

RIGHT TO BE ACTIVE

Rachel Sandford, Thomas Quarmby,
Rebecca Duncombe & Oliver Hooper

CONTENTS

Acknowledgements	3
Executive Summary	4
Background to the project	6
Overview of R2BA	7
Aims and objectives of the project	7
Methods	8
Summary of phases	10
Analysis	10
Findings	11
Policy Perspectives	11
Adults' Voices	12
Care Experienced Youths' Voices	14
Storifying the Data	18
Conclusion & recommendations	24
Concluding remarks	24
Recommendations	25
References	26

RIGHT TO BE ACTIVE

PROJECT REPORT

**Rachel Sandford¹, Thomas Quarmby²,
Rebecca Duncombe¹ & Oliver Hooper¹**

¹ School of Sport, Exercise and Health Sciences,
Loughborough University, UK

² Carnegie School of Sport, Leeds Beckett University, UK

Acknowledgements

The research team gratefully acknowledge the contributions of all who supported this research endeavour. Firstly, many thanks to the British Academy for recognising the value of this research and for funding the study. In addition, thanks go to Dr Katie Pickering and Dr Chloe O'Donnell for their research assistance, to Jamie Kirkland for his graphic design contributions, and to Chloe Cockett (formerly of Become) and the Association for the Directors of Children's Services (ADCS) for their support in facilitating access to key stakeholder groups. Finally, we would like to offer sincere thanks to all of the participants involved in this study; particularly the key contacts in each of the six case study contexts and, most importantly, the care experienced young people who gave their time to speak so honestly and eloquently about their experiences. Without their contributions, this research would not have been possible.

EXECUTIVE SUMMARY

1.1 Despite the potential of sport and physical activity (PA) to act as a vehicle for care experienced young people's positive development,

and arguments that they should have access to such activities that is 'equal to their peers', there remain significant concerns about the piecemeal nature of sport/PA opportunities for this group and young people's capacity to engage with them. Relatively few studies have examined the role of sport/PA within the day-to-day lives of care experienced young people and many of those undertaken have been dominated by the voices of adults. As such, care experienced youth have been identified as a 'hidden group' in relation to sport/PA research, policy and practice. The research outlined here was conceived in relation to such concerns.

1.2 This report provides a broad overview of the 'Right to Be Active' (R2BA) study, which was funded by a British Academy grant and undertaken by researchers from Loughborough University and Leeds Beckett University. The main aim of R2BA was to examine the strategies in place to support care experienced young people's engagements with sport/PA and to explore their lived experiences of these. In order to achieve this, three key objectives were identified: i) to map the context of sport/PA provision for care experienced youth; ii) to examine current practice in this area (from youth and adult perspectives); and iii) to identify implications for future policy and practice.

1.3 The R2BA project was undertaken over a period of 34 months (January 2016 – October 2018) and comprised four interconnected phases.

Phase 1 involved a rapid review of policy documents to identify how access to sport/PA for care experienced youth was situated within them. Phase 2 then saw the distribution of online surveys (for both adults and care experienced young people) which sought to collate data relating to care experienced youths' perspectives on, experiences of,

and access to sport/PA. Phase 3 comprised a period of prolonged fieldwork, in which semi-structured interviews, task-based focus groups and conversational, narrative interviews were used to collect rich data from various stakeholder groups (e.g. adult stakeholders, care experienced young people and care leavers). Finally, phase 4 involved repeat focus groups with some youth participants, in order to share and discuss 'concept cartoons' generated through both the Phase 3 focus groups and care leaver interviews.

1.4 The study findings are presented in four key sections outlined below including: i) policy; ii) adult voices; iii) youth voices; and iv) 'storifying the data'.

i) Several policy documents related to both health and education were identified as being relevant to the focus of the study. Key findings here indicated that: references to sport/PA in policy documents tended to be broad and focused more on leisure activities; there was a lack of clarity regarding who was responsible for providing sport/PA opportunities for care experienced youth; and the importance of sport/PA needed to be better promoted to those who work with/for care experienced youth.

ii) The data generated with adults provided an interesting insight into the perspectives of those working with/for care experienced young people. Key findings here indicated that: sport/PA was perceived to be beneficial for care experienced youth although there are notable barriers to participation for some (at both individual and structural levels); the transient nature of many care experienced young people's lives was a significant challenge to sustained participation in sport/PA; education was seen to play a key role in providing sport/PA opportunities for this group; and there was a perceived need for a more 'joined-up' approach within practice.

iii) Data generated with the young people helped

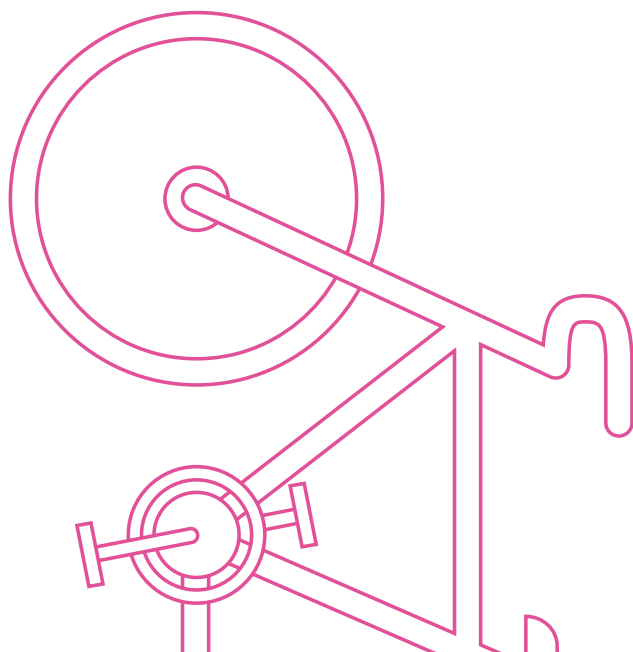
to identify three key factors that shaped their experiences of sport/PA: activities, places and people. These were all mediated by the broader influences of the care system. Key findings here indicated that: communication between different stakeholders was important in facilitating access to activities; some spaces were easy to access (e.g. gyms and parks) but others represented 'missing spaces' for care experienced youth (e.g. sports clubs and extra-curricular school sport); the shifting nature of care experienced young people's landscapes inhibited their capacity to sustain engagement in sport/PA; social support was a key facilitator of care experienced youths' engagement in sport/PA. Ultimately, an alignment between the three key factors of activities, places and people was required to have positive experiences of sport/PA.

- iv) Concept cartoons were shared with care experienced young people during the phase 4 focus groups and with adult stakeholders through dissemination events. The images proved engaging and served to generate productive discussions about personal experiences, as well as initiating debates about possible developments in policy and practice. Likewise, the care leaver interviews resulted in powerful narratives that provided a valuable means of sharing care experienced young people's reflective experiences of sport/PA. It was agreed that the cartoons and narratives had potential to be a valuable learning tool for care experienced youth, as well as those adults who work with/for them.

1.5 The R2BA project has facilitated the involvement of over 120 care experienced youth, exemplifying their perspectives on/experiences of sport/PA. Throughout the study, findings have been shared and discussed with key stakeholder groups such as care experienced young people, carers, social workers, charities, teachers and academics. These conversations have helped to refine the key messages evident within the data and shape five recommendations for future policy, practice and research in this area, summarised below:

1. Further clarity is needed from a policy perspective concerning the provision of sport/PA opportunities for care experienced youth.
2. A 'joined-up' approach (supported by policy) is also required to clarify 'whose responsibility' sport/PA provision is for care experienced youth.
3. The role of schools in providing sport/PA opportunities for care experienced youth warrants further consideration, as does the support required by teachers and schools in this respect.
4. The transient nature of care experienced youths' lives is problematic but there is potential for sport/PA participation to be a valuable 'constant' if sustained engagement can be supported.
5. Participatory approaches which privilege the voices of care experienced youth should be encouraged to enable their stories to be shared with others.

1.6 Moving forward, it is hoped that these recommendations can provide a steer for a more collaborative approach centred on care experienced young people's voices. It is argued that such an approach has much potential for ensuring that more care experienced youth can participate in sport/PA in a way that is 'equal to their peers' and ultimately enables them to exercise their 'Right to Be Active'.



BACKGROUND TO THE PROJECT

There is growing interest in the experiences of care experienced youth and much literature has highlighted the more significant needs and vulnerabilities of this group (Sebba et al., 2015; Mannay et al., 2017). Such interest is timely, given that the number of young people being removed from their families and placed in the care of the state is increasing both within the UK and internationally. Within England, specifically, the number of children in the care system has seen an increase of 4% over the last year (Department for Education [DfE], 2018). As of March 31st, 2018, there were 75,420 children and young people in the care of local authorities in England, including 73% living in foster-care (with an increasing proportion of these being placed with relatives or friends) and 11% in secure residential settings (DfE, 2018). While various terms are often used to identify those young people who are, for various reasons, removed from their families and placed under the care of local authorities, within this report we adopt the term 'care-experienced' to better encapsulate the experience of being in care and the impact it can have on young people's present and future lives (Quarmby et al., 2018). It should also be noted that this was the term of choice for the young people participating in this research.

Care experienced young people are generally seen as being at risk of a range of adverse social, educational and health outcomes (Mannay et al., 2017). Within the UK, concerns abound regarding the systemic underachievement of this group and efforts have been directed at narrowing the 'outcomes gap' by promoting involvement in activities that support physical, social and psychological development. Following a substantial body of research highlighting the potential of sport/physical activity (PA) (and related activities) to act as a vehicle for facilitating young people's positive development (e.g. Bailey et al., 2009; Armour et al., 2013; Holt, 2016), there is mounting support for the view that such activities could play a particularly important role in the lives of care experienced youth. Indeed, it has been argued that facilitating care

experienced youths' participation in sport/PA may enhance their physical and psychological wellbeing (Murray, 2013), as well as support the development of social capital, resilience and identity (Hollingworth, 2012).

Despite the potential of sport/PA to act as a vehicle for care experienced young people's positive development, and arguments that they should have access to such activities that is 'equal to their peers' (DfES, 2007 p.10), there remain concerns about the piecemeal nature of sport/PA opportunities for care experienced youth and their capacity to access them. To date, relatively few studies have considered the role of sport/PA within the day-to-day lives of care experienced young people, although some studies have provided a more generalised account of leisure provision (e.g. Safvenbom & Sarndahl, 2000) and extra-curricular activities (e.g. Farineau & McWey, 2011). Moreover, a scoping review of research relating to care experienced youth and sport/PA undertaken by Quarmby and Pickering (2016) noted the dominance of adult voices in the few studies that had been undertaken. While there is an increasing evidence-base in this area (e.g. Quarmby, 2014; Quarmby et al., 2018; O'Donnell et al., 2019) it is argued that care experienced young people remain something of a 'hidden group' in relation to sport/PA research, policy and practice (Quarmby, 2014) and that further work is needed to exemplify care experienced young people's own lived experiences of sport/PA. It was in response to such views that the Right to Be Active (R2BA) project was conceived.

This report seeks to provide a broad overview of the R2BA project, to outline key findings from the research and to propose recommendations for future policy, practice and research. Throughout, it aims to privilege the voices of those who participated in this research project, including local authority staff, carers and, most importantly, care experienced youth themselves.

OVERVIEW

OF R2BA

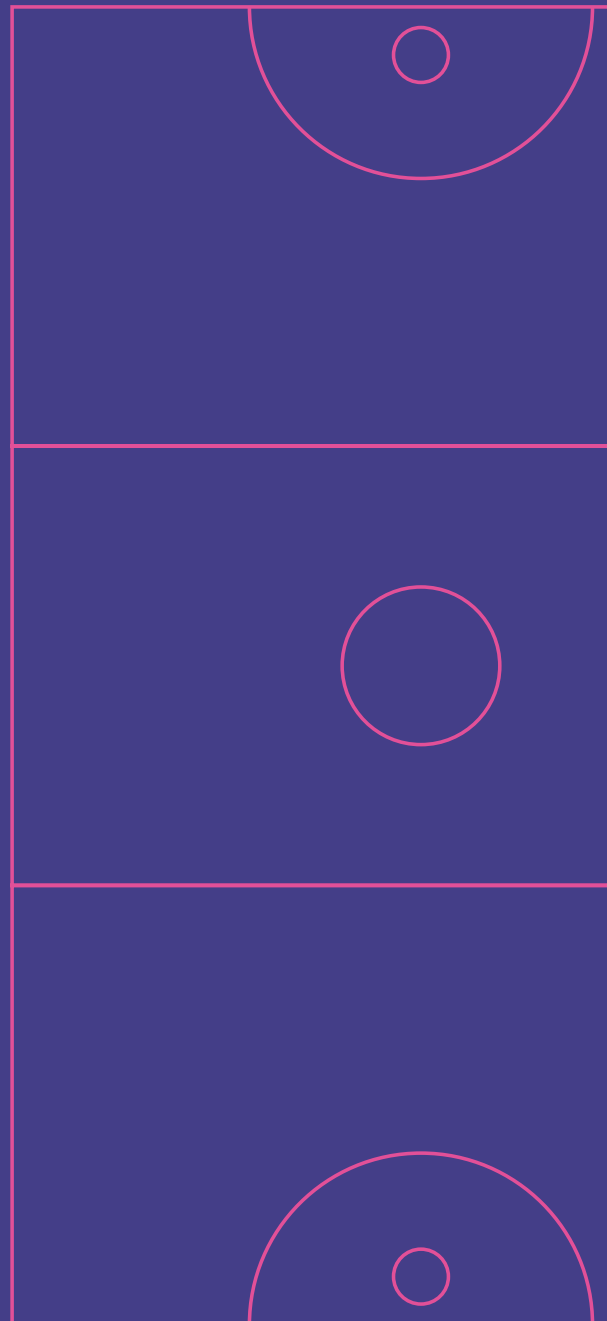
Aims and Objectives of the project

R2BA was a methodologically innovative study of care experienced young people in England, which explored their perspectives on/experiences of sport and PA. The project was conceived in response to research suggesting that, despite sport/PA (and related activities) being of potential benefit to care experienced young people's positive development, this population of young people may not have access to such activities that is comparable to their non-cared for peers (Quarmby et al., 2019).

Recognising the increasing complexity of young people's lives, the study was designed to encompass a broad range of influences that could impact care experienced youths' attitudes towards, participation in and experiences of sport/PA. A deliberate effort was made to focus on policy and practice as well as to seek the perspectives of different individuals.

The main aim of R2BA was to examine the strategies in place to support care experienced young people's engagements with sport/PA and to explore their lived experiences of these. In order to achieve this, three key objectives were identified:

- 1. To map the context of sport/PA provision for care experienced youth**
- 2. To examine current practice in this area (from youth and adult perspectives)**
- 3. To identify implications for future policy and practice**



Methods

The R2BA project was undertaken over a period of 34 months (January 2016 – October 2018) and comprised four interconnected phases:

Phase 1: A rapid review of relevant policy documents to identify how access to sport/PA was situated within them. The review was split broadly into two sections – policies related to health and policies related to education (although there was some overlap between the two). This review was used to inform the second phase of the study, through identifying key issues, ideas or questions for further discussion.

Phase 2: Online surveys were distributed nationally to both care experienced youth and adult stakeholders to provide contextual information about care experienced youths' perspectives on, experiences of, and access to sport/PA. The adult survey sought to explore (among other things): policies underpinning practice relating to the provision of sport/PA opportunities; the perceived importance of sport/PA for care experienced youth; and the potential facilitators and challenges associated with access to sport/PA opportunities. The youth survey explored (among other things): the perceived value of sport/PA; current and previous sport/PA engagement; and perceived opportunities to participate in sport/PA. Surveys were disseminated via Twitter, through various care organisations and by mobilising existing networks with local authority staff. There were 19 responses to the adult survey with 13 of these being complete. A total of 70 individuals responded to the youth survey, with 48 of these providing complete responses. Of these, participants' ages ranged from 7-22 years and there were 21 males and 26 females (1 did not disclose gender). Most (69%) had spent between 2 and 10 years in care and the largest percentage were (or had been) placed in foster care (75%).

Phase 3: A period of prolonged fieldwork was undertaken, using qualitative methods to collect rich data from various stakeholder groups. Firstly, semi-structured interviews were conducted with four adults working with/for care experienced young people in 2 local authority contexts. These interviews then informed further focus group discussions with 63 care experienced youth in 6 geographical contexts across England - the North, East Midlands, West Midlands and three different London regions. These young people were aged 8-21 years and included 26 males and 37 females. In addition, individual narrative interviews were conducted with 4 care leavers to explore their reflective perspectives and experiences. These

individuals were aged 23-32 years and the cohort included 2 males and 2 females. The semi-structured focus groups were intended to build on the survey data from care experienced young people and utilised several task-based activities to stimulate further discussion, specifically:

1. Mapping: Listing key words associated with sport/PA, drawing maps of where individuals engaged in sport/PA or writing about positive or challenging personal experiences (see Figures 1 and 2).

2. Quotation Conversations: discussing quotes drawn from respondents to the youth survey and creating their own quotes to share with others. For example:

"Sport/physical activity keeps you physically/mentally fit and helps you learn new skills, socialise, learn to work together"

"I was actually good at sport and it made me feel good about being good at something"

"I find most sport is inaccessible to me"

"In residential there isn't always enough staffing for young people to take part in sport/physical activity"

"Sport for me can be seen as a new world. When I am playing sport...I am happier than ever"

3. Character Creation: creating pictorial representations of 'positive' and 'negative' experiences of accessing sport/PA as a care experienced young person (see Figures 3 and 4).

Phase 4: This additional phase was added to the study to capitalise on the rich qualitative data generated in phase 3. The significance of young people's stories - generated through both the focus groups and care leaver interviews – led to the generation of a series of 'concept cartoons' (Hooper, 2018). Following the development of these cartoons, it was deemed necessary to conduct repeat focus groups with the young people to share these images and check/refine our interpretations of the stories they (and their peers) had told. These repeat focus groups took place within 4 of the 6 contexts and involved many (although not all) of those young people who participated in phase 3. A total of 40 young people took part and their ages ranged from 8-21 years, with there being 16 males and 24 females.

Summary of the phases

Timeline	Activities	Comment
Phase 1		
Jan – Jun 2016	Rapid review of policy documents	Education and health policies relating to care experienced youth and sport/PA (2009-2015)
Phase 2		
Development: Oct – Dec 2016 Distribution: Feb – Apr 2017	Adult survey	Examining perceptions of current situation and reflecting on policy and practice. 13 complete responses.
Development: Oct – Dec 2016 Distribution: Feb – Apr 2017	Youth survey	Examining perceptions, previous/current practice, key challenges, positive experiences and aspirations for future participation. 48 complete responses.
Phase 3		
May – Dec 2017	Adult individual interviews	4 individuals, expanded discussion on adult survey, links between policy and practice, key challenges, good practice.
Dec 2017 – Mar 2018	First round youth focus groups	63 participants in 6 contexts. Built on the young people survey, exploring broad experiences of sport/PA. 3 key tasks (mapping, ranking quotes, character creation)
May 2017 – Apr 2018	Care leaver narrative interviews	4 individuals, unstructured conversational interviews examining their perceptions and experiences of sport/PA.
Phase 4		
May – Aug 2018	Second round youth focus groups	40 participants in 4 contexts, use of cartoons to stimulate discussion

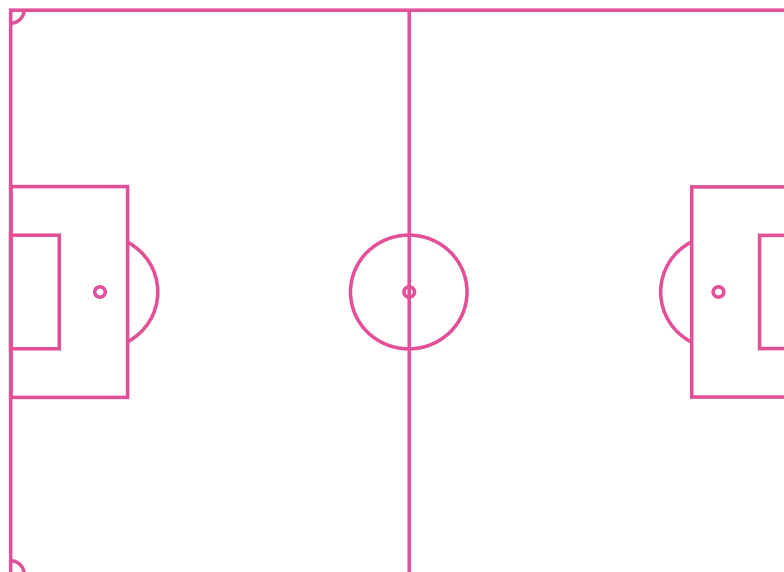
Analysis

Within R2BA, we adopted an iterative approach to analysis, with each phase of data collection informing the next. A rapid review of policy documents (Phase 1) was undertaken to help identify key issues, ideas and questions for the adult and young people surveys (Phase 2). Survey data was then drawn upon to identify areas for discussion in the focus group discussions and interviews (Phase 3), with the qualitative data resulting from this being used to generate concept cartoons that became the focus of further group discussions (Phase 4). The quantitative data from the surveys (i.e. closed survey responses) were collated and used to generate

descriptive statistics. Qualitative data (i.e. policy texts, open survey responses and interview/focus group discussions) were then collated and analysed thematically, using a constructivist grounded theory approach (see Charmaz, 2014). In this respect, the raw data were first read and re-read by each of the researchers independently, with codes being assigned to identify aspects of interest across the data sets. Following this, the research team met to compare their analyses and identify and develop core themes. As the care leavers' interviews had a life history focus, they were analysed separately to construct individual narratives (see Smith & Sparkes, 2009).

FINDINGS

The study findings are presented in four key sections. Sections 4.1-4.3 highlight the core 'voices' evident within the R2BA project: policymakers; adults; and care experienced young people. Presenting the findings in this order both mirrors the phases of the research process and helps to establish the necessary context for the care experienced young people's stories. The final section (4.4) seeks to present the data in a more innovative way, through showcasing the concept cartoons and narratives generated through the project.



4.1 Policy Perspectives

Within the rapid review, several policy documents were identified as being relevant to the focus of the project. These included joint documents from the Department for Children, Schools and Families (DCSF) and the Department of Health (DoH) (DCSF/DoH, 2009) and the DfE and the DoH (DfE/DoH, 2015), one from the former Department for Education and Skills (DfES, 2007), two from the National Society for the Prevention of Cruelty to Children (NSPCC 2014, 2015) and two from the National Institute for Health and Clinical Excellence (NICE, 2010, 2013). The rapid review of these documents highlighted that despite there being reference to sport/PA within each of these, such mentions were rather limited. Yet, where they were referenced, they were identified as positive activities that could help to promote a sense of wellbeing (DfES, 2007; DCSF/DoH, 2009; DfE/DoH, 2015). In this way, they align with broader arguments from the academic community that position sport/PA as pertinent vehicles for positive youth development (e.g. Holt, 2016).

However, there were notable discrepancies across policy documents. One of the most significant of these, considering the project's focus, was the notion of responsibility. For example, while the DfES (2007) and DCSF/DoH (2009) documents clearly stated that carers were responsible for ensuring that care

experienced youth were able to access sport/PA, more recent documents (e.g. DfE/DoH, 2015) were less specific in this respect. In addition, the NICE (2010, 2013) documents revealed that while creative and leisure activities more broadly are essential in the healthy development of care experienced youth, carers required more advice on how to promote engagement in such activities. Finally, both the DfES (2007) and NICE (2010) documents identified the need for foster carer training with a specific focus on the importance of play and positive (physical) activities for care-experienced youth.

KEY FINDINGS

- References to sport/PA in policy documents tend to be broad and focused more on leisure activities.
- There is a lack of clarity regarding who is responsible for providing sport/PA opportunities for care experienced youth.
- The importance of sport/PA needs to be better promoted to those who work with/for care experienced youth.

4.2 Adults' Voices

The data generated with adults in the project provided a valuable insight into the perspectives of those working with/for care experienced young people. There was general agreement that sport/PA was important for care experienced youth, with 85% of adult survey participants identifying such activities as 'very important' or 'important'. Key benefits associated with sport/PA participation generally centred on positive health outcomes (both physical and psychological) with some participants specifically referring to the topic of mental health:

"I think that PA is important for looked after young people in particular due to the high incidence of mental health problems in this cohort, PA has a positive impact on this"
- Virtual School Officer

Social development was also proposed as being a potential benefit of sport/PA participation. For example, reference was made to the potential of sport/PA participation to promote positive peer interactions and help care experienced youth develop a sense of belonging:

"The chance to be part of any group where they have the opportunity to make friends and share their experiences, you can't underestimate the value in that"
- Children in Care Officer

However, adult participants also noted several challenges for care experienced youth with regard to accessing sport/PA. These included: low self-confidence (85%); disaffection (62%); finances (54%); and logistics (46%). In addition, a lack of support – from both peers (54%) and adults (46%) – was also identified as being a key barrier. In this respect, it is perhaps not surprising that only 38% of adults surveyed felt that care experienced youth had access to sport/PA that was 'equal to their peers'. Certainly, data suggested that sport/PA was often not prioritised for care experienced youth and that structures/processes within the care system often limited young people's capacity to engage in such activities:

"I think the bit around social activities and leisure activities falls quite lower down, and I think it just gets lost sometimes in the melee of everything else that's going on"
- Head of Children's Services

"(Care experienced young people) may well need to have to ask various people for permission to do certain activities"
- Education Improvement Officer

"...the (care) system itself creates a level of dependence on adults... because actually everything relies on the social worker being in agreement, the team manager being in agreement, the service manager being in agreement" - Head of Children's Services

Safeguarding processes were identified as being particularly problematic in this regard, with one Head of Children's services suggesting that there is a tendency for those working with/for care experienced youth to be 'risk averse'.

The transient nature of many care experienced young people's lives was also highlighted as being a challenge for engagement and sustained participation in sport/PA. For example, frequent placement moves and/or changes in key individuals involved in their care were seen to cause a lack of stability and limit the extent to which care experienced youth's participation could be facilitated:

"I think the barriers of access to sport that manifest particularly for children in care (are) to do with a lack of stability in their life"
- Children in Care Officer

"At every point that a child has a period of transition, whether that's from one foster placement to another or from one school to another, there's a huge amount of potential in that transition (but) also an amount of risk and things can get lost that were really valuable" - Youth Worker

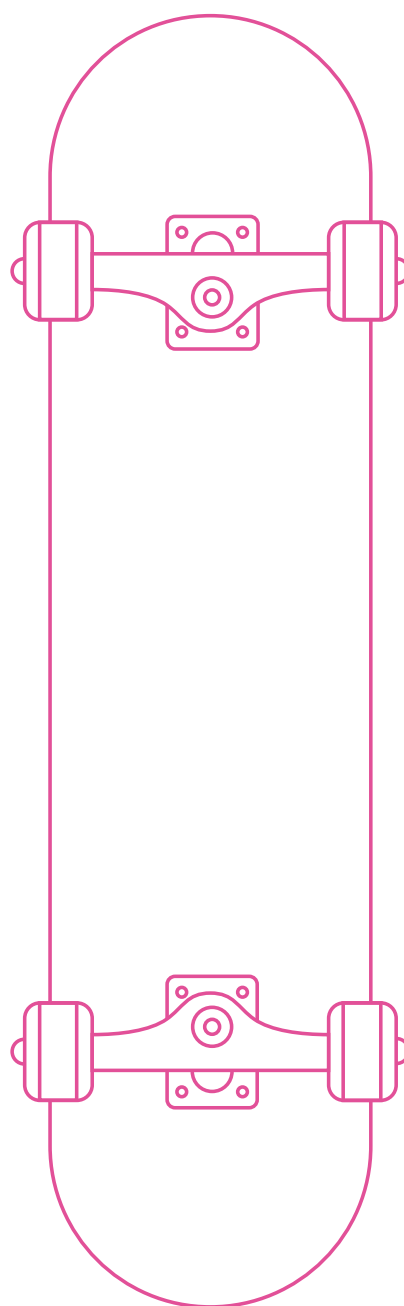
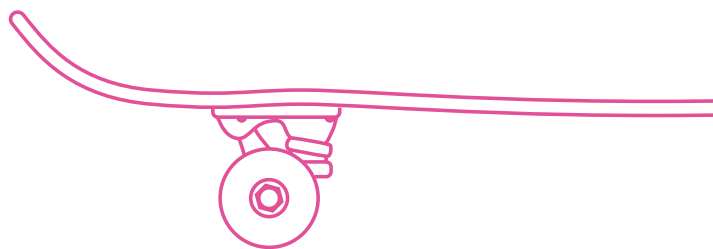
The notion of responsibility also came to the fore in much of the discussion with adult participants. Interestingly, despite certain policies positioning carers as being responsible for facilitating access to sport/PA for care experienced youth, the vast majority (92%) of adults surveyed felt that this was the responsibility of schools. Carers were also acknowledged as having an important role (69%), as were Educational Advisors (46%), but it was educational institutions that were perceived to be most accountable. Therefore, there would seem to be a disconnect between policy and practice and a need for further clarity

for those working with/for care experience. Indeed, as one Head of Children's Services articulated "...it always comes back to whose responsibility is it?".

Data also highlighted significant variance in practice across different geographical regions, which some participants linked to the lack of specific guidance around sport/PA provision for care experienced youth. It would seem, therefore, that the 'loose' policy context perhaps leaves too much scope for slippage within practice. Moreover, it was evident that the number of different individuals, organisations and departments involved in the lives of care experienced youth heightened the complexities of accessing and engaging in sport/PA. On account of this, there was some suggestion that more specific policy documents may help to guide and shape practice and that a 'joined-up' approach was needed in this respect. As one Head of Children's Services noted, "a need for more multi-agency working is a must".

KEY FINDINGS

- Sport/PA were perceived to be important for care experienced youth, with evident benefits acknowledged.
- Notable barriers to participation were identified for some care experienced youth, at both individual and structural levels.
- The transient nature of many care experienced young people's lives were a significant challenge to sustained participation in sport/PA.
- Education was seen to play a key role in providing sport/PA opportunities, in contrast to policy perspectives.
- The need for a 'joined-up' approach, supported by specific policy, was emphasised.



4.3 Care Experienced Youths' Voices

Data from the young people's survey indicated that sport/PA was considered important by many participants, with 83% noting that these activities were either 'a little important' or 'very important'. However, while many respondents valued sport/PA only 40% felt they had the 'same chances' to participate as their non-care experienced peers, suggesting that a considerable number of care experienced youth may be facing significant challenges in accessing sport/PA and therefore missing out on their 'Right to be Active'. Indeed, it was evident that some participants recognised clear benefits from participating in sport/PA, including: positive health outcomes (70%); enjoyment (70%); social opportunities (58%); and skill development (51%).

"It's good for my health and for making friends" - Adam

"Playing football, I made so many friends and that made me feel so much more important than what I felt before" - Harrison

"You feel good when you achieve something or do it for the first time and get better" - Sophie

Moreover, they highlighted several factors that could facilitate participation, such as helpful carers, access to information and available resources. However, they also acknowledged some notable challenges with regard to participation in sport/PA. The most notable of these were low self-confidence (72%); logistics (63%); cost (56%); and disaffection (47%).

"There is nothing around where I live" - Jared

"As a child in care, my previous foster carer never gave me any money" - Matt

"Due to moving around a lot, it is hard to stay with clubs" - Chloe

Like the adult participants, the young people also identified a lack of social support (from adults and peers) as being a potential barrier to their participation. Interestingly, the close alignment between the voices of care experienced young people and the adults who work with/for them may be indicative that there is considerable agreement around 'what matters' for care experienced youth.

The analysis of the data highlighted three interconnected factors that were influential in shaping care experienced youths' participation in sport/PA: (1) activities (e.g. a range of types, formats and levels); (2) places (e.g. homes, schools and leisure centres); and (3) people (e.g. carers, social workers and teachers). These factors could be seen to interact differently for different individuals, shaping care experienced youths' engagements with sport/PA in diverse ways – either positively (by facilitating their access to benefits) or negatively (by increasing the likelihood of challenges). The care context, in turn, mediated care experienced youths' day-to-day experiences – including their sport/PA activities – more broadly (see Figure 5).

Importantly, the data suggested that there needed to be an alignment of all three key factors – activities, places and people – for an individual to have a 'good' experience of sport/PA while in care. There was agreement that the system should allow care experienced youth to have the same experiences and opportunities and their non-cared-for peers. However, it was evident that the lived experience for many care experienced youth was individualised and context specific. Ultimately, to have a positive experience in sport/PA, it was felt that young people were reliant on being in the 'right' place, with the 'right' people and with access to the 'right' activity (for them).

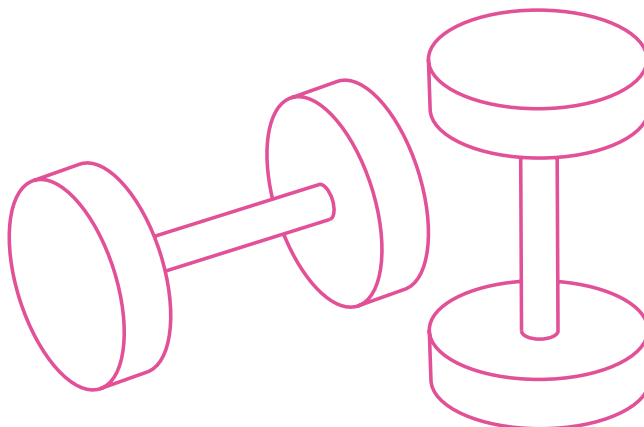
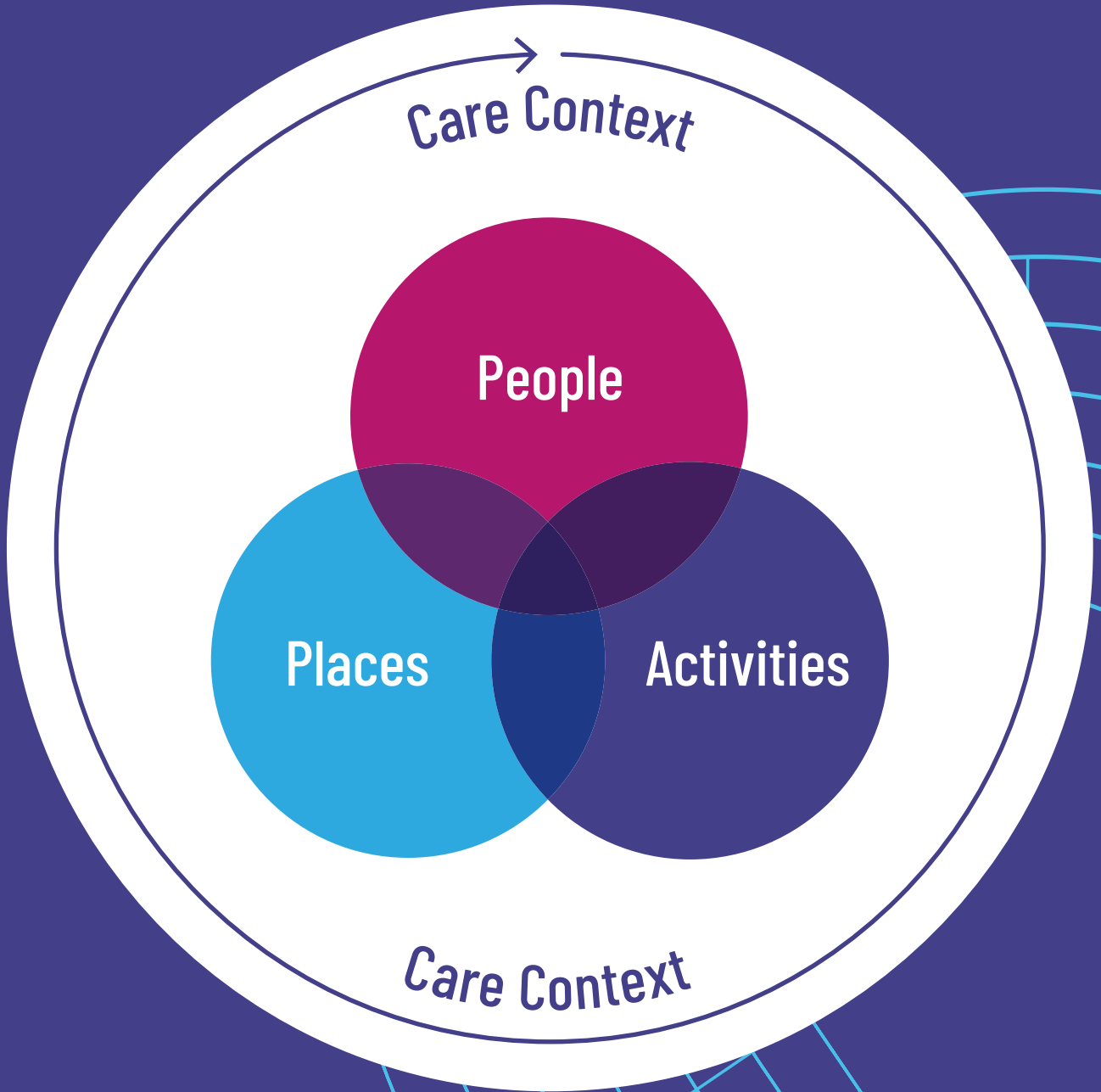


FIGURE 5 Three interconnecting factors diagram



4.3.1 Activities

Data revealed that care experienced youth engaged in a wide range of activities, both structured and unstructured and across different levels. The most frequently mentioned activities were recreational, undertaken in leisure time and often with family (both foster family and biological family) or friends. Example activities were cycling, walking (sometimes with pets), scooting, roller-skating or the use of parks/playgrounds. Participants also suggested that such activities were often perceived by carers as being a form of 'productive busyness' - a means of keeping young people occupied whilst also reaping additional benefits:

"Our aunty ... she encourages us (to do sport/PA) because it stops us being idle, gives us skills (and) it keeps you healthy" - Mariam

Some young people also spoke about being involved in organised or structured activities (e.g. St John's Ambulance, Air Cadets or Scouts) which had a clear development focus and were associated with enhancing citizenship.

'Mainstream' sports (e.g. football, rugby, table tennis) were another key form of activities, likely due to them being more easily recognised and readily available through local offers. Interestingly, there were fewer references to participation in mainstream sport by older participants, with a number of specific challenges noted in this respect, including cost (42%), disaffection (42%) and logistics (11%):

"When you are younger ... the social workers provide everything, so travel money and everything basically, and when you get older, like when you're 18, you have to do everything yourself financially. You have to support yourself, do the research yourself or choose events yourself" - Ibrahim

It was clear, in examining care experienced youths' engagement with activities, that various 'processes' connected with the care system, often related to funding, safeguarding and reporting, played an important role in shaping their access and opportunity. These processes required communication between different stakeholder groups (e.g. young people, carers and social workers) and the efficiency (or otherwise) of this communication could serve to either facilitate or inhibit participation. Indeed, it was evident that among participants there was significant variance in experience, despite individuals often living in similar contexts.

4.3.2 Places

The data identified a range of spaces and places in which care experienced youth engaged in sport/PA. These included some of those spaces that commonly comprise young people's landscapes such as home (28%) and school (40%), as well as places that would perhaps be expected with regard to facilitating engagements in sport/PA such as leisure centres, gyms and other local facilities (62%). Indeed, 'gym' was identified as a key place by young people in focus group discussions and featured heavily in responses to survey questions related to spaces in which young people were (or would like to be) active. A number of young people also spoke of liking (and being encouraged) to make use of 'free' spaces such as parks and gardens.

However, it was clear from the data that young people's experiences of accessing these spaces was highly variable, influenced by factors such as adult/peer support, funding and placement context. It was particularly noteworthy, for example, that only 2% of young people surveyed identified residential care homes as a site to engage in sport/PA:

"In residential there isn't always enough staffing for young people to take part in these activities (and) not enough encouragement" - Nancy

Interestingly, the analysis also identified a number of 'missing' spaces – places that would perhaps be expected to feature within young people's landscapes but that were somewhat conspicuous by their absence. Examples included extra-curricular school sport, sports clubs and wild spaces. Indeed, while 43% of survey respondents mentioned accessing sport/PA at clubs, references to being members of a sport club or specific teams were relatively sparse in the focus group discussions. Comments from young people here identified difficulties with cost, travel and accessibility, as well as concerns about being stigmatised for 'being different'. Placement moves also appeared to be an influential factor, limiting the capacity for sustained engagement:

"I've been looking at joining a (football) club... but I've not had any luck so far" - Billy

"Due to moving around a lot, it was hard to stay with clubs" - Erin

"I don't really stay for after-school clubs because we have to get the taxi" - Anita

"(Care experienced young people) may never have had anyone to take them (to a club), or they may feel embarrassed if their social worker or foster carers took them as they didn't want people to know they are in care" - Louisa

4.3.3 People

A number of individuals who were significant in terms of facilitating access to sport/PA were identified by young people within the data, including carers, key workers, social workers, teachers, family and friends. The most commonly cited companions for sport/PA participation were peers, with 68% of survey respondents identifying 'friends' as individuals that they like to engage in sport/PA with. After friends, foster parents/carers were those most likely to be cited (40%) as those who supported sport/PA participation, followed by siblings (24%) and foster siblings (18%):

"My friends went to a dodgeball centre and they said, 'do you want to come with us?'" - Jamie

"It's easy to do sport, because I have someone who takes me" - Alex

These networks of individuals provided support in several ways, including through facilitating access to specific places and activities, buying relevant kit/equipment and participating alongside the young people:

"Doing (sport/PA) with my foster family is fun and we do silly songs and stories and try to win my foster daddy" - Anita

"I depend on my foster family if I need to travel" - Jackson

However, this was not the case for all young people and there were several examples of carers who did not/could not support their young person's engagements with sport/PA. Some negative experiences cited by participants also referred to frequent placement moves, transferring schools or changes in allocated social workers:

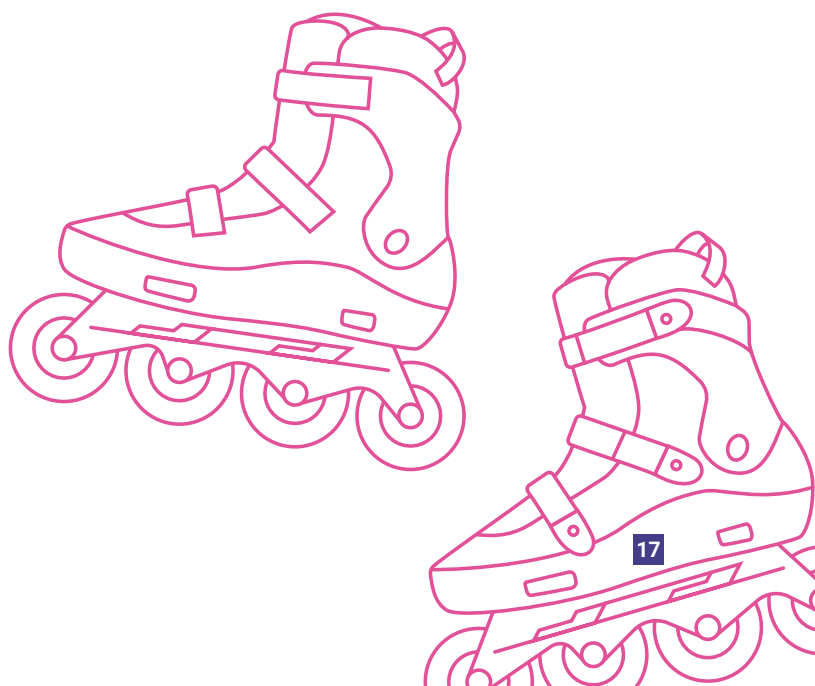
"Some carers just don't bother" - Henry

"I had so many changes of social worker that none of the information was being passed on. I didn't know what was available to me." - Faith

As with the adult data, it was clear that, at times, the number of different individuals perceived as being accountable for care experienced youth created a real lack of clarity with regard to just whose responsibility it was to facilitate and support their participation in sport/PA.

KEY FINDINGS

- There were three key factors – activities, places and people – which seemed to influence care experienced young people's sport/PA engagements. These were all mediated by the broader influences of the care system.
- In relation to these factors:
 - Communication between different stakeholders was found to be important in facilitating care experienced young people's access to different activities.
 - Whilst certain spaces, such as gyms, seemed to be relatively accessible for care experienced young people, there were 'missing spaces' to which access was not so easily gained – most notably, sports clubs.
 - The shifting nature of care experienced young people's landscapes inhibited their capacity to access/maintain engagement in sport/PA.
 - Social support was a key facilitator of care experienced youths' engagement in sport/PA.
- Alignment between the three key factors of activities, places and people was seen to be facilitative of positive experiences of sport/PA.



4.4 Storifying the Data

4.4.1 Concept Cartoons

Concept cartoons were a methodological innovation utilised in the R2BA project and they were used to both generate and represent data. Data-driven concept cartoons were developed based on data generated with young people during phase 3 of the study. This data was subsequently used to produce a brief that guided a graphic designer and supported the development of initial images. These images underwent a significant period of drafting and re-drafting in order to work towards final versions. During this period, care was taken to ensure that the images accurately captured a range of settings and contexts (related to the young people's experiences) and that they appropriately represented individuals from diverse backgrounds. Five standalone images and four image series were developed (see examples in Figures 6-10).

Concept cartoons were shared with care experienced young people during the phase 4 focus groups. This both enabled the young people to check that the images accurately represented the thoughts, feelings and experiences shared during the previous group discussions and facilitated the generation of additional data through further discussion and debate. The cartoon images proved engaging within the focus groups and much discussion was generated amongst the young people with little prompting required. Indeed, given that the images presented to them depicted a range of settings and contexts, most young people were able to find at least one image that they could relate to. The cartoons clearly resonated strongly with some of the young people, as is demonstrated in the quotes below which both relate to the 'Multiple Voices' cartoon (Figure 6):

"Like sometimes you're in lessons and you can't concentrate, like let's say when you're doing a test and you're just sitting there and you're trying to do the test and you just can't do it because you just have too many things in your head. And it just stops you from learning... just like you don't know what advice to take because what if you take one and it's wrong?" - Phoebe

"I think it's kind of the most important issue young people go through... but it's more for children in care because there are so many people involved" - Skylar

However, even where images did not resonate personally with the young people, they still served as a means of encouraging discussion about the experience of 'others' or exploring alternative perceptions.

Cartoons were also shared with adult stakeholders (e.g. carers, social workers, academics and local authority staff) at dissemination events towards the end of the study. As with the young people, the images proved effective in engaging adult participants and promoting discussion about personal experiences, as well as debates about possible developments in policy and practice. Comments from the adult stakeholders about the cartoons also highlighted their potential for exemplifying the voices of care experienced young people and giving an insight into their personal experiences. It was agreed that the cartoons had potential to be a valuable learning tool and further work is planned in this respect.

4.4.2 Narratives

As part of the of study, several care-leavers were invited to share their stories about sport/PA via a recorded interview and four individuals consented to be involved in the study in this way. The interviews were conversational in nature and used open questions to guide the discussion and probe for further information. Conversational interviews were used because they afforded the participants a high degree of control over the stories that they shared and allowed them to expand on topics of interest to themselves. While each was individual to some extent, the conversational interviews all covered the following core topics: how the participant became engaged in or disengaged from sport/PA, who in particular may have helped or hindered their engagement, what specifically sport/PA means to them and how they think/feel when they engage in sport/PA.

The interviews were transcribed verbatim and subsequently used to craft independent narratives for each care leaver that focused on a particular context, plot and characters featured within the interview transcripts. A creative non-fiction approach was employed, meaning that the resulting stories were fictional in form but factual in content. The care leavers own words were used to create logical and coherent accounts of their experiences and words were only removed or inserted when it was felt necessary in order to ensure that the text was coherent. The resulting narratives were also used as the basis of some concept cartoons – such as 'Meg's Story' in Figure 10 – and shared with both care experienced young people and adults through the phase 4 focus groups and dissemination activities. Here, again, they proved a valuable means of sharing care experienced young people's experiences of sport/PA and initiating discussions about policy and practice.

FIGURE 6

**Example of standalone cartoon image
– ‘Multiple Voices’**

“Sometimes meetings stop us (doing sport/ PA). We’re always being taken out for meetings...so many people telling us so many different things. Once, at my primary school, I had a PEP meeting and I got taken out of PE - it was my favourite lesson because we were doing football, but I’d got to come for (my meeting)”



FIGURE 7

**Example of standalone cartoon image
– ‘Being Different’**

“Being in care can give you opportunities, like getting free bus travel or gym memberships, which is great. But not everyone gets that and sometimes you can feel singled out when you go and they check your card but nobody else’s. Sometimes being in care can make you feel different from everyone else - you don’t want to be known as ‘the kid in care’.



N.B. The narrative text is a composite of comments made by young people within the focus group discussions.

FIGURE 8 Example of a comic strip series - 'New Boy'



FIGURE 9 Example of a comic strip series - 'Looking Back'

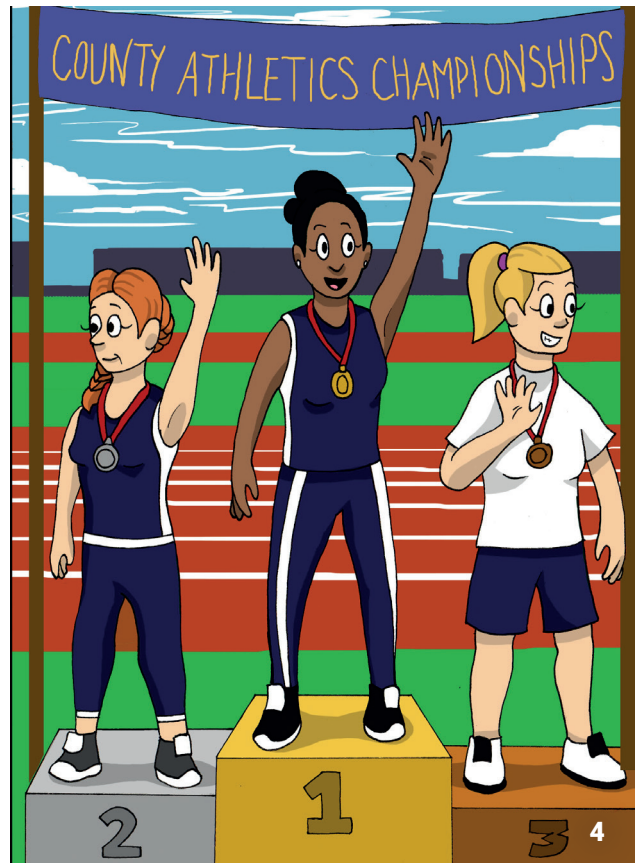


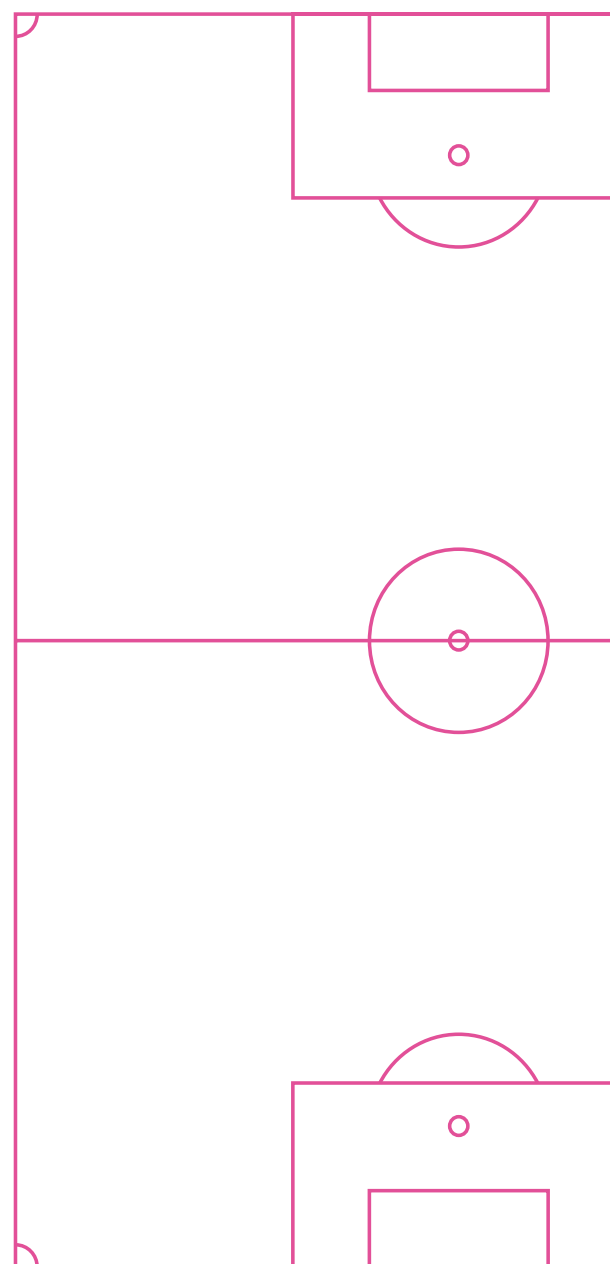
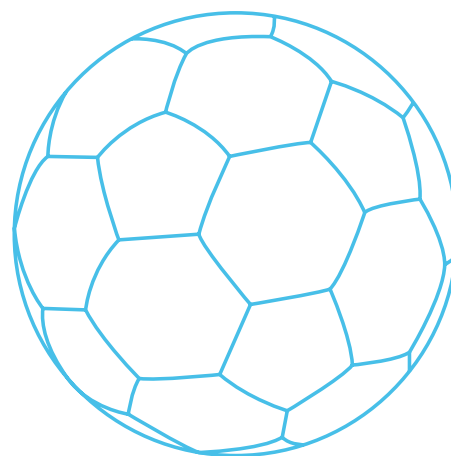
FIGURE 10 Example of a comic strip series – 'Meg's Story' and accompanying narrative (see next page)



“It’s such a big part of my life”: Meg’s story

“One of my football teams was sponsored by the Telegraph and Argos. They’d come to our football matches, take a team picture before the match and then again after if we’d won and got a trophy or whatever. Straight from the off my parents were like ‘no you’re not allowed to be in the picture’. I remember like, it was the first picture they’d take of your team and I’m not in it. I was stood on the sidelines feeling so shit and my team-mates were like ‘Meg, in you come’ and I was like ‘no I’m not allowed’. My mum was like ‘it’s not down to us, you know your social worker says you’re not allowed, you can’t be in the newspaper’. This was for everything, anything, even at school, I wasn’t allowed in the newspaper for the school team. Wasn’t allowed in the Telegraph or in the Argos team photos. Nothing. I remember being like ‘aaaarrgggh!’. I got so mad! It frustrated me so much because football was such a big part of my life. I never did well at school, it took me nearly 7 years to get my Grade C in GCSE English but football I was good at. When you’re young and you’re not, well especially if you’re a girl, if you’re not into everything that’s girly-girl and you don’t wear skirts or make-up, or wake up and do your hair, you don’t do gymnastics or trampolining or whatever... with football, I could just be like anybody else. But the thing is with foster families, to me, being able to have my photo taken should have been my foster carers’ decision, not a social worker’s. I get child protection, I get safeguarding, but my birth mum would write to my house anyway. She knew where I lived! So, me popping up in a photo like ‘oh yeah, she plays for Foxton Juniors’ that should never have been an issue, it just made me feel even more excluded.”

N.B. this is an extract from an extended narrative that has been submitted for publication in an academic journal



CONCLUSION AND RECOMMENDATIONS

5.1 Concluding Remarks

The voices of care experienced young people have been largely muted in previous studies relating to their engagements with/participation in sport/PA. Through its explicit 'youth voice' focus and the inclusion of various participatory approaches, the R2BA project has facilitated the involvement of over 120 care experienced youth, exemplifying their perspectives on/experiences of sport/PA. As such, it serves to go some way to addressing this perceived deficit. A particularly interesting finding from the study is the realisation that much of the data generated with care experienced youth mirrors that collated from studies with a wider youth population. As such, in many ways, care experienced youth are not so 'different'.

Many of those involved in this study (both youth and adults) were of the view that sport/PA can be highly beneficial for care experienced young people's positive development. For example, they suggested that sport/PA could be valuable for enhancing health and well-being, as well as developing key 'life skills' such as confidence, communication and citizenship. However, there are also some important points of difference. Care experienced youth identified significant challenges in accessing sport/PA, often pointing to the narrow range of opportunities they perceived to be open to them. Moreover, they noted some challenges in maintaining participation over time and the autonomy afforded to them in this respect. Such challenges were often influenced by the 'official' structures that shaped their day-to-day lives, for example: processes of monitoring and safeguarding; issues of logistics and funding; requirements for official meetings and documentation; and the transient nature of care contexts. While these challenges are not insurmountable, they do require collaborative action in order to help address them and limit their impact:

"It's definitely more difficult (to engage with sport/PA in the care system) but not impossible with the right encouragement and support." - Charandeep

The study found that activities, places and people were the three main factors that influenced care experienced young people's engagements with sport/PA. These factors interacted to shape care experienced youths' engagements with sport/PA in diverse ways – either positively (by facilitating their access to benefits) or negatively (by increasing the likelihood of challenges). It was evident that there needed to be an alignment of these factors for an individual to have a positive experience of sport/PA while in care. However, the structures of the care system added a layer of complexity around these factors; thus, young people's experiences were variable and not all young people had access to sport/PA that was 'equal to their peers'. As such, many were missing out on their 'Right to Be Active'.

While there are many positives to take from this study, it does reveal a worrying tendency for young people's experiences to be viewed in a somewhat compartmentalised way within the care system. So, while there are structures in place to support care experienced youth financially, to find them a place to live, to remove them from harm, to educate them and to (broadly) facilitate their healthy development, the piecemeal nature of these structures can result in a 'clunky' experience; one in which individuals' broader interests, engagements and connections perhaps fall by the wayside. Ultimately, this highlights a need for a more holistic understanding of care experienced young people's lives and for different stakeholders to work in partnership with young people to better facilitate their access to and engagements with sport/PA.

"If you're working with young people, where the young people are is your starting point"
- Youth Worker

There is clearly more work to be done here, but the findings of the R2BA study raise important considerations for both policy and practice moving forward.

5.2 Recommendations

Throughout the R2BA study, findings have been shared and discussed with key stakeholder groups such as care experienced young people, carers, social workers, charities, teachers and academics. These conversations have helped to refine the key messages evident within the data and shape a number of recommendations for future policy, practice and research. Specifically, it is argued that:

- 1. Further clarity is needed from a policy perspective** concerning the provision of sport/PA opportunities for care experienced youth, in order to provide a steer for those who work with/for these young people. This may require discussion that cuts across different policy areas (e.g. health, education, social care).
- 2. A 'joined-up' approach**, supported by such policy, is also required to clarify 'whose responsibility' sport/PA provision is for care experienced youth. Efforts need to be made to connect pertinent stakeholders in this respect (e.g. carers, social workers, teachers and care experienced youth).
- 3. The role of schools in providing sport/PA** opportunities for care experienced youth warrants further consideration, as there is currently a disconnect between expectation and reality. Additional support might also be required by teachers, and schools more broadly, with regard to how they might best facilitate such sport/PA opportunities.

4. The transient nature of care experienced youths' lives is problematic but there is potential for sport/PA participation to be a valuable 'constant' if their sustained engagement can be supported.

5. There is much to learn from the stories that care experienced young people tell about their experiences of sport/PA participation. Participatory approaches to research with these young people, which privilege their voices, can be most valuable in enabling these stories to be shared.

While these recommendations do not address all challenges faced by care experienced youth when accessing or engaging with sport/PA, they go some way to providing a steer for a more constructive and collaborative approach centred on care experienced young people's voices. It is argued that such an approach has much potential for ensuring that more care experienced youth are able to participate in sport/PA in a way that is 'equal to their peers' and ultimately enables them to exercise their 'Right to Be Active'.

REFERENCES

- Armour, K.M., Sandford, R.A., and Duncombe, R. (2013).** Positive Youth Development and Physical Activity/Sport Interventions: Mechanisms leading to Sustained Impact, *Physical Education & Sport Pedagogy*, 18(3): 256-281.
- Bailey, R., Armour, K., Kirk, D., Jess, M., Pickup, I., Sandford, R. & BERA Physical Education and Sport Pedagogy Special Interest Group. (2009).** The educational benefits claimed for physical education and school sport: an academic review, *Research Papers in Education*, 24(1): 1-27.
- Charmaz, K. (2014).** *Constructing Grounded Theory: A Practical Guide Through Qualitative Analysis*. London: Sage Publications.
- Department for Education. (2018).** Outcomes for children looked after by local authorities in England, 31 March 2018. London: Department for Education.
- Department for Education/Department of Health. (2015).** Promoting the health and well-being of looked-after children. London: Department for Education.
- Department for Education and Skills. (2007).** *Care Matters: Time for change*. Norwich, The Stationery Office.
- Department for Children, Schools and Families/ Department of Health. (2009)** Statutory Guidance on Promoting the Health and Well-being of Looked After Children, Nottingham, Department for Children Schools and Families.
- Farineau, H. & McWey, L. (2011).** The relationship between extracurricular activities and delinquency of adolescents in foster care, *Children and Youth Services Review*, 33: 963-968.
- Hollingworth, K. (2012).** Participation in social, leisure and informal learning activities among care leavers in England: Positive outcomes for educational participation. *Child and Family Social Work*, 17, 438-447.
- Holt, N. (2016)** *Positive Youth Development through Sport* (second edition). London, Routledge.
- Hooper, O.R. (2018)** *Healthy Talk: Pupils' Conceptions of Health within Physical Education*. Unpublished PhD, Loughborough University.
- Mannay, D., Evans, R., Staples, E., Hallett, S., Roberts, L., Rees, A. and Andrews, D. (2017).** The consequences of being labelled 'looked-after': Exploring the educational experiences of looked-after children and young people in Wales, *British Educational Research Journal*, 43(4): 683-699.
- Murray, C. (2013).** Sport in care: Using freedom of information requests to elicit data about looked after children's involvement in physical activity, *British Journal of Social Work*, 34: 1347-1363.
- National Institute for Health and Clinical Excellence (NICE). (2010).** Looked-after children and young people: Public health guideline 28. Manchester: NICE
- National Institute for Health and Clinical Excellence (NICE). (2013).** Quality Standard 31: The health and wellbeing of looked-after children and young people. Manchester: NICE.
- NSPCC. (2014).** Promoting the Wellbeing of Children in Care: Messages from Research. London: NSPCC.
- NSPCC. (2015).** Achieving emotional wellbeing for looked after children: A whole system approach. London: NSPCC.
- O'Donnell, C., Sandford, R. & Parker, A. (2019)** Physical Education, School Sport and Looked-After-Children: Health, wellbeing and educational engagement. *Sport, Education and Society*, DOI: 10.1080/13573322.2019.1628731.
- Quarmby, T. (2014).** Sport and physical activity in the lives of looked-after children, *Sport, Education and Society*. 19(7), 944-958.
- Quarmby, T. & Pickering, K. (2016)** Physical Activity and Children in Care: A Scoping Review of Barriers, Facilitators, and Policy for Disadvantaged Youth. *Journal of Physical Activity & Health*, 13(7), 780-787.
- Quarmby, T., Sandford, R. & Elliot, E. (2018)** 'I actually used to like PE, but not now': Understanding care-experienced young people's (dis)engagement with physical education, *Sport, Education and Society*, DOI: 10.1080/13573322.2018.1456418.
- Quarmby, T., Sandford, R. and Pickering K. (2019).** Care-experienced youth and positive development: an exploratory study into the value and use of leisure-time activities, *Leisure Studies*, 38(1), 28-42 DOI:10.1080/02614367.2018.1535614.
- Säfvenbom, R., & Samdahl, D. (2000).** Leisure for youth in residential care: An important context for intervention. *International Journal of Social Welfare*, 9(2), 120-127.
- Sebba, J., Berridge, D., Luke, N., Fletcher, J., Bell, K. & Strand, S. et al. (2015)** The educational progress of looked after children in England: Linking care and educational data. Oxford: Rees Centre for Research in Fostering and Education and University of Bristol.
- Smith, B., & Sparkes, A. (2009).** Narrative analysis and sport and exercise psychology: Understanding lives in diverse ways. *Psychology of Sport and Exercise*, 10 (2): 279-288.

RIGHT TO BE ACTIVE

PROJECT REPORT

**For further information or comments
regarding this research, please contact:**

Dr Rachel Sandford: School of Sport, Exercise and Health
Sciences, Loughborough University, Loughborough, UK.

✉ R.A.Sandford@lboro.ac.uk

🐦 [@DrRASandford](https://twitter.com/DrRASandford)

Dr Thomas Quarmby: Carnegie School of Sport, Leeds
Beckett University, Leeds, UK.

✉ T.Quarmby@leedsbeckett.ac.uk

🐦 [@DrTomQ](https://twitter.com/DrTomQ)