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'Love' in the care system:

A narrative review from care leavers in Scotland.

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Submitted in partial fulfilment for MA Childhood and Youth Studies

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Acknowledgements

As someone who probably should have been in care, a kinship carer and someone who has had the privilege to work with so many care experienced people. I set out on this journey in the hope that I can make a little contribution, to making the experience of being in the care system better for those in the future.

I would like to express my sincere thanks to my supervisor Caroline Bligh who has been available, listened and supported me throughout this whole journey. I might not have made it to the end without you going above and beyond for your students.

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Lastly, I would like to thank the care experienced people who have trusted me with their stories and offered me the opportunity to achieve my goals through this dissertation. I hope I have represented you well and made you proud of your contribution.

Abstract

The aim of this small-scale narrative-based study which was conducted with seven young adults between 18 and 25 years, was to explore what love in the care system meant to those with lived experience in Scotland. The underpinning philosophy was through a social constructionist lens and Pierre Bourdieu's work was highlighted to pinpoint researcher positionality. Braun and Clark's thematic analysis was used to create five key themes that showed the main factors relating to 'love' for the participants, in their care settings. The findings could serve to aid reflection and/or influence practice among professionals in the field, by gaining an insight into participants world view of love in the care system.

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Chapter One

Introduction

The rationale for the study stems from both the personal and professional experiences of the researcher. The former context is linked to the researcher's experience of being a kinship carer. This experience brought many challenges and views about how the care system is being implemented in Scotland and the impact this can have on both the children and young people and those who care for them.

A previous professional context was an issue-based Youth Work setting filled with stories on various topics from care experienced children and young people about their experiences in the care system. The topic of 'love' whilst in care has been prominent among young people and became more so, with the announcement in October 2016 of the root and branch review of Scotland's Care system, by the former First Minister, Nicola Sturgeon.

In October 2016, the First Minister of Scotland made a commitment to care experienced children and young people in Scotland. That commitment was to find a way for the nation to love its most vulnerable children and give them the childhood they deserve (Independent Care Review, 2020). In February 2017, a three-year long

root and branch review of Scotland’s care system took place, in order to keep the promise made to Scotland’s children.

The independent care review worked with relevant stakeholders to engage with over 5500 people related to looking after Scotland’s care experienced children and young people. These included both care experienced children and adults, foster and kinship carers, paid workers and many unpaid volunteers who committed their time to the care experienced community of Scotland (Independent Care Review, 2020).

The aim was to use the stories of lived experience to guide and shape the care review, this included listening very carefully to what mattered to children in care and identifying any gaps in knowledge that needed to be researched as part of the review (Independent Care Review, 2020). Finally, all of the legislation related to children in care was also reviewed. The tasks set out as part of the independent care review were carried out over four phases which culminated in the ‘Promise’ being announced in by Scotland’s First Minister on 5 February 2020 in the Scottish Parliament (Independent Care Review, 2020).

Subsequent to the Independent Care Review and Promise, there was already a change to legislation which was empowering the voices of care experienced children,

young people and adults in Scotland. The Children and Young People Act (2014) began in 2013 with legislative proposals that offered that opportunity to address previously identified gaps in the system, which were detrimental to children and young people's long term life chances. Examples of the gaps for care experienced children and young people included the age at which young people left care, support for kinship carers and after care support etc., (CELCIS, 2022). The Children and Young People Act (2014) contained 18 separate parts, some of which relate to care experienced children and young people and some which cover all children and young people. The latter parts are outside the scope of this work, so will not be discussed.

In addition to the new legislation, in April 2013, the Big Lottery Fund set up the Life Changes Trust (LCT) in Scotland. The LCT was given £50 million over a ten-year period to support what they described as 'transformational improvements in the quality of life, well-being, empowerment and inclusion of people affected by dementia and young people with experience of being in care' (LCT, 2021).

The ten-year endowment managed by The Life Changes Trust (LCT) developed the idea of the Champions Board approach, which had started a few years before in the city of Dundee. A Champions Board is a local authority level participatory group for care experienced young people and corporate parents to meet, build relationships and collaborate on the design and delivery of local services, policy and practice. The aim is for corporate parents to understand the context from a user point of view and

for this to influence their decisions in the longer term. Benefits exist for the participating young people too, including building skills and knowledge, growing their confidence and enhancing their prospects and employability (Life Changes Trust, 2021).

The changes to legislation, the care review and the personal and professional experiences has led the researcher to conclude, that exploring ‘love in the care system’ was a relevant and worthwhile topic. The researcher believes this topic would aid learning for young people, as well as for practitioners and carers. The question ‘what does love in the care system mean to you?’ was born and will attempt to be answered by this study.

In chapter two, in order to answer the question outlined by the study, the researcher will carry our literature review which will focus on key words and phrases such as ‘love in care’, ‘love and welfare’, ‘care experienced’, ‘care settings’, ‘love in foster care’ and ‘love in residential care.’ As the researcher is aware that there is limited literature around the topic of love in the care system (Promise, 2021), the net will be widened to include the views of professionals working in care/welfare settings.

In chapter three, the study will also explore both the ontological and epistemological view of the researcher, exploring where she positions herself and how this may

impact on the research. Also explored in this chapter will be the methodological approach and the method used to answer the research question. Finally, the chapter will outline who the participants are and why they have been chosen for the study, including the ethical considerations for the choices made.

In chapter four, the data obtained through the narrative interviews will be analysed using thematic analysis and will be presented using the key themes and the insights gained through latent analysis. The remainder of the data will be shown in table format and using key words. Finally, a discussion about the research study will be included and the limitations of the study will be outlined.

Chapter five will outline the main conclusions drawn from the study and present any implications and next steps that are identified by the researcher. Finally, a narrative critical reflection will be included along with all relevant appendices related to the study.

Chapter Two

Review of the Literature

2. Introduction

The literature review will look at the landscape of research around the topic of children and young people's lived experiences of feeling loved whilst in social care/welfare settings generally, both in Scotland and internationally. The definition of 'lived experience' (2022) is 'personal knowledge about the world gained through direct, first-hand involvement in everyday events rather than through representations constructed by other people.' In addition, it will analyse the approach and methods used to ascertain their views about their experiences. This will be carried out through analysis of journals, books and reports etc., using key words and phrases such as 'love in care', 'love and welfare', 'care experienced', 'care settings', 'love in foster care' and 'love in residential care'.

The literature review will then narrow its focus and analyse the reports, reviews and other literature related specifically to research that asks children and young people directly about their experience of feeling love whilst in social care/welfare settings. Special attention will be given to the love section of the Promise Report from the Independent care review carried out in Scotland between 2017 and 2020, due to the focus of this research project being carried out in Scotland.

According to the Cambridge dictionary (2023), to love someone is defined as ‘to have a strong feeling of closeness and care for someone’. However when it comes to children looked after in care settings, the concept of love becomes more complex for a variety of reasons such as fear, rules or practice expectations (Emond, 2016 and Evans 2020).

The problem identified by the researcher and confirmed by the Scottish independent care review and others was that there is little academic literature about lived experiences of ‘love in the care system’ both nationally and internationally. In the love section of the independent care review report Waterton et al, (2019, pp. 834) states ‘very few studies which directly address love in the ‘care system’ were found during the course of this review’. This is supported by Flynn et al., (2006) who found that few studies existed concerning children and young people’s experiences of being loved and even less in which children/young people are asked directly about their experiences whilst in care (cited in Cote and Clement 2022, pp. 2). There are some examples including Cote and Clement (2022) themselves, so the story isn’t all bad, Lausten and Frederiksen 2016; Moore et al., 2018; Thrana, 2016; Jones and Obenque, 2016; Lone and Paulsen, 2018 and Scott, 2007, have all contributed to sharing the stories of care experienced people’s lived experience of love whilst in care/welfare settings. In their literature review Cote and Clement (2022) found that studies they discovered from around the world related more to the young people’s

level of satisfaction with their care and relationships with carers and professionals, rather than considering their views about specific topics such as love (pp. 2).

There is a significantly higher number of research literature examples around various topics in the context of social care/welfare settings, mostly from the views of professionals or both professional and children and young people and linked to wider subjects such as rights, relationships and professional practice (Evans, 2020; Neumann, 2016; Sutherland, 2016; Furnivall, 2017 and Flynn et al., 2006).

A final type of literature that has been discovered via journal articles are perspectives, commentaries, reviews and/or personal stories of staff and academics (some of whom have lived experience of being in care), who have worked with young people in social care/welfare settings (Byrne, 2016; Johnstone, 2018; Emond, 2016 and Little, 2016), these will be integrated into the section of the review which look at the views of professionals/carers regarding love in the care system.

2.1 Love in the care system – lived experience perspectives

There are a small number of excellent examples of research and literature (Cote and Clement, 2022; Lausten and Frederiksen, 2016; Moore et al., 2018; Thrana, 2016; Jones and Obenque, 201; Lone and Paulsen, 2018, and Scott, 2007) that have directly asked children/young people or young adults who have recently left care about their experiences of feeling love whilst in care/welfare settings. Care experienced young

people are traditionally seen as absent from research (Powell and Smith, 2009), mainly because they are viewed as too vulnerable and in need of protection. This notion is challenged by (Holland, 2009) who in her review of the literature identified numerous refereed papers that listened to the views of care experienced children and young people on a range of topics, through a variety of different methods.

Despite the challenges faced around ethics, these researchers and practitioners (Cote and Clement, 2022; Lausten and Frederiksen, 2016; Moore et al., 2018; Thrana, 2016; Jones and Obenque, 2016; Lone and Paulsen, 2018 and Scott, 2007) recognised the need for including lived experiences when looking to change practice and policy in their settings or country. Their view is supported by Whiting (2000) who argues that children and young people in foster care should lead the narrative on issues that they face. He states that allowing them to share their stories despite ethical and methodological issues can help support their well-being by showing respect and individuality (pp. 83). Also supported here is the argument that the voice of those with lived experience has equal and/or more value than the professionals working in the field (Independent Care Review, 2020).

Most of the research literature identified was interpretive and used qualitative or mixed methods to obtain data from the participants about their experiences, most of the chosen methods seemed suitable for the type of research. One example, which

although had a large number of participants, used administrative quantitative data which was secondary, this felt like the poorest example despite the high number of participants, as it didn't fully include the voices of those with lived experience. The use of secondary data has both support (Irwin and Winterton, 2011 and Smith, 2008,) in that it saves time, money and effort and can be widely accessed and criticism (Gorard and Smith, 2004 and Tripathy, 2013) including consent for use, original purpose and contextual insight etc. It seems that secondary data is useful in some studies but can lead to questions being raised in others, especially regarding validity and reliability.

Some of the examples outlined above focused on Honneth's concept of recognition to capture the experiences of the young people in care/welfare settings. Honneth's model of recognition identifies a trio of forms: love, rights and solidarity (Honneth, 2008 cited in Thrana 2014). In his work, Honneth argues that through recognition children/young people develop self-confidence, self-respect, and self-esteem.

Therefore, the well-being and social integration of a human being is determined by the level of recognition that he or she receives from his or her surroundings (Honneth, 1995 cited in Lausten and Frederiksen, 2016). In their research, Lausten and Frederiksen (2016) state that this theoretical framework is well-suited when analysing the feeling of love amongst children in out-of-home care (p. 94), a sentiment shared by the researcher. Not everyone agrees with Honneth's theory of

recognition, Fraser (2003) for example, argues that it fails to recognise unjustifiable and unequal access to material resources (Fraser and Honneth, 2003 cited in Fleming, 2016, pp. 20).

A more in-depth analysis of the literature quoted raised some questions about the extent colleagues in the field of research go to, to ascertain the views of all children involved in care/welfare settings, whether on the topic of love or something else. In the above examples only one of the seven research papers referenced spoke to children under 10 years old, two didn't speak to any children as participants were over 18, which is not necessarily a bad thing, as having time to reflect on an experience one has recently had, may bring benefits to the research. Finally, one spoke with participants between the ages of 10 and 20 years. What is evident is that younger children's (-10 years) voices are missing from literature when it comes to their views about love and other topics, in the context of social care/welfare settings. In a narrative and systematic review carried out by Wilson et al., (2020) and Mijntje et al., (2018) respectively, there was some evidence of research carried with younger children internationally, for example in Winter (2010), but there is no comparison to that with children who are older i.e. 11 – 18 years old.

Other observations about the literature found under the topic of 'love in the care system' were that most of the studies were small and homogeneous, some

assumptions were made based on researcher's views of love and conclusions drawn about answers given due to the circumstances, possibly introducing researcher bias into the process, something that is not uncommon in qualitative study findings (Galdas, 2017, p.1). Some authors did recognise limitations and acknowledgements were made about why decisions were made that impacted the research undertaken (Cote and Clement, 2022; Lone and Paulsen, 2018; and Moore et al., 2018).

2.2 Love in the care system – perspectives of professionals and carers

The examples of literature by professionals (Byrne, 2016; Johnston, 2018; Sutherland, 2018 and Emond, 2016), some of whom have experienced the care system themselves show that they recognise that children and young people need love from their care/welfare settings, to become adults that can go onto love and be loved (Noddings, 2003 cited in Emond, 2016) and become functioning members of society. However, they also recognise that due to concerns in society when love is referred to between adults and children/young people for whom they care in professional settings (Emond, 2016), many feel reluctant to talk about the subject or in some cases show love to a child/young person in their care. Residential based staff seem to face a unique set of dilemmas, as they are expected to consider and provide what the child/young person needs when on shift, then switch off and go back to their lives when it ends (pp. 37). Page (2011, cited in Emond, 2016) challenges the notion that love for those in our care should be hidden or seen as unprofessional, she argues that

love should be a feature of staff discussions when the topic of how children/young people should be cared for arises (pp.37), although work by Page is centred around early years and not residential care.

The data in the research literature identified the complexity of showing love, whilst working within the confines of ‘professional boundaries’. The literature notes that professionals often wanted to show love, however they were restricted in doing this by their employer, colleagues or governing bodies (Johnston, 2018 and Little, 2016). Aligned with this was the fear of being accused of having poor boundaries, acting unprofessionally or more seriously being suspected of exploitative behaviour towards children and young people in their care (Ranahan, 2000; Smith 2006, cited in Vincent 2016). Another reason for the fear, as previously mentioned, could be related to society’s view of love between a child and unrelated adult, especially when the adult has a responsibility for care in a professional setting (Edmond, 2016). These fears according to Smith (2006) should not be a reason to abandon love in care/welfare settings, “so long as we act justly in expressing that love, especially in our relationships with those less powerful than ourselves” (p. 13, cited in Vincent, 2016).

Another issue raised in the literature and linked to fear is what Byrne (2016) describes as defence practice, this is usually in the form of advice given to carers/staff by professionals such as Social Workers or Management. The researcher has

experienced this personally and heard stories similar to the example of the foster carer in Byrne (2016) and in David's story by (Little, 2016), these examples contribute to carers/staff feeling fear and can add to the problem of children and young people not feeling love whilst in care/welfare settings. To combat the issue of fear and suspicion, employers and governing bodies would have to seriously look at policies and practice, especially around risk management and adopt the changes required to allow love to be shown in whatever way staff/carers see fit for the children and young people in their care (Byrne, 2016; Johnston, 2018 and Evans, 2019). Love comes with risk and a roller-coaster of emotions, and these require to be taught to allow the child or young person to build relationships and love others in the future (Johnston, 2018).

The right to love is another feature of the literature, some authors argue that this right is linked to human rights, promotes trauma recovery and supports children and young people to have meaningful and successful lives when independent (Liao, 2005; Furnivall 2017; Johnston 2018 and Evans 2019). This notion is disputed to some degree by Smith (2016) who argues that rights-based approaches to love in the care system made it more difficult and that love alone will not make the care system better for children and young people, as there are other issues around inequality that also need to be addressed to ensure children and young people leave care and go on to have successful and fulfilling lives (cited in Independent Care review, 2020).

A number of things have become clear from the literature which directly includes the views and stories of those with lived experience of the care system. Firstly, there are clear patterns of needs being expressed by children and young people across the literature. It seems that in care/welfare settings, their basic needs for physiological and security needs are met (food, shelter, risk from injury), however their higher-level needs as set out by Maslow (1943) are not always being met, therefore something is missing (Johnston, 2018 and Little, 2016). Also evident from the data examples is that despite the United Nations Convention on the Rights of the Child (UNCRC), which sets out the political, cultural, civil, economic and social rights of children under 18 years old being ratified by all but one country in the world, being in place for more than 30 years (Unicef, 2021). It still seems that in most cases, in the world of research, children in the care system are still not being afforded the opportunities to give their views on matters that affect them, despite having a right to do so via Article 12.

The literature from the perspectives of professionals and carers shows that there is recognition that adopting love into a system in a wholehearted way is going to take lots of work at strategic, policy, operational and human levels and it could take a generation or more to implement, due to the current culture that exists in Scotland and internationally. Secondly, there is no shortage of people willing to fly the flag for

love, however Smith (2016) claims that it is being viewed too simplistically and needs a lot of other ingredients to make the change viable in the longer term, for all children and young people (cited in Independent Care review, 2020). Finally, there is a recognition that things are changing but there is still a long way to go, on the journey to a care system that meets all of the needs of the children and young people in its care, whether in Scotland or elsewhere.

Chapter Three

Research Design

3. Research Design

This chapter aims to present the underpinning philosophy from the proposed research which focuses on the experiences of love in the care system, from the perspectives of those with lived experience in the recent past.

The chapter will establish the viewpoint of the researcher through exploration of their ontological and epistemological position, showing the journey to adopting an interpretivist paradigm. It will then focus on the how the world view of the researcher resonates with the theory put forward by the French Social Philosopher Pierre Bourdieu (Bourdieu 1977, 1983, 1986, 1993 as cited in Grenfell, 2014). Thirdly, the chapter will focus on the use of a narrative based methodology as a system for obtaining data about the lived experiences of participants within an interpretivist paradigm. Including exploring and critiquing the method of narrative interviewing as a tool for gathering qualitative data about the lived experiences of those who participate in the study. Fourthly, consideration will be given to alternative methods that may have yielded an answer to the question set out by the research. Finally, the chapter will outline who the participants are and why they have been chosen for the study, including the ethical considerations for the choices made. It is hoped that all of

these parts will illustrate to the reader an understanding of the relationship between the theories presented and the practice of the researcher.

3.1 Ontological/Epistemological position and research paradigm

The researcher aligns with a relativist ontological position because it is the researcher's belief that we as human beings try to make meaning of the world around us and we use our previous experiences to try to help us understand what we are experiencing in the present. Everything we learn or experience is coloured by our previous experiences, social class, education, access to resources etc., and therefore subject to bias. Relativists believe that reality is understood through socially constructed meanings and that there is no single shared reality (Ritchie and Lewis 2003 as cited in Ryan, 2018). For example, in the context of this research study, this school of thought would argue that each participant will have his or her own perspective and experience of 'love in the care system' based on interactions with carers, social workers, institutions and their previous experiences of social norms, culture, among other things (Guba & Lincoln, 1994, pp. 110 – 111).

The researcher's epistemological view links to the interpretivist paradigm of research because it is based on the notion that our realities are subjective, multi-layered and socially constructed. In his book, Mead (1934, as cited in Bainbridge, 2023) argued that we as social beings construct our realities through interactions with each other,

however, also notes that social constructs only exist because humans agree they do and that it is important to remember that due to being human made, they can change over time (Very Well mind, 2023). This is supported by Guba & Lincoln (1994) who stated that constructions and their associated realities are alterable (pp. 110-111).

In researching the most suitable paradigm for this research study, a pragmatist approach was also considered, as it is associated with action, intervention and constructive knowledge (Goldkuhl 2012) and may have similar advantages to an interpretivist approach but was ruled out.

3.2 Childhood and Youth Studies

On learning of the work of French Sociologist, Pierre Bourdieu whilst studying Module E808 at the Open University, the researcher felt that this theory (although, somewhat confusing at times) related to their view of the world. In simple terms, Grenfell describes Bourdieu's 'logic of practice' as how our behaviour, thoughts and feelings which are shaped by our history, then affect the present through choices and decisions (habitus), relationships with others and the interplay with the circumstances in which we find ourselves (field), whether we are in control of these or not. This is an ever-evolving process as decisions influence the habitus, which impact the field, growing our knowledge (capital) of the world and our future selves (Grenfell, 2014, pp.51).

When reading about the work of Bourdieu during the study of the E808, a feeling of understanding came across the researcher, realising the lack of social capital that had previously existed and how unconsciously a realisation that new fields had to be established in order to gain what was required for a life outside of poverty. This field was further education, however a lack of self-belief and a mindset outside the ingrained habitus were barriers to overcome before this could be achieved. This has been achieved, however the feeling of being caught in two worlds depending on your company is the consequence of such a change. Newby (2010) stresses the importance of knowing who you are as a researcher, as well as being aware of how your emotional attachments can impact the process of research.

3.3 Narrative based methodology

The methodology for the research study was qualitative in nature and used a narrative approach as a way of understanding the lived experiences of the participants. Like most qualitative research the aim of the study is to hear the perspectives of the participants by joining them in exploring their experiences, then analysing and interpreting that data for dissemination to others.

Narratives are all around us, they have shaped the ever-evolving world since the beginning of human life. Narratives are depicted pictorially, orally or in the written word and have been used by humans to share stories, culture, societal norms etc., to

every type of audience in every place and culture. In their analysis of a narrative based methodology, Jovchelovitch and Bauer (2000) quote Barthes who stated, 'narrative is international, trans historical, transcultural: it is simply there, like life itself' (1993, p. 251-2, cited in Jovchelovitch and Bauer, 2000, p.2). The ability to share stories is afforded to people of all educational ability, age, social class etc., therefore it could be argued that telling stories is a 'universal competence' (Jovchelovitch and Bauer, 2000, p. 2). The narrative approach 'provides a way of making meaning out of experience, integrating past experience into new experiences, locating oneself and others in the story.....' (Open University, 2022a). This way of working suits the aim of the study, which is to capture participant's experiences of love whilst in the care system.

Despite identified flaws in this methodology, including one related to trauma hindering the ability to tell the story (Jovchelovitch and Bauer, 2000, p. 8) this study will adopt a narrative based approach because the data will be elicited through stories shared by the participants about their experiences of love whilst in the care system.

3.4 The Research Activity

The study will have two set up questions and one main question to capture the experience and can be supplemented by more questions (see appendix four) to prompt further discussion. The additional questions, although written down and

presented as part of the study only acted as a prompt to facilitate the story told and were not asked of each participant. The first set-up question regarding the types of care placement experienced by the participant, was a fixed question as there are limited answers available in the context of the care system in Scotland. This was used to add possible insight to the research by comparing whether different care placements affected the participants experience of feeling love in the care system. The second set-up question was used to set the scene for the participants, to start them thinking about what 'love' means to them.

3.5 Research Method

As this study aimed to analyse the lived experiences of the participants through the lens of social constructionist theory by using one main question and set of optional questions that explored the social actions of others, from the point of view of the receiver, it recognises that bias may exist and that it is indeed, a time-consuming process.

The research method was in the form of an individual narrative based in-depth interview, which aims to tell a story of a significant life event (Jovchelovitch and Bauer, 2000) lasted around half an hour per participant, although it was initially thought each interview would be between 60 – 90 mins. This method was chosen as it is qualitative in nature therefore, requiring the data collection process to be more

in-depth, supporting answering the main question, set out as part of the research study.

Narrative based interviews are not in any way a perfect methodology, for data collection with participants. In fact, they can be quite an intimidating experience, especially if the approach seems quite rigid and the researcher is a stranger. Also, participants may want to please researchers, especially if they feel a power imbalance or already have a relationship with the researcher. All of these may introduce bias to the process, therefore needed to be thought about and built into the plan (Brady and Graham 2019, p.117). In addition, Narrative based interviews are hard to conduct especially for a novice researcher, so may need some work beforehand to get right (Jovchelovitch and Bauer, 2000 pp. 7).

The other method that was considered for this study was the use of a case study, as ‘they generate a great deal of rich data’ (Open University, 2022b) and support the facilitation of stories about lived experiences. The main reasons a case study was ruled out, is that less care experienced people would have had the opportunity to participate, therefore offering less representation. Also, the narrow nature of this study approach can lead to bias, allowing researchers to ignore information that doesn’t suit their hypothesis (Miller, 2020).

3.6 Participants

The participants who will take part in the research will be young adults between 18 and 25 years who have been in the care system in Scotland or in continuing care. All of the participants will identify as care experienced, meaning they have been looked after in one or more of the following: residential care, foster care, kinship care (both formally and informally), looked after at home by their parents with social work support, in secure care or have been adopted. Since the implementation of the Children and Young People (Scotland) Act 2014, care leavers (defined as someone who was in care on or after their 16 birthday) can now choose to enter continuing care until 21 years old and get support from throughcare and aftercare services until their 26 birthday (Celcis, 2022).

The participants were sourced via the existing connections the researcher has with the target group and organisations that support them. There were no issues in recruiting participants due to existing relationships with members of the targeted group. The potential participants were approached with an invite to take part offered. Each participant had an opportunity to speak one to one with the researcher to obtain any further info, ask further questions or discuss any concerns they may have. This ensured participants had informed consent and fully understand the commitment they would be undertaking.

This group were chosen because although deemed vulnerable (Powell and Smith, 2009), have been empowered recently in Scotland to voice their opinions on their care experience journey, as part of the root and branch review of the care system and in forums such as Champions Boards and Participation groups within local authorities since 2013. Also, the researcher has previously worked extensively with this homogenous group and has access to participants who can consent to participation, without the need for a gatekeeping organisation. It felt more ethical to target an older age group who can give consent, now that the researcher is more of an outsider to the target participants. Additionally, it was felt that the older age group may be able to reflect on their experiences, potentially offering better insight into their views and feelings about it. The participants were not gender or ethnic specific, any participant who is care experienced and between 18 – 25 years old and living in Scotland could participate in the research.

Some of the young adults who have taken part in the research already hold a trusting relationship with the researcher. It was predicted that through the group with whom a relationship exists, the number of participants will snowball, as participants discuss their experiences with their peers in their settings and groups. Snowball recruitment can be a quick and easy way of recruiting participants; however it can introduce bias, narrow the range of participants and impact anonymity in the study (Emerson, 2015).

The number of participants was capped at ten to minimise bias and avoid data saturation, this amount was deemed suitable for a small-scale, narrative based study and also gave enough scope for participants to withdraw from the research, if they wanted or needed to. Views differ on the number of interviews needed in qualitative research to identify all of the themes related to the topic and to have data, rich enough to fully appreciate the phenomenon that needs to be understood. In research by Hennink et al. (2016) it was found that, in order to achieve the gathering of themes and the rich data for understanding, 9 and 16 - 24 interviews were required, respectively, for homogenous groups. Similar numbers arose in research by Guest et al. (2006, p. 79) who through their research ascertained that 12 interviews would be sufficient for similar groups. However, they did caution that this amount may not be enough in certain circumstances, for example, if the group is heterogenous in nature and the quality of the data is poor.

Finally, research by Francis et al. (2010) states that because there is no agreement among researchers, as to what reaching saturation actually means in practice, it is difficult to know the numbers of interviewees required to justify an appropriate sample size. In analysing data from a number of studies Francis et al. (2010) found that saturation could be reached, but not in every case. The differing views from the aforementioned sources, have led to a conclusion that a target of ten participants for narrative based interviews would be sufficient for the proposed study.

3.7 Ethical Considerations

The first part of the ethical process was the submission of the Ethical appraisal form (appendix one) to the Open University, this was approved before any research activity took place.

Due to the previous relationships with potential participants, professional experiences in settings with care experienced people and the rationale for choosing this study being linked to these, avoiding bias was of the utmost importance. Whilst carrying out the analysis stage of the study, it was imperative that the researcher used reflexivity to ensure that personal views and experiences did not lead to misinterpreting the experiences expressed by the participants. Schon's (1984, cited in Robb et al., 2019) reflection in action concept was used to combat this, allowing the researcher to step back and think whilst responding to participants or when analysing the dataset. Also, in order to combat this potential issue, requests were made to voice record the interviews, so that these can be transcribed, ensuring accuracy.

Bias in recruitment and sampling was also considered as a snowball approach was used in the study. In addition, due to the nature of previous relationships, the researcher was concerned that some of the participants may give answers that they think are wanted, rather than their own views/thoughts/feelings about the topic. To avoid this, a candid and respectful conversation with each participant took place, at the start of each session.

On volunteering to participate in the research, each potential participant was provided with a participant information sheet (appendix two), outlining what was required of them to participate in the study. The information given to each potential participant was accessible, considered literacy levels, translation needs, was trauma sensitive and considered neuro diversity.

Spriggs (2010) and Mishna et al., (2004) suggest that participants should be continually informed throughout the process and reminded that the right to withdraw can happen at any time. A consent form (appendix three) was signed by each participant, to obtain their explicit consent, once they had read, understood and reflected on the information given. To continue to support the right to withdraw, consent was periodically checked and could be withdrawn at any time until the time of writing the research up for submission, which was July 2023.

All participants will be offered a small incentive, as a way of showing respect for their contribution to the study. A voucher of their choice was offered and distributed on completion of the participation. If a participant chose to withdraw before completion, they will still be offered access to the incentive. There are differing views on the ethics around incentives for participants, although discouraged by BERA (2018), they also state that the use of incentives should be appropriate, not impact the decision to participate and should be reported as part of the research (pp. 19).

After consideration of this advice and the professional experiences of the researcher with the target group, it felt appropriate that the participants are offered an incentive for their participation in this study.

Also, each participant was recompensed for any costs incurred as a result of participation in the research project. Finally, in line with good practice set out by the BERA (2018) guidelines, all participants were advised that they have the right to complain, if they are not happy with their experience, of taking part in the study.

The final ethical consideration was the anonymity and confidentiality of participants. Every participant was informed about and protected in line with the General Data Protection Regulation (GDPR) (2018). Participants were informed that their data would only be used for agreed purposes and will be protected using data encryption methods, to avoid breaches of confidentiality.

Chapter Four

Data presentation and analysis

4. Data presentation and analysis introduction

The following chapter will outline the method used to analyse the data from seven narrative based interviews that took place with young adults between 18 and 15 years old who have recently experienced the care system in Scotland. Secondly, most of the data will be presented using the key themes and the insights gained through their latent analysis. The remainder of the data will be shown in table format and using key words. Thirdly, a discussion about the research study will be included and finally, the limitations of the study will be outlined.

4.1 Set up questions

The participants were asked to tell the researcher what type of care placements (Fig.1) they had experienced throughout their care journey and also asked then to think about what the term 'love' meant to them in general.

Q1. What type of care setting did you experience? (choose one or more)

Participants/ Type of care	Foster	Residential	Kinship (formal)	Kinship (informal)	At home	Adopted	After/ Other
P1		1			1		

P2	1	1					
P3	1						1
P4				1			
P5				1	1		1
P6		1					
P7	1						
Totals with	3	3	0	2	2	0	2
% included	42.8%	42.8%	0%	28.5%	28.5%	0%	28.5%

Fig 1. Care placements experienced by research participants

The data from Fig.1 gives us a number of main insights including:

- Four (57%) participants had more than one type of care placement and three (43%) only had one, however 100% of the group had more than one care placement in total, this included after/other care.
- The next insight is related to the ‘after/other’ category from Fig 1. The data show that two (28.5%) of the participants experienced types of care that are not available to all children/young people. One of these is respite care, this takes place mostly when children/young are in the following situations:
 - Looked after at home, this gives families a break from care responsibilities when they are needing extra support.

- Foster care, children are often put into respite when foster carers go on holiday. This latter example was important to mention, as this was talked about during the narrative based interview. One participant expressed that feeling loved by their foster family, meant they did everything that the family did, they were never excluded from anything.
- Also experienced by one (14.25%) of the participants was a supported living placement as part of their after care. These types of continuing care placement have only recently been introduced following the Children and Young People (Scotland) Act 2014 and only available to those born after April 1999, who met the criteria for being a 'care leaver' in or after April 2015 (Celcis, 2022).
- It was clear that the participants recognised that different care placements offered different opportunities to be shown love. Foster carers were there 24/7 with a consistent approach, whereas residential staff were shift based and therefore gaps could be identified due to missed events, sickness etc.

Q2. When I say the word 'love', what does that mean to you?

The rationale for this question was to set the scene for narrative based question which followed. This question invoked a number of key terms including unconditional, trust, care, guidance, family, time, connection and relationships, some

of which were echoed later when relating love to the participants experience of being in the care system.

4.2 Thematic Analysis

Thematic analysis was used to capture themes and the dataset was coded to include a deeper level of analysis that goes further than just describing what has been said or written. This deeper analysis examines underlying perceptions, assumptions and ideologies (Sundler et al., 2019).

The analysis employed the six-step thematic analysis process created by Braun and Clarke (2006) who along with King (2004) 'argue that thematic analysis is a useful method for examining the perspectives of different research participants, highlighting similarities and differences, and generating unanticipated insights' (cited in Nowell et al., 2017 pp.2). In addition, the authors state that it is an easy concept to grasp especially for those who are new to research. Finally, they do point out that thematic analysis does have some disadvantages including lack of academic literature, that should be considered before choosing as an approach to data analysis.

Thematic analysis is a newer but widely used (Campbell et al., 2021) method for analysing qualitative data, particularly in the social sciences and psychology fields. It provides a linear, methodical approach that identifies and analyses themes within the dataset. Through the stages the process iterates the themes allowing for continual

revision and reviewing, ensuring a more rigorous and comprehensive interpretation of the data, Braun and Clarke (2006, 2008).

The narrative based question ‘Can you remember experiencing love in the care system. Can you tell me about this?’ was used to gather the data. A step-by-step explanation of Braun and Clarke's thematic analysis as used in this research is outlined below:

Getting to know the data: The researcher began by data immersion over a period of a number of weeks. This involved reading, rereading, highlighting and merging the recorded data and observations gathered from the participants, so that the data was fully understood.

Initial coding: In this second stage of Braun and Clarke's (2006) thematic analysis, the researcher generated codes and assigned comments/notes to these in order to gather insights, patterns of data and potential themes for the next stage of the analysis.

Searching for themes: The third stage focused on the identification of themes within the data. The data was grouped together to identify similarities, differences and connections across the dataset. The aim was to develop macro level concepts that get to the heart of the data.

Reviewing themes: This stage reviewed the initial themes identified in the previous stage, it included confirming relevance and consistency, as well as considering merging or splitting them, so they represented the data more accurately . A set of newly emerged themes were created at the end of this stage.

Defining and naming themes: This stage named the final themes and defined them through provision of a name and summary of explanation (See Fig.1) that capture the essence of them.

Generating a thorough analysis: Finally, the researcher carried out an analysis of the final themes in relation to the research question ‘what does love in the care system mean to you?’ Each theme generated important insights drawn from the data and linked to the literature and theoretical frameworks presented as part of this work.

4.2 Results

The narrative based interviews were transcribed verbatim and the researcher’s observations of nonverbal data, were integrated. Following the six-step thematic analysis process created by Braun and Clarke (2006) and outlined above, the key themes are outlined below:

Themes and explanations

No.	Theme	Explanation
1.	Actions of carers/staff including time	There was a strong focus on how people acted in relation to expressing love towards children/young people. How much time given to the individual to the children/young people was a strong factor in expression of love.
2.	Communication	Two-way communication was highlighted throughout the data as a key factor in feeling loved.
3.	Feelings	How young people were made to feel by their experiences seemed to be significant to them.
4.	Boundaries/Trust	Boundaries were unpopular for children/young people however on reflection all knew the benefits and linked them to trust for each other.
5.	Support	Being there no matter what they did.

Fig 2. final identified themes and explanation using Braun and Clarke's thematic analysis (2006).

The above table (Fig.1) shows the final themes identified via the thematic analysis process. Each theme will be set out below showing the main points that the research participants linked to these themes.

4.2.1 Actions of carers/staff

What carers/staff actually did in their day-to-day care of the care experienced children/young people in their care/welfare setting was shown to be significant for the participants of the study.

P1.that was something that showed me love, that they did stuff out of their way and it wasn't just part of their job.

P3. Staff got to know you in residential which was good. They know what I like, what I don't like, all that kind of stuff.

P2. There was two women.....they went the extra mile like when I needed to go to hospital and like..... She sat with me for the full day and she didn't need to that she was meant to be off,..... that made me feel loved.

P3. My foster carers and their family treated me as one of their own, they always looked out for me,.....asking questions about my day and school..... and even today they will still look out for me.

The interpretation of these actions were that the participants felt like carers/staff went above and beyond for them, this was a choice they made for themselves, not because it was requirement of their job. The non-verbal behaviour of the participants who are quoted above, was most poignant when describing some of things their carers/staff did for them. Although this wasn't always the case, one example in particular highlighted that the experience with one carer felt different:

P2. Going shopping and stuff..... so it just made me feel quite loved that someone was taking their time to do that. But then I know, like, it was a job to do.

This participant went on to reflect how she felt that although these actions could be interpreted as showing love, what she felt wasn't the same as love in her family or with other foster carers.

4.2.2 Communication

Communication was a vital part of recognising love whilst in the care system. The participants pointed out that there were two elements to this, listening and speaking and that it was reciprocal in nature. This was nice to see from the researchers point of view as an analysis of international literature previous carried out by the researcher showed a worrying trend of children/young people reporting their views

are not being listened to, in matters which affect them, in social care/welfare situations such as family courts, child protection, foster or secure care etc., (Sinclair, 1998, Singer, 2014 and Woolfson et al., 2010).

P1. They would ask if I was all right...I told them what I needed..... they sort of listened to that..... I think that I was loved because I was being listened to and they were doing what I was needed.

P7. We discussed things as a family, my point of view was important to them..... they listened to me.

As can be seen from P1.'s statement, they recognised they were listened to but not completely, as they used the term 'sort of' to describe their experience. In comparison with P7., who fully recognised the importance of her views in her foster home. P1. Showed hesitance again through their use of language when relating to feeling loved and being listened to.

P1. I think that's also what made me feel loved, because they were listening to me and I was able to put my voice out there when I didn't normally do that .

Another important factor for the participants under the theme of communication was what their carers/staff said to them directly, the hearing of words along with the

actions previously mentioned added to feeling of being loved when in a care/welfare setting.

P4. “.....also she would tell us a lot of the time as well, and she didn't really say it to other people. They thought showing love meant buying things and a lot of material kind of thingsI just realised that's maybe how they show love, maybe they don't know how to communicate that.”

P5. “It's not just a word to say, it's an action as well. Some people might not say the word love, but they show you love.”

Communication in the everyday setting was important to the participants as they linked this to feelings of being loved when backed up with actions. What wasn't mentioned by any of the participants was communication in a broader sense, i.e. from their Social Worker, Advocates or others involved in the lives. This was surprising for the researcher as in their professional experience, they have found that poor communication about the bigger picture around their care, was often voiced as an issue for children/young people in care/welfare settings.

4.2.3 Feelings

How young people were made to feel by their experiences seemed to be significant to them. This themes is closely related to the previous two as the feeling were a

result of the actions and words the young people experienced and heard from those who cared for them.

P1. "I was important.....I had value.....They were proud of me."

P2. "I had a befriender..... she made me feel important."

P1. Recognised she often put herself down and that she sometimes needed pushed in a safe way to be everything she could. She appreciated that others recognised her skills and abilities and summarised this in the statement above.

P3. You've got a name. You're not just numbers to anyone in a family..... like with social work."

This statement by P3. was interpreted as feeling of belonging in the foster family, this was clearly important to the participant.

Another important feeling expressed by a number of the participants was safety, this could indicate that this feeling was previously missing from their lives when cared for by others.

P5. “I knew where I stood to them, really. I knew what was acceptable and what was not acceptable, and that made me feel safe.”

P4. “My auntie ... and my uncle took me in and again, kind of felt abandoned. ... they told me they loved me and they put boundaries in, which I didn’t like, I probably didn't love them back, but they loved me and I learned that as I got older, as I knew I was safe.”

P7. “They put in boundaries; I didn’t always like but I know now why they did this. I now know they are what made me feel safe and secure, which I didn’t before, especially when someone close to me died.”

There were other positive feelings expressed by the participants, however feeling valued, having a sense of belonging and being safe were emphasised the most throughout the data. Participants focused mostly on positive feelings when taking part in the study, although a few mentioned that boundaries were an issue, so this was merged with trust and will be covered under theme four.

4.2.4 Boundaries/Trust

The feeling of not having boundaries respected was highlighted the data, some of the participants linked this with being trusted to make decisions for themselves and be

supported on their journey of self-development and independence. Boundaries were also highlighted as part of safety, rules to follow whilst being cared for.

P1. “Some staff didn’t respect your boundaries; they weren’t like my key workers. If I needed space, they would work with my boundaries rather than push past my boundaries.”

P2. I never answered my phone, they would chap the door and I know it was like for security and stuff. But like I..... one time I was in the shower and they just walked in.

In these statements, the participants highlighted that they had boundaries, rules to follow, which they struggled with but felt trusted to make decisions and do things on their own.

P3. They would let me out, like, go out and make friends.... and to have friends.

P5. I knew I had boundaries, good structure and routine. I always knew I wasn't allowed out to play after that, I had to let my dinner settle.

P4. They valued having a safe household and boundaries... And I'd say having trust. Like a lot of the time you're let down and people say they're going to do

things and they don't do it..... Well, a lot of the stuff they said they were going to do, they did, whether that be bad things that I didn't want to happen or good things like treats and rewards or like holidays.

On reflection, all of the participants knew that the boundaries they faced whilst being cared for in their respective settings were for good reasons and they know these experiences have taught them skills that they now use as independent adults.

4.2.5 Support

The theme of support encapsulates all of the themes put together in the study. However, it felt prudent to separate it because there is one thing that many participants mentioned throughout the data. That thing was that they felt love because no matter what they did, whether that was things like crime, putting themselves in danger, telling lies, breaking the rules or doing things that may have hurt or impacted their carers in a negative way. They felt that their carers showed them unconditional positive regard, lending the support during good and not so good times. Also, the participants thought support was linked to learning skills that they could use in the future, when living independently.

P7. "Supported me even when I did things wrong, they had my back all the time."

P4. “they were there for me, no matter what, that’s how I knew they loved me.”

P6. My carer showed me.....love through her support and her advice.

On a more practical level, support showed itself in other ways such as budgeting and shopping which are essential for future independence.

P2. I felt supported in [name redacted] with practical things... like shopping.

P3. So they would start me off with a budget like five pounds, making my dinner, going out to do a shopping to see what I can get for five pounds, what can I make?

The above theme resonated on a personal level with the researcher as a kinship carer, as they knew that when a child/young person makes a mistake, they need you more than they ever have and you need to be there for them, despite not being pleased with their actions and the related consequences. The researcher learned this lesson from other care experienced children/young people whom they had worked with because they shared stories of foster carers, who in their opinion abandoned them, as soon as they did anything wrong.

4.3 Discussion

This study aimed to answer the question ‘what does love in the care system mean to you?’ by analysing the lived experiences of the participants who had recently left care in Scotland. The study used the lens of social constructionist theory and mainly used a narrative based interview question (appendix four) to explore the social actions of others, from the point of view of the receiver. The study recognised that there were important ethics to be considered, that bias may exist and that it is indeed, a time-consuming process.

The narrative based approach used to gather the data required for this study was a potentially good approach, as it is useful for eliciting a story about one’s experience of a particular phenomenon in their lives and affords the opportunity to make sense of past experiences. As the participants were young adults formally in care, this felt like the best fit for the research, despite identified flaws. However, on reflection, this may not have been the best methodology to use due to the inexperience of the researcher.

The results show that what children/young people need from their care/welfare setting, is the same as what other children need from their care givers, no matter what environment they are being raised in. Not including having their basic needs of food, shelter etc. met, children/young people should be able to grow up in a place

where their social, emotional and educational needs are met and with people who can meet them (CDC, 2023).

The thematic analysis of the narratives created key themes that were individually analysed, teasing out an answer to the overarching question. The answer identified is that love in the care system means support that includes unconditional positive regard, trust and boundaries, good communication and actions that support what is being said, feeling valued, important and a sense of belonging to the setting that cares for them.

4.4 Limitations and strengths

There are a limited number of studies where the views of children/young people about their experiences of love whilst in care/welfare setting are sought. The few that do exist have been a mixture of both qualitative and mixed methods and most were small and homogeneous in nature. Also recognised by their authors was that bias may have existed due to participants possibly telling them what they thought they wanted to hear.

The fact that those with lived experience are being asked their views is a strength of this study, even though like previous studies, the sample is small and homogeneous, it will still be beneficial for practice when placed alongside other studies. The

participants in the study were mostly female, meaning a larger sample with a more balanced gender split may produce different results.

The method used to obtain the data for the study was probably not the best choice, as the participants sometimes struggled without prompting and the researcher is a novice in narrative interviewing. A semi-structured interview may have been better and would be a future choice for the researcher, due to being more familiar with this process.

In an analysis of interviews as a data collection method, Alshenqeti (2014) pointed out that interviews are useful for many reasons and quotes (Blaxter et al, 2006, Dörnyei, 2007, Berg, 2007 and Neuman, 2007) as examples of those that support their use in social research. Advantages cited included allowing more in-depth explorations and answers, space and time to explain the research thoroughly, ensuring informed consent, opportunities to clarify meaning, greater accuracy and more cost-effective. Also interviews allow for flexibility and adaptability in use of language, reframing of questions and allowing the researcher to read non-verbal cues more easily. In Akbayrak, (2000) interviewing as data collection method was critiqued as time consuming, bias, lacking anonymity and therefore confidentiality (pp. 9).

Chapter Five

Conclusions and implications

5. Conclusions and implications

The data analysis found in chapter four has supported the researcher to make conclusions and answer the question ‘what does love in the care system mean to you?’, using both the set-up questions and main narrative-based research question.

As this is a small-scale investigation based in a small country, the conclusions may not be conclusive to all who read them. However, when married with the literature explored within this study, the conclusions and implications set out may resonate with practitioners and academics alike, who wish to explore a similar research topic.

5.1 Conclusions

A review of the literature identified as part of this study, indicates that both children/young people who have experienced it and staff/carers who work in care/welfare setting, know what is required to have a care system that shows love towards children/young people. This includes support, trust, going the extra mile, belonging, good communication and a hug, if that is what is required (Independent Care Review, 2021). This study isn’t any different, as it identifies similar needs for those who have experienced care/welfare settings in Scotland. It seems that children/young people in care/welfare settings only want what their peers get when they’re being cared for at home.

Also, the research shows that we still have much to do to in order to meet the needs of our care experienced children/young people in terms of a consistent approach to showing love across all care settings. Practitioners/carers are required to show love in meaningful and impactful ways that are recognised by care experienced children/young people.

The carer providers, including local authorities and charities also have work to do, they need to review their policies and practice in order to allow staff/carers to safely show the love that children/young people need, without the fear of being considered ‘unprofessional’ or being castigated by their employer. They also need to ensure that carers know what children/young people are expressing in terms of their needs, for example, being left behind in respite care whilst a foster family goes on holiday without them, isn’t showing them love. Whereas, including the child/young person in everything that the family does, is showing them love.

So the question that comes up is ‘what is being done about making the changes required in order for children/young people to feel the love they crave?’

There are moves afoot to look at practice and develop new policies in terms of behaviour of staff, what can and cannot be done in the context of showing love to children/young people who are in the care system, both at regional and national

levels. The Relationships First project run in Falkirk Council in partnership with CELCIS, The Life Changes Trust and others between 2019 – 2022, is an example of the shift in mindset by a local authority, as they are actively seeking ways to improve services for children/young people by involving young people in exploring new policies. The work of Champions Board which have been in existence since 2013 and others in Scotland have also offered opportunities for change, giving a platform to young people to work alongside those who care for them, to make changes that suit their needs and show them the love they deserve. This all leads to one final question that has been touched upon here and in a review of the literature. Is integrating love into the care system going to make it better? This questions needs to be explored further outside of this study.

5.2 Implications

The aim of this study was to ascertain the views of young adults between 18 – 25 years who have recently left the care system in Scotland. The topic of the study was ‘love in the care system’ and the rationale was born from both professional practice and personal experiences of the researcher.

The findings of this study may be of use to practitioners working in in Scotland, UK or internationally, especially when married with the other examples used within this research. The study may aid reflection on their practice when working with and

caring for children and young people, hopefully leading them to question their practice and respond to the answers they find, with openness and curiosity.

The types of questions that may arise for practitioners/carers working with children/young people in care/welfare settings include:

1. Are the children/young people needs and wants being met, in terms of feeling loved?
2. How do we know they feel loved by us?
3. What conflicts are arising in my practice, how can we work with children/young people to resolve these?
4. Are we really listening? If so, by what mechanisms and what's the impact?
5. How useful is my supervision, is it allowing for reflection and influencing my everyday practice to the benefit of children/young people?

These sort of curious questions enable practitioners/carers to challenge their own and colleague's practice through reflection, with the aim of improving practice for all concerned. In addition, curious questions can be used with young people themselves to aid continued development of practice and to show them that they are being listened to and heard.

In order to disseminate the findings of the study, the network already established by the researcher across Scotland via professional roles could be utilised. Also, the champions board network which involves 20 of 32 local authorities in Scotland and holds both regional and national events, on a regular basis, discussing a variety of practice-based topics, would be a possible opportunity to disseminate findings . Finally, if the participants who took part wish to hear the findings, this can be arranged individually or facilitated through a group-based session.

5.3 Next Steps

As this is a small-scale study and most of the related literature is also of this nature, there are great possibilities around extending this study to PHD level. The study could continue with young adults who have recently left care or extended to children/young people who are still within the care system. The study could also expand to be international, in partnership with others or UK wide, especially now that an independent care review has been completed for children’s social care in England.

Post script: Narrative critical reflection

Throughout my E822 module, I identified my theoretical position as social constructivism, that is, reality is subjective and is created through socially constructed meanings which are coloured by previous experiences, social class, education etc. Although, on starting this journey, I wasn't sure I fully understood all of the positions a researcher could place themselves in. It has been a steep learning curve, getting to grips with all of the complex terminology that comes with the world of research and I often found myself staring at a screen, not quite knowing what to do next.

As stated in chapter three, the work of French Sociologist, Pierre Bourdieu whilst studying Module E808 piqued my interest and this came to the forefront of my mind again in E822. The reasons for this are, I could see both my life in his work and also the life of the care experienced participants who were the subject of this research. Although Bourdieu doesn't refer to children and young people directly, it is very clear that our capital is developed from childhood through the habitus in which we grow up. I see the fields that Bourdieu talks about being very restricted for the participants of this research, potentially leading to a life of poor opportunities and poverty.

Throughout my career, I have used my role as Community Educator to show others that there are opportunities beyond what they know and that with the right support, anyone can change their lives for the better. 'Be all you can be' is my philosophy and my mantra has always been, 'if I can do it, so can you', as we are the same. Reflecting on this, I can see that the latter is linked to me connecting with the habitus of those I work with, these are mostly people from deprived backgrounds, living with trauma, poor educational experiences and low self-esteem. All of this reflection has shown me that my ontological position is strong and will stay the same should I explore further research opportunities.

I have found the E822 module to be challenging due to a number of things. The first is being in a completely different professional space with a job change, leading to taking on an outsider role in terms of my research. Secondly, my life has been a bit chaotic with health problems in the family and the wedding of my kin child. Lastly, the current economic and political climate in which we find ourselves has impacted my year. My actual research was hindered by procrastination, being let down by others and bouts of self-doubt, my timescales were all over the place, meaning I crammed too much into the last couple of months of my academic year, the consequences of this will unfold in due course.

Overall, I have enjoyed the MA in CYS, which I embarked on for two reasons. Firstly, as a Community Educator who studied at postgraduate level, I always felt that I

missed out not completing the undergraduate degree, which incorporates elements of youth studies. I felt that other topics I missed out on were covered in my undergraduate degree in human resources. Second and finally, when I started the MA my role focused on youth and it felt like a good time to combine practice with theory.

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Appendix one**E822 Ethical Appraisal Form**

Masters: Education, Childhood and Youth



NB: it should be noted that The Open University is unable to offer liability insurance to cover any negative consequences students might encounter when undertaking 'in-person' data collection. It is therefore very important that you follow appropriate research protocols which should include seeking Gatekeeper permissions to undertake any data collection within your setting and adhering to ethical principles for the safety of yourself and your

Because ethical appraisal should precede data collection, a completed version of this form should be included with TMA02 for those developing a Small-Scale Investigation (SSI) and as part of the EMA submission for those completing an Extended Literature Review and Research Proposal (EP) form of the Dissertation.

participants.

Fill in section 1 of this document with your personal details and brief information about your research.

For section 2, please assess your research using the following questions and click yes or no as appropriate. If there is any possibility of significant risk please tick yes. Even if your list contains all "no" you should still return your completed checklist so your tutor/supervisor can assess the proposed research.

Section 1: Project details

a.	Student name	Janet Weir	
b.	PI		
c.	Project title	'Love' in the care system: A narrative review from care leavers in Scotland.	
d.	Supervisor/tutor	Caroline Bligh	
e.	Qualification	Masters in Education	
		Masters in Childhood and Youth	✓

f.	MA pathway (where applicable)	
g.	Intended start date for fieldwork	27/03/2023
h.	Intended end date for fieldwork	07/05/2023
i.	Country fieldwork will be conducted in <i>If you are resident in the UK and will be conducting your research abroad please check www.fco.gov.uk for advice on travel.</i>	Scotland

Section 2: Ethics Assessment		Yes	No
1	Does your proposed research need initial clearance from a 'gatekeeper' (e.g. Local Authority, head teacher, college head, nursery/playgroup manager)?		✓
2	Have you checked whether the organisation requires you to undertake a 'police check' or appropriate level of 'disclosure' before carrying out your research? ¹		✓
3	Have you indicated how informed consent will be obtained from your participants (including children less than 16 years old, school pupils and immediate family members)? Your consent letters/forms must inform participants that they have the right to withdraw from the study at any time. ²	✓	
4	Will your proposed research design mean that it will be necessary for participants to take part in the study without their knowledge/consent at the time (e.g. covert observation of people in non-public places)? If so have you specified appropriate debriefing procedures? ³		✓

¹ You must agree to comply with any ethical codes of practice or legal requirements that maybe in place within the organisation or country (e.g. educational institution, social care setting or other workplace) in which your research will take place. If required an appropriate level of disclosure ('police check') can be obtained from the Disclosure and Barring Service (England and Wales), Disclosure Scotland, AccessNI (Northern Ireland), Criminal Records Office (Republic of Ireland), etc.

² This should normally involve the use of an information sheet about the research and what participation will involve, and a signed consent form. You must allow sufficient time for potential participants to consider their decision between the giving of the information sheet and the gaining of consent. **No research should be conducted without the opt-in informed consent of participants or their caregivers.** In the case of children (individuals under 16 years of age) no research should be conducted without a specified means of gaining their informed consent (or, in the case of young children, their assent) and the consent of their parents, caregivers, or guardians. This is particularly important if your project involves participants who are particularly vulnerable or unable to give informed consent (e.g. children under 16 years, people with learning disabilities, or emotional problems, people with difficulty in understanding or communication, people with identified health problems). There is additional guidance on informed consent on the Masters: Education and Childhood and Youth website under Project Resources.

³ Where an essential element of the research design would be compromised by full disclosure to participants, the withholding of information should be specified in the project proposal and explicit procedures stated to obviate any potential harm arising from such withholding. **Deception or covert collection of data should only take place where it has been agreed with a named responsible person in the organisation and it is essential to achieve the research results required, where the research objective has strong scientific merit and where there is an appropriate risk management and harm alleviation strategy.**

5	Does your proposed design involve repetitive observation of participants, (i.e. more than twice over a period of more than 2-3 weeks)? Is this necessary? If it is, have you made appropriate provision for participants to renew consent or withdraw from the study half-way through? ¹		√
6	Are you proposing to collect video and/or audio data? If so have you indicated how you will protect participants' anonymity and confidentiality and how you will store the data?	√	
7	Does your proposal indicate how you will give your participants the opportunity to access the outcomes of your research (including audio/visual materials) after they have provided data?	√	
8	Have you built in time for a pilot study to make sure that any task materials you propose to use are age appropriate and that they are unlikely to cause offence to any of your participants?	√	
9	Is your research likely to involve discussion of sensitive topics (e.g. adult/child relationships, peer relationships, discussions about personal teaching styles, ability levels of individual children and/or adults)? What safeguards have you put in place to protect participants' confidentiality?	√	
10	Does your proposed research raise any issues of personal safety for yourself or other persons involved in the project? Do you need to carry out a 'risk analysis' and/or discuss this with teachers, parents and other adults involved in the research?		√
11	Will financial inducements (other than reasonable expenses and compensation for time) be offered to participants?		√
12	Will the study involve recruitment of patients or staff through the NHS or the use of NHS data?		√

If you answered 'yes' to questions **12**, you will also have to submit an application to an appropriate National Research Ethics Service ethics committee (<http://www.nres.npsa.nhs.uk/>).

¹ Where participants are involved in longer-term data collection, the use of procedures for the renewal of consent at appropriate times should be considered.

Appendix two

Participant Information Sheet

Dear Participant,

I am conducting a study as part of my research project for an MA in Childhood and Youth Studies and I would like to invite you to participate.

This study aims to understand the experiences of love in the care system from those who have been in care, whilst living in Scotland.

In order to meet the aim, participants will be asked to share their lived experiences of love in the care system during a 1 - 1 interview which would last for around one hour and be recorded. This interview would take place at a time and date that suits the participant, within a timeframe set by the research plan. Participants will be reimbursed for any costs incurred and will benefit from a small token of appreciation, for their time.

If you as a participant have a learning or accessibility need (i.e. dyslexia, hearing or physical impairment) that may impact your participation, this can be discussed in advance, so any support can be put in place, to allow for full participation.

Your participation in the study is voluntary, and you have the right to withdraw at any time before the study is written up in July 2023.

Criteria for eligibility.

To take part in the study, participants must be between 18 and 25 years old, and experienced the care system whilst living in Scotland.

Data Protection

All of your information will be protected, in line with the General Data Protection Regulation (GDPR) 2018 legislation. All identifiable information will be destroyed and there will be no hard copies of your information until it is written up in the final report. All of your information will be encrypted using password protection and only accessible to researcher and supervisor. If you would like to discuss this, please contact the principal researcher using the details below.

Contacts

Should you wish to take part please contact the principal researcher at



Thank you for taking the time to read this study information sheet.

Appendix three**Consent Form**

Please tick (✓) for each answer:

Date: _____

I confirm that I have read and understood the information sheet for the above study and have had the opportunity to ask questions and obtain adequate answers.

Yes No

I understand that my participation is voluntary and that I am free to withdraw at any time until the study is written up in July 2023.

Yes No

I understand that relevant sections of my answers collected during the study may be looked at by the principal researcher and their advisor where relevant.

Yes No

I understand that all data will be anonymous and will be protected under GDPR (2018) legislation. I give permission for the named individuals to record and have access to my data for the purpose of the study.

Yes No

I understand that the results from this will be published, however it will not be possible to identify any participant from the publication.

Yes No

I agree to take part in the study and to be assigned with a non-identifiable participant number.

Yes No

I confirm I meet the eligibility criteria to take part in this study.

Yes

No

Name: _____ Signature: _____

Appendix four

Narrative Interview

1. What type of care setting did you experience? (choose one or more)

Residential Kinship Foster care

Secure care Adoption Looked after at home

2. When I say the word 'love', what does that mean to you?




3. Can you remember experiencing love in the care system. Can you tell me about this?

Possible prompt questions, if required:

1. What were those caring for you thinking that made you think you were loved?

2. What were those caring for you saying that made you think you were loved?

3. What were those caring for you doing that made you think you were loved?

Legend	Fixed	
	Flexible	
	Holiday	

Appendix Five

Gantt Chart of Schedule for Undertaking Dissertation

Dates – W/B		27/3	3/4	10/4	17/4	24/4	1/5	8/5	15/5	22/5	29/5	5/6	12/6	19/6	26/6	3/7	10/7	17/7	24/7	31/7	7/8	14/8	21/8
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22
A	Literature Review	█	█	█	█	█	█																
B	Recruit and select participants	█	█	█	█	█	█																
C	Develop interview schedule					█																	
D	Conduct a pilot interview					█	█																
E	Finalise interview schedule						█																
F	Conduct interviews							█	█	█	█	█	█										
G	Transcribe interviews									█	█	█	█										
H	Analysis of transcriptions												█	█	█	█	█	█	█				
I	Write up research																			█	█	█	█
J	Submit																						█

Appendix Six

E822 TMA 01 Feedback

1500 words

Hello Janet

Thank you for submitting your first assignment - I am delighted to be your E822 tutor and to be marking your first assignment on this dissertation module. I hope that you are settling in well and enjoying your studies on this dissertation module.

I hope that you found your first E822 online tutorial supportive to the development of your dissertation development, and that the additional tutorial that I delivered for our combined tutor group was particularly helpful to your TMA completion. I usually record both my additional tutorials to support so you can access these access via student home. You are most welcome to share highlights of your ongoing experiences with your fellow students on our combined tutor group forum. In addition, I am available to respond to any individual queries and offer support for any concerns that you may have throughout your studies.

Generic Feedback

Please also refer to the annotated feedback which I have written on your returned assignment. My grading of your assignment is guided by your overall performance in writing the TMA and the assessment criteria which I have included at the end of this PT3 document. In deciding your overall grade, I have also considered how the quality of your written assignment aligns with the assessment criteria descriptors for each grade. In addition, when determining your overall grade, I take into account how a strong performance in one criterion might be offset by a weaker performance in another, and vice-versa. The final grade awarded is appropriate to the overall performance in the assignment - not a numerical average of marks for each criteria.

- A sound level of reflection in your account
- A sound level of academic style of writing
Study skills booklets | Help Centre | The Open University
- You are critically engaged with ideas - avoided descriptive writing
- You have drawn on relevant readings that you have engaged with up to this point

- Your assignment includes the required header information (your PI, module and TMA number) in a header and the assignment title is clearly positioned at the top of your essay

- Your work is proofread, checking for grammar, punctuation and spelling errors
Preparing Assignments (PDF 1MB) (prismic.io)

- You may find it useful to refer to the Open University Study Skills booklet 'Thinking Critically' https://ouhelpcentre.cdn.prismic.io/ouhelpcentre/a86c130c-f1ea-496c-b452-990716502155_thinking-critically.pdf

- Make sure that your references are guided by the Cite Them Right referencing system
https://www.open.ac.uk/libraryservices/documents/quick_guide_to_harvard_referencing_cite_them_right.pdf

Part 1. The topic (around 750 words)

A well-chosen topic.

?Love? in the care system: A narrative review from care leavers in Scotland - What an amazing title! The working title for your planned research is succinct and clearly indicates the scope of your research.

I appreciate the positive and proactive nature of the proposed research - I might be able to offer you some support in finding relevant academic literature around the lived experiences of love in the care system both in Scotland and the UK - see annotated information on your assignment.

Your justification for the choice of your dissertation format (SSI) includes a short commentary to explain your decision-making that weighs up the advantages and disadvantages for you of choosing this format, and sets out how you will aim to maximise the advantages and minimise the disadvantages. In addition, you have provided details of the context which are relevant to the research, which assists the reader in understanding the background to, and potential beneficiaries for your research.

You are reflecting appropriately on your positionality in respect to the proposed research, which involves thinking about how much of an insider or outsider researcher you are and the potential duality of roles when researching within your own context. In addition, you indicate the implications of researching in your working context and outlined the relationship between your developing view of the world

and the various elements of your research. This developing positionality enables you to develop coherent links between yourself as a researcher at this early stage of your work and your position, which will unfold, develop and may be modified as you study this module. In this way, you will gradually build an understanding of your positionality.

Part 2. Key literature (around 600 words)

You have drawn on some highly relevant pieces of literature to support the basis of your proposed SSI. Keep searching as there is more available literature around this topic and as you have evidenced - it is of importance that a deeper understanding develops around the conceptualisation of ongoing love in the care system as a human right for children and young people. You have included literature that is appropriate for this research project which is correctly referenced and sets out your response so that each of the four pieces of literature are clearly identified, along with your arguments for its inclusion. This should help make clear what contribution each piece makes to the development of your research, and these responses demonstrate evidence of your developing critical understanding, evaluation and analysis of each piece of literature.

Part 3. Your research question(s) (150 words max)

You have concluded your TMA by identifying a working research question that arises from your thinking about your research so far. The main research question for this study is clear and concise, 'What does love in the care system mean to you?' You may not need any sub-research questions - although you will obviously be creating relevant interview questions.

Reference list for Part 1 and Part 2

Your references, have been guided by the Cite Them Right referencing system

https://www.open.ac.uk/libraryservices/documents/quick_guide_to_harvard_referencing_cite_them_right.pdf

Appendix seven

Feedback SSI TMA 02

Hello Janet

I hope you are enjoying your continuing Masters studies, and are successfully accessing my additional combined tutor group recorded tutorials.

Please note:

- Cite academic sources (key literature) throughout your writing that backs up what you are saying
- The young people need to be a maximum of 25 years - preferably 18-21 years
- 20 participants is quite large for a small scale narrative enquiry.
- Ten participants will suffice when conducting one and a half hour individual narrative based in-depth interviews
- Delete the ERSC numbered list on ethical guidelines
- Further advice is needed on whether offering a small vouchers to each of the participants is acceptable - it may be dependent on their value.
- It is accepted that as an insider researcher bias occurs and cannot be totally eliminated. The important point, is that you remain aware of this throughout the research process
- You might also want to include one or two sub-questions to find out what the young people consider contributes to feeling loved whilst in the care system, or what helps develop feeling loved in the care system.

Part 1.

You have appropriately provided the current version of the title for your research, 'Love in the care system: A narrative review from care leavers in Scotland. Intensely thought provoking, and such an interesting and important topic. You have also included a brief introduction in which you present the rationale for your research question, 'what does love in the care system mean to you?' You might also want to include one or two sub-questions to find out what the young people what they consider contributes to feeling loved in the care system, or what helps develop feeling loved in the care system.

Thank you for the explanation of your research position, linked to your understanding of research paradigms, alongside your justification for, and explanation of the research approach you are using to develop a research design, which shows the connection between this and your research position.

As requested, you have included a description of, and justification for the research method(s) you intend to use, which include how each method will elicit the data needed to address your research question, and how you will go about analysing the data in order to understand and find meaning relative to the aims and purpose of your research.

You have provided a necessary discussion of the ethical decisions you have taken and how this has informed your research design, starting with your negotiations with your setting that may have influenced your decision to undertake a small-scale investigation. When discussing the context of the setting, you have rightly, not included information that would identify individuals or the setting, not include any names, or any contextually specific information that could identify the location.

In addition, you have considered how the 'problem' and 'your own position' will influence your decision on the approach you have chosen to design your investigation.

The rationale for your methodological approach correctly:

- " draws on both the nature of the problem and your own position
- " is supported with reference to relevant methodological literature.
- " considers who the participants will be for this research
- " considers how the participants will be selected and why
- " considers the nature of your relationship to your participants in terms of power relationships
- " considers the insider/outsider researcher issues.
- " includes a clear statement and explanation of your research approach using ideas from and making reference to Unit 6.
- " discusses your research methods, highlighting how both your data collection and analysis will help answer your research questions.

When discussing the context for the investigation, you have correctly included:

- " the negotiations you have undertaken in your setting which led to you choosing a small-scale investigation
- " your reflections on the ethical dimension of your research the discussions that formed part of your negotiations and any issues raised by, or implications for, how you are designing your investigation.
- " support explanations of ethical considerations relevant to your study, by referring (if relevant) to readings and activities from the badged course 'Becoming an ethical researcher', this module or previous modules you have studied.

" how you are planning for the research to make a contribution to knowledge about practice relevant to the setting

" how you are aiming to minimise the risks of negative consequences arising from your research.

Part 2

You have provided a contingency plan that considers the different elements that might pose a challenge during the collection of data, that states the strategies that you might take to overcome these challenges.

Part 3

You have included numbered appendices (not part of the 500 word limit) which include drafts of research instruments you have designed that will be employed for collecting data, your draft participant information and consent , and a completed Ethical Appraisal form.

You have appended a schedule for undertaking the research, starting with when you will be collecting the data through to the completion of writing up and the submission of your dissertation, and a summary of your data protection plans in terms of safe data storage and handling. Your draft participant information and consent forms are also submitted.

You have provided an appropriate reference list at the end of your TMA using the Cite Them Right Harvard referencing system.

<https://www.open.ac.uk/library/referencing-and-plagiarism/quick-guide-to-harvard-referencing-cite-them-right>

Please remember that you must wait for feedback on TMA 02 before starting data collection. I need to approve your research design and research instruments. In addition to your gatekeeper, I need to approve your approach to recruiting participants and the associated participation information and consent forms.

All the best as you move forward with your dissertation

Kindest regards, Caroline