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Navigating Complex Social Landscapes: Examining Care Experienced Young People's Engagements with Sport and Physical Activity

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1 **Abstract**

2 Internationally, there has been growing interest in the experiences of care experienced youth
3 and their engagements with activities that can support positive development. Despite the
4 acknowledged potential of sport/physical activity (PA) to act as a vehicle for positive
5 development, there remain concerns about the piecemeal nature of sport/PA opportunities for
6 care experienced youth at a local level and their capacity to access these. To date, relatively
7 few studies have considered the role of sport/PA within the day-to-day lives of care
8 experienced young people and, furthermore, these have often drawn more on the voices of
9 adults than care experienced youth themselves. In response, the 'Right to be Active' (R2BA)
10 project was developed to examine care experienced youth's perspectives on/experiences of
11 sport/PA. This paper seeks to provide a broad overview of the study and discusses key
12 empirical findings. Adopting a predominantly qualitative, participatory approach, R2BA
13 comprised four interconnected phases: (1) a rapid review of policy documents; (2) the
14 distribution of adult and young people surveys; (3) focus group interviews with 63 care
15 experienced youth; and (4) repeat focus groups with 40 care experienced youth. Informed by
16 Bourdieu's theoretical concepts and his perspectives regarding the multi-dimensional nature of
17 social life, the analysis of data highlights the complex social landscapes that care experienced
18 youth navigate on a day-to-day basis. Moreover, it demonstrates how the configuration of key
19 factors (activities, places and people) can be influential in shaping care experienced youths'
20 attitudes towards, participation in and experiences of sport/PA within the broader field of the
21 care context. It is argued that the study points to the need for a more holistic understanding of
22 care experienced young people's lives and for more thought to be given as to how different
23 stakeholder groups can work in partnership to facilitate this population's access
24 to/engagements in sport/PA.

- 25 Keywords: Care experienced young people; sport; physical activity; social capital; field;
- 26 hysteresis
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29 **Introduction**

30 Internationally, there has been growing interest in the lives of care experienced youth and
31 much literature has highlighted the more significant needs and vulnerabilities of this
32 population (Sebba et al., 2015; Mannay et al., 2017). Such interest is timely, given that the
33 number of young people being removed from their families and placed in the care of the state
34 is increasing both within the UK and internationally. Within England, specifically, the
35 number of children in the care system has seen an increase of 4% over the last year
36 (Department for Education [DfE], 2019). As of March 31st, 2018, there were 75,420 children
37 and young people in the care of local authorities in England, including 73% living in foster-
38 care (with an increasing proportion of these being placed with relatives or friends) and 11%
39 in secure residential settings (DfE, 2019). Elsewhere, in the US, the number of young people
40 entering care rose by 6,444 between 2016 and 2017 to 442,995 (US Department of Health
41 and Human Services, 2018) and the figures for Australia show a year-on-year increase since
42 2013, rising by 18% to 47,915 as of June 2017 (Australian Institute of Family Studies, 2019).
43 While there are many similarities between the experiences of this global population of young
44 people, the terminology used to identify them differs internationally. For example, terms such
45 as ‘looked-after children’ or ‘children in care’ are applied in England, while ‘foster youth’ is
46 prevalent in America and ‘children in out-of-home care’ is used in Australia. For the purpose
47 of this paper, we adopt the term ‘care experienced’ to better encapsulate the experience of
48 being in care and the impact it can have on young people’s present and future lives
49 (Quarmby, Sandford & Elliot, 2018). It should also be noted that this was the term of choice
50 for the young people participating in this research.

51 Regardless of the term used to label this particular population, there is agreement that care
52 experienced young people represent one of the most vulnerable and marginalised groups in
53 society. Indeed, they are generally seen as being at risk of a range of adverse social,

54 educational and health outcomes (DfE, 2019; Mannay et al., 2017) and concerns have been
55 noted with regard to the over-representation of care leavers within the criminal justice system
56 (DfE, 2018). Oakley, Miscampbell and Gregorian (2018) suggest that most children in care
57 experience more positive outcomes by being in the care system than they otherwise would
58 have done and, moreover, often achieve better outcomes than peers in the wider population of
59 ‘children in need’¹. Nonetheless, they argue that the extent to which care experienced youth
60 continue to fall behind their peers – across a range of outcomes (e.g. education, health,
61 employment) – renders the situation something of a ‘silent crisis’ in need of further attention.
62 Certainly, within the UK and beyond, concerns abound regarding the systemic
63 underachievement of this group and efforts have been directed at narrowing the ‘outcomes
64 gap’ by promoting involvement in activities that support physical, social and psychological
65 development. Following a substantial body of research highlighting the potential of
66 sport/physical activity (PA) (and related activities) to act as a vehicle for facilitating young
67 people’s positive development (e.g. Armour, Sandford & Duncombe, 2013; Holt, 2016;
68 Morgan et al., 2019), there is mounting support for the view that such activities could play a
69 particularly important role in the lives of care experienced youth. For example, it has been
70 argued that facilitating care experienced youths’ participation in sport/PA may enhance both
71 their physical and psychological wellbeing (Murray, 2013), as well as support the
72 development of social capital, resilience and identity (Hollingworth, 2012; O’Donnell et al.,
73 2019).

74 However, despite the potential of sport/PA to act as a vehicle for care experienced young
75 people’s positive development, and arguments put forward within policy debates that this
76 group should have access to activities that is ‘equal to their peers’ (DfES, 2007 p.10), there

¹ ‘Children in need’ are defined as either those needing the provision of services to achieve or maintain a reasonable standard of health or development, or those who are disabled.

77 remain concerns about the piecemeal nature of sport/PA opportunities for care experienced
78 youth at a local level and their capacity to access them. To date, relatively few studies have
79 considered the role of sport/PA within the day-to-day lives of care experienced young people.
80 Some studies within and outside of the UK have provided a more generalised account of
81 leisure provision (e.g. Säfvenbom & Sarndahl, 2000) and extra-curricular activities (e.g.
82 Farineau & McWey, 2011), and while there is an increasing evidence-base in this area (e.g.
83 Quarmby, 2014; Quarmby, Sandford and Pickering, 2019; O'Donnell et al., 2019), it can be
84 argued that further work is needed to explore and exemplify care experienced young people's
85 own lived experiences of sport/PA. In addition, a scoping review of research relating to care
86 experienced youth and sport/PA undertaken by Quarmby and Pickering (2016) noted the lack
87 of young people's voices (and the dominance of adult voices) in the few studies that had been
88 identified. Researchers have also argued that there is often a lack of awareness, amongst both
89 professionals and peers, of the issues that care experienced young people face in various
90 aspects of their day-to-day lives (Selwyn, 2015; O'Donnell et al., 2019). Such a situation led
91 Quarmby (2014) to assert that care experienced young people were something of a 'hidden
92 group' in relation to sport/PA research, policy and practice, leading to a call for more
93 concerted work in this area. It was as a result of this call that the Right to Be Active (R2BA)
94 project was conceived.

95 This paper seeks to provide a broad overview of the R2BA project and briefly outlines the
96 research framework before discussing key empirical findings relating to care experienced
97 youths' perspectives on, and experiences of, sport/PA. Specifically, it highlights findings
98 which indicate that the complex landscapes care experienced youth navigate on a day-to-day
99 basis can be influential in shaping their attitudes towards and participation in sport/PA.

100

101 **Overview of the Study**

102 Acknowledging the significance of social landscapes (i.e. spaces and places) in shaping the
103 day-to-day experiences of young people (Sandford & Quarmby, 2019) and noting the
104 complex contexts in which care experienced young people live, R2BA was underpinned by
105 an interpretivist approach and designed to explore a range of factors that could influence care
106 experienced youths' attitudes towards, participation in and experiences of sport/PA. As noted
107 by Macdonald et al., (2009) an interpretivist approach allows participants to be viewed both
108 as individuals and as members of a larger social organisation, in this instance the care system.
109 As such, a deliberate effort was made to focus on both policy and practice as well as to seek
110 the perspectives of different individuals, to examine both official structures/processes and
111 individuals' own lived experiences of these. In line with an interpretivist approach, the
112 theoretical concepts of Bourdieu were also considered to be particularly relevant for this
113 study, given their focus on both dualisms (the micro/macro, structure/agency) and the
114 multidimensional nature of social life. Consequently, as noted below, the key concepts of
115 habitus, field, capital and hysteresis were also drawn upon within the analysis to help make
116 sense of the data.

117 Once institutional ethical clearance was granted, the project was undertaken over a period of
118 34 months (January 2016 – October 2018) and comprised four related phases:

119 During *phase one* (Jan-Jun 2016), a rapid review² of relevant policy documents specific to
120 children in care was undertaken to identify how care experienced young people's access to
121 sport/PA was situated within them. The review was divided broadly into two sections –
122 policies related to health and policies related to education (although it should be noted that

² Rapid reviews are a simplified approach to synthesising research evidence and are typically used when there is a tight timeframe for study. While not as rigorous as full systematic reviews, they do share many of the same features and have been shown to provide valuable evidence that can usefully inform decision making processes (see Khangura et al., 2012).

123 there was some overlap between the two). This review of policy documents was used to
124 inform the second phase of the study, by identifying key issues, ideas or questions for further
125 discussion.

126 In *phase two* (Oct 2016-Apr 2017), online surveys were distributed nationally to both care
127 experienced young people and adult stakeholders to provide contextual information about
128 care experienced youths' perspectives on, experiences of, and access to sport/PA. The adult
129 survey was intended for anyone working with/for care experienced youth and, informed by
130 the findings from phase one, it sought to explore (among other things): what policies
131 underpinned practice relating to the provision of sport/PA opportunities; the perceived
132 importance of sport/PA for care experienced young people; and the potential facilitators and
133 challenges associated with access to sport/PA opportunities. This survey – hosted on
134 SurveyMonkey – was disseminated via Twitter, through various care organisations and by
135 mobilising existing networks with Local Authority³ staff. A total of 19 responses were
136 received (13 complete responses). The youth survey was intended for any care experienced
137 young person in England between the ages of 8 and 25 years. It was developed in conjunction
138 with a national charity working with/for care experienced youth and included questions
139 which focused on (among other things): the perceived value of sport/PA for care experienced
140 youth; current and previous sport/PA engagement; and perceived opportunities to participate
141 in sport/PA. As with the adult version, a link to the survey was disseminated via Twitter,
142 through care organisations, and through the aforementioned networks with local authorities.
143 In total, 70 young people responded to the survey with 48 providing complete responses
144 (aged 7–22 years, 21 male, 26 female and one preferring not to disclose their gender)⁴. The

³ In the UK, a local authority is an organization that is officially responsible for all the public services and facilities in a particular area.

⁴ While the number of responses received for the youth survey are low, it should be noted that the response rate is comparable to other studies in this area (e.g. Timpson, Eckley & Lavin, 2014; Quarmby et al., 2019). Low

145 majority of respondents (69%) had spent between 2 and 10 years in care and, following
146 broader patterns, the largest percentage were (or had been) placed in foster care (75%).

147 After this, *phase three* (May 2017 – Apr 2018) involved a period of prolonged fieldwork,
148 drawing on qualitative methods to collect data from various stakeholder groups. Semi-
149 structured interviews were conducted with adults working with/for care experienced young
150 people in local authority contexts (n = 4) and focus groups were conducted with care
151 experienced young people in six different geographical contexts across England - the North,
152 East Midlands, West Midlands and three different London regions (n = 63, aged 8-21 years,
153 26 males and 37 females). In addition, narrative interviews were conducted with care leavers
154 – individuals who had experienced care at some stage but who had now left the care system
155 (n=4, aged 23-32 years, two males and two females) – to explore their reflective perspectives
156 and experiences. Noting the acknowledged difficulties of gaining access to care experienced
157 youth (see also O’Donnell et al., 2019; Quarmby et al., 2019) the identification of individuals
158 and contexts to be included in the study relied heavily on existing connections, although an
159 effort was also made to ensure a geographical spread and a representative demographic based
160 on factors such as age, gender and care context. Recognising the value of centralising youth
161 voices in research with vulnerable groups (Sandford, Armour & Duncombe, 2010), and
162 reflecting the interpretivist nature of the study, phase three adopted a participatory approach
163 within the focus groups. Semi-structured discussions were intended to build on the survey
164 data from care experienced youth and used several task-based activities to stimulate further
165 discussion around young people’s engagements with and experiences of sport/PA (see also
166 Gorely et al., 2011; Hooper, 2018). These included mind-mapping perceptions of sport/PA

numbers are thus relatively common and perhaps reflect the challenges of accessing the perspectives of this hard-to-reach population (O’Donnell et al., 2019).

167 (e.g. listing key words associated with sport/PA, drawing maps of where individuals engaged
168 in sport/PA or writing about personal positive or challenging experiences); ranking and
169 debating quotes drawn from the open-ended survey questions; and creating pictorial
170 representations of ‘positive’ and ‘negative’ experiences of accessing sport/PA as a care
171 experienced young person [INSERT FIGURES 1 and 2]. It is argued that these kinds of
172 participatory methods can facilitate young people’s meaningful engagement in research and
173 lead to more detailed, ‘authentic’ responses (Heath, Brooks, Cleaver & Ireland, 2009;
174 Groundwater-Smith, Dockett & Bottrell, 2015). Moreover, by allowing for conversation to
175 build slowly and for individuals to work independently while engaging in informal
176 conversation, they were perceived to be valuable with regard to developing some form of
177 rapport between researcher and participant; countering, to some extent, the acknowledged
178 challenge of researchers ‘parachuting’ in to generate data with young people (e.g. Alderson et
179 al., 2018).

180 Following the three planned stages outlined above, *phase four* (May-Aug 2018) was added to
181 capitalise on the rich qualitative data generated in phase three. The significance of young
182 people’s stories - generated through both the focus groups and care leaver interviews – led to
183 the generation of a series of ‘concept cartoons’ (Hooper, 2018). Following the construction of
184 these cartoons, it was deemed necessary to conduct repeat focus groups with the young
185 people to share these images and check/refine our interpretations of the stories they (and their
186 peers) had told. These repeat focus groups took place within four of the six contexts (again,
187 based on a convenience sample) and involved many (although not all) of those young people
188 who participated in phase 3 (n= 40, aged 8-21 years, 16 male and 24 female).

189

190 **Data Analysis**

191 The project adopted an iterative approach, with each phase of data collection informing the
192 next. As noted above, a rapid review of policy documents (Phase 1) was undertaken to help
193 identify key issues, ideas and questions for the adult and young people surveys (Phase 2).
194 Survey data was then drawn upon to identify areas for discussion in the focus groups and
195 interviews (Phase 3), with the data resulting from this being used to generate concept
196 cartoons that became the focus of further group discussions (Phase 4). The quantitative data
197 generated from the surveys (i.e. resulting from closed questions) were collated and used to
198 generate descriptive statistics. Qualitative data (i.e. the review of policy texts, open-ended
199 survey responses and interview/focus group discussions) were collated and analysed
200 thematically, using a constructivist grounded theory approach (see Charmaz, 2014). In this
201 respect, the raw data were read and re-read by each of the authors independently, with codes
202 being assigned to identify areas of interest and commonalities across the data sets. Following
203 this, the authors met to compare their analyses and to identify and develop core themes. As
204 noted above, throughout the analysis of data, a theoretical framework informed by the
205 conceptual tools of Bourdieu (e.g. Bourdieu, 1985, 1986) facilitated an understanding of the
206 complex lived experiences of care experienced youth and the structures/resources that both
207 shaped, and allowed them to shape, their sport/PA practices.

208

209 **Discussion of Findings**

210 Although the R2BA project sought to access the voices of numerous stakeholders, this paper
211 focuses primarily on data generated with and by care experienced young people concerning
212 their own experiences/perceptions. Thus, the findings below draw primarily from the youth
213 survey and the focus groups and interviews from phases three and four. That said, the
214 following discussion will be supported (where relevant) with comments from wider research

215 participants such as youth workers, carers and local authority staff. As noted, a key aim of the
216 R2BA project was to explore care experienced young people's engagements with and
217 perceptions of sport/PA. It was apparent from the data that sport/PA was considered
218 important by many participants, with 83% of youth survey respondents noting that these
219 activities were either 'a little important' or 'very important' to them. However, while many
220 respondents valued sport/PA, it was concerning that only 40% felt they had the 'same
221 chances' to participate in sport/PA as their non-care experienced peers, suggesting that a
222 considerable number of care experienced youth may be facing significant challenges in
223 accessing sport/PA and therefore missing out on their right (and desire) to be active. Indeed,
224 it was evident that whilst some participants recognised clear benefits from participating in
225 sport/PA (e.g. positive health outcomes, skill development and enjoyment) and factors that
226 could facilitate participation (e.g. helpful carers, access to information and available
227 resources) they also identified some notable challenges (e.g. logistics, cost and low self-
228 confidence). These issues are now explored in more detail in the following discussion, which
229 seeks to illustrate how care experienced youths' sport/PA experiences are shaped by the
230 environments in which they live. Moreover, it draws on some conceptual ideas from the work
231 of Bourdieu to examine how this serves to afford differential access to resources or
232 opportunities, leading to the accumulation of particular resources (capital) and, ultimately,
233 influencing individuals' practices and dispositions (habitus).

234

235 *Mapping care experienced young people's sport/PA landscapes*

236 The analysis of the qualitative data highlighted three interconnecting factors that seemed
237 highly influential in shaping care experienced youths' participation in sport/PA: (1) *activities*
238 (e.g. a range of types, formats and levels); (2) *places* (e.g. homes, schools and leisure

239 centres); and (3) *people* (e.g. carers, social workers and teachers). These factors could be seen
240 to intersect at different times (and in diverse ways) for different individuals. Moreover, the
241 nature and configuration of these factors, and the structure of relationships/resources they
242 may or may not afford - what we might refer to as social capital (Bourdieu, 1985; 1986) –
243 ultimately served to shape care experienced youths’ engagements with sport/PA either
244 positively (facilitating their access to benefits) or negatively (increasing the likelihood of
245 challenges). These intersections – and subsequent actions – were, in turn, mediated by the
246 overarching structures of the broader field, or rather, the care context in which young people
247 resided (see Sandford et al., 2019 for more information).

248 The use of field, described by Bourdieu as a structured social space in which social
249 interactions occur, draws attention to the relationships between various social agents
250 occupying different positions of the field (Bourdieu, 1985; 1986). Here, the broader care
251 context, as a field that is organised around different types of capital, positions care-
252 experienced youth with relatively little power to enact agency. That said, this particular field
253 is malleable and differently defined depending on the particular ‘type’ of care young people
254 are in at any point in time (e.g. foster care, residential care, kinship care), making for a
255 complex (and often shifting) landscape that care experienced youth must navigate. In the
256 following sections, we seek to unpack this further, beginning with an exploration of the
257 activities that care experienced youth engage with, before moving on to consider the varied
258 places in which these activities take place and, finally, discussing the individuals who
259 facilitate (or not) their participation. However, while each of these factors are discussed
260 individually, it is important to reiterate the intersections between them. Thus, at times,
261 although one factor may be the focus, there can be significant reference to the other two.

262

263 (i) Activities

264 The data reveal that, like their non-care-experienced peers, care experienced youth engage in
265 a wide range of activities, both structured and unstructured and across different levels. The
266 most frequently mentioned activities were recreational ones, undertaken in leisure time and
267 often with family (both foster family and biological family) or friends. Examples were
268 cycling, walking (sometimes with pets), scooting, roller-skating or the use of
269 parks/playgrounds. Within the interviews, comments from participants suggested that such
270 activities were often perceived by carers as being a form of ‘productive busyness’ or, rather, a
271 means of keeping young people occupied whilst also reaping the potential benefits of being
272 active or engaging in developmental activities.

273 *‘Our aunty ... she doesn’t force us, but... yes, she encourages us (to do*
274 *sport/PA) ... because it stops us being idle, gives us skills (and) it keeps you*
275 *healthy’* (participant, female, FG2⁵)

276 In addition to this, several young people spoke about being involved in organised or
277 structured activities, citing examples such as the uniformed services (St John’s Ambulance,
278 Air Cadets or Scouts) and the Duke of Edinburgh’s Award scheme. These activities are
279 traditionally underpinned by notions of ‘citizenship’ (Mills, 2013) and certainly within this
280 study they were often articulated as a means of personal development (e.g. gaining ‘life
281 skills’) and enhancing an individual’s CV. This, to some extent, mirrors findings by Gibson
282 and Edwards (2016) who discuss the notion of facilitated engagement, whereby activities are
283 organised by carers for young people on the basis of the purported benefits and future gains.

⁵ In order to preserve anonymity, the focus group contexts are not named here but are instead referred to by an allocated number, context 1 being FG1, context 2 being FG2, etc.

284 In this way, we perhaps see opportunities to gain capital that may, subsequently, be translated
285 into other forms (social or physical capital to economic capital, for example).

286 ‘Mainstream’ sports (e.g. football, rugby, table tennis) were another key form of activities,
287 perhaps due to them being more easily recognised and readily available through local offers,
288 with various examples mentioned within survey responses and focus group discussions.

289 Interestingly, there was a sense that younger males were more likely to identify mainstream
290 sport as their core means of accessing sport/PA. For those who did participate, it was
291 perceived as positive and, again, valued for the development of skills (physical capital).

292 However, there were fewer references to participation in mainstream sport by older
293 participants, with a number of specific challenges noted in this respect, many of which
294 echoed findings from previous research; for example, with regard to time, funding and
295 frequent placement moves, as well as individual motivation (Selwyn, 2015; Quarmby and
296 Pickering, 2016; O’Donnell et al., 2019). Certainly, when asked for the reasons they no
297 longer took part in sport/PA, the most common responses from survey respondents were ‘it
298 costs too much money’ (42.1%), ‘I wasn’t interested anymore’ (42.1%) and ‘it was too
299 difficult to travel there’ (10.5%).

300 It was interesting to note that through the data analysis it became apparent that many of the
301 facilitators and barriers to engagement identified by care experienced young people were the
302 same (e.g. time, money, capacity to travel). Whether they were a barrier or facilitator simply
303 depended on whether or not young people had access to the types of capital required to
304 engage. Indeed, it was clear that among participants there was significant variance in
305 experience, despite individuals often living in similar contexts:

306 *‘I think the reason why there’s such disparity across the London area, and*
307 *even the UK, is because, although there is money available for sport... it*

308 *differs how it's distributed between borough to borough and how they use that*
309 *money'* (youth worker, male, FG2)

310 Such comments are valuable in reminding us about the significance of context in shaping
311 individuals' practices and how the complexity of care experienced young people's lives can
312 often make the task of navigating the landscape more difficult (Sandford & Quarmby, 2019).
313 They also serve to indicate, once again, the intersections between these key factors;
314 illustrating how discussions around activities were inherently bound up with both places and
315 people.

316

317 (ii) Places

318 Another key factor identified through the data was the range of places in which care
319 experienced youth engaged (or otherwise) in sport/PA. These included some of those core
320 spaces (fields) that commonly comprise young people's landscapes such as home, school and
321 playgrounds, as well as places that would perhaps be expected with regard to facilitating
322 engagements in sport/PA (e.g. leisure centres, gyms and other recreation facilities). Several
323 young people spoke of liking to (and being encouraged to) make use of 'free' spaces such as
324 parks and gardens. However, one of the most frequently mentioned spaces in which to engage
325 with sport/PA was leisure centres and, more specifically, gyms. Indeed, 'gym' was identified
326 by young people in all of the focus group discussions and also featured heavily in responses
327 to open-ended survey questions related to spaces in which young people were (or would like
328 to be) active. It was evident from some of the discussions with adult stakeholders that gym
329 memberships were something of an 'easy win', being popular with young people and
330 relatively easy to pay for through local authority funding. However, there were challenges in
331 relation to the variable and context-specific nature of provision (and funding) here, with

332 placement moves making it difficult at times for young people to retain membership if they
333 moved to a different geographic region/location in which funding was not provided. One
334 young person commented, for example, that ‘sometimes things are not available in your
335 locality’ (male, FG1). Moreover, the comments below from adult support workers illustrate
336 something of this challenge:

337 *‘That’s a negative... because what it is for Aldworth young people is that*
338 *Aldworth only pay for activities in Aldworth, and a lot of young people are not*
339 *placed in Aldworth, they are placed in other boroughs’* (adult support worker,
340 FG1)

341 Interestingly, the analysis of data also identified several ‘missing’ spaces – that is places that
342 were somewhat conspicuous by their absence. Examples here included extra-curricular
343 school sport, wild spaces (e.g. mountains, rivers and rural environments) and, most
344 significantly, sport clubs. With regard to the former, despite there being a strong belief
345 among adults involved in the study that education/schooling plays a key role in the providing
346 sport/PA opportunities - 92.3% of adult survey respondents identified school as being
347 responsible for such opportunities - there were remarkably few references to extra-curricular
348 school sport among care experienced participants (for a further discussion of these issues see
349 Sandford et al., 2019). Moreover, where such activities were mentioned, it was often because
350 accessing them had been problematic due to after-school travel arrangements (e.g. taking a
351 taxi home) or the need to attend official meetings during school time. Similarly, there were
352 few mentions of care experienced young people having access to wild spaces, other than
353 through structured residential activities organised via the local authority; activities which
354 were often derided for being ‘official’ and buying into the narrative (also inferred above) of
355 personal development through outdoor education (see Armour & Sandford, 2013).

356 The main ‘missing space’ for R2BA participants, however, was sports clubs. While 42% of
357 survey respondents identified ‘clubs’ as being a place in which they had engaged with
358 sport/PA, it was evident that not all individuals found access to such spaces easy. As one
359 respondent noted, *‘I’ve been looking at joining a (football) club... but I’ve not had any luck*
360 *so far’* (male, 10, FG4). In addition, references to ‘being a member’ of sport clubs – or
361 playing for specific teams – were relatively sparse within focus group discussions. Comments
362 from both young people and adult stakeholders identified some difficulties in relation to
363 clubs, specifically with regard to cost, travel and accessibility. Placement moves again
364 appeared to be an influential factor, limiting the capacity for sustained engagement with the
365 same organisation/ club and forcing individuals to constantly renegotiate their space within
366 the field due to shifting levels of social capital (Bourdieu, 1985). One survey respondent
367 raised this as an issue when asked about potential barriers to engagement, noting that *‘due to*
368 *moving around a lot, it was hard to stay with clubs’* (female, 16 years, FC⁶). There is perhaps
369 an issue with regard to perceived stigma here, as some young people spoke about not wanting
370 to be identified as care-experienced within organised sport settings, suggesting that they (or
371 others) might choose to avoid contexts in which their care status might be ‘exposed’ and,
372 thus, mark them as being ‘different’ (Mannay et al., 2017). As one survey respondent
373 suggested:

374 *‘They may never have had anyone to take them, or they may feel embarrassed*
375 *if their social worker or foster carers took them as they didn’t want people to*
376 *know they are in care’* (survey respondent, female, 21, FC)

⁶ In order to indicate the known care contexts in which respondents lived, the following key is used: FC (Foster Care), KC (Kinship Care), CH (Children’s Home), IL (independent living). NB. This information was only available for survey respondents.

377 There were some challenges, therefore, with regard to care experienced youth
378 developing positive relationships with others (adults and peers) and establishing a
379 sense of belonging within sports clubs, limiting their capacity to accumulate social
380 capital and consolidate their position; something that has been identified within the
381 literature as key to positive youth development through sport/PA (e.g. Armour et al.,
382 2013; Holt, 2016; Quarmby et al., 2019).

383

384 People

385 One of the most common themes evident within survey responses and focus groups
386 discussions was the social relationships that comprised individuals' day-to-day social
387 practices. With regard to *people*, a number of individuals were identified as being particularly
388 significant in facilitating access to different forms of valued capital, including: carers
389 (defined broadly), key workers, social workers, teachers, friends and family. The most
390 commonly cited companions for sport/PA participation among care-experienced youth were
391 their peers, with 68.4% of survey respondents identifying 'friends' as individuals that they
392 like to engage in sport/PA with, aligning with research more broadly (e.g. Gorely et al.,
393 2011). Conversation among focus group participants also highlighted the significance of
394 peers in this way, for example:

395 *'My friends went to a dodgeball centre and they said, 'do you want to come*
396 *with us?' And I just went with them and then I actually enjoyed it' (male, 11,*
397 *FG5)*

398 After friends, foster parents/carers were those most likely to be cited (39.5%) as those who
399 supported sport/PA participation, followed by siblings (23.7%) and foster siblings (18.4%).

400 Some of the qualitative comments also identified individuals who were seen as being key to
401 facilitating access to/engagements with sport/PA:

402 *'I depend on foster family if I need to travel' (survey respondent, male, 15,*
403 *FC/CH)*

404 *'My positive experiences always came from coaches and friends' parents'*
405 *(survey respondent, male, 22 FC)*

406 Unlike their non-care experienced peers, care experienced youth can perhaps be seen
407 to have access to a wider range of social capital, simply by virtue of the number of
408 different people they are 'required' to engage with. These networks of individuals
409 provided support in several ways, including through driving individuals to different
410 locations, funding relevant kit/equipment, encouraging activity and identifying
411 relevant sporting opportunities. These forms of support can be seen to provide
412 relevant capital (social, economic, even cultural) required to facilitate care
413 experienced youths' involvement in different sport/PA practices (Bourdieu, 1986).
414 For young people in care, they may have someone, for instance an independent
415 visitor⁷, whose role specifically involves helping the young person develop new
416 interests. However, although care experienced youth may appear on the surface to
417 have a wide network to draw from in this respect, the reality is that, often, the
418 superficial nature of many of these relationships renders them a more 'manufactured'
419 (and somewhat unreliable) form of social capital.

420 Moreover, there were numerous tales with the data of carers who were unable (and
421 even unwilling) to support their young person's engagements with physical activity.
422 For example, one survey respondent noted *'some carers don't bother'* (male, 12

⁷ Independent visitors are volunteer adults who befriend and spend time with a child who is in care.

423 years, FC) while another commented *'as a child in care, my previous foster lady*
424 *never gave me any money'* (male, 17 years, FC/CH). There was also some indication
425 that the issue of carer support was magnified in children's residential homes, where a
426 lack of staff was perceived to further limit sport/PA opportunities:

427 *'In residential, there isn't always enough staffing for young people to take part*
428 *in these activities (and) not enough encouragement'* (survey respondent,
429 female, 19 years, CH)

430 Interestingly, a number of negative experiences also included a reference to
431 placement moves and/or changes in allocated social workers. While some individuals
432 noted the positive contribution of such official adults, others noted that they did not
433 receive relevant information and had their social worker changed so many times that
434 they could not build any kind of meaningful connection:

435 *'Lots of social workers do support young people when it comes to activities'*
436 (female, FG1)

437 *'I had so many changes of social worker that none of the information was*
438 *being... passed on. I didn't know what was available to me'* (female, FG1)

439 It was certainly clear that, at times, the number of different individuals (with
440 differing roles) perceived as being accountable for care experienced youth, created a
441 real lack of clarity with regard to just whose responsibility it was to facilitate/support
442 their participation in sport/PA.

443 It has been noted within broader research that 'official' adults can play a significant
444 role in supporting care experienced young people's engagements in sport/PA and
445 securing positive outcomes from participation (Hollingworth, 2012; Quarmby et al.,
446 2019). By connecting individuals with relevant information and contacts, they can be

447 seen to afford young people capital that might not otherwise have been available to
448 them (Frønes, 2009). However, there is often disparity here and carers who perhaps
449 lack personal experience of regular engagement in sport/PA (what we might refer to
450 as a 'sporting habitus') and who are not disposed to see value in such activities, may
451 not be best placed to support care experienced young people's engagement. This may
452 be particularly evident when these young people experience a change in field (care
453 context) and move from one placement to another, such as from one foster carer to
454 another, or from foster care to residential care. In such instances, changes in field not
455 only alter stocks of capital but also introduce young people to new agents with
456 different tastes and values. Bourdieu's (1990) concept of hysteresis is useful here in
457 helping to understand the disconnect and mismatch between the young people's
458 habitus and the changing practices of the field, particularly when the new agents in
459 the field (e.g. foster carers or residential staff) do not value (or have experience of)
460 sport/PA in the same way the young person does. As McDonough and Polzer (2012)
461 contend, the notion of hysteresis 'highlights the disparity between the new
462 opportunities associated with field change and agents whose habitus leaves them
463 unable (temporarily, at least) to recognize the value of new positions' (p.362).
464 Indeed, when we consider that habitus helps to give a sense of what actions are
465 possible (and impossible) for agents variously positioned within a field, we can
466 perhaps understand how changes within care experienced youths' landscapes can
467 result in a significant sense of discomfort. There are implications here with regard to
468 notions of stability for care experienced youth, as well as their capacity to build
469 meaningful connections and, thereby, accumulate relevant social capital to secure
470 their place within a given field (Bourdieu, 1986).

471

472 **Concluding Thoughts**

473 As has been noted, the voices of care experienced young people have been largely muted in
474 previous studies relating to their engagements with/participation in sport/PA (Quarmby &
475 Pickering, 2016). Through its explicit youth voice focus and the inclusion of various
476 participatory approaches, the R2BA project has facilitated the inclusion of over 120 care
477 experienced youth, exemplifying their perspectives on/experiences of sport/PA. To our
478 knowledge, it is the largest, most in-depth study of care-experienced young people's
479 experiences of sport/PA to date, drawing on novel and engaging methods to elicit voice and
480 deepen our understanding of their experiences (Sandford et al., 2019). As such, it serves to go
481 some way to addressing the perceived dearth of young people's voices in this kind of work
482 and has the potential to shape future research agendas. A particularly interesting finding from
483 the R2BA study is the realisation that much of the data generated with care-experienced
484 youth mirrors that collated from studies with a wider youth population; for example, we see
485 similar comments made regarding the potential benefits arising from sport/PA participation,
486 the significance of choice in determining more meaningful engagements and the importance
487 of positive relationships with peers and adults (e.g. Gorely et al., 2011; Armour et al., 2013;
488 Quarmby et al., 2019). As such, it is evident that, in many ways, care-experienced youth are
489 not so 'different' from their non-care experienced peers. Indeed, as with the wider research
490 literature, many of the participant responses in this study also serve to reinforce the view that
491 sport/PA can be a vehicle for developing pertinent 'life skills' such as confidence,
492 communication, leadership skills (e.g. McCuaig et al., 2015) and contribute to a wider
493 citizenship agenda (Morgan et al., 2019). While this helps to provide further backing to
494 already well-established beliefs regarding the 'power' of sport to aid positive development, it
495 is also important to note that it supports the more specific assertion that the development of

496 such skills/attributes might aid the development of resilience among care experienced youth,
497 in particular, through the acquisition of relevant capital (see also Quarmby et al., 2019).

498 However, there are also some notable (and important) points of difference. Care experienced
499 youth also identify significant challenges in accessing sport/PA and often point to the narrow
500 range of opportunities they perceive to be open to them. Moreover, they note some challenges
501 in maintaining their participation over time and the degree of agency afforded to them in this
502 respect. As discussed above, such challenges are often influenced by the ‘official’, external
503 structures that shape their lived experiences, for example: processes of monitoring,
504 safeguarding and consent; issues of logistics, equipment and funding; requirements for
505 official meetings and documentation; and the transient nature of care contexts (e.g. placement
506 moves, transitions in and out of care and the frequent changes in assigned key workers).

507 These challenges are not insurmountable, but they do require collaborative action in order to
508 help address them and limit their impact. As one survey respondent suggested, *‘it’s definitely*
509 *more difficult (to engage with sport/PA in the care system) but not impossible with the right*
510 *encouragement and support’* (female, 19 years, CH). In this respect, it is also important to
511 recognise the joint responsibility of different stakeholders in supporting access to and
512 participation in sport/PA for care experienced youth.

513 This leads us to another key finding of the study; the identification of key factors (activities,
514 places and people) that configure in different ways to shape care experienced young people’s
515 engagements with sport/PA in the broader field of the care context. The data generated with
516 the young people in this project indicate that, to some extent, there needed to be an alignment
517 of all three key factors for an individual to have a positive experience of sport/PA while in
518 care. For example, in response to the character creation task in one focus group discussion,
519 the following perspective was given:

520 *[INT: What would a care experienced young person need to have a ‘good’*
521 *experience with sport/PA?] ‘She’s positive and she gets support from school*
522 *and home... She has loads of friends and she’s a nice person... she has money*
523 *(but) she spends it at the right time.’ (group discussion, FG5)*

524 There is a clear recognition in the quote above that if the context is ‘right’ then there can be
525 positive outcomes for young people. Drawing on the Bourdieusian framework adopted within
526 the analysis, this can be understood, perhaps, as a context in which individuals have access to
527 relevant capital, are positioned with some degree of agency and where there is an alignment
528 between habitus and the broader conditions of the field. While there were some negative
529 perspectives here, there was also agreement among many participants that the system *should*
530 (in principle) allow for care experienced youth to have the same experiences and
531 opportunities as their non-cared for peers. As one focus group participant noted, *‘all kids [in*
532 *care] should have the same, basically’* (female, FG5). However, it was evident that the reality
533 of the situation – and the ultimate lived experience of the care system for young people – was
534 very much individualised and context-specific.

535 There is growing recognition within the physical education field that the spaces and places in
536 which young people spend time are important in shaping their attitudes and dispositions
537 towards participation in sport/PA (Sandford and Quarmby, 2019). The data from the R2BA
538 study reinforce this and serve to further evidence the interconnectedness of social life,
539 confirming the need for care experienced young people’s sport/PA experiences to be viewed
540 in relation to their broader landscapes and day-to-day practices (see also O’Donnell et al.,
541 2019). While some positive stories were shared in this respect, it was clear that the shifting
542 landscape in which care experienced young people lived – with its associated placement
543 moves and changes of social workers – could also create real barriers to engagement;

544 particularly, for those leaving care and moving into a context of independent living. As one
545 individual noted:

546 *'When you are younger you have all the resources and all that. The social*
547 *workers provide for everything, so travel money and everything basically, and*
548 *when you get older, like when you're 18, you have to do everything yourself*
549 *financially... you have to support yourself, do the research yourself or choose*
550 *events yourself'* (focus group, male, IL, CS1)

551 This again indicates the complex, shifting contexts in which care experienced youth live, but
552 also hints at the tendency for the system to view young people's experiences in a more
553 compartmentalised way – one which does not take into account the fluid, transient ways in
554 which different fields can intersect. So while there are structures in place to help support care
555 experienced youth financially, to help find them a place to live, to remove them from harm,
556 to educate them and to (broadly) facilitate their healthy development (DfE, 2014; DfE &
557 Department of Health [DoH], 2015), the piecemeal nature of these structures tends to result in
558 a 'clunky' experience; one in which individuals' broader interests, engagements and
559 connections perhaps fall by the wayside. Again, the capacity for Bourdieu's theory to
560 facilitate a perspective of the relationships between structure and agency is valuable here and
561 deserving of further attention.

562 We would argue that in seeking to examine care experienced young people's landscapes and
563 considering the place of sport/PA within this broader context, the R2BA project has offered a
564 valuable new perspective on this area of study. In particular, it has identified the need for a
565 more holistic understanding of care experienced young people's lives and the requirement for
566 further consideration as to how different stakeholder groups (including young people
567 themselves) can work in partnership to facilitate care experienced young people's access

568 to/engagements with sport/PA. The inclusion of a Bourdieusian lens has also served to
569 identify the broader structures, resources and conditions that shape social practices and,
570 ultimately, impact individual agency. There is clearly more work to be done here, but we
571 would argue that the findings of the R2BA study raise important implications for policy and
572 practice and identify key points for consideration that can usefully inform this process
573 moving forward.

574

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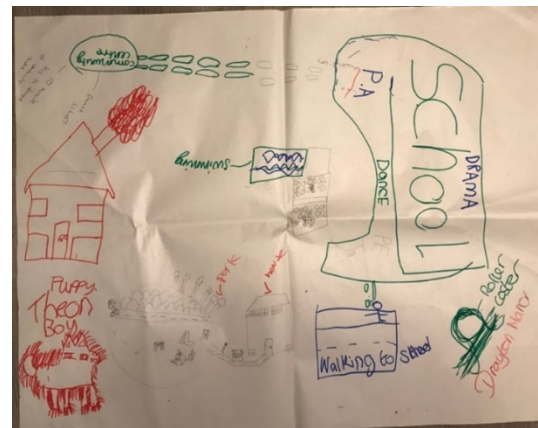
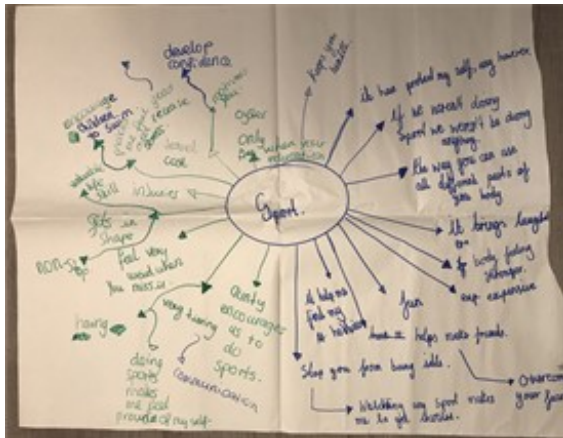
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690 **Figure 1**



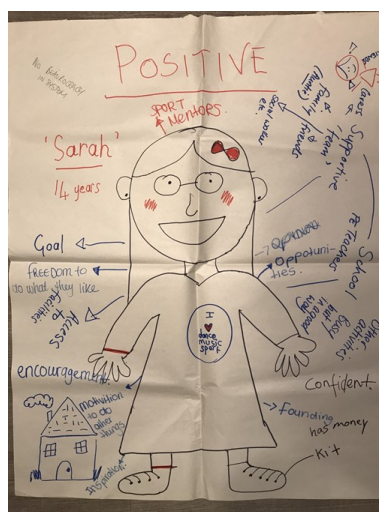
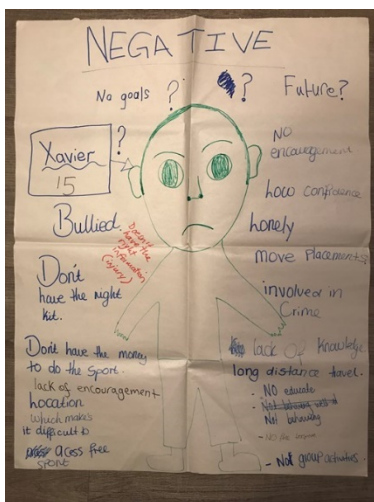
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Examples of mind-maps created in the focus group discussions

693

694 **Figure 2**

695



Examples of pictorial representations of positive and negative experiences in sport/PA