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“It was a thing about belonging and identity. I just felt, this is who I am”: Residential care experienced children and young people actively (re)creating identity, family and community.

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Declaration

I declare that this thesis is my original work. It has not been submitted in part or whole for any other degree or professional qualification.

Robin Dallas-Childs (submitted online)

Signed

19.12.22

Dated

Thesis Abstract

This study aimed to explore the experiences of children and young people who have spent time in residential child care (RCC) in Scotland. Identity formation is one of the primary psychological tasks of adolescence. Having a positive sense of self is closely related to feelings of belonging, a sense of agency and self-esteem. But the physiological, cognitive and social changes that occur during this period can make self and identity development particularly challenging. In Scotland, most young people in residential child care (RCC) are teenagers, many with complex, high levels of need relating to experiences of abuse or neglect prior to being moved into care. In recent history, discourses around RCC have been negative, with an ideological preference for family-based care and historical abuse scandals contributing to its perception as a care placement of last resort, despite research that suggests it can benefit young people. Care practices that focused on child protection prevailed in a political culture that sought to manage children, reduce short term risk and improve measurable outcomes. Relationships, the core of care, became a secondary concern.

Within this context, young people in RCC undertook the task of self and identity development, a process further complicated by the disconnection from family and home that the move into care entails.

Despite these unique and complicating factors, there is a relative lack of research into how young people in RCC develop identities and coherent selves. Taking a narrative inquiry approach and drawing broadly on sociological and philosophical literature, I sought the views of 13 children and young adults to better understand the ways in which their senses of self and identities presented and evolved over time.

Findings were structured under two key headings: 'Journey to myself' and 'Managing myself, making family and the search to belong'. The first of these describes the finding that young people's experiences prior to care, within care and beyond can be made sense of in terms of an increasing understanding of, or journey to themselves. Relationships with at least one key person, most often an adult in the RCC home or school, were instrumental in helping young people make sense of

who they were, who they are, and who they might become. Being supported to help make sense of missing parts of young people's stories was an apparent prerequisite to a positive, securer sense of self. Second, the residential care experience, and sometimes school and leisure activities could provide rich opportunity for self-development. Third, self-development was supported by creating opportunities for resignification through enabling young people to explore new, more salient identities that helped them develop a positive self-image. Fourth, young people demonstrated that they managed other socially imposed social identities such as their place of birth or care identity, but whilst this was complex, it was for some important to a coherent sense of self. Fifth, RCC homes, and sometimes schools, were able to create the conditions for social recognition (Honneth, 1995), a pre-requisite to the development of autonomy and self-realisation that enabled young people to be both participants in and active contributors to their communities.

The study makes both empirical and theoretical contributions to knowledge. Young people in RCC were active agents in the creation of extended communities and networks of support, drawing on concepts of the family and home to create a sense of belonging that lasted beyond care. Securer senses of self-emerged from the feeling of connection to these family-like networks and the wider community. The sense of agency in the building of these networks was an important feature of the process and has implications for RCC practice with regard to ways this might be respected. Second, trusting, caring and reciprocal relationships with key adults that lasted beyond care were the primary conduit for the development of an enduring positive and coherent sense of self. Character role models were shown to be the preserve of adults and in relation to these individuals, the most significant self- development took place. This suggests the importance of character in conceptions of professional identities of those working with RCC experienced young people. Third, the work of Beauvoir is helpful in illuminating the experiences of childhood and that her philosophical thinking complements earlier sociologically informed studies that illustrate how RCC might create the conditions for childhood and positive identity development. The day-to-day rhythms and rituals of residential care created a sense of warmth and home that made young people feel wanted. Here, Beauvoir's account of childhood freedom as synonymous with irresponsibility might explain why some young people had such positive experiences of RCC; it responded to their deep existential need to be free from the moral responsibilities of

life, to which many have been introduced too early. Linking Beauvoir's ethics to child social care represents a new way to conceive of aspects of residential child care. With its focus on freedom, it may offer a less pathological and deterministic view of the agency of young people in care than that found in more conventional approaches, such as attachment theory. Fourth, in making the case for the inescapability of ambiguity (Beauvoir, 2018), this finding supports practice that conceives care giving as inherently context bound, complex and relational. In leaning into this complexity, or to use Beauvoir's term, 'facticity', the approach lends further credibility to practices that foreground moral and practical elements of care, where the arena is the everyday lives of young people. Social pedagogical orientations, Child and Youth Care Practice (CYCP) approaches and practice guided by care ethics, for example, are consistent with this theorisation. Finally, young peoples' journey to self-understanding was one that broadly moved from one that was self-regarding to one that was more compassionate and self and other-regarding. Young people, through being cared for, became carers to others. For some this was reflected in their educational and employment choices post-care. This has implications for how RCC experienced children and young people are perceived and the opportunities for re-signification that might be provided for them. Reflecting care ethics perspectives, participants were as much carers as they were cared for and claimed this identity, often proudly, in young adulthood.

Key words: Self, identity, residential child care, agency, childhood, Beauvoir, Honneth, relationships, belonging

Dedication and Acknowledgements

My first acknowledgments and thanks go to the young people who took part in this study, without whom I would have no thesis and from whom I learnt so much. If they considered it odd that a stranger had such an interest in their lives they did not show it, responding to my questions with great patience and thought. Thank you too to those organisations and individuals who facilitated these meetings. To respect the confidentiality of participants they cannot be named here but I am indebted to their engagement and, as the old adage goes, they know who they are.

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Chapter One

Introduction

1. Rationale

This study sought to understand more about the process and consequences of self and identity development amongst a group of children and young people in Scotland. The participants in this research have spent much of their lives in residential child care (RCC), an experience that has the potential to significantly affect the universal human phenomenon of self-development. Baumeister notes that identity is closely related to a sense of belonging, agency and self-esteem (1986). The removal of children and young people from their family and home to live with unfamiliar people in an unfamiliar place represents a threat to each of these, and therefore to the sense of who they are (Neagu & Sebba, 2019). Though identity formation spans a lifetime, the physiological, cognitive and social changes that occur during adolescence can make self and identity development particularly challenging (Erikson, 1968; Marcia, 1980, McMurray et. al. 2011). Identity development can therefore be seen as one of the primary psychological tasks of adolescence (Marshall et. al., 2020). Where pre-care experiences have been poor, through lack of care and nurture, or the experience of abuse, young people may have negative internal working models of themselves (Fonagy & Target, 1997) that if left unaddressed can have a lifelong impact, making positive identity formation an even greater struggle (Dixon, 2008, Driscoll, 2013; Guest, 2012; Hiles et.al, 2013; Madigan et, al., 2013). Stein's observation that care experienced children's development is "both accelerated and compressed" due to the need for them to assume greater levels of independence during and after care further impacts on identity formation (McMurray et. al. 2011). Despite the importance of self and identity development to all young people, there is a relative lack of research into how young people in RCC develop identities and coherent selves (Marshall, 2020). Given the uniqueness of RCC in providing group care for children and young people with complex, high levels of need, this is a curious position.

In this introduction I have drawn on the relatively small amount of literature that has considered this issue (expanded on in the next chapter) and it is to this body of knowledge that this thesis contributes. It seeks to understand how the discontinuities in relationships and the environment associated with the care experience (Ferguson,

2016) are made sense of by young people as they seek to develop a sense of themselves. In a field of literature largely dominated by attachment perspectives (Ferguson, 2018) I draw mostly, but not exclusively, on sociological (Mead, 1934; Blumer, 1969) and philosophical literature (Beauvoir, 2018; Honneth, 1995) to make a novel contribution to knowledge about the phenomenon of self and identity development amongst young people in RCC.

2. Biography

I was led to conducting this thesis by the curiosities that have accumulated through a 15-year career working with children and young people who found themselves, for a range of interrelated and complex reasons, marginalised from society. The young people at various points in their life journeys were characterised, at least for the purposes of the ways in which I have been employed to work with them, by their not having been integrated into their wider community. The contributing and interconnected reasons for this included poverty, lack of appropriate educational and employment opportunities, involvement in the criminal justice system or being in care of the local authority. Often these challenges were exacerbated by factors such as disrupted education and poor academic performance, unemployment, having a learning disability, mental health diagnosis, or having English as their second language.

More recently, through the development and leadership of a school for students excluded from mainstream education, I worked with those who found themselves, or their siblings, in the care of the local authority. At the point of entering care, and indeed at points beforehand, the totality of society's institutions and services converged to intervene at a moment of family and personal crisis and thereafter, the primary care providing responsibility for the upbringing of a child was devolved to these institutions. At these crucial points, a team of people largely unknown to the child, would emerge to make decisions about what was in the 'child's best interests'. Often, the school, and the relationships within, was the only stable feature of the children's lives, and their already disrupted educational experiences were going to be further altered even more profoundly by removal from their family. The tragedy was further compounded by the requirement for many to be placed 'out-of borough' due to lack of available accommodation in their local area.

Within the school, I had a sense that the relational approach, personalised pedagogy and pastoral care we offered engendered something approaching a therapeutic milieu, in which young people could begin to build self-esteem and start to succeed educationally. At the points when this was threatened, either by influences outside of school, or at its most extreme, a move into care, I had the recurring reflection of what it might be like if we could spend time, beyond, 3pm with these children, to build on this work and perhaps continue to see them develop. It was this rather whimsical thought that grew into an interest in RCC.

The journey towards this was driven by two main curiosities. The first was, what are the features of support that most enabled the most marginalised children and young people to flourish; what are the conditions for growth? Second, how are disruptive and presumably discombobulating events, such as moving into care, experienced by the children themselves; amongst other questions, did they feel that the things happening to them were in their best interests? The answer to these might support or contest the assumptions made about what is best for children in care and point towards what might be lacking in our approach, or to what is being done well. At this point, my guess was that there might be something to learn from RCC practices that could resonate with those educating groups of young people who had also experienced significant disruptions in their lives. Once I began the research process, these interests expanded into the potential of the residential milieu and its capacity to support human growth through relationships and daily life activities. Inspired in part by Trieschman et. al's *The Other 23 Hours* (1969) and Henry Maier's *The Core of Care* (1979) my focus then moved towards young people living in residential settings. Here, there seemed to be possibility of the education, or upbringing of the whole child, an appealing prospect in relation to my professional experience in schools which despite the practical limitations, was something I aspired to do.

3. Formulating the Inquiry

It was clear that to begin to answer some of these questions I would need to gain the perspectives of young people themselves. Another main consideration was identifying a theoretical lens that in some way accounted for and connected the individual experiences of participants to the wider environment in which they lived. Sociological perspectives provided a bridge between the micro and the macro; between the world of the individual to their immediate environment and the broader

societal structures in which they operate (Fine, 1993; Musolf, 2003). Further reading in this area led me to Mead's account of the Self in relation to Society (1934) and from there to the rich theoretical literature on symbolic interactionism (SI) (Blumer, 1969; Fine, 1984;1992; Gecas, 1982; Reynolds, 2003; Stets & Burke 2003). The latter, explored more fully in the next chapter provided a theoretical approach that, amongst other things suggested the importance of the development of self in relation to the social world. By this account, interactions with others, and perceptions of how others see us are instrumental to the development of self and identities (Stets & Burke, 2003). The development of self is therefore inextricably linked to relationships with others. This resonated with the empirical literature relating to young people in RCC which demonstrated the centrality of relationships to a range of positive outcomes (Cameron & Das, 2019; Emond et. al., 2016; Holden & Sellers, 2019; Mcleod et. al, 2021; McMurray et. al., 2011). In addition, a body of educational research with young people, and some social care studies, including Anglin's classic study of residential child care (Anglin, 2002) had successfully employed SI as a theoretical lens. As will be shown in chapter three, this approach aligned with my constructivist ontological and epistemological orientation and provided a route towards a methodology for my study.

To incorporate the breadth of experiences of young people and to make sense of how these might change over time, the following broad question guided the review of literature and the development of the methodology: How do children and young people in residential child care understand themselves, and in what way (if any), is their sense of self shaped by their position as a child or young person in care? This formulation went through a number of iterations and evolved into three more specific questions that guided the methodology and research design (see chapter three).

4. Providing Context

4.1 Residential child care (RCC) in Scotland

In Scotland, the term 'looked after children' refers to those who are looked after by the local authority, sometimes referred to as the 'corporate parent' (Children (Scotland) Act 1995). In 2020, there were 14,458 looked after children in Scotland (Children and Young People's Centre for Justice, 2022), 1,440 of whom were in residential child care, representing a fraction under 10% of the total care population (Scottish Social Services Council, 2022). The term 'residential care for children'

incorporates residential homes or schools, and secure accommodation (Care Inspectorate, 2019). The secure estate in Scotland provides a total of 84 beds for children who are considered to be either a significant risk to themselves or others (CYCJ, 2022). Here, children's freedom is restricted and reflecting the welfare aims of secure care, intensive programmes of treatment and rehabilitation are provided along with access to education. Whilst a number of the participants in this study had spent time in secure accommodation (and other forms of care) the commonality for all was that they had spent the majority of their care experience in residential care homes. In Scotland, this is accommodation where young people live together, typically in groups of between two and nine with a team of staff that work on a shift basis and live elsewhere (Connelly & Milligan, 2012; Hill, 2009). Placements will be made to RCC through the child's hearing system or are sometimes made on a short term, emergency basis (The Scottish Government, 2017). Young people who move into RCC are typically in late childhood or adolescence and are some of the most vulnerable amongst the care population, having likely experienced neglect or emotional, physical or sexual abuse (Kendrick, 2014).

Despite research, reports and policy initiatives that highlight the benefits of RCC for some young people (Connelly & Milligan, 2012; Independent Care Review, 2020b; Kendrick, 2013; Skinner, 1992), RCC is still often perceived, with limited justification, as a care placement of last resort (Schofield et. al., 2017). In part this is due to the chequered history of RCC in Scotland. High profile historical abuse scandals that came to light in the 1990s (see Sen et. al., 2008) and from 2015, the ongoing Scottish Child Abuse Inquiry (The Scottish Government, 2015), marked a shift in the conception and aims of care from being welfare focused to one that predominantly aimed to protect the child (Smith, 2009). A consequence of this was the adoption of care policies and practices that promoted defensive practices and precluded, or at least disincentivised relationally led approaches, the core ingredient of good care (Corby et. al., 2001). As shown in the following section, the recent care review (2020b) calls for a radical re-appraisal of risk that focuses on the deleterious consequences of children not having such relationships. Another challenge for RCC was its diminutive status in relation to social work, which in the 1960s was professionalised and in the process, subsumed RCC within it. The hitherto socio- educational direction of the sector, set out in Kilbrandon's report (Kilbrandon Committee, 1964) but not realised in subsequent Scottish legislation, shifted social

care towards a clinical orientation and a structural perspective that was hostile to institutional care (Smith et. al., 2013). This ideology informed focused interventions on the individual and family, rather than exploring the potential of the residential milieu. The publication of The Children who Wait Report in 1973 (Rowe & Lambert, 1973) informed by the growing literature around attachment theory (Bowlby, 1951), bolstered the claim that family-based care was necessary to meet the needs of children (Smith et. al., 2013). The 1980s ushered in the application of neoliberal principles to the social care sector, where perceived inefficiencies could be swept away with private sector management regimes. Managerialist approaches venerated economy, efficiency and effectiveness, valuing target setting, measurable outcomes, personnel and budgetary management over practice knowledge (Smith, 2009). The autonomy and professionalism of social work was lost as social work became akin to business (Harris, 2002). The effect of this on the care of looked after children was noted by Rose (2010):

Short-term outcomes are the order of the day, with a requirement for focused pieces of work that can be added to the list of 'jobs done' and performance measures achieved. The rationale for much of this is shrouded in the perceived importance of evidence-based approaches and a reliance on quasi-scientific methodologies to justify short-term interventions that also, conveniently, meet the need for being cost effective (p. 1-2)

Of course the danger in this shift was that the child's fundamental need for care became a secondary priority (Halvorsen, 2009). In the 1990s, the 'Third Way' of New Labour focused on 'what works' leading to the introduction of standards, accompanying regulation and a continuation of target setting cultures. Whilst regulation brought some benefits, again, the practice of care was compromised by the bureaucratic burden of paperwork and reporting that staff had to engage with. Increasing regulation also risked obscuring the concept and purpose of care. Care was conceived of as a technical and legal endeavour to be evidenced through record keeping and reporting (Smith et. al., 2013).

Despite changing political winds and ideological preferences for family based care, RCC, whilst not as good as it could be, almost always leads to an improvement in children's personal and social situations (Forrester, 2008; Forrester et. al., 2009). Moreover, a focus on viewing it as bad for children might tend to restrict its use, and thus deny some of society's most vulnerable children the advantages it can provide

(Forrester et. al., 2009). Similarly, the persistently poor outcomes associated with children in care; loneliness, isolation, poor mental health, low educational levels, unemployment, poverty, drift and homelessness (Stein, 2005) might be contextualised within the broader social and economic issues surrounding a child's entrance into care (Smith, 2003). For example, in their large-scale study of educational attainment of children in care and those in social need, Sinclair et. al. (2020) found that poor attainment at 16 is most strongly predicted by attainment at age seven, before most of the young people had entered care. Care therefore, rather than being the perpetrator, can ameliorate the impact of social breakdown (Forrester et. al., 2009).

Nevertheless, a somewhat negative narrative prevails (Dallas-Childs & Henderson, 2020) and it is in part the effects of the deficit perspective implied by a focus on what children in RCC fail to achieve that I hope to discover in this study.

Next, I turn to the more recent policy context of RCC in Scotland.

4.2 Independent Care Review (ICR)

The publication of the Independent Care review (2020b) was an important moment in the history of child social care in Scotland. The process sought the input of 5,500 care experienced young people, their families and practitioners to provide a "Root and Branch Review of Care ... driven by those with experience of care" (2020b p.4.) The findings suggested a significant cultural shift was required to help the Scottish government achieve its aspiration to make Scotland the "best nation in the world to grow up" (Scottish Government, 2018 p. 74), concluding that the existing system "does not reflect the needs of Scotland's children or their journeys into adulthood" (ICR, 2020b p. 2). Central to the changes it called for was the need to foreground the facilitation and preservation of relationships in care-giving: "it is clear that Scotland must not aim to fix a broken system but set a higher collective ambition that enables loving, supportive and nurturing relationships as a basis on which to thrive" (p.6). Scotland needed to move from a care system that merely protected against harm to children, to one that protected "all safe, loving respectful relationships" (p.8). To accommodate this, "Scotland's focus and understanding of risk must shift to understand the risk of not having stable, loving, safe relationships" (p.8). RCC was shown to have particular advantages in achieving this relational aim:

“Residential Homes and Schools can be the right place for a children or young people, specifically those who would find the intensity of family settings overwhelming and prefer residential care for this reason as it can put fewer demands on them” (p. 79). It suggested that a cohesive set of values that uphold the rights of children should guide RCC practice; “those values must be therapeutic, recognising that children require thoughtful, supportive relationships as a basis on which to heal and develop as young adults” (p. 79). Therefore, whilst RCC provided a “unique opportunity for relationships to flourish” (p. 79) the obstacles, particularly during care and around transitions out of care, must be removed. One such barrier was the prevention of continuing friendships between RCC workers and young people once they had moved out of care.

The ICR’s positioning of relationships as central to good care requires a radical rethink of current services. In 2021, The Promise Scotland (n.d.), the organisation charged with providing oversight and support to ensure the core messages of The Promise (ICR, 2020b) are seen through in policy or legislative development, published ‘Plan 21-24’ (Plan 21-21, 2021). This set out a route map to meeting the aims outlined in The Promise, by detailing priorities for organisations working with children in care between 2021-2024. Two more route maps will be published after 2024 up until 2030, by when, it is hoped, that children’s social care in Scotland will have undergone the radical shift that places the promotion of positive relationships at its centre.

Other than providing support to this general principle, this thesis will also contribute, in particular, to two of the priority areas outlined in The Plan 21-24 (Plan 21-21, 2021). In it, 5 priorities are identified to enable the delivery of The Promise: Good childhood, whole family support, planning, supporting the workforce and building capacity. In exploring in some detail the nature of relationships between young people and their workers, I will say something about types of relationships young people value as well as the practitioner values that might inform good RCC practice. These are two key areas in the priority to support the workforce. The second priority area is the aim to give children the experience of a good childhood. As will be shown in this study, a reflection on the purpose of childhood and how care might create the conditions for this might give substance to this priority, beyond the established need for children to experience good relationships, support and a good education.

4.3 Roles, rights and responsibilities

The range of people involved in the life of a child in RCC and their responsibilities are set out in and underpinned by the Scottish government's policy framework, Getting it Right for Every Child (GIRFEC). This central framework threads through all policies, practice, strategy and legislation that effects children, young people and their families (Coles et al., 2016). In recognition of the multiple agencies likely to be working with a child in RCC, a Lead Professional is responsible for ensuring a number of elements are in place and are implemented. The first of these is a Child's Plan, a document that sets out additional support measures for a child that is shared with RCC providers at the point of entering care and follows the child, and is updated after each review throughout their care journey. It aims to capture too, the communications with all the partners involved in the plan with the aim that plans and reviews are integrated. The Lead Professional also maintains contact with the child's birth family and ensures that that the child is involved with and aware of any decisions being made. Assessment and planning is informed by the GIRFEC wellbeing indicators, a rights-based approach to promote children's wellbeing. These state that children and young people have the right to be safe, healthy, achieving, nurtured, active, respected, responsible and included (SHANARRI). Included in any Child's Plan must be how any outcomes identified ensure these criteria, including the point at which they transition to independence.

The Children and Young People (Scotland) Act 2014 sets out the role of the corporate parent, another key role in the lives of looked after children:

Corporate parenting ... refers to an organisation's performance of actions necessary to uphold the rights and secure the wellbeing of a looked after child or care leaver, and through which physical, emotional, spiritual, social and educational development is promoted, from infancy through to adulthood.

(The Scottish Government, 2015b)

Underpinned by the 1989 United Nations Convention on the Rights of the Child (UNCRC), these responsibilities encompass the collective roles and responsibilities of relevant public bodies including local authorities, the Care Inspectorate, health boards, Police Scotland, and post-16 education bodies, requiring them to be proactive in their efforts to promote positive outcomes for looked after children. This includes those living in RCC, as well as care leavers who were looked after when they turned 16, where responsibilities extend until they turn 26 (McGhee & Roesch-

Marsh, 2017). Corporate parents must promote the interests of the child, provide opportunities to promote their wellbeing, be alert to matters which adversely affect a child's wellbeing, assess the needs of a child for access to services and support, and take action to help a child access support and services.

Each organisation involved in corporate parenting is responsible for fulfilling these duties and ensuring that staff are informed of them and supported to fulfil them (Scottish Government, 2015b). It is hoped that through this young people will experience a host of positive outcomes relating to their education, employment, housing, health and relationships (CYCJ, 2022).

5. Clarification of Terms

Legislation relevant to children and young people in care in Scotland refers them as 'looked after children' (Looked After Children (Scotland) Regulations, 2009; Children and Young People (Scotland) Act, 2014; Children's Hearing (Scotland) Act, 2011). Looked after children are those who are placed into care through either voluntary arrangements or on a compulsory basis through the Children's Hearing System or a compulsory supervision order (CSO). Grounds for a CSO include issues relating to care and protection (85% of young people), or 'offence based behaviours' (SCRA, 2021). The term 'looked after children' might be helpful when referring to the collective group in relation to their legislative status, but as highlighted by the ICR (2020b) and elsewhere in literature that engaged with young people in care, the term is problematic. Its initialisation (LAC) feeds into a deficit narrative that young people are in some ways, missing something and in being 'looked after', a sense that they are being done to in some way, another means of 'othering' (ICR, 2020b). The preferred term is 'care experienced' and is one I shall use to mean any young person who is in care or who has spent time in care at any point in their life. Where I use 'looked after' it will be when it is necessary to indicate a legislative context.

The youngest of the participants in this study was 12 (almost 13), the oldest 27. I will therefore use the term 'young people' rather than 'children and young people' to refer collectively to those that took part. Reflecting the predominance of adolescents in RCC (Kendrick, 2014) I will also use this term to refer to the wider RCC population.

6. Chapter Outline

The aim of this thesis is to understand more about the process and consequences of self and identity development amongst young people in RCC in Scotland. To situate my study within the existing work in this area, chapter two provides a review of literature with the further aims of justifying my methodological choices, contextualising my data analysis and demonstrating how my findings contribute new knowledge to the literature around self and identity development amongst children in RCC. The chapter reviews four main bodies of literature, reflecting the methodological orientation of the research. The first of these are sociological accounts of self, self-concept and identity (Jenkins, 1996). I then review literature on symbolic interactionism, the theoretical lens for the methodology (Blumer, 1969; Mead, 1934). Next I consider two influential bodies of literature in RCC theorisation and practice; social pedagogy and Child & Youth Care Practice (CYCP). Finally, I review the empirical studies relating to care experienced young people's senses of self and identity.

In chapter three I present the methodology and research design. I start with a statement of the three research questions that guided the study, and locate it with the interpretivist paradigm (Blaikie, 2007; Denzin & Lincoln, 2011; Mertens, 2015). I then provide an account of the ways I have ensured reflexivity throughout the research process (Braun & Clarke, 2022) and reflect on my epistemological and ontological orientation. Next, I move onto the study's methodology, including an overview of narrative inquiry and narrative interviews. I then present my research strategy including gatekeeper engagement, participant recruitment and the interview process. Next, I show the ways that I analysed data, from initial coding, to the development of categories and themes (Braun & Clarke, 2022; Polkingthorne, 1995; Saldana, 2021). I then reflect on the ethical considerations related to this study and finish with an overview of how I have ensured trustworthiness and credibility (Guba & Lincoln, 1989; Lincoln & Guba, 1985).

In chapters four and five I present the findings under the headings, 'Journey to Myself' and 'Managing Myself, Making Family and the Search to Belong'. Here I have attempted to include and make prominent the participants' voices. As noted in chapter four, a methodological observation during the analysis phase related to the qualitatively different types of data provided by those who were in care, and those

who had left. Generally, some themes were more apparent, or at least expressed with a degree of greater clarity by the older group, who had the benefit of distance from their care experience and a higher level of developmental maturity. Some of these participants had also benefitted from a good level of support in, and beyond, care that enabled reflection on former experiences to make greater sense of them. The ability to re-appraise past behaviour is one example of this, where young people were able to identify reasons behind their actions rather than describing these and themselves simply as 'bad', as some of the younger participants did. This represented a clear step to greater self-understanding for the older individuals. Interestingly, such insights suggest that some of the stories related by in-care participants might be understood in terms of the early stages of self-discovery, providing another lens to make sense of the behaviours and emotions they described. Chapters four and five, therefore include the voices of all participants, but the prominence of some over others in certain categories reflects this differential in the types of response given. Where this occurs, it is for the sake of succinctness and clarity.

In chapter six, I present a discussion of the findings. Braun and Clarke's account of reflexive thematic analysis states that the analytic process continues into the writing up stage (2022). In the spirit of this, I introduce some philosophical literature to further interrogate and make sense of the findings (Beauvoir, 2018; Honneth, 1995). First, I consider the relational threads that pervade all young people's accounts and that prove to be central to all meaningful change and the development of a coherent sense of self. Second, I reflect on childhood, and consider the ways that RCC might provide experiences of this, as understood in relation to Simone de Beauvoir's account of childhood in *Ethics of Ambiguity* (2018). Third, I consider the tension that is created between the attempts of carers to create childhoods, including acts of care and love, and the desire of young people to express agency. Finally, I present the ways that young people create different identities and tell new stories about themselves. Young people are shown to develop extended communities and networks of support, drawing on the concepts and their experiences of home and family, to create a sense of belonging that lasted beyond care.

In the final chapter I conclude with a summary of findings and the contributions to knowledge that this study makes. I then consider some of the study's limitations

along with recommendations for policy, practice and further research. I finish with a brief reflection on the research process.

7. Knowledge Claims

This following section summarises the new empirical and theoretical contributions to knowledge that this research makes. First, the findings show that young people in RCC were active agents in the creation of extended communities and networks of support, drawing on concepts of the family and home to create a sense of belonging that lasts beyond care. Second, trusting, caring and reciprocal relationships with key adults that lasted beyond care were the primary conduit for the development of an enduring positive and coherent sense of self. Relationships with peers were important but mostly secondary to this process. Third, Simone de Beauvoir's ethics is helpful in illuminating the experiences of childhood, and her philosophical thinking complements earlier sociologically informed studies that point to how RCC might create the conditions for childhood and positive identity development (Brown et. al., 2018; Emond, 2003; 2004; Sindi & Strompl, 2019). Fourth, young peoples' journey to self-understanding was one that broadly moved from one that was self-regarding to one that was more compassionate and self and other-regarding. Young people, through being cared for, became carers to others. For some this was reflected in their educational and employment choices post-care. Finally, linking Beauvoir's ethics to child social care represents a new way to conceive of aspects of residential child care. With its focus on freedom, it may offer a less pathological and deterministic view of the agency of young people in care than that found in more conventional approaches, such as attachment theory (see Smith et. al., 2017 for a critique of attachment theory in relation to children in care). The need to exhibit agency, in all its forms, can be understood as the expression of a deep existential need to be free from the moral responsibilities of life, to which many have been introduced too early. Additionally, I make the case that Beauvoir's concept of ethical ambiguity is inescapable. This finding supports practice that conceives care giving as inherently context bound, complex and relational. In leaning into this complexity, or to use Beauvoir's term, 'facticity', this approach lends further credibility to practices that foreground moral and practical elements of care, where the arena is the everyday lives of young people. Social pedagogical orientations, CYCP approaches and practice guided by care ethics, for example, are consistent with this theorisation.

8. Personal Reflexivity

As will be shown in chapter three, this is a piece of qualitative research guided by principles of reflexivity. Reflexive approaches to social research acknowledge the orientation of the researcher as shaped by their socio-historical location, their values and interests (Hammersely & Atkinson, 1995). We operate as part of, rather than detached from the social world we investigate. Thinking reflexively is the process of reflecting critically on the self as researcher; a conscious experiencing of the self as both inquirer and respondent (Guba & Lincoln, 1981; Lincoln et. al. 2018). In the research context this involves making oneself present through ongoing scrutiny of the “role of the beliefs and values held ... in the selection of research methodology for the generation of knowledge and its production as a research account” (Hellowell, 2006 p483). I, along with the participants, am the co-creator of knowledge (Charmaz, 2014). In chapter three, I explore what this means at a functional level; how the methods and other aspects shaped the research and knowledge produced (Braun & Clarke, 2022) Here, I give a brief account of myself to present personal reflexivity; how my values might have shaped the research and knowledge produced (Braun & Clarke, 2022). The biography above shows the story that led to my approach to this study. Here, I note my social status as a white, middle-class professional, with a career working with children and young people in youth work and education settings, in roles including tutor, teacher, youth worker, charity manager and head of school, all in inner-city London. My career was driven by a commitment to the advancement of the interests of marginalised groups, reflected broadly in a political affiliation to social democratic principles. The degree to which these facts and values have informed my approach is in part for the reader to decide. The keeping of a reflexive journal was one way to consider how my positionality might have affected aspects of the research approach but it is the nature of such things, embedded as they are in our subjectivities, that some of the impact of this might be elusive to me but apparent to others.

In the following chapter, I present a review of literature pertinent to this study.

Chapter Two

Literature review

1. Introduction

The aim of this research is to contribute to a small but growing body of literature that seeks to understand the ways young people in care see and describe themselves and their identities (Emond, 2014; Marshall et. al. 2020; McMurray et. Al. 2011; Moss, 2009; Neagu and Sebba, 2019; Woodward, 2004). As indicated in the Introduction, the focus is on the experiences of young people in residential child care and their senses of self. I use a broadly sociological and philosophical lens to investigate this phenomenon and, in the following section, provide justification for this approach in a field dominated by attachment perspectives (Ferguson, 2018). As such, the conceptual framework developed for this study drew on literature that met the following criteria:

- Sociological accounts of self, self-concept and identity;
- Theoretical literature on symbolic interactionism;
- Literature from social pedagogical and Child and Young Care Practice (CYCP) orientations;
- Empirical studies relating to the study of self and identity amongst young people in care, including residential child care.

The aim in this chapter is to provide an account of the literature that points to and justifies my methodological choices, contextualises my data analysis and demonstrates how my findings contribute new knowledge to the literature around self and identity development amongst children in residential child care.

2. Sociological Accounts of Self and Identity

Sociological and social psychological accounts of the self posit the process of identity construction as inherently meaning making, through being shared, or done in negotiation, with another party (Jenkins, 1996). Identity-making, on this understanding, is therefore a social process. Social in that it is created in conjunction with others, involving commitment to social categories (Hearn, 2012), and processual in that it is something becoming and continually evolving (Mead,

1934; Jenkins, 1996). Jenkins' observation that the study of (social) identity is the best device for "bringing together 'public issues' and 'private troubles'" (p. 3) is highly pertinent to this study: senses of self, in being dynamically constructed with one another, are at the same time private and public. The presentation of self will reveal something both of the individual, and the society or environment in which they operate, as well as its constraints. As Mead suggests, we cannot see ourselves without also seeing ourselves as other people see us (1934). And society, as will be shown in the next section, is essentially an extension of this theory of identification (Jenkins, 1996).

This sociological perspective therefore gives an account of both the individual (the micro) in which this study takes part, but also reveals something of the societal structures (the macro) in which and through which their senses of self have evolved (Fine, 1993; Maines, 1977; Musolf, 2003). The act of being taken into care is, it is presumed, a significant disruption, or at the very least a complicating factor, in a young person's developing sense of who they are. The extent to which the subsequent care, and other experiences influence this from then on is the focus of this study. As will be shown in the following account of symbolic interactionism (SI), the chosen theoretical lens for this study, by focusing on the micro experiences of young people we also gain a sense of the macro systems which impact on that developing self. Whilst my focus is on the presentations of self (Goffman, 1959) of individuals rather than the environments and societies in which they lived, this theoretical orientation necessarily implies a bi-directional relationship between the two, allowing for consideration of how the local environment and socio-political landscapes may have shaped their sense of self, and vice-versa.

2.1 Symbolic interactionism – Mind, Self and Society

Symbolic interactionism (SI) is a distinctive approach to understanding human lives and conduct. Symbolic interactionists view people as actors involved in the shaping of their worlds (Blumer, 1969), rather than being merely subjects that are acted upon by society (Herman & Reynolds, 1994). George Herbert Mead's seminal work, *Mind, Self and Society* (Mead, 1934) is widely agreed to be the earliest and most comprehensive starting point for this sociological perspective (Meltzer, 2003), with Charles Horton Cooley (1902) and William Isaac Thomas and Dorothy Thomas (1928) providing important conceptualisations that Mead enlists and develops in his

work (Reynolds, 2003). Mead's broad enterprise was to translate pragmatist philosophy into a theory and method for the social sciences (Sandstrom et al., 2001). Dewey was a significant influence and the book develops a profoundly sociological account of human consciousness, selfhood and behaviour. The title of Mead's book provides the headings under which Mead explores these key phenomena and how they interrelate to provide an account of human behaviour. Mead posits the self as emerging out of the mind, the mind as arising and developing out of social interaction, and patterned social interaction as forming the basis of social structure (Stets and Burke 2003; Mead, 1934). Meltzer points out that a more accurate title reflecting the more natural, logical order of Mead's thinking would be 'Society, Self and Mind' (Meltzer, 1964, p.18) for, as Reynolds puts it "the entire spectrum of truly human life unfolds in the process of human association ... The collective, be it society or group, always precedes the person's arrival, and it always survives the person's departure" (Reynolds, 2003, p. 69). Meltzer's corrective points to Mead's broader theme that both the mind and self arise from societal interaction.

2.1.1 Mind

The Mind, simply put, is the "thinking part of the self" (Stets & Burke, 2003, p.4). It is the largely concealed activity, where a person attributes meaning to themselves and others through language, the communicator of symbolic meanings. Mind then emerges through social interaction, as an organiser of responses that enables an individual to make continuous adjustments to their environment (Reynolds, 2003). When one is mentally contemplating alternative courses of subsequent action, assessing the future consequence of present behaviour in terms of past experience, then mind is present (Reynolds 1993, p. 64). This process is made possible through communication. An infant's gestures come to be favourably viewed by those with whom she interacts, and before long certain gestures have common meanings for both of them (Reynolds, 2003).

Mead's fundamental position is that both the mind and the self emerge from an individual's interaction with the world (Mead, 1934). Mead calls these conventional gestures, and through these a child learns the meanings and definitions of a group, the ability to take the role of others and to think. As this process becomes more practised and sophisticated and when an individual is able to employ significant

symbols to name in oneself the same response that would be made by others, the individual is engaging in minded behaviour.

2.1.2 Self

Mead's fundamental position is that self (and mind) emerge from an individual's interaction with the world:

[A social individual] becomes a self in so far as he can take the attitude of another and act toward himself as others act. In so far as the conversation of gestures can become part of the conduct in the direction and control of experience, then a self can arise. It is the social process of influencing others in a social act and then taking the attitude of the others aroused by the stimulus, and then reacting in turn to this response, which constitutes a self

(Mead, 1934: 171)

The hallmark of this process – of selfhood – is reflexivity (Stets & Burke, 2003). The self is that which is both a subject and an object to itself (Weighart & Gecas, 2003). Humans have the capacity to reflect back on themselves taking themselves as objects, to evaluate themselves, to plan to bring about future states, to achieve consciousness of their own existence. Humans then, are processual entities, engaged in the ongoing process of formulating and reflecting.

The essence of self, as we have said, is cognitive: it lies in the internalised conversation of gestures which constitutes thinking, or in terms of which thought or reflection proceeds. And hence the origin and foundations of the self, like those of thinking, are social.

(Mead, 1934: 173)

2.1.3 'I' and 'Me'

Mead distinguishes between the 'I' (as the knower) and the social 'Me' (as the known) to elucidate the phenomenon of self as both subject and object to itself. Self-awareness differentiates human experience from other forms of self-knowing in that it makes plausible the experience of self as knower reflecting on self as known (Weighart & Gecas, 2003). "I" is aware of both of "I" in action and of "I" defined as "Me" (Weighart & Gecas, 2003: 267). The 'I' is perhaps best, and simply understood as the response of the organism to social interaction. It is the unorganised, undirected, uncertain and therefore unpredictable element of human experience. It represents a persons' spontaneous or impulsive tendencies (Reynolds, 2003: 75). 'The self is aware of "I" as the responsive aspect of self in the presentness of self-

experience' (Weighart & Gecas, 2003, p. 267). The "I", as subject of experience remains elusive to the self, as once "I" becomes an object of reflection, it becomes "me", the object of experience. This aspect of self, where self becomes object, constitutes the process that enables awareness, consciousness, reflection and self-evaluation and differentiates self from other objects. "Me" then, refers to my internalisation of how I think others see me (Joas, 2001).

Selves are thus characterised as dualities of subject-object, knower-known and agent-responder. Importantly, the responses of the self as an object to itself come from the points of view of others with whom one interacts. An individual takes the role of the other and sees themselves from their perspective, their responses come to be like others' responses and the meaning of their sense of self becomes a shared meaning:

The self is, thus, both individual and social in character. It works to control meanings to sustain itself, but many of those meanings, including the meanings of self, are shared and form the basis of interaction with others and ultimately social structure.

(Stets & Burke, 2003, p. 2).

Minds and selves are therefore social products. In social interaction, the self ("I" and "me") and the mind, through a process of reflexivity, interpretation of symbols, and taking the role of the other, emerge. And it is social interaction between individuals that forms the basis of social structure. (Stets & Burke, 2003; Mead, 1934).

2.1.4 Society

Blumer argues that any definition of human society must consider how "human beings, individually and collectively, act in society" (1969, p. 89). Mead's account of human selves, and the multiplicity of possible reactions to different combinations of behaviours in social interactions points to a more dynamic view of society, one in which humans have substantial powers of agency (Katovich and Maines, 2003). Society is possible because humans cooperate. Cooperative behaviour is possible because humans have the ability to take the role of the other. They can mentally place themselves in the position of the other (Reynolds, 2003). "Group action is made up of individuals fitting their separate acts together; joint action is the result of the constructive action of persons fitting their constructs together" (Reynolds, 2003, p. 69). Here, individual conduct is understood as an appreciation of how one is

supposed to behave in a context, not that one needs to conform to this in every situation. Human interactions and associations are then not biologically pre-ordained, rather they are rooted in an individual's understanding of how she should behave (Reynolds, 2003) based on accumulated, and evaluated social experiences.

The group organisation affects very profoundly one's whole organic make-up, feelings, memory, and physiological functions ... It is in adjusting ourselves as part of a functioning organisation that we develop our thoughts and behaviour.
(Mead n.d. cited in Reynolds, 2003)

2.2 Self, self-concept and its contents

Mead (1934), and later Herbert Blumer (1969), provided a conceptual framework from which a rich vein of sociological thought developed. Broadly, this literature moved from concerns with the nature of the self, to the content of the self and the ways in which it was presented in the world. The shared assumption of most significance amongst these studies is that the self emerges out of the mind through social interaction and that patterned social interaction is the basis of social structure. With the self emerging viewed as a process, much literature has been concerned with the content and function of selves. Some of the literature most pertinent to this enquiry will be explored in the following sections.

It is necessary to distinguish between self-understood as the reflexive phenomenon that develops in social intercourse based on the character of human language, and self-concept. The self-concept is a product of this reflexive activity as well as a social force (Gecas, 1982, Kaplan, 1986, Rosenberg, 1981). "It is the concept the individual has of himself as a physical, social, and spiritual or moral being" (Gecas, 1982, p. 3). As humans point out who they are to themselves and others, they develop a concept of who they are (Stets & Burke, 2003). The self-concept is the content and structure that arises from this dialectic process. Rosenberg defines self-concept as "the totality of an individual's thoughts and feelings having reference to himself as an object" (1979, p. 7). More specifically, Turner says "typically my self-conception is a vague but vitally felt idea of what I am like in my best moments, of what I am striving toward and have some encouragement to believe I can achieve, or of what I can do when the situation supplies incentives for unqualified effort" (1968, p. 98). In all these variants with varying emphases, the self-concept can be seen as the accumulated content of the reflexive self engaging with the world.

2.2.1 Identity and self-evaluation

Sociologists and social psychologists have considered numerous dimensions to the self-concept (Gordon, 1968; Rosenberg, 1979) but a broad distinction is useful for current purposes. That between the content of self-conceptions (e.g., identities) and self-evaluation (e.g., self-esteem) (Gecas, 1982). Identity focuses on the meanings comprising the self, provides structure and content to self-concept, and anchors the self to social systems. Self-esteem relates to the evaluative and emotional aspects of the self-concept (Gecas, 1982). Of course, in human experience these two are closely interrelated; identities usually have some evaluative component and self-evaluations are typically based on substantive aspects of self-concept. However, as Gecas notes, these two dimensions have given way to largely different literatures¹ that may be broadly characterised by research from a social psychological perspective and that from a sociological perspective (1982). The main reason for this bifurcation is the pre-eminence given by some to the motivational significance of self-esteem in the self-concept constructing process. Others have given prominence to identity based on the assumption that understanding identities unlocks the contents of the self-concept. Research into the former has broadly been the domain of social psychology. The sociological literature, operating through a symbolic interactionist lens, has looked more closely at identities, as the contents of self-concepts (Gecas, 1982). Here, the content and organisation of self-concepts are understood to reflect the content and organisation of society. Rosenberg and Gecas, representing the sociological thrust, urges self-concept researchers to go beyond self-esteem towards identity, towards “that vast domain of meanings attached to the self and comprising the content and organisation of self-concepts” (Gecas, 1982, p. 10; Rosenberg, 1979).

I do not wish to make too much of these distinctions. They are noteworthy, but for the purposes of my study serve to show why the self-concept provides a point of focus for my empirical investigation. In practice, self-esteem and identities are intertwined. My research does not seek to prove or disprove any of these theories, rather it seeks to use this sociological understanding of self-concept as a framework

¹ **Self-esteem, evaluative aspects of self and identities** (Franks & Marolla, 1976; Gecas, 1971; Hales, 1980; Rokeach, 1979; Rosenberg, 1965; Shibutani, 1961; Smith, 1978; Vallacher, 1980; Wells & Marwell 1976; Whyllie, 1974; 1979)

through which to attempt to understand how children and young people who have spent time residential care interpret and make sense of themselves and their world. Exploring this through the theoretical lens of self-concept affords a multi-dimensional understanding of individuals. Exploring self-concept necessarily entails an exposition of meaning (Stets & Burke, 2003); of the things, people, experiences and places that the individual references in the social world that have contributed to their self-construct. And understanding the types of meanings, interpretations and evaluations individuals attach to these phenomena will provide insight into the way in which they have engaged, may engage or do engage with the world.

I now turn to key elements of SI that have particular relevance to this study, followed by a brief exploration of secondary literature derived from its core ideas.

2.3 Agency

Implicit in symbolic interactionist accounts is a particular account of agency. Human behaviour is embedded in, and emerges through, social interaction (Musolf, 2003). People are both producers as well as produced, influencers as well as influenced and whilst social and structural constraints are very real and can severely limit life chances, social action is “volitional, purposeful, and meaningful” (Musolf, p.3). The ability of the individual to construct and influence social ‘reality’ and the structural constraints on this process; the balance between structure and agency, is at the heart of the perspective. The relationship between the two provides an account of what is possible within a social order, as Musolf puts it; “structure and agency encompass the dialectic between social reproduction (stability) and social transformation (change)” (2003, p. 8).

Critiques of this account have historically focused on the lack of attention to the structural forces that curtail agentic behaviour; organisational environments and socio-political forces that significantly constrain or remove an individual’s ability to construct or influence social reality (Musolf, 2016). Yet many of these criticisms are based on an exaggerated interpretation of the SI position on agency; the mistaken belief that interactionists argue that *all* action is possible (Fine, 1992). On the contrary, whilst social reality is constructed with regard to the meanings individuals assign to material objects, there is an unyielding character of situations, things and action that affect the creation of meaning. As Fine expands:

The definition of the situation - a core element of agency - suggests the individual's power to remake the world can have effects, but that there is an obdurate and consequential reality that surrounds it that is based on environmental contingencies ... unanswerable action from those with whom one is not in negotiation ... and relations of power and authority ... The obdurate character of the world is both physical and social.

(Fine, 1992, p. 93)

The concepts of constraint; the limits on the choices of agents, and negotiation; the space within systems that agents can exercise will, provide the framework for SI accounts of how structure and agency interrelate (Fine, 1984; Fine, 1992; Maines, 1982; Strauss, 1978). They operate in a state of tension, with the relationship in a given situation determining how likely agentic change can occur. Constraints such as power, class and patriarchy can therefore only be understood within the circumstances within which they are expressed (Sandstrom and Fine, 2003). Importantly, within these tensions, there is always the existence of behavioural possibility, while simultaneously recognising the reality of institutional power. As will be shown in the Discussion (chapter six.), when applied to the Findings from this study, Simone de Beauvoir's account of freedom, childhood and ambiguity (2018) enriches these SI accounts of agency and power. In particular, it offers clarity in the conceptualisation of the tension between young people's agency and the constraints of care, and points towards practice that engages with, rather than seeks to eliminate these tensions.

The challenge for SI has been to depict these constraints and negotiations and assess how they affect the social order, both with regard to the actions of individuals, and groups, including classes, status groups and institutions (Fields et. al, 2006; Fine, 1992; Sandstrom and Fine, 2003). Underlying these accounts of agency is the view that humans, as creators of societal structures, also have the capacity to alter them (Musolf, 2003). As Foucault argues, where there is power, there is resistance (1979).

2.3.1 Agency and developing identities

With respect to an individual's developing sense of self, there is an assumption in this orientation (see Barth, 1981 & Goffman, 1959) that individuals are active in their pursuit of identities in an effort, as Jenkins put it "to 'be' – and 'to be seen to be' – 'something' or 'somebody'" (1996, p.220). Making self is a process of negotiation

with others, within the constraints as defined by the particularity of the situation, with the individual situated as both the subject (the negotiator) and the object of the process. Identity formation is, as Gecas puts it, “situated, emergent, reciprocal and negotiated” (1982, p14). This alludes to the idea of reflected appraisal, a concept synonymous with the SI perspective and described famously by Cooley (1902) as the “looking glass self”. Here, individuals come to see themselves as they think others see them, especially significant others (Weigert & Gecas, 2003). The idea is particularly important to this study’s methodology (see chapter three): How young people see themselves is tied implicitly to how they perceive themselves through the eyes of significant others. Key relationships, to individuals and groups, are therefore central to senses of self and identity.

The degree to which individuals enact identities is related to the degree that identity is verified by significant others. Stryker (2008) refers to this idea as identity salience. This is a process whereby the adoption of an identity, amongst many possible identities relating to the different roles an individual occupies in different social groups, is dependent on the salience of that identity to that context and the positive response of others (Macleod et. al. 2021). Here, individuals are engaged in “role making” which is the agentic, dynamic process of individuals taking on (or rejecting) the reflected appraisals of others in the formation of their identities (Meltzer and Petra, 1972). The more positive the response is from significant others, the higher the likelihood is of that identity being enacted, creating a salience hierarchy (Brenner et al., 2014). The higher an identity is in that hierarchy, the greater the likelihood individuals will seek out situations in which that identity can be enacted, as well as commit to the social structures in which they have happened (Macleod et. al. 2021; Turner, 2013). In the Discussion chapter (chapter six), I expand on the concept of role-taking by considering how the idea of character role models (Johnson et. al., 2016) provides an account of the types of relationships that young people seek to provide templates for who they might become.

Next I turn to a body of literature, emerging in the 1950s, that explored how SI principles applied to situations where individuals identified with and sought allegiance to identity roles that were outside of societal norms (Herman-Kinney, 2003). The following provides an overview of some this literature and explains how it is pertinent to this study.

2.4 Marginalisation, deviance and labelling

Many young people in care have led tumultuous lives with fewer experiences that would likely affirm a positive self-concept. They tend to be marginalised from society, from their families and therefore lack a sense of belonging to mainstream societal groups (Wacquant, 1998). The reference groups from which their sense of selves emerge will doubtlessly be diverse and in many instances are likely to reflect this marginalisation (Sykes and Matza, 1957). The labels provided to them by others will have contributed to this isolation. Becker's account of the ease with which 'outsiders' who deviate from society's norms enter into deviant groups and develop their own subcultures will be instructive in interpreting behaviour through accounts of the self: "When a person makes a definite move into a deviant group it has a powerful impact on his conception of himself" (Becker, 1963, p. 37).

The individual who commits an act of deviance quickly graduates to the master status of 'deviant' before all else from the perspective of the society that defines the norms and customs against which the individual has acted. This is not to say that young people, by virtue of being in care, and by definition belonging to a marginalised group, will follow this trajectory. This would imply a restrictive, deterministic essentialism. Yet empirical evidence suggests that many marginalised groups seek alternative ways of defining themselves that give to way behaviours that conflict with the expectations and norms of society (Wacquant, 1998). What Becker, Mead, Blumer and others demonstrate is that the identities of people are at least significantly shaped by the interactions they have with others and the meanings they ascribe to these interactions, and that these interpretations will be reflected back in some way to the world. As Becker says; "treating a person as though he were generally, rather than specifically, deviant produces a self-fulfilling prophecy" (Becker, 1963, p. 79).

In the case of those in care, we can imagine substituting 'deviant' in Becker's quote with 'criminal', 'excluded', 'thick', 'idiot', 'vulnerable', 'naughty', 'bad', 'NEET'², 'looked after' and any number of the vernacular descriptors used by peers and professionals in contact with these groups to see how complex is the self that emerges. What social and symbolic relations are sought to counter the marginalisation derived from

² Not in education, employment or training

these experiences? (Wacquant, 1998; Winlow and Hall, 2006). What have been the opportunities for re-signification of the self? (Cooper, 1993). Within the context of what Wacquant describes as “advanced marginality”, such individuals struggle to make a meaningful presentation of the self as it contains the “oscillations between disillusioned realism and fatalistic oneirism” (Wacquant, 1998, p. 12). The disillusion may be real, but what of the self that emerges from the disillusionment? These are some of the questions that SI approaches can help answer.

Labelling theorists such as Tannenbaum (1938), Lemert (1967), Becker (1963) and Goffman (1963), drawing directly on symbolic interactionism, reject the assertion that there are qualitative differences between ‘deviant’ and ‘normal’ or ‘non-deviant’ behaviour. For them, there is no normative consensus and stability against which deviance can be marked out. Adopting a subjectivist stance, this approach shifts concerns from what caused an individual to act in a deviant way, to the processes by which individuals come to be defined and treated as such. Deviance is therefore something labelled as such by the audience (Herman-Kinney, 2003). Lemert names ‘primary deviance’ as a norm violation that may be caused by a number of factors but is transitory in nature and does not impact on a person’s psychological structure (Lemert, 1967). Secondary deviance (Lemert, 1967) draws on the audience to explain how society’s response to an act of primary deviation can create a more prolonged deviant identity that affects the psychological structure of the individual and her performance of social roles (Herman-Kinney, 2003). Being reacted to, and defined as deviant is socially stigmatising for the individual and likely to affect her future relationships, opportunities and well-being (Herman-Kinney, 2003).

It is worth emphasising that the notions of deviance and stigma as described do not imply that residential care experienced children, through marginalisation, are in some pre-ordained and essentialist way, stigmatised or deviant. On the contrary, the concepts provide a theoretical framework to understand the ways in which audience generated labels such as ‘looked after’, ‘vulnerable’, ‘excluded’ may impact on self-concepts, identities and behaviours of individuals who are likely to have been categorised as such.

3. Relational Care in the Everyday: Social pedagogy and its siblings (where care and education meet)

As the SI literature demonstrates, our sense of self is shaped by our relationships with significant others. Relationships exist within contexts and environments that provide the arena for self and identity development.

The following section provides an overview of literature relating to two related theoretical orientations of care giving in a residential context. The first of these is social pedagogy, the second Children and Youth Care Practice (CYCP). Hailing from Europe and North America respectively, both of these traditions provide an account of care giving as a broadly educational enterprise, starting with the conception of the “rich child” (Smith, 2012;). Care aims to build on young peoples’ strengths and potentials, rather than focus on their deficits (Garfat & Fulcher, 2012). Both orientations position the relationships between the pedagogue, or caring adult, and the young person at the centre of caring practice, with development taking place in every day, shared moments. We are, as John MacMurray observes, persons in relation (MacMurray, 1961). Care is personal and done in relation with another. Finally, care takes place in the milieu; group living provides the physical and emotional site of therapeutic and social development (Emond et. al., 2016). This reflects the global influence of social pedagogical and CYCP approaches in residential child care research and practice (Smith et. al., 2013).

Both approaches have relevance to the Scottish context in a number of ways. Firstly, Scotland has recognised the centrality of relationships in residential child care as a therapeutic process and the basis for overcoming trauma through stable, nurturing relationships (CYCJ, 2022; Independent Care Review 2020; Scottish Care Leavers Covenant, 2015, Youth Justice Improvement Board, 2019). The CYCP idea of the life space intervention (see section 4) is an influential concept in Scottish residential child care practice (CYCJ, 2022). This is where daily routines of the group living environment provide moments for learning and development, as well as being the site for the growth of positive relationships (Garfat & Fulcher, 2012). Social pedagogy has also had a relatively recent increasing influence on Scottish residential care, with a number of pilot reviews taking place over the last 15 years (Kirkwood et. al., 2019) and recognition that like CYCP, it provides a suitable theoretical framework for residential practice in a sector that has historically lacked

such a good grounding (Cameron, 2016; CYCJ, 2022; Smith, 2012). In light of these factors and the recommendations of the recent care review (ICR, 2020), it is likely that the influence of both CYCP and social pedagogical practices in Scotland will continue to grow (CYCJ, 2022).

The aim of this section is to present how care within these traditions has been theorised to enable reflection on two things. Firstly, how these relational approaches might lend clarity to our understanding of what good residential child care could and should be, and in doing so help elucidate what sorts of environments help or hinder the development of self. And secondly, what the implications might be for the role of the residential worker, and others, in caring for young people and how these relationships influence self-development. In summary, it seeks to explore theorisations of the social, physical and emotional arenas in which young people's developing sense of self takes place, to help us understand how people and place contribute to this process.

3.1 Social pedagogy

Social Pedagogy (SP) has its origins in continental Europe, emerging in Germany around the late 19th Century (Smith, 2012). Influenced by the writers such as Diesterweg, Mager, Natorp, Dewey and Makarenko (Kyriacou, 2015), the discipline in its broadest sense, concentrates on questions of the integration of the individual into society, both in theory and practice, and in doing so aims to alleviate social exclusion (Hämäläinen, 2012). As Hämäläinen puts it; “the basic idea of social pedagogy is to promote people's social functioning, inclusion, participation, social identity and social competence as members of society” (2003, p. 76). Social critique and a commitment to emancipatory values was pronounced in many early iterations of SP and subsequent theorisations explore the balance between the aims of social integration and individual emancipation (Hämäläinen, 2003; 2012; Paget et. al., 2007; Smith; 2012). The ‘social’ element of pedagogy also incorporates the wider, communal aspects and responsibilities related to the upbringing of children. Social pedagogy pays attention to the societal conditions of human development, advocates a community-based response and contributes to welfare through fostering inclusion, especially of those underprivileged, poor and oppressed (Hämäläinen, 2003). In this way, it offers both a political lens to understand why disadvantaged groups are not supported in the ways they need, whilst offering ways

to engage relationally and practically with individuals to help them flourish, despite these disadvantages. Rights perspectives are central to SP, but understood as broad social and cultural rights rather than the narrow and legalistic conceptions associated with Anglophone countries (Smith 2012). In this context they are not stand alone or absolute but embedded within a broad framework of human rights and negotiated in the context of loving, caring relationships (Melton, 2008). This relationally embedded understanding of rights highlights the centrality of human connections in SP with rights being understood as the responsibilities that arise from a serious commitment to humans conceived as social beings, rather than autonomous individuals bound to each other only through a series of contractual rights and duties (Smith, 2009).

3.1.1 Upbringing: An educational response to societal issues

As Moss and Petrie observe, SP seeks “to achieve societal aims by means of social provision for children and young people” (2002, p.141). Pedagogy has been described as “education in the broadest sense of the term” (Jackson and Cameron, 2011), moving beyond schooling to “the cultivation and elevation of character” (Stephens, 2009 p. 344). Children are conceived of as whole persons; thinking and feeling beings with a physical and spiritual existence and creative capacities (Petrie and Chambers, 2009). The pedagogue’s role is to cultivate these capacities (Cameron & Ross, 2011) through everyday encounters and across domains, blurring the boundaries between school and home, personal and professional (Cameron et. al., 2016). This means acknowledging and working within the day-to-day reality and experiences of young people in what the literature refers to as a ‘lifeworld orientation’ (Eichsteller & Holtoff, 2011; Grunwald & Thiersch, 2009, Schütz, 1973).

The pedagogical process of upbringing is elucidated by the two related German terms *Erziehung* and *Bildung*, concepts that elude direct English translation. The former loosely translates as ‘education’, or ‘upbringing’ (Cameron et. al. 2016) and refers to the broader conception of education that incorporates personal, social, and moral elements (Gabriel, 2001). *Bildung* is about moral and social cultivation, what Mollenhauer calls the ‘way of the self’ (Smith, 2013). It is closely related to ‘socialisation’ in its description of the interconnectedness between the engagement of self and the world, and its formation through others in multiple contexts (Cameron

et. al., 2016; Friesen, 2016). But it implies a greater degree of personal agency than socialisation, emphasising the mutual co-construction of knowledge (Cameron et. al, 2016). As Petrie puts it:

Bildung represents the development of human beings (i) as full members of society aware of, and acting on, their responsibilities towards themselves and others, together with (ii) the continuing personal transformation of each person in interaction with others and with cultural life

(Petrie, 2013 p.5).

This ongoing maturation of an individual through their interactions with pedagogues cultivates an inner life, or soul, whilst simultaneously connecting them to the culture and traditions of their society, and more broadly, humanity (Smith, 2013).

3.1.2 The role of the pedagogue

Pedagogues are upbringers on behalf of society (Cameron & Moss, 2011). The role that emerges from the fundamental principles of SP is one guided by values. Upbringing is a moral endeavour. Inspired by thinkers such as Rousseau, Pestalozzi and Malauzzi and their conceptions of the competent, rich, agentic child, pedagogical theorists developed the concept of *haltung* to express a pedagogue's ethical orientation. Roughly translating as attitude, ethos and mindset, a pedagogue's *haltung* affects how they conceptualise and therefore connect and interact with others. In social pedagogy this term expresses an emotional connectedness to others and a profound respect for their human dignity (Cameron & Moss, 2011). By extension, pedagogical practice can only take place where it meets children in their everyday reality, focusing on their "direct experiences, their living contexts, their life skills and the strength of their self-responsibility" (Grunwald & Thiersch, 2009, p. 132). This has been described by Thiersch and others as *Lebensweltorientierung*, or life-world orientation (Eichsteller & Holtoff, 2011). Taking everyday life as a starting point and underpinned by respect for the child, this approach involves knowing when to respectfully challenge, push or hold back when attempting to engage children in learning moments. This is one of the reasons social pedagogues have been referred to as experts in the everyday (Cameron et. al., 2016).

3.1.3 Heart, hands and head

Compassion and empathy towards the individuals with which pedagogues work; the employment of day-to-day shared activities as the site of intervention; and the knowledge of theory to guide appropriate, reflexive practice have been described by SP theorists as the 'heart, hands and head' of pedagogical practice (Cameron, 2004; Cameron et. al.; 2021; Petrie, 2013; Smith, 2012). The pedagogue is therefore encouraged to bring their whole selves to the role (Petrie, 2013). Pedagogical training involves instruction in theoretical concepts from psychology, philosophy, sociology and health science to underpin interventions (Cameron, 2004) but also recreational activities, including artistic, sporting and cultural skills so that they are ready for direct practice (Smith, 2012).

The concept of the 'common third' is used to describe these shared activities which provide the arena in which shared meaning making takes place between a pedagogue and young person (Petrie, 2011). Day to day events and shared activities are therefore not simply routine, but sites of possible relational enrichment between a pedagogue and young person. Hierarchies are dissipated as young people and their workers try something out together, both having a claim over the task in the spirit of joint exploration (Smith, 2012; Petrie, 2011). This approach, in which both parties co-create meaning, reinforces the pedagogical element of care from social pedagogical perspectives, in contrast to those that take a more therapeutic approach. The medium for the relationship or 'intervention' is not the analyst's couch, but everyday shared activities.

Mealtimes or group activities, for example, provide rich opportunities for children to experience success, and develop feelings of self-worth (Cameron, 2004). The skill of the pedagogue is knowing how, when and to what degree these opportunities can be used for a child's development. UK social work policy measures that prescribe professional roles and responsibilities through outcomes-based matrices, providing templates for 'best practice' do not chime with social pedagogical practice, whose approach might be best summed up as 'it depends' (Smith, 2012). Rather, practice is embedded in the contexts of children and their unique experiences. What will be right for one individual will not necessarily be so for another.

3.1.4 Managing the relational

Returning briefly to the idea of the pedagogue bringing their whole self to work, three conceptions of self are helpful here to manage what is essentially a relational and contextually embedded approach to engagement. Social pedagogues must be both professional and personal, indeed being professional is not possible without bringing in the personal self (Thempra, n.d.). It is only the private self that is kept away from those whom they work with (Smith, 2012).

The professional self draws on theoretical and practice knowledge, policy and law to frame and give purpose to a relationship. The personal self is about engaging in genuine relationships, and a willingness to show children who we are. It is about showing the personal self in interactions, our strengths and flaws, to demonstrate authenticity (Thempra, n.d.). An example might be sharing a personal experience of grief and how this was dealt with, to help a child who is going through their own loss. Finally, the private self sets the personal boundaries of what pedagogues do not wish to share in these relationships (Roesch-Marsh, et. al. 2015; Thempra, n.d.). These three interplay in every interaction, alluding to the reflexive nature of practice. Pedagogues negotiate in each situation as to which aspect of themselves to express, and continually reflect on what might be constituted private or personal and therefore suitable to share. They, like the children with whom they work, are individuals operating within social contexts.

4. Child and Youth Care

Another strand of literature that shares some common features with social pedagogy, is the Child and Youth Care Practice (CYCP) approach. Originating in north America, it is a term that now incorporates direct work with children and families across the U.S., Canada and South Africa (Smith et. al., 2013) that focuses on the developmental care of children and young people (Anglin, 1999). Since the publication of Trieschman et. al's seminal *The Other 23 Hours* (1969), a body of literature has grown from the idea of that individual development can take place through the use of daily life events where carers and workers co-exist (Emond, et. al., 2016; Smith, 2005; 2009). Trieschman et. al. (1969) set out the therapeutic benefits of this residential milieu, the 23 hours in the title referring to the time care workers spend with young people, as opposed to the 1 hour they might spend with a therapist. Being *with* children in the space in which they live and engaging in

seemingly mundane day to day activities is conceived of as a therapeutic discipline of its own (Keenan, 2002, p. 221). CYCP workers take the 'lifespace', the physical and emotional arena in which they and young people interact (Smith et. al., 2013), as the "theatre for their work" (Ainsworth, 1981, p. 234). This idea echoes the social pedagogical concept of the 'common third'.

Rather than sharing a common theoretical heritage, many authors from this tradition begin from practice experience, drawing inspiration from a range of disciplines including psychology, education, social science and health sciences (Anglin & Brendtro, 2017). This offers an often very pragmatic body of literature, aimed directly at the child care practitioners, evolving into what is known as Child and Youth Care Practice (CYCP).

4.1 Processes of care in the milieu

Jim Anglin, for example argues that, "in order to develop substantive theory, one must have access to instances of good practice" (Anglin, 2002 p.52). In the same book, he uses symbolic interactionism and grounded theory to inform a fieldwork study of 10 residential homes in British Columbia, in order to build a theoretical model for residential child care. This intentionally bottom-up process sought to capture the "common wisdom of professionals" (p. 140) to develop a framework to improve practice, policy development, training and evaluation. Three of the processes observed from this study are particularly pertinent to this study. These, in Anglin's terms are "psychosocial"; interweaving processes that "combine in an integral manner both individual and collective elements" (p.81) as well as having considerable explanatory power in relation to the phenomenon being studied (Chenitz & Swanson, 1986, p. 134; Glaser, 1978). Collectively they are at the core of group home functioning. The first is the creation of an extrafamilial living environment, or a group home. This distinguishes group care both from institutional settings, which lack intimacy, and also from the "intimacy and intensity" of a family environment. As Anglin argues, this is a unique strength of group care.

The second is an understanding of the more challenging behaviours of the young residents as expression of pain. This acknowledges the often traumatic experiences of young people that live in group care and the requirement for a well-functioning home to respond sensitively to the needs and behaviour of residents, as well as the

anxieties of the staff that stem from this. Emond et al's analogy of the Russian doll captures the layers of care and containment required to create a healing, healthy home. Here, the child at the centre requires loving containment and care from an adult; the adult in turn needs to be emotionally held and supported by another, such as a manager, with that person requiring assistance and support from the organisation, and so on (Emond, et. al, 2016). This concept of containment (Bion, 1962) is a helpful way to frame how care workers try to manage the experiences and emotions of young people they support, and in turn, the support they require in order to do this (Emond et. al., 2016). Containment is about helping children feel safe and describes the process where carers receive the projected, intolerable feelings of a child, but modify them and return them in such a way as to make them tolerable (Smith et. al., 2013). With infants, this might be typically done by the parent, who responds to cries of discomfort with, for example, soothing noises, food, or a changed nappy. Interrupted, or inadequate containment at an early age is likely to adversely affect children's emotional development and their capacity to manage their emotions (Steckley, 2010). The carer's role is then to receive and contain the emotional communication of the other and rather than being overwhelmed by it, communicate understanding and recognition of the emotion back to them (Douglas, 2007). Mirroring back this emotional distress in a more manageable form gradually helps the young person to be able to contain herself (Ward, 1998). In a residential context, this might involve the literal containment of children through basic care and boundary setting, but also metaphoric containment (Ward, 1995). This involves verbally interpreting the moment and creating an atmosphere that contains disturbances, whilst conveying acceptance, respect and understanding of the individual (Steckley, 2012). Soaking up a child's uncontainable feelings requires robust support systems for the child, but also the worker.

Residential cultures that support staff through, for example, supervision arrangements can ensure that residential workers have the personal and emotional resources to manage this process. And these in turn should be propped up by facilitative policies and supportive leadership; the additional nested layers of the Russian doll.

Whilst Anglin (2002) does not draw on this literature, it is interesting to note that there are strong resonances here with the work of what were called the 'early

pioneers' of UK residential schools, such as Homer Lane and David Wills (1945) who in the 1940s, recognised the therapeutic potential of the residential milieu (Bridgeland, 1971; Macleod, 2005). Emerging in the aftermath of the second world war, a number of communities were set up to accommodate school-age evacuees (e.g. The Barns Experiment and Mulberry Bush) (Mcleod, 2005). Bringing together new understanding about mental health, psychodynamic theory and progressive education, these charismatic individuals lay the ground for therapeutic potential of the communities living together.

Anglin's third process is the creation of a sense of normality with group care. Normality here is the day-to-day experiences that are overall close to community norms. In the residential context, it is experiences such as bedtime routines and chores, the home-like feel of a setting with, for example, pictures on the wall. It is also the identification and promotion of developmentally appropriate socially acceptable behaviour, such as in restaurants and group visits and creating an experience of 'family life'. The apparent paradox of cultivating a sense of normality within an institution manifestly artificial, or abnormal is addressed by the findings in Anglin's study (2002) that suggest it is the day-to-day interactions with staff that provide the bridge to young people's readiness to engage in more normative environments once they leave care. As his data show, group care can be simultaneously abnormal while offering experiences of normality:

The development of a sense of normality (such as a sense of belonging, a sense of self-worth, a sense of trust, or a sense of competence in some activity, and so on) is perhaps attainable, as well as being developmentally appropriate and therapeutic within the transition period offered by a group residential care setting (Anglin, 2002, p.144).

A good residential home is therefore one where these processes operate in congruence, an ideal state where each element of a service works in or towards the children's best interests. This remains an ideal in recognition of the competing demands of residential care that might deviate from this aim, such as budgetary concerns, operational efficiency or the preferences of staff. But it is nonetheless a child focused orienting principle that, echoing Winnicott's idea of "good enough parent", provides "good enough" care for children (Winnicott, 1986, p. 119; Anglin, 2002, p. 90).

4.2 Care worker role

As with social pedagogical theory, interactional dynamics are the constituents of good care and for Anglin, the constituents of these psychosocial processes. The role of the worker has therefore been the focus of much CYCP literature, in particular how they can utilise aspects of the everyday to create healing environments to support young people's development. Henry Maier's 'Core of Care' (1979) has been a highly influential paper for CYCP authors, providing a conceptual framework through which relational safety and wellbeing can be considered. In 2004, Garfat, drew on this and subsequent CYCP theorists to identify a CYCP approach to helping young people (Garfat, 2004). This was later updated and refined to include a total of 25 characteristics of a child care and youth approach (Garfat & Fulcher, 2012) These included being *in* relationships with young people rather than 'having a relationship', a distinction based on an engagement with the other person in a deep and profound manner, that impacts on both the young person and the adult (Gannon, 2008). It also implies an engagement over the course of time, where both parties contribute meaningfully to the shape and texture of the relationship. This has implications for when things get tough. 'Hanging in' describes the attribute of demonstrating commitment when young people are struggling and the need to tune in, be patient and move at the other's pace rather than that of the practitioners. 'Hanging out' describes the simple, everyday activities such as sharing a cup of tea, chatting in the corridor, or throwing stones into the river. These are moments where relationships of trust, safety, connectedness and intimacy are built.

These approaches are based on conceptions of the young people as capable and resilient beings; CYCP practitioners seek out the strengths of young people, such as their ability to survive in a dangerous world, or their determination to try something new. This focus on resilience and strength enables young people to experience themselves, perhaps for the first time, as competent and worthy (Brendtro & Larson, 2005). 'Intentionality' is the idea that everything the practitioner does is done with a purpose (Molepo, 2005). They create moments for an intervention as well as respond to everyday events as opportunities for intervention. Smith et. al. (2013) illustrate this practice with the example of a girl who is having difficulties expressing herself in a respectful manner. In contrast to more instrumental approaches that might involve referral to communication classes, or a visit to the therapist, the residential care worker responds in 'real time'. Here, the worker identifies at that

moment that the undesirable communication is happening, so that there is a shared understanding of the point of their discussion. Through this conversation the worker processes the thoughts, feelings and memories that are occurring. And from this they can help the young girl learn to practice new ways of engaging under different circumstances such as mealtimes, bedtimes, play and recreation, within the daily life space in which it is lived.

One final pertinent component for group living is rhythmicity. This is the inclination of people to engage in rhythmic interactions, from the baby rattling a rattle, to people shaking hands (Maier, 1979). It includes other “hallmarks of togetherness” such as singing, dance, play, team sports (Smith et. al., 2013 p. 28). Garfat & Fulcher (2012) describe the rhythmic rituals of the coming and goings of group living and daily gestures of greeting such as a ‘high five’. These serve to nurture and strengthen connections with young people, and emphasise the sense of being *with* them. Rituals and routines are the counterpart to rhythms and incorporate group cultural practices and daily structures such as mealtimes, bedtime patterns and birthday celebrations. These provide anchor points for young people, creating a sense of safety and predictability in what may otherwise be chaotic lives (Emond et. al. 2016).

5. Self and Identity Development of Children in Residential Child Care

This final section focuses on empirical literature that has explored the developing senses of self and identity of children in residential child care, and other forms of care. Identity formation is one of the primary psychological tasks of adolescence, and yet has not always been fully understood or addressed in residential child care literature (Marshall et. al., 2020). McMurray et. al. (2011) attribute this in part to social policy that has historically focused on tangible outcomes such as health, education and wellbeing, at the expense of more psychosocial aspects of human growth such as identity. Due to the relative paucity of self and identity research with residential care experienced people, some studies that explore these aspects in other out-of-home care arrangements are included. Theoretical frameworks used in these studies were predominantly attachment theory, but resilience, life course, psychosocial, symbolic interactionist and ecological/systems perspectives were also used. Finally, reference is also made to literature that address self and identity development amongst children and adolescents.

5.1 *Disrupted identities*

Though identity formation spans a lifetime, the physiological, cognitive and social changes that occur during adolescence can make the process particularly challenging (Erikson, 1968; Marcia, 1980; McMurray et. al. 2011). Moss (2009) argues that a sense of identity is one of the most important elements in achieving good outcomes for care experienced children, because it impacts on their construction of meaning, self-perception and sense of belonging. Identity incorporates the experiences and life stories of individuals, creating a sense of continuity of self (Woodward, 2004) and yet care experienced children's identity formation is disrupted. The move into care represents an "identity threat" that can severely affect young people's sense of continuity, distinctiveness and self-esteem (Neagu & Sebba, 2019). The abrupt loss of family, or kin identity, is replaced with the collective 'in care' identity along with the jargonistic, and often stigmatising professional labels attributed to young people in care. Young people's 'into care' experiences are therefore characterised by discontinuities in their relationships, environments and identification (Ferguson, 2018), potentially limiting their capacity for self-growth. Where pre-care experiences have been poor, through lack of care and nurture, or the experience of abuse, young people may have very negative internal working models of themselves (Fonagy & Target, 1997) that if left unaddressed can have a lifelong impact, making positive identity formation an even greater struggle (Dixon, 2008, Driscoll, 2013; Guest, 2012; Hiles et.al, 2013; Madigan et, al., 2013).

Stein describes care experienced children's development as "both accelerated and compressed" (Stein, 2002, p, 68) due to taking on adult responsibilities and assuming higher levels of independence than their non-care experienced counterparts. This impacts on their identity formation (McMurray et. al. 2011). Pre- care experiences and child care policies that are often built on chronological notions of childhood rather than individual needs, contribute to this sense of accelerated and compressed development (Masson & Harrison, 1996). As will be shown in the Discussion chapter (chapter six.), drawing on concepts from Beauvoir's *Ethics of Ambiguity* (2018), residential child care is shown to have the potential to offer the opportunity for young people to experience the illusion of safety and certainty, the conditions of irresponsibility, to experience childhood, often for the first time in their lives.

5.2 Managing stigma

Once in care, children have to manage stigma stemming from public misconceptions of them as “abnormal, bad or damaged” (Kools, 1997 p. 266). Being negatively judged by others and feeling undervalued were widespread outcomes in the literature, when children were in care, at school, and once they had left care (MacLeod et. al., 2021; Mannay et. al., 2017; Gaskell; 2010; Hiles et. al, 2013; McMurray et. al. 2011). Young people may regard being in care as their fault, internalise the stigma, and can invest a lot of effort into concealing their care identity (Vojak, 2009). This can lead to a threatened self-concept, low self-esteem, social isolation and affect aspirations for their future (McMurray et. al, 2011; Vojak, 2009). Feelings of difference and separateness were reported by young people in relation to their non-care experienced peers (Hiles et. al. 2013; Madigan et. al., 2013), with peer interactions and responses being important to identity development, particularly in school contexts (McMurray et al., 2011).

Findings in Emond’s study of young people living in Irish residential homes echo the importance of peer relationships in establishing identities, with young people constructing senses of childhood in ever fluid dichotomies of ‘in care’/‘mainstream’, ‘sameness/difference’ and ‘belonging/excluded’. Equally, the residential home, associated with feelings of safety, was significant in children’s sense of identity, with tensions between this and the stigma associated with care status, most keenly felt within peer relationships (Emond, 2014). This points to an important distinction between identity formation in residential care compared with other forms of care. Firstly, young people grow up in settings markedly different from, and outside of, family structures, in a way that challenges societal norms of typical child rearing practices (Ennew, 2005; Emond, 2014). Secondly, young people have to navigate between two institutional spaces, the school and the residential home, both with their own regularised patterns of support and surveillance, co-ordinated by paid members of staff (Emond 2002; Emond, 2014). Thirdly, young people in residential care are more likely to experience educational difficulties than other types of care, and have greater placements moves (Emond 2014; O’Higgins, 2015). The stability, quality and continuity of relationships required for a sense of belonging can all be compromised in these circumstances. Identities are constructed in a world that has already defined residential care experienced people as ‘not normal’, and largely

evolve within and under the surveillance of institutions. Interruptions caused by school or placement moves further threaten the stability required for positive identification and the sense of belonging and self-esteem that come with it.

5.3 Stability, relationships and continuity in RCC

Despite these features, and echoing Anglin's observed apparent paradox of achieving 'normality' in abnormal spaces, residential care emerges as offering the conditions for positive identity development. In Neagu and Sebba's study (2019), residential care experienced young adults reported that where they were listened to, they were supported to overcome stigma, re-establish their self-esteem and achieve identity. Quality relationships were the conduit for this. Empathetic listening and acting on the child's views were important features of these relationships which over time, helped young people develop a sense of agency. Positive identity formation, they argue, is therefore an important concept in determining the quality of a placement, with the benefits of increased self-esteem and agency continuing into adulthood. Here, and elsewhere in the literature, stability of a residential care placement and continuity of relationships foster a sense of belonging, and are the dominant facilitators of positive identity development in and beyond care (Gaskell, 2010; Guest, 2012; Jones et. al., 2011; McMurray et.al, 2011; Stein, 2008).

Identity and growth being shaped by relationships is a recurring theme in RCC literature (Anglin 2002; 2004; Cameron & Das, 2019; Holden & Sellers, 2019; McLeod et. al, 2021; McMurray et. al.2011), echoing the plethora of wider care literature that show how relationships with are the greatest signifier of positive outcomes for young people in care (Baker, 2017; Barnados, 2014; Stein, 2006a; 2008; 2019). Most young people are searching for emotional commitment and a level of trust and belonging (Dallas-Childs & Henderson, 2020; Madigan et. al., 2013) with Stein (2006b) arguing that a positive relationship with at least one adult was associated with improved outcomes. Stein's claim alludes to a broader observation that relationships in the bulk of literature were conceived from an attachment perspective (Ferguson, 2018). Poor early relationships affected subsequent relationships (Guest, 2012), with young people interpreting actions and interactions in care through their early experiences of rejection, a situation sometimes compounded by their experience of care (Gaskell, 2010; Driscoll, 2013). However, as Silver, (2013) observes, early attachment might set out the patterns for

development, but this is not completely fixed and young people continue to respond to relationships and experiences through their lives. Poor early attachments, it seems, constrain rather than determine positive identity development, and relationships the key element to achieve this. This echoes wider critiques of attachment theory in relation to residential child care which highlight the problems of diagnosing attachment issues and prescribing certain responses, amidst concerns that this pathologises young people's experiences, focusing on their deficits rather than their strengths (Moss et. al., 2000; Smith et. al., 2017).

One study, taking an ethic of care perspective, looked beyond peer and staff relationships to identify the informal networks of care that young people develop, with for example pets. Along with friends, dogs in particular, emerged as those with whom children in residential care expressed very strong bonds (Brough, 2021; Muela et. al., 2017). Reflecting the interdependency of relationships associated with ethic of care perspectives, these bonds show the possibility that young people both "care for" and are "cared about" (Holland, 2010 p. 1672). Gilligan (2000) found that there were therapeutic elements to animal/child relationships, providing the example of one particularly disturbed boy being entrusted with the care of a lamb. Over time a relationship of mutual trust developed with the animal and relationships with his carers subsequently improved.

5.4 Self-reliance

Young people, however were not always accepting of the help they were offered and were sometimes unwilling to commit to relationships (Stein, 2006b; 2008). A theme apparent across the literature was a mistrust of professionals and the difficulties in developing trust (Driscoll, 2013; Hiles et. al., 2013, Gaskell, 2010; Barn, 2010). Some young people presented as determinedly self-reliant, seeing this as a positive trait, but this could undermine the process of forming positive relationships with those who cared for them (Driscoll, 2013; Guest, 2012). Again, stability and continuity of placement provide the time required for trust to develop and create the conditions for healthy identity development.

5.5 Missing life stories

Stein (2008) discovered that the main barrier to identity development, after stability, was young people having little or no understanding of their background and pre-care

experiences. Young people need help to understand *why* their parents were unable to care for them and how this might have contributed to young peoples' sense of rejection and resentment (Biehal et.al., 1995). Part of 'moving on' seems to involve making sense of this past to enable young people to invest in the relationships that will help them tell a more profound story about themselves (Sinclair et. al, 2005, Stein, 2008). This is echoed elsewhere in the literature (Ferguson, 2018) which suggests that young people require support to understand bad experiences before care in order to minimise harmful effects later in life. As Emond notes: "Children in residential care need help to tell their story, indeed to have a coherent story, to have friendships and the advice, support and training to facilitate this and to counter what have often been difficult past relationship experiences." (Emond, 2014, p. 201).

5.6 Leaving care: instant adulthood, relationships and resilience

Stein's observation that care experienced young people have accelerated *and* compressed development (Stein, 2002) extends to the point of leaving care, which typically happens at a much earlier point than their non-cared for counterparts, and often lacks the advantages of being able to return home should things go wrong. It is a linear transition, rather than the 'yo-yo' between independence and home that might be enjoyed by young adults who are not in care (Stein, 2009). This liminal period, where young people might typically draw on emotional, financial and practical support from family, has lengthened in the post-industrial world, where a declining youth labour market and reduction in universal welfare benefits makes these wider support networks even more significant (Cooper, 2021; Stein, 2008). It is also a period that would typically be characterised by identity exploration, reflection and risk taking as young people integrate into new ways of being (Stein, 2008). And yet care leavers, often as a result of pre-care, or sometimes care experiences, are often not able to take part in educational opportunities that might provide the arena for this, and are instead faced with the demands of adult life without the practical, financial and emotional resources to deal with them (Baker, 2017; Stein, 2008). They face, what Stein refers to as, "instant adulthood". (Stein, 2008 p. 40). Numerous studies have shown that pressures during this period are exacerbated by feelings of loneliness and isolation (Barn, 2010; Matthews & Sykes, 2012; Stein, 2006a, 2008; Ward, 2011).

In a rapid review of care leavers' views about their transitions to adulthood, a prominent theme was that identity, whilst complex, was important to them (Baker, 2017). Past experiences shaped how they perceived themselves to be now, with a sense of identity compromised by a feeling of not belonging. As one of the participants put it:

It's important to know your first words, your birth weight, what time you were born ... many a time I've thought 'what time was I born?'. When you don't know it's hard. I could wake up at that time and think 'I was born at that time'.

(respondent in Baker, 2017 p. 25).

Young people needed to have the chance to make sense of the past, understand their family history and know about their pre-care experiences to be able to forge new identities. This points to the report's recommendations that this work is done during care, and that young people are prepared emotionally, as well as practically, for the transition out of care. Indeed, young people reported that their care setting had focused too greatly on practical preparation for independence at the expense of emotional preparation.

Education and employment, whilst sometimes challenging to come by, were important ways that young people could carve out new identities (Gilligan, 2019). Yet the stigma of being a care leaver continued to cast a shadow over efforts to secure these, with half of young people reporting that they continued to conceal this identity to avoid potential prejudice from employers and landlords (Hiles et. al, 2013; McMurray et. al. 2011.)

Support for care leavers, as has been shown elsewhere, is done in the context of quality relationships, with young people being fully informed of all options and taking a key role in decision making about their future. This is closely linked to the concept of resilience, the idea of creating the personal qualities and conditions for doing well in the face of adversity, a key aim of care amongst a strand of literature, (see Stein 2008, 2012; Gilligan, 2000, 2001, 2009). Involving young people in decisions about their lives gives them the sense of self-efficacy, promoting resilience for a life after care (Stein, 2012). This is a process that should begin during the care experience and through the life course, navigated by individuals with whom young people have strong relationships (Baker, 2017; Stein; 2008; 2019). Stein's review of care leaver

literature identifies three main groups of care leaver, arising from how well the care experience has developed their resilience; those “moving on”, those “surviving” and those becoming “victims” (Stein, 2008 p. 35). Positive identities, associated with those being able to move on, are predicated on stable, quality care; gradual transitions out of care, akin to normative transitions, and support beyond the care experience (Stein, 2008).

6. Conclusion

This chapter has reviewed the literature in relation to the theoretical approach that informed this study’s methodology. I then considered the literature related to relational approaches to RCC, and finished with a review of studies that have explored self and identity development amongst young people in residential child care. In the following chapter, I will turn to the theoretical perspectives which have informed the study’s methodology and describe its design and implementation.

Chapter Three

Methodology and Methods

1 Introduction

In the previous chapter I explored the literature relating to young people's experiences of residential child care and in doing so identified the relative lack of research into identity formation amongst young people in care (see Marshall et al, 2020; McMurray et al, 2011; Ferguson, 2018; Smith et al, 2017). I also presented an overview of relevant sociological accounts of the self, focusing on symbolic interactionism, the theory that provides the conceptual framework for this study. From this review, and informed by SI, a number of questions emerged that I refined into three research questions to guide the study. These were as follows:

- What events, people, things or places do children and young people in residential child care understand as shaping their sense of self?
- How do these accounts deepen understanding of the ways in which children and young people in residential child care interpret and interact with the world?
- How do children and young people in residential child care define themselves? Do these understandings alter (and if so, in what ways) over time?

In this chapter I locate my study within the interpretivist paradigm and justify my methodological choice of narrative inquiry. Following this an overview of the research strategy is provided, including the selection of participants, engagement with gatekeeping organisations and the measures I embedded to ensure researcher reflexivity (Guba & Lincoln, 1981; Hammersely & Atkinson, 1995; Lincoln et. al. 2018). To this end I explain the processes of keeping a reflexive journal, which charts my thoughts on how my role as researcher influenced the production of data, and later, the development of an analytic memo (Saldana, 2021), a reflective record of coding decisions and processes. Together they provide an audit trail (Koch, 1994) for decisions made, reviewed and revised, at each phase of the study. I then present the processes I adopted in analysing the data. Reflexive thematic analysis (Braun and Clarke, 2022) was adopted to guide data coding and interpretation, reflecting

my position as a “subjective, situated, aware and questioning researcher” (p.5). I then discuss the ethical considerations for this study and show how I have ensured trustworthiness (Lincoln & Guba; 1985; Guba & Lincoln; 1994) in the process.

2 Paradigm

This study is located in the interpretivist paradigm (Blaikie, 2007; Denzin & Lincoln, 2011; Mertens, 2015). In contra-distinction to positivist research approaches that apply value-free methods of enquiry to explain and predict human experience, research under this broad, paradigmatic umbrella seeks to *understand* the social worlds of humans. Social worlds, rather than being ‘out there’ to be discovered, are culturally derived and historically situated (Crotty, 1998) and are represented in the subjective, multiple experiences of people. The researcher’s role is to access and interpret participants’ subjectivities; for interpretivists, attempts to capture “objective reality” are neither possible, nor desirable (Denzin and Lincoln, 2005, p.5). In line with this orientation, my aim was to focus on, and narrate the meaning of, the participants’ experiences (Fossey et al., 2002). In doing so I was involved, as much as they are, in the production of data.

The research design and methods were informed by a constructivist epistemology and ontology as outlined by Charmaz (2014), a position that emphasises the role of the researcher in the construction and interpretation of data. Unlike in positivist traditions, researchers are not value-neutral observers or value-free experts. Rather, social reality is experienced and made sense of uniquely and variously by individuals, including the researcher and participant. Social reality is therefore, as Charmaz describes it, as “multiple ... and constructed” (p.13) and is made sense of, at least in part, through the lens of our own values and personal experiences. This epistemological insight allows for the application of narrative interviews as a suitable method to begin to understand the experiences of young people who have spent time in residential child care and is explored further in section 3.2.

In the spirit of reflexivity associated with my approach, (Guba & Lincoln, 1981; Lincoln et. al. 2018) a note is warranted on the evolution of my ontological perspective. As I began the process of data analysis, my stance shifted somewhat towards “critical realism”, as outlined by Maxwell (2012 p.5). In this view, claims about the world make reference to some *things* out in the world; social facts as well

as physical objects beyond those features constructed by the researcher and the participant. Nonetheless in this study, the latter remains firmly the locus of interest, as according to this version of realism approximations of what is 'out there' are filtered by cultural assumptions and are, at best, "a selective representation ... one of many possible valid accounts" (Madill, 2008 p.7). In this version of realism, whilst the world is 'out there' and exists independently of our references to it (realist ontology), experiences and knowledge about it are individual and therefore necessarily various. Individuals construct their social worlds based on their experiences of something that is out there, beyond their experience of it, but will experience this reality and develop meanings from these experiences in unique and various ways.

Critical realism therefore marries a realist ontology with a social constructivist epistemology (Blumer, 1969; Maxwell, 2012; Shadish et. al., 2002). In doing so a qualitative study that adopts this stance may seek the experiences and beliefs of its participants but does so on the premise that the things they pick out are an approximation, or their experience of, something that is 'out there'. An example observation from the literature, and supported by my data, is the significance of good relationships in developing positive outcomes for young people in residential child care. The nature of these relationships and the meaning they give to the individuals vary greatly. Nonetheless, there is something about human connection that we might wish to say unites all these experiences; that there are aspects of positive relationships (reciprocity, care amongst others) that emerge as constituents of 'good relationships' and conversely that the absence, or opposite, of these might be understood as 'bad relationships'. A realist ontology facilitates such claims: in pointing to something out there in the world, as opposed to reporting on a collection of individual experiences, we can begin to identify aspects of participants' stories that are shared, and that these shared experiences point to something important and real. To begin to make claims that move beyond reporting on the experiences of how individuals make sense of the world, towards, however incrementally, broader claims about shared experiences such as the universal importance of positive relationships, it appears to me necessary to embrace such an ontology.

Had I done so at the early stages of the thesis, a different approach would have been taken to the analysis phase, but these differences would have been relatively

minor, involving taking a more structured and stratified coding system (Wiltshire and Ronkainen, 2021) and the application of quality indicators synonymous with realist approaches such as validity; an account's ability to function as an *explanation* for phenomena as well as a description or interpretation of a phenomena (Maxwell 1992). Together these approaches may increase what Wiltshire and Ronkainen (2021) call a study's "explanatory power" and it is in this that I see the main benefit; that we may be able to say something closer to (but no way near) conclusive about the world based on the subjective accounts of individuals. Nonetheless, the constructivist epistemology that runs through this study is consistent with both interpretivism and this version of realism and the site of interest remains the accounts young people give of themselves. To these accounts there can be no right, wrong, true or false 'answer' and the 'validity' of any conclusions that might be drawn from these accounts are made in interpretivist terms later in the chapter under the criteria of credibility (Shenton, 2004) and trustworthiness (Lincoln & Guba; 1985; Guba & Lincoln; 1994).

3. Methodology

This study is a narrative inquiry (Connelly & Clandinin, 1990; Riessmann; 2008) that elicits the stories of young people with experience of residential child care in Scotland to gain a sense of how they see themselves. It seeks to understand, as much as it is possible the experiences of young people and how these have shaped their sense of who they are.

3.1 Narrative inquiry

Narratives, as Clandinin and Connelly (1990) observe, are central to the human experience; "humans are storytelling organisms who, individually and socially, lead storied lives" (p.2). In everyday living, a speaker picks out and connects events into a sequence that is consequential for later action and, in doing so, highlights the meanings they wish the listener to take away (Riessman, 2008). As Riessman says; "events perceived by the speaker as important are selected, organised, connected and evaluated as meaningful for a particular audience" (p.3). A rich intellectual history derives from this observation, with the antecedents of narrative forms apparent in Aristotle's account of Greek tragedy, where the classical structures of "beginning, middle and end", plot; "the ordering of the incidents" and character emerge (McQuillan, 2000). The dramatist, in representing the events, experiences

and emotions of these stories is engaged in interpretation, or in Aristotle's term, *mimesis*³ (Riessman, 2008). Storytelling, or narratives, are therefore key elements in this research approach, involving the participant as story teller and the researcher as interpreter, who in turn re-tells a version of the story.

Other elements of narrative inquiry make it particularly suited to this study. Riessman observes that when biographical disruptions occur that rupture expectations for continuity, we make sense of these through storytelling (2008, p.10). After experiencing unexpected or unusual life events, we can re-constitute and re-organise these in a way that makes them coherent. Through interrogating these stories, we "imbue life events with a temporal and logical order to demystify them and establish coherence across past, present and as yet unrealised experience" (Ochs & Capps, 2001, p.2).

This has two principal implications for data capture in this study. Firstly, aspects of the care experiences, not least the initial removal from the family home but also subsequent moves between care settings, create significant biographical disruptions, or discontinuities in young people's stories. Story telling enables participants to re-assemble their biography in a way that picks out those features that hold meaning; that which they choose to present to the world. The second implication is how this relates to participants' senses of who they are. Drawing on Martin's (1995) observations, Yuval-Davies notes; "identities are narratives, stories people tell themselves and others about who they are (and who they are not)" (Yuval-Davies, 2006 p.202). What young people choose to pick out to include in their story is what holds meaning to them, and this tells us something about who they are. And the complex, temporal and mutable character of identities can be well expressed and made sense of in narrative approaches to inquiry. As Yuval-Davies observes, fluidity of identity produces itself "through the combined processes of being and becoming, belonging and longing to belong. This duality is often reflected in narratives of identity" (Yuval-Davis, 2006, p.202).

³ See Mason (2016) for a full discussion on Aristotle's *mimesis* and varying philosophical interpretations of its meaning.

Of course the possibility exists that traumatic experiences are so great that a coherent narrative will not be easy to find, or even findable. If so, this would add an additional layer of tragedy to young people's circumstances that might point to the nature of support required to assist positive identity formation. Finally, the plethora of theoretical and empirical literature linking identity to narrative approaches indicates its suitability to this study. (see Brockmeier & Carbaugh, 2001; Connelly & Clandinin, 1999; Mishler, 1999; Riessman, 2003; 2008)

3.2 Narrative interviews

Only relatively recently have researchers begun to scrutinize the epistemological orientation of interview research methods (Gubrium & Holstein, 2012; Denzin & Lincoln, 2005, 2011). This somewhat mirrors the wider "reflexive turn" in qualitative research (Lillrank, 2012) marked by a shift in the role of the researcher from data excavator to one that is actively involved in data production (Chase, 2011; Gubrium & Holstein, 2012). Similarly, in this view, respondents are conceived of as active contributors rather than passive providers of information, interacting with the interviewer and selecting what part of their story is shared, and what is not shared. Gubrium and Holbrium (2012) call this "narrative agency" (p.33), reflecting a re-conceptualisation of the interview as a narrative occasion (Riessman, 2008) where stories, or narratives are co-created through dialogue between the interviewer and respondent. As Riessman (2003) notes, "individuals negotiate how they want to be known in the stories they develop collaboratively with their audiences ... Social actors shape their lives retrospectively for particular audiences" (p.8). Researchers, in turn, shape this process in their interview practices such as managing interactional dynamics (Lillrank, 2012), selecting appropriate questions and prompts (Gubrium and Holbrium, 2012), actively listening and incrementally building a sense of trust (Johnson and Rowlands, 2012).

Narratives are therefore co-created, so the job of the researcher in and beyond the interview, is to be able to distinguish between, as Clandinin and Connelly (1994) put it, "a life story that is *lived* and one that is *told* and then *retold* by a researcher." Researcher reflexivity is therefore central to the re-telling of stories. This involves paying attention to both the thematic dimensions of the interview; the production of knowledge (the what), and the dynamics of the process itself (the how) (Kvale,

2006; Brinkmann and Kvale, 2018) and in particular the ways in which the latter influence the former. How I did this is explored further in section 5.

4. Research Strategy

4.1 Selection of participants stage 1

Purposeful sampling (Cressell and Poth, 2018) was used to ensure that participants met the criterion for the study; that they had spent time in or were currently living in residential child care in Scotland. The initial proposal was to undertake the study within one large residential centre and seek a cross section of participants at varying stages of their care journey. There were procedural advantages in accessing participants through one gatekeeping organisation (GO), as well as the opportunity to spend informal time with potential participants to develop rapport and share information prior to the more formal setting of the interviews.

At the early stages of engagement with potential GOs, a relationship developed with the Director of Service of a provider of residential care in Scotland. Discussions were encouraging and agreement was reached on features of the study that would make it mutually feasible. These included the potential access to a mix of participants who were currently within their service and those who had moved on. For the former group, a 'familiarisation period' of approximately a month was agreed to provide the opportunity for the researcher to develop rapport with potential participants and provide information about the study.

There was a shared understanding that the aim of the study was to explore the experiences of individuals who had spent time in residential care and more than likely, their experiences of other forms of care prior to their referral to this provider. The focus was therefore on individual senses of self at different stages of the 'care journey' rather than a case study of the care centre itself. Nonetheless aspects of the care home's practices and cultures would inevitably emerge in the residents' accounts, and a good level caution would need to be applied when considering the transferability of thematic outcomes to the wider residential care population.

Following a meeting with the Director of Service, and ongoing e-mail correspondence, a proposal was submitted to their ethics committee. After consideration, the application was not accepted, with their response focusing on

two main factors. The first was the protection of participants and consent. Safety concerns were also expressed for the participants who had left care and more fundamentally, a query around the feasibility of contacting them and securing participation. The second factor centred on methodological concerns, with a query on the generalisability of the data to the wider care population and therefore, presumably, a questioning of the wider value of the study.

A response was submitted to the provider clarifying some misunderstandings and expressing a desire for discussion on some of these reservations in view to agreeing mutually satisfactory adjustments. No response was received so a new strategy to seeking participants was developed.

4.2 Revising the plan

This significant set-back prompted reflection on the design of the study, the main outcome of which was a decision to engage multiple GOs in view to securing at least two to take part. Whilst this would present greater administrative challenges, there were a number of advantages to this. Firstly, comparisons could be made both between young peoples' accounts within the same residential care provider, but also between the other residential care centres. This would likely provide richer data (Merriam, 2009; Patton, 2002), with local contexts and comparisons between them informing the interpretation of data and contextual features such as geographic location and care home culture. To be clear, the focus of the study and therefore the data are the accounts of young people. But where similarities and differences exist between accounts from individuals at a single care provider, a comparison with others outwith that setting is helpful to elucidate what aspects of, and to what degree, that individual's care experience has been affected by the local context. An example from this study is two young people from one residential home reporting positive transitions to independence. For both, this was closely linked to the continuing relationships with their key workers as well as other features, including the homely, deinstitutionalised space in which they were frequently made to feel welcome having left care. Some participants in other settings also described positive post care experiences for both shared and different reasons. The comparison between the settings allowed for closer exploration and interrogation of the features that might contribute to successful transitions out of care, providing richer data to support policy and practice recommendations.

The second advantage to increasing the number of GOs was the reduction of risk that insufficient numbers of participants would be secured. And related to this, mitigation of the existential risk to the project should one or two of the organisations opt out at any stage in the process.

4.3 Recruitment of participants stage 2

Contact was made with a researcher with links to a national children's care organisation. She expressed interest in the study and forwarded contact details of four organisations working in the residential care sector that she thought would be open to an approach. E-mail contact was made with three of these organisations plus another with links to the researcher's supervisor and all responded. Phone conversations, and eventually face-to-face meetings, emerged from three of these, all of whom agreed to participate in the study, though one later had to drop out due to lack of resources to facilitate the interviews.

Across these three participating GOs there were young people who were still in residential care and those who had left. This achieved design accounts for the temporal aspect of the process of identification, the idea that continuity is entailed in any claim to an identity (Jenkins, 1996). Here, a sense of continuing identity is predicated on a meaningful past, in the sense of an individual making their own meaning through interaction with the world. The past is a resource that enables interpretation of the here-and-now, and to forecast the future (Jenkins, 1996). The past therefore, in the form of memories, is an important facet of identity in the present (Connerton, 1989, Fentress & Wickham, 1992). On this understanding, engaging with those in RCC and those who had left brought two main advantages. Firstly, young people reflecting back on who they were whilst in residential care, and how it has affected how they see themselves now, would offer a perspective qualitatively different from participants still within care. Those who have left care have had more time, and presumably more support, to make sense of their past. Secondly, this approach has the potential to enrich interpretation of some of the experiences of the in-care participants whose accounts lack this retrospective component. They are, in a sense, in the midst of the significant developmental, social and environmental changes which affect a sense of self (Erikson, 1968; Marcia, 1980, McMurray et. al. 2011). Whilst respecting the uniqueness of all

participants' experiences, having the perspectives of young people reflecting back enriched my interpretation of those in care during a period of tumultuous change. Indeed, as is shown in chapter four, the older group broadly reported a significant change in how they described themselves in care and how they would now describe their younger selves.

4.3.1 Gatekeepers

The three participating organisations were central to gaining access to both groups of participants, acting as “essential mediators” between the researcher and participants (Andoh-Arthur, 2019 p.1). Gatekeepers, as Andoh-Arthur observes, “may be persons within organisations who have the power to grant or withhold access to people or situations” (p.1). Contact with the Director, or equivalent, in each GO was therefore established by e-mail, information about the study was shared and permission was granted in principle for the organisation and its young people to engage in the study, should they wish. This was also in recognition of additional vulnerabilities that might be associated with young people' care status and the organisation's protective, safeguarding role (Kay, 2019). For the older out- of-care group, the GO role was less 'permission granting' and more an act of ongoing care: to adjudicate, albeit informally, on the suitability of the study for their ex-residents about whom they continued to feel morally responsible (Greig et al., 2013; O'Reilly et al., 2013).

4.3.2 Participating residential care services

The first participating GO was a private provider of residential child care; the second, a local authority care home and third, a residential home and school. All were in Scotland. Contact was made with the first two following an introduction by a member of staff at a national research and advocacy organisation. This introduction was the first level of gatekeeping where this individual, with links to the residential care sector, facilitated connections between me and organisations that work with potential study participants. As Andoh-Arthur expands; “gatekeepers may also represent any individual or group of individuals who may be invaluable for gaining access primarily due to their knowledge, connections with or membership in a research population” (Andoh-Arthur, 2019 p. 2).

4.3.3 Participants

Access to participants was negotiated in meetings with each of the nominated contacts at the three GOs. In one, invitations were offered to a number of their social gatherings attended by residents and ex-residents. This provided the opportunity to meet and talk in an informal environment and to introduce the study to potential participants. Those who showed interest were followed up by me, either directly with the young person (for those who had left their service), or via a nominated staff member for those individuals still under their care. In the second and third GOs, nominated staff members introduced the study on my behalf and secured the engagement of a number of willing participants who were introduced to me at the first scheduled interview. The final participant group was made up of 13 young people, seven of whom were female and six male. From the total, six were in care at the time of interview, and seven had left care (see appendix G for participant details).

5. Conducting interviews

As Brinkmann and Kvale observe, an interview “attempts to understand the world from the subjects’ point of view, to unfold the meaning of their experiences, to uncover the lived world” (2015, p.3). It provides a space for the co-construction of meaning, where “knowledge is constructed in the interaction between the interviewer and the interviewee” (2015, p.4). The central concern of the study; young people’s sense of themselves, is a deeply personal construct and the one-to-one interview was identified as providing the most suitable, private environment to explore this.

The three research questions formed the basis of schedules developed for narrative interviews (Brinkmann and Kvale, 2018; Riessman, 2008) (see appendix A). Whilst it was important to encourage participants’ personal and potentially broad interpretation of a question, there were key themes that were necessary to include to ensure they were addressed. These included significant people, places and events, self-perception, other-perception and identity (see appendix A). Questions based around these themes (for the most part) sought to elicit detailed accounts from participants rather than brief responses and narratives evolved from both within question responses, but also over the course of several interviews (Riessman, 2008). Extended accounts were facilitated by using a set of probes and prompts to

encouraged non-prescriptive follow up and to allow participants to draw on any aspect of their lives and to describe the people, events and things that were significant to them (Brinkmann and Kvale, 2018; Mishler, 1986a; Riessman, 2008). This approach enabled a balance to be maintained between sustaining fidelity to the themes of the study whilst not constricting the interview process and the ways in which the participants chose to interpret or elaborate their responses (Thomas, 2013).

Prior to participant interviews, a pilot interview was conducted with a volunteer (Powell et. al., 2022; Schon, 1983). The aim of this was to practice and reflect on the interview process itself, “the craft” (Mishler, 1990, p.422); the volunteer did not have target participant characteristics but was of a similar age. As a result of feedback from the interview some changes were made to the phrasing of questions, to make the meaning clearer. One way of doing this was to consciously use the words of participants back to them to ask follow-up questions. For example, “you told me that you were ‘ready to be independent.’ Can you tell me more about that?” Other techniques that were highlighted and employed thereafter included not taking notes during the meeting; allowing suitable pauses for responses (and not being tempted to fill silence); rapport building through ‘warm up’ questions, and listening carefully for topics of interest (e.g. sports or gaming) that could be returned to later to provide a temporary break from the topic or rejuvenate engagement, should it be required (Brinkmann & Kvale, 2015; Johnson & Rowlands, 2012).

Interviews were conducted on site at the three GOs over a period of six months. The larger residential care provider had homes across a number of locations so interviews took place at different spaces but in each case, were conducted either in their current home or somewhere they were familiar with. Interview settings for all participants were agreed by the young people in consultation with their nominated staff member.

Most young people took part in two interviews, ranging from 35 minutes to 2.5 hours each. One participant did one and elected not to have a second, another had one but was not available for a second, due to moving to another care setting. One young person had three interviews, and another took part in four (See appendix G). As these went beyond the two interviews requested at sign up stage, both of these

were agreed with the consent of the young person and the GO staff member (Johnson & Rowlands, 2012).

Of the thirteen participants, eight had interviews with just them and the researcher present. Five in-care participants from one residential care home had a staff member present during the interviews. This was deemed by the GO to be an appropriate measure for the young people taking part and participants were made aware of which two staff members would be attending at the point of their offer of consent. There is little research into the impact of a third-party presence in interviews with children but some evidence to suggest that it is quite a common phenomenon in social science research (Milewski & Otto, 2017). Those studies most relevant to this one considered parental presence in interviews with young children. Whilst not directly comparable with this study, a number of principles might be applicable to this context. Gardner and Randall (2012) note that a third-party presence may help or hinder the response of a child, requiring particular attention to be given towards the power relations between the three parties (see also Irwin & Johnson, 2005). Researchers should therefore engage reflexively with the interview process and register the ways in which a third party may have influenced participants responses (Gardner & Randall, 2012). To that end, two staff attended the series of interviews alternately but did not take part, other than respond to the young person if they asked them a question related to the interview questions, such as clarification of staff names or dates of events. The staff members were in the room with a laptop to 'get on with their work.' Both had a pastoral and therapeutic role but were not responsible for the direct day to day care of the young people in their care homes. As recorded in my reflexive journal, it appeared that young people had good relationships with them and some, through their occasional requests for support, a good degree of trust; each young person had a therapeutic relationship with the two staff members. Whilst acknowledging the absence of a counterfactual, their presence appeared to be conducive to the young people settling well into the interviews. All interviews, with the permission of the participants, were recorded for later transcription (Brinkmann, 2018; Brinkman & Kvale, 2015; 2018).

Section 6.3 addresses the ethical considerations of the interviews and the measures put in place to reduce the likelihood of harm to the participants.

6. Data Analysis

6.1 Analysis of narrative

For this study I adopted Polkinghorne's approach to analysis of narrative (1995). Polkinghorne distinguishes this type of narrative inquiry from narrative analysis, which very broadly, seeks to synthesise disparate elements of data through its reporting in a storied form. Whilst there are elements of this approach used in the organisation of some of the themes in this study; (re)presenting the temporal aspect of self lends itself well to a storied reporting (see *Journey to Myself*), the structure of a story (beginning, middle and end) does not wholly suit accounts of the self. The result of narrative analysis, as Polkinghorne suggests, seeks an explanation that "is retrospective, having linked past events together to account for how a final outcome might have come about" (p.16). But a sense of self projects into the future so the story of self, at least in the context of this study, does not have an end.

Analysis of narrative too seeks, through its methods, the stories of individuals but at the point of analysis, synthesises them inductively through the recursive creation of categories and concepts that hold (or not) across the individual stories (p.12). The following section outlines in detail how I did this. Broadly, this approach enables focus on the content and meaning exhibited in storied data (Mishler, 1986b; Sutton-Smith, 1986) and seeks responses, actions, and understandings that appear across this data (Denzin, 1989). Emerging categories or themes develop through the dual process of iterative induction derived from the data and through reference to existing theoretical knowledge in the sphere of the study's focus (Polkinghorne, 1995). Grounded Theory is an example of this approach in that it seeks to build theory inductively from the particular (Glaser & Strauss, 1967). This study, largely due to my epistemological and ontological commitments does not seek to create theory. Nonetheless, I do not wish just to present and explore the stories of individuals, but to seek thematic commonalities and differences within and between them.

Analysis of the data was broadly guided by the six phases of reflexive thematic analysis outlined by Braun and Clarke (2022) and Saldana's coding methods (2021). Coding was a dynamic process involving continual development and review with early codes expanding and contracting over the phases; sometimes jettisoned or reintroduced (Finfgeld-Connett, 2018) and a more cyclical than linear process (Saldana, 2022 pp.88).

6.2 Familiarisation

Familiarisation with the data began at transcription stage which I conducted myself (Brinkmann & Kvale, 2015). Interviews had been recorded on two audio sources in case one should fail. As per the data management plan, after each interview, audio files were transferred to the University of Edinburgh Active Data Storage secure service and deleted from the original sources. Transcriptions were done verbatim but did not include intonations or exclamations that were not word based. Laughter and body language such eye roll, or voice tone that might suggest irony or sarcasm were noted in the script using square brackets. Dialects were maintained through phonetic spelling, for example, “noo” for “now” and “ken” for “know”. Other aspects such as the speed of a response to a question were noted where it appeared significant. For example, one participant responded without hesitation “safe” to the question “what does home mean to you?” This was recorded as “Safe [immediate answer]” in the transcription.

Some descriptive codes (Charmaz, 2014) were made along with marginal notes highlighting points of immediate interest and queries to return to (see appendix B). The objective was both to capture what was said and register my initial thoughts about the data. A reflective analytic memo (Saldana, 2021) was created at this point and continually updated during later stages of analysis with colour codes to indicate the phase of analysis (see appendix D). This working document captured the evolution of draft codes, categories and themes (see section 6.4) and the reflexive journal updated to include reflections on procedural aspects of the interviews themselves. This included observations on the efficacy of questions, prompts and probes in generating full participant responses and notes on some non-verbal content such as body language, interview dynamics and observations about the space used for the interview (see Appendix C).

The dual process of absorption in the data, greatly aided by self-transcription, and maintaining the reflective journal and analytic memo began the seemingly contradictory, but desirable process of immersing myself in the data, whilst maintaining the level of distance required to stimulate critical engagement (Braun and Clarke, 2022, p. 43). Complementing this, ongoing (re)engagement with familiar and new research literature helped expand connections in the dataset with existing

research, theory and the wider policy context (Braun and Clarke, 2022, p. 44). An example of the latter was the publication of the independent review of Scotland's care sector during this phase of data familiarisation which provided further, relevant content to link to the dataset and support the move beyond more descriptive, surface level interpretations towards a richer, more inquiring sort. My ability to do this, to demonstrate what Braun and Clarke call "analytic sensibility" (2013), was further attuned in the next, more systematic phase of analysis.

6.3 First cycle coding

Systematic, inductive, initial coding formed the next stage of data analysis, moving beyond descriptions and initial, unreflective responses (Braun and Clarke, 2022; Charmaz, 2014; Saldana, 2021). A code, as Saldana observes, is "most often a word or short phrase that symbolically assigns a summative, salient, essence- capturing, and/or evocative attribute for a portion of ... data" (2021, p.5). Echoing Saldana's view, I view codes as a discrete unit of analysis that capture key elements of the data: "Codes are essence capturing and essential elements of the research story that, when clustered together according to similarity and regularity (i.e., a pattern), actively facilitate the development of categories and thus analysis of their connections" (2021, p.13). As Charmaz notes, coding "generates the bones your analysis" to then be assembled into a working skeleton (Charmaz, 2014, p.113).

Data were generated from participant responses that focused on personal meanings. It was important to keep open the possibility that a range of code types might be suited to yield rich responses from participant responses rather than employing a prescriptive range of codes which might impede this. Coding at this point was therefore open and inductive (Saldana, 2021). Nonetheless, as expanded on below, a number of code types proved most useful and the approach was more akin to "pragmatic eclecticism", (Saldana, 2021 p.90) the position advocated by Saldana which draws on coding types that most closely align with the research question and its ontological, epistemological and methodological positions (Trede and Higgs, 2009). These were process coding, in vivo coding, affective coding, and to a lesser extent, magnitude coding (Saldana, 2021).

Process, or action, coding captured both simple activities, for example playing football and spending time with friends, but more helpfully "conceptual actions"

(Saldana, 2021) such as surviving, adapting and negotiating. Processes, as Willig observes are also embedded in psychological concepts, including identities and trust because these are things “people do rather than something people *have*” (Willig, 2015 p. 146). Young people’s developing sense of self is an active, ongoing process embedded in everyday routines, rituals and relationships and process coding proved to be well suited to capturing this dynamism.

Some *in vivo* coding was used at this first stage, but mostly shorter pieces of speech were used. Like process codes, these captured something of the action of the young people’s stories (Saldana, 2021), and were applied more where a summative word or phrase was insufficient to encapsulate what was being said. Using the direct quotes in some way brought me closer to the data, and to the participants’ stories (Cresswell, 2015). “Went to a dark place” and “pushed people away” are examples from one participant. In such cases, there is a clarity of content and richness of context and language that I feared would be diminished or lost in the application of my own summative code. “Pushed people away” proved to be a recurring motif for other participants too, referring to moments where they actively resisted efforts of staff to develop relationships with them (see chapter four).

Affective coding methods helped capture the emotions, values and attitudes of participants (Liu, 2015). A recurring code in the data was “anger” which was assigned to moments where participants described this emotion as dominant at varying stages of their life, but particularly prominent in young childhood. “Recognised”, “loved” and “judged” are other examples emerging from this coding method, capturing the ways in which young people were affected by their experiences. Affective coding also encapsulated the values and attitudes of participants (Gable and Wolfe, 1993) and as Saldana observes, is therefore well suited for studies into identity, intrapersonal and interpersonal participant experiences (Saldana, 2021 p. 168). “Responsible”, “streetwise”, “trust” and “credibility” are examples of value codes used using this method.

Some magnitude coding was used too, largely to capture participants’ broad evaluative positions on common questioning themes such as whether, for example, an experience of secondary school had been largely positive (POS), negative (NEG), neutral (NEU) or mixed (MIX), (Saldana, 2021). In this sense it might be

seen as an extension of affective coding, providing a way to record attitudes to a topic, but applied where a broadly positive or negative attitude to the topic was sufficient and the number of incidences were of more relevance than detail of the content.

6.4 Second cycle coding

Interview transcripts were again reviewed, and a second cycle of coding was completed prior to categorisation. A few codes remained the same, but the large majority were re-coded to *in vivo*. In contrast to the brief or one-word versions in the first cycle, these codes were longer pieces of verbatim text that better captured the context, colour and meaning of the data. In keeping codes expressed in “terms used by the [participants] themselves” (Strauss, 1987 p.33), the meanings of their views and actions were preserved (Charmaz, 2014). Somewhat counter intuitively, this approach shifted data analysis further towards an interpretive endeavour: using their own words, rather than my own summative interpretation, preserved, and most succinctly expressed, the meaning of that portion of data, and this facilitated the move to a more conceptual, interpretative analysis.

Saldana (2021) warns of the potential limits of *in vivo* coding at later stages of data analysis in generating more conceptual or theoretical perspectives on a phenomenon. However, he argues that *in vivo* may well be the sole coding choice at the early stages of analysis, and indeed appropriate throughout in smaller scale studies. Certainly, the preservation of the young peoples’ voices at this stage of my analysis displayed the two characteristics of *in vivo* coding identified by Strauss; those of imagery and analytic usefulness (Strauss, 1987 p. 33). The latter in that they successfully expressed “specific meaning” (p. 34) to passages of data, and the former in that they did so in “vivid imagery, inclusive of much local interpretative meaning” (p.34). This colour lent a vitality to the data. However, perhaps due in part to the locality and specificity of *in vivo* codes, their suitability at the categorisation stage, where patterns amongst and between codes were sought (Saldana, 2021), was more limited. Nonetheless this stage marked a deeper level of engagement with the data; that in my selection and assemblage of the direct words of the young people, meaning was being co-constructed between myself (the researcher) and the participants: a felt sense of the study’s epistemological orientation. I have tried to

preserve the vitality of the *in vivo* codes through the liberal use of participant quotes in the Findings chapters (chapters four and five).

6.5 Categories

The second cycle *in vivo* codes were synthesised into categories; “families” of codes that share some characteristic that began to form a pattern (Saldana, 2021, p.13). Categories are synonymous with what Braun and Clarke refer to as “initial themes” (Braun and Clarke, 2021 p. 35) but I use Saldana’s terminology to maintain the distinction between categories and (final) themes. At first this was done sequentially through the 13 participants, with first cycle codes assigned “essence capturing” names (Saldana, 2021 p.13). First cycle codes were printed out, re-read, annotated and assigned a draft title. Through this process, recurring topics became apparent, but the groups of codes were too numerous to enable meaningful analysis, numbering over 100. As noted in my reflexive journal, there was perhaps an element here of not being willing to ‘let go’ of the data here.

This process was repeated with the additional strategy of comparing and synthesising categories across participants. Thematic hierarchies were created and categories were reduced from over 100 to 34, with some held as sub-categories of the principal categories. There was a degree of abstraction in this process, with codes being categorised under increasingly more conceptual titles (Saldana, 2021). For example: ‘sportsman’, ‘voluntary work’ and ‘the talent’ were categorised under the title ‘resignification’, denoting the *meaning* of these phenomena to participants in relation to asserting identities that moved beyond those ascribed to them, such as school failure or being in care.

This process of abstraction was employed in a further review, resulting in 34 categories synthesised into a total of 21, again each with a family of sub-categories. This final group of 21 categories, or candidate themes (Braun and Clarke, 2021), formed the basis of the development of the final themes.

6.6 Developing and reviewing themes

This stage of analysis represented the most radical revision of categories. The aim was to identify shared meanings across categories and place them under central organising concepts (Braun and Clarke, 2022) that would steer the narrative at

write-up stage. A central concept, or theme, “captures and unifies the nature of basis of the experience into a meaningful whole” (DeSantis and Ugarriza, 2000, p.362) that when brought together enable the weaving together of a coherent narrative; a storyline of the data (Saldana, 2021). Theme generation incorporated two new components. Firstly, by comparing categories with themes from relevant literature, (Bernard et al., 2017) the process became more theoretically orientated. How, for example, did my data match or contrast with the broad consensus from policy and literature that positive relationships are central to good outcomes for care experienced young people? (see Independent Care Review, 2020b; Scottish Government, 2013; Stein, 2006b; Welch et. al., 2018). And in shaping the themes, in what ways did my data build on this knowledge? Reflecting on these theoretical-data relationships led to a more deductive approach to data analysis as the relationships between the two clarified. At this point elements of the ‘story’ of the data began to emerge.

A risk of this stage of analysis, as Braun and Clarke observe (2022), is that the increasing abstraction of themes to develop a “rich, nuanced analysis” (p. 91) can distance the researcher from the data. A degree of validity checking of existing categories and emerging themes was required. To do this, recursive moves were made between the data and the developing analysis to ensure that the emerging themes did not stray too far away from the data (Braun and Clarke, 2022). Viability checks were done for each theme framed by the following questions: does it work in relation to all the data it is supposed to evidence; what are the boundaries of the theme (what does it include/exclude); is there enough data to support the theme; is the data contained within coherent within the theme; and does the theme convey something important? (Braun and Clarke, 2022). A final, and important check, was to relate the emerging themes back to the dataset. First and second cycle codes were mapped against each theme, represented in a table (see appendix E). This captured in one place, the relations between the first and second cycle categories and the themes.

The final four central organising themes were:

- Journey to myself
- Done to, and fighting back
- (un)safe spaces: relationships, processes and practices
- Making family and community

6.7 Review of themes and write up

Through the process of formal writing up (Braun & Clarke, 2022) I intended to weave together the narrative into a coherent story. The four themes above were presented in two chapters under the headings 'Journey to Myself', and 'Managing myself, making family and the search to belong'.

7. Ethical considerations

7.1 Relational Ethics and phronesis

The ethical orientation of this study is guided by the wider values I hold about the fundamental relationships between myself, the participants and other parties within the study. I agree with Nel Noddings that "we are, by virtue of our mutual humanity, already and perpetually in potential relation" (Noddings, 1984, p. 86). The nature of these relationships in a research context demands attuning to both the relational dynamics of interactions, in particular the interviews, as well as participants' experience of the phenomena; the data (Ravitch & Carl, 2016; Fine; 1992; Newbury & Hoskins 2010; Noddings; 1984). As Finlay puts it; "the researcher's attention slides between the phenomenon being researched and the research relationship; between focusing on the co-researcher's talk/thoughts/feelings and exploring the relationship between researcher and co-researcher as it unfolds in a particular context" (2019, para. 12). Addressing issues of power, identity, and the need to contextualise interaction and data is at the heart of this relational stance (Ravitch & Carl, 2016). Again, reflexivity provides the best method to address this, and my role was to reflect on both the differences between myself, the participants and other parties, and to regard these differences as valuable, and reflective of the local contexts and tensions that shape different funds of knowledge (Ravitch & Carl, 2016, p194.) I agree with these authors that these are not essentialised differences, but rather "the natural differences that exist between two people, including the shared value, worth and humanity of all people." (Ravitch & Carl, 2016 p. 194; Appiah, 2006; Erickson, 2004).

A second influence of my ethical practice was Aristotle's concept of phronesis, or practical wisdom, which emphasises the personal capabilities of an individual to perceive moral particulars, as well as universally applicable moral rules (Aristotle, 1994; Brinkmann & Kvale, 2015). In the research context this is marked by "the

ability to appraise and act upon particular situations” in a way that is conducive to wider ethical commitments (Lovibond, 1995, p.101). Practically, this is the ability to see and describe events in their value-laden contexts and to judge accordingly; to cultivate ethical proficiency rather than mechanically following universal rules (Brinkmann & Kvale, 2005). This approach is perhaps most evident in my approach to interviews but also at the analysis stage, where I have attempted to provide “thick ethical description” (Brinkman & Kvale, 2015, p,101). This involved two processes, the first of which was to provide, where necessary, a context for the events being described. This might involve invoking the wider features of the young person’s life, such as their residential setting, or school exclusion to help frame a comment. Or it could refer to aspects of the interview context in which, for example, providing detail on body language or tone of voice might suggest a meaning other than being expressed in text, such as with irony or humour (Brinkman & Kvale, 2015).

7.2 Processes and procedures

As Ravitch (2016) and others observe (Ravitch et. al., 2017), in addition to relational deliberations, ethical research requires consideration of transactional and procedural matters; the ethical frameworks set out by the institutions and professional networks in which we operate (Lincoln, 2009) and the processes put in place to meet these. Such measures produce important safeguards for the participants and emphasise the accountability of the researcher. Below I set out these measures and include detail of how these were managed in the research arena, mindful that whilst ethical codes guide action, the ways in which I communicated with participants was what makes my research ethical (Glesne, 2016). In doing so I elucidate the ways in which issues of power and identity were addressed through a relational perspective.

Like Creswell and Poth (2018) and others (Lincoln, 2009; Creswell, 2014; Mertens & Ginsberg, 2009), I considered what measures would be needed prior to and during each stage of the research. The development of the study was informed by the ethical guidelines issued by the British Educational Research Association (BERA, 2018) with formal ethical approval granted by Moray House School of Education & Sport’s ethics committee prior to the study commencing. This was granted at level three out of a possible four levels, with one being desk based non- participant research and level four sought for potentially problematic research. Level

three was selected due to the generation of potentially sensitive personal data and engagement with an “atypical participant group(s)”. The study included young people aged under 18 and young adults from a demographic often positioned as vulnerable (see chapter one) who were being invited to share personal information about their lives. The potential for ethical issues that might require more detailed consideration, but unlikely to prove problematic, was also a relevant feature of this grade of ethical approval.

Gatekeepers were sought to identify suitable participants and to provide ‘in principle’ consent for their residents to take part (see 4.3.1). Age-appropriate information was shared about the study via the GOs including a clear statement of purpose and details of potential participants’ expected engagement (see appendix F and 4.3.3 for GO differentiated approaches to participant engagement). For those that wished to take part or who were at least curious, informed consent was secured from their social worker (if under 18) and later, at interview stage, by the young person. Here voluntary engagement was emphasised along with the option to leave the study at any point, with no reason required to do so.

7.3 Outsider/insider

At interview stage, whilst acknowledging my status as an adult, authority figure (white, male, professional role), power differentials were minimised where possible (Brinkmann & Kvale, 2015; Kvale, 2006). The emphasis, expressed in the shared information and reinforced at interview, was on my role as an (“intense”) listener (Rubin & Rubin, 1995 p.17) and my expressed hope to understand their experiences and perspectives, to momentarily attempt to ‘step into their shoes.’ One way I was able to do this was to draw on my outsider status.

To the GOs, I was something of a mix of outsider and insider (Hellowell, 2006). An outsider to the Scottish care ‘system’ and to the residential care sector more broadly. However, my years working in education with a range of young people, including those with care experience (see chapter one), perhaps lent some credibility to claims of insider status, particularly with regard to shared professional understandings, skills, capacities and safeguarding knowledge. Nonetheless it was possible, or likely, that I was perceived as an outsider by the young people. Other than being a stranger to them, my declaration of a teaching background in the

interview introduction (rather than a residential worker), and my English accent (not from Scotland) marked me as out as different to them and positioned me outside the residential care sector. Similarly, my professional status (a researcher/teacher) would have class connotations which could emphasised the power asymmetry that exists in any research interview (Brinkmann, 2018; Brinkmann & Kvale, 2015; Kvale, 2006). And for these reasons it might have been assumed that I did not have the experience of being in care, to share with them the identity that I was investigating. Whilst I do not regard these as necessarily the perceptions of the participants, nor necessarily barriers to a productive interview, (Brinkmann & Kvale, 2015) I took a number of steps to ensure that the dynamic of the dialogue mitigated against the possibility that participants felt compelled to provide certain types of responses, or any at all as a result of a power differential. And through my post interview reflections (see appendix C) I consider the ways in which this power asymmetry may have influenced their responses (Brinkmann & Kvale, 2015).

I chose to present in casual but smart clothes at two of the GOs on the basis that a suit or equivalent would have unduly emphasised the power differential, whilst being too casual may have given the impression that I was not taking our meeting seriously (Goffman, 1959). At the third GO, I took my lead from the staff, some of whom presented smartly. I too attended meetings with them and my interviews in a casual suit. Encountering adults in smarter clothes appeared to be a cultural norm and something that the residents were used to; it seemed that the implicit cultural message was that this is one way that, as adults, respect and care can be shown towards the young people.

During interview, my first approach was to use this positionality as an advantage, to ask questions about systems and cultures as a naïve outsider (Hellowell, 2006). In doing so, interviewees were intentionally and necessarily positioned as experts and, with their help I shared my hope, via the research, to deepen insights into the experiences of young people in residential child care. Participants were reminded that they had the option to choose to what degree they answered my questions, if they chose to answer at all, and were reminded of the option to leave at any point (O'Reilly et. al., 2013; Patton, 2002; Rubin & Rubin, 1995).

Mindful of the potential vulnerabilities of participants, particular consideration was given to how to manage situations where individuals, who may have experiences of significant trauma, might experience distress when invited to reflect on their past. Whilst this proved not to be the case, and in fact many reported positive experiences of the interview process, measures were put in place to mitigate this risk. The GO's knowledge of the young people, and their role in referring them, reduced the likelihood that young people who might be particularly vulnerable would be put forward to take part. Prior to interview, access was offered to a known, supportive adult should it be required (O'Reilly et. al., 2013). It was also made clear that with the exception of disclosures of current harm to them, I offered confidentiality and anonymity in our discussions. My outsider perspective perhaps lent credibility to the claim that I was not there to judge their stories or have any authority over their lives should they tell me something that in other circumstances might have consequences. Patton (2015) identifies the risk of falling into a therapeutic dynamic in interviews with potentially vulnerable populations. To address this, care was taken not to probe 'behind' the responses participants gave and questions were framed and posed from a position of curiosity rather than of helper. In case I transgressed into a therapeutic role, appropriate post interview signposting was made available should a participant become distressed, though again, this was not required (Kodish, 2005).

In managing the interview dynamics, I drew on my professional background working with young people with social, emotional and behavioural needs (SEBN), to deal sensitively with potentially distressing content. For example, one potential point of discomfort might have been questions centred on young peoples' lives prior to entering care. This was a question I asked to gauge if, and in what ways, they considered this to be relevant to their current circumstances. Some participants had volunteered this as part of their narratives to other questions. Others had not. My approach was to wait until the second interview and ask the question; "is there anything you'd like to tell me about your life before coming into care that will help me understand what you have told me so far?" In asking in this way, participants were able to tell me as much or as little as they liked. Two declined to talk about life pre-care and others either responded directly to this or had done so already. There were no signs that any had experienced distress as a result of the question.

At the end of each interview, participants were asked if they would like to choose an alias (none did) and if they had any questions. For the few that did, these ranged from whether I was care experienced, whether I had worked in residential care, why I was doing the study, and what would be happening with the information they had given me. I answered these as honestly and thoroughly as I could, offering reassurance of anonymity and a commitment to, as best I could, do justice to their perspective. I offered to share the study with them, via the GO once it was published.

8. Ensuring Trustworthiness

In their totality, many of the research strategies and processes presented so far enhance the trustworthiness and credibility of this study. Here, drawing on Guba & Lincoln's criteria for quality interpretivist research (1984; Lincoln & Guba, 1994), I bring these processes together to demonstrate explicitly how the quality of the study, under these terms, has been ensured and maintained.

8.1 Credibility

The degree to which confidence can be invested in my research; in the ways the data is presented, interpreted and in the methods used to gather the data, determine its credibility (Connelly; 2016; Polit & Beck, 2014). A guiding question for a study's credibility is to what extent the presentation of the data represents the views of the participants (Polit & Beck, 2012), or represents what Cope refers to as "the truth of the data" (2014, p.89). Speaking to the "truth" might seem to lean awkwardly towards positivist evaluative criteria and indeed attempts have been made by some interpretivist researchers to mimic criteria such as validity and reliability (see Silverman, 2001; Pitts; 1994). However, I retain Lincoln and Guba's terms which seek, in interpretivists own terms, to ensure the quality of the study (1994). Here the particularistic nature of qualitative inquiry does not seek to establish 'truth' in positivist terms and I use it here more as a metaphor to explain the ways in which my data reflects, as best as possible, what the participants told me. Through 'showing my hand' as the researcher, in the reflexive approach I have taken throughout, and the maintenance of an audit trail of decisions prior to and during the study, I have made explicit why and how data has been collected and presented (Cope, 2014). One way I have done this is to show how at the later point of theming the data, I have introduced literature beyond that covered in chapter two to further

enhance the process of meaning making. Simone de Beauvoir (2018), Axel Honneth (1995) and literature relating to character role models (Johnson et. al., 2016) all provided additional ways to approach the data, the inclusion of which demonstrates a commitment to making the best sense of young people's stories, thus enhancing the study's credibility (see chapter six).

Another important measure to give confidence that I "accurately recorded the phenomena under scrutiny" (Shenton, 2004, p. 64) is member checking, the process of verification with the participants that what you are capturing and reporting accurately represents what they said (Cope, 2014; Guba, 1981; Guba & Lincoln; 1989; Shenton, 2004). This was conducted during data collection, specifically during the second or subsequent interviews. After transcription of the first interviews, clarifications on meaning of words, sequences of text and my interpretations were sought with each interviewee and incorporated into the data analysis. Member checking for emerging themes and patterns of observation at the analysis stage, (Guba, 1981; Shenton, 2004) was not possible. My prolonged engagement with participants (average 2 interviews) was necessary for methodological reasons (see section 3) but I would argue that to request further engagement at analysis stage would have not been ethically justified. In addition, my role as interpreter and co-creator of the stories (see section 2) entails a more active role than relaying the stories of the participants. Here my understanding of credibility is about not mis- representing the *meanings* of the stories young people shared with me. That, I was able to do during data collection as described. Sense checking subsequent emerging themes with participants might not have been so fruitful as by then a degree of abstraction had taken place (see 6.5) that may have obscured, through synthesis, elements of their individual story, but nonetheless represented something of the "truth" (or at least my interpretation of it) of their account. Instead, substantial participant engagement in the interviews provided the opportunity to meet two further criteria for credibility. Firstly, it provided the conditions for "persistent observation" of the phenomena, with extended, reflexive interaction increasing the justification for the ways in which I characterised the phenomena (Guba, 1981 p. 84). This in turn yielded rich data that enabled "thick descriptions" at the write-up stage; detailed accounts that conveyed the "actual situations that have been investigated" in a way that allowed the reader to ascertain whether the overall findings "ring true" (Shenton, 2004, p.69; Cope, 2014; Guba; 1981).

8.2 Confirmability, dependability, transferability and authenticity

The above strategies also contribute to the confirmability of the study, one of four remaining criteria for trustworthiness (Lincoln and Guba, 1985; 1994). This relates to the ways in which the study reports data that has been derived from the experiences and ideas of the participants, rather than the preferences or biases of the researcher (Shenton 2004). Again, my reflexive commentary, an audit trail of decisions made, thick descriptions of the data during analysis and a statement of my positionality provide the reader with tools to decide the degree to which I have succeeded in this. Indeed, a fellow researcher might be persuaded that that such processual detail enables the replication of the study in similar conditions, thus enhancing the “stability of the data over time”, or the dependability of the study (Connelly, 2016, p.435; Polit & Beck, 2014). The transferability of the findings to other settings (Lincoln & Guba, 1985), as Sandelowski (1986) observes, might only be relevant if seeking to make generalisations about the phenomenon. Whilst being cautious about the limits of this, the inclusion of information about the participants, their setting and the data set out in the findings aims to provide sufficient context for the reader to ascertain the transferability of the findings to the wider residential care population. Finally, in positioning the young peoples’ stories at the centre of my study and where possible expressing their experiences in their own words I hope to have faithfully conveyed some of the depth and reality of their experiences, including the emotional content, and therefore demonstrated the quality of authenticity (Guba & Lincoln, 1994; Connelly, 2016; Cope, 2014).

9. Concluding Remarks

This chapter has set out the methodological approach to this study. First, I presented the three guiding research questions. I then situated the study within the interpretivist paradigm, followed by an account of narrative inquiry, the methodological framework I adopted. I then presented the research strategy, including details on how I conducted narrative interviews, followed by an exposition of the process of data analysis. Finally, I reflected on the ethical considerations prior to and during the research, and gave an account of how I ensured trustworthiness throughout the process. In the following two chapters I will turn to the findings from my study.

It starts with self. I had to have that journey with myself. (Fiona, 27)

Chapter Four

Journey to Myself

1. Introduction

This chapter is the first of two in which I set out the findings from this study. In it I focus on young people's developing self-understanding. There was a strong sense, particularly amongst older participants, that the trajectory of young peoples' experiences pre-care, in care, and beyond care is described, and made sense of, in terms of an increasing understanding of, or 'journey to' themselves. This greater sense, or knowledge of self, the constituents of which will be presented below, is characterised as an incomplete, ongoing and non-linear process but one that ultimately fosters greater personal wellbeing and self-worth.

The second findings chapter explores the tension between young peoples' desire and need to be self-sufficient and express agency, and the need and desire to accept care and support from others. It considers the ways young people manage socially imposed identities, such as being in care, and resist the sense of being 'done to' by others. Finally, it demonstrates how young people construct their own versions of family and community in search of a sense of belonging.

1.1 Chapter summary

This chapter is divided into seven sections, each of which covers one of the principal sub-themes constructed from the analysis of data. Firstly, many participants described the ongoing and complementary processes of making sense of who they were in the past and who they are now. Coming to understand who they are now is enabled by a re-appraisal of who they were at certain points in their lives; "I wasn't a bad child, I was a troubled child" (Mary, 19) and this understanding facilitated acceptance of who they are now and often provided foundations for more hopeful, secure futures. Where young people had been supported by key individuals to make sense of their stories, to engage with new interpretations of theirs and others (in)actions, and to find the missing parts at key stages of their journey, this

increasing self-knowledge is experienced as broadly positive. This is explored in Section 2, ***Making sense of the past***.

Relationships are identified as being crucial to the complex process of self-understanding, principally between a young person and a skilled, supporting individual. Section 3, ***“That one person”*** identifies who these relationships were with and how they supported this process. For some participants, residential care provided the chance to experience a missed childhood, reflecting the adult roles and responsibilities they had been required to adopt pre-care.

However, there were apparent tensions between young peoples’ desire to assert agency, and the need to receive care and support. This is explored in section 4, ***“Feeling older”; missed childhoods, early adulthood and Care as the “chance to be a kid”***. Young people who were made to feel like they mattered to key individuals described caring and reciprocal relationships and a sense that they had been recognised. Being seen, or recognised by significant others was, for the young people in this study, a step towards greater self-understanding. Section 5, ***Mattering and recognition***, presents these findings.

The journey towards self-understanding was not always gradual. Some young people described moments of sudden and profound self-learning, often linked to major life events such as care and educational transitions. Section 6, ***Moments of epiphany***, describes these transformational experiences.

Section 7, ***Surviving, cared for and caring for***, presents findings that show how the journey to self-knowledge may be characterised in broad terms as one that moves from being self-centred or self-regarding, “I didn’t care about anyone else” (Mary, 19) towards being both self and other-regarding (compassionate, knowledgeable of others, caring for others), as Jill (22) reflected: “[Care has] made me more compassionate, definitely. I think I was just dead selfish to start with, selfish in my own emotions, like I couldn’t understand other peoples’ emotions.” Importantly, these were the reflections identified by older participants. But strikingly there were many examples of expressions of care and concern for others from the ‘in care’ participants towards, for example siblings, animals and friends. For the older group, their ability to name this development, as well as to provide examples, was almost

universal, as was the fulfilment it provided, and was evident in their choice of hobbies, voluntary work and employment. For some young people, the support they had received to help their journey towards self-understanding provided social and employment advantages in their lives beyond care, giving them the tools, insights and confidence to navigate personal and work relationships in early adulthood. This is explored in section 8, **self-awareness and expert knowledge**.

1.2 A preliminary methodological observation

As alluded to above, the findings presented in this chapter draw, in particular, from the experiences of those participants who had left care. As will be shown, for the eight out of 13 respondents whose care had been experienced as broadly positive, participants describe the benefits of years of supportive input that had equipped them with the strategies, knowledge and language to undertake deeper reflection. For some, this support continued, and was welcomed beyond their time in care, as Fiona (27) said of her first move to independent accommodation:

They [RCC key workers] would take me to the flat and they would cook for me, I would be pampered, just to talk through, just to give me time, and it was never like an intense kind of thing it was just like, you wanna talk? Just to like, give me time.

Grace (26) still “pops in” to her old care home to visit staff and to see Mike, her ex-residential home worker, for help with “emotional stuff” such as difficulties with her daughter. Like Fiona (27), receiving post-care support seemed like a normal thing; this was her “unique family” and “Uncle Mike”, someone that she “loves to bits”. (Young people ‘making family’ is explored further in (chapter five.) The distance from the care experience that time provides, together with increased developmental maturity for older participants may also explain why this finding is most prominent amongst the care leavers in this study. Nonetheless there is evidence of at least an awareness of past behaviour, and a sense of having moved on from it within the younger participant group; “I used to be a prick in primary school. I got kicked out” (Danny, 16), that might suggest younger participants are on a similar journey to self, albeit at an earlier stage. Danielle (21), also describing herself at primary school said; “I was a little cunt” and “an angry child”, but now reflects that her school days were times “where I didn’t know who I was or what I was doing.” These insights suggest that young people’s behaviour whilst in care could be understood in terms

of the early stages of self-discovery, providing another lens to make sense of behaviours and emotions.

2. Making Sense of the Past

Analysis of the data showed that self-discovery is a deeply interpersonal project with key individuals providing 'a mirror' to a, sometimes dialectical, struggle between competing senses of self (e.g., 'I'm bad', 'weird', 'crazy', 'in control', 'an adult') and observations expressed by those to whom young people are closest ('you are funny', 'intelligent', 'loveable', 'a child'). Resolving, or at least recognising, these tensions was for some complicated by missing parts of the story such as those 'held' by others in their life before entering care. Contact with the birth family was now limited or non-existent; "there are still a lot of questions I don't have answered and I'm not going to get answered because social work aren't willing to answer them" (Mary, 19). There was some indication that these gaps in their own stories limited the process of self-development; where participants had opportunities to re-visit events through ongoing contact with those who shared, held or knew their story, they could reinterpret events and reappraise their perception of who they were at that point. Grace (26), on being asked to describe herself at 13 said: "[I was a] little shit. But I was hurt. I didnae understand what was happening and why it was happening to me and not my pals, so I was hurt. At times I felt angry." Regular "direct work sessions" (Grace) with her key worker helped make sense of incomplete narratives and interpret events; "when we sat down and we went through everything that I'd been through, like my mum, my dad, my dad's new wife, my dad's step kids, me and my brother, he [key worker] made me understand it." (Grace, 26)

Young people's desire to complete gaps in their story points to the importance of having a coherent, or at least digestible, narrative of the past as a precursor to understanding and accepting the present. Danielle (21) identified her care experience as central to helping her do this:

I wasn't as accepting about what had happened to me when I was younger because I didn't understand why someone would want to do anything like that... [care] has just helped me to be. It gave me the tools to be able to accept everything. I wouldn't have been able to do that if I wasn't in the placement that I was in, surrounded by the people I was.

For Jill (22), her worsening behaviour at school was given a fresh interpretation:

I feel like looking back now I realise that it was, one; I was dealing with my trauma and two; I was having to get it all out and I knew because I've watched my dad go in and out of prison, I knew that if I was 16 and I went to prison that would ruin my life. So I just thought I need to just get everything out, I need to get all my emotions, all my behaviours out before I turned 16.

For some young people, ongoing connection with birth family members or friends from childhood also tended to mitigate the impact of incomplete stories, providing connection to their past and continuity. As Jim (17) said: “[John’s a] good mate ... he tells me I’m his best pal ... he’s my longest mate since primary school and he’s seen the same stuff.”

Missing parts of the story may also be ‘held’ by systems. In contrast to Mary’s (19) frustration with social workers withholding information, Jill’s (22) access to case files provided an unexpected deep moment of revelation:

The first time I sat down and read the court notes from my first children’s panel, I read it with Mick. I was sat at the table, and was 13 at this point and I was like, “I really want to read these, I’ve never read them, would you sit down and read them with me?” And he was like “it would be a privilege”. We started reading about it and I turned to him and he was crying and I was like that [mouth open]. “Why are you crying?” And he was like ‘I just didn’t expect any of that. Didn’t expect to hear that’. And from then I came to understand that it’s okay to have emotions towards other peoples’ feelings.

This episode gave Jill the permission she felt she needed to be able to feel empathy towards others. Mick showing an emotional response prompted the revelation that she didn’t have to hold back her own emotions or block those of others, “I wasn’t allowed to cry ... when Mick cried, I got it. It just all made sense, and it’s alright not to block from what other people are going through, it’s alright to listen to it.” The interaction is also an example of a truly authentic relational moment and vividly illustrates the genuine, reciprocal relationships that many young people describe and crave and the often unplanned, ‘in the moment encounters’ through which development takes place. Knowledge of others and of self can come in both planned and unplanned moments and, with the latter, is often observed (rather than explicitly shown or taught) but often always takes place in the context of a strong relationship.

3. 'That one person'

Naomi (key worker) has changed me, the way I would look at things and see things, she would make me understand things differently to what I would ... do you get what I mean? So she changed my train of thought, like my way of thinking ... she would make me see that I can do this or that. Your past does not define you. Like, my future's what I make it.

(Mary, 19)

Young people identified those who helped them through this process of self-development. This included key workers in residential care, guidance teachers, P.E. teachers, friends, family members (adopted and birth family members) and in one case a social worker.

It is important to note that the idea of young people having a close relationship with 'that one person' captures perhaps the minimum requirement expressed by participants, exemplified neatly by Bronfenbrenner's observation that "every child needs at least one adult who is irrationally crazy about him or her" (Bronfenbrenner, 1991, p. 2). Most participants identified more than one person who had played, or continued to play, a crucial role in their lives. Mary (19) had "one person and that's Naomi, and I'm happy with that", but for all other participants, multiple relationships were described.

3.1 Personal qualities

Participants valued adults who showed a willingness to see and engage with every aspect of their lives; "it's not just me she's interested in, she's interested in my full life" (Mary, 19). And the possibility that this might be reciprocated; "I was invited to her wedding. And that was amazing".

Honesty, trust and tenacity emerged as valued personal qualities; "she just kept trying and trying and trying" (Mary), and for some, a direct communication style; "she's straight with me. She's strict but fair" (Mary). Warmth and humour were also valued in close relationships, as Kim (16) says of her key worker; "He has a laugh with you. He's always caring, there for you". Typically, close relationships were described as sincere and reciprocal; "you can tell that she cares" (Mary of her 'one person', Naomi).

Mary (19) expanded on the multiple traits of her 'one person' in terms of family roles:

She can be quite mummy-ish, see like when she's telling me off. But other times it's like a relationship with my sister. And other times it's like my fun Auntie. So she can be that strict parent, and then she can have fun.

By her own admission, Mary did not "trust easily" which may explain her investment in just one person. Her experience had taught her not to trust, to put a "wall up" to protect herself from the "traumatising" effect of someone leaving; "see as soon as you start building relationships, if they leave, it affects you ... it's like losing a family member. It can be quite traumatising so put up a barrier and you don't get hurt." Nonetheless Naomi, her key worker, persisted despite Mary being "rude" and "hostile"; "I didn't want her to like me. I think I don't like it when people get close to me. So I think again, it's like a barrier up straight away" (Mary). This theme of 'self-protection: the 'brick wall and 'the test' is explored further in chapter five, 3.2.1 but here, Naomi's persistence and tenacity was eventually enough to break down 'the wall' and Mary was able to engage in a vital relationship that lasted beyond her care experience.

Seeing oneself in another was important for some participants; "honestly she is quite amazing. Me and her are quite similar. Dead stubborn" (Mary, 19). Craig (18) was in part drawn to his key worker in recognition of shared character traits: "Me and Adrian were very similar people." This identification of a shared trait, or traits, was an important initial connector for these young people, perhaps in some way vindicating aspects of themselves. At the same time the adults showed qualities they felt they didn't have but admired, thus providing a model for who these young people might be (see next section, 3.2).

These relationships were so central to positive changes in young people's lives and, in some cases, life-saving that it is difficult to overstate their importance; "Irvin changed my life" (Craig, 18); "[Mrs Moor] genuinely saved my life" (Danielle, 21); "she changed my train of thought, like my way of thinking" (Mary, 19); "it was just like someone actually just presenting myself to me" (Fiona, 27); "the two of them [key workers] saved my life" (Craig, 18); "the relationships that I built with the staff I wanted to them to be there all the time ... I adored her, I loved her (Jill, 22).

The nature of these relationships and the way in which they interweave with every aspect of the participants' lives is discussed in greater detail in chapter six but, due to being foundational to all young people's accounts, will also appear as a recurring theme throughout the Findings chapters. In this section, the focus is specifically on the most important individual relationships young people made and the ways in which these influenced their growing sense of selves.

3.2 Role models

A few participants identified people who had been key to their personal growth, identifying qualities of character, life achievements and ways of being that inspired them to want to be like them. Craig (18) described five male staff at his residential care centre who had been 'very important':

In many ways they showed me what a man should be. They taught me different things that a man, that a father, should teach you. How to be a respectable man. How to be a gentleman ... How you go through life, you work, you have children, you pay for your children, you do what you need to do to keep them, to make them grow up as, you know, good human beings. And they taught me a good work ethic.

For Craig, this input from multiple staff members was perceived as making up for the absence of his father. One staff member in particular fulfilled this paternal role:

Me and Adrian were very similar people but we had one thing that was different. Adrian grew up with his father and his grandfather. I didn't ... Adrian grew up, so his father kind of showed him what to do. I didn't have that and I think Adrian's seen that and he took that as his duty, he took that role.

Craig was able to identify what was absent from his life and seek the people who were going to make up for this absence and help him grow. There is a sense that they were showing Craig how to be 'a good human being' by *being* good human beings, that these are qualities of character and acts of care rather than, perhaps, a set of learned professional behaviours, described by Craig in poetic terms:

I'm just looking out the windows right? And I'm seeing those leaves and the only way I can describe it is, see them leaves? When they fall off that tree, they don't plan their destination, where they're gunna hit the ground, the wind takes them there.

Craig's (18) choice of words here alludes to the intangibility of these human qualities, with poetic language replacing the prosaic to convey this. But it also highlights a moment of serious aesthetic appreciation of the natural world; he has noticed something remarkable about the everyday phenomenon of falling leaves. One interpretation might be that there was a natural, gentle ease with which Craig's carers guided his journey through care.

For Danielle (21), two individuals played a key role in her life during care; "I had good staff around me, two good connections" reflecting a moment of awareness during her teenage years that "I realised I needed people". Her secondary school guidance teacher "genuinely saved my life". As with Craig (18), it was admirable qualities of character that were valued:

I think that's just who she was as a person, like she just gave off a really trusting vibe ... she listened and believed ... said her door was always open. Really supportive ... [she] showed me the right way. She was trusting and friendly and warm, very present.

Echoing Craig's experience of learning through the observation of others, Danielle (21) described the impact on her when her other close connection, residential care worker Caroline, experienced bereavement:

Caroline losing someone in her family was a key thing for me. Seeing how she managed losing someone was a massive experience. She was so strong through that for the rest of her family and I wanted to be like that for people.

Caroline revealing something of herself in a moment of personal crisis resonated with Danielle (21), providing a blueprint for her own self-development and speaks again to the sense of genuine care valued in role model relationships. Caring adults being willing to share such events that shape, or have shaped, their own journeys seems important to help young people through theirs. Social pedagogical theorisation about the interplay between the professional, personal and private selves of pedagogues provides a helpful lens to view this process (see chapter two, 3.1.4).

An unexpected consequence of Danielle (21) aspiring to be "strong ... for people" ironically had the potential to restrict the benefits of this relationship: "I don't like speaking with Caroline about my anxiety and stuff like that because she is the type

of strong person I want to be". Here, Danielle's efforts to be more like her role model potentially closes off the support she needs to help her be "strong"; "sometimes I feel like, which is my own stupid fears, that she will see me as weak." Though her fear was mitigated by the belief that "she is never going to do that because she loves me". Here, Danielle's experience of genuine affection, or love, overcomes concerns that any failure to be "strong" will be negatively appraised by her role model.

For some participants, role model relationships were described in terms of meeting more specific ends. In Jim's (17) case, a developing relationship with a farmer inspired his educational choices and future career aspirations:

I go and talk to the farmer out there. It's the tractor driver I talk to. He used to go to the same college as me. He's been to the same college and course that I'm going to and now, he's a proper tractor driver, farmer.

Jim, as with other participants, recognised aspects of himself in the farmer, "he doesn't talk that much" and appreciated the advice from someone who had "been there"; "just stick it out at college, put all your paperwork in and all that." For Craig (18), a relationship with a residential care manager unlocked a highly successful career in sport; "[Tim] was a [proponent of the sport] and knows the best in the world ... Tim changed my life. I lost weight, got to a healthier size, and I'm known for being the world champion [in the sport]." (Craig, 18)

4. "Feeling Older": Missed childhoods, early adulthood and Care as the "chance to be a kid"

It was just an adult there to remind me of who I was. Just to remind me that I was a child. I don't know, I always just felt older.

(Fiona, 27)

Analysis of the data shows that some participants had, since childhood, a strong sense of feeling older than their age. Often this was reported as relating to their pre-care experience and the necessity to take on adult responsibilities. In Jill's (22) case, challenging home circumstances prior to entering care required her to assume a reversed parental role:

I had to tidy, do the dishes, make the dinner whilst my dad was on drugs, lying on the couch passed out. When he woke up everything had to be spotless so I had to live the life of an adult from being in primary and that just went an adulthood.

Mary's (19) experience too, alluding to the home circumstances that prompted her move into care, described how from a very young age she had to take on an adult role;

My mum would teach me how to make a bottle so she never had to do it. I probably raised my wee sister until I got taken away and I was a toddler, my mum didn't have anything to do with it [looking after the baby].

Clearly, a difficult pre-care home life was common to most of the participants, one often characterised by neglect. My analysis of the data show that such experiences nearly always involved premature immersion into the responsibilities and concerns associated with adulthood. For some, awareness of this missed childhood and early adulthood was acute but influential in different ways. Jill's (22) sense of responsibility distanced her from her peers:

I felt that what was going on in their life was nothing in comparison to what was going on my life like I couldn't relate to it, I couldn't relate to the fact that somebody's mum bought her a pink phone.... Like I'm worried about going home and the house is kicking off. It was just completely different like they were allowed to be children and I wasn't.

For Kim (16), the absence of a typical childhood helped her make sense of her own behaviour which she described as being characterised by "angry outbursts". "I'm 16, I'm obviously a teenager so I'm going to act like a teenager. And if I'm not acting like a teenager I'm acting like a child because I've not had a childhood". However, she acknowledged how her early experiences helped her now deal with adults with whom she had difficult relationships; "I'm not standing back and getting threatened by an adult because I've been through that all my life and I'm not having that now". Kim (16), along with other participants had developed a keen intuitive sense of who they could trust based on these early experiences, a survival instinct perhaps, described by Mary (19) as being "streetwise" (see 7.1). Nevertheless, they both had an awareness that they had missed something important in their early experiences. As Mary said, "I wish my childhood was different. I do."

4.1 Care experience and childhood

In sharp contrast, they and other participants framed their care experience as a chance for them to be a child. For Jill (22), her care experience provided that chance to “be a kid ... it wasn’t until I was 15 that I started going back to being a child, like I could go to my friends and not have to worry.” Like others, Jill here described childhood in terms of the absence of worry and responsibility. For Kim (16), being a child was also about freedom, but also having someone care for you; “[childhood is] just being, like who you are and experiencing what you want to do, being passionate about yourself, like my family never used to be passionate for where I stayed or nuthin’”. In contrast, she described her first day in residential care; “when I first moved in and he [key worker] got me settled in really quick. Obviously, I felt really ill that day and he brought me a book and water and that for me because I was not feeling too well.” Jill (22) too remembers the care and sense of relief she felt on the first day (aged 12):

The weirdest thing was I was in the shower, I opened the door and there was a staff member sat on the step and I was like “why you sat there?” and she said “I need to make sure you’re safe”. And that was the first time I’d ever had that, like somebody wanting to keep me safe ... I don’t know the minute she just said that I was like, wow! Like I just felt big weight lifting off my shoulder.

Notably, not all participants described their sense of premature adulthood in regretful terms. Fiona (27) described always feeling older; “I was like 7 when I came here [UK from non-European country] and I thought I was 12. I just never felt my age ... My friends were 18, older than me. So I didn’t feel young.” But her sense of adulthood implied a degree of agency: “I was always making decisions. And in my head I wasn’t 14. I felt like my counterparts. I was making choices to do things.”

Like Jill (22) and Kim (16), Fiona (27) also described her care experience as an effort to create a positive childhood, but in contrast to them she appeared to resist rather than welcome this. The long-term support she received centred around destabilising her sense of adulthood and reminding her that she was in fact, a child;

I still had this internal battle with how [the residential care setting] saw me. I didn’t want them to see me as this little kid who was being abused. I’m not. But then I was actually this little kid, but in my head I wasn’t.

Whilst she embraced her care workers' love and support; "they recognised me, they celebrated me", there remained an unresolved tension between how she saw herself back then which fluctuates between a remembered sense of feeling older, in control, not abused, and how the care workers saw her; as a child in need of care, protection and support. This appeared to be an ongoing tension, with an acknowledgment that her key workers were right in some fundamental respects; "you know it was just like someone presenting myself to me" competing with a real sense of agency; "I still made decisions ... I hold myself accountable ... I don't see myself as a victim". The ongoing, solid relationships with her key workers, "they're my family", provided Fiona (27) with assurance that this would one day be addressed; "it's something I will speak about but I've never worked through it with people ... I will at some point. 100%. 100% will speak to Adrian [care worker] because every time we speak the more we touch on it." (Fiona)

Fiona's (27) own insight, "I was just a kid trying to survive" seems instructive when making sense of many of the participants' accounts of their childhoods. And the perversity of needing to grow up quickly to survive, then being encouraged to "be a kid" (Jill, 22) in care was not lost on those who made early and often abrupt transitions out of care, when responsible, adult behaviours were actively encouraged in the move towards independence. As Danielle (21) said, "leaving [care] was when it snapped because I didn't have that freedom to do what I wanted and not lose anyone."

What is clear from the data is that for many participants, pre-care experiences demanded something akin to a survival response, often borne out of their extreme home circumstances and the requirement to take on adult roles and responsibilities. Care provided the opportunity to experience a more typical childhood, aspects of which were welcomed: warmth, care, healthy adult-child relationships and a relinquishment of adult responsibilities. For some it also provided freedom without the risk of rejection. Though as noted by Danielle (21) this was ironically a benefit lost once she left care at 18. Any resistance to attempts to create childhoods in Care was notably centred around the denial of agency that this implied, and in Fiona's (27) case, a strong sense that despite the insistence of others to the contrary, she was in control and responsible for herself. This is a theme explored further in chapter six (*Discussion*)

5. Mattering and Recognition

After three months in secure they had a celebration for me, you know just like little things, just like recognising a lot. And they allowed me to recognise and appreciate myself.
(Fiona, 27)

Young peoples' sense of being known by key individuals led to a deeper feeling that they, over time, mattered and were appreciated. As Fiona (27) indicates above, demonstrations of attentive care were markers of this, as was hanging in during difficult times, including periods where young people actively pushed those that cared for them away, described by Mary (19) as "the test" (see chapter five, section 3, 'Done to and fighting back) In this way, the sense of mattering to someone, an affective state, evolves over time and with staff who demonstrate this commitment. As Mary said of her key worker, Naomi, "she kept trying and trying and trying". Danny (16), describing the process of getting to a point to feel comfortable enough to reveal his feelings said it takes "ages. I still find it hard now, though I still do it", pointing to the value he places on the efforts of key workers to get to know him.

Danny's observation, as a 16 year-old still struggling to develop relationships with his carers, is indicative of the trend in the data towards fewer younger participants expressing a sense of mattering or recognition as a primary concern, most likely in part because they are still in the midst of these relationships and, as would be expected for their age, perhaps lack the self-knowledge to frame it in these terms. Nonetheless it is traceable in their accounts and may be a useful lens through which to begin to interpret their sense of self-development. Certainly, the reflective accounts of older participants would support this. Fiona (27), for example, said of her residential care workers, "they just saw right through me ... it was like they were presenting myself to me". In her case, care workers being carefully attuned to her wider needs helped create a sense of recognition:

They just take everything into account, even my cultural needs. I'm [from a non-European country⁴] growing up in a white society, just lots of things I didn't even think about. It was just everything, they tried to meet all of these needs I didn't even realise I had, I didn't even know were being met, I didn't even know that I had them to be met!

⁴ Not disclosed to protect confidentiality

The contrast of her experience in secure care, “it was just like, shit! It was so shit!”, helped Fiona (27) realise the extent of the recognition she was getting in her residential care setting:

I remember even the drive to secure and just all of that and I just had so much time to reflect and seeing other kids, the system and how it was with them, I had all of that and I was like “shit, I matter to these people”. Once you realised you are loved, and we are loved, we’re all here out of love, kind of I guess, that empowers you in so many different ways.

Fiona’s juxtaposition of the regimented and restricted culture of secure care, “I literally had no control over anything” with her experience in residential care, “we are loved” and the contrasting stories she heard from her secure care peers about their care histories was a revelatory moment; “these kids didn’t have anyone looking out for them, representing them as a person, as opposed to someone that just needs a place or so I was like, wow the [residential home] are actually trying to help me”. Such revelatory moments, present in other participant accounts are explored further below in section 6, ‘moments of epiphany’.

Some participants observed how key individuals would manage the challenges or crises they were experiencing by introducing an activity, such as driving, or playing a sport, to create the space to discuss and address difficult or painful emotions. This helped young people feel that they were recognised, and known. As Kayla (15) says:

If I’m upset and that, they take me for a drive. So we go in the car and maybe just get away from the house a bit. We speak about fun stuff that I’ve done before and then we come back and speak about it once I’m ready. I’m glad they do it and they actually know what’s wrong with me.

Danny (16) talked about one key worker who knew what to do when he felt angry; “he does active stuff. He used to just calm me down. He’ll play football or take me out for a drive, go for a run, go to the gym.” And Kim felt the only person she could speak with about her difficulties was a key worker who knew all about her:

He always used to take me on a drive, take me up to [Scottish city] because I’m from there. We used to ... sing all the time. He used to know everything that was going on and my background and everything. He’d be the only one that I could really speak to at the time.

5.1 Privacy and recognition

Whilst being recognised or known was important to most of the older participants, there were limits to this for some. When Jill (22) disclosed that she was gay to a member of staff it became an unwelcome topic of conversation amongst a much wider group as an important and private part of her identity became public knowledge:

Especially [with] my LAC meetings because it was important for them to find out what I was up to, what I was doing, how I was progressing as a person whereas it just felt as though “right, this is how care’s going. And how’s your sexuality going?” And I’m like, “none of your business!”

This very private sense of herself was afforded special and unwelcome attention from those involved with her care, and significantly constrained her capacity to present more salient aspects of herself; “It just felt like the only thing the people talked about. It wasn’t like Jill likes to play football or Jill likes to do this, it was more like Jill’s in care and Jill’s gay.” And ironically these interventions seemed to frustrate rather than support her development:

Why is me being gay a big topic of conversation? I think they really stunted me to be able to think like, “well it’s ok to me to be gay, it’s okay to me to explore my sexuality”. (Jill, 22)

5.2 Relational contexts

Jill’s experience might be seen as a warning as to what can happen when disclosures or explorations of sensitive aspects of self-development move from the realm of authentic and reciprocal relationships built on trust (the relational) to the realm of bureaucratic, impersonal care, “they don’t know me” (Jill, 22):

... then it was put in my LAC reports, my daily case notes and I was like “why is this? You don’t put when a young person is straight”, so I think that was a big issue for me because I thought whatever I talk to staff members about they going to go back and talk about it anyway.

When trust is broken, ‘the barrier’ is likely to go back up and in Jill’s case, exacerbated the stigma she already acutely felt from being in care:

I felt really vulnerable, I felt like people just wanted to talk to me about it and I didn’t want to talk about it. It wasn’t like, “I’m Jill and I’m gay.” And that was my thing, and I felt labelled especially being in care ... being in care okay, ‘you’re a weirdo’, and being gay, ‘you’re an even bigger weirdo’.

In contrast, her one person Miss Matlock, a school guidance teacher, 'knew everything' about her, including her sexuality, but Jill (22) described the day-to-day nature of the relationship that provided the context of that knowledge:

I go straight into her office where she'd be sat at the computer and she turned round to me and she'd make me a cup of tea and we'd have a biscuit and turnaround to me and have a chat ... She really took it upon herself to be there for me.

For Jill (22) and other participants, the development of a positive sense of self is nested within these key, day-to day relationships, emerging in organisational cultures that recognise and value all aspects of a young person's identity, respects their privacy and that sees the 'whole person' rather than only particular elements of their identity. Staff at Jill's secondary school, for example took the time to get to know her to create a curriculum that focused on her interests in woodwork, music and football, with access provided to the sports hall and music space when she was feeling angry:

I would go in and I would smash the drums. Never played in a band, always on my own. So when I went from zero to one hundred the teacher would say, 'go to Miss Moore' (the music teacher), she was brilliant. I'd peak through the window and say 'drums?' and she'd be like, 'ok'.

Extra curricula activities also drew on her musical talent and provided opportunities to flourish:

I would love playing jazz, like it would frustrate me because it's so difficult. Blake (a friend) at my school, he played the saxophone and my teacher would play the piano. And I would just sit and jam along and it would be brilliant.

Such opportunities allude to the process of re-signification (explored further in chapter six, Discussion) where young people have been given the chance to move beyond ascribed or inherited identity categories, for example being in care, to explore aspects of themselves that are more important to them. Here, the school recognised Jill's wider needs and talents and developed inclusive, bespoke strategies to develop these to enable her to be 'seen' and recognised in much

broader and richer terms. The response of the Head teacher after one of Jill's (22) violent outbursts also suggests a curious, caring school culture:

He sat me down and he asked me 'what's happening? What made you be like that that day?' And I must have sat with him for about an hour and I just explained everything ... that's the type, the stuff, that made me trust the school.

Jills' school were able to create the feeling that she was known to them, and mattered. The next chapter addresses in more depth the cultures of institutions in which such relationships flourish.

6. Moments of Epiphany

Whilst many of the participants described the journey to self-awareness as a relational process that evolves over time; "they [residential care staff] say 'no but you have done the hard work' and I say 'yeah but if you didn't instil something in me then I wouldn't have even realised my worth'" (Fiona, 27), it is noteworthy that there were also sudden and significant unexpected moments of self-realisation, often linked to major life events such as transitions or end points in care and educational settings. Fiona's time in secure, described earlier, was a revelatory moment in her coming to value the relationships she had within her care setting; "that's when I realised the seriousness of things, and also these people care about me. I need to be there, trust them". From thereon she had a new sense of kinship and belonging to her key workers and residential home; "warmth, warmth, warmth, safe spaces. Warmth and love. If I think places that I feel like that, here, the [residential home]".

Another moment was the sense of achievement she felt when, against odds, she started her university course; "I actually made it to Uni ... holy shit, I'm in the 1%, like, go!" For Fiona (27), university was a "re-birth", marked by a change of name to reflect her birth family and country of origin, representing something of a reclaim of an aspect of her identity about which she had experienced ongoing racial discrimination; "that is part of my identity, I am met with biases, whatever, and that can be daily, but I deal with that". This sense of achievement enabled her to be proud of this aspect of her identity and establish a reinvigorated sense of self; "I'm at university and I'm Fiona, yeah this is who I am, this is where I am, how I have got into where I am today." Fiona credits the staff at her residential home who were

sensitive to the needs she “didn’t even know [she] had” with giving her the confidence to express herself:

One day John [a care worker] said ‘one day you’re going to get rid of the paint blusher, you’re going to embrace your name, embrace your ‘fro’ and I was like, ‘whatever!’ And one day I was actually, ‘this is who I am’.

For Danielle (21), an abrupt end to her formal care arrangements and move into independent accommodation at 17 brought into sharp focus what was missing; “Leaving was when it snapped ... I was like, this is not what I wanted and I need somebody to look after me”. Until that point Danielle had developed a strong belief in the soundness of her own judgement, “I was 17 and I thought I knew better” and she “pushed people away” that were trying to support her. Her decision to expedite her move towards independence; “I was leaving and there was nothing they could say to convince me otherwise”, was an exercise of agency. But it took the reality of this experience for her to fully appreciate the support she had received in care; “I’d never really experienced people showing care like that. That shaped me in a good way ... it took the experience of moving out to realise that”.

Some participants reported seemingly minor events leading to moments of self-awareness. At school, Jill (22) described a protective instinct over another care experienced girl; “I became protective over her in a sense, but it was a sense of protection I’d never felt over anybody”. The girl’s disability and care status had attracted unwanted attention from others and Jill describes how she dealt with one particular bully; “I just battered him”. Her affinity, or sense of solidarity was tied to their shared experiences of isolation:

I felt like she got it. She got what it was like to walk down the corridor on her own. Looking back, watching her I was like “is that the way that people would have looked at me?”

In that moment, she saw through her observation of her friend, how others might see her. At school, the maintenance of a hard persona (and being “the clown”) seemed to be an important part of resisting the possibility that others might see her as different and vulnerable.

7. Surviving, Cared for and Caring for

A quite striking theme from analysis of the data is the characterisation of some participants' 'journey to self' as one that moves from being self-focused, or self-centred, "I was selfish in a way", to being more other-regarding, "now I worry about everybody else before I worry about myself" (Grace, 26). Jill (22) reflected, "I was just dead selfish to start with, selfish in my own emotions, like I couldn't understand other peoples' emotions". And Danny (16) said of his himself at primary school, "I didn't care about anyone or anything. I just did what I want. I didn't even care about my family." Now, however he said, "I care about my family now. And I care about what other people think."

7.1 Being "streetwise" to survive

These accounts of 'selfishness' may well be linked to the idea of safety and survival. Most participants, including those above, reported having a sense of survival, a self-sufficiency sometimes referred to as being "streetwise" (Mary, 19), a quality that they had learned from an early age and developed before and during their care experience.

As Jill (22) put it:

I went to this placement, I knew just from staff, I knew straightaway that I could trust them. Like there wasn't a look in their eye when I couldn't trust it and I knew that from very young because of all the emotions that I'd watched with my Dad but I'd realise, like I could see straight away when there was something alright with somebody.

Mary (19) described the utility of this skill:

Like me growing up, I can manipulate, that's a horrible word to use. But it's survival. You need something or want something, you need to find a way to get it. Because in care you don't get a lot so for you to get something you need to use these techniques to manipulate, to watch a person, to find out if they're a good or a bad person.

As Mary adds, this is something she learned herself; "You need to teach yourself these things, because nobody else taught me". Craig (18) said of his ability to read people;

[it's] like body language, you know. The way their attitude is when they walk in. You walk in and you've just got a shit attitude, just not being a nice person. I can kinda tell straight away whether I'm gunna like someone or not. Just from the way they've reacted when I've walked into that room

This sense of being streetwise can be traced in most of the participants' accounts, but is more pronounced and prevalent in those that had had particularly harrowing pre-care experiences. What participants call 'selfish' behaviour may therefore be understood as an instinctive survival response to a world that has been replete with adversity but lacking in consistent care.

7.2 Cared for and caring for

The qualities ascribed to staff that stick with it when developing relationships; tenacity, authenticity, honesty (see section 3, '**that one person**') are the constituents of trustworthiness. It is through these trusting relationships, developed over time that a feeling of safety and security is experienced and "the brick wall" (Mary, 19) can gradually break (See chapter five, 3.2.1); "It did go from professional to her having a soft spot for me, to me breaking down my barrier to her" (Mary). Experiencing care in this way creates safety and security and provides the conditions for young people to express care for others, to move away from being 'selfish' (surviving) to expressing care and concern for others; "I've got the capacity to do more. More motivation to give more"(Jill, 22). Importantly young people broadly expressed this as positive self-development – that they were now better people for this; "[Care has] made me more compassionate, definitely, I think I was just dead selfish start with" (Jill, 22).

Not all participants expressed caring for others in these developmental terms. Kim (16) described caring for others from an early age; "I had to be a mum figure to my wee cousin and that because my big cousin wouldn't look after her at all. I'd always be the mum figure to everyone because I'm the one that's always looking out" and said of herself now; "I prefer to care for everybody else, I don't like getting cared for". Though her reflection on why this might be is telling; "I've lived doing things all my life because no-one would really do it for me". Her approach might again be understood in terms of doing what is necessary to survive, that no-one was caring for the people around her and she needed to step into that role. There are parallels here with Jill's (22) account of premature adulthood and the reversed parental role she

assumed when her father was drunk and her mother imprisoned. The care was in some ways borne out of necessity (see section 5, 'Feeling older'). Nonetheless there were indications that Kim's (16) caring instincts, often characterised as fierce and, sometimes violent, loyalty, was a quality she felt had been with her from an early age; "my anger was out of control ... my cousin's got Down's syndrome, and someone says something about that then I will go crazy. If it's about my family then I will go mental".

Kayla (15) described herself as "caring and kind" and believed these to be traits she had always possessed; "I've always liked caring after people. I used to volunteer, when I was with my Auntie, I used to help old people, like a coffee morning or just spend some time with them and I loved that." When asked who had been important to her in life, she named her Gran and linked this relationship to her desire to care; "My Gran [is important to me]. I liked it because I care for my Gran, so I care after her and I like that, I like caring after her, after people." Interestingly Kayla, who had experienced significant pre-care and in-care adversity, including mental health issues, described how valuable she had found animal therapy, bringing together her love of animals and her instinct to care; "What's helped me recently is animal therapy. So when I'm angry ... some of the staff have horses and dogs and when I go along they make me feel calmer and sometimes make me feel safe."

From the analysis it can be seen that 'someone who cares for' can therefore be understood as something that evolves from a point of perceived self-centeredness or selfishness, towards a sense of oneself as other-regarding, with the experience of feeling cared for by significant others being at least influential, if not the necessary catalyst for this journey. Or, as Kim (16) and Kayla's (15) accounts show, it is something identified as being a salient, consistent and ever-present part of their identity.

Expressions of young people caring came in a variety of forms. One variety could be described as a type of solidarity that often surfaced in participants' accounts of their school days. As with Jill's (22) protective instinct for her care experienced and disabled friend, others identified individuals with whom they felt a bond of shared experience that inspired loyalty and care. Jim (17), for example said of his friend, "He's needy and that. He cannae go to a shop and speak because he's got some disability thing. So he needs me to speak for him. It's basically me but no-one else." Jim valued this

sense of being needed and uniquely placed to care for his friend, “it’s only me he talks to. Either me or his mum ... She trusts me but no-one else” but was clear about the mutuality of this relationship; “we’ve been in the same stage, getting bullied and that ... He stuck up for me so I stuck up for him.” Their long-term bond, “we’re like brothers ... I’ve ken him since nursery, primary, secondary ... over probably 10 years” cemented by shared adversity, “he knows what I’ve been through and I know what he’s been through”. The bonds of solidarity therefore are made by shared adversity or, in Jill’s (22) case, perceived shared adversity (see section 6, ‘**moments of epiphany**’).

8. Self-Awareness and Expert Knowledge

You need to be in care to realise what being in care’s like.

(Craig, 18)

The analysis shows that in addition to the streetwise survival skills developed from exposure to adversity, for some participants, the care experience itself had given them useful skills and knowledge that offered social and employment advantages. For Fiona (27), the understanding that “behaviour was communication” proved to be very useful in managing patients at the hospital she worked at:

I’ll be around adults who are double my age and they don’t have that knowledge of self or self-awareness. I think if you understand that there’s more to the patient’s behaviour than what we see, that makes you not stressed. You can actually come down to that person’s level, like into their world and speak to them.

Fiona attributed this knowledge to the ongoing work she did with her residential workers; “gosh that’s helped me massively. I think through the direct work, just self-awareness and understanding ... It was always about people’s needs and their needs being met or not being met”. Here, there is a sense that her own journey to self-awareness helps her understand and interpret the behaviour of others and an awareness that they too are on a journey in which she plays a part:

I always think of the role that I’m playing in that person’s life, in their journey, because I’m in their journey, that’s why I’m there, I’m there for them. I’m literally the person that’s there for a person in their world during vulnerable times in their life.

Fiona's (27) early care experience also proved useful in her early nursing training:

Like child protection, like when I was on my health visiting placement they were, 'how do you know this?' And I was like, 'because I used to be on child protection! [laughs] I was like I used to be the child sat there!

Notably this incident also indicates a level of confidence in her care experience identity; through sharing her child protection status publicly with her fellow trainees she is proclaiming her care history and directly drawing on it to demonstrate her knowledge. This awareness of self and others, or expert knowledge, extended to her personal life; "it's helped me a lot with relationships and things, and I can see how people can be in relationships" and distinguished her from her peers; "I see a lot of my friends and they're just not aware of themselves at all".

For Jill (22), the support and love that she'd experienced in care helped her understand the impact of trauma and mental health problems on people and assisted her in reframing the treatment she'd received from her birth family;

For care experienced kids it's on another level because of well, my mum or dad loved me and this is how they do it because they love me. Where in actual fact it's not because they're showing you love, it's they're not capable of looking after you or loving you. And when I say not capable of loving, I mean not capable of loving in an appropriate way. You can love someone but it can be damaging and it can be dangerous.

And as with Fiona (27), following the support she'd received to manage her own behaviour, Jill (22) had developed a more nuanced understanding of the behaviour of others:

It's [bad behaviour] not because kids are bad, it's because they've got behavioural and trauma issues because of what happened to them. And I'd be like, 'would you not be a bit aggressive and violent if you'd been battered about as a kid?'

Jill saw the value of this knowledge, "I enjoy educating people about care" as did the company who ran her last residential home, who now employed her; "we're pretty much like [the care home manager's] co-pilots. We do service reviews. I LOVE doing events for the kids." And she recognised that her time in care gave her unique skills for the role "I wouldn't be able to do this job if I wasn't in care."

Grace (26) also now worked at her previous home, as a volunteer, and reflected on how her care experience had helped her in the role; “kids ken that I know how it feels to be in that situation ... kids up there know I stayed here, like they’ve no need to hide anything”. Grace’s ability to develop relationships was based on the mutual knowledge that her and the young residents had shared similar experiences and that this might help her connect with them. Danielle (21) also recognised how her time in care helped her make connections in her job role conducting service reviews for her previous care home; “it’s the honesty I get from them [current residents] ... it’s good going in and people are a lot more open and honest”. This distinguished her from her other colleagues;

They’ve said “that would be quite scary”, like they would feel not so much challenged, but kind of, because they don’t have as much experience coming into residential as what I would do because I know how it works.

Jill (22) recognised the recalibration required in the transition from cared for child to responsible staff member; “it’s weird being on the other side, cause I’m handed the key, and obviously in here you’re not allowed the key, staff have got a key”. More broadly, there is a correlation between more positive accounts of care experience and the desire to enter caring professions. It would seem that at least in part this is due to these young people at some point experiencing nurturing care, and latterly that the self-knowledge and knowledge of others that this develops is recognised by significant people; ex-carers, employers or peers as something of value.

9. Conclusion

In this chapter I have shown how the participants’ increased understanding of self is a continual, non-linear journey, principally facilitated by supportive and profound relationships with others, namely a key adult or adults. The qualities young people identified in these individuals included honesty, trust, tenacity, authenticity, and being caring. Participants sometimes saw themselves in the adults which helped develop a connection, and others saw in their ‘one person’ who they would like to be, providing templates for who they aspired to be.

Filling in missing gaps from young peoples’ lives through connecting with the past was important to being able to move forward. A supportive care experience provided young people with strategies to make sense and sometimes re-appraise past

events, opening up the possibility of new stories about their past, present and future selves. Care emerges as a chance for young people to experience missed childhoods. However, learned survival strategies compete with the need for care and support, sometimes resulting in a tension between young peoples' need to express their agency and care workers' attempts to create experiences of childhood.

Young people needed to feel that they were recognised and that they mattered to those that cared for them, marked by hanging in when times got bad, celebrating achievements and recognising and responding to a range of their personal and cultural needs. There were limits to this, however, with privacy valued over certain identities, such as sexuality. Young people felt they mattered to people who took the time to get to know them for all their strengths and talents.

The 'journey to self' was typically gradual and circuitous but profound moments of change sometimes happened in epiphanic moments. These were often prompted by the shock of a major transition such as move into secure care, or the move out of care to independent living and the sudden absence of structures of support. Senses of oneself as, for example, an independent woman jarred with the challenging reality of life beyond care, prompting a swift re-appraisal of themselves as autonomous and independent, and a renewed appreciation of the support they had received whilst in care. Indeed, the care experience itself can provide a level of expert knowledge that proved helpful to some young people navigating adult life. Increased self-understanding sometimes led to a better understanding of others, providing social and economic capital that was used in young peoples' work and personal lives.

In the next chapter, I explore further the central tension between young people's desire to express and assert themselves and their need accept care from others along with the ways in which they manage socially prescribed identities, such as being in care. I also show how residential child care contributes to the development of a coherent self through providing a sense of belonging.

Chapter Five

Managing myself, making family and the search to belong

1. Introduction

This chapter explores aspects of a central tension that emerged from the accounts of participants; between young peoples' desire and need to be self-sufficient and express agency, with the need and desire to accept care and support from others. Participants' accounts show that residential care experience provides distinctive challenges and opportunities as they navigate their lives and develop a sense of who they are. Care identities are embraced, rejected or ignored. Some interventions by others are unwelcome, and young people report the ways in which they assert themselves at times when they feel out of control of their lives. At the same time, young people desire and seek bonds that involve a relinquishing of control: engaging in relationships is inherently risky, particularly, as will be shown, for care experienced children and young people. Nonetheless wanting to belong to something emerges as an important feature of a coherent self, particularly as young people move towards independence and potentially away from precarious relational networks. Participants draw on these relationships and their experiences of home to build their own families and communities to create a sense of belonging.

1.1 Chapter summary

As has been shown in the previous chapter, young people named numerous identities to describe themselves and their perceptions of how others saw them. Examples of identities young people sought to carve out for themselves included: the sportsman, the carer, the voluntary worker, the hospital worker. These are identities that were salient to them and had a role, at least for some, in avoiding, resisting, or moving on from the stigma associated with being in care.

This first section of this chapter focuses on those categories of identity, that like being care experienced are socially imposed, and explores the ways these influenced the young peoples' sense of self. For some, these identities were equally, or *more* important, in shaping their sense of self, for good and bad, than those they had negotiated themselves. The second section looks at ways some young people assert themselves under conditions perceived as largely out of their control. The

final section explores the distinctive ways in which participants make their own family and community in order to create a sense of belonging.

2. Managing Identities

2.1 Childhood, adolescence and young adulthood

Participants were aged between 12 and 27 years. Seven of the thirteen were teenagers and one was aged twelve. The remaining five were young adults. Data are not presented here on young people's sense of themselves as being defined by these categories, as this was not a theme that emerged from the ways they chose to present themselves. It is mentioned here more as an acknowledgement that these are important categories and that consideration has been given to young people's age when interpreting their responses, specifically where observations are being made about how aspects of their lives may be experienced and interpreted by themselves. This seems particularly important, and potentially invites caution when reflecting on how young peoples' developmental experiences might be interpreted. These experiences may, for example be connected to their circumstances in care, growing up in poverty, or they may be part of 'typical' child and adolescent development. The challenge of creating the right balance of interpretation that respects young people's accounts, whilst appreciating the rich and complex context of young people's lives, including their developmental stage is explored more fully in chapter four, 1.2 (Methods) and in chapter six (Discussion).

2.2 Care experience: Stigma, indifference and pride

2.2.1 "Bad kids", "psycho kids" and "weirdos".

Analysis of data show that the majority of participants experienced being treated differently to others due to their status of being in care. The sense of being 'in care' was more often linked to the responses of others outwith the care setting, where a sense of being atypical was pronounced. For Craig (18), Danielle (21), Grace (26), Mary (19) and Kim (16) this was experienced as being treated by others as if they had done something wrong, that they were in some way 'bad' to have ended up in care. As Danielle observed; "there is stigmas with people that are in care, like [they're] bad kids". Her treatment by other children; "I got absolutely the piss ripped out of me for it" seriously affected her attendance at school, "they thought I was bad because I was in care and I stopped going".

Craig (18) recognised the ignorance at the core of this view:

If you talk to anybody who has no idea what care is... nine times out of ten the places they say are secure units ... when you say do you know what fostering, what residential care is, they don't know what that is. They just think that young people in care are there because they've done something wrong.

Grace (26) describes the experience of disclosing her care identity to others; “you always get that look. It’s like a judgmental look. Because when people hear you’ve been in care they automatically assume you’ve been a bad kid.” And the response of an old employer to her disclosure:

It was, ‘what did you do?’ I never done anything! That’s what my old boss said to me when I told her. She said ‘what did you do to end up in care?’ I was like, ‘nothing!’ I was 12 going on 13. I was a child.

Jill (22) reported that school peers thought she was “a weirdo” because she was in care. And Kim (16) described school peers’ perceptions of her and her fellow care home residents as “psycho kids”:

... they’re like she’s going to be a proper head banger, like she’s going to kill all of us, she’s gunna have knives. They think [the residential home] is like that. That we’re all running about the house with machetes and staff run about with machetes and guns.

Like Danielle (21), this impacted on Kim’s (16) school experience; “I lost about four or five, like 12 pals at that school when they found out about it, but I’ve still got a few left.”

2.2.2 Hiding care identity

Unsurprisingly, some young people put considerable effort into masking their care identity, as Danielle (21) says; “I hid from everyone I knew that I was in care”. Kim (16) would wait until she got to know people before telling them she was in residential care; “probably when, like after a few months when I’m friends with them” and in the early stages of friendship, responded in vague terms to questions about where she lived; “I’m just like, ‘oh I live close to there’”. Though efforts to keep their care status private were sometimes undermined by unwelcome disclosures of their of care status by others, as Mary (19) recalled:

Social Work used to try to come into my classroom and go, 'Mary, you've got a meeting' in front of my full class. And that's how everybody found out that I was in care. I didn't want anybody to know, I was embarrassed ... everybody found out and then I started to get treated differently.

Jill's (22) care status was clumsily revealed by a teacher who took the class register whilst it was screened on the whiteboard; "one day he clicked on my name and it was basically, 'Jill is having problems in her residential home'". Danielle (21) felt betrayed when her ex-foster carer told her friends that Danielle was her foster daughter; "She told them all, all my friends, when I was not comfortable with that ... she had told them something which I then had to go back up and explain" and shared Mary's (19) distaste for being called into social work meetings whilst at school; "going into an environment like a school, it's not easy in the slightest because you can be ripped out for meetings. Like those kind of things children notice and pick up on. And it is used against them."

2.2.3 Markers of difference and indifference

Participants described other markers of difference that distinguished them from their peers. At school, Mary (19) was prevented from taking part in some non-curricular activities:

I never got to go to the prom. Everybody else my age got to go to the school prom. See the school trip, all the kids got to go, I wasn't allowed to go. Social work wouldn't pay. I was a risk, risk assessments needed to be done.

And presumably for similar reasons she was absent from the school's public records:

I wasn't allowed my name put in anything that was going out to parents or in a newsletter. I honestly do now know the reason but ... it's shite, like looking back in the old school photos I'm nowhere to be seen, so it looks like I didn't exist!

Mary's (19) social exclusion extended to her life outside school; "Sleepovers; I was never allowed to stay over at a pal's house in case I would run away, and if I ran away I was seen as bad and I would have the Polis after me."

Rick's (14) difference was marked by his friends noticing the strict rules about what computer games he was allowed to play; "they used to make fun of me because I couldn't play 12s or 15s or 14s, or 16s or 18s." For Craig (18), it was comparing himself to his peers, and them to him, when it came to lunch money; "I was getting £2.50 a day for my lunch. Some kids were getting £5-£10 a day for lunch."

For some participants a sense of care identity did not feature prominently or at all. For two, this may well be linked the stability and duration of their care placement. Kevin (18) had been in the same residential home for 11 years and "really enjoyed" living there. Peter (12) had settled in the same care home since leaving foster care which he'd entered aged three. He said it "doesn't matter" to him who knows he is in care. Perhaps the stability, length of placement and the lack of comparison to a life outside of care reduced or eliminated any sense of shame or difference reported by some others.

Rick (14) said "they used to make fun that I was in care ... but that doesn't bother me now". There was a sense that wider issues around his mental health were now preoccupying him. Fiona (27) was aware of the possibility of stigma associated with care experience but had not experienced it herself; "I never feel, you know, the stigma that comes with that. I feel like the stigma is we're not like ... I don't know ... It's like we're broken or something." Though whilst a care identity was "not a negative" for her, she recognised that it was for some of her fellow care home residents:

I seen a lot of kids come in here who they've just not had any hope or nothing, they're like, 'I'm a kid in care' and that's probably because of that stigma, 'oh you're a kid in care so you're not expected to do anything, to achieve anything. You'll probably just move and get into drugs and things.' And that is part of our narrative, children in care.

Craig (18) also, whilst experiencing occasional stigma, expressed his resilience to it, "I'm a strong young man", and appeared more concerned about the ignorance behind it, something he saw as his role to challenge "people have a bad perception of people who have been put in care and I feel like I have been put on this earth to change people's minds about that." Success in his chosen sport was, in his view the best route to this.

2.2.4 Reclaiming care identity

Craig's (18) sense of mission points to another observation from the data, where some of the older participants who had experienced stigma whilst in care had subsequently gained a sense of fortitude and pride in their care experience identity. As Jill (22) said:

I'm not embarrassed by it, like here's [her old care home] made me who I am, I appreciate the opportunities I got by being in care. I wouldn't be able to do this job if I wasn't in care. I wouldn't be so strong if I wasn't in care.

Danielle (21) too was no longer ashamed; "now it's different, I'm proud that I was in care". And she rejected the label of vulnerability; "I'm not a sad little care wean". Care had made her who she was; "I feel you can only accept it [care identity] because you can't change it. So I think that's why I'm like this or like that."

These stories reflect the pattern in the older participants' accounts of a more positive sense of care identity being linked to the experience of good care, that in most cases extended beyond the care experience in the form of ongoing relationships with emotional and practical support.

2.3 Place

For some participants, connection to a place was important to their sense of self. Craig's (18) roots in a Scottish city kept him grounded as he succeeded in his sporting career and cast an eye to future success and wealth:

I'll never get too big for my boots because I am still that wee guy from [his birth area] who was brought up in a poverty-stricken area, so one of the things I'd probably do to keep me grounded would be giving back to people, to give back to communities ... I'll still be that person. I'll remember where I come from.

Kim's (16) affinity to [Scottish city] was very strong and linked particularly to her sense of strength; "I'm a typical [Scottish city] teenage girl ... [Scottish city] lassies are like 'get out of my face' lassies ... A typical person from [Scottish city] doesn't take any shit." Her current residence in another part of Scotland marked her out as different:

I was different to everyone else. And where I'm from and ... because of the way I speak, I speak different to everyone else. A lot of people here speak differently to me and the way I speak - everyone judges that.

Kim's (16) carers, perhaps in recognition of the importance to her of her roots, would occasionally drive her to [Scottish city] to spend time with friends and family; "when I'm in [Scottish city] I feel like my normal self."

Mary's (19) connection to [Scottish city], her birth city, created an ongoing pull during a care experience characterised by numerous moves to different locations, "I went through 13 moves in a year" in some cases hours from "home"; "I want to move back to [Scottish city] That's where I know people, that's where I feel comfortable, that's my safety".

Fiona (27) had a more complex relationship with where she was from. She described herself as coming from Scotland and a non-European country⁵ and described a deep affinity to both locations; "I went home to [country of birth] in the summer whilst also saying that "[Scottish Council area] is home, like if I say, 'I'm coming home'." There was however a real sense that she continued to struggle with this aspect of herself:

Where do I belong? Still figuring that out. Like I know where I get a sense of ... Like the places, here [her ex-residential home], and you know like with my family, like [Scottish Council area] definitely is home. There is belonging. But you know, sometimes I don't feel like I belong here, in Scotland. Sometimes ... 'ah the constant, where are you from?' I'll say, like, 'from [Scottish Council area]'. Then they're like, 'but where are you really from?' And it's like that assumption because I am [racial category⁶] I'm not from here.

3. Done To and Fighting Back

This section focuses on the ways in which participants managed themselves in an environment characterised by some, as largely out of their control. Decisions made by social workers and other professionals about fundamental aspects of their lives could create a sense of disempowerment. Yet young people reported how they had asserted themselves in ways that made them feel more in command of their lives.

3.1 Done to

Most of the decisions when you're in care are not your decisions. They get taken out of your hands (Mary, 19)

⁵ Not disclosed to protect confidentiality

⁶ Not disclosed to protect confidentiality

Some participants gave accounts of events related to their care experience that were out of the locus of their control and expressed the ways in which this restricted their sense of self-determination. There was a feeling that decisions and actions were *done to* them rather than done with them. Mary (19) described being “ripped out of primary school” following a care placement move. And a few years later, she gives an account of her abrupt move from foster to residential care:

I was getting taken to [Scottish town] late at night. I hadn't had my dinner, I was still in my school uniform, I didn't have any clothes with me. Like, I don't understand why they had to do that. And then they [Social Care] stopped me seeing or talking to my foster mum for six months with no explanation. You don't take someone out of their family and not give them a reason.

Here, Mary's sense of being 'done to' is exacerbated by the severance of a significant relationship, and furthermore by the absence of any reason provided for this action. Young people's efforts to fill in these gaps in understanding, to make sense of aspects of their past as a key step to a more coherent sense of self (see *Findings 1*), resonates in this example. Unfortunately for Mary, having decisions made for her was a familiar pattern. Whilst she attributed her 13 placement moves within one year “mostly to my behaviour”, the overwhelming feeling was of being excluded from decisions about her life; “my full life I've not been involved in any decisions. I've been moved within 24 hours before and not had a say in it.”

Danielle (21) described the unexpected social work visits to school in similarly visceral terms; “you can be ripped out for [social work] meetings.” And later in life, being removed from her first flat after leaving; “I got taken from my own flat and I was kind of a mess”.

Jill (22) talked about the process of unfamiliar people making judgements about when she would be ready to leave care:

It's always social work and your local authority (LA), and that's where my issues always came in, like I was going to meetings and it was like, 'this is the recommendation from social work, this is what the social worker says, this is what the LA are saying' and I'm like, 'well, they don't work with me. They don't know me. It shouldn't be up to you, it should be up to the people I live with cause they know when I'm ready and when I'm not'.

Interestingly, Jill (22) seemed willing to entrust at least some of the decision making to others, but crucially to carers that “know her”. There was, however, the sense of a wider bureaucracy at work pushing for a move towards a life of independence for which she did not feel ready; “I was sort of manipulated to come off my supervision order ... So they made a decision amongst themselves that it was time for me to leave [care].” Though Jill took any opportunity she could to resist the consequences of these decisions:

They took me to a hostel and I was like. ‘I’m not going in there’. Like that shouldn’t be my first step into adult hood. You wouldn’t put your own child into homeless so why would you put in child doesn’t have anybody into homeless?

3.2 Fighting back: Safety and self-sufficiency

Jill’s response points to a theme apparent in participants’ accounts, that of fighting back against people and systems that appeared to be compromising their agency. This ranged from moments of overt resistance to decisions being made for them, such as Jill’s above, to seemingly smaller, yet significant, assertions of agency; “I like things to be clean, because that’s another way you can control too. Terrible eh? It’s another thing I could control, I could control my room.” (Grace, 26). Access to this private space and her possessions was restricted; “we’ve got a cleaner but I was like, ‘you’re not allowed to clean my room. You can change my bed and that’s it’ ... I cleaned it myself because it was my room. Don’t touch it, it’s my stuff.” (Grace).

Jill’s (22) control over her bedroom space was also important to her; “they [residential workers] were in my space [when coming to tidy her bedroom]. That was the only area that was mine. They would have to come in and check the alarms and I’d be like ‘ah ah’ [no].” The bedroom represented a space that was largely outwith the jurisdiction of the carers and the minimal duty, to keep things tidy, was managed on Jill’s own terms: “I had to tidy my room to get my money so it would be tidied, but it wouldn’t be ‘tidy’ tidy. At other times my bedroom would be re-arranged. I’d move a wardrobe on my own at 3am.” And she expressed the importance of the control of this space to her:

It feels like you’re clearing your head with the place that you’re staying in. Sometimes I feel that bad memories stay in the place so I feel that when you move things about, you’re moving what’s happened and you can just go, ‘this isnae the same as what it was before’.

Kim (16) valued the privacy of her bedroom; “I hate people invading my personal space and my personal life ... I’ve got my own room, I’m far away from everyone ...” and like Grace (26) and Jill (22), was very protective over it; “I go crazy at my staff because they go in my room and move stuff about”. For Kim (16) this protectiveness over personal space was also linked to a feeling of security; “I was always attacked from my [family member] ... so I would have to put stuff everywhere so they wouldn’t be able to get over to me. So when I have my room messy it’s self- defence.”

Mary (19) prided herself on her ability to navigate the care system, “I’m quite smart”, to get what she wanted:

If you know what to say to social work, if you know the right thing to say, you’ll get what you want. I understood that from a very, very young age. You need to know the right thing to say to different people.

In her post-care supported housing she talked about the best way to secure money:

I don’t get a lot of money, so when it comes to getting money, I need to manipulate staff members and the easiest person to do that [with] is a new staff member. So if you start it from the minute you meet them there’s more of a chance of getting what you want.

Resistance was also sometimes literal. Rick (14) described his response when his care workers restrained him in a hold; “I like to fight the holds, I like to hit them.” Although he was able to recognise the benevolent purpose of the restraint, “[it’s for] if you’re putting yourself at risk, like jumping out of your window”; a purpose reinforced in physical terms by the key workers; “sometimes a hold could turn into a big hug. So sometimes for me the hold has turned into a hug. So it’s a hold and then it relaxes. And I get upset and then they hug me.”

Rick’s account serves as a worthy metaphor for the apparent tension between participants’ attempts to resist the systems and people that have control over their lives; to assert themselves, and their need and desire to accept care and support from others. This tension appears all the more pronounced in light of the accounts many participants gave of themselves as being self-sufficient. Where self-sufficiency has developed out of a strong instinct for survival, and for many it did, it is a trait that seems especially risky to relinquish.

3.2.1 Self-protection: the 'brick wall' and 'the test'

This tension, between the desire young people had to assert themselves, and the need and desire to accept the help of others, was manifest in many young peoples' accounts. Mary (19) described her entry into residential care; "because you go into a care home, you have your brick wall up. I wouldn't talk to anybody, nobody knew anything about me apart from what they'd read in the social work reports. And I wouldn't engage." Though over time, she would begin to make connections; "the longer I was in the placement, I would start making relationships with people." Though for Mary, these relationships were doomed; "as soon as I managed to connect with somebody I'd be taken away. And I wouldn't get to see that person again. It's like taking somebody off their ma again. It's like that."

Mary's experience of rejection from her birth family and the expectation of doomed relationships in care had given rise to a self-protective and self-conscious strategy of engagement with others; "when I first meet people I put up a barrier, just like 'mmmm, let's see how you can take me' so I push them and push them and push them." In response to her traumatic pre-care experience, this was a survival strategy she had developed from an early age; "I've always done it since I was a wee, wee girl ... probably about five." Though aspects of her care experience, notably the damage of significant moves to relationships, had entrenched this approach:

When they [key worker] start to break down that wall, and then for that person just to leave, and not give you an explanation, it's like losing a family member. It can be quite traumatising, so put up a barrier and you don't get hurt. (Mary, 19)

And it was a strategy she still used. On describing a recent interaction with a supported housing officer she said, "I was rude ... hostile. I didn't want her to like me. I think I don't like it when people get close to me." When I asked her why, she responded, "because they always leave."

Grace (26) too describes similarly self-protective behaviour:

It's a test ... especially with staff. You throw everything at them. I think I was scared to care about them. I think it was just in case they were like 'no'... so I think I did [care about them] but I think I was scared to.

For Grace (26), the assurances of her care home needed to be tested; “to see if they were going to stick. Cause they were like, ‘we’re going to be here no matter what’. And I’m like, ‘no you’re not, no-one else has done it so ... why are you different?’” But the persistence of her ‘one person’ at the care home, Matthew, was a simultaneously welcome, but painful, experience:

I wanted it to be my Dad. And it was'nae. Cause you're so used to people being, 'I cannae cope with her, just pass her onto someone else'... and then when someone actually stands there and says, 'I'm not going, I'm not going'. Deep down I ken he wasn't going to go.

Here, self-protection through resistance to relationships is linked to managing the pain of a conspicuous absence; “it hurt cause I thought, well, how can a man that gets paid to be here be like that and care that much about someone, when my Dad who’s supposed to love me unconditionally, cannae?”

Danielle (21) too, said she “pushed everyone away” and in particular her care workers who she “pushed to see how far they would [go] and they’ve still not left.” Craig (18) described his behaviour at his primary school; “smashing windows, throwing chairs ... I could tip a table. Running away from school, swearing, fighting.” Though he attributed this response to a lack of attention from others; “I remember thinking if they’re not gunna try with me why the fuck am I gunna try with them?” This contrasts with his secondary school who did invest attention and time and was welcomed, rather than resisted, by Craig (18). Grace (26) also framed her behaviour at school as a way to seek attention; “our [her and her sibling] only way of getting attention was to be little shits ... aye going out late, skipping school, starting fights in school.”

Danny (16) described his behaviour in his care home when he gets angry and “kicks off”; “mostly breaking windows or punching the staff.” His response to staff intervention, sometimes in the form of physical restraint, surfaces the complex tension between assertions of agency and the need for care: [Staff intervention is a good thing] “if I’m trying to get my own way. If I’m just kicking off and that, they just stop me. Sometimes it’s a good thing. Sometimes it’s a bad thing. Depends on what I’m wanting to do.”

3.2.2 Self-sufficiency and “proving wrong”

Both Craig (18) and Mary (19) had a strong sense of self-belief and confidence that seemed at least in part derived from the desire to show their detractors, imagined or otherwise, that they could do well. As Craig says; “it’s quite funny, especially the P.E. teachers, they’re like, ‘aye you’ll never do anything in sports’. And here I was, the first world champion to come out of there, the school”. He was also keen to distinguish himself from his family; “I come from a family that are very understanding that maybe they won’t go very far. They’ll go to a good standard. But I don’t want a good standard I want an excellent standard”. And he was well aware that his origins in a “poverty-stricken area” distinguished his success even further; “people from the east end of [Scottish city] end up going to jail, or not doing much with their life”.

Mary (19) had decided from when she was young to fight the expectations of others:

Since I was 12, and this has stuck with me, everyone who was working with me said ‘you are going to be dead or in jail before you’re 20’. And that’s stuck with me. And I’m like, no I want to prove these bastards wrong! I’m like I’m not going to end up dead!

She continued to draw on this feeling of self-sufficiency; “I’ve got my head screwed on ... I know how to handle myself”. Though she was aware that her presentation of being confident and self-assured was not matched by how she felt about herself; “I don’t have a lot of confidence in myself.” Mary’s (19) afterthought on this reflection alludes to the fragile nature of this assured presentation of self, constructed out of the necessity to survive rather than grounded in a secure sense of self:

I’ve had so many people say so many negative things about me that that’s the way I see myself. So when someone asks me to say good things about myself I struggle, cause I don’t know any good things.

Fiona (27) also reported a sense of self sufficiency which she still draws on, despite having very close and supportive connections at her old care home:

I had to be my own motivator for a long time. Even here, like yeah they’re rooting for me but like, my friends still have their parents, they still have that tight family unit; foundation, and I do have that in the [ex-residential home] but to some limit, because they have new kids now.

Fiona (27) recognised the potential limits and fragility of her support networks in comparison to a “tight family unit” as well as the possibility that the care and love she received might be re-directed to the “new kids”. There is a precarity to these relationships that help contextualise young people’s perceptions of themselves as self-reliant and self-determined.

4. Belonging

This section shows how young people’s experiences helped them to develop a sense of home and belonging. Young people did so by drawing on their experience of nurturing care, the communities they had created with those that had cared for them, and their feelings about the places they had been cared for. Securer senses of self were closely linked to these bonds, which became especially important as participants moved to more independent lives. As will be shown, people and place are closely interrelated, with senses of home beyond the care experience being associated with ongoing (re)making of family and community.

4.1 Feeling at home

Participants who reported broadly positive experiences of care often described the places they felt safe and most settled in as “home”. For Fiona (27), home was her residential care setting and she described the associations it has for her:

Warmth, warmth, warmth, safe spaces! Warmth and love. If I think places that I feel like that, here, the [residential home]...I don't know, just safe spaces. You know when you feel just like you're welcome somewhere.

For Jill (22), the safety she felt in her longest residential placement was liberating; “I felt free, I felt safe. And that was a big thing to me, the safety.” Grace (26), despite now living in her own rented flat, also referred to her old residential care setting as “home”; “I moved out 10 years ago but I still say, ‘oh I’m just going home’. Even though I’ve got my own home with my partner and my daughter, I still say I’m going home.” Like Fiona (27), home was somewhere she felt safe and always welcome; “I feel safe here. I feel accepted here too. Because even now you have bad days, and it doesn’t matter what mood I come in. They don’t care.” For Grace (26), it was the “staff, young people, and the building” that represented home.

4.1.1 Day-to-day routines

Mealtimes were important to Grace (26) when evoking home, providing the daily opportunity to bring staff and young people together; “staff sit with us as well. Because then they’re interested in you. If they weren’t interested in you then they wouldn’t sit down and have dinner with you. And food’s an important thing.” Home was also a sensory experience; “the smells, like when I come in here the first place I come into is the kitchen.” She also derived a feeling of stability from the daily routines around food; “mealtimes happened at the same time and when I stayed here I could tell you what staff was on what shift, so it was a routine.” When I asked why routine was important to her, she answered; “cause it’s stable. At least that way you I knew what was happening tomorrow ... that’s the only thing I had control over.”

4.1.2 Losing home

Danielle (21) realised what home was after she had left care; “you can’t explain that feeling unless you go through it [leaving care]. You lose your home basically.” Not being able to return home was contrasted with non-care experienced children who, she believed, maintain links with their parents; “[care experienced] people struggle more than with people who have had a better upbringing ... when it comes to kids leaving care that’s what hit me more, leaving care and not being able to come back.” But she did report the sense of feeling wanted in her residential setting with her carers saying; “you’re part of this now” and a feeling of security from the consistency of her private space; “I was always in the same room”. Though an unambiguously positive connection to her care home was complicated by missing emotional elements; “my staff members never told me that they loved me ... sometimes if you’re feeling pretty shit you want to be told that you are loved.” And she lacked physical displays of affection:

They [staff] had to hug you from the side. But it was only if a child ever asked ... for three years I wasn’t touched. So that’s another thing I have a huge problem with is people touching me.

The impact of the absence of these relational aspects of home were summed up by Danielle (21) starkly; “when I came into care it was due to being battered. And then to go from that to nothing at all ...” Though her recent integration into a friends’ family had closed this gap:

When I come home, like if I go away for a few days they tell me that they love me and that they've missed me and they cuddle me ... Home is having those people around that can support you.

4.1.3 "House, not a home"

Whilst for Danielle (21) a conception of home was incomplete until after leaving care, and therefore only apparent when it was gone, some young people struggled to define it at all. Rick (14) was clear that his current residential care setting was a house, not a home; "I don't call anywhere home. I'd say it's my house with the staff. I basically call my house my house because it's where I live." He linked this lack of connectedness to his mental health; "I never really had that proper 'oh my god, this is awesome' feeling as in, 'this is my home, this is great' because I've got massive anxiety issues." There was a sense that this anxiety was somewhat overwhelming and perhaps limited his capacity to feel settled.

4.1.4 Safety

Kayla (15) had yet to settle anywhere; "I've been to 12 places in the last year," and still described her family house as home, though for her this was not a good association; "every time I went back home I just started running away again because I didn't feel safe." Her search for safety was eventually realised in secure care; "I feel safer in secure than I am in residential. Because there's locked doors and no-one can get me." Her reference to the family house as home, rather than suggesting emotional attachment, seemed to be made in the context of not having felt sufficiently settled anywhere: she had yet to experience anything like the emotional connection that other participants associated with home. Though the safety she felt in secure care, and to some degree her current residential care setting, "this is probably one of the best", was a hopeful sign that this would change.

For these participants, a feeling of safety appeared to be a pre-requisite for a sense of belonging but other elements, including stability and positive relationships were also important, along with the possibility that connection to the place and its people continued beyond care. Rick (14) and Kayla's (15) experience might therefore in part be explicable by their age and the stage of their care journey; that over time if they are able to stay in one setting and develop good relationships, they might also gain a

richer sense of home that moves beyond just being a place where they live or once lived.

4.2 Residential homes

An important finding in this thesis is that residential homes, rather than foster homes or other forms of care, emerge as places that most young people reported feeling most at home; somewhere they belong. For many participants, foster care had not gone well. This might be expected; all participants had spent time, often most of their care experience in residential child care, which is still used in Scotland as elsewhere, as a last resort for child social care referrals (see chapter one, Introduction). It is therefore a reasonable assumption that if their time in foster care had been successful, they would have stayed there and not been referred to residential child care. Nonetheless, the data show that residential care offers a sense of home and belonging in distinctive ways. Those homes that provided longevity, created a sense of safety, enabled the development of strong relationships and their continuity beyond care, and were experienced by many participants as places they felt most at home.

Accounts of 'normal' family activities played a part for some of the participants, providing shared memories with key individuals. Grace (26) enjoyed reminiscing about her holidays with her key workers, who she referred to in familial terms; "If we're on holiday and I'll be like, 'when me and Uncle Mike went on holiday, and me and Auntie Chrissy went away, we did this'... it makes you smile". Gifts from significant others were cherished; "he [key worker] brought me (a toy animal), like limited editions ... I still have them now and every so often I have a look at them ... and it just reminds you of the good times." Fiona (27) appreciated the personalisation of care at her residential home; "you know, [I had the] key to my door, the little washing basket with my name on it, my pictures are still here." These seemingly small features contributed to her feeling valued, wanted and gave her a sense of security and purpose; "I actually belonged somewhere. I found worth for my life and love for myself through being at the [residential home]" (Fiona).

Rick (14) also valued the weekly awarding of certificates at his residential home;

[it's for] folk who've not really had the best things in life, no-one's really told them how good they are or what they've done good. So for example if someone came in from a family where no-one liked them, that would mean a lot to them.

And enjoyed annual celebrations; “the summer prom is the best. We get dressed in our kilts and there’s a big, massive marquee.”

There was a sense that participants responded well to residential homes that were able to create a feeling of a ‘normal’ family home through the domestication of space and engagement with everyday activities and routines. For most participants, domesticated spaces that eschewed institutional features and practices were experienced as the most welcoming. Fiona (27) described this:

Instantly when you go home to your house, you go home, you feel safe. There's pictures of you on the wall, there's people there that love you, you have food, you do what families do, you sit and watch telly, have a cup of tea and a biscuit. That's what I do when I come here.

In contrast, Jill’s (22) account of one of her residential homes was the converse of this; “I didn’t want to be there. The house was like a prison. The big fire exit doors, the staircases. On all the steps they had the big metal strips. All doors were locked. Not homely.”

4.2.1 Finding someone

The increased possibility of finding someone to get on with was identified by some participants as an advantage to residential care, in contrast to foster care where “you have to fit into a family ... Cause there are so many different people here, young people and staff, there’s always someone you’re going to get on with, or spend time with” (Grace, 26). Danny (16), who was “not really big on talking about my feelings” appreciated having different people to talk to about different things; “like I can talk to some people about some stuff. I can’t speak to them about all my stuff but I can talk to other people about other stuff.” And he identified individuals who could help him with particular issues; “[I would talk to] either Chris, Eileen or Kelly. Kelly is like old, respectful, so I can actually speak with her. Chris, I’ve known for ages and Eileen’s just brilliant to get on with.” The time and effort it took Danny (16) to feel comfortable opening up to these individuals; “[it’s taken] ages, I still find it hard

now though I still do it” points to the importance of stability and longevity within the care setting. Grace (26) also recognised the value of having multiple possibilities for relationships and again the stability that comes with this; “[all] the staff, the place, even like the cook, like I ken she’s only the cook, but she’s still there, she’s someone consistent, it’s someone consistent in your life.” And she contrasted this with her foster care experience:

[Foster care] was all about their kids and what they wanted to do, so you have to fit into that family, whereas here, cause there are so many different people here, young people and staff, there’s always someone you’re going to get on with, or spend time with.

Participants actively sought out these relationships rather than necessarily accepting those adults whom had been charged with their care, as Grace (26) says of the 12 care workers at her residential home; “there’s probably about five members of staff I’d go to 100%, and if they weren’t on shift I’d wait until they came in”.

4.3 Transitions and leaving care

Some participants spoke of the turbulent transitions out of care and early experiences of independence. How, and the degree to which they viewed themselves as independent, varied but was often linked to the relational bonds they lacked or brought with them from their care experience.

Jill (22) resisted moves by the local authority to end her residential placement and move her into independent accommodation; “as soon as the word independence was mentioned I was like, ‘no!’ Like when throughcare gets involved I was like I don’t want to know them. I’m not ready for that kind of stuff.” After a period of six months in which she was expected to develop a relationship with her throughcare worker; “I could just bear being in a room with her,” Jill came to realise the reason for the pressure she was feeling to move:

At my LAC review they were like ‘no no you’re 18’ and then it was like, ‘you cost a lot of money so you need to leave’ and that was what I was told. Like, ‘we’re not funding your placement anymore, you’ve got 28 days’.

This sense that she had been reduced to a cost led to a feeling of worthlessness. And on moving into a flat, her fears about leaving care were realised; “[there was no]

love, care and the bubble was burst. I was put into the worst place I've ever lived. Just a mattress for two weeks, no bed etcetera." And features of 'home' were markedly absent; "when I moved out it was like a drug house ... I wasn't protected. It's back to a safety thing. Home would have been ideal, not a flat. Somewhere warm. They put me in the worst of the worst, cold and empty".

For Jill (22), the sharp contrast between the relational warmth of residential care and independence was depersonalising; "when you leave care you're not a person, you're a document. That's what it feels like, you're not a human." And the absence of her key worker relationship was painful and again, made her feel less of a person; "there was a point when it was hurting me more to have the relationship than not ... my head was bursting. I was lying in bed all day. I wasn't a person."

Grace (26) also found leaving care difficult;

It was scary, I was petrified. Because I'd stayed here for four and a half years. And there was constantly a member of staff here and even with my partner at the time, it just wasn't the same knowing that someone wasn't awake [on shift].

And in contrast to Jill (22), Grace (26) had regular contact with staff members; "for the first couple of weeks I called nearly every night. Chris and Matt (key workers) came. But I'd come here a lot, about three times a week. I'd just pop in ... I still knew they were there." This hospitality extended to her daughter; "every Thursday me and my daughter [would] come back for dinner, so I see it as obviously now I'm a visitor." Being able to return to the people and place that had been so important to Grace (26) was an essential part of her broadly successful transition out of care, a transition from resident to "visitor", an important step in her beginning to see herself as an adult.

Mary (19) had recently left care; "the situation that led me to leave was not the best, it was quick and not planned". Like Grace (26), there was a sense that this was out of her control and done abruptly; "it was one of those decisions when the social worker came to see me and it was like, 'I could refer you to this.' The next day they had decided that's where I was going." And like Jill (22), the contrast between care and independence was stark, leading to feelings of abandonment and a sense that she

was not wanted; “you go from being in a care home with all that support around you, to overnight, having nobody.”

In contrast, Fiona (27) appeared to embrace her move on from care:

It was my first flat so you had to have a support worker ... within two months they were like, ‘you’re not the usual care leaver that we have. You’re actually at Uni and applying yourself so you don’t really need a support worker ... I didn’t need one to be fair.

Perhaps this was in part because she had accepted the positive appraisals from her support workers; they thought she was competent, and so she was. Fiona had also aided the transition out of care by taking meaningful items from her residential centre with her to help recreate the emotional warmth she had felt; “when I left I took like a bowl and plate because these are the shit I eat from at home. I need to have them in my new home.”

4.4 Making family and community

As has been evident in the language used by some participants, concepts of family were drawn upon to describe relatives but also to distinguish unrelated individuals who had played and continued to play significant roles in their lives. These wider networks, or communities, included birth family, step-parents, friends, fellow ex-care home residents, partners and their own children. Young people emerge as active creators of these families and communities which are as varied as the individuals in the study. Unanimously amongst participants, there was the hope or expectation that relationships with key individuals would continue beyond care (see chapter four, section 3). This following section focuses on the families and communities young people created beyond these individuals and the ways in which they helped shape their sense of self.

4.4.1 Family as openness and belonging

Danielle (21) had no relatives; “I don’t have family outwith” but had created her own family with staff members from her old residential care home, including her ‘one person’; “with Caroline it’s a lot more like family ... to me she still is part of my family”. She had also found a place in her best friend’s family who invited her to move in after a supported living placement went wrong; “[they said] why are you not

moving in with us? Like you're here all the time, we love you, you're part of the family and when I moved in it felt like I just fitted in." There was a freeing sense of acceptance associated with being part of this unit; "family is just being able to talk about things and not having to hide it" and a deep sense of belonging; "It's one of the best feelings ever, to feel wanted. And that's what I think a family is."

4.4.2 Community of care experienced peers

Danielle (21) also felt a connection to her old care home and its residents; "I think it's because in that house I felt quite safe, and to see the kids being looked after, they're just like a part of it, like a part of that community." Fellow ex-residents were also part of her "community" and she connected with them at "meet ups" facilitated by the care home and via a Facebook group, a source of mutual support for its members; "if someone's feeling upset at night, it's easier to message somebody, even just a hiya, just to start up a conversation." Craig (18) also valued this network of ex-residents from whom he gets "great support. Those people ... we've been in the same situation."

4.4.3 Care experienced family

Jill (22) referred to her birth family but they did not feature prominently in her life; her knowledge of them was incomplete and the relationships were complex. Instead, she felt a kinship with others in care; "I've always got this view of a care family, sort of like, you're my own. We get it whereas other people don't understand it." This sense of belonging to a larger group fostered the feeling of solidarity that led her to protect a young care experienced person at her school and motivated her desire to work in the care sector

4.4.4 Extended family

Kim's (16) conception of family was broad and more fluid; "I don't really know what a family's like. I try to class people, the places I go; I call them family ... The boys in my house are like family to me, everyone in here is like family to me." And seemed confident in her ability to continue to develop new connections to expand familial membership:

If you don't have a family, like you're being adopted, or your mum and dad died, you don't know who your family are, you still have your blood related family and then you've got non-biological family. So you've got that family

and another family. You can always make a family in life. Wherever you go you can make a family. You can make a family and broaden it.

Family for Grace (26) was also a large network of people; “I’ve got my Dad and that and then I’ve got my Aunties and stuff, but here’s [residential care home] a big part of my family. We [her and her daughter] call this our extended family.” This included fellow ex-residents who had now also been incorporated into her daughter’s concept of family; “[family is] the kids that I stayed with. The kids here. My daughter calls them auntie and uncles, they’re my family.” But she made no distinction made between “family” and “extended family”; “I treat them both the same. All the staff aye. I see them as family.”

The concept of ‘family’ was therefore interpreted variously by participants, reflected in the people they chose and the reasons why they chose them. Common to all young people however, was a sense of wishing to connect and belong and the active ways in which they sought out these connections.

5. Conclusion

This chapter has shown how young people manage the central tension between the desire to express their agency and to be self-sufficient with the need to receive care and support from others. Young people responded in different ways to socially imposed identities. Stigma related to being in care was apparent in most participant accounts, and more pronounced outwith the care setting, most notably school. Young people attributed this to people’s ignorance, prejudice or misunderstanding of why children were placed into care, which too often was conflated with children being ‘bad’. A few participants reported not experiencing stigma or not being affected by it. Others, the majority, had developed strategies to manage stigma, including attempts to hide care their identity or claim a sense of pride in it, rejecting the label of vulnerability. Usually, the latter happened after young people had left care and experienced some level of success aligned with identities they had constructed themselves. Whilst these young people acknowledged that this was facilitated by the support they received in care, there was a sense of pride for having ‘made it’ against the odds. More positive socially imposed identities were associated with connections to the place in which young people were born, but this was more complex with a participant born in another country and from a visibly distinguishable racial group.

Experiences of being 'done to' by systems and people were reported by participants, leading to a sense that at points, they were not in control of their lives. Expressions of self-sufficiency provided ways to fight back and regain agency, manifest in the guarding of private spaces, 'working the system' or literally fighting back when restrained. Self-protection was maintained through putting up a 'brick wall' to those that tried to help, a form of testing the commitment of carers and a barrier against the hurt of potential rejection.

Finally, participants expressed a desire to belong. A sense of home and belonging were established in residential settings that were attentive to the importance of day-to-day routines and rituals as the spaces in which young people develop close relationships. Institutional paraphernalia is replaced with personalisation of space, including pictures on the wall and 'normal' activities such as shared mealtimes. Where this was done, the combination of place and people contributed to young peoples' feelings of security, and a sense of belonging that lasted beyond the care experience. In these cases young people carried these bonds with them and worked actively to maintain them, whilst creating new families and communities to support them into young adulthood. These connections, reaching backwards and forward enabled young people to establish new, more coherent and hopeful stories about themselves.

Chapter Six

The Conditions for Care and the Journey to Self – Between Irresponsibility, Recognition and Agency

1. Introduction

This study explored the experiences of children and young people who have spent time in residential child care in Scotland, with a focus on how their senses of self presented and evolved over time. Taking a narrative inquiry approach and drawing on SI theory, sociological, social pedagogical and child and youth care perspectives, I have shown how young people's experiences can be understood as a non-linear journey towards self-understanding, navigated through close relationships that help them make sense of their past, manage socially imposed identities, and create opportunities for the emergence of new identities. Young people actively seek out people who help them in this process to develop relational networks that foster a sense of belonging beyond their care experience.

In this chapter I discuss the findings in relation to the literature covered in chapter Two and introduce some philosophical perspectives (Beauvoir, 1995; Honneth, 1995), along with the concept of character role models (Johnson et. al., 2016) to further make sense of the data. I will show how this study builds on existing literature and makes new contributions to knowledge.

1.1 Chapter summary

The chapter is in four sections. The first identifies the **relational threads** through which all meaningful change with young people takes place. The second section considers the opportunities that RCC offers for young people to have a **childhood**, the experience of which appears to be an important foundation in the creation of a secure, positive sense of self. The third explores further the **tension** that is created between the attempts of carers to create childhoods, including acts of care and love, and the desire of young people to express agency, often in the form of resistance to this. The final section considers the ways that young people **tell new stories** about themselves, creating different identities that can usurp those socially imposed by others, and shows how this might lead to a re-appraisal and re-claiming of their care identity in young adulthood. Here, young people created extended communities and

networks of support, drawing on the concepts and their experiences of home and family, to create a sense of belonging that lasted beyond care.

2. Relational Threads

2.1 Introduction

Analysis of the findings in this study support the consensus in the literature and Scottish care policy guidance that relationships are instrumental to wellbeing and other positive outcomes (see Independent Care Review, 2020b; Scottish Government, 2013; Stein, 2006b Welch et. al., 2018). Positive senses of identity were fostered in the context of a relationship with at least one person (Stein, 2006). Silver's assertion that poor early attachments constrain, rather than determine, positive identity development (2013) is echoed in the analysis of data through the emergence of, or at least the journey towards, coherent senses of self. This was more common to older participants that had received 'good care'. As described in chapters four and five, features of 'good care' that supported positive identity development were: care in the everyday, support in completing missing parts of young people's story, opportunities for re-signification, the creation of de- institutionalised and homely spaces, and a sense of home and belonging fostered by the rhythms and rituals of the residential milieu. All of these were underpinned by, and contingent upon, strong relationships with key individuals forming, what might be called, the relational threads of care.

A key finding of this study, and one that contributes new knowledge to the literature, is that relationships with adult carers are the most significant feature in the development of higher self-esteem and a coherent sense of self within care and into young adulthood. In the following section I provide a brief overview of the Scottish policy and research context with regards to relationships in, and beyond, care. I then reflect on the nature of the important relationships described in this study, focusing on the concept of character role models to interrogate this (Johnson et. al., 2016). Relationships with birth family and friends were important and featured in the networks young people created beyond the care experience so are explored later in Making Family, 5.5.2. I then explore how relationships with animals were significant to the more vulnerable participants and consider the possibility that these might be ways for some young people to develop a secure emotional base from which more sustained and secure relationships with adults emerge. These relational threads are

both the foundation and the context of young peoples' journey to a secure and coherent sense of self.

2.2 That one person: research and policy context

As outlined in chapter one, The Independent Care Review (2020b) declared that the Scottish care system needed to move from one that merely protected against harm to children, to one that protected “all safe, loving respectful relationships” (ICR, 2020b). That relationships were key to positive experiences of care was arguably a predictable outcome; the centrality of relationships to good care, an outcome echoed in this study, had been well established in the academic and grey literature (see Barnardo's, 2014; Moore et. al., 2018; Welch et. al., 2018) and featured too, in relatively recent Scottish policy guidance, with an emphasis of their importance in the transition out of care (Scottish Government, 2013). The latter, *Staying put Scotland: providing care leavers with connectedness and belonging*, issued guidance on making care planning decisions that prioritise relationship-based practice, along with ways to extend and graduate transitions out of care. As the guidance states, looked after young people should be “encouraged, enabled and empowered to stay in positive care placements until they are ready to move on” (2013, p. 13). Needs, rather than age should determine the point when, and means by which, a young person should transition out of care. And the maintenance of key relationships during this tumultuous period of transition was vital; “relationships formed between the young person and their carers (be that foster carers or residential workers) should wherever possible and desirable, be continued and maintained” (p. 15).

The findings of my study support this conclusion and the ways young people created these opportunities through the development of networks is further explored later in the chapter (5.5). The following sections explores the relationships in care that provided the foundations for a positive and coherent sense of self.

2.3 Adult relationships: a secure base for a coherent self

2.3.1 Role models

In this study, young peoples' identification of role models as being influential to their development might be a starting point to understand why significant adults, in the context of close relationships, were the main conduit for this. A number of positive

character traits were identified in the adults young people chose as their 'one person'; honesty, trustworthiness, tenacity, warmth, humour and sincerity, and there was evidence that these were qualities that young people wished to emulate. In showing these qualities, adults modelled ways of being that provided templates for young people to follow (Bandura, 1989; Oman et. al., 2008). As Craig (18) said of some of the male staff at his care home; "they taught me different things that a man, that a father should teach you. How to be a respectable man. How to be a gentleman ... How you go through life." Johnson et. al. (2016) note that much role model research has taken a generalised approach to exploring who young people 'look up to' at the expense of a more detailed exploration of the characters of those they seek to emulate. Such research has largely been concerned with how adults, such as mentors might influence positive development (Bowers et.al, 2014).

More pertinent to this study's findings on role models is Johnson et. al's (2016) exploration the traits of *character role models* (CRMs) that adolescents identified with and asked who they chose, why they chose them and what their relationships are like. Character is defined as the development of "the skills, dispositions, and excellences that are required to live well and competently, the life that is good for one to live," within one's community or society (Johnson et. al., 2016; Lapsley & Narvaez, 2006, p. 260). Individual character develops with different individuals over time, place and contexts (Lerner & Callina, 2014). This relational context necessarily focused the scope of Johnson et. al.'s study to those people with whom young people were personally connected, rather than for example, celebrities or sports stars. The implication was that young people's chosen CRMs modelled positive qualities and that their own character developed in relation to their interpretation of these qualities. Of the 220 adolescent participants in their study, the majority that identified a CRM in their lives reported that parents or other adults (grandparents, aunts, uncles or non-familial adult) were those most likely to have the qualities or skills that they desired, with friends the least likely (Johnson et. al., 2014). Such relationships were defined by high levels of emotional closeness but also contained the most conflict. Relationships with nonfamilial adults had the lowest levels of reported conflict, but were also less satisfying and less emotionally close. In relation to my study, it might be assumed that young people's 'one person' is synonymous with the parent or family member that the young people in Johnson et. al's (2014) study identified. This assumption is supported by the findings explored later in this

chapter that show how young people with complex relationships to their birth families, drew on the terminology of family to describe those to whom they were most emotionally close (see 5.5.2). Johnson et al's observation that the closest role model relationships were characterised by higher levels of conflict also serve as an important reminder that the disputes with carers reported by participants in my study might also be understood as 'normal' adolescent behaviour, a developmental response, rather than necessarily a reflection of their pre-care or care experience.

2.3.2 Who I can be

With young people's 'one person' understood to be like a CRM, it can be seen how role modelling and character socialisation are important functions of these relationships (Johnson et. al, 2014). Young people in my study wanted to be like their CRMs and looked up to them in certain ways. They learned from them directly. On this understanding of what a role model is, it could be argued that younger people, such as friends or peers might have limitations as role models. Whilst having many positive characteristics, friends might be more likely to be viewed as equals (Roesch-Marsh & Emond, 2021) rather than as an embodiment of the skills, dispositions and excellences they aspire to be. What is significant about the adults young people chose to emulate in my study is that they did so in close relation with them, rather than from a distance, and that they actively sought out these relationships in recognition that they offered a pathway, or template for whom they could become. As Zegers et. al (2006 p.58) note; "alliance with a trusted staff person is at first a secure base to deal with residential experience and then later becomes a model for future relationships." In some cases, young peoples' attraction to their role model was in part due to observed traits they saw in themselves, such as stubbornness. Perhaps this recognition provided hope that they too could be like them in other ways, despite, or in spite of, these traits. Significantly, this connection to their one person, based on a shared trait, was often singular and the multiple other qualities that young people described in their 'one person' remained aspirational: young people broadly sought out role models who they would like to be, rather than who were like them.

The qualities, skills and experiences of key adults identified in this study, and elsewhere in the literature, might also suggest why adults play a prominent role in the development of a positive sense of self (Garfat & Fulcher, 2012; Smith, 2009). In

particular, the security associated with a long-lasting relationship with a reliable, consistent and trusted person has been shown to be largely found in young person/adult relationships (Duppong et. al., 2017; Moore et. al. 2018; Schofield et. al., 2016). The CYCP notion of 'hanging in' when young people are struggling, to tune into their pace of development, is also relevant here along with the skills of the adult worker in identifying everyday activities as sites for the development of relations of trust, safety and intimacy. Or in CYCP terms, 'hanging out' (Garfat & Fulcher, 2012).

It is noteworthy that the epiphanic moments of self-discovery young people described in this study (see 'moments of epiphany', chapter four, section 6) were often linked to transitional life moments, such as leaving care, when such relationships also changed dramatically, or ceased. Whilst young people responded to these changes in different ways, from feeling frightened to being liberated, a renewed appreciation of the relationships with their key adults was common to most. As Danielle (21) said; "I'd never really experienced people showing care like that. That shaped me in a good way ... it took the experience of moving out to realise that".

So far, I have shown how young people's relationships with key adults were instrumental in supporting the development of their sense of selves, providing templates for who they could be. Young people sought relationships with adults who displayed characteristics that they admired, including honesty and trustworthiness. Such traits were modelled rather than taught in any explicit way and there was a perception that adults were showing young people how to be good people by *being* good people. Staff revealing more personal aspects of themselves, such as Danielle's (21) care worker persevering through grief, had a profound effect on young peoples' senses of who they could be, in this case, being strong through adversity. This suggests the importance of the social pedagogical concept of care workers bringing their whole selves to their role, to carefully navigate the interplay of the personal, professional and private aspects of self to demonstrate authenticity (Roesch-Marsh, 2019; Thempra, n.d.). That positive senses of self develop in relation to such individuals across time, place and contexts points to the importance of longevity of relationships. Young people's resistance to relational overtures, explored further in section 4 , also indicates why tenacity was such a valued quality of staff. Overly self-protective barriers that young people erected needed to be

carefully dismantled, or re-arranged to enable long term relationships to flourish. Sometimes this was not possible, and as Danielle's (21) earlier account shows, it took dramatic life events, such as moving on from care, to fully appreciate those relationships.

2.3.3 Animals

Interestingly, some young people described relationships with animals, particularly dogs, as being significant in helping them feel safe. In Kayla's (15) case dogs took on a therapeutic role, creating a sense of calm and safety that other participants had described in human relationships (Katcher & Wilkins, 1997). Her significant placement moves and self-reported mental health issues seemed to impact on her capacity to build sustained relationships with staff, so animals might be seen as a way to create emotional security amongst this instability. Kevin (18) too associated close relationships to dogs with feelings of security and calmness. These findings are supported by a number of health studies that show how canine contact increased levels of oxytocin, a hormone associated with its calming effects (Nagasawa et al., 2008). The socialising effect of animal companionship is also well documented, and animal contact can create a buffer against stresses and anxiety (Thoits, 1982). Holland's exploration of caring relationships amongst care experienced young people found that relationships with pets in foster and kinship care were of huge significance (Holland, 2010). Here the opportunity to be cared about, and to care for, emerged as of particular importance (Robinson, 2021). The latter, as a more general theme is explored further in 5.4 as 'caring for' came to be a significant characteristic of a developed, secure sense of self.

It is striking that those young people who described close relationships with animals appeared to me, in different ways, to be those who presented as the most vulnerable, through both the content of their stories and their demeanour. This observation, together with the data presented above, might suggest a role for animal interactions with the most vulnerable young people as a way to begin to create a secure emotional base that might precipitate relationships with caring, consistent and committed adults, the foundation and conduit to secure and positive selves (Robinson, 2021). Further research is also warranted into the role of pets within residential care homes, as these are the settings in which young people with the greatest and most complex emotional needs reside (Connelly & Milligan, 2012).

Next, I explore how creating a sense of childhood is important for residential care experienced children and young people and how residential child care can create the conditions for this.

3. Care Experience as Childhood

3.1 Introduction

Mike Stein's observation that care experienced children and young people have compressed and accelerated development (2002) echoes the findings from this study where young people, by force of their pre-care situation, were required to prematurely take on adult roles. Readjusting to the move into care was aided by the maintenance of links with birth family, and care workers' efforts to make sense of missing parts of young people's histories. This proved to be one way to mitigate the threat to identity formation that this transition presented (Neagu & Sebba, 2019). Another way was where the care setting was able to create an experience of childhood. Premature immersion into adulthood necessarily entailed the loss of childhood, a point highlighted and lamented by participants whose characterisation of care, or at least their ideal of it, is best summed up by Jill (22) as a "chance to be a kid". This section explores firstly, how participants' demonstrations of agency align with symbolic interactionist accounts. Then, drawing on Simone de Beauvoir's *Ethics of Ambiguity* (2018), I show how childhood might be conceived of as an existential freeing from responsibility, an escape from the "anguish of freedom" (2018). This connection of Beauvoir's ethics to conceptualisations of residential child care represents a new theoretical contribution to the literature. Next, I reflect on how this might inform understandings of young people's activities and behaviour in RCC. Finally, I consider how the social pedagogical concept of *haltung* offers residential care workers a framework for practice that promotes the conditions of irresponsibility associated with this account of childhood.

3.2 Agency and Symbolic Interactionism

As Jill's (22) comment above illustrates, participants in this study were able to take on or resist child roles. These observations chime with sociological accounts of childhood, which characterise this period, not just as a developmental state of physical immaturity, but as constituted by a culturally determined set of roles and expectations (Goodyer, 2012; James & Prout, 1997). Young people were aware of

these expectations and through their adaptation or resistance to child or adult roles, demonstrated a level of agency that was consistent with symbolic interactionist accounts of the self interacting with the world (Fine, 1984; Fine, 1992; Maines, 1982; Musolf). Nonetheless, the structural constraints on this agency were apparent firstly, in young peoples' pre-care experience, where adaptation to premature adult roles was often born out of the necessity to survive and therefore opportunities to be a child were severely limited. And once in care, through the perceived constraints of the care homes' boundaries and expectations. In this context acts of care, and the relinquishing of control this entailed, potentially threatened senses of self-determination. The varying ways young people navigated this terrain; to exert their will despite the significant socio-political, familial and institutional constraints, echoes the process of negotiation associated with symbolic interactionist approaches (Fields et. al, 2006; Fine, 1992; Sandstrom and Fine, 2003).

3.3 Childhood and Freedom

Despite a typical experience of childhood not being familiar to most of the young people prior to care, many were able to give an account of what it is, or should be. The feeling of being cared for or loved, and a sense of freedom, often from adult responsibilities, were the two defining characteristics. In relation to freedom, it might be fruitful to reflect on Simone de Beauvoir's account of childhood (2009; 2018). Beauvoir observes that a child's situation is characterised by being thrust into a world which she has not helped to establish (2018). In this world, children can only submit to the family and cultural dynamics in which they find themselves, which to them appear as absolutes. This situation is both one of limit and privilege; the child is freed from the anguish of the responsibility that comes with being free, but her relation to the world is curtailed (Wilson, 2012). In submitting to the divine-like status of adults, the child is "happily irresponsible" (2018, p. 38), with ethical dimensions of life perceived to be defined by others and outside the realm of their subjectivity. Good and evil exist 'out there' and the child can be 'good' or 'bad' as defined by adults around them, such as parents and teachers. But for Beauvoir, as a result of the existential unimportance of the child's actions, the metaphysical payoff of childhood is the escape from the anguish of freedom, (Beauvoir, 2018; Tidd, 1999). Here, childhood is characterised as freedom from the responsibilities of serious engagement with the world. But this freedom is ultimately illusory, perhaps only realised in adolescence when the authority of adults is questioned and customs and

values revealed to be not absolute, but contingent. Children come to realise that adults, the source of these absolutes, are flawed. Faced with this knowledge and the realisation of the responsibility that they themselves are agents of moral choice, adolescents and adults may retreat into a nostalgia for less complicated childhood:

The misfortune which comes to man as a result of the fact that he was a child is that his freedom was first concealed from him and that all his life he will be nostalgic for the time when he did not know its exigencies

(Beauvoir, 2018 p. 43).

At this point, Beauvoir's account is pertinent to this study in two ways. Firstly, the innocence of childhood she describes has eluded children who are placed into care. They have learned too early that adults are not the harbingers of moral absolutes; they are imperfect. The desire, or need to be a child once they enter care is not a misguided, infantile nostalgic fantasy, rather it represents the need to escape the anguish of freedom for the first time in their lives. Understanding children's behaviours as an expression of a deep, existential need to be free from the moral responsibilities of life, to which they have been introduced too early, seems to be a helpful way to make sense of young peoples' actions. This points to a second, related reflection derived from Beauvoir's account. Conceiving children's experiences in this way might inform how residential care can foster the conditions for positive childhoods. In Beauvoir's terms, this invites consideration of how the illusion of safety and certainty of childhood, the conditions of irresponsibility, might be created. Jill's (22) experience of a key worker waiting outside for her as she showered on her first night in her residential home is illustrative of the unprompted, unspoken acts of care and containment (Bion, 1962; Smith et. al., 2013) that might begin to dissolve delusions of autonomy. Similarly with daily provision of meals and other acts of unsolicited care. The persistent offering of care, even if rejected, and perhaps more so when it is, seems important in and of itself. This echoes the social pedagogical concept of *haltung*, the pedagogue's ethical orientation that connects them to others through emotional connection and profound respect for their human dignity (Cameron & Moss, 2011). The pedagogue, operating in the life-world of the child (Eichsteller & Holtoff, 2011), knows when to hold back, or respectfully challenge in the circumstances in which young people live their lives. This ethical orientation enables pedagogues to do the right thing even when it is unclear whether the young person welcomes, rejects or is even aware of it. Persistent acts of care

over time are the right thing irrespective of outcomes but nonetheless are ways to demonstrate to young people that they are free from the responsibilities that they carry with them from their experience prior to entering care. However, as analysis of the data from this study show, young peoples' premature immersion into adult worries and responsibilities prior to care can foster powerful senses of agency amongst young people that are not willingly relinquished. The following section explores this tension and considers ways that it might be conceived. I then reflect on the implications for residential care practitioners and the sector more broadly.

4. Independent and Dependent: Existing in Tension

4.1 Introduction

Born out of a survival instinct from poor pre-care experiences and premature immersion into adult responsibilities, young people in this study expressed assertions of agency that often manifested as resistance to care. Invitations by care workers to engage in relationships were met with a kind of 'test' to ascertain if, and how much, they really cared, which was perhaps also a projection of their own impulses and feelings (Emanuel, 2002; Laslett, 1976). Some participants erected a "brick wall" to protect themselves from the possibility that they would be rejected (Furnivall, 2018). As Mary (19) noted, a series of poor experiences had led her to this strategy; "as soon as I managed to connect with somebody I'd be taken away." At the same time, they expressed a desire to be cared for, often identified retrospectively, and later in the care journey; "so now I recognise all these, like cries for help and I used to think I had everything together. But I know I was just a child, but at the time I really thought I had it all sorted." (Fiona, 27)

Young people also expressed their agency in less confrontational ways, such as in carefully policing the physical and emotional zones in which they could assert control through, for example, by taking ownership over and restricting access to their bedroom (Wilson & Milne, 2012), or attempting to keep aspects of their identity, such as sexuality, private. Importantly, these assertions of agency can be seen as both a consistent response to their situation, as well as a hugely positive force. The desire to prove people wrong, to succeed against the odds, was more often motivated by this deep sense of self-sufficiency. This complex picture points to the theme of this section: young people's care experience, particularly at the early stages, was characterised by a tension between the (sometimes unrecognised)

need and desire to be cared for and the need to be self-reliant and maintain self-control. Drawing again on Simone de Beauvoir's *Ethics of Ambiguity* (2018), the following section considers ways that the tension might be conceived and the implications for caring practices. This aspect represents a novel theoretical contribution to the literature.

4.2 The tension

At a psychological level, the resistant responses of young people to overtures of care might be understood as a protective response (Cairns, 2002). Poor early attachments have created an internal working model that positions adults as untrustworthy (Gerhardt, 2004). Similarly, the absence of loving relationships, or the presence of harmful ones, can lead to the self-perception that they are unlovable (Cairns, 2002). In this context, relationships are a threat, and despite the human need for care and affection, these embedded models are not easily dismantled and reassembled (Bowlby, 1973). And yet this study confirms the messages from the growing literature that RCC can provide the conditions for growth, with young people, over time engaging in healthy relationships that change these self-perceptions (Cameron & Das, 2019; Holden & Sellers, 2019; McLeod et. al, 2021; McMurray et. al.2011), suggesting the possibility that these internal working models can change (Brisch, 2011). Here, I turn to another way that care might be conceived. This suggests that rather than attempting to eliminate the tension between respecting young people's agency and their need for care, through, for example, enacting universal and prescribed ways of caring; practitioners should engage with the ambiguity this tension creates and operate within it. The moral purpose embedded in this account is consistent with the view that 'good' care is a moral and practical activity embedded in the messiness of relations in the every-day. In this way it complements social pedagogical accounts of care (Cameron et. al., 2021; Cameron et. al., 2016)), Child and Youth Care approaches (Garfat & Fulcher, 2012) and practice guided by care ethics perspectives (Steckley & Smith, 2011).

4.3 Embracing ambiguity

There is not the space here to give comprehensive coverage of Beauvoir's rich account of freedom and ethics (2018), so I offer a brief overview of her thinking most pertinent to the topic of residential care giving.

Beauvoir (2018) begins with the premise that the human condition is uniquely characterised by ambiguity; we experience ourselves both as subjects; as individuals within the world, and as objects; as members of a collective. There is a tragedy at the heart of this - that at any moment man can realise the non-temporal truth of his existence, where the past no longer exists and the future has not come to pass. In this metaphysical moment there is nothing. Beauvoir posits that this ambiguity is an ontological fact that cannot be eradicated, and yet, as she observes, most philosophical and religious accounts of the ethical life make attempts to mask this fact by, for example, establishing mind-body dualities, or seeking to deny death through the promise of immortality (Oganowski, 2013). For Beauvoir, these are illusions and to try to escape the ambiguity of existence is dishonest. Humans are confronted with this ambiguity; they think about and feel it, and the tensions that emerge from this cannot be eradicated. We are characterised by a multitude of dualities and tensions such as being both mind *and* matter, sovereign individuals, yet with commitments to the group, and the product of luck as well as having agency (West, 2022).

Her endeavour then becomes to build an ethical framework that accounts for the inevitability of ambiguity. At the centre of this is her account of freedom, which posits humans as charged with defining their own values. This is not to imply moral nihilism or relativism; she provides a comprehensive account of how action should be taken against all forms of oppression, but rather that to confront the freedom of moral responsibility in any situation is to avoid the compulsion to reduce ethical ambiguities to a single principle (West, 2022).

In relation to this study, Beauvoir's account is helpful in two main ways; firstly, in conceptualising the tension between young people's expressions of agency and their need for care. And secondly, as a way to make sense of the residential care practitioner's response to this tension. To address the first of these, Beauvoir's account of ambiguity invites us to embrace the tension between young people's need to experience care and the desire to express agency, rather than attempt to will it away. The two co-exist and cannot be disentangled. To engage with this ambiguity is to adopt an honest moral stance. The situation expresses both what Beauvoir calls 'facticity'; what there is and 'transcendence'; what, through our exercise of moral freedom, is possible. Beauvoir's argument that ambiguity is

embraced relationally is pertinent to the second point. To attempt to disentangle oneself from ethical ambiguity is to adopt “the aesthetic attitude”, that is to distance oneself from others, turning the world into an object and in turn, reducing it. But ambiguity is embraced when one subjectivity encounters another (West, 2022). The moral stance of the residential care worker is therefore to not only embrace the tension between agency and care at a conceptual level, but also to operate within it, face-to-face, in relation to the young person. Transcendence occurs through the moral orientation of care giving, the nature of which may change in different contexts and with different individuals. It is itself ambiguous.

But Beauvoir’s proposal provides both a description of ambiguity that accounts for this tension and at the same time points to a moral orientation that, in light of this ambiguity, requires continual reappraisal and redefinition. Attempts to prescribe universal responses to unique and contextualised circumstances are therefore misguided. Beauvoir disparagingly names as a “serious person” one who attempts to reduce ambiguities by zealously aligning themselves with a single, ultimate value. This might call to question a commitment to the principle of care. Yet Beauvoir does not seek to devalue such a commitment, but rather to understand that within an encounter with another, there will be varying, sometimes oppositional understandings of what this will be. Sometimes young people might not want another person’s version of care and may have an alternative view about what care looks like. In these contexts, a process of negotiation of expectations, boundaries and activities with individuals might be a way to operate within ambiguity. And whilst a moral, caring orientation might guide practice, the ways in which this is realised will be multiple and potentially conflicting.

In the next section, I explore further the ways in which young people demonstrated their agency by managing socially imposed identities and developing new ways of being.

5. Telling New Stories

This section reflects on how young people in this study were active agents in the management and creation of identities, support networks and communities within and beyond care. This enabled them to tell new stories about themselves.

5.1 Introduction

In this first section, young people's demonstration of agency, and the role RCC workers can play in creating the conditions for this, is explored through the concept of positive signification (Cooper, 1993). Resistance to stigma, and the resulting sense of shame was one motivation to create new identities, another was young people seeking out activities that were important to them and the desire to be known for these, rather than necessarily those that had been socially imposed. Following this, the sense of young people being recognised for how they wanted to be known, and its converse, misrecognition, is explored using Axel Honneth's theory of recognition (1995). I then consider an unexpected outcome of this study, and one that contributes new knowledge to the literature. Young people described '*caring for*' behaviours, identifiable even when they had struggled to trust others, typically at the early stages of worker/young person relationship. But notably these behaviours tended to increase over time as young people accepted care from key adults. The journey towards self-knowledge is one that moved from being typically self- regarding to self- and other- regarding. Finally, the theme of active agency continues beyond care and in *making family and community*, I show how young people created extended communities and networks of support, drawing on the concepts and their experiences of home and family, to create a sense of belonging that lasted beyond care.

5.2 Positive signification

The site of much of the participants' experience of bullying, and resulting stigma for their care identity was school, though this was not universal. Here, young people reported the sense of difference being exacerbated by the bureaucratic functions of the care system reaching into their school lives and, in some cases, revealing private aspects of themselves that they had guarded closely. As Emond notes, existing in, and navigating through, two institutional arenas is a particular feature of residential care (Emond, 2014). Evolving from educational research in residential schools, the concept of positive signification, or re-signification is helpful to understand the process that sees young people move from being identified as being 'bad', or different due to their care status and affiliated stigmas, to having a more positive self-image (Cooper, 1993a; 1993b). Originating in educational studies influenced by labelling theory, the term was first used to denote a key element in the process by which pupils came to be known as deviant (Matza; 1976; Hargreaves et.

al., 1975). Here it was understood as the point at which an identity becomes synonymous with a 'deviance' such as being a "yob", "bully" or "truant" (Cooper, 1993b). Acts of individual 'deviancy' ascend in status to definable characteristics of the pupil, marking the point at which these are seen by significant others (teachers) to be their most representative acts. Betraying the idea's conceptual origins in SI theory, pupils can internalise these projected images of themselves and act out 'deviant' roles, in effect demonstrating a self-fulfilling prophecy.

Conversely, re-signification is the development of new, positive identities that, through affirmative relations with significant other/s over time, enable pupils to overcome negative views of themselves (Cooper, 1993b; Mowat; 2010). Two components are noteworthy here in relation to this study. The first is the relational conduit of this process. Positive relationships with significant others are the single most important mechanism for undoing pupils' negative self-perceptions (Cooper; 1993b). Such "significant others" display a faith in the child that they have the capacity to change, and convey this to them in their words and deeds (Cooper, 1993 p.138; Mowat, 2010). In this study, young people's journeys towards a more positive self-image was instigated by staff who tenaciously, and with care, refused to accept the negative stories young people told themselves and which often manifested in recalcitrant behaviour (Lloyd et. al., 2001). Key adults saw strengths and talents in these individuals and created opportunities for them to explore these, whilst conveying the expectation that they could, and would, do well. Over time, young people started to believe that that they did have these strengths, and through ongoing relational support, showed signs that they had internalised these affirmative messages. This points to the second aspect of positive signification, that of the role of the young person in this process. There is, necessarily, a degree of agency and self-efficacy required for young people to recognise the need to change and have a degree of motivation to do so; the responsibility and reward for this process is not solely the adult's (Mowat, 2010). In my study, this was strongly evident, firstly in the relationships that young people sought out to help them at school, at leisure and in residential homes. This was an active, not passive process. And secondly, through their commitment to, and negotiation of, the expectations of individuals and institutional cultures through which their exploration of new identities took place. Whilst in reality the process of change took place over time and was complex, young

people nonetheless often had a sense of what they needed, would find the people to help them and enter into relationships that were instrumental to re-signification.

I now turn to a theory that further enhances interpretation and understanding of young people's search to tell new stories.

5.3 *Being Recognised*

Recent theoretical research has identified the merits of Axel Honneth's theory of recognition (Honneth, 1995) as a way to conceptualise social work and residential child care (Houston, 2015; Marshall et. al., 2020; Niemi, 2020; Smith et. al., 2017; Smith, 2021). In this section I identify the advantages of this theory as a way to further enrich understandings of young people's search for new, more salient identities that contextualises this journey within wider institutional and societal settings. Firstly, I offer a brief overview of Honneth's theory.

Influenced by the philosophy of Hegel, Marx and Sartre and drawing on Mead's social psychology and Winnicott's psychoanalytic theory, Axel Honneth developed a comprehensive account of the normative life of society structured around the central concept of *recognition* (Honneth, 1995; Smith et. al., 2017). In the *Struggle for Recognition* (1995), Honneth outlines a tri-partite conceptual framework in which social recognition, which is interactive, reciprocal and emerges over time, is produced through struggle (Smith et. al., 2017). At its core is the importance of social recognition to the development of individual autonomy and self-realisation (Marshall et. al., 2020). Human flourishing is based upon the three pillars of love, rights and solidarity, the three forms of recognition that emerge from struggles in the family, civil society and the state (Smith, 2021). In each case, recognition is about the interactions and processes by which one grants status to another, between individuals, between individuals and states, and between individuals and communities (Smith et. al., 2017). These processes are fundamental to human flourishing and we depend on these mutual dynamics, socially and psychologically, to develop positive identities and senses of self. Recognition across these three domains is key to this. Importantly, recognition's converse, "misrecognition" occurs when status or identity is threatened or undermined, leading to the *struggle for recognition*. At this point, I will briefly outline the three pillars of recognition and reflect on how they support the analysis of the findings from this study.

5.3.1 Love

Honneth refers to relations of love as the many sources of emotional connections among a small number of people. These “primary relationships” include those between lovers, friends and parent-child relationships with the emphasis on emotional needs. Influenced by Winnicott’s idea of the ‘good enough parent’ (1991), affective approval in early development is achieved through reciprocal interactions between a ‘mother’ and infant, with Honneth’s inverted commas denoting the *role* of care giver, rather than necessarily a biological connection. Receiving emotional recognition allows children to know that they exist, as distinct from others and that they matter (Bainbridge, 2015). All love relationships are characterised by this early ‘merging’ experience between the child and the ‘mother’, represented as “symbiosis refracted by recognition” (Honneth, 1995, p. 106).

Importantly for this study, emotional recognition prioritises human sources of warmth, comfort and familiarity over biological connections, leaving open the possibility for human flourishing through mutual connections with a small group of loving people. Carers do not necessarily seek to be a ‘mother’ but nevertheless offer a close connection that may be called love (Smith et. Al., 2017). Echoing Honneth’s account of love as primary relations amongst a small group, participants described at least ‘one person’, but more often a tightly knit network of people, with whom they had close emotional connections. Young people being made to feel like they matter can be seen in the context that they were recognised by these primary carers. Whilst younger participants were less able to articulate this experience, they did describe moments of attuned and responsive care that attended to their individual needs, such as introducing a ‘common third’ activity like football, or going for a drive, at moments of emotional crisis (Petrie, 2011). This social pedagogical concept implies more than just a routine activity. The shared moment becomes the site of relational enrichment between the young person and the worker where any existing hierarchy is dissolved as they try out something together. Both parties have a claim over the activity (Smith, 2012; Petrie, 2011).

Interestingly, the increased possibility of finding someone to ‘get on with’ was seen by many participants as a great advantage of RCC in contrast to foster care where they had to “fit into a family” (Grace, 26). This might be problematised in some

psychodynamic informed RCC approaches in light of young people not having achieved integration (Winnicott, 1965). Poor early experiences, where the range of feelings of an infant, including anxiety and aggression are not 'held' or responded to by the mother or carer can result in children feeling unable to accept these feelings in themselves (Laslett, 1976). Their emotional selves are unintegrated (Winnicott, 1965). Unresolved, these early experiences will sometimes result with the intolerable aspects of themselves being split-off and these emotions projected outwards (Klein, 1960). In such cases, young people might view themselves as undeserving of total acceptance from those whom they are unconsciously reaching out to. Seeking out multiple relationships may therefore be one way to protect their themselves from further hurt. Danny's (16) comment might give some credence to this idea; "I can talk to some people about some stuff. I can't speak to them about all my stuff but I can talk to other people about other stuff." However, he goes onto say why this is the case. Some staff he has known for a long time, others not very long. Some are good listeners, others shared similar hobbies and interests.

The reasons he gave, echoed too in the responses of others who identified multiple staff as a particular advantage of RCC, seem consistent with two aspects of their shared experiences. Firstly, poor relations with a prior foster carer, and sometimes their family, led to a sense that they had not been understood, or *recognised*, in Honneth's terms, and that this had held back their growth in some way (Honneth, 1995). RCC provided a range of people that quite simply increased the odds that they might find someone with whom to connect. This might also speak to the particular skills and training of RCC staff that makes them attuned to the complex dynamics of relationship building with children who lack trust in adults (Smith et. al., 2013). Secondly is the observation that young people identified staff with whom they shared hobbies and interests, opening up the possibility for the development of relationships through the common third activity (Petrie, 2011). Similarly, young people feeling like they were listened to in these relationships echoed the findings in Neagu and Sebba's study (2019), where empathetic listening supported young people to overcome stigma, re-establish their self-esteem and over time develop a sense of agency and identity.

These points support a key finding of this study, that young people are active agents in the development of networks that support them in, and beyond, the care

experience (see 5.5) Whilst concerns around multiple relationships from an integration perspective (Winnicott, 1965) should not be wholly discounted, the analysis of data from this study suggests that access to a range of people with whom to develop close, intimate relationships and perhaps find ‘that one person’, was a particular advantage of RCC. In this context, it might also be concluded that rather than impeding young people themselves, these dynamics supported their opening up, albeit sometimes slowly and over time, eventually creating the conditions for further identity exploration.

Where young people succeeded in finding such people, being *known* by carers was linked to the sense that they mattered. Love, understood as recognition, also contextualises the value young people placed on expressions of warmth such as touch and hugs (Steckley, 2012), and symbolic material expressions of love through the provision of a young person’s favourite meal (Emond, 2016). And more broadly, the value of engaging in shared day-to-day activities such as watching films and weekly pizza nights (Almquist & Lassinantti, 2018; Eber, 2018). These were some of the ways in which young people in this study were emotionally recognised, or loved, that led to a sense that they mattered. This was an important step towards a stable, positive self-image.

5.3.2 Rights

Honneth’s account of rights extends the boundaries of responsibility for the development of self away from the family context towards the need for legal recognition (Smith et. al., 2017). Here, recognition is about acquiring and exercising citizenship rights, as members of a community. This account moves beyond contractual and legalistic understandings; rights are contextual, contingent and conditional (Alderson, 2008) rather than existing as distant absolutes (Marshall et. al., 2020). They are couched in inter-subjective relationships and, through struggle and negotiation, enable the bearer to become a participant in public life. In doing so, rights support the development of self-respect and legitimate the demand for mutual respect (Smith, 2021). Honneth’s account provides a level of nuance missing from much discussion about children’s’ rights; to claim and realise rights, young people need to feel self-respect to afford that to others, and this is done in relation with others (Smith, 2021, p. 131). There is a degree of mutuality in this account of democratic participation, and an assumption of a shared intrinsic moral value of

individuals. In the context of this study, this was seen where care homes and practitioners honoured the choices and agency of children where this did not conflict with their protection rights, such as in their choices of social life or daily care home activities (Marshall et. al., 2020). Similarly, schools that took the time to get to know their young people, and make reasonable adaptations to the interests and needs of the young people, witnessed a shift in their participation in school life. As Honneth observes, institutions that promote rights-based cultures can begin to develop young people's self-respect that sees them participate as citizens in their community (Honneth, 1995).

5.3.3 Solidarity

The third pillar Honneth identifies concerns the particular qualities and talents of individuals and how having these recognised by our communities creates bonds between individuals and a sense of pride and competence (Houston, 2016). Being recognised for talents in the public sphere enhances self-esteem and a resilience that strengthens one's ability to deal with difficulties elsewhere in life (Smith, 2021). Solidarity therefore builds both self and social esteem (Honneth, 1995). Thompson (2006) observes that people have the opportunity to earn esteem if their traits and abilities are in tune with those of their society, opening up the possibility that they can make a contribution and become valuable members of their communities (Smith, 2021). In this study, young people's journey to positive senses of self can be understood as being recognised and valued for those things that they acknowledge are of value to them. Their pursuit of activities and the merits of associated identities such as sportsman, cadet or employee, suggests an engagement with the world undergirded by increased self-esteem. Engaging in such activities also contributed to a sense of normality (Anglin, 2002), promoting pro-social behaviour that appeared to develop a level of resilience and self-confidence (Marshall et. al., 2020; Lou et. al., 2018; Luksik & Hargasova, 2018). The tendency of older participants to be able to reclaim a previously rejected care identity may be linked to the idea that their more salient, self-made identities have, over time, been recognised by their community to which they are now active contributors (Berridge, 2017; Berridge et. al., 2012, Quarmby et. al. 2019).

5.4 Caring for

Part of young people's journey to self, and their telling of new stories beyond care, involved the pursuit and embracing of caring identities. Typically, the journey towards self-knowledge moved from being self-regarding to self and other regarding. Set against the backdrop of what were often mistrustful early relationships with a desire to be self-sufficient and having a degree of resistance to support, this was a somewhat unexpected finding that contributes new knowledge to the literature. In this section, I explore this phenomenon in relation to care ethics and Axel Honneth's theory of recognition (1995).

5.4.1 Care ethics

Care ethics provides a framework for understanding that young people, as well as being receivers of care, are also care givers (Cockburn, 2005; Holland, 2010). This is an important distinction as definitions of care, including from within the care ethics traditions itself, have often focussed on care as a one-way process (Holland, 2010). Before exploring this further a brief overview of the position follows.

Originating from the work of Carol Gilligan (1993), care ethics emerged as a way of conceiving moral thinking in a way that foregrounds compassion and intuition over rules and principles (Smith et. al., 2013). A care ethics orientation emphasises relationships and responsibilities over rules and rights and is bound to specific situations rather than abstract and formal principles (Sevenhuijsen, 1998). Care is therefore a moral and practical activity enacted in relational encounters (Smith et. al., 2013). Tronto identifies 'a general habit of mind to care' as being at the core of practice as opposed to rules and principles (Tronto, 1994: 126-7). The moral imperative implicit in this account implores a differentiation between 'caring about' and 'caring for' (Noddings 1984; 2002). 'Caring about' involves having a view about an issue, but does not require direct action; it is enough to be disposed to care about a particular concern. In contrast 'caring for' involves directly practising care. Given this direct relational, morally purposeful and contextual dimension is grounded in the care context, a number of authors have explored the applicability of care ethics to social care and residential childcare (Holland, 2010 Smith et. al., 2013; Steckley & Smith, 2011). In this context 'caring for' involves immersion into the everyday lives of the children, including engaging in a range of social activities, supporting appropriate behaviours, dealing with complex relationships and

confronting the ambiguity around boundaries and intimacy (Coady, 2014; Steckley & Smith, 2011). As Smith et. al. note, if RCC only engages in 'caring about' children, they and their lives become abstractions, and the messiness and rawness of the face-to-face encounter is conveniently washed away (2013). The authors, and others note that 'caring about' sits well within legalistic and instrumental discourses that dominate public policy, features of a justice-oriented approach, but that this denies the very intimate and relational care that young people need (Steckley & Smith, 2011; Holland, 2010).

Holland (2010) observes that care ethics is premised on the idea that relationships permeate society, much more significantly than is often perceived, and that to overlook marginalised young people as carers themselves is to mischaracterise them as only passive receivers of care (Cockburn, 2005). Her data, and other studies show that young people are active moral agents in considering their actions, and engage in caring relations with a multiplicity of people in their relational networks (Williams, 2004). In relation to my study, a distinction is worth making between the caring relations exhibited through the somewhat enforced premature responsibilities prior to care and those caring behaviours displayed in care and beyond. For example, Jill (22) looking after her father who struggled with alcohol, was done out of circumstantial necessity rather than necessarily an expression of a caring instinct, which is not to say she did not have one. Part of her actions may well, and most likely were, motivated by genuine care, however, at this point her agency was restricted and the circumstances dictated that, at least in part, her actions were for her own self-protection. Indeed care ethics literature recognises the contextual complexity of the caring dynamic that might incorporate a range of dilemmas and conflicts (Tronto, 1994). In contrast, young people described 'caring for' behaviours during their care experience that appeared either as consistent with their presentation of self; "I'm kind and caring", or featured more spontaneously in their accounts, and did not feature in their self-narratives. For this group, 'being caring' was not part of their identity. Nonetheless the findings support the conception of care ethics and subsequent later research (see Holland, 2010) that young people in care are active moral agents and exhibit caring behaviours with a wide range of people, but the degree to which this is important to them varied.

However, a notable commonality between those who had left care was that they actively sought out, and valued, caring identities. This was apparent in day-to-day accounts of care with their friends and individuals in their networks, but also in their choices of voluntary work and employment, much of which was, or aspired to be, within the caring professions. This journey, from self-identifying as self-sufficient or selfish at the early stages of care, to showing concern for others, and self-describing as compassionate, or less selfish once they had left care might be understood through the previous discussion on role models (Johnson et. al., 2016) and Honneth's account of solidarity (1995). Here, 'caring for' might be interpreted in three related ways.

Firstly, care ethics provides an account of moral behaviour that suggests that people's social instincts predispose them to 'caring for' behaviours (Noddings, 2016). Caring is part of our social life and is normal (Holland, 2010). In this sense, reports of caring behaviours in this study might not be noteworthy. To some degree this is true, however, in the context where much discussion of children in care is, understandably, about the care they receive, a fully rounded sense of a young person, including their caring capacity can be overlooked. This omission mischaracterises relational encounters which are not one-way, but reciprocal (Ruch, 2005; Smith, 2009; Ward, 2011). Additionally, senses of agency that emerge so strongly in this study are erased. That young people describe caring behaviours is therefore significant because of their positioning; in policy, practice and research, as a group who receive care (Cockburn, 2005), and that this is an insufficient account of their relationships with others, which are reciprocal.

Second, young people's 'one person' often demonstrated caring behaviours that they wanted to emulate. Part of the desire to care might be aspiring to be like those that had helped them, who had modelled caring behaviours (Johnson et. al., 2016). Third, acts of care that progressed to 'caring for' identities connected young people to their wider community. This happened firstly, through the intensive support they had received in care. Not only had young people benefited therapeutically from their relationships, gaining knowledge about themselves in the process, but they appeared able to apply this expertise to others within their networks, helping them in times of need. This contributed to senses of competency (Houston, 2016), and some extended this to their choices of caring voluntary and employment roles.

Applying Honneth's account of solidarity (1995), validation for caring behaviours by networks of friends and employers can be seen as public recognition of their talents and strengths that connected them with, and made them positive contributors to, their community and society (Berridge, 2017, Quarmby et. al., 2019).

5.5 Making family and community

This final section reflects on the ways in which young people were active agents in the creation of extended networks of support, drawing on concepts of home and family to create a sense of belonging that lasted beyond care. Whilst the importance of transitions for care experienced young people to positive outcomes is well reflected in the literature (Welch et. al., 2018), less attention has been paid to who they turn to for support and the relational networks they build (Élodie et. al., 2017; Rutman and Hubberstey 2016). As my study shows, securer senses of self-emerged from the feeling of connection to these family-like networks and the wider community.

5.5.1 Models of home

In this study, residential care settings were the places that most often created the experience of home amongst the participants, though a minority who were younger had not yet experienced this due to instability of placements. Home was as much a social and emotional concept as a physical one (Milligan, 2005), associated with feelings of safety and security (Wilson & Milne, 2012) engendered by relationships in domesticated settings (Stein, 2012, McGhee, 2017). Daily rhythms and routines, such as mealtimes, created a sense of predictability and stability as well opportunities for connection (Emond et. al., 2016; Emond et. al., 2014; Gharfat & Fulcher, 2012; Punch & McIntosh, 2014). The familiar smells, including of food, suggested a sensory component to home (Wilson & Milne, 2012).

Personal touches emphasised a sense of being valued, including a personalised laundry basket, and hanging pictures of them on the wall. Home was also about shared histories with those whom they shared the space, and reminiscing about collective activities such as holidays also reinforced feelings of belonging. A mantra of the manager of one of the homes, 'you never leave [name of the care home]' was relayed by participants with fondness and pride, alluding to the emotional concept of home, as well as deep sense of belonging beyond the care experience that the

message implies. Feelings of security were enhanced where privacy of space was respected, particularly with bedrooms. Having other secret spaces to retreat to when dealing with distress also suggested a degree of safety felt within residential homes (Cashmore & Paxman, 2006; Wilson & Milne, 2012). In total, residential settings that made efforts to deinstitutionalise the space in such ways were valued. Features such as locked doors, large fire exit signs and functional, rather than cosy, furnishings diminished the sense of home and unwelcomingly re-emphasised feelings of difference. Anglin's observation that residential care creates normality in abnormal settings appears less of a paradox when considering young people's warm recollections of care homes that presented more like houses than institutions (Anglin, 2002). Finally, objects took on symbolic meanings with gift giving emphasising connections to key individuals and recognitions of love (Emond, 2016). A sense of continuity and connection was established by one individual who took with them their favourite crockery from the residential home into their first flat. An SI interpretation of this might consider the importance of the object as representative of continuity and of identity in a significant period of role transition, from child to young adult; a selected aspect of identification with her care home is carried forward into the new role of independent young woman (Silver, 1996).

Home, therefore is first and foremost about creating a sense of security, under which conditions relationships can begin and evolve (Emond et. al., 2016). Day-to-day activities that mimicked the rhythms and rituals of a 'typical' home prompted feelings of belonging that extended beyond care through the creation of shared memories. Personalisation of care was valued, from knowing a child's favourite meal, to sharing gifts, leading to a feeling that they mattered. Domesticated aesthetics, rather than depersonalised institutional spaces added to the cosiness associated with home and an overall sense of 'normality' (Anglin, 2002; Docherty et. al., 2006; Kendrick, 2012). In these contexts the importance of the 'everyday' is revealed (Emond, 2016), highlighting how the ordinary is at the same time extraordinary (Punch & McIntosh, 2014).

5.5.2 Making family

Danielle's (21) description of a family captures the essence of young people's accounts of those with whom they had the closest connections; "it's one of the best feelings ever - to feel wanted. And that's what I think a family is." Anchored by these

relationships, and drawing on concepts of home experienced in their care setting, participants who had left care developed networks and communities that fostered feelings of belonging. These conditions enabled young people to feel more secure in themselves and explore new identities associated with their increasingly, or sometimes sudden, independent lives. This process took on additional significance in the context of research which highlights the typically accelerated and compressed transitions of young people from care to independence (Welch et. al., 2018) and the need to assume adult responsibilities much earlier than their non-cared for peers (Dixon & Stein, 2005; Pinkerton & McCrea, 1999). Findings from this study suggest the importance of child care services fostering the conditions of irresponsibility for their children, to create childhoods. The inversion of this once young people leave care, ironically and somewhat harshly, requires the swift resumption of adult responsibilities (Stein, 2006). Young people's lives in care are book ended by compressed (or non-existent) childhoods and accelerated adulthoods (McGhee & Deeley, 2022; Stein, 2002; 2012; 2019). Perhaps unsurprisingly therefore, the experience of a small number of the care leavers in this study confirmed the wider research that this group are more prone to social exclusion, including experiences of loneliness, isolation, unemployment and poor mental health (Biehal et al., 1995; Broad, 1998; Welch et. al., 2018). Nonetheless within these contexts young people, including those that struggled greatly, drew on and developed networks and communities of people to help them manage.

Kendrick's discussion of the family metaphor in RCC is a helpful starting point to make sense of this phenomenon (2013). Here, he links sociological and anthropological research on 'doing' and 'displaying' family (Morgan, 1996, 2011; Finch, 2007) with the research on children's conceptualisations of family and 'family-like' relationships (Mason & Tipper, 2008; Davies, 2012, Wilson et. Al, 2012), to develop a framework for thinking about the roles and relationships young people have with residential staff. Danielle's (21) identification of family, with the emotional feeling of being wanted, aligns with sociological research that posits the emergence of 'families of choice' (Kendrick, 2013). The increased complexity of relationships in families, the diversity of living arrangements and decline of the traditional family form over the last several decades renders discussions of a discrete family unit somewhat misleading (Beaumont, 2011; Simpson, 1994; Williams, 2004). Whilst notions of traditional family forms remain strong as a symbolic construct of family,

there is evidence that 'chosen families' are those characterised by close and intimate relationships rather than biological ties. Research into the fractured relationships with biological family that can occur when gay and lesbian individuals come out to their families, and their subsequent creation of new families, resonates with the process of family creation for residential care experienced young people. Families are chosen, not given (Pahl & Spencer, 2004). International anthropological research that shows the diversity of family structures highlights the fluidity and constructed nature of the concept (Carsten, 1995). Despite these societal shifts in family constructs there was nevertheless evidence in this study of the persistence of the symbolic constructs of traditional family roles through the use of its terminology, such as 'Uncle' and 'Auntie' to describe chosen family members and to denote the intimacy of those relationship (Pahl & Spencer, 2004).

Another concept that echoes the findings of this study is that of 'doing family' (Kendrick, 2013) and the related idea of 'displaying' family (Finch, 2007). Day-to-day activities such as gift giving, sharing memories and displaying photographs are ways to demonstrate, re-define and assert 'family' through family-like practices, publicly reinforcing shared biographies (Morgan, 1996; 2011). The public nature of this display, together with the use of traditional family terminology might also be linked to Honneth's idea of solidarity (Honneth, 1995). 'Doing family' is a way to express a publicly recognisable identity, to present traits in tune with those of wider society that might reinforce a sense of membership of the community (Thompson, 2006). The self-esteem that derives from this emerges from both the bonds between the young person and their 'family', and also from societal recognition that they are participants in that community. The resilience and self-confidence that young people with strong networks showed in this study may well be linked to this sense of public recognition (Lou et. al., 2018; Luksik & Hargasova, 2018).

Children's conceptualisations of family also point to the importance of the quality of the relationship over the structure of the family with care, love and support being central to these (Mason & Tipper, 2008). In my study, young people's incorporation of a breadth of people, including ex key workers, friends and birth family supports this idea and also the suggestion of Mason & Tipper, (2008) that these non- biological individuals might be conceived of as a kinship group. Participants were under no illusion that these individuals were related to them, but they were

nonetheless tied, kinship-like through close relationships and shared biographies (Mason & Tipper, 2008). This distinction was reflected in use of language, differentiating 'birth family' from their 'chosen family'.

The sheer variety of relationships that made up young people's created family, or kinship group, was another striking finding in this study. Members variously included (or excluded) birth family members, new 'adopted' families, partners, friends, key RCC staff ('that one person'), ex-care home residents, social workers and in some cases participants' own children (Wade, 2008). These children too, appeared to incorporate these non-biological members, such as ex-residential staff into their network by giving them family names to denote their significance. Equally striking, and a point that adds new knowledge to the literature, was that young people actively sought out these people, developing 'D.I.Y. networks' that tended to trump more formal support services in offering both practical and emotional support and that these contributed significantly to their sense of who they are, particularly once they had left care. Due to having been tried and tested, and a sense of having some control over them, these networks were perceived as more reliable and resilient to the additional challenges they faced during these accelerated transitions. This might also be linked to the agency that young people need and desire once they have left care, Welch et. al's study (2018) highlights the creativity required by support services to respect young people's agency at this transition point. Conversely, where these networks were fragile or absent, young people struggled to settle and described lives that were disconnected, at these moments forced to draw again on narratives of self-sufficiency.

Whilst the literature points to the instrumental role of wider networks in helping young people settle into life outside care (Stein, 2008, Welch et. al., 2018), what is not known is how these networks have contributed to their sense of who they are and the ways in which this comes about. To summarise the findings, firstly, drawing on the emotional experience of home (both place and people) and key relationships, especially 'that one person', young people can gain a sense of security, that they matter and that they belong, all of which contribute to self-esteem. Facilitated by key individuals, in particular, 'that one person', young people can close gaps in their story and begin to explore new identities that provide the possibility of re-signification (Cooper, 1993), a key contributor to self-belief and resilience. Young

people actively build networks, rather than accept those provided, with people who demonstrate a range of qualities such as honesty, trustworthiness and tenacity, or have skills that they wish to emulate. These networks are particularly important and sometimes expanded upon once they leave care. Recognition (Honneth, 1995) at an individual and community level is possible when these networks are acknowledged and sometimes supported by involved care and after-care agencies. Within these contexts young people are able to see themselves as capable, resilient, caring and self-confident, though this is acknowledged as fragile and contingent upon strong ongoing relational connections. In addition, any shame that might have been associated with care identity can be replaced with pride, and sometimes the motivation to help others, reflected in their voluntary, college and employment choices.

6. Concluding Remarks

In four main sections, this chapter has discussed the findings from this study in relation to the relevant literature. First, I reflected on the relational threads that are central to secure and coherent senses of self, with a focus on adults as character role models and animal bonds as a means to provide secure emotional bases for more vulnerable children. I then explored the idea of care as an experience of childhood, and drew on an SI understanding of agency, Beauvoir's account of freedom and the social pedagogic concept of *haltung*. Next, I employed Beauvoir's account of ambiguity to conceptualise the tension between young people's need to be self-sufficient and their need to be cared for, and considered the implications of this for care practitioner's role. Finally, drawing on Cooper's concept of resignification, Honneth's theory of recognition and care ethics perspectives I showed how young people can be supported to tell new stories about themselves and explore different identities, including taking on 'caring for' roles. Young people were shown to be active creators of extended communities and networks of support, drawing on the concepts and their experiences of home and family, to create a sense of belonging that lasted beyond care.

Chapter Seven

Conclusion

1. Introduction

In this study I set out to build on understandings of the ways residential care experienced children and young people respond to disrupted identities in order to develop a coherent sense of self. In this final section I summarise my approach and findings, linking them back to the theoretical orientation of the study; sociological accounts of the self, symbolic interactionism and secondary literature deriving from this, including labeling theory. I also highlight the contribution to knowledge that the study makes. I then reflect on its limitations, followed by a summary of the implications of my findings for policy, practice and further research. I finish with a personal reflection on the research process.

2. Study summary

Despite the importance of self and identity development to all young people, there is a relative lack of research into how young people in residential care develop identities and coherent selves (Marshall et. al., 2020). Given the uniqueness of residential child care in providing group care for children and young people with complex, high levels of need, this is a curious position. Drawing broadly on sociological, philosophical, social pedagogical and child and youth care perspectives, this study built on existing literature to contribute new understandings as to how residential care experienced young people respond to disrupted identities and navigate their worlds to construct new identities and coherent senses of self. Three gatekeeping organisations (GO) helped identify a total of 13 young people, aged between 12 and 27 years. Six were currently in residential child care and seven were either residential care leavers or in continuing care. Narrative interviews were conducted over a period of six months. Most young people took part in two interviews, ranging from 35 minutes to 2.5 hours each. One young person had three interviews, and another took part in four. Polkinghorne's approach to analysis of narrative (1995) was used, guided by Braun & Clarke's six phases of reflexive thematic analysis (2021) and Saldana's coding methods (2021).

3. Summary of Findings and Contributions to Knowledge

This study sought to respond to three questions:

- 1) What events, people, things or places do children and young people in residential child care understand as shaping their sense of self?
- 2) How do these accounts deepen understanding of the ways in which children and young people in residential child care interpret and interact with the world?
- 3) How do children and young people in residential child care define themselves? Do these understandings alter (and if so, in what ways) over time?

3.1 Understanding the past to enable a future positive sense of self

This study showed that young people's experiences prior to care, within care and beyond can be made sense of in terms of an increasing understanding of, or journey to themselves. Being supported to help make sense of missing parts of their stories was a pre-requisite to a positive, securer sense of self and a sense of who they might become. Symbolic interactionist accounts of the developing self, the theoretical lens for this study, appear largely consistent with this finding. Self-construction was done in relation with others. Relationships with at least one key person, most often an adult in the RCC home or school, were instrumental in helping young people make sense of who they were, who they are, and who they might become. That an SI study finds relationships central to a developing self is unremarkable, as was shown in Chapter Two, self-construction is an inherently social process (Jenkins, 1996). What is important, and what this study shows, is *how* residential care experienced young people construct self and *with whom*. Young people piece together their story in collaboration with a significant adult who helps them understand and re-appraise pre-care and in care experiences. Coming to terms with these missing parts is similarly done in relation to these key individuals, enabling new stories, or identities to be carved. Mead's account of the evolving self as something becoming and continually evolving through a process of formulating and reflecting (Mead, 1934; Jenkins, 1996) captures the dynamism reflected in the accounts of self-construction amongst participants.

3.2 Reclaiming care identity: agency, freedom, mattering and resignification

Some young people were able to reclaim a sense of pride in their care identity in young adulthood, represented by a belief that they had made it 'against the odds.' Feelings of shame or embarrassment that had led them to hide their care status in school and other settings outwith the care home, were replaced with a sense of

pride. Symbolic interactionist accounts of agency resonate with the experiences described by participants. Despite the number of significant constraints in their social worlds, including stigma related to being in care, young people took active roles in identifying and pursuing what they needed and the people who would help them get it. They demonstrated what was possible within the social order, as the SI theorist Musolf puts it, “structure and agency encompass the dialectic between social reproduction (stability) and social transformation (change)” (2003, p. 8). This is not to downplay the severity of the constraints young people faced; “obdurate and consequential reality” (Fine, 1992, p. 93) took on many forms, creating multiple barriers to expressions of will. A widespread feeling of being ‘done to’ was reported through, for example being continually moved between care placements, or having a range of professionals taking a role in their fate, and aspects of these could be hugely restrictive and damaging. Nevertheless, young people were highly skilled in negotiating networks and identifying people and opportunities that would help them grow beyond the social categories ascribed to them, such as their care identity, or versions of ‘deviancy’ ascribed to them by social groups outside the care setting (Herman-Kinney, 2003). In early adulthood, the shaking off of stigma surrounding care identity, and in some cases an embracing of it, was made possible by a number of environmental factors, the macro (the societal structures) in which, and through, senses of self evolve (Fine, 1993; Maines, 1977; Musolf, 2003).

A number of external factors supported this reclamation of care identity. In addition to the value young people placed on making sense of their past, the residential care experience, and sometimes school and leisure activities, could provide rich opportunities for self-development. In light of compressed childhoods and accelerated adulthoods that characterised many young people’s experiences, (McGhee & Deeley, 2022; Stein, 2002; 2012; 2019) care could provide the chance to experience the freedom of childhood. This involved creating the illusion of safety and certainty, the conditions of irresponsibility (Beauvoir, 2018), to enable the experience of a type of existential freedom, in many cases for the first time. Second, self-development was supported by creating opportunities for resignification (Cooper, 1993) through enabling young people to explore new, more salient identities that helped them develop a positive self-image. Young people being *known* by the key adult, for all their strengths and challenges, and having a sense that they mattered to them was important to this process, fostering the self-esteem and confidence

required to try out new ways of being. The process of resignification was therefore not exclusive to RCC settings, and young people sought out new activities, identities and key adults who might help them achieve this in school and in sport or leisure settings. This supported young people to take on different identities and tell new stories about themselves. At least in part, this was a way to manage the stigma associated with being in care, so common to participants' experiences, and was felt most prominently outwith the care setting, and in particular at school. But the value of this process was far greater than a way to avoid stigmatisation, it provided a framework for self-growth. Under these conditions, the stigma associated with care identity could be replaced with at least indifference, and in some cases a sense of pride.

3.3 Self-development in relation: character role models, D.I.Y. networks, home and social recognition

Young people's reorganising of senses of self over time was profoundly relational, and in this way, as sociological perspectives show, wholly 'normal' (Jenkins, 1996). However, care experience created added complexity that young people responded to with a high degree of agency. Relationships could support this process, and their absence inhibit. An important finding, and one that represents a new contribution to the literature, was that trusting, caring and reciprocal relationships with key adults that lasted beyond care were the primary conduit for the development of an enduring positive and coherent sense of self. Character role models were shown to be the preserve of adults and, in relation to these individuals, the most significant self-development took place. These supporting adults demonstrated valued qualities and traits which young people sought to emulate, providing templates for who they could become. Relationships with peers were therefore important but mostly secondary to this process. This suggests the importance of character in conceptions of professional identities of those working with RCC experienced young people.

Young people were active agents in the creation of D.I.Y. networks of support, drawing on concepts of home and family to create a sense of belonging that lasted beyond care. 'Home' was as much a social and emotional concept as a physical one (Milligan, 2005), associated with feelings of security. For Mary (19), this feeling of security was her birth city, where she felt "comfortable" and safe but for most it was the ongoing connection to people and places that had been important to them during their care experience. 'Home' was invoked in domesticated residential settings

through cosy furnishings, personalisation of space, such as hanging photos of the young people and through the daily rhythms and routines, such as mealtimes. Community and relational belonging were solidified by the use of familial terminology to denote the intimacy and value of the relationships. These networks were highly valued, much more so than more formalised offers of support, which reinforced feelings of being 'done to' and reduced feelings of agency. Due to having been tried and tested, and a sense of having control over them, these networks were perceived as more reliable and resilient to the additional challenges they faced during the often accelerated transition out of care. Securer senses of self emerged from the feeling of connection to these family-like networks and the wider community. The sense of agency in the building of these networks was an important feature of the process and has implications for RCC practice (see section 5).

RCC homes, and sometimes schools, were able to create the conditions for social recognition, the struggle for which leads to the development of autonomy and self-realisation (Honneth, 1995; Marshall et. al., 2020). Here, young people's mutual connections with a small group of loving people contributed to the sense, at an interpersonal level, that they mattered (Bainbridge, 2015). The realisation of rights, in the context of Honneth's theory was through a process of negotiation in caring environments with caring people. Institutions that honoured the choices and agency of young people (where they do not conflict with their protective rights) promoted the self-respect required for them to engage as citizens in their community, be it within school, or the RCC home. Honneth's third pillar of recognition, solidarity, was realised when young people were recognised for their talents and qualities in the public sphere, by their communities. This might be their school, residential home, hobby environments, such as cadets, or in the workplace. Being recognised for success in these fields supported the development of self-esteem and resilience along with a sense of pride and competence that enabled young people to be both participants in, and active contributors to, their communities.

Overall, the complexity of participants' lives highlighted the challenges care experienced young people face developing a coherent and positive sense of self, but importantly, as shown above, there are relational factors that supported this process. As interactionist perspectives show, and this study echoes, the on-going re-organisation of self is a dynamic process, and is also universally human (Blumer,

1969, Mead, 1934). This need should therefore not be pathologised. This study shows the particular ways individuals in residential child care responded to the additional challenges their circumstances presented in re-organising their senses of self.

3.4 Towards other-regarding

Young peoples' journey to self-understanding was one that broadly moved from one that was self-regarding to one that was more compassionate and self and other-regarding. This finding represented a new contribution to the literature. Young people, through being cared for, became active care givers and claimed this identity, often proudly, in young adulthood. For some this was reflected in their educational and employment choices post-care. This has implications for how RCC experienced children and young people are perceived and the opportunities for re-signification that might be provided for them. The SI concept of reflected appraisal, what Coolley (1902) called the "looking glass self", may be instructive here. In the process of self-development, individuals come to see themselves as they think significant others see them (Weigert & Gecas, 2003). Through the mutuality of their relationships, significant adults reinforce young people's caring instincts to the degree that young people begin to see themselves as providers, as well as receivers of care. In SI terminology, the caring identity rises up the salience hierarchy to become an enacted identity to which young people commit (Brenner et. al., 2014). However, there are limitations in the explanatory power of this. For some young people, there was evidence of strong caring behaviours and identities in the absence of, even in spite of such relationships. Care ethics perspectives, as outlined in the previous chapter provided a more compelling way to theorise this other-regarding phenomenon. Here, caring behaviours reflect the human instinct to care (Noddings, 2016), with individuals posited as active moral agents engaged in caring relations with a multiplicity of people (Williams, 2004). For some in this study, caring also extended to animals. Additionally, for many, adult carers often demonstrated caring behaviours that young people wanted to emulate. Part of the desire to care might be aspiring to be like those that had helped them, who had modelled caring behaviours (Johnson et. al., 2016). Finally, acts of care that progressed to 'caring for' identities connected young people to their wider community. Not only had young people benefited therapeutically from their relationships, gaining knowledge about themselves in the process, but they appeared able to apply this expertise to others

within their networks, helping them in times of need. This contributed to senses of competency (Houston, 2016), and some extended this to their choices of caring voluntary and employment roles. Applying Honneth's account of solidarity (1995), validation for caring behaviours by networks of friends and employers can be seen as public recognition of their talents and strengths that connected them with, and made them positive contributors to, their community and society (Berridge, 2017, Quarmby et., al., 2019). SI accounts of identity salience seem to capture something of this phenomenon; young people began to see themselves as significant (caring) others saw them, as capable of and being valued as caring people. However, Honneth's concept of solidarity better captured the deeper connection to their community, to society, that young people felt when they were recognised, particularly through employment and voluntary work, for their caring abilities (Honneth, 1995).

3.5 Two cohorts, different data

There were marked differences in the types and quality of data provided by the two groups in this study; those in care, and those older, now out of care. Generally, some themes were more apparent, or at least expressed with a degree of greater clarity by the older group. For example, a common theme amongst the older group was the ability to better understand past behaviours and therefore re-appraise who they were as teenagers. Three related features appear to have contributed to this phenomenon. Firstly, the developmental maturity of the older group. These individuals, in their late teens and 20s, had passed the tumult of adolescence and were reflecting back on themselves as younger people, but now with a greater level of knowledge and maturity. Related to this, the distance from their care experience enabled young people to view their past selves from afar, without the rawness of emotional content and therefore with a good measure of clarity. To some degree these were old stories with versions of an ending; a house, a partner, a job, rather than a story that was being lived; the closing of a chapter. Though the vicissitudes of their past had fostered an alertness to complacency and to the precarity of any sense of stability that such endings might engender. Thirdly, participants described the benefits of years of supportive input from their care experience that had equipped them with the strategies, knowledge and language to undertake deeper reflection. These factors enabled young people to contextualise their past actions and come to terms with who they once were which has been shown, was a pre-requisite to

coherent and positive senses of self. SI theorisations would suggest that achieving a more coherent sense of self is, at least in part, knowing that significant others see one as such. Yet this finding points to the importance of retrospective reflection on self, albeit in collaboration with a significant adult. This reflective element is not related to the perceived views of their significant adults, it is reflection on themselves, facilitated by and within that relationship. This is an important distinction that points to the limits of SI in providing a complete account of these young people's need to reflect inwards, on their past to move towards a coherent sense of self.

3.6 Connection to place

As well as being in care, young people demonstrated that they managed other socially imposed social identities such as their place of birth. Connection to place was shown to be important to a coherent sense of self for some, with Kim (16) commenting that "when I'm in [Scottish city] I feel like my normal self". Though this was more complex, and more of a struggle for one participant whose sense of belonging to her country of birth, Scotland, and her local area was called into question by those who identified her as 'not being from here' as a result of her racial identity. RCC settings were able to support the process of identity formation in such circumstances through demonstrating awareness of these needs through for example, engaging with, and encouraging exploration of, cultural heritage, and in Kim's (16) case, regularly driving her back to her home city where she could be like her "normal self". Here, SI enables interpretation of the prejudice experienced by those young people who were visibly different from the majority, and the challenges this created for them in developing a coherent sense of self. They were reminded by others that they were different, that they didn't wholly belong, and this is something that had shaped how they saw themselves. However, these young people's sense of connection to their place of birth, racial or cultural group suggests a degree of complexity that points to wider structural forces that impact on identity formation, issues that SI might identify as a constraint (Musolf, 2003), but that arguably does not provide a satisfactory account of the complexity of this. Further research on this particular phenomenon would benefit from adopting a theoretical lens that might illuminate further the structural impacts of race, culture and place on identity formation (see section 6).

3.7 *The conditions for care*

A striking theme from the study was the tension between young people's need and desire to be self-sufficient and express agency, and the need to accept care and support from others. As shown in Chapter Six, the conditions for care existed somewhere between irresponsibility, recognition and agency. Applying Beauvoir's account of ethics, it was suggested that the ambiguity inherent in acts of care within this tension should not, and could not be eradicated through the application of universal principles. Care is inherently messy due to its context and the uniqueness of participating individuals, both the carer and young person. Feelings of self-sufficiency and self-protection are not easily relinquished and adults who made overtures to engage relationally were often pushed away. Those that persisted, who spent time getting to know about the individual, and demonstrated character traits and skills that young people admired, or felt they needed, were valued. These traits included tenacity, honesty, trustworthiness and authenticity. Implied in this approach was a moral orientation to caring to which the social pedagogical concept of *haltung* provided a helpful way to conceptualise and guide practice. Here, care is both a moral and practical activity and embedded in the messiness of relations in the every-day. This resonated with CYCP accounts of working in the 'lifespace'; the physical and emotional arena in which workers and young people interact, (Smith et. al., 2013) as well as the social pedagogical concept of the 'common third' where shared activities provide the medium through which shared meaning making takes place between the pedagogue and young person (Petrie, 2011).

3.8 *The application of Beauvoir*

This following section summarises the additional ways that Beauvoir's ethics enabled a richer interpretation of elements of the data. Her ideas of freedom, and the irresponsibility of childhood are instructive in one of the aims of care; providing the chance for children to experience childhood, perhaps for the first time. In identifying this as an existential need, Beauvoir lays philosophical roots for ways that care might be conceived, in contrast to psychological theorisations that might pathologise this element. The application of Beauvoir's ethics to child social care theorisation represents a novel contribution to the literature.

First, I have shown that the work of Beauvoir is helpful in illuminating the experiences of childhood and that her philosophical thinking complements earlier sociologically

informed studies that illustrate how RCC might create the conditions for childhood and positive identity development (Brown et. al., 2018; Emond, 2003; 2004; Sindi & Strompl, 2019). However, there was a tension between young peoples' need or desire to be looked after and the perceived necessity, born out of a survival instinct, to be self-sufficient. Value was also placed on the camaraderie of the residential milieu, which provided respite from stigma experienced at school and offered networks that lasted beyond the care experience.

The day-to-day rhythms and rituals of residential care created a sense of warmth and home that made young people feel wanted. Here, Beauvoir's account of childhood freedom as synonymous with irresponsibility might explain why some young people had such positive experiences of RCC; it responded to their deep existential need to be free from the moral responsibilities of life, to which many have been introduced too early. Linking Beauvoir's ethics to child social care represents a new way to conceive of aspects of residential child care. With its focus on freedom, it may offer a less pathological and deterministic view of the agency of young people in care than that found in more conventional approaches, such as attachment theory (see Smith et. al., 2017 for a critique of attachment theory in relation to children in care).

Finally, in making the case for the inescapability of ambiguity (Beauvoir, 2018), this finding supports practice that conceives care giving as inherently context bound, complex and relational. In leaning into this complexity, or to use Beauvoir's term, 'facticity', the approach lends further credibility to practices that foreground moral and practical elements of care, where the arena is the everyday lives of young people. Social pedagogical orientations, CYCP approaches and practice guided by care ethics, for example, are consistent with this theorisation.

4. Some Limitations

This study provided the opportunity to meet with 13 young people with a diversity of experiences and stories to tell. In the process of analysis, through the development of categories and themes, I have attempted to convey personal accounts whilst ultimately identifying commonalities in the narratives. In providing an in-depth account of my methodological choices and processes I hope that the reader has been equipped to judge how successful I have been, to decide the extent to which these "ring true" (Shenton, 2004, p.69; Cope, 2014; Guba; 1981). This serves as a reminder

that I am the interpreter of the data, a position consistent with my constructivist stance, but one that leaves open the possibility that through this process, some of the meaning of individual stories may be narrowed or missed. Whilst not within the practical scope of this doctoral study, future research might consider an additional stage of member checking for emerging themes and patterns of observation at analysis stage (Guba, 1981; Shenton, 2004).

In line with interpretivist approaches (Blaikie, 2007; Denzin & Lincoln, 2011; Mertens, 2015), I make no claims to the generalisability of findings in this study but hope to have provided enough “thick description” of the contexts and individuals for readers to ascertain the transferability of findings (Nowell et. al., 2017). However, it may be that the participants are not representative of the wider residential care population in Scotland, which would invite additional caution when making any judgement on transference to other settings. Similarly, the number of participants mandates some caution when considering the transferability of findings. Future qualitative research into RCC experienced young people’s evolving identities would further strengthen or otherwise, claims to this.

5. Implications for Policy and Practice

The publication of the Independent Care Review (2020) has been the most significant recent development in relation to children in care in Scotland. The calls for wide ranging changes have yet to be recognised in any policy directives, though the Scottish government has recently undertaken a public consultation on plans for a National Care Service (NCS) (n.d.) that could incorporate children and families’ services. Concerns around this were recently expressed by The Promise Scotland (n.d.), the organisation charged with providing oversight and support to ensure the core messages of the Promise (Independent Care Review, 2020b) are not lost in policy or legislative development. In their report (Powell et. al., 2022), a number of issues were raised that broadly amounted to the conclusion that it was not possible to judge at this point if an NCR would be able to uphold the recommendations of The Promise (Independent Care Review, 2020b). Amongst other issues identified, the report noted insufficient information about the NCR proposal itself and a lack of evidence as to how the proposal would benefit children and young people (Powell et. al., 2022). At this point of policy uncertainty therefore, the guiding principles of the ICR remain the best indicator of the Scottish Government’s intentions for the

structuring of services for children and their families. However, as will be shown below, the current Scottish Child Abuse Inquiry (The Scottish Government, 2015), the latest of a number of inquiries into historical child abuse of children in care in its likely legislative recommendations, has the potential to create a climate within child social care that promotes risk avoidance over relational care. It is therefore in relation to these that I first address my recommendations for policy and highlight some of the challenges to their implementation.

5.1 Relational threads

The relational threads that emerged as central to engagement with young people in this study resonate with the guiding principle of The Promise, which states that loving, stable relationships, should be central to policy and practice: “It is clear that Scotland must not aim to fix a broken system but set a higher collective ambition that enables loving, supportive and nurturing relationships as a basis on which to thrive” (ICR, 2020b, p.6). The report showed that bureaucratic inspection processes that focus on policy and procedures risks measuring outcomes that can be measured rather than what is important. This drives out a focus on relationships. The centrality of these to the development of a coherent sense of self, as has been shown in this study, lends weight to policy initiatives and inspection regimes that place the fostering of loving relationships at their core. That the promotion of loving relationships does not sit well in the current ‘risk averse macroclimate’ (Marshall et. al., 2020) is addressed in the report with the challenge; “Scotland must support the workforce to contribute to a broader understanding of risk. Scotland must understand, through its people and structures, the risk of children not having loving supportive relationships and regular childhood and teenage experiences” (ICR, 2020, p. 104). In this study, the implication from Beauvoir’s account of ambiguity is that care practices should engage directly with such ambiguity. As the ICR (2020) shows, and my study echoes, the shift required is from one that emphasises the development of structures that aim to reduce or eliminate risk, to one that places relationships; the young person and the worker, at the centre of practice. Honneth’s account (1995) also shows the need to broaden the requirement for rewarding relationships beyond the individual, to incorporate the social, community and political contexts as sites of potential development (Smith et, al., 2017). These findings would therefore support socio-educational care approaches that foreground the practical and moral orientation of RCC practice, and that this would be reflected in RCC staff training programmes.

However The Scottish Child Abuse Inquiry (The Scottish Government, 2015) betrays the current moment in the history of RCC in Scotland in which a number of identifiable and related features permeate child social care. These, and elements of recent RCC history that have led to this moment bear some consideration in light of this study's findings and highlight a potential tension between legislation and care cultures where relational threads are paramount, and those that foreground child protection.

5.1.2 Children's rights, children's voice and The Scottish Child Abuse Inquiry

Reflecting Scotland's commitment to the UNCRC (1989), children's rights have become central to policy and legislation relating to children in care. The 1989 Children's Act, 1995 Children (Scotland) Act and Children and Young People (Scotland) Act 2014 embedded in legislation the importance of seeking the views of children in everything that affects them, based on a conception of children as rights bearers. In the 1995 Act, this included a child's right to protection from all forms of abuse, neglect and exploitation (The Scottish Government, 1995) and this period saw a marked increase in the referrals of children to the Children's Hearing System based on child protection grounds (Kendrick et al., 2021). An important step towards addressing historical abuse occurred in 2002, when following a number of reviews and inquiries, a victim of abuse in care, Chris Daly, lodged a petition with the Public Petitions Committee calling for the Scottish Parliament to launch an inquiry into past abuse in institutional care (Kendrick et. al., 2021). In 2004, a public apology was offered from Scotland's First Minister along with an outline of proposals to address it. This included the commissioning of the Historical Abuse Systemic Review (Shaw, 2007) to consider the regulatory and legislative framework of RCC their operation between 1950 and 1995. The review spoke of the challenges of "understanding the past" with "present day knowledge and understanding" (Shaw, p. 16), alluding to shifting approaches and attitudes to children, punishment and conceptions of abuse (Kendrick et. al., 2021). Nonetheless it highlighted the lack of information on compliance, monitoring and inspection along with significant gaps in record-keeping, identified as an essential part of ensuring children's well-being and key to their sense of identity. More broadly, as the report observed, there was a move during this period in regulatory framework from a child focused, welfare approach to one based on "rights, needs and welfare" (Shaw, 2007 p.103). Reflecting this trend, the

Scottish Human Rights Commission produced a framework to address historic abuse in 2009 and a Pilot Forum was established to test the effectiveness of a confidential forum for victims of abuse. This led to the National Confidential Forum holding its first hearing in 2015, a safe-space for care-experienced people to share their experiences (Kendrick et. al., 2021). The evidence it provided, together with the bringing together of victims of abuse in care through the CELCIS InterAction on Historic Abuse of Children in Care precipitated the current public inquiry (The Scottish Government, 2015).

This shift towards a rights-based approach in RCC, and the multiple retrospective inquiries into abuse are pertinent to this study through their potential implications (Kendrick et. al., 2021; Smith, 2009). The current inquiry (The Scottish Government, 2015) promises to identify where abuse took place, the effects on children and families and to make policy recommendations to the Scottish Government and Parliament. Whilst this is a laudable aim, and there may be something to learn about how the sector can further safeguard children, there is also potential for the recommendations from such an inquiry to create cultures of disproportionate risk management that dull the climate needed for the types of relational, socio- educational approaches advocated in this study. Caring practices that seek to eliminate ambiguity risk creating a detachment between the RCC worker and the young person that promote instrumental responses rather than practical, relational, morally oriented practice. Or as the care ethicists might put it (see Chapter Six), the distinction between 'caring about' and 'caring for' (Smith et. al., 2013). Where care is understood only as the protection of children's rights, practice becomes contractual, duty and rule bound (caring about). The findings from this study support calls to move beyond a narrow, legalistic understanding of rights towards those embedded within a broad framework of human rights, negotiated in the context of loving, caring relationships (Honneth; 1995; Melton, 2008; Smith, 2012). A note of caution is therefore warranted in the event of the publication of the inquiry's findings, that the legislative impulse to protect does not overshadow the need to foreground relational care. Perhaps one of the biggest challenges for the sector will be to reconcile the perceived risk that this opens up with the risk of children and young people not experiencing positive relationships, which as has been shown, are the conduit to young people's coherent sense of self and the core of care.

5.2 Respecting agency

A clear message from this study was that young people valued a sense of self-direction and that expressing this agency was key to the development of a coherent sense of self. Practices that enabled young people to democratically participate in the running of their RCC settings would be one way that their rights as members, and contributors to their community might be recognised (Honneth, 1995). Finding 'that one person/s' is also something young people actively engage with, leading to the possibility that those who are charged to care for them will not be those with whom strong relationships flourish. This finding supports practices that are attuned to the wider, evolving positive connections young people are making, and that support these to flourish. Such approaches would apply to both RCC and school contexts.

5.2.1 On leaving care

One way of respecting agency once young people have left care might be through social care services mapping the networks that young people already have created themselves and reflecting this at the transition planning stage (Marsh & Peel, 1999; Wade, 2008). Another might be supporting the development of, but not directing, initiatives that help young people take these connections beyond the care experience. Several participants reported the value of a physical space being provided for them to maintain connections with key individuals, such as offering spaces for coffee mornings or meet ups, and financial support for pizza nights or shared leisure activities. Digital connections were also created through the set-up of an online social media page, reported to be of huge benefit by alleviating young people's loneliness during the night (Lee & Goldstein, 2015). But once these structures were in place, young people managed them themselves. Respecting young people's agency in these instances seemed to be connected to individual senses of self-efficacy and self-esteem.

5.2.2 Managing the stigma of care identity

Young people's experiences of stigma because of their care identity was experienced mostly at school in the form of low to high level bullying, but also derived from the interface between social care and education. Being called out for meetings with social workers during school was shown to significantly undermine young people's attempts to manage their care identity, creating additional, and unnecessary pressures to peer relationships, as well as compromising their sense of agency. Similarly, with clumsy

revelations of care status at registration. There was also evidence of social exclusion where individuals were not able to take part in the day-to-day activities of school, for example school photos, school trips or feature in the newsletter. There may well have sound bases for these decisions but such activities had a profound detrimental impact on young people's senses of belonging and their ability to build coherent senses of self. Indeed, school could be the site of resignification but the chances of this were damaged by the public revelation of aspects of themselves that young people wished to self-manage. These findings lend support to social care policy directives that, where possible, identify times outside of school hours for social care meetings and interventions. At the same time, young people noted that it was the ignorance of their school peers that might contribute to misconceptions about their care status. This would point to the need for school based educational programmes that address these stigmas. Finally, these findings would support the incorporation of the longer-term risk to positive identity formation as a result of social exclusion, in any risk assessment of a young person.

5.2.3 Creating new identities

Young people could be supported to develop new identities where RCC and school settings provide opportunities for activities that promote opportunities for resignification. Institutional policy and practice should reflect the need for a range of personalised curricula, extra curricula and leisure activities where attention is given to the both the therapeutic and developmental potential of these, and the likelihood that in engaging with them, young people will experience success. In meeting individual needs, this will be different for every young person, so as with all successful engagement described in this study, should be facilitated by an adult who *knows* the young person. As has been shown in this study, a pre-cursor to resignification and, longer term, a coherent sense of self was young people filling in the gaps of their stories. Practices such as life story work (Hammond et. al., 2020) might support this process, but the findings from this study show that more informal ways of approaching this were successful in helping young people piece together missing narratives. Again, the relationship with a key supportive adult was instrumental to this, in particular through their patience and gentle persistence, over a timeline that was in tune with the young person. Emond et. al. (2016) remind us that young people might need to hold onto a version of events that whilst not 'accurate' nonetheless provides a "kind of emotional shield" (p. 107) until safety and security

have been established. Attuned care therefore emerges as the most important ingredient to this, along with knowledge of when to begin the process of helping young people make sense of their past, be it through life story work or less formal means. These findings suggest that including the aim to support young people to make sense of their past in a Child's Plan would be one way to ensure that coherent identity development is possible.

6. Further Research

The philosophical perspectives outlined in this study have provided new, and hopefully enlightening ways, to theorise about aspects of residential child care. Philosophical inquiry in areas such Education invites interrogation of concepts that are central to related discourses, such as school community, discipline, teacher status, authority, curriculum and pedagogy amongst many others, and ask us to consider how these are, or might be applied to educational activities. Or, as with this study, inquiry can start with a philosophical text or idea that might offer new ways to conceive of a particular practice or idea (MacAllister, 2017). As has been shown in this research, there are clearly parallels and overlaps with care and education, as Cameron and Moss noted, social pedagogy is where care and education meet (2011). But it seems there are distinguishable features of residential care, and Care more broadly, that would benefit greatly from further philosophical inquiry and make valuable contributions to discussions around, for example, reflections on the purpose of care, ethical behaviour, rights and responsibilities, conceptions of childhood, vulnerability, professional identities, agency and human flourishing.

Given the proximity between care and education, there could be great value in further research that explores the applicability of RCC relational practices to settings that work with young people whose lives are characterised by educational disengagement and discontinuity. Such research might consider the possibilities and limitations of approaches such as social pedagogy and CYCP in off-site school provision and pupil referral units.

As noted earlier, further similar research to this study would strengthen claims to the transferability of findings. One notable outcome for two young people in this study was the impact of their ethnicity and racial identity on their sense of self. These aspects of themselves appeared to complicate, in different ways, their feelings of belonging.

Further research with care experienced young people from minority ethnic and racial groups could further interrogate this complexity and its impact on identity development.

Finally, this study has focused on how young people who have experience disrupted identities develop a sense of self. Future research might be revealing if conducted with other groups of young people who have, in different ways experienced significant disruptions to their identity. The increasing numbers of unaccompanied minors seeking asylum in Scotland, for example, who are not just seeking a new family, but are also adjusting to a different country and culture might be one such a group.

7. Final Reflection

The process of meeting the young people who took part in this study was always informative, sometimes alarming, but also inspiring. A concern I had at the beginning of the process was that young people would not wish to talk with me, that perhaps being an outsider would be barrier to engaging with them at a relational level. Or at worst, the questions, despite my taking precautions to avoid such a situation, may upset or (re)traumatise them in some way. The experience, once in the room, was largely as I had hoped. Participants were generous with their time and their knowledge. Positioning them as the experts was intentional, and seemed to contribute to young people appearing secure in my company and their offering of thoughtful responses. Showing great generosity with their time, many engaged at length with my questions, expressing a genuine interest in the study and a desire to help to make a contribution to the wider aims of the research. My overall sense was that most, but not all, found something valuable about taking part. This experience contrasts with vulnerability discourses that exist around young people in care, narratives that in part seemed to have contributed to access negotiations at the first stage of participant recruitment. My experience of the interviews echoes research that emotional content in research is not necessarily harmful (Newman et. al., 2006) and that enthusiastic engagement can be fostered where interviewees are positioned as competent and where there is careful listening and sensitive consideration given to their stories (Jansen, 2015; Kvale & Brinkman, 2009; Solberg, 2012).

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Appendices

Appendix A

Young peoples' stories - Interview schedule and questions

1. Thesis questions

- What events, people, things or places do children and young people in residential child care understand as shaping their sense of self?
- How do these accounts deepen understanding of the ways in which children and young people in residential child care interpret and interact with the world?
- How do children and young people in residential child care define themselves? Do these understandings alter (and if so, in what ways) over time?

2. Summary of interviews

Interviews will address themes and topics that aim to elicit narrative accounts of participants' experiences to date. Topics will include exploring where the young person has been at school, has lived, the significant people (family, friends, practitioners) that have featured in their lives and significant events, for example changing school, moving house, milestones, involvement with statutory and voluntary agencies such as the Police, social work and others. Participants views about their future will also be addressed. The content will be guided by the participants' responses to broad questions that will not introduce all the above topics directly but will be used to help clarify and act as prompts to elicit narrative.

3. Interview schedule

Prior to interview:

- Ensure consent form signed.
- Ensure interviewee has access to a support worker

Introduction (*'script'*)

Thank you again for agreeing to take part. Throughout this interview, I'm keen to hear stories about your life, and understand things from your point of view.

I want to know what you know in the way that you can describe it. There is therefore no right or wrong way to answer the questions, but please do feel free to ask me at any point to explain if you're not sure about something.

Confidentiality (script)

What you tell me will remain **confidential** unless I am told things that give me concern for your own safety, in which case I will need to pass this on to the most appropriate person. **I will not use your real name in my reporting on this study, or other identifying details.** None of your **personal data** (e.g. phone number, address etc.) has been accessed by me in relation to this research study.

Pre-interview trigger warning (script)

The questions I will ask you during this interview are about **your personal response to the topics**. It is possible that answering some of these questions may trigger memories that may cause you distress.

I do hope you feel able to answer all or some of these questions because your responses will be helpful in establishing a full picture of young people's experiences. However, your well-being is my priority. **If you do not wish to answer any of the questions there is no obligation to do so. A reminder that your support worker is here/nearby if you wish to talk with them at any point.** A reminder also that the interview is being recorded but can be stopped/paused at any time. Do you have any questions before we start?

4. Schedule of interview questions

Themes (not exhaustive)	Interviewer questions	Possible prompts
People, places, events, relationships, significant objects, past experiences, identity Warm up question Likes, dislikes,	Could you tell me about what you are doing now, (school, home, hobbies) and how did you get here? What led you to being here? Talk me through a typical day/week in your life Tell me about your life now (hobbies, job, things you enjoy doing)	Prompt 1: Start your account from whenever you like Prompt 2: Start from when you were younger If you could pause

motivations	Tell me how you feel about your life now?	time and do anything, what would you do? What inspires you to do these things?
Key relationships, significant objects, peer group affiliations, family relationships	As you have grown up could you tell me about who and what has been most important to you? In what ways are they/it still important to you?	E.g. family member, friend, teacher
Encouraging further reflection on the past Encouraging further reflection on the present	Tell me about the other things that have been important to you as you have grown up. In what ways are they/it still important to you?	For example things you liked to do in your spare time – sport, music, play
Identity, self-perception	How would you describe yourself? See below	e.g. your personality or how you might describe yourself in an interview (NB this is likely to emphasise positive aspects)
Identity (care), self-perception,	If you meet someone new and they don't know you, how would you describe yourself/introduce yourself? Is there anything you wouldn't tell them? And when would you tell them?	
Self-perception (negative prompt)	If you were to imagine some of the good things about you, what are the bad things too?	Possible interview 2
Identity, self-perception, key relationships	How would other people describe you? (avoid prescription of who the other may be).	If prompt required, a friend, a teacher or a previously mentioned key figure.

	<p>Do you think others would describe you differently? How?</p> <p>How would someone who's known you for a long time describe you when you were young?</p> <p>How would they describe you now?</p>	<p>Peer, friend, family member, previously mentioned figure?</p> <p>Peer, friend, family member, previously mentioned figure?</p> <p>For those identified positively, what is it about them that you like? Admire?</p>
Identity, self-perception, peer group, family relationships	<p>Tell me about the key things that have shaped who you are?</p> <p>Tell me about how you felt about your life back then.</p>	
Identity, self-perception, imagined future, hopes, key relationships	<p>Tell me what you imagine your future to be like.</p> <p>How do you feel about this future?</p> <p>Of all the things you have mentioned, what do you think will be the same? What will be different?</p>	<p>What sorts of things would you like to be doing?</p> <p>Who will you be doing it with?</p>
Reference groups, relationships, self-concept	Who do you go to if you need support/advice from?	
Who is your community?	(if implied in previous responses) Who do you consider your community to be?	
Probing questions	Could you say more about that?	
	How did that happen?	
	Do you remember how that made you feel?	
	What was that experience like for you?	

Further questions (for interview 2):

- Do you think being in Care/RCC has changed you in any ways? If so, how?
- **Or** has being in care/RCC been an overall good or bad experience? Which points have been good/bad? Why? (if not implied in previous answers)
- What does it mean to you now that you are/were in care? Have you always felt this way about being in care?
- Did you tell people that you were in care? Who? How? Why?
- How do you/people respond? Do different people respond in different ways? If so who, and how?
- If you were running the care/education system in Scotland, what would you keep/change/do differently? Is there anything the school/the care system could do better? Or:
- You mentioned that x was particularly helpful for you. Do you think this would be helpful for others, and why?
- In what ways have you changed since being a young boy/girl? And are there things that are the same?
- What you've said about your care experience has been really interesting. Is there anything you can tell me about why you came into care in the first place?
- Do you consider yourself to have a family? If so, who? Who was your family before care/during care?
- Is there anything you'd like to ask me?

Depth

- Can you tell me more about **why** you said x? What was going through your mind?

Checking responses against emerging themes across participant group

- I've spoken to others and one of the things they told me is y. And that's interesting because that's not something you've said to me. I wondered if that's because you didn't mention it or because it isn't true for you?

Themes to listen for:

- Identity before and after care
- Is it participant who has changed over time, or other people?
- Family and Friendships: dislocation, differences similarities

- School experience and relationships. Primary/secondary/Special
- Agency, self-responsibility
- Trust
- Honesty
- Roles e.g. cared for caring
- Boundaries

Post interview (*script*)

Thank you very much for taking part in this interview, I really appreciate your time. Your responses have really helped me understand more about you will assist with my thesis. Is there anything you wish to ask me? Is there anyone here that you would like to talk with now?

Is there a name you would like to choose to represent you in the thesis?

Appendix B:
Sample interview transcript with initial comments, and first coding (in blue)

Interview transcription
Interview 1

Name: (redacted to protect anonymity)

Date: (redacted to protect anonymity)

Black text comments = made at transcription

Blue text comments = first review

Events

People

	Q	Text quote/summary	Thoughts /further action/first review coding
Time			
03:48	Do you still consider yourself and someone who is in/left care	I would say that I've left care now. I consider myself as someone who has left care now , I've changed a lot which I wasn't able to do when I was in care. I can reflect on it a lot. I still have the community though which is nice. I go and visit my old house. [Visits young boy who she used to live with]. It's good to go and see him (he's 12). When I was there he was just turning 9. It was difficult when I was living there but seeing how far he's come now, he's going to high school and all of that and I'm like 'oh my god'. It's nice.	'Left care now' 'changed a lot' (since leaving) Couldn't change (in care) I would say that I've left care now. consider myself as someone who has left care now , I've changed a lot which I wasn't able to do when I was in care. I can

			<p>reflect on it a lot. I still have the community though which is nice.</p> <p>Community</p> <p>Perspective (since leaving)</p> <p>Ongoing relationships [with ex cohabitators (brother?)]</p> <p>Connection [old house]</p> <p>Pride</p>
5:00	What is this sense of community, who is your community?	My community is the house that I lived at so it's kind of the staff team and the YP. The YP are new except for the boy I mentioned but it's good. They are surprised that I come back and visit. And it gives them the idea that they can do that when they leave. The community is also [redacted to protect anonymity] and the events. Some who I haven't seen for months and when you're there we just click, like it's just like falling back into that routine, like people know what's kind of happening. It's nice, I like having that.	<p>Old house</p> <p>My community is the house that I lived at so it's kind of the staff team and the YP.</p> <p>They are surprised that I come back and visit. And it gives them that they can do that when they leave. The community is also [redacted to protect anonymity]and the events</p> <p>Staff and young people</p> <p>Setting example</p>

			<p>Community – old house, [redacted to protect anonymity] And events</p> <p>[Are these new YP part of her community too? Or is it staff that are most important?]</p> <p>Community is past house and [redacted to protect anonymity]</p>
	<p>What do you think you get out of this experience, of going back? (RDC prompt).</p>	<p>For me leaving care was really difficult. I don't have family outwith, so for me going back to visit, it's like for others, going back to their Mum and Dads. So it's massive for me. The staff are still there. One of my directors is still there and he started in our house, our house was one of the new services just opened so he started in that house and I'd moved in and we're still in contact and that's 7 years this year. So it's crazy to be honest.</p>	<p>Neg: Leaving care</p> <p>'I don't have family outwith'</p> <p>'it's massive for me'</p>
8.25	<p>The house you were in for 4 years, who else do you associate with other than these people (community)</p>	<p>The people that are in and around the other houses. We have ones that are [redacted to protect anonymity]mins away from us maybe and we would go and do stuff together. It happens more now, I see stuff, like people go on holiday together and stuff like that so it's nice.</p>	<p>Social group</p>
	<p>Do these relationships form differently (once you've left)?</p>	<p>They do form slightly differently. When my relationship with the other boy (at the home) was a bit chaotic it was more like I was living in that then, and I couldn't really see past that there was stuff going on for him but now that I can and it's more like a supporting role I have now. I'm like, you need to behave and you need to do this, you've got to go to School and stuff like that. Whereas before I was like 'just go to school!' [laughs]</p>	<p>Changing perspective -sees behind behaviour</p> <p>'it's more like a supporting role I have now'</p>

			Role change
	What different things do you say now that you've had time to reflect?	That probably the way I would handle things, I'd be just like, 'oh, go away!' and not realise that actually he was just a little boy that wanted someone to talk to. When I left I saw that. He's just a wee guy, read him a story etc. Going back, it's more like, I'm an adult now and he's still a kid. It's changed so much cause before I was a kid and he was one and living together it was like, ah, nah I'm not doing that like, that's embarrassing and that. It's not, It's cute like – he just wants to go and have fun and play football and do things kids want to do. So I like being able to do that and play games with him and stuff like that. It's fun.	Ditto Insight Perspective 'I'm an adult now and he's still a kid' Peer to carer – transition?
9.40	You're able to communicate with children in care in a different way, tell me more	I'm able to know how to handle myself. Before I was a lot more angrier, shouting and swearing. I take myself away to smoke now etc. It reminds me that it's still kids whereas when I was living there I was a kid.	'I'm able to know how to handle myself' Angry child
10.49	What has helped contribute to this change in yourself	Leaving was when it snapped because I didn't have that freedom to do what I wanted and not lose anyone and when I left it wasn't that I'd lost anyone but I'd lost that home. Because in a care placement you can't go back. Aye that got me, I realised, I had bad parts and amazing parts of my care experience and I know the rules were there for a reason, not just to be annoying, but to help me realise for the future. When I moved out I learned how to reflect but after, I had all the time in the world to reflect	[Quote] 'Leaving was when it snapped' Higher stakes 'you can't go back' Lost home (on leaving care) Mix: care Rules: 'help me realise for the future' Time to reflect

Appendix C

Reflexive Journal (sample)

May-June 2018:

Interview 1

- How to elicit care identities (relationships). Descriptions of oneself, adjectives such as loyal, honest, funny. Care not mentioned.
- Stories mostly about since care – no significant people prior to then (in a positive way). Ask about experiences prior to care, too early?
- Plan for next interviews. Thematic mapping? Transcription? More likely listen back.
- Timing of second interviews

Interview 2

- Transitions from care to independence
- Family
- Life before care?

18.05.18

Why identity?

Identity – self-esteem, self-confidence etc (see recognition theory, Honneth) required to live a functioning, fulfilled life. But identity also operates across life spaces and temporal zones (so we get a sense of how these might change over time). To focus on school or any care setting would create an artificial boundary in the life of the interviewee. As it transpires, settings interface in complex ways. RCC or school may both provide the stability at different points. What are the types of relationships support or inhibit relationships? What structural obstacles or measures can be taken in these settings?

Also (with SI) places relationships at the centre. What are the differences to be drawn out between the two in terms of relationships, challenges, opportunities for social, academic, personal development?

Recommendation that schools could learn from RCC – social pedagogical principles? E.g. guidance teachers, or people allocated time, moral/practical orientation of pedagogue.

21.05.18

Reflection on interview questions:

The question on putting themselves in the position of being in charge of care/education was overall too complicated for many participants to grasp. So question was often asked but then reframed with something like, 'Thinking about your experience, if there was one thing you could do to change the system for others what would that be?'. Even then some struggled. Older participants more able to answer this? Perhaps greater perspective with being out the system; cognitive ability – thinking abstractly, creatively? Ability to be reflective and reflexive on their own experience?

Warm up questions worked well.

30.05.18

Possible sarcasm in interview from R. 14.08 (int.1). Check in int 2.

06.06.18

R asked to see my notes and seemed worried that I had thought he was being sarcastic. Assured I wasn't and explained that I make notes of what participants say and sometimes my impression, such as x seemed tired, distracted or very excited. Objective is to get meaning. He clarified that his comment was not sarcastic. Felt conflicted about showing notes but decided (of course) he should be able to see them.

07.06.18

Position of participants

My starting point is that young people and are able to talk about their experiences and have opted into the process. They were briefed about the interview content and had the option of not answering any questions (some refused to answer some questions e.g. Craig and Kevin, why they were taken into care). Participants were framed as the person with the answers, the expert. 'I can't answer these questions without your input, without your input, there is no thesis'. There *appeared* to be 'buy in' from all participants, suggested by positive comments during and after the interviews 'what is going to be done with this?' 'Pleased to have helped', 'this is important' etc.

09.06.18

K seemed quieter than previous int. Seemed comfortable in space – she had chosen. Appeared to warm up after we spoke about what she was doing at the weekend.

Appendix D

Analytic Memo (sample)

Orange: additions during write up/thematic analysis

Blue: copied from interview coding reflections

Black: FC coding reflections

Reflections captured during transcription and first cycle coding

Friendships

Are friends mostly/only also in care. Are there any implications for this? Solidarity? Shared identity? Impact of moves on friendships – either they or their care experienced friends are moving or likely to move.

Friends at school older. See J, F, M, others? Perhaps because they had grown up quicker, felt older, less tolerant of the frivolity, superficiality of their peer group?

Relationships

The vicissitudes of relationships with peers and workers perhaps analogous to those between a non-care experienced YP and their parents. Families fall out. What is 'normal' teenage behaviour/response here? How is this defined in RCC context? Policy? and at practice level (maybe see RCC training courses). If we are asking RCC practitioners to bring themselves (authenticity) to their care, how does this complement/conflict with their own understanding of normal/acceptable teenage behaviour, perhaps from their own experiences of being parented or parenting (or might this question undermine their professional integrity – though would seem not, if we are asking them to reveal something of themselves. Part of the messiness of relationships?) **How important is authenticity then in the hierarchy of qualities we expect from RCC workers?** And how is 'normal' defined and by whom? How do workers know when to push back or hold off. Which 'hills to die on'?

Matters who rather than what is said. (singer/song) See D (int 2, 26.48) – young care worker living at home advising her about independence. **Credibility of voice.**

In thesis, a small section on relationships, widely accepted. Focus on what is new to say? See Home and Belonging piece, relationships doomed from the beginning. See M int 2 (or FC codes). She knows relationships are finite so resists them to avoid the pain of them breaking down. An assertion of autonomy, self-control.

Families

As above, families fall out, that is 'normal'. It appears that many of the YP in my interviews recognise this, even the younger ones. See K, despite what appears to be ongoing daily conflict she recognises that they are doing her good and she would lose more if she left.

Trust

K (int 4) in response to Q about her future, is beginning to be able to trust. Is developing trust in others a key element of a positive outlook/identity among other

participants? And do those who are older note this as a (key?) **component of their journey to a more settled sense of self?** Yes!

Long time to develop – D interview 1

Theme: Journey to self (mattering)

Following on from above, mattering and recognition is something more apparent in those who have left care (C, F, J and others). With those in care there's a sense that they are still going through it, a sense that they are in the midst of finding their identity

K and a degree of resistance perhaps: 'no-one can handle me'; I don't like being cared for most of the time'; 'I like to care for my own self'

For D, getting to know staff is a long process (again, building trust)

Suggestive of the length of the process of self-discovery. The importance of persistence and patience with staff?

Caring for

Kayla, Kim, Kevin, Grace (paid work – resi care. Advantage of care experience/identity here?), nieces, cousins etc.

Attending staff members' family funeral (see G int 1) Also reciprocity of relationships.

Where ex residents become staff, voluntary or paid there they bring social capital. Knowledge and understanding of the emotional experience of being put into and living in residential care – what they are going through based on lived experience but also social capital (?), credibility? Authenticity? 'Shortcuts' to all these through their experience. Ability to 'read behaviour'? (see G int 1). And increased ability to make connections – 'Oh I know x from school who knows your sister'. So capacity to make connections with young people with a number of additional 'tools in the kit'.

'Caring for' as an emerging identity? Adult identity?

Sign of stability? (J, int 1 cares for peers when things seem to be more stable). Or contributor to stability/healing?

Role of supported to supporting. Unique position of ex-cared for returning as adult. D persuaded girl to stay in care (Int 2, 26.48)

Animals

Dogs (K and K). Others? Caring for. **Safety, security**. Predictable? Consistent? Calming? See literature. Importance of pets during transition points? Shared activity, **care taking** (rather than recipient). Bridger between child and carer.

Family

P support, staff, cousins? Aunties and uncles, friends

Public response to family – see J int 2. Co-workers. Level of maturity, self-confidence to assert care experience. When young, only told best friends. Not broadcasted.

Family mapping for each YP?

Barriers

Tests of trust, survival. **'The Test'**. 'Scared to care about them' (J int 2)

Dates

Real awareness of dates and clarity of events of care experience.

Self-insight

In terms of awareness of motivations, their own position appears much more sophisticated than average peer. Work with key workers, psychologists, social workers etc.

Many of the older participants (G, F, D, M) have a very strong sense of self as a result of their experiences and as a result, good at reading others too. The ongoing formal/informal therapy makes them incredibly self-aware (behaviour as communication, pushing people away, difficult behaviours (fight/flight)

Perceptions of abuse/reasons for concern or being put into care

F (2nd interview): Discrepancy (still apparent) between others' view that she was abused and her own. She certainly didn't feel she was being abused, seemingly still doesn't.

Freedom

Being able to do what you want? Or no freedom, not being able to do what you want. Typical teenage response? More common with younger participants? (Ps)

Relationships

Staff – idea of different staff members (unique to RCC) that are able to offer qualitatively different support. X for relationships, y for when I'm angry, z to teach football etc. See D interview 1.

'They see me' – F int 1

Victim/survivor

Rejection of victim identity. 2 forms. I got through this despite neglect/abuse/bad experience in FC/RCC (survivor) and can claim some pride or at least ambivalence to care identity (at maturity stage). Or like F (int 2) never saw herself as a victim (of abuse).

Care identity

Broadly held back whilst in care and at early points unknown or not understood. Two still did not know why they were put into care.

Caring for as an emerging adult identity?

Any stigma of care identity (during care experience) less strongly felt, or non-existent the more caring, supportive, relationship focused, de-institutionalised the home is (e.g. F and RCC home more generally)? Contrast F in Foster care, was 'made to feel like' somebody in care (int 2).

Awareness of being in care appears more prominent in out of home care placements (e.g. J not aware she was in kinship with grandparents). So perhaps if still in contact with birth family perhaps not aware that they are in care (kinship and supervision order)

Bad experience of FC

Not part of the family, divided spaces and lives, not taken on holiday, no seat at the table, not included in family rituals – weekly takeaway etc. No attempt to connect or integrate with family. See also J int 2

Routine and structure

Allows control over her life (See G in 1)

Humour/horseplay

Includes winding up. Sign of normality. Not done when things are bad? (see G int 1)

Appendix E
Table of themes mapped against 1st and 2nd cycle categories
and initial codes (sample)

Name:

Theme	Second cycle categories & first cycle (sub) categories	Initial and in vivo Codes (removed to protect anonymity)
Done to, coping and fighting back	Barriers (YP) The test (trust, honesty, authenticity) Brick wall Self-protection 'Bad' behaviour Conflict External barriers Access to money Political/wider world Poverty Bad people System not working Health	
	Agency – autonomy (and lack of) Done to Judged Moved Not heard Responsible Abstinence (not like them) Conflict Privacy	
	Coping/adapting Drink and drugs Self-harm Solitude Behaviour Music Relationships	
Journey to myself	Resignification Voluntary work/employment Expert knowledge	

	Sports Hobbies The talent Awards and medals	
	Stigma School bullying Public misunderstanding 'that family' 'Weirdo'	

	Caring for Motherhood Solidarity (with vulnerable and care experienced peers) Animal care Friends Caring professions, voluntary roles and College courses Boys Brigade ('looking after' roles) Family, friends with disabilities	
	Childhood Upbringing Neglect Missed childhood Different Pre-care experience Unwanted Rejected Confused (why am I being put in care?)	
	Self (The struggle for) recognition Care identity Mattering Street-smart Survivor ('my way') Emerging self Stigma Weird 'teenage lassie' Caring Smart Mental health Misjudged Race Ethnicity Culture Locality Sexuality	

	Disability 'Know me' Self-worth Self-esteem Self-awareness Self as expert (see Expert Knowledge) Political Older than (missed childhood/accelerated adulthood) Split/performative self (presenting different 'sides' to different audiences) Creating a coherent narrative (reconciling conflicting accounts, missing pieces of story, framing and re-framing relationships) Lived experience	
	The Journey Unwanted -mattering- recognition 'Lowest point' Moment of change 're-birth' Looking back 'Now I realise'	
	Wider world Political awareness	
(un)safe spaces: relationships, processes and practices	Mental health (OR IN J to S?) Anger Medication Suicide Breakdown Fear Self-harm Sectioned Secure care 'going demented' Violence Panic attack	
	Transitions Independence/interdependence Into care Out of care Life skills	
	Hobbies Computers Music making/listening Sport Clubs	
	School Exclusion	

	<p>Refuge Site of resignification (friends, academic, sports, music) Stigma (managing identities) School moves Conflict Friends Boundaries ‘That one person’ Sibling loyalty Solidarity</p>	
	<p>Relationships Role models Father/sister/brother/mother figures ‘That one person’ Institutional vs authentic Know me Hanging in Hanging out Day to day Daily rhythms Shared activity Connection Love Fun and humour Animals Fear Abandonment Solitude Loneliness Precarious Trusting ‘kick up the arse’ Touch</p>	
	<p>Care (OR MAKING FAMILY?) Institutions of care (RCC, foster care, secure care, kinship) Leaving care Throughcare Aftercare Love Safety Care in the everyday Felt care Belonging Home Routine Transitional objects</p>	

	<p>'Flip chart time'</p> <p>Holidays</p> <p>Outdoors/countryside</p> <p>Boundaries</p> <p>Places</p>	
<p>Making Family & Community</p>	<p>Family</p> <p>Making family</p> <p>Complex family</p> <p>Fluid family</p> <p>Precarious family</p> <p>Re-framing birth family</p> <p>Intergenerational complexity</p>	
	<p>Hope (for the future)</p> <p>Family</p> <p>Travel</p> <p>Job</p> <p>Helping others</p> <p>Precarity of safety/stability</p>	
	<p>Community</p> <p>Online</p> <p>Ongoing connections</p> <p>Residential homes</p>	

Appendix F

Young peoples' stories – research study

Participant Information sheet (U18)

Introduction

My name is Robin and I am a PhD researcher from the University of Edinburgh conducting research with young people. This sheet gives you some information about my study so that you can decide if you would like to take part, or if you would like to find out more about it.

My research interest is in hearing the stories of young people to understand how they have become who they are now, as well as what they hope for themselves in the future.

Why have I been chosen?

I am interested in the experiences and events that make up a person, including hearing about those people, places or events, in particular in relation to young people who have experienced being in care. By speaking with you, I hope to be able to better understand the ways in which you experience and understand your world and how you see yourself as developing over time. Staff at *[your place of living]* have suggested that you would be a good person to speak with.

Interviews

If you decided to take part in the study it would involve you having up to 2 separate interviews with me, probably around 1-3 months apart. My questions would be open as I am interested in hearing your stories about your life. The interviews will last different amounts of time, depending on what people have to tell me, but it is likely they would take around 45 minutes – 1 hour each.

During the interviews, I would like to ask questions about your life, and about the people and the things that have been important to you as you have grown up. These may include both positive and negative experiences so it is possible that there may be some emotionally sensitive topics covered. My role is to listen and understand your stories rather than offer any kind of therapy. However, you would be welcome to bring a member of staff of your choosing with you to the interview, but if you would rather not, I will make sure that someone you know well and who you can talk to is nearby in case you would like to speak with them. And of course you are not required to answer particular questions if you do not wish to.

Please note that there may be no direct benefit to you from taking part in the study. However, your input will greatly assist in contributing to wider research around young people and their experiences of care.

The interviews will be held from June 2018 at [*your place of living*] in a space in which you feel comfortable, is private and that staff are able give us access to, for example a meeting room or classroom.

I do hope that you feel able to take part in the interviews, as knowing about your experiences will be very helpful. However, you are of course under no obligation to participate. If you decide not to take part this will have no impact on the services that you receive at [*your place of living*]

What will happen after the interview?

The findings of the research will be written up for my PhD thesis and related journal articles, both of which will be published. It is also possible that findings will be used at conference presentations. They will also be used to develop the knowledge of professionals working with young people so that they may better understand young people and better work with them.

Confidentiality

What you tell me will remain confidential unless I am told things that give me concern for your own safety, in which case I will need to pass this on to the most appropriate person. I will not use your real name in my reporting on this study, or other identifying details. None of your personal data (e.g. phone number) has been accessed by me in relation to this research study.

Whilst I won't use your real name in the final thesis, due to the content of the interviews, there is a small possibility that staff of students within [*your place of living*] who know you well may recognise you if they were to read it. But be assured that any material that very easily identifies [*your place of living*] or participants will not be included in the thesis.

Because I may want to use some of the exact words that you say in my report, I would like to audio record the interview with your consent. I will ask you to choose an alias that you would like to be known as when I write up my research. Recordings will be used for the purposes of data clarification and analysis, and will not be shared with anyone other than my two research supervisors.

All data will be saved in the University of Edinburgh Active Data Storage secure service and managed in accordance with the requirements of the Data Protection Act. Audio data from this study will be securely stored during the period of my PhD and securely deleted on its completion. With your consent, anonymised transcripts of the interviews will be saved in the U.K. Data Archive for possible use by future researchers.

Changing your mind

If you do decide to participate you can change your mind and withdraw from the study at any time. You would not have to give any reason, just let me or an adult know that you no longer want to take part.

More information

This research has been approved by the Moray House School of Education ethics committee. If you would like to know more about the research study, please contact me at: s1675019@sms.ed.ac.uk

Young peoples' stories – research study

Participant Consent sheet

Please tick the appropriate boxes:

Taking part:

I have read and understood the information provided.

I am happy to take part in the interviews as described and that the interview will be audio recorded

I understand that I can leave the study at any point

Use of the information I provide for this project only:

I understand that my personal details (address, phone number) are not known by the researcher and that my real name will not be used in the study

I understand that my words may be quoted in publications, reports, web pages, and other research outputs.

Use of the information I provide beyond this project:

I agree for the data I provide to be archived at the UK Data Archive.⁷

I understand that other genuine researchers will have access to this data only if they agree to preserve the confidentiality of the information as requested in this form.

I understand that other genuine researchers may use my words in publications, reports, web pages, and other research outputs, only if they agree to preserve the confidentiality of the information as requested in this form.

So you can use the information you provide legally, I agree to assign the copyright I hold in any materials related to this project to the researcher, Robin Dallas-Childs

Participant's name (Printed)

Participant's signature

Date

Name of person obtaining consent (Printed)

Signature of person obtaining consent

⁷ 1. The U.K Data Archive is a national service that securely stores data so that other researchers may have access to it at a later date. To protect your confidentiality the data saved for this project would be anonymised transcripts of the interviews only.

Appendix G Participant details

	Name*	Age	Care status/type at 1st interview	Main RCC home when in care	No. of interviews
1	Danielle	21	Care leaver	RCC home 1	2
2	Jim	17	In care/continuing care	RCC home 1	2
3	Mary	19	Continuing care	RCC home 1	2
4	Craig	18	Supported Accommodation	RCC home 1	2
5	Kevin	18	In RCC	RCC home 1	1 (didn't wish to continue)
6	Jill	22	Care leaver	RCC home 1	2
7	Kim	16	In RCC	RCC home 2	4
8	Danny	16	In RCC	RCC home 2	2
9	Kayla	15	In RCC	RCC home 2	1 (moved on to new RCC home before 2nd interview)
10	Peter	12	In RCC	RCC home 2	2
11	Rick	14	In RCC	RCC home 2	3
12	Grace	26	Previously looked after	RCC home 3	2
13	Fiona	27	Previously looked after	RCC home 3	2

* All names are pseudonyms