

Care Leavers Emotional Wellbeing Study

Intervention Developer	n/a
Delivery Organisations	Local authorities and partner organisations
Evaluator	What Works for Children's Social Care
Principal Investigator	Aoife O'Higgins, Director of Research, WWCSC
Protocol Author(s)	Chloe Juliette, Senior Researcher, WWCSC Hannah Scott, Research Associate, WWCSC Ella Whelan, Research Associate, WWCSC Alyssa Eden, Research Assistant, WWCSC Janae Goodridge-Downer, Research Assistant, WWCSC
Age or Status of Participants	Care Leavers Social care, mental health and third sector professionals
Number of Participating Sites	5 local authorities: Stockport, Liverpool, Surrey, Barking and Dagenham, Worcestershire
Number of Children and Families	Approximately 25 young people

Summary

In the Spotlight Inquiry (2022) by the APPG for Looked after Children and Care Leavers, care leavers reported lower wellbeing compared to non-care leavers and highlighted the 'cliff-edge' at 18, where services providing support for care leavers are reduced as they become more independent. Given that wellbeing support provision for care leavers is not statutory, and so is highly variable across local authorities, we will seek to understand differing situations in a range of local authorities. We will also actively seek to include the voices of young people with a disability, those who identify as LGBTQ+, those from ethnic minority groups and those who were previously unaccompanied asylum seeking children to address the historical lack of representation of minority groups in research, the over-representation of these groups within the care leaver population, and the disproportionate implications their experiences have on their wellbeing compared to their non-minority peers.

The study aims to explore what wellbeing support is currently available to care leavers in England beyond provisions through general adult healthcare and generate insights on perceived effectiveness. By doing so we may be able to identify models and approaches that are sufficiently well defined and perceived to be sufficiently promising that they warrant a feasibility study for evaluation of their

impact. This exploratory study will be conducted with five local authorities using interviews and focus groups with practitioners and care leavers, followed by workshops to explore the findings. Analysis will strive to form a theory/several theories of change that reflect the findings and can inform future study. It will be accompanied by an evidence review. Reporting is scheduled for April 2023.

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Background and Problem Statement

Care leaver mental health and emotional wellbeing

Care leavers¹ are identified to be at higher risk of experiencing mental health problems than their non care-experienced peers (Department for Health & Social Care, 2022). In 2021, there were a total of 44,590 care leavers that were still in contact with their local authority (Department for Education, 2021). The support care leavers receive, including within mental health services such as CAMHS, varies depending on local authorities (Barnardos, 2017, Spotlight Inquiry 2022).

In the Spotlight Inquiry (2022) by the APPG for Looked after Children and Care Leavers, care leavers consistently reported lower wellbeing compared to non-care leavers. Currently, there is no national data collected concerning the mental health and wellbeing of care leavers in the UK. However, we know that the rate of mental health disorders in the general population aged 5 to 15 is 10%, whereas for those who are in care it is 45%, rising to 72% for those in residential care (NICE, 2021a). Coram Bright Spots (Coram, 2020) report that 30% of care leavers have low wellbeing. The same report found that 26% of care leavers aged 16-34 reported low life satisfaction compared to just 3% of the general population of the same age. Research by Barnardo's in 2017 also found that one in four of 274 case files (of care leavers who are supported via Barnardo's) reviewed involved a young person who had faced a mental health crisis since leaving care (Smith, 2017).

¹ someone who has been in the care of the Local Authority for a period of 13 weeks or more spanning their 16th birthday (The Children (Leaving Care) Act 2000)

The aforementioned APPG Spotlight Inquiry also highlighted the 'cliff-edge' at 18, where services providing support for care leavers are reduced as they become more independent, and again at 25 where access to support services is removed altogether. The inquiry demonstrated a drop in wellbeing for young people as they leave care, and a lack of support for maintaining relationships with previous carers and other significant people in their lives. This included a particular note that virtual meetings are not fit for purpose in reducing feelings of isolation. A qualitative review on the wellbeing of children in care and care leavers stated that mental health needs are most pronounced during times of transition (NICE, 2021b), indicating that services for mental health support are reduced at a time where care leavers are most in need of them. A Barnardo's report highlighted the role of safe and supported housing for care leavers, suggesting in some cases care leavers were left with limited support or none at all. Left alone, young people struggled with their problems, not knowing where to go even when things reached crisis point, which for some young people included using alcohol or drugs or taking an overdose (Barnardo's, 2021).

There is little data on the lifelong impact of care experience on mental wellbeing (Xie et al., 2021), however we know from studies such as Felitti et al's (1998) that the impact of trauma and adverse childhood experiences on lifelong wellbeing is pervasive. The Care Leavers Association conducted a mixed-methods study (Braden et al., 2017) on the physical and mental health needs of care-experienced people of all ages. They collected survey responses from 418 care leavers and 215 health professionals working with care leavers. They found high numbers of mental health needs experienced during and after care:

	During Care	After Care
Anxiety	80%	79%
Depression	78%	75%
Low self-esteem	87%	83%
Self harm	40%	29%
Difficulty managing anger	60%	49%
Substance misuse	33%	44%

Minority populations

In 2021, 5% of care leavers aged 17 were previously unaccompanied asylum seeking children (UASC), and 25-27% of care leavers aged 18-21 were previously UASC. This increase is due to the peak in the number of UASC around 2015 moving through the age groups and who are now care leavers (Department for Education, 2021). UASC are reported to experience significant trauma pre-arrival to their host country, and are at a higher risk of emotional and mental health difficulties, such as post-traumatic stress disorder and depression, than children and young people that are not UASC (Hodes et al., 2008; Barrie & Mendes, 2011). Another report on the wellbeing of children in care and care leavers acknowledges the distinctive therapeutic needs of UASC (NICE, 2021a).

Ethnic minorities are overrepresented within Children's Social Care. A paper by Webb et al., (2020) examined the relationships between ethnicity and social care intervention found significant differences in the rates of social care intervention for different ethnic groups, depending on levels of deprivation. The experiences that lead ethnic minorities to receiving support from CSC, in addition to racism, can impact their mental health (Lensvelt, Hassett & Colbridge, 2021).

Disability and long-term health conditions of care leavers are not currently recorded. In a study conducted by Coram Voice (2020), they reported that 24% of 1804 care leavers disclosed that they had a disability or a long-term health problem. Recent research on health inequalities for adults who have experienced state care suggests high rates of premature mortality in the care leaver population when compared with non care-experienced peers (Murray et al, 2020). Felitti et al (1998) study provides additional insight into the effects of child maltreatment and trauma on physical health across the lifecourse, with individuals who reported a high number of adverse childhood experiences having greater and multiple health risk factors later in life. Research highlights that issues relating to long-term health conditions and disabilities can affect an individuals mental health (Tough, Siegrist & Fekete, 2017). The most recent statistics from ONS (2019) found that disabled people report lower levels of happiness and life satisfaction than their non-disabled counterparts. Some individuals may be considered disabled under the *Equality Act 2010* depending on the severity of their mental health condition and its limiting impact on daily activities. Disabled people with a mental health impairment as their main health problem were reported to have the lowest wellbeing ratings, compared with those with physical or other impairments and non-disabled individuals (ONS, 2019).

It is difficult to estimate the number of LGBTQ+ young people in care in England because care systems do not routinely keep track of young people's sexual orientation or gender identity. However, some research suggests that young people who have been in care are more likely to be LGBTQ+ than their peers (Schofield et al., 2019). Stonewall (2018) found that 52% of adults who identify as LGBTQ+ had experienced depression. Stonewall also suggests that young people who identify as LGBTQ+ are more likely to experience mental health challenges than their peers. For example, three in five LGB young people have deliberately harmed themselves at some point and 84% of trans young people have deliberately harmed themselves.

Access to mental health support

Despite recognition that the majority of children who are in care for lengthy periods will experience mental health issues and poor wellbeing, they are disproportionately affected by rejected referrals to CAMHS services (Kirkman, 2019). This is reported as being due to a lack of stability, lack of engagement, or symptoms not being severe enough (Sanders, 2020).

The transition from CAMHS to Adult Mental Health Services (AMHS) typically begins between the age of 16 - 18. Some local authorities may have a dedicated CAMHS service for children in care that extends support to care leavers up to 25, however this is uncommon (SABP, 2021). For most CAMHS services the cut off remains at 18, which aligns with the 'cliff edge' in service provision where many care leavers are left with decreased access to mental health services (Smith, 2017). This is compounded by a reduction in statutory service support from the local authority, which often coincides with instability and significant life changes (e.g. leaving care placements) as care leavers are accelerated into independence at 18.

Most adults with mental health disorders receive provision through primary care services, while a small minority of adults diagnosed with severe mental illness will meet the threshold for secondary care AMHS (Lamb & Murphy, 2013). Practitioners in a Barnardo's study (2017) reported that care leavers they worked with were rarely diagnosed with severe mental illnesses and therefore frequently do not meet the criteria for AMHS. Instead, mental health needs are often related to early childhood experiences such as attachment disorders, emotional or conduct disorders and PTSD. Additionally, they found that 65% of care leavers experiencing mental health problems were not currently receiving mental health support from statutory services. The care leavers who were reported to receive support often received time-limited interventions such as CBT, which practitioners deemed unsuitable for many care leavers.

Similarly, Braden et al. (2017) reported almost a third of care leavers in their study experienced challenges in accessing mental health services. Key barriers identified were: thresholds, assessments, waiting times and available interventions. Participants in this study expressed that a greater understanding of the issues that care leavers experience throughout adulthood is needed in AMHS. Further, assessments and eligibility criteria should reflect the additional needs of care-experienced adults.

From an initial review of the Care Leaver offers² that are publicly published there are a range of mental health support offers. Support to transition from CAMHS to adult services and signposting to appropriate mental health services is routinely offered by personal advisors (PA) in local authorities. The availability of more comprehensive or specialised mental health service offers differs across local authorities; some LA's have a range of charitable or NHS services to refer or fast-track to that offer specialist, therapeutic support, others pay for specific care leaver support, such as access to counselling, and others have a dedicated mental health worker situated in leaving care teams.

There are also a number of national organisations or charities who offer ongoing support to young people as they transition out of care, including hotlines run by Become and the Care Leavers Association for general support, guidance and advocacy and cafes, arts projects and a hotline all focused on emotional wellbeing and support run by the Rees Foundation.

Evidence reviews by the National Institute for Clinical Excellence provide insights into the barriers and facilitators for promoting physical, mental and emotional health and wellbeing of looked-after children and care leavers using qualitative evidence. Key themes included the benefits of group activities, outings, and skills building for mental and emotional health, culture and trust in relationships, the availability (or lack of) support, and the usefulness of multi-agency working (NICE, 2021b). As part of a set of recommendations and resources produced by an expert working group, The Social Care Institute for Excellence developed a practice-based model to support the mental health and wellbeing of young people in care and care leavers. The key factors around the young person were considered to be relationships, community of support, home, health, education and hobbies (SCIE 2017).

² The *Children and Social Work Act 2017* introduced the requirement for local authorities to publish a 'Care Leaver Local Offer', which describes the services available to care leavers within the local authority area.

Research response

Relative to the evidence base regarding the mental health and wellbeing support available for children in care, little is known about what is on offer to care leavers in England to support their wellbeing and how effective that support is. Our research seeks to address this lack of knowledge, in balance with being feasible to deliver as an exploratory study that has the potential to be highly broad in scope.

Given that access to adult mental health support is dependent on diagnoses that many care leavers do not receive, and they therefore are reliant on access to other services being available to support their wellbeing, the focus of this study will be on the broad provision of support provided by, or in collaboration with, local authorities. This will encompass care leaver offers, services that indirectly address the wellbeing needs of care leavers (e.g. arts based activity groups and befriending services), ways of working within practice teams (e.g. PA's trained in trauma-informed practice) and services that address mental health and wellbeing needs directly (e.g. counselling). We will seek to explore what local authorities do directly, what they commission and what services or projects they refer young people into. We will seek to understand mechanisms for referring into adult mental health services as appropriate, but adult mental health service provision will not be the focus of this study.

For the purposes of this study, and in acknowledgment that the experiences of trauma have impacts that should not merely be understood as problems with the individual that need to be treated (Sweeney et. al. 2018), we will focus broadly on the emotional wellbeing of care leavers rather than focusing on mental health and formally diagnosed conditions. We will instead enable care leavers and service providers to use their own language according to the differing services and approaches and the varying circumstances and experiences of the participants. We anticipate that the programmes and approaches that provide services for participants are likely to reach those with (self-reported) symptoms of PTSD/trauma-related disorders, anxiety, depression and attachment, emotional or conduct disorders, as well as those experiencing issues around loneliness and isolation, self-harm, suicidal thoughts, eating disorders and substance misuse. We will exclude the study of service provision for acute cases, i.e. support from inpatient mental health services, but will include services that provide support for participants who may also be receiving mental health care from the general adult services, such as prescription medication or low-intensity talking therapy.

Given that mental health and wellbeing support provision for care leavers is not statutory, and is therefore highly variable across local authorities, we will seek to understand differing situations in a range of local authorities. This will include, first and foremost, diversity across wellbeing support provision, as well as considering region and type of authority (e.g. north/south, urban/rural, size), ofsted ratings and local population demographics (rate of children in care and UASC populations).

Given the historical lack of representation of minority groups in research, the over-representation of these groups within the care leaver population, and the disproportionate implications their experiences have on their wellbeing compared to their non-minority peers, we will actively seek to include the voices of young people with a disability, those who identify as LGBTQ+, those from ethnic minority groups and those who were previously unaccompanied asylum seeking children.

Aims

The purpose of this study first and foremost is to explore what wellbeing support is currently available to care leavers in England beyond provisions through general adult healthcare and generate insights on their perceived effectiveness; to understand the range of approaches and models that local authorities are using to improve care leavers' access to, and experience of, wellbeing support. A further key aim is to synthesise available evidence on what works to improve the wellbeing of care leavers, should the evidence be available to do so.

By bringing this together, we may be able to identify models and approaches that are sufficiently well defined and perceived to be sufficiently promising that they warrant a feasibility study for evaluation of their impact. We may also be able to produce a starting point for mapping the key features of wellbeing and mental health support services provided to care leavers across England, for example by providing the basis for a simple survey that all local authorities can respond to about their offers based on key features of the range of services explored in this study.

We will also prioritise stakeholder engagement at key points in the process, to ensure we build on work that has already been done to date, and to provide outputs that are useful for decision-makers, practitioners supporting care leavers, and care leavers themselves. This engagement strategy is included within the methods for transparency, though it does not form part of the research itself.

Research Questions

The following key questions will drive and focus this exploratory research, within the scope outlined:

- Broadly, what models and approaches to wellbeing support for care leavers are currently provided across England and how do they vary across local authorities?
- How well defined are, and what are the key features of, the models and approaches to wellbeing support for care leavers currently provided?
- What are the benefits and drawbacks of the different models for care leavers, including from the perspective of different actors (practitioners, decisionmakers, care leavers)?
- What are the enablers and barriers to accessing wellbeing support for care leavers?
- What are the enablers and barriers to the hypothesised benefits of the different models for wellbeing support for care leavers?
- How is the effectiveness of specific services that provide wellbeing support for care leavers monitored and measured across England?
- How can the evidence base for different wellbeing support for care leavers be improved?

This study is not designed to be comprehensive or to measure the impact of interventions. All evidence of the range of models and approaches, and the potential or perceived outcomes of them, will be exploratory only. However, the insights gathered will enable us to map different approaches available and provide the views of the beneficiaries and those delivering the support, which may be used to guide decision-making for those considering what models to provide in their area, or which support services to access. The evidence review may provide further, more conclusive, evidence.

This study is intended to scope what is available and what shows potential for supporting care leavers' emotional wellbeing. This will help with intervention development and set the scene for future research to understand what service provision might best support care leavers' emotional needs.

Design

Research Question	Method
1. Broadly, what models and approaches to wellbeing support for care leavers are currently provided across England and how do they vary across local authorities?	
<ul style="list-style-type: none"> • What overall models and approaches are offered across England? How can these be thematically organised? • What specific services are offered within these models/LAs? • To what extent do models vary across England? • What drives the differences in offers across England? • Is the type of population demographics a factor in deciding what model/services to offer? To what extent? 	<ul style="list-style-type: none"> • Mapping • Interviews and focus groups • Logic models
2. How well defined are, and what are the key features of, the models and approaches to wellbeing support for care leavers currently provided?	
<ul style="list-style-type: none"> • How can the services studied be described in terms of key features/typologies? • How do different actors define the key features of different services? Which features are consistent? • Are there key features that are prevalent in all/some types of services? What are they? Why are they most prevalent? • Which features are perceived to be most important for successfully having a positive impact on the wellbeing of care leavers? Are there any patterns according to specific demographics? 	<ul style="list-style-type: none"> • Mapping • Interviews and focus groups • Logic models
3. What are the benefits and drawbacks of the different wellbeing support models for care leavers, including from the perspective of different actors (practitioners, decisionmakers, care leavers)?	
<ul style="list-style-type: none"> • What are the perceived benefits of different/specific models and approaches? • What are the perceived benefits of different/specific services? • What are the perceived drawbacks of different/specific models and approaches? • What are the perceived drawbacks of different/specific services? • How do the answers to the above vary by perspective/actor? • What are any emerging gaps in provision? 	<ul style="list-style-type: none"> • Interviews and focus groups • Logic models • Deliberative workshops • Evidence reviews
4. What are the enablers and barriers to accessing wellbeing support for care leavers?	
<ul style="list-style-type: none"> • What are the perceived enablers to care leavers accessing wellbeing support? 	<ul style="list-style-type: none"> • Interviews and focus groups • Logic models

<ul style="list-style-type: none"> • What are the perceived barriers to care leavers accessing wellbeing support? • What are the perceived enablers/barriers to care leavers accessing specific services? • What mechanisms have worked to overcome the barriers? What learning can be taken? • What enablers/barriers are there to service providers improving access to wellbeing support services for care leavers in their area? • Is there any evidence available on (actual) enablers/barriers? 	<ul style="list-style-type: none"> • Evidence reviews • Deliberative workshops
<p>5. What are the enablers and barriers to the hypothesised benefits of the different models for wellbeing support for care leavers?</p>	
<ul style="list-style-type: none"> • What are the perceived enablers to care leavers benefiting from wellbeing support? • What are the perceived barriers to care leavers benefiting from wellbeing support? • What are the hypothesised benefits of specific models/services? • What are the perceived enablers/barriers to care leavers benefiting from specific services? • What mechanisms have worked to overcome the barriers? What learning can be taken? 	<ul style="list-style-type: none"> • Interviews and focus groups • Logic models • Deliberative workshops
<p>6. How is the effectiveness of wellbeing support models for care leavers monitored and measured across England?</p>	
<ul style="list-style-type: none"> • What tools are used to monitor the effectiveness of wellbeing services (specifically for care leavers) across England? • What tools are used to monitor the effectiveness of wellbeing services being provided by local authorities and their partners? • What is the rationale for the use/non-use of these tools? • Who makes the decision on what to use? 	<ul style="list-style-type: none"> • Interviews and focus groups • Logic models • Evidence reviews
<p>7. How can the evidence base for different wellbeing support models for care leavers be improved?</p>	
<ul style="list-style-type: none"> • What do different actors using the tool/s think of their effectiveness to measure the wellbeing of care leavers accurately? • What do different actors using the tool/s think of their effectiveness to draw causality or association to the services received? • How do the tools impact young people/practitioners using them? / Impact their experience of the wellbeing support services? • Which tools do different actors think are most appropriate? Why? • How do different actors think monitoring can be improved? Why? Is this more focused on experiential factors or validity factors? • What information would be useful to different actors when making decisions about what wellbeing support to offer/access? 	<ul style="list-style-type: none"> • Interviews and focus groups • Logic models • Deliberative workshops

Methods

Preliminary mapping and selection

In order to capture the range of services and experiences across England, we strove to collect and collate publicly available information (i.e. local offers) about wellbeing support provision for care leavers in as many local authority areas as possible. This was an iterative and exploratory exercise, which has been conducted in tandem to drafting this protocol, to aid our selection process and broadly contribute to answering the question 'what models and approaches to wellbeing support for care leavers are currently provided across England, and how do they vary across local authorities?'

We then targeted LAs using a responsive approach striving to recruit five local authorities with a range of service offers and diversity in type of authority and population demographics. Our selection ensures as much diversity as possible across wellbeing support provision as well as the following:

- Region (north/south, urban/rural)
- Ofsted rating
- Rate of children in care/care leaver population size
- UASC population

We selected five local authorities to conduct deep-dive studies with. Partnership agreements were made while this protocol was finalised alongside the ethics review and stakeholder engagement.

Mapping

With the five local authorities we partner with, we will first seek to clarify the range of different services on offer, who delivers them, how they interact with each other and how care leavers are referred to them. This will be done either by telephone or video conference call, or by email, according to the preferences of those we engage in the LA's. At this stage we will also seek out the key gatekeeper/s who will enable us to reach a diverse range of participants and begin preparation for sampling, recruitment and addressing accessibility and inclusion needs.

Interviews and focus groups

Semi-structured interviews and focus groups will be conducted with decision-makers, a range of social care and delivery partner practitioners, and the recipients of a range of locally provided wellbeing services. These will be conducted across each of the five local authorities and will explore:

- different services/service models offered in their area
- benefits and drawbacks of each service/model
- barriers and enablers to accessing each service/model
- barriers and enablers of achieving potential/hypothesised benefits of each service/model
- experiences of using monitoring tools
- benefits and drawbacks of different monitoring tools
- what's missing from provision/what they would like to see in place

All interviewees will be provided with a list of topics ahead of the interviews and focus groups, and can request a full set of questions if they would prefer. This will be emphasised with those participating who are care leavers, to minimise the risk of harm to individuals. As far as possible,

interviewees will be offered options, choosing between face-to-face, telephone or video conferencing. Again this will be particularly important for participants who are care experienced.

Our partner, the McPin Foundation will conduct the research with recipients. As experienced facilitators of peer research, they will recruit, train, support and manage the peer researchers (in this case, care experienced people) to collect and analyse data. We will provide materials which will form the basis of the interviews and focus groups, though following their input we will collaboratively finalise these materials. McPin will lead, with our support and input, on the recruitment of care leavers to participate in the research, taking a flexible and collaborative approach with gatekeepers. Working closely with gatekeepers, and seeking advice from stakeholders, will be particularly important for the recruitment of those with access and support needs, such as care leavers who were previously UASC. Their procedures will mirror our approach to data collection with professionals, detailed below.

Clear and accessible information sheets, and a video, will be provided to potential participants so they can make an informed decision about their participation, including how their personal data and contributions to the research will be kept safe and anonymous. This will include an option to talk to one or more of the research team before making a decision should they wish to. We will work with gatekeepers identified through interviews with professionals to identify potential participants who are care leavers and beneficiaries of the services. This process will include considerations of diversity of sampling and the implications for the wellbeing of those potentially taking part. Once a potential participant has expressed their interest in taking part, they will be provided with further information and a consent form. Once informed consent has been provided and accessibility and inclusion needs (e.g. translation or emotional support) discussed and accounted for, the interview or focus group will be conducted. In recognition that wellbeing and willingness or readiness to participate varies, the key points of the information provision will be repeated and consent re-confirmed at the beginning of an interview.

Individual face to face or telephone/video conferencing interviews, conducted by researchers from WWCS, with leaders, managers and practitioners will be expected to last 45-60 minutes. Individual face to face or telephone/video conferencing interviews with recipients will be expected to last 30-45 minutes. Focus groups of 4-6 individuals will be carried out with attendees from different LAs. These will be expected to last 60-90 minutes, and will each be facilitated by two researchers. Interviews with care leavers will take a flexible approach, for example extending the interview time to include breaks. Those taking part in the research outside of their professional capacity, i.e. care leavers and beneficiaries, will be compensated with a voucher.

Interview schedules will be adapted according to the role or experience of the interviewee/s. Interviews will be recorded, transcribed and pseudonymised prior to analysis. The interview schedules will be piloted before data collection begins and following the first two to three interviews/focus groups of each type, the interview schedule will be adapted if necessary.

Participants will be given the option to review their transcripts prior to analysis (with support to do so), to check for accuracy and provide them with an opportunity to redact or adapt their feedback. They

will also have the opportunity to provide any further reflections or discuss the research project with us following their input.

The planned number of interviews and focus groups is available in the data collection schedule below.

Evidence reviews

Alongside the above, we have commissioned an evidence review to answer:

- What are the impacts of interventions for care-experienced young people (CEYP) on their mental health in high-income countries?
- What are the experiences with the implementation of mental health services for CEYP in the UK?

The protocol for this evidence review can be found on our website [here](#).

In addition to this, our in-house team will collate insights on monitoring tools and approaches to measuring outcomes. This will include a high-level analysis of any work done on how acceptable the different tools are and the perceived benefits and drawbacks of each of them.

Logic models

Following interviews and focus groups with practitioners and care leavers we will seek to create a series of logic models, using our findings so far as a basis for how the logic model/s should be structured e.g. per service, or per key feature/s from across several services. This will aid in bringing together the findings and a structure for organising the findings in analysis and triangulation.

Triangulation and deliberation

To conclude this work, we will draw together the key findings across the above strands to triangulate. Following this, we will bring together a group of care leavers and practitioners to build on the known evidence through deliberative workshops. These workshops will bring together a range of practitioners and care experienced people to reflect on any theories of change emerging from the triangulated findings and to further explore the components of the service/s and/or the key features described in interviews. This will be designed and delivered as a deliberative engagement exercise (as opposed to deliberative research) and will inform our interpretation of the research findings and aid in ensuring the outputs we produce are useful to care leavers and those working to support them.

In order to provide the opportunity for a wider pool of interested parties to participate there will be an open-call, as well as targeted invitations to participants of the research study and known stakeholders with a track record and/or interest in care leaver wellbeing, to express interest in attending these workshops. The open-call will be advertised through social media and available networks such as national charities and leaving care teams across England. The number of workshops and those invited to attend will be decided according to the needs of the project and the level of interest from potential participants. The make-up of this group will be as diverse as possible.

The lead facilitator will present the participants with comprehensive and accessible information and group discussion facilitators will encourage personal reflection and deliberation among the groups.

The design of this will be based on the findings and draw on stakeholder input and could cover:

- A reflective discussion on the findings across strands
- Potential ways of addressing barriers where they are identified
- Agreeing the key benefits and drawbacks of services and/or measurement tools
- Exploring a theory of change across one or more of the services or service types
- Prioritising different services (or features of) and/or measurements tools based on preferences
- Deliberating recommendations for resources and mechanisms for improving wellbeing support for care leavers, and advancing the evidence base for what works in this space
- Agreeing and/or visioning additional outputs from this work, alongside the qualitative report. For example, a map of different types of service provision and their evidenced/potential impacts for decision-makers, or a resource for care leavers and practitioners sharing the journey of using different services, and/or the drawbacks and benefits of different services.

Stakeholder engagement

Stakeholder engagement will form a core part of our activities to ensure we are building on work already done and are producing outputs that are useful to those making decisions and working in the field, as well as care leavers themselves. Stakeholders will include a range of practitioners, decision-makers, academics and care experienced people, including those working in the peer research team. They will, at minimum, provide input at three crucial stages:

- The methodology, ensuring the inclusion of practice-based literature and knowledge
- Fieldwork materials, including information provision as well as interview schedules
- The outputs, including final recommendations along with resources to accompany the research report with a focus on usability for decision-makers, practitioners and care leavers

Discussion with stakeholders is likely to also provide insight into what wellbeing support is currently provided to care leavers across England, the benefits and drawbacks of different models (potentially including approaches to monitoring and measuring outcomes too), and the enablers and barriers to access. If this is not currently captured in documentation that can be referenced, we will seek to include these insights within the discussion section of the final report.

Data collection schedule

The below minimum targets are approximate and will reflect diversity within and across the local authorities and may be flexed according to the findings so far, in line with an iterative and exploratory approach. The target number of interviews for care leavers may be reduced as we learn more about the support required to participate effectively, and the needs of the peer researchers, to better ensure positive participant experiences and high quality data collection. This will inform future studies.

Method	Provisional timeline	Sample and stratification
Mapping	August - October	<ul style="list-style-type: none"> • Five local authority representatives

Interviews and focus groups	November - February	<ul style="list-style-type: none"> • 10 decision-makers/senior management • 15 LA/service practitioners • 25 care leavers
Deliberative workshops	March	<ul style="list-style-type: none"> • 5 decision-makers/ senior management • 5 practitioners • 5 care leavers • 5 academics/other stakeholders

Analysis

Peer researchers supervised by the McPin Foundation will carry out the analysis of the data collected from young people, with input from WWCS qualitative researchers. Their procedure will broadly match that followed by WWCS in analysing data collected from professionals, outlined below.

Interviews and discussion groups will be recorded, transcribed and pseudonymised prior to analysis. Qualitative analysis of interview and focus group data will use NVivo software and follow a thematic analysis approach to compare accounts and identify themes and patterns across the dataset. This will follow the commonly used phased framework of analysis: familiarisation with data, generation of codes, searching for themes, reviewing themes and defining themes (Braun & Clarke, 2006). A flexible approach to coding will be taken, moving from a primarily inductive to deductive approach as the coding framework is finalised.

Analysis of professionals' data by WWCS and recipients' data by the McPin Foundation will be carried out relatively separately, and so a second stage of analytic work will be carried out by WWCS in order to integrate findings, comparing and contrasting codes and themes across the two groups. Both sets of researchers will come together and be able to input on each others' analytic work at the early stages of reviewing and defining themes in order to provide insight into the thematic framework from perspectives formed by working with the other set of data.

Measures will be put in place to ensure the validity and reliability of data collected and analysed, following the idea that these can be judged through credibility, transferability, dependability and confirmability (Pandey & Patnaik, 2014):

Credibility

- Peer researchers will lead on the analysis of recipients' data, and WWCS advisory group members will support analysis of professionals' data, allowing people with lived experience to assess whether interpretations of the data are reflective of their own experience.
- Findings will be considered in the context of similar research identified in the evidence review.
- Participants will be offered the chance to review their transcripts and have any data that they don't feel reflects their perspective removed.
- A deliberative workshop with stakeholders will be used to generate outputs that are appropriate to the population

Transferability

- Data will be formed of a diverse group of participants, and care will be taken to ensure that participant voices are heard equally, with no group being favoured over the other.
- An expert advisory group will input on the design of the study, ensuring that research questions and study materials are appropriate to the population.

Dependability

- Researchers will consider their personal and epistemological position in relation to the study and its participants, in order to be aware of the beliefs and biases that may influence their approach to the research.
- Researchers will use reflexive practice throughout the project, documenting any impact and subjectivity they may bring, particularly during data collection and analysis.
- Reports will include reflexive statements that provide context for the research and openly acknowledge any biases that may exist.
- Reports will include illustrative quotes from participants that demonstrate interpretations are grounded in the data.

Confirmability

- A collaborative coding process will be followed, with multiple researchers coding transcripts and constructing the thematic framework.
- The study protocol will be published prior to the start of data collection and any subsequent changes to study design will be acknowledged and justified.

EDIE

As part of our organisational strategy to prioritise equality, diversity, inclusion and equity in our work, each of our project teams will commit to a number of principles and associated actions within a research project. The learning from this will inform future research and strives to address societal inequality in our approach to this research project, with the hope to influence beyond it as well.

It should be noted that the above protocol was developed before the EDIE action plan and reflective period noted below under 'ethics' took place. We have intentionally not updated the protocol justifications and framing beyond addressing the shift from a 'mental health' to 'emotional wellbeing' focus, so as to accurately reflect our position at the beginning of this research journey. We will reflect on the below throughout the lifetime of the project and reporting going forward. The EDIE action plan is a live document that will be referred to and updated throughout the lifetime of the project and will draw on the work done in the . At the time of publication, our actions and review periods are:

CLEW EDIE Action Plan

Commitment	Details	Timeframe for activities
Accessible recruitment	<p>Recruitment will be planned to support a diverse group of participants engaging with the project. Actions have been taken to overcome common barriers to participation in research related to practical issues of labour and the perception of scientific research as complex and inaccessible:</p> <ul style="list-style-type: none"> ● Purposive sampling will be used to ensure representation of minority groups in the participant group. We will work with gatekeepers to seek a diverse group of people and address accessibility needs in advance in an individualised way. ● Information sheets and other relevant participant-facing documents will be written in accessible language, and can be accessed via translation services for those with preference for another language. ● A video that explains the project and participation will be made to support potential participants' understanding of their involvement instead of/ as well as the information sheets. ● Potential participants will be given the opportunity to speak with researchers directly about the project to support engagement and understanding of the project. 	<p>Stakeholder review and accessibility checks before sharing with practitioners.</p> <p>Practitioner and peer researcher review before sharing with young people.</p> <p>Ongoing review and a reflective session on recruitment process at the end of the fieldwork period/project.</p> <p>This will be compared to other experiences of trying to reach and engage a diverse group of people, and shared with other teams/ incorporated into future projects.</p>
Positive participant experience	<p>Our recruitment efforts should not just focus on engaging a diverse group of young people (and professionals), but should also focus on ensuring we engage in a way that suits them and is tailored to their needs. Those participating and conducting the research (i.e. participants and the peer researchers) should find the process positive enough that based on this experience they would participate in similar work in future:</p> <ul style="list-style-type: none"> ● Using peer researchers to conduct interviews will allow a more reflective and sensitive approach to interviewing care leavers and is intended to feel more acceptable/comfortable than being interviewed by researchers working for a government-funded organisation. 	<p>A participant engagement plan will be created before participants are engaged that considers each step of the journey from their perspective.</p> <p>Debriefs will be offered and we will seek feedback from willing participants on how they found the process.</p>

	<ul style="list-style-type: none"> ● Reporting will be delivered in multiple formats to ensure accessibility to all. ● Participants will be invited to review their transcripts to ensure they feel ownership over the data and confirm that they are comfortable with it as a reflection of their beliefs and experiences. ● Participants will have the option to be interviewed using video conferencing software or by telephone so that travel is not necessary/to suit preferences. ● Participants will have the option for interviews to take place at a time that suits them to accommodate work and caregiving commitments. ● Participants will be financially compensated (through gift vouchers) for the time taken and labour involved in being interviewed. ● Participants will have the option to complete interviews using translation services if they are more comfortable using a language other than English, or more generally to be supported by someone they trust. ● Participants will be able to read the interview questions in advance to allow them time to organise their thoughts and to be emotionally prepared for the interview. ● Interviewers will clarify with participants how they would like to be referred to during their involvement/in project reports through the use of pronouns or other identities. 	<p>We will reflect on the process and the feedback we've received throughout the process and at the end, sharing learning internally.</p>
<p>Reflecting diversity in analysis</p>	<p>The analysis and reporting of findings should reflect the diversity of participants, ensuring that differences are explored through thorough sub-group analysis and that diverse groups of people are not presented as homogenous. Reporting should be in balance with confidentiality and avoiding identifiability of participants</p> <ul style="list-style-type: none"> ● Demographic information about participants will be collected in interviews and reported so that project reports are transparent about the representativeness of the collected data ● Demographic information within LAs will be recorded and compared to the demographics of the participants in our project, and the implications 	<p>A reflexivity statement drafting process will be completed before the analysis period, that builds on reflective work done ahead of fieldwork about the project and the researchers' position.</p> <p>The report will be reviewed by stakeholders before</p>

	<p>of this will be considered in reporting of the project.</p>	<p>publishing and we will seek feedback from a wider audience regarding its impact / how it is received following publication.</p>
<p>Recognising intersectionality</p>	<p>In line with the above, intersectionality should also be recognised in analysis and reporting and kept in mind while designing lines of questioning.</p> <ul style="list-style-type: none"> • The interview schedules will be created to reflect the intersectional nature of the human experience, enabling participants to self-define their identity and discuss their experiences in a way that makes most sense for them. • Researchers will aim to create comfortable environments for participants, having built rapport prior to the start of interviews through the information materials as well as during. 	<p>Discussion guides will be designed with the EDIE study and reflection period knowledge in mind and reviewed by stakeholders and practitioners before use.</p> <p>A reflective review of the recruitment and fieldwork period will be held ahead of reporting.</p> <p>The report will be reviewed by stakeholders before publishing and we will seek feedback from a wider audience regarding its impact / how it is received following publication.</p>
<p>Challenging bias in narratives</p>	<p>Given historical and sustained societal structures, the report and accompanying outputs should be written in a way that considers current narratives about the groups discussed; actively avoiding perpetuating biases that exist in research or popular culture and may cause harm to those who share characteristics with the groups discussed.</p> <ul style="list-style-type: none"> • The team will ensure both peer researchers and the internal project team use the appropriate terminology as defined by participants and wider literature throughout the lifetime of the project, 	<p>A reflexivity statement drafting process will be carried out before and during the analysis period, that builds on reflective work done ahead of fieldwork about the project and the researchers' position.</p>

	<p>including when interviewing participants and during reporting.</p> <ul style="list-style-type: none"> • Analysis will be done collaboratively so that findings do not rely on individual interpretations and the likelihood of biases being perpetuated is minimised. • All reports will be reviewed by the project's Expert Advisory group to ensure that narratives are sensitive and appropriate to the groups and findings discussed. 	<p>All outputs will be reviewed by the project's Expert Advisory Group and the WWCS Youth Advisory Group proper to publication, and we will seek feedback from a wider audience regarding its impact / how it is received following publication.</p>
Reflexivity	<p>Throughout the lifetime of the project we will seek to embed reflexive practice among the team and as individuals to allow us to be transparent about the individual perspectives that we bring to the project and aware of how these influence the output. We will provide a reflexive statement as part of the report.</p> <ul style="list-style-type: none"> • A reflexive statement will be written with contributions from all members of the project team. • The project team will reflect with peers and individually on their own biases and experiences and how they will influence this particular project. • Reflexive practice during the interview stage will allow researchers to reflect on their approaches and responses to interviews and address any biases that may be arising. 	<p>Reflexivity activities will be carried out throughout fieldwork and analysis periods, followed by a reflexivity statement being finalised as part of the report.</p>

Ethics

All WWCS research is assessed by an initial ethics checklist to determine the level of risk posed. This study was deemed to pose sufficient risk of harm that a full review by our independent Research Ethics Committee was undertaken. This involved the project team at WWCS completing a detailed form, receiving feedback from two reviewers, responding to this by making adaptations to the project which led to receiving support from the reviewers to go ahead with the project as proposed. The key points of feedback received and adaptations made were:

- The first iteration of this project had a stronger focus on mental health, or mental health problems. The REC recommended that we focus more on emotional wellbeing to reduce stigma, acknowledge the context care leavers - particularly given our focus on marginalised

groups - exist in, and to encourage participation. We re-named and re-worked the project, and this protocol, to incorporate this feedback and have taken a more explicitly holistic approach.

- Given our focus on marginalised groups, particularly those exposed to trauma and discrimination, the REC recommended that the researchers undertake knowledge gaining on the issues that effect these groups. In response to this we changed our timetable in order to undertake a study and group reflection period, which has led to more nuanced thinking in our approach to designing our materials and will influence our approach to analysis and reporting.
- Clarification and further thinking on recruitment and support for care experienced participants. For example to read their transcripts and in acknowledgement of changes in wellbeing.

Data Protection

Our data protection statement for all research projects is available on the WWCS website. [The Data Protection Statement](#) is not the Data Protection Notice, this is provided to all research participants prior to the point of data collection.

Regulatory framework	
Relevant legislation	UK Data Protection Act 2018 (DPA) UK General Data Protection Regulation (GDPR)
Data Protection Identifier (DPID)	3032
DPIA outcome/ risk level	Low
Type of data processing	Use (and share)
Categories of data subjects	Name Email address Phone number Borough/council Job title Social worker name CLA status English additional language Interview answers Interview recordings Unspecified disclosures Sex Age Racial or ethnic origin Disability Instances of harm Gender reassignment

	Sexual orientation Medical or health information Emotional difficulties Behavioural difficulties Special educational needs
Privacy notice	There are two privacy notices that will be shared with two types of data subject at the first point of collection of their data (or at a location made accessible to the data subject should WWCS not have direct contact with data subjects and there is a disproportionate effort in our transparency measures): <ol style="list-style-type: none"> 1. Care Experienced Service Users; 2. Social Workers & Stakeholders
Personal data	
Lawful basis	GDPR Article 6.1(e) 'Public Interest' also known as Public Task.
Justification for the lawful basis	What Works for Children's Social Care (WWCS) is acting upon the instructions from the DfE in accordance with Annex K of the Grant Offer Letter to WWCS, where it is stated that WWCS acting as a Processor on behalf of the DfE as Data Controller, and the subject matter of the processing "is needed in order that the Processor [WWCS] can effectively deliver the grant to provide a service to the Children's Social Care sector". WWCS is therefore acting under the authority vested upon it by the DfE as its funder which appropriately corresponds to WWCS conducting its research under Article 6.1(e) of the UK GDPR: "Processing is necessary for the performance of a task carried out in the public interest."
Special category data	
Lawful basis	GDPR Article 9.2(j) and DPA18 Schedule 1 Part 1.4(a),(b)&(c) for special category data including data considered to be a protected characteristic under the UK Equality Act 2010.
Justification for the lawful basis	As above and 'Archiving, research and statistics (with

	a basis in law)'.
Roles	
Data controller(s)	WWCS McPin Participating local authorities
Data processor(s)	N/A
Data sharing mode	<ul style="list-style-type: none"> • A secure portal and/or • Encrypted email and/or • Secure access to other organisations' technical systems according to each local authority
Archiving	
Archiving	N
Archive used for this project	N/A
Linking to NPD and use of SRS	
Name of the organisation(s) submitting data to the NPD team	N/A
Name of the organisation(s) accessing the matched NPD data	N/A
Retention and Destruction	
Expected date of report publication	April 2023

Timeline

	Sept 2022	Oct 2022	Nov 2022	Dec 2022	Jan 2023	Feb 2023	March 2023	April 2023
Interviews and focus groups		X	X	X	X	X		

Evidence reviews	X	X	X	X				
Logic models / theory of change				X	X	X		
Analysis and triangulation			X	X	X	X		
Deliberative workshop/s							X	
Outputs development							X	
Final report and outputs								X

Risks

This section outlines the anticipated risks to the success of the study that may arise and steps that will be taken to mitigate against these.

Risk	Likelihood	Impact	Mitigation
Low engagement of leaders, managers and practitioners	Medium	High	<p>Data collection will be planned to minimise burden on the local authority and participants by ensuring that times and approaches are flexible and convenient to participants.</p> <p>Although there may be challenges engaging busy practitioners, participation of only a proportion of the overall number involved with services is needed to reach recruitment targets. Therefore reaching targets is expected to be achievable. We will have a strong focus on building relationships and buy-in from the outset.</p> <p>The study also aims to triangulate between a range of information sources, therefore a lower response rate among one informant group should not have a major overall impact on the ability of the study to achieve its aims.</p>
Low engagement of care leavers	High	High	<p>The study is designed to ensure that times and locations are flexible and convenient to participants. We will prioritise relationships, flexibility, clear communication and carefully addressing inclusion and access needs.</p>

			To ensure accessible and empathetic communication, and in order to create a more comfortable environment for data collection from care leavers, interviews and focus groups will be conducted by peer researchers with similar lived experiences.
Delays caused by changes in leadership, or other unexpected internal or external events involving practitioners	Medium	Medium	WWCS will work closely with colleagues within local authorities to anticipate where possible, and manage and minimise any disruption caused by these factors. The project is delivered on a relatively short timeframe and so providing clear details of the timetable and activities in advance should help LAs decide if they are able to engage with us when we are creating our partnerships. Further, we have ensured a reasonable timetable for stakeholder engagement, recruitment and partnership preparation with LAs, and for recruitment and fieldwork. This should prevent need for delay, but as a last resort any delays in earlier stages can be reflected by delays in later stages. If this occurs, we will ensure that enough data is available to DfE to begin work related to the findings ahead of publication of final outputs.
Bias in qualitative sampling and reporting from participants	Medium	High	<p>It is likely that the participants sampled are going to be biased towards being more positive about LA mental health services due to a combination of social desirability bias, and concerns about what they say getting back to the service providers. It is also likely that participants who engage with us will be doing relatively well compared to everyone engaging with services as they will have more capacity to get involved, and gatekeepers are likely to feel more comfortable with putting them forward.</p> <p>Steps will be taken in interviews to build rapport with participants, reassure them of the researchers' independence, and explain clearly the confidential nature of the research to minimise this bias. We will also spend time building relationships with gatekeepers to help them understand the purpose of the research and the importance of diversity in those we speak to, particularly reaching those who have been historically underrepresented, and demonstrate our commitment to supporting young people in their participation. We will seek to work with the gatekeepers in a way convenient to them to identify and address any inclusion or access needs, or other desirable support. We will also acknowledge the limitations of our sample in reporting.</p>
Harm to participants and/or peer researchers and/or WWCS researchers	Medium	High	<p>As the topic is sensitive it will potentially cause distress for young people participating in and/or those conducting the interviews. We may also find that a young person discloses a safeguarding concern.</p> <p>We will ensure the participants know they can, and are encouraged to, take breaks as and when needed during an interview and that they can skip a question or withdraw altogether during the interview. Our approach will be relationship focused and ensure that young people have ample opportunity to get to know the peer researcher they are speaking to before the interview, as well as ensure the process feels fair, transparent and flexible</p>

			<p>throughout. There will also be opportunity for a debrief, either with the peer researcher or with a professional they trust who is engaged in the project. This includes being clear about confidentiality and anonymity, while acknowledging that should a safeguarding concern be disclosed we will have to report it (being clear on what is meant by a safeguarding concern). All materials used in information provision, consent gathering and interviewing will be reviewed by a range of stakeholders including those with lived experience of being in care and knowledge of the specific demographics previously mentioned as far as possible.</p> <p>Peer support will be available to the research teams as well as mentoring and debrief sessions for the peer researchers. WWCS researchers also have access to an external in-house team that specialises in social care practice to debrief with.</p>
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