detailed accounts of themselves and their experiences and the topic area under study.

The young people needed to either regularly attend or regularly *consider* attending planning and review meetings. As a result, there was a variable age limit: young people who were not attending college or university would generally be care-leavers at 18 and have their last meeting on or around their 18th birthday. Some young people were older than 18 as they were still attending college or university, and still receiving support and review meetings from social services.

Literacy and reading ability was not required. All participants were able to read the participant information sheet and sign the consent form⁴. Participants were not asked if they had disabilities and no participants disclosed that they did.

2.3 Data Analysis Procedure

Kathy Charmaz' (2006) approach to GT was used as a guide for this study. The procedural steps undertaken and main components of the approach are outlined below.

2.3.1 'Adapted' GT

Due to constraints of time, I used an *adapted version* of GT and named the approach as such. Carla Willig (2001) describes the differences between *full versions* and *abbreviated versions* of GT as:

"In the full version, the researcher collects some data, explores the data through initial open coding, establishes tentative linkages between categories, and then returns to the field to collect further data. Data

⁴ Should a participant not have been able to the researcher would have read the sheet out loud and signed the consent form on their behalf. However, this was not required.

collection is progressively focused and informed by the emerging theory.” (Willig, 2001, p.37)

“[The abbreviated version] works with the original data only. Here, the interview transcripts or other documents are analysed following the principles of grounded theory... theoretical sensitivity, theoretical saturation and negative case analysis can only be implemented within the texts that are being analysed.” (Willig, 2001, p.37)

The current study’s approach did not meet in full the criteria of the *full version* as transcribing and initial open coding did not occur until after all the interview data had been collected. However, after each wave of interviews (see above), researcher reflections and guiding interests along with areas that the interviewees thought would be important to research steered the direction of further data collection. Therefore, it is felt that the current study went further than Willig’s (2001) description of the *abbreviated version* of GT.

2.3.2 Line by line coding

The first step of grounded theory, line by line coding, consists of breaking down the data by identifying and labelling different concepts/phenomena that are grounded within it. Many theorists recommend using line-by-line coding, whereby each line of written data is named to describe the key idea contained in it. This process was followed in the current study. See appendix VI a scanned example of line by line coding.

2.3.3 Focussed Coding

Following the line by line coding, conceptual forms of codes (focussed codes) were identified and selected by the author and used to sort larger segments of data. Focussed codes emerged throughout the analysis from the start of data collection: for example, reflections proceeding the first wave of interviews led to *making sure decisions are followed through*); and other focussed codes were only identified following analysis and review of latter interviews, such as *being ‘ready’ to move on*. Many focussed codes, like *making oneself heard*, stemmed directly from line by line codes. See appendix VII for a scanned example of focussed coding.

2.3.4 Raising Focussed Codes to Conceptual Categories

Certain GT theorists recommend the use of Axial Coding to help specify dimensions and characteristics of categories that come about from the analysis. I decided not to use Axial Coding as I felt that many of the categories were clear to me from relatively early on in the analysis and that this clunky and cumbersome additional step would add “*a needless level of complexity... [and narrow] down the options*” (Urquhart, 2007, p. 343). Following – and in parallel with – focussed coding, the properties, conditions and impact of categories on other categories were illuminated with the use of constant comparative analysis, memos and diagramming (see below).

2.3.5 Constant Comparative Analysis

Constant Comparative Analysis, a cornerstone of GT methodology, was used to generate abstract concepts and theories by constantly comparing the data (raw transcripts, line by line codes and focussed codes) with other data, data with category(s), category(s) with category(s) and category(s) with concepts. I also compared categories with cases and compared cases with cases.

2.3.6 Memo Writing and Diagramming

Memos were kept throughout the analysis. At first they were short notes written on transcripts and, further along the analysis, became richer and more abstract and some formed the basis of the analysis chapter (see appendix VIII for example of short and longer memos). Memos were used to for the researcher to engage in an intellectual and analytical conversation with himself, and as an aide memoire

In addition to providing visual depictions to memos, diagrams were used to help “integration” in memos (Lempert, 2007, p.258, gain analytical distance and *theoretical sorting* (Charmaz, 2006). A variety of forms of diagramming were used. See appendix IX for scanned example of diagram used for integration.

2.3.7 Saturation

From a position of realist social scientific enquiry there is some evidence to suggest that the number of in-depth interviews required where all the themes have emerged from the data set (i.e. ‘saturation’) is between six and 12 (Guest

et al., 2006). Within a critical realist GT framework, saturation could be said to have been achieved once “...*gathering fresh data no longer sparks new theoretical insights, nor reveals new properties of these core theoretical categories*” (Charmaz, 2006, p.113). Please see discussion section regarding the researcher’s views about saturation in the current study.

2.4 Reliability and Validity

Reliability and validity are concepts most useful within a realist paradigm but can also be applied to qualitative research. The current study sought to meet the framework for evaluating the reliability and validity, as outlined by Yardley (2008) “Core principles for evaluating the validity of qualitative psychology” (p. 243-244):

1. Sensitivity to context
2. Commitment and rigour
3. Coherence and transparency
4. Impact and importance

In addition, participant feedback was sought throughout the data collection stage and, according to GT method, used negative case analysis as a “Disconfirming Case Analysis” (Yardley, 2008, p.242).

2.5 Researcher Reflexivity

Following the critical realist position which views an objective world as mediated through the lens of language, social interaction (notably between participant and researcher) and context, an outline of the researcher’s professional and personal background, knowledge and experiences is given. This is to allow the reader to situate the researcher’s position of reflexivity and to contextualise any theory or theories of participants’ experiences that have been constructed by the researcher (Oliver, 2011),

The researcher is a white British male in his early thirties and considers himself middle class. Both his parents were primary school teachers and he is a third year doctoral trainee clinical psychologist at the University of East London

(UEL). The opportunities and notion of social mobility that education can provide are viewed as important resources for the researcher.

The researcher does not have a history of family relationship breakdown and can be said to have been raised in a nuclear family. The researcher has his own family with three children (two under fives and one eleven year old). The researcher views it as important to provide a loving and caring environment to his own children and believes that all children and young people in general should be provided with good quality care.

Professionally through the clinical doctorate course, the author has knowledge in the arena of child and young people mental health and has been on placement in child and family mental health settings. He is, therefore, familiar with age-based developmental psychological theories and some statutory services, although he has limited knowledge of LAC Services. Professionally and personally, the researcher values service user led initiatives and services in mental health care stemming from the researchers view of the right to participation and involvement of individuals in their lives. Therefore, the researcher comes from a position of viewing children's and young people's participation as an ideal, helping to promote autonomy and agency in their lives.

3. Analysis

The Grounded Theory (GT) analysis along with supporting quotes and participants' accounts of Decision Making (DM) are presented in the Analysis chapter. An overview of the model is presented, followed by detailed descriptions of the core and four main categories. Quotes are referenced using the participant's pseudonym and the line numbers of the corresponding transcript (e.g. "Steven; 154-156"). I, the researcher, am referenced as "JE". As outlined in the Introduction chapter, the lives of Looked After Care Young People (LACYP) are multi-layered with many contexts and the voices of the LACYP can be marginalised and disempowered. As a result, like Kathy Charmaz (2006), I have chosen to present many direct quotes and examples in the body of the Analysis chapter and have not provided grammatical or other corrections. This is to allow the young people's stories and voices not to be lost in the reporting of the analysis and for the analysis to be grounded in the data.

3.1 Overview of the Model

The core category and the key factor that conceptualises the story (Charmaz, 2006) was termed '*Pushing in Decision Making (DM)*'. This concept pervaded all of the participants' accounts of DM and some of their accounts of themselves. The main categories that comprise that core category were: *Becoming Active and Involved, Wanting more than just 'Good Enough', Making Oneself Heard* and *Coming of Age in the Care System*.

The core category of pushing pervades throughout the interviews and main categories and influenced how the YP saw themselves in DM and more generally. Whilst the main categories are presented as distinct categories they are in fact interlinked with considerable overlap. Over time, the YP described coming through a process of becoming aware and interested in the DM process and actively seeking (by pushing) to become involved in the meetings. The YP wanted to do well in life and had positive aspirations for the future but on many occasions were held back by bureaucratic processes and perceived that services and workers through DM aimed at meeting minimum (i.e. *just good enough*) standards. *Making oneself heard and cared about* reflects the difficulties the young people have to get their needs met in the care system.

Empowered by knowledge of rights, maturity and through the process of pushing, the young people become able to get their needs met.

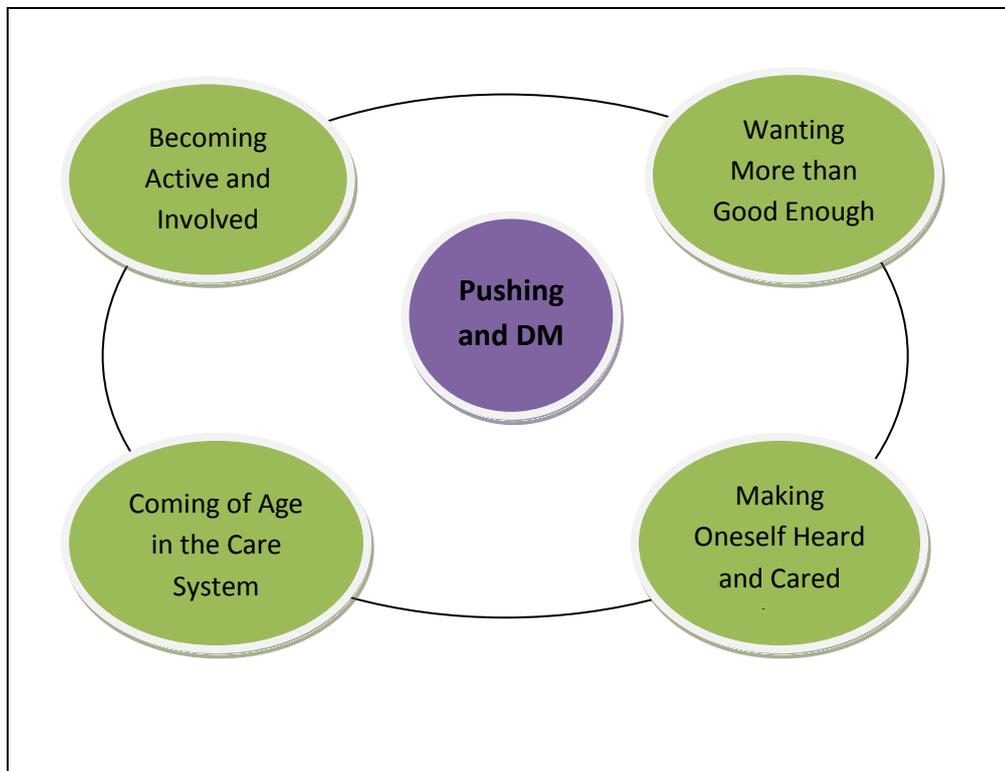


Figure 3: Overview of the Model

3.2 Core category: Pushing and DM

All the YP described having to continually assert themselves in the process of DM both within Planning and Review Meetings and more generally in care and their lives: from making themselves heard and considered, to pushing for their decisions to be taken seriously and badgering/pestering for the agreed decisions to be followed through. The core category of pushing pervaded throughout all the interviews and seemed to influence how the YP saw themselves in DM and more generally:

“...if you don’t push hard enough for what you want, you are not going to get it. Like, it’s kind of like one of those things, if you don’t speak out, you just won’t get heard... So I reckon, a lot of the work has to be done from the child itself. And that’s what I’ve learned, that, and I think that kids in care are generally

more confident because they've always had to kind of talk about what they want and kind of push for what they want. So, they are kind of like more confident, because they've had to do it all their life, basically.” (Maggie; 143-154)

“Pushing” was a term first used in the second interview by Maggie and I have used this term to represent the many descriptions the YP used to depict asserting themselves in the DM process. Other descriptions included: ‘asserting’, ‘putting [oneself] out there’, ‘making sure views/decisions heard’, ‘fighting’, ‘battling’, ‘representing [oneself]’ etc.

Being involved and taking an active role in DM was perceived as fundamental to the YP as it allowed them to become active, empowered agents within their own lives as whole. This is represented under the category called *Becoming Active and Involved*. The YP stated that Becoming Active and Involved in DM led to cycles of involvement and participation, with a variety of positive effects. As became clear throughout the analysis, the YP were often positioned as having to fight services for their decisions usually with the knowledge and backing of Children’s Rights.

A perception held by many was that services via DM in important meetings were aimed at meeting minimum (i.e. *just* good enough) standards. However, the YP wanted more than the basic minimum: a ‘nice’ life, opportunity (for their futures) and to become independent. Care services and the care system, in the YP’s eyes, placed many barriers against the interviewees preventing them from attaining their preferred ways of living. Barriers could include professionals merely meeting minimum – and easiest – standards to bureaucratic processes meaning agreed decisions are not followed through in a timely fashion (e.g. extra tuition for GCSE preparations). The YP’s descriptions of pushing against these barriers and resulting disadvantage were described as the norm in LAC.

Being involved in DM for many of the YP meant having control over their lives, and these were intrinsically linked to being listened to and heard. For the young person to feel heard, prioritised and listened to, many of the YP described the importance of having adults involved in their care who know them

well. When the adults do not know them well, or when the young person does not feel listened to, the YP feel further placed in a position of need to fight for care, support and resources.

Age emerged as a key factor. All the participants felt both that opportunities to make meaningful decisions presented itself with age and that they felt more empowered and knowledgeable to make those decisions with the passage of time. With age also came the desire to be involved in decisions and DM and the desire, knowledge and ability to push for their participation in DM. With the help of Children's Rights services and the knowledge of Children's Rights, the YP were able to be active and engage in DM. Prior to these consequences of age and experience, many of the participants described their younger selves as passive and naive receivers of services without a say in DM (elaborated further under *Coming of Age in the Care System*).

3.3 Becoming Active and Involved

3.3.1 Becoming Active in DM

(JE; 387-388): Does being involved in making decisions make a difference to how you see yourself?

(Jacqueline; 389-392): "... *it makes me feel like I've got control of my life and it kind of makes me feel I can know what next step to take with myself... what next thing to do with myself. Like I kind of feel a bit more stable and settled in my head.*"

Being involved and taking an active role in DM was felt to be critical to the YP. It allowed the YP to become active, empowered agents within their own lives. For some YP, being active and involved meant happiness and stability: *because I've got control over my life and what's been made, do you know what I mean*" (Charlotte; 137-139). For others, being part of DM meant being competent and confident and thus able to make decisions and have control over ones' life: "...*because you see yourself as a strong person, like I can make a decision for myself*" (Tim; 359-360).

Some of the YP, such as Janet and Steven, believed that one should always be involved in making decisions as this not only boosts self-esteem and a creates a sense of agency but also prevents a loss of credibility in the eyes of others.

“Erm, with regard to my independency, like cooking and money and budgeting and stuff like that and I was just thinking, well at the end of the day, this is my life you are talking about, it’s not yours.” (Charlotte; 29-31)

Steven described the opportunity to make decisions as enabling YP to become more confident and that it: *“sets you up for being able to make decisions about things like your job, kids etc”* (Steven; 346-348). The YP described virtuous cycles of increasing involvement and participation in DM as important whereby the more involved the young person is, the more likely they will be to be listened to and considered which – in turn – leads to further inclusion and involvement of the young person.

Conversely, by not taking part in DM or meetings, many of the YP described a pattern of disengagement where the young person would be less involved by services or Social Workers (such as being less likely to be asked to do things, or for questions or opinions) and would then, consequently, be less inclined to engage in the DM process and even attend future meetings.

3.3.2 Becoming Involved

“Like I said, me being me, it might be different for young people, but I make sure if we are going to have a meeting, I’m not sitting there just watching that, because personally I wouldn’t like to have the meeting but if I am going to be there, don’t make me sit there and watch because, at the end of the day, it’s based around me, so I make sure I say something and get my view across.” (Tim; 41-43)

I noted from early on in the analysis that there was a strong emphasis of the YP having to put themselves ‘out there’ in meetings. The YP talked a lot about having to assert themselves to be heard and have their wishes considered. The

majority of the YP positioned themselves as opposed to care services and there was a commonly held belief that, in terms of decisions, services and social workers wanted the easiest and/or cheapest possible decisions to fulfil. The YP, therefore, described a continual struggle to have their decisions agreed and seemed to be either placed in a position of being passive receivers of services, unhappy with the decisions made, or actively driving against decisions and services:

“But erm I did go, so basically it’s like, if they give you, I feel like if they give you what you want, they’ll just take as long as they want. But if they give you what they want, it will happen straight away. Sometimes a lot of young people just go with what they [Social Services] want, cos they know it’s going to happen quicker than what you ask for.” (Demii; 116-120) <”Because then they have to put more work into that”> (Maggie; 121).

Most of the YP came across as strong willed and tenacious during the interviews, many with narratives of fighting for their decisions and rights, of being strong and not ‘pushovers’. For example, Janet talked about not just sitting quietly in review meetings and letting others talk and that she would sometimes irritate people in her bid to make herself heard:

“...it sometimes gets on people’s nerves because they say, um, I am so argumentative, I want to know everything, but I, I don’t agree because it is my review, it is my life and if I don’t understand it, and I ask you, and you don’t give me a satisfactory answer, I’ll have to ask again.” (Janet; 156-163).

However not all the YP came across as strong willed and tenacious, notably Ibrahim who came across as particularly relaxed and laid back. Whilst he described himself as someone who “[does not] like to bring problems [or] start a problem with [his] social worker, it’s just giving him problems and at the same time giving myself problems thinking about it” (Ibrahim; 308-310), Ibrahim – like all the YP – talked about having to pester and prompt for his decisions either to be agreed or to be followed through.

3.4 Wanting more than ‘Good Enough’

3.4.1 Having a Life and Thriving

The YP, as could be expected, wanted what I coded as a *nice life*, opportunity and to do well in the future. They also strongly wished to gain their independence. Examples of having a nice life included being provided with paint to paint their flat/bedroom, having furniture, and requesting piano lessons and other activities. These requests seemed to reflect that the YP wanted more than the minimum basic requirements services, such as supported accommodation, were required to provide.

The YP wanted to do well in life and had positive aspirations for their future. It came across to me that the YP were very motivated and aware of how to meet their aspirations – often only for the LAC system to either fail them in providing resources to meet their goals or to hold them back. For example, some YP, wanting to do well in their GCSEs and therefore secure a good future, requested the use of a laptop for their school work, GCSE course- or musical composition work as they did not have access to a computer at home. Others requested extra tuition. Following pushing and insurances by the YP, their requests were either declined or agreed initially without ever being followed through.

“It’s not easy because like there are so many different people that you have to go to, it’s like, my social worker, then you’ve got to go to her manager, then you’ve got to go to her manager and it’s like going all the way, practically to the top just to get one simple little thing done. Like, it shouldn’t take like four or five days to find someone a placement. Especially when they’re nowhere, like there are such things as emergency placements and I’m not even getting that.” (Sandra; 355-362)

Many of the YP stated that, at significant transitional points of their lives, they were held back by bureaucratic processes and social workers that, in their eyes, could have been avoided. For example, Tiffany was not able to get a signature from social services (her legal guardian) in order for her to get a passport and

take part in a Duke of Edinburgh scheme abroad: Tiffany felt that the Duke of Edinburgh experience would have been good to show on her CV to help her get employment. Other YP described also needing a signature from services in order to get a National Insurance number so that they could claim benefits. Steve, when attempting to secure a room in university halls, was unable to get funding for a deposit from Services because he was unable to provide a specific room number in addition to his address.

3.4.2 Gaining Independence

There were very clear transition points in the care system that were highlighted in the interviews: namely, post 16- and post 18- pathways, and moving towards independence in the supported living from living with foster carers, to semi-independent or supported accommodation, to living independently. Significant changes in care or independence generally occurred at pre-designated transitional points, reflecting the rigidity of the care system: “...*depending upon your age group you get a certain amount of money... about half your money goes into savings for when you are 18 which I am not allowed to touch*” (Tiffany; 90-91).

There seemed to be a strong emphasis on the YP to move *through* the system: Foster Carers and supported housing providers were encouraged to promote independence and YP’s living skills were constantly monitored during review and planning meetings. This emphasis and desire was shared by the YP and formed a significant proportion of the content of the interviews. Most were keen to move into more independent accommodation: for example from foster care to semi-independent/supported living or from semi-independent/supported living to fully independent accommodation. Some described themselves as not feeling ready yet to move to the next stage but still wanting to live independently eventually: “...*like obviously a lot of young people want to live, when you are in care everyone wants to move into their own houses. Obviously, now I am like this, I want to move to my own house.*” (Ibrahim; 209-211).

The one exception was Sandra who, unlike the other YP was older (18) but relatively *new* to care (less than six months); most of the YP had arrived in care in their early teens or earlier. Whilst many of the other YP were pushing for their decisions of gaining more independence, Sandra was pushing for her request to have more care/support provided. Like some of the YP (for example, Ibrahim and Charlotte), Sandra recognised that she was not ready for independent living and was asking for further support:

“My review was actually planning to make me go to housing, but really and truly I need Social Services’ help because I’ve had a couple of issues... I had to battle to be kept in looked after [care].” (Sandra; 20-23)

Whilst services are geared to making the YP autonomous and independent, Sandra seemed at a different stage to her contemporaries. Sandra talked about the tensions between the YP needing care/support and resources whilst still wanting to be independent and not a burden to others. However, Sandra also talked about needing to push and battle for her views to be taken seriously and nag for decisions to be followed through. In her case, this was for services to find alternative accommodation as she had become homeless: *“...unless you are in their faces, they won’t really do much, like you have to be nagging at them 24/7.”* (Sandra; 52-54)

3.4.3 Getting ‘More than Good Enough’

A shared perception by many of the YP was that social workers, carers and services were not necessarily doing what was *best* for the YP but merely *just good enough* and what was easiest or least work. As a result, many of the YP felt that these adults did not have their best interests in mind, meaning that it was very hard for the YP to feel that their DM was being taken seriously.

“You know, I think it’s easier if they do it their way, and their way is basically the minimum that you can possibly do. So obviously that’s everybody is probably like that, because it’s less work, so they would probably like to choose their ways, their way is more comfortable, they are used to it and if you want it that way, it’s

just like putting more tasks for them and more things for them to do. Then if you don't want anything, then it's good." (Janet; 213-219)

In the YP's view, in order to receive extra care possibly in the form of resources and/or support, you either had to fail/be failing, kick up a fuss or be a 'risky' person (elaborated below). Demii said that all she ever really wanted was to get extra tuition in order to well in her exams (GCSEs). However, she was told that as she was bright and doing fine, she did not need the extra tuition. Only once she had *failed* to meet some of her predicted grades, was she then given extra tuition for other subjects.

Many described needing to show a high level of need for services, such as engaging in high risk behaviours (like significant self harm or suicide) or showing very challenging behaviours (possibly leading to placement breakdown). Those of the YP who identified themselves as good, "*well behaved and... don't really do nothing*" (Demii; 359-360) perceived that "*if you're in care the more violent, and the more aggressive, and the more problem you are the quicker you'll get what you want. And the more attention, the more support you get*" (Demii; 366-369). This perception was also shared by those who described themselves as having high levels of needs:

"...I mean like I feel like, only after like, I don't want to bad Social Services or anything, but I feel like only after when I tried to commit suicide in July, that's when everyone like paid proper attention, like nobody really, they did listen but they didn't take me serious, it was, they listened but they didn't act... now they're listening and acting, that's how I'll put it." (Jacqueline; 152-157)

3.5 Making Oneself Heard – and Cared About

(JE; 346 - 348) "Can you describe what it means to make the decision in meetings or to have your views taken seriously?"

(Tim; 349-354) *“That I’m actually part of the world. That people care about my feelings and wishes... [if people did not care] it would make me feel low in life, I would feel like I’m just not needed...”*

“...when I’m supported by other people and I know it’s there, I do feel like I’m happy I know that my point has been, like come across, like you know, and I think it’s good but when I’m not supported by other people I do feel like I’m alone, kind of thing and it will be like I’ve got no-one there for me and that always makes me cry.” (Charlotte; 373-378)

Being involved in DM for many of the YP meant having control over their lives, and this was intrinsically linked to feeling listened to and heard. In addition, being taken seriously and having one’s decisions taken seriously made the YP feel prioritised and recognised.

Having adults who cared and had the best interests for the YP seemed important to those interviewed. A divide quickly became apparent between ‘good’ adults (notably those working at Children’s Rights and the occasional Social Worker or Foster Carer) and ‘bad’ adults (typically foster carers in general). Many of the YP made explicit the status of the adults in the care community as ‘professionals’, paid to care:

“...like everyone in our lives gets paid to give attention, or to do what we ask, or to support us, or to be there for us. So it’s like, when we can sense, when we can sense that someone actually cares it’s nice.” (Demii; 499-501)

The necessity of having to ‘push’ for decisions to be followed through, and the young person’s needs to be met, equated for many to a lack of caring on the professional’s side:

“And if you really need something then push for it, like as if it were their own kid, like, then just try your best, like if something can’t be done, then it can’t be done but just try your best, don’t

like constantly need Children's Rights manager to remind you or my foster carers to call you, or I have to call you. Because then I just feel like, if there is no relationship there and I am only, like you are only there, like, to do what you have to do but not even do it properly." (Maggie; 569-573)

As outlined above, the care system aims at passing individuals 'through one end and out the other'. Many of the YP perceived the system as treating the individual as passive products/receivers of services and felt that social services were treating them as case numbers not people. The YP often described wanting to make idiosyncratic decisions which might run against the processes of the system aimed at LACYP as a whole. Social workers who knew the YP well and considered their decisions carefully (even when disagreeing with the young person) were viewed favourably and as caring individuals.

Whereas social workers or other adults in power who did not know the young person and who simply followed procedure when considering a request were perceived as not caring. For example, when discussing the 16+ transition, Demii (206-217) felt that the fact that her social worker did not know her well meant that the Social Worker was making it harder for her to become more independent and, not knowing her, meant that he/she was not making the best decision on Demii's behalf. Many said that it was much easier to be told "no" by someone who knew you and some YP talked about those knowing you having your best interests in mind. For the decision to be palatable it also had to make sense and be reasonable with good reasoning behind it.

Many of the YP cited the importance of having adults who knew them well involved in their care. This was a key condition of feeling heard, prioritised and listened to. As Steven points out, when making decisions about people: "*it's not the kind of thing you can really assess on paper, it's more of a personal assessment.*" (Steven; 301). This also extended to teachers and other adults, such as those from Children's Rights:

“Whereas, like with kids in care, they don’t really have an adult figure that is consistent and there all the time, like foster carers will sometimes change, social workers keep changing. So you have to adapt to a lot of different people throughout your whole life. But whereas, with [Children’s Rights Manager], like she’s known me, like every single step of the way. She knows what’s gone on, she knows what’s best for you”. (Maggie; 220-226)

Trust and distrust emerged as a key factor in the relationship between the young person and adult. Trusted adults were viewed as having the best intentions for the young person: decisions taken by these adults were felt to consider the young person individually. Distrusted adults such as social workers who did not know the young person well were viewed by the interviewees as likely to take the easiest decisions to carry out.

Sadly, a few of the YP stated that they were not listened to by services and/or carers, and the people who cared for them when they really needed help and support. Not being heard or listened to was reported to have had dire consequences at times. Again, these YP held the view shared by all the YP interviewed that in order to receive care and be cared for, even when using a variety of means to communicate their distress, things had to get very bad before things got done:

“No-one was listening, so many times I begged, I cried, I’d throw tantrums, I did everything, nobody moved me. Until one day they just thought, like, let’s get her out, I was just laying down in my room one day and my social worker called me and told me a cab’s coming to get me and that my placement’s been terminated. So I left that day, I got all my clothes in a big bag and left.” (Jacqueline; 81-86)

Similarly, Tiffany had experienced a series of events that led her to believe that social services and workers do not react unless something bad happens. For example, on many occasions she had asked to move placements to no avail but when she started not coming back to placements for two/three days at a time,

and the police became informed, was she finally moved. Another example involved an allegation by Tiffany of abuse: “...like you’re only listened I made an allegation on that carer saying that she was abusing me physically and that is the only time that she did take it seriously.” (Tiffany; 334-336)

3.6 Coming of Age in the Care System

3.6.1 Age, Knowledge and Becoming – Pushing

Interestingly, all the participants felt both that opportunities to make meaningful decisions presented themselves with age and that they themselves felt more empowered and knowledgeable to make those decisions. With age also came the desire to be involved in decisions and DM. Many of the participants said that when they first came into care they were younger (often in their early teens) and did not know about Children’s Rights. The acquisition of knowledge from the Children’s Rights service and other LACYP linked in with the continuum of age and seemed, in my view, synonymous with a rite of passage in LAC.

All the participants described the presence of the Independent Reviewing Officer (IRO) in meetings as positive and described that when the IRO was present, decisions would always be taken more seriously, listened to and considered by the others in the room, and, if agreed, the decision would be followed through (i.e. by the SW). Sometimes, the IRO would push for decisions to be agreed or accepted on the YP’s behalf.

“Yeah, I had to push a lot because I felt, my social worker was pushing it a bit more, but um the IRO, which is the reviewing officer, he pushed it, like that extra bit more... but my manager who is in charge of it, the IRO made sure that guy understood it has to be sorted no matter what and it has to be sorted ASAP.”
(Tim; 32-34)

Case Example – Tim

Tim, a 17 year old black Afro-Caribbean care leaver, described his experiences in care very much from an assertive “pushing” perspective, constructing himself (now) as strong, someone who would definitely be able to challenge to ensure his voice was taken into account. Tim described the impact of his experiences of not being involved in DM and the impact of not being listened to in terms of the developmental continuum: where the younger you are the less empowered you are within your life due to a lack of knowledge and knowing how to make your views heard:

“I felt like I wasn’t really human because I felt like um really, really a baby really. Because babies, the parents make decisions for them, they don’t, because they can’t speak, they don’t really ask them questions. So that’s how I really felt. Like a baby, and I couldn’t speak... I wasn’t at that stage of knowing how to talk.”

(Tim; 64-69)

With age comes knowledge about the system and how to work within the system to get one’s decisions heard and agreed, notably by being pushy and challenging. Again, a cycle of involvement follows where, being older and taking an active part in DM leads to being listened to more by decision makers and those in power:

“Now I feel like I’m actually a part of things, when it comes to the meetings and speaking with my social worker, key worker and such, I feel like I’m part of things because they know that I’m older, I’m not going to let things slide easily, like I’m going to challenge things, so they make sure, like they go, is this OK with you, is this not OK with you, and such and such.” (Tim, 76-82)

Like other respondents, Tim described a cycle of un-involvement (Tim; 283-288) whereby not being involved in DM when he was younger and first came into care led him to seeing no point in taking part in DM or being present at meetings, and therefore disengaging from the meetings. And, like other

respondents, having subsequently learnt about Children's Rights Services, having been provided with an advocate and knowing his rights, Tim then became becoming more involved: *"as soon as I turned 13, then I started thinking, yeah I'm taking part in this, this is about me, I have to take part in this or there's no point."* (Tim; 300-302)

Knowledge was an interesting concept that the analysis generated. Often coming from a position of 'fighting the system' or pushing against the system, the YP used a variety of techniques and tools to make themselves heard and to be involved in DM, such as asserting themselves in meetings, pestering and/or badgering or engaging in risky behaviours. They also used and talked a lot about *knowledge* of the system and of children's rights. The knowledge gained from Children's Rights, along with age, allowed many of the YP to push to speak up and be heard:

"That's what I'm trying to say, like, if I didn't come here, I wouldn't be probably opening my mouth. I'm saying like, if I didn't come to Children's Rights and meet [names], I think my voice, I wouldn't be opening my mouth, I wouldn't be saying what I want, I would probably just keep it quiet to myself."
(Ibrahim; 386-391)

A continuum presented itself within the YP descriptions: being young and naive at one end through to becoming older (more mature), knowledgeable and 'savvy' at the other:

"When I was younger I felt like I had no say whatsoever, everything that social services told me had to be done, had to be done and that's what I thought... I never used to go to any of my meetings because I felt like no matter, it's not going to make any difference whether I'm there or not, kind of thing. [...] And now I've grown up, I think I'm a lot more independent... like anything that I want, any decisions that I want to make, are made... I feel that I've actually become an adult now if you know

what I mean, I'm not that same person that I was before."
(Charlotte; 405-423)

"Before, I made decisions quite blandly, like I didn't even get to make decisions but I was just, I was just stupid, I don't know what was wrong with me back then... But now, I learned to sit back and let people say what they have to say and actually sit down and think before I talk. Then I think I was just working with what was in my head, and I'd just say it out. Now I can sit down and think, thinking wasn't my strongest point back then. Now I can think and make my decisions from there."
(Jacqueline; 428-436)

Services were viewed by many of the participants as not being forthcoming in presenting the full range of options available to the participants when they were younger and the YP stated that the options given to them at the time (and the resultant decisions) were ones favoured by the adults during the meetings, such as the SW or FCs. With age, many described wanting to make more decisions compared to when younger and described becoming more aware of what they wanted. With age, knowledge about the system and how to express oneself, the YP described using persistence to get their decisions and needs met:

"Yeah but then because I was younger I didn't really want anything, it was just like a quick check and everything. But as I got older I knew what I wanted so I became more persistent about it. And it was like, the more persistent I became, like the more like, they just didn't really care and like, you've got to really annoy them about it for them to actually do something."
(Tiffany; 73-78)

"I think with age that's like a vital thing, the older you get, the more kind of serious... I don't even know, well you have to be taken seriously, to be honest, because if kind of let the work drag on don't remind them, it will just go on for weeks and years

and you won't get what you want, so you have to keep pushing it, keep reminding them, you kind of have to keep at it to get what you want..." (Maggie; 95-100)

3.6.2 Using Children's Rights/Knowledge to Push

Children's Rights were viewed in a very positive light by all the YP interviewed, which may be expected as the research was set within a Children's Rights service. For example, some of the YP described how the service had taught them about making oneself involved in meetings and/or socialised them in order to present themselves to have their views taken seriously and to be heard/communicate decisions. Many described needing the service especially when younger:

"Because eventually, because I needed Children's Rights manager all the time, no matter what it was, I needed her and then eventually, I learned what she done, like what she taught me, kind of thing, and I didn't need her no more. But I realised what I have to do is be, sort of, assertive... So you can't, like, you don't have to shout to get your point across, you just have to stay calm to get your point across. People are actually listening to you, do you know what I mean, and you're heard. So, and that's what she taught me and that's what I use in every, in all of my reviews and meetings and everything."
(Charlotte; 188 – 197)

Others talked about the service advocating on their behalf and using their contacts and power to push for decisions to be followed through:

"[National Insurance card] takes like over six months for some people, like even a year, some people it takes a long time for them to get it. And like we can't get jobs or nothing, so we had to come talk to [Children's Rights Manager], [Children's Rights Manager] spoke to my social worker, pushed it and said can you apply for it, so by the time she is 16 she gets it, and yeah we both got it." (Maggie; 231-236)

As outlined above, with age often came the knowledge of Children's Rights services and about the YP's rights. All of the YP who talked about Children's Rights described gaining knowledge about rights and how to *become* involved in DM. They talked about learning from the Children's Rights service and learning how to push. For example: "*So it helps, coming [to Children's Rights] you learn a lot of stuff, you get to know your rights and everything. And so you can really defend yourself from anything.*" (Ibrahim; 189-197)

Many forms of pushing within the participants' narratives took the form of reminding services what decisions were made and ensuring that agreed decisions were acted upon, but the YP also used the platform of Children Rights and knowledge to influence DM in the first instance and during meetings. There was a perception that without knowledge about rights, social services 'walk all over you' and many said that Services were not forthcoming in information about the rights the YP were entitled to, *especially* when the young person was younger and/or newer to care. Meetings consisted of choices and decisions being 'over the YP's heads' and they felt ignored and confused.

4. DISCUSSION

Discussion of the main findings is presented below in relation to the relevant research and theoretical literature, prefaced with an overview of the study. Reliability and validity of the research is discussed as are limitations of the study, looking at both the influence of the researcher and the methodological limitations. Implications for future research and for services are also considered.

4.1 Overview

This study sought to explore the views of 10 young people in looked after care on decision making in review and planning meetings. The young people resided in different types of care placements (from foster care to supported and independent living) and were between the ages of 16 and 19. Three were male and seven were female. All of the young people had recent experiences of review (or planning) meetings within the last six months. The study aimed to give voice to this frequently excluded group and to view individuals within the group of LACYP as competent social actors in their own right.

The findings from the study are specific to the research participants interviewed. Recruitment and the location of the interviews occurred within the context of a Children's Rights centre. The research findings and discussion were not borne out of a positivist methodological approach and are not aimed to be generalised to the broader population of LACYP. However, interviews and analysis were designed to provide deeper understanding of the YP's views of decision making and important meetings and to shed light on the processes of participation: these may be applicable to other individuals in looked after care. The application of the results for future research, services and LAC practitioners 'in the field' are discussed below.

A critical realist grounded theory was deemed to be the most appropriate methodology for the research, partly because it allowed interviews and research directions to be led by the participants. It was not possible for the research to be completely participatory due to resource limitations (see *Methodological Limitations*, below). Interviews and analyses yielded interesting

and novel results but also reflected many themes that have been found in previous research. The core category generated by the research was the ongoing process of *Pushing and Decision Making*. This concept pervaded all of the participants' accounts of DM and some of their accounts of themselves. The core and four main categories are discussed with reference to other research and in terms of the YP interviewed getting their needs met and decisions accepted within the context of the care system and corporate parenting.

4.2 Discussion of Key Findings

4.2.1 Core category: Pushing and DM

All the YP described having to continually assert themselves in the process of DM both within planning and review meetings and more generally in care and their lives: from making themselves heard and considered, to pushing for their decisions to be taken seriously and badgering/pestering for the agreed decisions to be followed through. As far as is known to the author, this is new information regarding young people in care generally and also in terms of LACYP's views about decision making and being listened to within the care system. Many argue for the opportunity for young people to participate and to present themselves and their views as an important part of identity construction (e.g. McLeod, 2008) and many propose theories to explain psychological processes behind this (e.g. Rutter, 1990). The core category *Pushing and DM* provides a descriptive map of participation in DM and LAC and presents a theoretical view of the psychological processes specific to LACYP.

This study's results most closely resemble those of the Leeson study (2007). The current research's participants, through the processes of becoming active and involved, were able to make themselves heard and have their decisions taken into account by pushing for this to happen. Similar to the Leeson study, the young people also described feelings of helplessness, low self-esteem and poor confidence if they were not involved in DM. Supplementary to the Leeson study, these young people described feelings of happiness, increased confidence and control over their lives when they were involved. It must be

noted that the Leeson study looked at *non*-participation whereas the current study looked at both participation and non-participation.

The current study's participants were older (16 to 19) compared to the Leeson (2007) study (12 to 14), the Thomas and O'Kane study (1999) (eight to 12). Both the Munro (2001) and Boylan and Braye (2006) studies had wider age ranges (10 to 17 and eight to 17, respectively). It is known that the older LACYP get, the more say they have in their lives (Burke, 2010). The continuum that presented itself in the current research (being young and naïve at one end and older, more mature and more 'savvy' at the other end) was interesting. Opportunities to make decisions did not only increasingly present themselves with age, as can be expected following a developmental model where younger children are viewed as needing more protection. Increased participation also followed the YP becoming actively interested in DM, cycles of involvement in decisions by both themselves and professionals and the acquisition of knowledge about rights and the care system. These processes of positive involvement seemed to be quickened and, at times instigated, by the CR and role of advocacy.

4.2.2 Becoming Active and Involved

Being involved and taking an active role in DM was perceived as fundamental to the YP as it allowed them to become active, empowered agents within their own lives as whole. LACYP are considered a frequently excluded group but, through a process of active – and at times militant – participation, the individuals that I interviewed overcame being excluded or 'talked over' and talked about during DM and meetings which is frequently described in other studies. For example, Boylan and Braye (2006) found that: many of the participants they interviewed felt talked about rather than talked to in meetings and felt that their views were ignored; and participants did not feel in control of the meeting or have any say about who was there and reported that their own presence sometimes felt tokenistic.

It is not possible to know whether the poor outcomes that LACYP continue to experience are due to the CYP pre-care experiences or to the experiences and

disadvantage they experience during care (or both). On the one hand, for example, Wade, Biehal, Farrelly and Sinclair (2010) have shown that maltreated children⁵ who remain in care have better outcomes than those children who are reunited with their families. Corporate parenting has the potential to amplify, dampen or have no effect on the vulnerability of LACYP. Similarly to *Wanting More than Good Enough* (see below), the young people's narratives in the current study painted a picture of struggle to get their voices heard and their wishes and views considered within a system that seemed to restrict and hold back their potential and growth. Participants in Boylan and Braye's (2006) study expressed needing more power and presence in the meetings (features that are associated with adult status) while the participants in the current study appear to have found these qualities.

Gaskell (2010) interviewed 10 care leavers or soon-to-be care leavers on their views on the importance of care in the care system. Whilst not strictly aimed at eliciting views about DM in review and planning meetings, this study outlined three interesting and interlinked themes regarding the care system: inclusion in decision-making, the trust of a consistent adult and stability of services. A common theme that emerged from the study was that after unsuccessful attempts to influence the nature of the care the participants received, many young people became disillusioned and believed that the type of care they needed and wanted was simply unavailable. Again, the current study's young people's involvement and participation in DM seemed to overcome the care system / corporate parenting's reinforcement of early disadvantage.

By contrast, not taking part in meetings and not being involved was perceived to result in a cycle of uninvolvement by both the young person and by others (i.e. SWs) and general disengagement. This possibly lends weight to the view that outcomes can be negatively influenced through lack of involvement and participation, such as how Vis et al. (2011) found with poor health outcomes and, for example (Sinclair 2005) with (foster) placement breakdowns.

⁵ Aged between birth and 12 at base line and final follow up five/six years later, current author's calculation from available information in printed study paper.

4.2.3 Wanting more than 'Good Enough'

A perception held by many was that services via DM in important meetings were aimed at meeting minimum (i.e. *just good enough*) standards. The YP wanted to do well in life and had positive aspirations for the future but on many occasions were held back by bureaucratic processes and corporate parenting. A perception shared by many of the YP was that social workers, carers and services were not necessarily doing what was *best* for the YP but merely what was *just good enough* and what was easiest or least work. As a result, many of the YP felt that these adults did not have their best interests in mind, meaning that it was very hard for the YP to feel that their DM was being taken seriously.

Again this reflects other research. For example, the Blueprint Project (2004) found that many of its young people felt as if they were still fighting for some basic rights (such as the types of food they ate). Some of the disabled young people interviewed in the Blueprint project felt that the adults wanted to make decisions as quickly as possible and that, therefore, it was easiest for the young person to go along with what the adult said. This was echoed, but not necessarily experienced, by the participants in the current study who made sure, by *pushing*, that their needs were met.

Like Leeson's (2007) participants, the experience of corporate parenting came across as impersonal and systems-oriented; for Leeson's participants this led to them feeling alienated from SWs especially if they were not known to the participant. Care service delivery and corporate parenting are hierarchical in nature (based upon traditional views of development and competence) and often aimed at meeting the needs of a large cohort of LACYP. The result is that the cohort is treated like a homogenous group where the individual's needs and personal preferences are not taken into account, acknowledged or considered. The corporate parent, therefore, is not *sensitive* to the young person's needs. Other studies have found that when CYP do not feel that they have been heard and listened to, they do not feel cared for (e.g. Gaskell, 2010, and McLeod, 2007). The YP in the current study also perceived decisions meeting *just good enough* standards as uncaring and it could be said that their pushing for

different decisions, or more, could be reflective of wanting to be heard and cared for.

4.2.4 Making Oneself Heard – and Cared About

Being involved in DM for many of the YP meant having control over their lives and this was intrinsically linked to being listened to and heard. For the young person to feel heard, prioritised and listened to, many described the importance of having adults involved in their care who knew them well. When the adults did not know them well, or when the young person did not feel listened to, the YP felt further obliged to fight for care, support and resources – often within the arena of DM. Many said it was important to have adults who cared for them and therefore had their best interests in mind.

This strongly reflects previous research findings and theoretical models of personality development (such as Bion, 1959, and Bowlby, 1969, to name a couple) where, fundamentally, trusted and reliable caregiver's contain the emotional world of the child which facilitates the child's capacity to understand their own emotions rather than being overwhelmed by them. Frequently recurring factors that are important to LACYP include good and trusting relationships with dependable and skilled helpers and, thus, changes of SWs and important adults are almost always resented by the LACYP. Gaskell (2010) found that, for all her participants, underlying the three interlinked themes regarding the care system (inclusion in decision-making, the trust of a consistent adult and stability of services) was a desire to be cared for. Participants in Gaskell's study were also concerned that professionals in positions of care and providing care services did not always really 'care' for them, which was also expressed by some of the participants in the current study.

Many of the YP in the current study perceived the system as treating the individual as passive products/receivers of services and felt that social services were treating them as case numbers not people. As mentioned above, the YP often described wanting to make idiosyncratic decisions which might run against the processes of the system aimed at LACYP as a whole. Social workers who

knew the YP well and considered their decisions carefully (even when disagreeing with the young person) were viewed favorably and as caring individuals. Emanuel (2002) describes three levels of deprivation that LACYP encounter: first, that of external circumstances out of the child's control which brought him/her to care; the second derives from internal sources as the child develops 'crippling defences' (Henry, 1974; in Emanuel, 2002); and the third which occurs with the organizational setting, where services, insensitive to individual's needs, replicate the LACYP original experience of neglect 'allowing them to fall through a hole in the 'net'-work' (Emanuel, p.164). As a result of this triple deprivation, it is suggested that current's study's participants, by making themselves heard, are well positioned to push for the care they need.

4.2.5 Coming of Age in the Care System

All the participants felt both that opportunities to make meaningful decisions presented themselves with age and that they felt more empowered and knowledgeable to make those decisions with the passage of time. With age also came the desire to be involved in decisions and DM and the desire, knowledge and ability to push for their participation in DM. With the help of Children's Rights services and the knowledge of Children's Rights, the YP were able to be active and engage in DM. Prior to these consequences of age and experience, many of the participants described their younger selves as passive and naive receivers of services without a say in DM (elaborated further under *Coming of Age in the Care System* above) reflecting other research into DM.

Knowledge was an interesting concept that the analysis generated. Often coming from a position of 'fighting the system' or pushing against the system, the YP used a variety of techniques and tools to make themselves heard and to be involved in DM, such as asserting themselves in meetings, pestering and/or badgering or engaging in risky behaviours. The young people described services as not being forthcoming in presenting the full range of options available to the participants when they were younger, the young people believing that stated options were the ones favoured by the adults at the time. All the participants described the presence of the Independent Reviewing Officer (IRO) in meetings as positive and described that when the IRO was

present, views and decisions would always be taken more seriously, listened to and considered by the others in the room, and, if agreed, the decision would be followed through (i.e. by the SW).

They also used and talked a lot about *knowledge* of the system and of children's rights. As outlined above, with age often came the knowledge of Children's Rights services and the YP's rights. All of the YP who talked about Children's Rights described gaining knowledge about rights and how to *become* involved in DM. The participants talked about learning from the Children's Rights service and learning how to get one's view across, in ways that would be understandable and not pathologised by services. The CR service and staff, notably the manager, were also perceived to be trusted and reliable adult figures and many of the YP would say that the CR service and staff were always there for them either in person or on the phone. These views reflect previous research findings on advocacy services where (independent) advocacy services are rated very positively for listening to YP and for getting others to listen to the YP. The YP's contact and engagement with CRs seem to have been a factor in moving these individuals from being passive recipients of services and decisions to being empowered young people.

4.3 Reliability and Validity of Study

4.3.1 Reliability and validity

Reliability and validity are concepts most useful within a realist paradigm. However, the current study sought to meet the framework for evaluating reliability and validity, as outlined by Yardley (2008) "Core principles for evaluating the validity of qualitative psychology" (p. 243-244):

- *Sensitivity to context.* A major part of the presentation of this work involved a literature review and outline of theoretical and study data. Within this framework, I outlined the reason for the epistemological standpoint taken in this study. I have noted that the context of the research (from recruitment to data collection) occurred within a CR's service with LACYP who have been at least to some extent engaged with this service - indeed some were very engaged with the rights movement. This study, unlike positivist studies, did

not seek out generalisable truths for all LACYP but was designed to provide deeper understanding of the YP's views of decision making and important meetings and to shed light on the processes of participation which may be applicable to other individuals in looked after care. In an attempt to outline my personal and professional identity I have hopefully shown the lens through which I may have seen participants and how *they* may have seen me. The impact of these assumptions will be discussed further under *Influence of Researcher*.

- *Commitment and rigour*. I have presented detailed explanations of the way in which the analysis was carried out following a GT methodological approach. Where I have strayed from commonly accepted forms of GT (i.e. moving away from *full versions* and *abbreviated versions* of GT; c.f. Willig, 2001) to *Adapted Version*, I have maintained commitment to thorough data collection and have taken a rigorous stance to data analysis: examples, as a paper trail, are presented to the readers under Method section 2.3.1 *Adapted' GT* and Appendixes VI, VII and IX.
- *Coherence and transparency*. I presented the study following the requirements of Clinical Doctorate Course but presented the analysis section according to the GT methodological framework followed. I attempted to keep the voices of the participants at the fore of the analysis in order to not further disempower LACYP as a whole. Keeping participants' narratives at the fore also allows the analysis to be comparable to data (Charmaz, 2006) and allows the reader(s) to decide whether the analysis is coherent and complete. Dissemination of results to the YP and other LACYP will also help validate (or invalidate) the study and feedback from these groups will guide my future writings on the topic
- *Impact and importance*. The discussion section links the findings to research identified in the Introduction and to other literature following discussions with a Clinical Psychologist in the LAC 'field'. Many of the participants noted that the questions were 'really good ones'. All participants will receive a shortened version of the results, as will the CR service where the research was conducted and the charity the CR service is a part of (nationwide). Results will be disseminated to other LACYP via LAC groups such as *A National Voice*. As

outlined in the Method Chapter, participants were keen that FCs should know about the results and this will be achieved via a FC Magazine for the borough where the research was carried out (one of the editors of the magazine is a member of staff of the CR service). Some of the YP wanted SWs/SSs to be informed: a journal article will be submitted to peer reviewed journals aimed at social work (e.g. *Child and Family Social Work*) and LAC (e.g. *Adoption and Fostering*).

In addition, participant feedback was sought throughout the data collection stage and, according to GT method, negative case analysis was used as a “Disconfirming Case Analysis” (Yardley, 2008; p.242). Rigorous paper trails were also kept (line-by-line and focussed coding, memos, diagrams etc.).

4.4 Limitations

4.4.1 Influence of the Researcher/Influence on the Researcher

Whilst the critical realist position asserts that there is an objective reality, this reality is still believed to be mediated through the lens of language, social interaction and context. Interview conversations between researcher and participant (including research questioning) and data analysis (from transcription and interpretation through to theory formation and beyond) will have been influenced by my (the researcher) perspectives, theoretical biases and unquestioned professional and personal assumptions. In a similar way, participants will have been influenced in their responses by their perceptions of the researcher and research context. I recorded reflections in the form of memos and notes written on interview prompt sheets, transcripts and analysis sheets.

I am a white, male trainee clinical psychologist who was, at times, reasonably smartly dressed during interviews (some interviews were conducted after work). Both I and the participants were aware that we did not share the same background (cultural and other) and were of different ages and it is possible that – despite my claims of neutrality and relative ignorance of LAC – I would have been perceived as a professional representative of the care system. Did I represent, at some level, the care system or maybe the CR service? Did the

participants feel like I might understand or represent in a way they did not want? I was aware that a few of the YP would say many positive things (for example, about review and planning meetings) at the start of interviews but would later become more critical and even hostile towards FCs, SWs and services as a whole. It is difficult to know why this happened but one can only imagine that differences in power, the context of the research and the natural journey of becoming accustomed to a new person will all have played a part. Future research as outlined below, may strongly consider a model where the interviewer, like the interviewee, is them self a LACYP.

My assumptions about LACYP, both implicit and explicit, changed throughout the course of the interviews. These assumptions were significantly shaped by my previous knowledge drawn from the clinical training course of the outcomes for LACYP (i.e. bleak) and by my knowledge of psychological theories, for example of development and attachment. I started the research process believing that LACYP, due to adverse life events and led by statistically bleak outcomes, would be highly unlikely to go to university and not do well in schooling. My beliefs were almost immediately – and completely – debunked: Steven, my first interviewee, had been given a provisional offer to go to a highly prestigious university and my second interviewees, Demii and Maggie, were both doing well at school and wanting to do *very* well at their GCSEs. My perceptions of LACYP had by now changed: these YP (and the YP that followed) were seeking to do well in life *despite*, in my eyes, the adversity of the care system and this alignment would have continued throughout the research. It is possible that I became attuned to the ‘injustices’ that not receiving tuition/computers in time for success in education and the future may produce.

The study arose from a view of CYP as social actors in their lives and therefore with a right to participate in the decisions that affect them. However, this perspective fundamentally questions traditional constructions and dominant discourses of childhood which I, being a parent, *also* believe in. Participants’ descriptions of the age continuum surprised and challenged me at first as I had not expected that the YP would also view themselves as part of this continuum. I had to be mindful at this point to ask open-ended questions to prevent me, the

researcher, from forcing pre-conceived ideas onto them. Viewing childhood from a sociological viewpoint (i.e. childhood as socially constructed) meant that I tried not to focus on psychological ideas such as attachment, containment and reciprocity during my conversations with participants. However, these ideas still came through and form much of the resulting analysis (e.g. *Making Oneself Heard – and Cared For*).

4.4.2 Methodological Limitations

This study sought to empower and include individuals and the voices from a frequently excluded group, LACYP. To some extent, this was achieved: young people of both sexes and of broadly representative ethnic groups happily talked to me about their experiences of DM and review and planning meetings. However, there were no LACYP with disabilities (physical and/or learning), no 'unaccompanied' CYP (asylum seekers under the age 18 who are not with their parents or recognized guardians) and no parents (one had expressed an interest but did not come to be interviewed). Further and more innovative efforts need to be pursued in order to engage hard to reach groups.

The YP in this study had contact with the CR service. They were aware of their rights and using their knowledge in review and planning meetings: they were, therefore, already engaged with the DM process. This study did not ascertain the views of LACYP who were at different points of engaging in DM and review and planning meetings, either because they are hard to engage (due to mental health problems, placement breakdowns etc.) or simply because they were unaware of children's rights. This does not mean that the results are in anyway less meaningful but does mean that generalizability to other LACYP is limited. This study did not acquire the views of younger YP or children and, especially given participants' descriptions of themselves when younger, it would be important to broaden the age range of future research.

I wanted to give voice, listen to and *believe* the YP. I therefore interviewed YP and chose a critical realist position with a GT data analysis procedure. As a result, there were many absent voices in the research: birth families and friends; FCs; SWs and SSs; IROs and other advocates, such as those from the

CR service. Their perspectives, and the interactions between these groups and the young people, could have provided a fuller and richer picture of DM in review and planning meetings. Still within a critical realist paradigm, this would have helped the applicability of the research as the participants' individual meaning-making could have been tested against correspondence to external reality.

The study sought to follow an ethically sensitive, transparent and collaborative approach to the research. However, the research could have been more collaborative by being more 'participatory'. For example, participants could have been involved in focus groups in the initial stages of the study, aimed at identify key areas that are important to young people in looked after care, followed by becoming interviewers in the second and following phases. This would also have allowed the access to other participants I may not have been able to reach and to conduct the research in alternative settings and contexts.

4.5 Implications

4.5.1 Implications for Services

The results of the current study add to the growing research identifying positive benefits to viewing young people as social actors becoming involved and participating in the decisions about their lives. It also adds to the research showing negative effects of non-participation on self-esteem, feelings of control and mastery and well-being. Services should continue to promote participation of young people in the arena of decision making and be aware of the effects non-individualised and non-sensitive (i.e. not meeting individuals' needs) corporate parenting can have. This awareness should guide policies which could be consulted on and delivered by LACYP.

It is very possible that adults interpret young people's pushing in decision making and *being* pushy negatively. Social workers and other professionals who are aware of the meaning and significance of behaviours like pushing and being assertive (notably as eliciting *care*) are more likely to be in and maintain good relationships with the young people. Their responses to this behaviour will be more sensitive and empathetic. Being able to hear and make sense of

young people who are in looked after care and respecting their wishes will help prevent placement breakdown, engagement with health and other services etc. Thus, an increased understanding of pushing by young people will help young people have a positive care experience, prevent emotional stress for all (young people, their carers and local authority professionals) and have financial cost saving implications.

The concept of “pushiness” was drawn from participants’ descriptions but it may be advisable to develop the term in order for services and policy makers to incorporate this concept into the work with LACYP. For example, professionals may not be keen to encourage children and young people to access CR services if they believe that this may lead their clients to become more ‘pushy’ and demanding. Thus, it is advisable to reframe the term for research dissemination to policy makers and for use in teaching and training service professionals ‘on the ground’. Describing the concept as “assertiveness” may help practitioners and budget holders to see the value in encouraging children and young people to participate further and more meaningfully in their care both in LAC reviews and more generally in their lives.

A greater understanding of the processes involved in participation and decision making may help lead to better access and engagement with mental health services. A greater understanding of how and why young people push to get their needs met will give potential referrers to mental health services a better understanding of the emotional and, often traumatised, world of the looked-after young person. It is possible that the children and young people who are *not* pushing (the ‘quiet ones’, perhaps) are *not* accessing mental health and other services when they could benefit from them.

The benefits of the children’s rights service were prominent throughout the interviews and the young people valued the independent advocacy the service provided, along with the impact and role of the Independent Reviewing Officer. Information about these services should be readily given to all LACYP and young people should be enabled and encouraged to access these centres

and/or services. At a time of local and national government and public sector cutbacks, it will be important to find funding for inherently empowering services.

4.5.2 Implications for Future Research

The study points to a number of areas requiring further research. As outlined above, the interviewees in the study were older and engaged with the CR service. Research and research methodologies looking at increasing participation in decision making and finding out the views of younger children has already been identified as an area for development but it would also be useful to ascertain the views of younger people (i.e. below the age of 15,) who are also in contact with CR services. Both research with social workers and other key adults for both younger and older people in care will help get a better picture of the role of Pushing and DM and how it is perceived. Services and SWs may perceive older children to be more competent and therefore the role of pushing, and how it is received by them, may be different. This research could occur at transactional level, e.g. using conversational analysis and ethnographic recording.

Participants in the current study tended to have been in the care system for some time and were already engaged in the participation process. Individuals who are not as fully engaged in participation and services may have different views and experiences of participation and decision making and it would be interesting to see if the core category of pushing emerges in their narratives, and if it does, what it means to them. Similarly, this study did not interview hard-to-reach young people, people with disabilities, young parents or young people in the criminal justice system – all of whom have a right to participate and make decisions in their lives. Do these young people experience the same sense of pushing that the current study's participants did? If so, in what way and how did it come about?

Many of the young people's narratives about themselves were infused with the notion of pushing, being strong, tenacious etc. It would be of interest to investigate specifically the notion of pushing and identity, and identity development. The participants, and the researcher, viewed pushing in DM as a

positive within this context, but is this a view shared by everyone? A paradox in the research seemed to be that whilst the YP were being pushed and pushing for increased independence, conversely the YP people were pushing care away by becoming more independent and autonomous. Further investigation may be guided by the role services, such as corporate parenting, impact upon young people's mental health and the role that pushing may play as protective factor.

Gaining a better idea of how pushing is manifested over time and its usefulness to the young people once they have *left* care may shed light on ways of improving outcomes for LACYP. Are the outcomes for young people who identify with pushing different from those who do not? Introducing quantitative data and methodologies may also yield a better understanding of the role of pushing, participation and decision making that could be applicable to larger groups of LACYP.

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Appendix I: Research Proposal and Ethical Application



19 May 2011

Student Number: u09333876

Dear Julien,

Registration as a Candidate for the University's Research Degree

I am pleased to inform you that the Research Degrees Subcommittee on behalf of the University Quality and Standards Committee, has registered you for the degree of Professional Doctorate.

Title of Professional Doctorate: Professional Doctorate in Clinical Psychology

Director of Studies: Dr Paula Magee

Supervisor/s: Dr David Harper

Expected completion: According to your actual date of registration, which is **1 October 2010**, the registration period is as follows:

Minimum 18 months, maximum 48 months (4 years), according to a full time mode of study.

Your thesis is therefore due to be submitted between:

1 April 2012 and 1 October 2014
--

I wish you all the best with your intended research degree programme. Please contact me if you have any further queries regarding to this matter.

Yours sincerely,

A handwritten signature in black ink that reads 'James J. Walsh.' The signature is written in a cursive style.

Dr James J Walsh
School Research Degrees Leader
Direct line: 020 8223 4471
Email: j.j.walsh@uel.ac.uk

Cc: Dr Paula Magee

Appendix II: Initial Question Guide. Adapted from McLeod's (2008) pointers for good practice which have been distilled from the literature on participation (see Chapter 16, *Involving Children in Decision-making*):

1. Do you feel involved appropriately in meetings? What would it mean if you were/were not involved?
2. Are you given choices? How do you feel about having choices? Are some choices difficult, and can you *opt out* of making a decision..?
3. Do you feel able to participate meaningfully in meetings? What do the meetings mean to you?
4. How would you describe the impact being able to make decisions in the meetings on you as a person?
5. Have you had conflict/agreeing views with other people (parents/carers/guardians or social worker's)? What happened, make you feel, think? Did you feel involved in the final decision/decision-making?
6. Do you have a sense that the meetings are for you? How does that feel?
7. How do you feel during the meetings? Are you happy to talk to everybody?
8. Can you describe what it means to make the decisions in the meetings and/or have you views taken seriously?
9. Does being involved in making decisions make a difference to how you see yourself?
10. What about how other people see you?
11. Can you describe what happens with the decisions made in meetings, after the meetings?

Appendix III: Further Questions, adapted from interviews.

New Questions:

1. Do you feel able to participate meaningfully in meetings? What do the meetings mean to you?

2. How would you describe the impact being able to make decisions in meetings on you/person?

3. What about how other people see you?

Are decisions you have made acted upon and supported afterwards?

- How?
- Can you think of examples of your decisions which have/have not been followed through?

How do you get your decisions and views listened to and acted upon? Many other young people have talked about having to 'push' to get things done/decisions agreed? Is this the same with you?

- How has that changed how you are and how you see yourself? [How did you position yourself – negotiating, stand your ground etc.??]
- Have you always pushed? What happened when you didn't? What did it mean to you?

What kind of decision-making would you like to do/what about? Can you help me/others get an insight into what you are asking for:

- Can you give me some examples? Maybe: someone to talk to, someone to be there for them, or you need help with school or at home.
- And how significant are these things/decisions to your life?

Have there been times where you have made a decision/requested something but have been refused because you are doing fine/good enough at something?

- i.e. you are not showing negative/risky behaviours or poor results?
- i.e. when you wanted to do better but they thought you were doing "good enough"?

Have you had conflict/agreeing views with other people? How do these get resolved/solving disputes?

- How did that make you feel about yourself? See yourself? Has this changed over time?
- Did you feel involved in the process? Did you feel heard?
- What helps you to make your decisions? What is your rational in making their decisions?

Is it beneficial to know the overview? To know the pros and cons? To know all or as much information as possible?

- Do you go purely by what you want? How would you actually know what is the best and how would they know what is the best decision to go for.

Why is it you think looked after young people's voice are not heard?

Can you describe what it means to make the decisions in the meetings and/or have you views taken seriously?

- Do you feel you have to make yourself heard? Do you listening?
- Does being involved in making decisions make a difference to how you see yourself?

Who would you like to read/know about this research and your views/insights into decisions making? How: magazines, websites, trainings...?

A previous participant, when responding to my question, said that she wanted me to be challenging and ask (and I am reading this): "do they know the fact that if Social Services never put you into care you would still be in the house where you were getting all your troubles, do you appreciate the fact that you're in a better place?"

Appendix IV: Information Sheet

University of East London

Stratford Campus
Water Lane
London
E15 4LZ

University Research Ethics Committee

If you have any queries regarding the conduct of the programme in which you are being asked to participate, please contact the Secretary of the University Research Ethics Committee, Ms Debbie Dada, Admissions and Ethics Officer, Graduate School, University of East London, Docklands Campus, London E16 2RD (Tel 020 8223 2976, Email: d.dada@uel.ac.uk)

The Principal Investigators

Julien Edwards and Paula Magee
You can call 0208 223 4174 and leave a message with your contact details
Or email u0933876@UEL-Exchange.ac.uk

Consent to Participate in a Research Study

The purpose of this letter is to provide you with the information that you need to consider in deciding whether to participate in this study.

Project Title

“Looked After Care: Young People’s Views of Making Decisions In Review and Planning Meetings”

Project Description

Children and Young People have a right to make decisions about their lives. This is especially important if you are ‘looked after’. The study will be asking 8 to 12 young people between the ages of 10 and 18 about their experiences of making and being involved in making decisions about themselves in review and planning meetings.

If you are interested in participating in the study, you will be asked to talk to a researcher about your views and experiences. This interview will last about an hour but may be longer if you have lots to say. Interviews are not expected to be distressing but if you become upset the researcher will be able to tell you where you may be able to get support and advice.

Confidentiality of the Data

Everything you say will remain confidential and the data anonymous. The interviews will be audio recorded, transcribed and analysed by the researcher. The audio recordings will be destroyed within a month and the data will be made anonymous. No background information will be gained about you, only what you choose to tell the researcher during the interview.

Location

Interviews can be held either where you live or at the University of East London Stratford Campus. If you choose to come to Stratford, your travel will be reimbursed.

Disclaimer

You are not obliged to take part in this study, and are free to withdraw at any time during the interviews. Should you choose to withdraw from the programme you may do so without disadvantage to yourself and without any obligation to give a reason.

Appendix V: Consent Form

UNIVERSITY OF EAST LONDON

Consent to Participate in an Experimental Programme Involving the Use of Human Participants

“Making Decisions: Looked After Young People’s Views of Making Decisions and Involved in the Decision-Making Process During Review and Planning Meetings”

I have read the information leaflet relating to the above programme of research in which I have been asked to participate and have been given a copy to keep. The nature and purposes of the research have been explained to me, and I have had the opportunity to discuss the details and ask questions about this information. I understand what is being proposed and the procedures in which I will be involved have been explained to me.

I understand that my involvement in this study, and particular data from this research, will remain strictly confidential. Only the researchers involved in the study will have access to the data. It has been explained to me what will happen once the experimental programme has been completed.

I hereby freely and fully consent to participate in the study which has been fully explained to me.

Having given this consent I understand that I have the right to withdraw from the programme at any time without disadvantage to myself and without being obliged to give any reason.

Participant’s Name (BLOCK CAPITALS)
.....

Participant’s Signature
.....

Investigator’s Name (BLOCK CAPITALS)
.....

Investigator’s Signature
.....

Date:

Appendix VI: Scanned example of line by line coding

MEMO: talking about safety nets that parents, etc... can provide. → the boundary

438 [laughs] <uh huh> regardless of how much you would love to go and jump
 439 and get that adrenaline rush, it may kill you, or you know, it won't be best
 440 for you, so then, it's the people to tell you, there are good things about
 441 bungee jumping, however, your heart condition is not that brilliant, tell
 442 you what could actually happen if you do that jump. <Yeah>. Then you
 443 know, if you've got that clear in your face, then you know, yeah, I can't
 444 actually do it, and you decide not to go bungee jumping <uh huh, uh huh>.
 445 I think it's really important to know both sides of the argument <yeah> and
 446 that they are not biased, that they are quite um.../

447 So that it is for you to make the decision in the end anyway? Is that right?

448 Yeah, but with the help of other people, like if you make a decision, and if
 449 other people disagree with it, to find a middle way <uh huh> that you both
 450 can agree on. I don't think it's good for just the professionals to make a
 451 decision which you completely disagree with, because then it doesn't have
 452 much standing point for you because you said, I never agreed in the first
 453 place, why should I bother? But if you both find grounds, common ground
 454 to stand on, then, you can say, OK I took part in that decision, then it was
 455 partly my decision as well, so I should stick to it. <Yeah> it gives it, it makes
 456 it more credible <yeah>. If both parties, like, if both people were...

457 Yeah, absolutely, does it make you more responsible as well?

458 Yeah, I think so. Because if you didn't take part, if you didn't take part in
 459 the decision and someone just randomly tells you something, you just think,
 460 well, who, like, well why are you telling me that, because you want to be
 461 involved because it's about you. So if you are not involved, it just takes the
 462 whole acred/ acredibility [sic] away. You don't feel that it is really
 463 something you have to keep to because it's not your decision. And you
 464 didn't take part, they never asked you. So I just think it makes you more, it
 465 makes it more, it makes it more negative, even though you took the
 466 decision, I just think it makes it negative, because you just think, you could
 467 have at least involved me, asked me <yeah>, for my opinion even though
 468 they may not take it into account, at least I know I've tried to make an
 469 input. But if they just do it themselves and come and tell you "that and
 470 that".

471 So, that's like other people making decisions without you, have there been
 472 times when you have made decisions that haven't been followed
 473 through?... So you made a decision and other people haven't helped you?

474 Yeah.

475 Does that happen a lot, or?

13

Handwritten notes and annotations:

- MEMO: talking about safety nets that parents, etc... can provide.
- the boundary
- causing to do something ill-advised
- valley
- other's best interests in mind
- Your personal safety
- Consequences to risky behavior
- Being clear
- knowing both sides of argument
- "they are not biased"
- Others helping (Dm)
- middle way / compromise
- Professionals' perspective not always good
- disagree with Pros
- being part of process
- Common ground - compromise
- BEING PART of decision
- more of a say / more creditability
- not being part
- being too led
- questioning being led
- the Se id roled
- not being involved just your way, not both the best.
- not being part
- don't get pushed
- not being involved making you negative
- feeling disenfranchised
- being ignored (bel. Med)
- erased??
- Being told

More: more part of all process, more creditability, more of a say (in matters) = more of a say / agency in life.

Appendix VII: Scanned example of focussed coding

Menu/ code : "Having a life" - recent quality not just enough

125 the social worker, I think they have to see you at least once every
 126 six weeks <right> and in six weeks' time a lot of things can occur
 127 <yeah> But a key worker, they have to spend, something like five
 128 hours or above hours with you every week <right, yeah> so
 129 obviously they know more about you, not more about you, but
 130 more about you that's recently happened.

131 And so, like whatever's decided in the meeting/what was
 132 decided?/yeah.

133 So, er, for the lights to get fixed, for me to get a new sofa and for
 134 my rails to get painted. The sofa, that was sorted, that took quite
 135 a long time to get sorted, that took about a month <right> and
 136 then um, the rails, until this date they still have not been sorted
 137 out and I'm still trying to push it, but um, I keep telling the
 138 manager and he keeps saying it's not a health and safety issue,
 139 but I'm trying to say, yeah it is because the rust can get into my
 140 lungs, or something like that, you know <yeah, you might get cut
 141 on, on>. Yeah, yeah and um, so yeah I'm still trying to push that.

142 So you made that decision, you're involved in that but it hasn't
 143 happened. I mean how does that make you, what does that mean
 144 to you?

145 It makes me feel like I'm not getting listened to <uh huh>
 146 because, um, it makes me feel like I'm not getting listened to and
 147 because I'm in care a lot of things shouldn't happen, I mean things
 148 around health and safety issues but that's not the fact because
 149 "appearance is a whole big thing, like, I would say to the manager
 150 would you have this in the house, would you have that, and the
 151 fact is they wouldn't have it in their house. So I'm not an animal,
 152 don't give me what is OK, I want good, I don't want OK, or below
 153 OK. <yeah>. Give me something decent or good enough.

154 So, do you think they are happy just giving you good enough and
 155 you want more than that?

156 No, they are happy giving me less than OK.

157 The minimum?

158 Yeah, they are happy giving me the minimum <right>. At the end
 159 of the day, I'm a human just like you and don't give the minimum,
 160 you've got to think, when you're buying something, would I even
 161 have this in my house, regardless of how much it costs.
 162 Obviously, there is a limit on the spending but, you can't like,
 163 because what my manager tends to do, he tends to buy the cheap
 164 stuff, but he don't realize the cheap stuff break after <yeah yeah>
 165 after a week or so. So um, right now, for instance, the railings to
 166 get painted, he doesn't want to do that, but to be honest, if he
 167 bought paint for like £10/£15 I could even paint it. But they don't

Handwritten notes and arrows:

- Arrow from "Having a life" to line 125-130: "so not that involved key worker involved" and "Haven't you"
- Arrow from "Having a life" to line 133-141: "and this stuff is very important for T & other YP" and "TIME STILL PUSHING"
- Arrow from "Having a life" to line 145-153: "Not asked upon = not heard" and "Having life/Not just the minimum H&E" and "FOCUSSED CODE" and "symbolising the best life"
- Arrow from "Having a life" to line 158-167: "The minimum humanly", "cheapest", "cheapest for life", and "Being involved/ Taking part of responsibility"
- Arrow from "Having a life" to line 288-300: "write-up" and "Menu: the YP I spoke to wanted to gain their independence, autonomy, do well in life, and have a 'nice' life and opportunities (T's flat; autonomy etc.)"

Appendix VIII: Examples of Shorter and Longer Memos

Shorter Memos:

Memo (4, p14): This YP really does not have the same rights of passage that the others have.

Memo (4, p 14): Linking knowledge and forms of knowing with STABILITY... Rituals and transitions are known forms to the YP, making them stable and concrete. (e.g. 4, p14) the YP don't want to be destabilised/ things to be destabilizing.

Theory Development at this point (5; p8): DM/not being involved → it's about me → got to take part/heard → stronger → DM

Janet (3, p5), Memo: For Janet, if she did not take control, make decisions, and made to be heard = disempowered in life. Focussed codes of: taking/control, needing to understand/know/wanting answers → NOT being passive in meetings/making oneself heard and seeming difficult (i.e. pushing).

Memo: when YP don't have DM they are passive, not active. Passive = messed around/told what to do (not involved) = unhappy. Repetory grid/Negative case: Ibrahim is passive but happy.

Longer Memos:

[Identity?] This would mean that (3, p 13; 448-456): being a part of a decision → become more of a stakeholder in DM → have more a say in DM and become more credible → being more of a part of DM... This may mean that you need to find "common ground" (3; 453/454) (remember, Janet great negotiator/middle ground/negotiator) in order to start this process. By not taking part in, say, meetings/DM → get asked to do things, you don't do (not bothered, uninvolved) → don't get asked to do things → to become part of DM etc... For Janet, this made her feel/think negative.

Interesting concept in many of the interviews. Used to 'fight the system', a system often viewed as manipulative - fighting very often taking the form of pushing or knowing and using Rights (or both); knowledge (ones own and others) to help come to decisions, including knowing all the choices and options available; knowledge about coming of age rituals/rights. And the knowledge and knowing of identity, by the YP, by other (adults) and by society.

With **AGE**, very often comes knowledge about rights and also about the rights of DM/what is decided in meetings. Pushing often takes the form of reminding what decisions were made and ensuring that they are acted upon. This, in the eyes of some of the YP, may make professional feel threatened or blamed by the YP (e.g. Janet 3; 403-407). Knowledge is important though and Janet will often seek out being kept informed of things that effect her life (asking to elicit info).

Memo

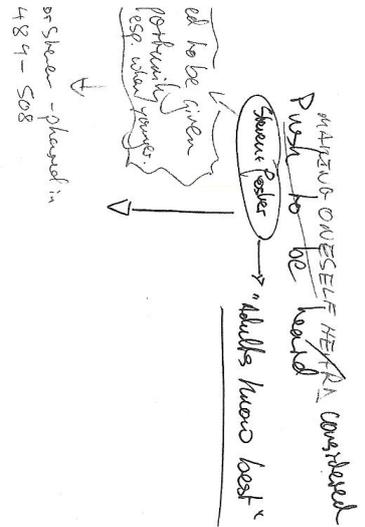
I noted that social workers and social services were not necessarily doing what was best for the young person and memo-d that this process was dehumanising, and that for the YP to counter the dehumanising aspect and create a sense of being, many used 'pushing' to get their needs met.

Whilst many decisions and types of decisions are shared and similar between participants, the meaning of DM and the experiences that the YP made of DM were particular to the young person. DM, therefore, seemed an integral part of the YP person finding an identity and image of themselves, often characterised by a need to assert themselves and push themselves out there. The effect that seeing social workers taking the easiest and blanket decisions meant that the young person is merely a LACYP, a case number.

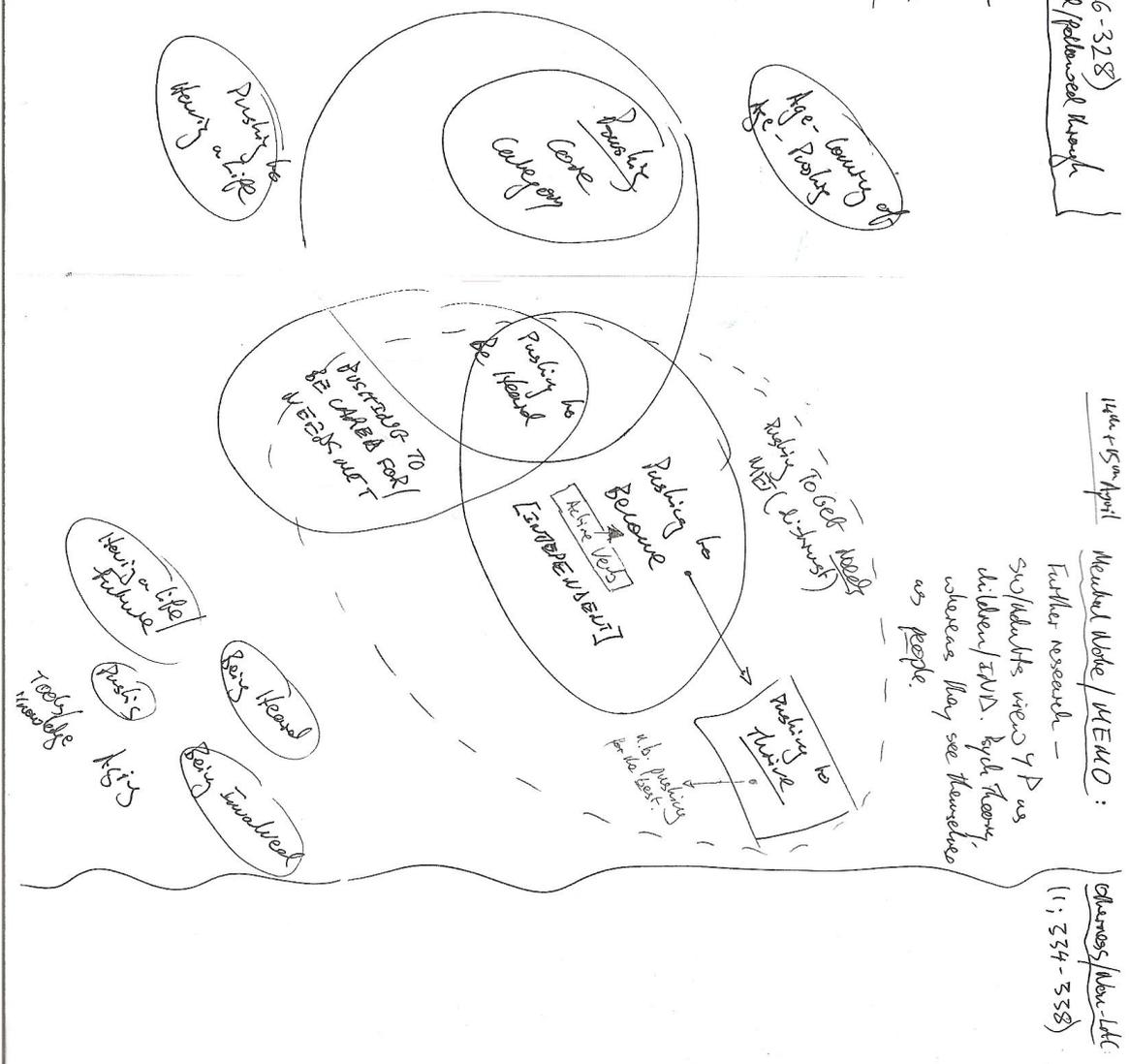
This leads the YP to 'push' for their decisions, in order to *become*. Through a process of fighting for independent, idiosyncratic decisions, YP were simultaneously creating an idiosyncratic identity for themselves...

Appendix IX: Scanned example of diagrams used for integration (Part 1)

LM, one only decisions if asked upon (1; 326-328)
 : YP have to fight/ask for their decisions and followed through



TENSED Between:
 Pushing to 'own on' / Independence
 vs
 Pushing for care



14th + 15th April
 Method Note / MEMO:
 Further research -
 Soc/Adults view YP as
 children/IND. byd theory,
 whereas they see themselves
 as people.

Glanville/Nov-Lit:
 (1; 334-338)

