

Title 'Crossing the Threshold Leaving Looked-After Children Services' Semi-Structured Interviews with Young Men Aged 15-21 In Bedfordshire

Name Debbie Adger

This is a digitised version of a dissertation submitted to the University of Bedfordshire.

It is available to view only.

This item is subject to copyright.

CONTENTS

	PAGE
1. ACKNOWLEDGEMENTS	4
2. ABSTRACT	5
3. INTRODUCTION	6
3.1 Health & Looked After Children	7
3.2 Mental Health Promotion	8
3.3 Risk & Protective Factors for Mental Health	9
3.4 Male Thresholders	10
3.5 Social Support	12
3.6 Transition to Independence	12
3.7 Local Policies	13
3.8 Local Needs	14
3.9 Research Proposal	15
3.10 Literature Review	17
4. RESEARCH DESIGN	33
4.1 Aims & Objectives	33
4.2 Research Approach	33
4.3 Population & Sample	34
4.4 Data Collection Methods and Procedure	36
4.5 Data Analysis	37
4.6 Ethical Issues	37
4.7 Resources	38
4.8 Dissemination of Results	39
5. ANALYSIS OF DATA	40
5.1 Demographic Information	40
5.2 Interview Data Analysis	41
6. CONCLUSION	56
6.1 Recommended Ways Forward	56
6.2 Reflections	61
7. REFERENCES /BIBLIOGRAPHY	64

UNIVERSITY OF BEDFORDSHIRE
B/CODE 3403402498
CLASS 362.732094256
SEQUENCE

ADG

CONTENTS

TABLES

Table 1:	Research Costings
Table 2:	Young People Leaving Care Data
Table 3:	Looked-After Children Services Team Members
Table 4:	Where the Young Men Lived
Table 5:	Age of the Young Men
Table 6:	The Young Men's Ethnicity
Table 7:	Their Educational Background
Table 8:	Their Current Education/Employment Status
Table 9:	The Young Men's Age when Entering the Care System
Table 10:	Total Number of Placements Experienced
Table 11:	Their accommodation whilst in Care
Table 12:	Placement with/without Siblings
Table 13:	Young Men's Contact with their Family

APPENDICES

Appendix A:	Demographic Questionnaire
Appendix B:	Young Men's Interview Schedule
Appendix C:	Young Men's Information Sheet and Consent Form
Appendix D:	Professionals Interview Schedule
Appendix E:	Professionals Information Sheet and Consent Form
Appendix F:	Bedfordshire PCT Research Panel Approval Letter
Appendix G:	Bedfordshire PCT COREC Approval Letter
Appendix H:	Demographic Data Analysis

TRANSCRIPTIONS

YP01-YP09:	Young Men's Interviews
P1-P6:	Professional Interviews

1. ACKNOWLEDGEMENTS

I would like to show my appreciation to the Looked-After Children's Team in Bedfordshire for their support of my research and the time they committed to taking part in the interviews. Most importantly my appreciation goes to all the young men who took part, for offering an insight into their road to independence. Without you guys this study would not be possible.

I would like to say a big thank you to Neil Timmins for his continuing support whilst I was undertaking the MSc. Your words of encouragement and interest fuelled my motivation to achieve. Also thank you goes to Susan Sapsed for taking the time to listen to my feedback about the course and Suzanne Murphy for her time supervising my research.

Finally thank you to my son Lucio, for all those times he was unable to access the computer at home!!!!

2. ABSTRACT

For this research a content analysis was conducted on semi-structured interviews with looked after young men to explore their understanding of health and emotional well-being, their perception of support available for them during the transition from leaving Looked-After Care Services, and their knowledge of local services accessible to young men aged 15-21 in Bedfordshire when working towards independence.

The focus of the research was centred on masculinity and the transitional period of adolescence referred to as the 'threshold stage', a time when a young person may feel lonely and emotionally unsupported due to the conflicting expectations about their needs for both independence and attachment. An overview of relevant public health and local authority policies that inform the study is provided in the introduction with a literature review highlighting previous research, emphasising the need to develop and tailor interventions according to the views and experiences of young men.

The overall message from both the young men and professionals were about the difficulties of providing consistent support against the barriers of masculinity and not wanting to be seen reaching out for help. A number of suggestions have been drawn out from the data and presented in the conclusions.

KEY WORDS: Adolescence; Looked-After Children; Masculinity; Emotional Well-being; Inequalities

TOTAL WORDS: 18,548

3. INTRODUCTION

In a Primary Care Trust (PCT) serving a 100,000 total population, approximately 160 children would be expected to experience being looked after in a year (DH, 2002). The key to reducing health inequalities for this vulnerable group will be ensuring that attention is made to their environmental factors as well as their physical, emotional and mental health needs. Under the Children Act (HMSO, 1948) and amended legislation (HMSO, 2000), PCT's and Strategic Health Authorities (StHAs) have a duty to comply with requests from the Council with Social Services Responsibilities (CSSR) to help them to provide such support to children and young people in need.

PCT's are required to ensure that they participate in local inter-agency planning through contributing to the local strategic plan (HMSO, 2000). To support Bedfordshire PCT's contribution to local strategic planning for young men leaving care, this study aims to examine local arrangements to promote the particular health and emotional well-being needs of looked after young men. To be successful in improving health outcomes for this vulnerable population of young men leaving care any guidance, structure or plans must have as its central focus a partnership process, which builds on the views and priorities of the young men themselves (DH, 2002).

There is a need for research, which will contribute towards a positive and healthy transition for young men leaving care. By consulting with local young men aged 15-21, who are currently preparing for their transition for leaving care services the aim of this research was to explore the impact of local authorities Pathway Plans (HMSO, 2000) to independence and also to identify ways of improving the health and well-being of this vulnerable group (DH, 2002). Thus leading to services delivering information and advice in a way that is consistent with young men's views of themselves and of the world in which they live.

What follows is an overview of relevant public health and local authority policies that inform the study with a literature review highlighting previous research, emphasising the need to develop and tailor interventions according to the views and experiences of young men.

3.1 Health and Looked After Young People

Breaking the Cycle (OPDM, 2004) recognised that young people's lives change rapidly and drastically between the ages of 16-25. The average age for leaving home for young people in the population as a whole is 22 (OPDM, 2005). Yet every year 4,900 young people leave care when they are 16 and 17 (DH, 2002). Many of these young people struggle to cope with independence at such a young age. During the transition to independence there is often a greater need for services and advice as the decisions young people make during this time – particularly on health, education and work – can affect the rest of their lives.

3.1.1 Wider determinants of Health

Health inequalities are defined as differences in health experience and health outcomes between different population groups. The wider the gap between these groups the poorer the health outcomes will be. Health inequalities are deemed unnecessary and avoidable but, in addition, are also considered unfair and unjust particular for looked after young people (Beaglehole & Bonita, 1997; DH, 2002, 2003). The key to reducing health inequalities for young people in care will be knowing the pattern of inequalities locally, ensuring that the targeting of services is informed by need and monitoring the impact of interventions on future inequalities (DH, 2003).

Poverty is a particular concern for public health and young people in care. Youth poverty, for example has been reported to exacerbate the risk behaviours of looked after young people (Huston, 1991; Lerner, 1993; Lerner *et al*, 1999), resulting in early school failure, unemployability and long-term welfare dependency (Schorr, 1988, 1991; McLloyd & Wilson, 1991). Up to 70% of young people in foster care and over 80% in

residential care leave school early with no qualifications (ODPM, 2004). Reducing health inequalities for care leavers is a priority for the government with the relationship between individuals and their social context needing to be more fully understood (DH, 2003).

3.1.2 Mental Health

When looking at improving health opportunities for looked after young men, it is vital that their emotional well-being is taken into consideration. These young men will often experience low self-esteem as a result of disruption, poverty and emotional/physical deprivation. Those leaving care need to be able to access appropriate services. There is a risk that these young men can fall between child and adult health services resulting in exacerbated inequalities, poor mental health and challenging behaviour leading to isolation and feelings of suicide (DfES, 2007).

Nationally, since the early 1970's the number of young adults committing suicide has doubled and, in 1998, suicide accounted for a fifth of all young males deaths (DH, 2002a; Brock & Griffiths, 2003). A key target of *Our Healthier Nation* (DH, 1999b) was to reduce the number of suicides by at least one fifth by the year 2010. To address this concern of rising suicide incidents in young men, a *National Suicide Prevention Strategy for England* (DH, 2002a) was launched. The strategy highlighted that there are various approaches including mental health promotion for preventing suicide incidents with groups of young men, such as those leaving care (DH, 1999; DH, 2001a).

3.2 Mental Health Promotion

The key aim of Standard One for the *National Service Framework (NSF) for Mental Health* is to promote mental health for all, working with individuals and communities (DH, 1999: p7). Six year's on from the *National Service Framework (NSF) for Mental Health* (DH, 1999), we have seen great strides in the development of general mental health promotion strategies (Standard One). The recent public health white paper *Choosing Health* (DH, 2004) makes it clear that the government

remains committed to ensuring that Standard One of the Mental Health NSF is fully implemented, and Chapter 3 on 'Children and Young People - starting on the right path' makes explicit its aim to "support all children and young people to attain good physical and mental health" (DH, 2004: pg 40).

In addition, *Every Child Matters* (DfES, 2004) introduces the importance of the well-being for children and young people from birth to age 19. To date the outcomes achieved for looked-after children within this programme have been unacceptably poor, and the government is committed to addressing this disparity (DH, 1999a; DfES, 2004). Looked-after children are one of the most vulnerable groups in society (DH, 1999a). To begin to address this over the next few years, every local authority will be working with its partners to find out what works best by listening to the views of children and young people themselves (DH, 1999a; Bedfordshire County Council, 2005).

3.3 Risk and Protective Factors for Mental Health Promotion

When working towards health promotion of any target group, the risk and protective factors need to be acknowledged. These factors are grouped under five main headings of 1) Individual factors; 2) Family factors; 3) School context; 4) Life events and Situations; plus 5) Community and Cultural factors (DH, 2001a). The greatest risk for young men in care will be their family situation. This may include having a single parent, in addition to a set of potentially damaging circumstances related to family structures, family discord, family size, quality of parenting and parental lifestyles (DH, 2001a).

If a young person has only one risk factor in their life, their probability of developing a mental health problem has been defined as being 1-2%. However, risk factors are cumulative. For many looked-after young men there is a high probability of them having three or more risk factors in their life which is thought to increase the likelihood of mental health problems to 8% and with four or more risk factors in their life the likelihood of the

young person developing a mental health problem is increased by 20% (The Mental Health Foundation, 1999).

With the urgent public health priority of suicide prevention for young men (DH, 2002a) and improving the support for young people when leaving Looked-After Children Services (DH, 1999a; DfES, 2004, 2006; Bedfordshire County Council, 2005, 2006), this study explores the support available for young men leaving care in Bedfordshire. From the viewpoint of public health and mental health promotion, this particular group of young men have an increased chance of experiencing cumulative risk factors resulting in poor health and emotional well-being, (DH, 2001; DH, 2003).

3.4 Male Thresholders

As highlighted, the target population for this study was looked-after young men in Bedfordshire aged between 15-21 years, a time when generally a young person will fluctuate between adolescence and adulthood (ODPM, 2004, 2005). The aim of this study was on how young men themselves and those supporting them can help increase their health and emotional well-being during the transition to independence (DH, 1999a; HMSO, 2000, Bedfordshire County Council, 2005). To begin to address this it is important to explore what does positive mental health entail for young men in general.

According to the Men's Health Forum:

“Good male health is a state of physical, mental and social well-being that enables individual boys and men, and the male population as a whole, to meet the demands of everyday life and to realise their aspirations and biological potential” (Men's Health Forum, 2002: p4.)

This portrays the ultimate state of health a young man could wish to achieve. However, does the current social climate support young men in achieving optimum health? Young men today are facing a series of

social pressures (ODPM, 2004). Between 1959 and 1999 there was a 15 per cent drop in the number of men in employment (ODPM, 2005). With growing evidence that unemployment has an impact on physical and mental health (Royal College of Psychiatrists, 1997), how will this affect these young men's chances of realising their aspirations? Added to these pressures is the breakdown of traditional gender roles and the concept of the 'new man', which can have significant implications for young men leaving care services.

They can enter independence feeling uncertain of what is expected of them particularly in terms of significant relationships. As highlighted, between 15-21 can be a time when young men leaving care may feel lonely and emotionally unsupported. They can experience conflicting expectations about their needs for both independence and attachment. A term which psychologist Terri Apter (2001) refers to as the 'threshold phase'. Apter (2001) argues that it is a myth that young people can only prove themselves by showing that they do not need or want anyone to help them. In fact, 'thresholders' who feel connected to others are much better at dealing with stress and loneliness and/or employment setbacks than are those who isolate themselves from support that could be on offer to them.

This can be particularly problematic for young men leaving care services, who may not have developed strong support network. Interlinked with this can be the notion of masculinity, which can compound many of these young men's reluctance to seek help because support from others is widely interpreted as a sign of weakness in society (Davidson & Lloyd, 1997; Apter, 2001). Hence, when looking at ways to promote young men's emotional well-being for this study, two important aspects are needed to be taken into consideration, adolescent development and understanding masculinity.

3.5 Social Support

Not only do we have to take into consideration the difficulties around adolescence and masculinity, today's young people are also growing up amid decreasing social capital (Coleman, 1990). The connections of friendship, reliance and trust are so valuable to society that political scientists call them social capital because they indicate the net worth of a society (Shah & Marks, 2004). As shown, young men leaving care are increasingly less likely to have a stable and substantial network of family and friends (DH, 1999a). This adds to the real danger that young men leaving care will become more and more isolated.

3.6 Transition to Independence

In response to the *Children's Safeguards Review* the government has announced new arrangements to increase protective factors and reduce risk factors, which will assist with the transition of young people leaving care services (DfES, 2007). Prior arrangements include a Personal Advisor (PA) assessing the needs of young people before they leave care and work in conjunction with the young person to develop a Pathway Plan to assist them with their transition to independence (DH, 1999a; HMSO, 2000; DH, 2002; Stein, 2004; Bedfordshire County Council, 2005; Broad, 2005).

Pathway Plans are required to build upon health needs assessments carried out with the young person to promote a healthy lifestyle (DH, 1997a; Stein & Wade, 2000). The content of the Pathway Plan includes personal support; education and training; accommodation; employment; financial support; family and social relationships; practical and other skills; health needs; contingency planning, of which all play their part in reducing health inequalities for this vulnerable group of young people and hopefully aiding a more positive and successful transition into independence.

3.7 Local Policies

As we can begin to see, there is a real need for local authorities, as 'corporate parents' to provide a social context that promotes the welfare and well-being of all young people who are looked after. To assist the transition of young people leaving care services local policies have been produced with the aim of increasing protective factors and reducing risk factors for health and emotional well-being. The emphasis on partnership working between Bedfordshire PCT and local authorities will be key to reducing health inequalities for looked-after children and young people.

A Joint Protocol on the Health of Children Looked After in Bedfordshire and Luton, was produced by Bedfordshire County Council, Bedfordshire PCT and Luton Borough Council (2002) with the aim to achieve an optimum level of health and development for all children and young people in care for whom it is responsible. Within the protocol a designated paediatrician and Looked-After Children's Nurse has been identified to help carry out health assessments and plans. This protocol whilst written separately, creates a link to the Bedfordshire County Council *Leaving Care Policy*, which sets a clear pathway for young people moving to independence, including the process for Needs Assessment and Pathway Planning (Bedfordshire County Council, 2005).

To support care leavers, the *Protocol and Procedure for Rehousing Young People Leaving Care in Bedford* has been produced by the Leaving Care Team, in partnership with Bedford Borough Council (Bedford Borough Council & Bedfordshire Social Services, 2007). Objectives are set out in this protocol about how housing services and the Leaving Care Team will work together to support the young person leaving care into independent or supported accommodation. In addition the Council has also written a *Financial Policy* (Bedfordshire County Council, 2007), which clearly outlines the allowance entitlements for young people accessing the Leaving Care Team.

Local authorities recognise that to enhance the transition from care there is a need for a training programme to support the strategic framework that local policies offer. In line with the *Fostering Services: National Minimum Standards* (DH, 2002c) a training programme has been developed, by Bedfordshire County Council for all existing, current and prospective foster carers, adopters and their families. Within the Induction Programme is a module on health, with the opportunity to attend an optional training session on *Managing the Transition To Independence For Young People Leaving Care* (Bedfordshire County Council, 2007a: p.28).

Finally, in 2005 the Children and Young People Strategic Partnership was also launched, which provides a forum for a key set of agencies within Bedfordshire, including the local PCT to plan support for local children and young people. This has resulted in the *Bedfordshire Children and Young People's Plan* (2006) being produced, highlighting priorities to promote healthy lifestyles by providing more effective and accessible information, advice and services to children, young people and parents. One of the partnerships key priorities is to ensure that all agencies see the involvement of hard to reach children and young people as an integral part of service planning and delivery.

3.8 Local Needs

In addition to reviewing local policies it is important to look at the current picture for young people leaving care? The *Children and Young People's Plan* (Bedfordshire County Council, 2006) reports that young people leaving care in Bedfordshire are particularly vulnerable and are more likely not to be in education, employment or training at age 19 (DH, 2001; DH, 2003; Bedfordshire County Council, 2006). 7.2% of 16-18 year olds locally are not in education, employment or training. This was reported as high in comparison to 3.3% of those unemployed in the over 25 population in Bedfordshire (Bedfordshire County Council, 2006).

Whilst the level of youth unemployment has decreased since 2002 it is still higher than the general adult population highlighting that local authorities need to support and provide opportunities for education, employment and training for these vulnerable young people (Bedfordshire County Council, 2006). The plan also highlighted that there is a lack of supported housing within Bedfordshire for disadvantaged young people, which included care leavers. As previously discussed, all of these wider determinants of health will have a significant impact on the young person's health and emotional well-being.

3.9 Research Proposal

The main aim of this study is to provide a voice for young men leaving care, to share their views on local support available for them and to recommend initiatives that could help improve their health and emotional well-being and reduce health inequalities during their transition to independence, with reference to the government policy priorities (DH, 1999, 1999a, 1999b, 2001, 2001a, 2002a, 2003, 2004; DfES, 2004, 2007) and previous research (Davidson & Lloyd, 1997; Apter, 2001; Office Deputy Prime Minister, 2004; Bedfordshire County Council, 2006).

Unless there is a dedicated effort to listen to young men's experiences as service users and to seek their views about the kinds of health and emotional well-being services they would like to see, PCTs and local authorities could continue to develop services that maybe under-utilised and ineffective. Whilst many policies exist locally to assist young people leaving care it is important to strengthen our understanding of how looked after young men currently view the accessibility and acceptability of such support available for them during this important transition (Bedfordshire County Council, Bedfordshire PCT & Luton Borough Council, 2002; Bedfordshire County Council, 2005, 2006, 2007, 2007a).

3.9.1 Research Aims

- To identify the current system of support (Pathway Plan) for when the young male leaves care services compared to the support young men 'perceive' is available to them within this transition
- To identify young men's gendered attitudes to seeking help when in this transitional phase of leaving care - the 'threshold stage' (Apter, 2001)
- To identify what currently works and any gaps between service provision and perceived support
- To recommend accessible and acceptable ways to strengthen health and emotional well-being when crossing the threshold for young men aged between 15-21 years.

3.9.2 Research Objectives

- To inform the development and implementation of improved services for young men leaving Looked-After Children Services within Bedfordshire.

3.9.3 Identification of the Literature

For this study, government policy documents relating to the topic area were reviewed. Key areas for inclusion were those relating to looked-after young people, mental health promotion, health inequalities and public health. Policy documents and reports produced by voluntary sector organisations working in these key fields were also reviewed.

Other literature was identified through using the internet. The search engines www.google.co.uk and www.google-scholar.co.uk were used to generate an initial overview of material available. The keywords used were adolescence, looked-after young people, masculinity, emotional well-being, mental health promotion and inequalities. Specific databases searched were Psychinfo, Medline, Social Care on-line, Metafind, SocINDEX, Academic Search Elite and The Public Health Electronic Library, with the same key words.

3.10 Literature Review

Research exploring the views of the transition to independence for young men leaving care is at an early stage of development. For this study it was important for the researcher to not automatically assume leaving care was the dominant factor. If being in care was the distinguishing factor of homogeneity, then there could be a tendency for this to become the major issue. In addition to being looked-after, other key areas that will be included in this literature review will be adolescent development, gendered identity and the social context looked after young men are embedded within.

3.10.1 Adolescent Development

Adolescence marks a real transition from the dependency of childhood to the relative independence of adulthood (Carlson & Buskist, 1997; Schulenber *et al*, 1999; Apter, 2001; Gross, 2005). Developmental psychologist, Erikson (1968) saw adolescence as one in a series of stages, which span the individual's whole lifetime, from infancy to old age, with psychological development occurring through the resolution of basic psychological conflicts, with each stage building on the successful resolution of conflicts in previous stages. Erikson (1968) argued that the primary crisis faced by adolescents was identity versus role confusion. If young people are able to develop plans for accomplishing a career and personal goals alongside decide which social groups they belong to, they have formed a personal identity.

Failure to form an identity leaves a young person confused about his or her own role in life. When reviewing Erikson's (1968) theory we need to consider what the implications will be for looked-after young men whose life experiences may have led to not being able to attain educational achievements or successfully find employment and therefore finding a role in life? How motivated will these young men feel when they may have low self-esteem or self-worth to want to aspire to personal goals? With a constantly shifting background of people in and out of their lives

how easy is it to maintain a social group to belong to and create a personal identity?

The social context in which looked after young men are growing-up in will have a significant impact on them achieving an identity and may possibly contribute to role confusion. In addition, Erikson (1968) suggested that if the increasing role demand of adolescence placed too great a stress on the individual, then identity diffusion would result. This means that the individual would become confused about who they were, in view of all the different roles which they seemed to be acting out. Again, what are the implications of this for young men leaving care, who are handed over the enforced responsibility of adulthood at an age when they may not be emotionally mature enough for such diverse responsibilities?

Compared to Erikson's (1968) developmental theory of self-identity, Coleman (1974) put forward the focal theory of adolescence. This theory viewed adolescence as involving a broad range of tasks. Each task represents a challenge for the individual and requires the young person to make new adjustments. The focal theory proposes that, an individual does not pass through adolescence in set stages, as put forward by Erikson (1968), rather attention becomes focused on different aspects of changes occurring at different times. Adolescence includes multiple transitions involving education, training, employment, unemployment as well as transitions from one set of circumstances to another (Coleman & Roker, 1998). Once one set of issues is resolved, they recede into the background and other issues become prominent.

Unlike Erikson's (1968) theory outlining set stages of development, Coleman (1974) suggested that most adolescents will not be faced with all their adjustments at the same time, and so therefore will keep some areas of their life relatively stable at any given time. This gives them a secure basis for tackling the tests presented by the other challenges of adolescence. According to this theory, problems most likely to occur would be in those young people who are faced with a number of different

any part of their life i.e., young people leaving care. From this perspective Coleman (1974) supported Erikson (1968) theory that increasing role demands would lead to role confusion for the young person.

Reflecting on role confusion and the social contexts for young people of today, Nightingale and Wolverton (1993) conducted research exploring adolescent roles in modern society. They argued that extended economic independence on parents and exclusion from valued economic and social roles are alienating young people in today's society (Nightingale & Wolverton, 1993). For example, not being able to develop an identity related to employment status could lead to role confusion for the young person. In turn this could generate frustration leading to a preoccupation with the superficial symbols of adulthood such as alcohol use, sex and material goods, and possibly lead to health-risk behaviours such as drug use, unprotected sexual activity and delinquency (Jessor, 1993).

Taken into consideration both Coleman's (1974) and Erikson's (1968) theories we can begin to appreciate that for young people in general, an important developmental transition takes place from being an adolescent into becoming an adult. However, for many young men leaving care, this transition is compounded by another transition, that of leaving the care system itself, at a time when most are not emotionally ready for such responsibility (Broad, 2005). Both transitions taking place simultaneously for a young person, who has experienced adversity in a system of continuing changes, can lead to disastrous effects on their health and emotional well-being (Nightingale & Wolverton, 1993; Jessor, 1993; Wade, 2003)

In support of Coleman's focal theory, Scholfield (2006) argues that to foster hope and confidence to cope with these transitions looked after young men will need to experience themselves, as having the resources

to deal with such challenges. If their internal resources of hope and confidence currently do not exist, these young men will need access to significant others and external resources offering them consistent support to successfully overcome these important transitions into adulthood and independence (Schofield, 2006). Social groups, drop-ins, guidance on social and relationship skills and links with youth and leisure facilities have all been highlighted by research conducted by Wade (2003) as important ways of helping looked after young people strengthen hope and confidence during their transition of leaving care.

3.10.2 Gendered Identity

With the biological, cognitive, emotional and social changes that occur during the period of adolescence, it is reasonable to suggest that this is also a primary transition point during which gendered behaviours may be enacted, questioned, changed or solidified. Maccoby (1999) proposed that, “gender identity meant that one is either a male or a female person, with the incorporation of this understanding into the concept of the self” (Maccoby, 1999: p. 349). Hence, gender can be a label used to indicate characteristics believed to be learned and acquired by males or females as a result of social experiences (Maccoby, 1999; Galambos, 2004).

Hill & Lynch (1983) argued that with the onset of puberty, boys and girls experience an intensification of gender-related expectations. With regards to looked after young men, if they can identify themselves with a group, they will share its values and its goals, and possibly feel pride in its functions and accomplishments. Huston (1983) went as far as suggesting that there is more pressure on young males to engage in behaviour consistent with their gender role. This gender intensification makes any deviation from the expected traditional masculine norm more salient and it is more severely judged (Lobel *et al*, 1993; Lobel, 1994), thereby highlighting the importance of peers, with approval and social acceptance increasing during adolescence (Berndt, 1979; Berndt & Keefe, 1995; Constanzo & Shaw, 1996; Vitaro *et al*, 1997).

The impact of gender intensification can be seen in Watts & Borders (2005) study exploring gender role conflict in adolescent males which highlighted that the young men interviewed felt they received strong socialisation messages about what it means to be a man from a young age and were already struggling to understand themselves as males. School, parents, the media and others informed them of what it meant to be 'grown up'. As men, the desire to do good work, hold a respected position, or earn good money followed from learning as boys that it was important to get ahead (Watts & Borders, 2005). With the high probability of leaving care without qualifications and being unemployed what does this mean for looked-after young men and the development of their gendered identity?

Social Learning Theorists would argue that for looked after young men the acceptance from their peers would be tremendously important to fill in the possible gaps of the young person's information about their role as a male (Bandura & Walters, 1963; Mischel, 1966; Bandura, 1986). From the perspective of gender being socially constructed, Levy (1989) argued that during this process many young men are told what they should not do rather than what they should do. The classic example being "big boys don't cry" (Levy, 1989: p.12). Lynn (1959, 1984) further contended that the consequences of this narrow view of masculinity could result in male peer groups encouraging the belief that aggression and toughness are virtues.

Physical development will often become an important basis for young people to make comparisons between themselves and other adolescents. Gross (1991) highlighted that a number of studies all showed that a large or strong stature is a central part of the male's ideal bodily self (Gross, 1991; Shucksmith & Hendry, 1998; Whitney-Thomas & Moloney, 2001; Loh & Wragg, 2004; Gross, 2005) and suggested that as far as a sense of identity is concerned, the optimum time to achieve this is during adolescence (Gross, 1991, 2005). Young males sense social expectation to be strong and to perform athletic and other physical feats. However,

this emphasis on comparing healthy looks will not always reflect healthy gendered behaviour (see Nightingale & Wolverson, 1993; Jessor, 1993; Wade, 2003).

According to Copenhaver & Eilser (1996) masculine gender roles can lead to the portrayal of young men wanting to appear physically strong and powerful at all times which can be reinforced by social messages of not showing signs of weakness including seeking help. Adolescents who rely on the peer group for their main support are particularly vulnerable to peer pressure to engage in problem behaviours such as smoking, drinking alcohol and using illegal drugs (Sheppard *et al*, 1985; Noller & Callan, 1991). Taking this into consideration, from the perspective of looked after young men relationships with their peers will therefore be crucial to their development of health-related behaviours (Shucksmith & Hendry, 1998). For looked after young men, unsupervised time with peers could increase the likelihood of them engaging in a range of unhealthy behaviours to combat feelings of isolation and loneliness.

Shucksmith & Hendry (1998) suggested that dramatic physical and psychological changes seriously affect aspects of identity, and represent a considerable challenge in adaptation for even the most well-adjusted young person. We can clearly see that it is just at the time of most rapid physical change that appearance is of critical importance for the individual, both for self-esteem as well as for popularity, and this is powerfully reinforced by media images of cultural values of beauty and fitness. At this time in their lives when looked after young men will be most influenced by their appearance and their peers this could be an important opportunity for PCTs and local authorities to provide health and emotional well-being initiatives to help improve crucial protective factors in the transition to independence (Usmiana & Daniluk, 1977; Loh & Wragg, 2004).

3.10.3 Social Context

We can begin to appreciate that the complex context in which these young men are brought up in will play an enormous role in their gendered

identity. Within these social contexts there will be a need to explore the role of parents for looked after young men? The Men's Health Forum (2006) argued that with regards to parenting and gendered identity there is good evidence that where fathers are actively engaged in the process of supporting and nurturing boys, those boys will grow up with a greater likelihood of enjoying a happy and rewarding life. Boys who have supportive fathers are more likely to do well in school, have higher self-esteem and are less likely to get involved in petty crime (The Men's Health Forum, 2006).

For many looked-after young men they will not have had the experience of a supportive father being involved in their upbringing. This may be further compounded by the support provided by the Leaving Care Team, which more often than not consists of mainly female employees. We need to question what affect does the 'corporate parent' have on looked after young men? Can the lack of male support and role models skew views of what it is to be a young man and exacerbate masculine characteristics of being physically strong, powerful, dominant and competitive (Anson *et al*, 1993). Could the reliance on peers for their identity result in resistance to receiving support from the 'corporate parent' who could help the young male to foster healthy gendered behaviour?

The family, as a whole has been identified as the most immediate and significant socialisation influence on a young person thereby holding the primary route to psychosocial maturity (Lamborn & Steinberg, 1993; Allen *et al*, 1994; Glambos & Ehrenbergm, 1999). Stein (2004) strongly argued that with regards to looked after young people, the consequences of movement and disruption between family life and the care system can result in them being emotionally polarised between dependence and independence. Thinking back to Erikson (1968) theory of development, this emotional polarisation will be an additional risk factor for the looked after young man to deal with when trying to seek an identity, as it will suppress developmental growth from adolescence into adulthood.

Coleman (1974) acknowledged that if these young people are not helped to resolve the emotional conflict between continuing dependence on the family and the demands and privileges of independence then they will encounter difficulties in many areas of their lives. The additional difficulties for many young men in care to make alliances with helpful adults are likely to put them at a disadvantage when they are trying to make their way in the world as young adults (Davidson & Lloyd, 1997; Apter, 2001). Stein (2004) suggested that this unresolved conflict leads to many young men having considerable difficulty asking for help, resulting in either the looked after young man only being able to fend for himself or else repeatedly subverting his own efforts to cope and make satisfying relationships.

If the family is the most important socialisation influence in a young person's life, how do local authorities and the families of looked after young men provide a consistent and stable structure for them to move towards adulthood and independence successfully when these young men are embedded in the context of movement and disruption (Biehal *et al*, 1995; Jackson, 2002; Barn *et al*, 2005; Stein, 2005)? Nationally, the *National Minimum Standards for Fostering Services* (DH, 2002c) will help guide local authorities in providing a benchmark of support and training for carers and staff in ensuring that as 'corporate parents' they are providing the best possible care to looked after children and young people. Locally policies such as the *Children's and Young People's Plan* (Bedfordshire County Council, 2006) and *Leaving Care Policy* (Bedfordshire County Council, 2005) will also contribute towards providing a supportive system of care.

Communication of these policy pathways will be critical to the development of positive relationships for looked after young men, their immediate families and the care system. Wade (2003) highlighted that helping looked after young people move into independence and reducing social isolation required consistency from those providing support to them. Whilst local policies exist to strengthen this ideal of consistent support, as previously highlighted, many adolescents who are looked after have considerable difficulties in using other people's help (Noller & Callan, 1991; Stein, 2004). These difficulties can be

further jeopardised by the gendered identity of young men in care, as resisting help can be interpreted as being independent and therefore 'big and strong' (Davidson & Lloyd, 1997).

Of course PCT's and local authorities can never provide systems, which properly replace lifelong commitment of good parenting. What it can do, however, is go much further towards recognising that the transition into independence is a complex psychosocial process and that being a care leaver is forever. It does not end at the age of eighteen, a time when many are embarking on such a transition. Havighurst (1948,1972) argued that societal arrangements and local conditions help shape young people's experiences and the course of their development. We need to begin questioning how the care system itself, as 'corporate parent' can affect the health risks to which young people are exposed before and during adolescence, as well as provide protective factors that may shield these vulnerable young people from such risks and help strengthen their self-identity in preparation for leaving care.

One such protective factor for strengthening self-identity that may offer support for young people leaving care is mentoring (Rutter, 1987; Rutter *et al*, 1998; Stein, 2004; Clayden & Stein, 2005). Mentoring for care leavers is a relatively recent development in the UK. During 1998, the Prince's Trust and Camelot Foundation set up the first network of locally based mentoring projects for care leavers. This mentoring programme attempted to foster a relationship between a young person and an adult that resembled and may even at times substitute for a parent-child relationship (Hamilton & Hamilton, 2004). In this context, mentoring was seen as providing additional support to a group of highly vulnerable young people during their transition to independence (Stein, 2004).

In 2005 Clayden & Stein conducted research looking at mentoring for young people leaving care. They concluded that ninety three percent of young people within their study had experience of positive outcomes by the end of the mentoring relationship. This included either an practical goal achievement or a more expressive dimension, such as improving

their confidence or ability to sustain relationships. Clayden & Stein (2005) concluded that mentoring was able to offer a complementary experience of a relationship to young people at this critical period of moving into adulthood, of which many often lacked consistent support by their families. This informal support may be crucial for helping looked after young people cope with the transition into independence.

We need to explore if looked after young men in particular would benefit from such a scheme? This could be an opportunity for local authorities to work in partnership with the voluntary sector to provide male mentors for looked after young men. The mentor could provide a stable and consistent relationship, which Clayden & Stein (2005) have highlighted as being paramount to helping form trust with others. The mentor could also provide a male role model for the young man in care. Such a role model would acknowledge the Men's Health Forums argument that supportive male role models for young men lead to higher self-esteem, a stronger self-identity and less probability of delinquent behaviour (Men's Health Forum, 2006).

An area of mentoring, that could be developed was proposed by Hamilton & Hamilton (2004), who suggested that workplace mentoring could take place in the institution of apprenticeship. It would be, in short, an optimal social role for the life stage of adolescence. The looked after young man would be expected to perform productive work and would be paid for doing so. The employer, in turn would be expected to teach knowledge and skills that will enable the looked after young man to become progressively more productive and ultimately qualified for a position requiring high skills and paying good wages. Thus reducing the risk factors currently associated with leaving care and being unemployed which has been shown to be associated with poor development of self-identity (Nightingale & Wolverton, 1993; DH, 2002, 2003).

However, it is important to note that negative outcomes have been identified for mentoring schemes, which include lack of engagement with

young people, missed appointments and unplanned endings – often linked to the looked after young person's chaotic lives (Clayden & Stein, 2005). A significant number of unplanned endings were identified due to the mentor withdrawing, which led to added distress for many looked after young people. To overcome this, Colley (2003) highlighted that organisations need to observe the power relations that may pervade mentoring relationships to ensure that all involved receive maximum benefit from the scheme. There is definitely a need for continued evaluations of mentoring programmes to be carried out in the UK to inform potential future practice within the Looked After Children Services.

3.10.5 Health Promotion

The social context and the structure of social relationships discussed above are very important aspects of health promotion (Maggs *et al*, 1999). The more looked after young people are integrated into a favourable network of social relationships, the more they will have the resources to deal constructively with unfavourable living conditions, critical life events and long-term stressors and the less prone they are to engage in health damaging behaviours, thus leading to reduced health inequalities (Larson, 1994; Quinn, 1995; DH, 2003). Helping care leavers develop a positive identity will be linked to the quality of care and attachments experienced; their experience of how other people perceive and respond to them and; how they see themselves and the opportunities they have to influence and shape their own lives (Stein, 2005).

Therefore improved health outcomes for looked after young men will require the focus of health care planning to be on health promotion and attention to environmental factors as well as physical and emotional health needs. Currently health does not feature strongly in the *Children (Leaving Care) Act* (HMSO, 2000) and where it does there is a tendency to direct social service departments towards health agencies for service provision resulting in planning, availability and provision of health services within leaving care services being a low priority. In 2004 Stein reported that there were only a small number of health staff working in leaving care

projects and very few teams had produced joint social care and health strategies.

However, the importance of health promotion for looked after children has been acknowledged by the government (DH, 2002). The national health guidance *Promoting the Health of Looked After Children* (DH, 2002) set out a framework for the delivery of services from health agencies and social services to more effectively promote the health and well-being of children and young people in the care system. It clearly states that looked after young people need to understand their right to good health and be able to access services. Here is a real opportunity for PCT's, local authorities and parents to work in partnership with looked after young people to acquire a greater degree of autonomy and responsibility for their own health and emotional well-being (Broad, 2005, DH, 2002).

Could local policies integrate the opportunity to develop health promotion knowledge and skills for vulnerable looked after young men? Possibly at a time when these young men are experiencing increased awareness about how they look and feel (Gross, 1991; Shucksmith & Hendry, 1998; Whitney-Thomas & Moloney, 2001; Loh & Wragg, 2004; Gross, 2005)? Three key elements of health promotion for these young men would be health education, health protection and prevention (Beaglehole & Bonita, 1997). Adequate access to health care and prevention to poor health could be achieved through the development of policies and structures that promote well-being, with the Pathway Plans being an ideal vehicle to promote healthy living, building upon the looked after young person's health needs assessments.

Given the major and multiple transitions that occur during the looked after young person's life, we can clearly see that their existing coping strategies may have difficulty in keeping up with the stress they are experiencing. This is consistent with Coleman's focal theory (1978) which stated that decrements in well-being during adolescence was due to the multiple and simultaneous transitions that occur for young people in

care, in a relatively short period of time. Coleman argued that if it were possible to distribute the transitions more evenly over time, these decrements in the young person's well-being would be less likely to occur. If we are to take on board the notions of Coleman's (1978) theory, is it feasible to ask local authorities to distribute the transition from care more evenly over time?

Maybe the focus could lay with helping looked after young men's strengthen their coping strategies? According to Greenberger *et al* (1974, 1975, 1986) to reduce health risks and strengthen coping strategies during the developmental transitions of adolescence, psychosocial maturity would need to encompass the following three domains of development for the young person: 1) The ability to function independently; 2) The ability to communicate and interact well with others; 3) The capacity to contribute to the well-being of society. In summary, the young man in care would need help to develop the capacity to take initiative and gain a sense of control over their lives, to develop a coherent self-identity and have the competency to take pleasure in work (Greenberger & Sorensen, 1974).

Therefore effective promotion of health and well-being would be about the empowerment and the development of self-esteem for looked after young men (DH, 2002). Could both formal and informal education have a role in helping these young men to question unhelpful notions of masculinity, as previously outlined (Hill & Lynch, 1983; Huston, 1983; Lobel *et al*, 1993; Lobel, 1994)? Being overtly self-reliant, as can be the case for many young men not wanting to be seen as weak, can be interpreted either as rejecting help from professionals or as lacking the personal resources necessary to accept help (Davidson & Lloyd, 1997; Cameron, 2007). Maybe educating professionals, parents, carers and young men about adolescent development and masculinity plus guarding against interpreting self-reliance as difficult behaviour could be of real benefit?

3.10.6 Seeking the views of Looked After Young Men

This literature review clearly illustrates a range of possible approaches to promote the health and emotional well-being for looked after young men. A crucial element in the formulation of these approaches will be an understanding of how looked after young men themselves view health and health-related behaviours. Levin (1989) discussed the need to involve young people not just in the process of consultation, but also the process of decision-making about health leading to policy formation having continuous input from young people as well as those who claim to represent them. We need to explore if such a platform is available for local looked after young men.

Locally, within the Bedfordshire County Council (2005) *Leaving Care Policy* it states that “the department is committed to developing services in partnership with looked after young people and that the Leaving Care Service will develop and maintain systems that actively seek to involve, consult and encourage active participation of young people in the development, maintenance, review and evaluation of services”. (Bedfordshire County Council, 2005: p.3). The *Bedfordshire Children and Young People’s Plan* also sets priorities “to increase the involvement of hard to reach young people in local planning and decision-making” (Bedfordshire County Council, 2006: p.26).

This is a positive start for local young people in care and creates the opportunity for the interviews within this study to take place with local looked after young men. However, there is a need to review previous limited research to explore young men’s perceptions of health and emotional well-being so that we can begin to appreciate the general view of the acceptability and accessibility of supportive health and emotional well-being services. In 1999 The Samaritans’ conducted a survey looking at young males aged between 13-19, and their attitudes to life in the UK. Their report *Young Men Speak Out* highlighted the fact that twelve young men kill themselves every week in the UK, and suggested that macho

stereotypes were preventing young men from asking for help (Samaritans, 1999).

The survey of young male attitudes revealed that young men in distress were more likely to use violence and anti-social behaviour to express themselves than they were to tell someone how they felt. This could be compared with social learning theory that was highlighted earlier in the section on gendered identities, where Lynn (1959) contended that the consequences of a narrow view of masculinity could result in male peer groups encouraging the belief that aggression and toughness are virtues. For more than a quarter of the young men in the Samaritan (1999) survey, gender and stereotypes placed a barrier and they recommended that if services are to make contact with young men in despair, it may be that professionals and carers all have to do more to overcome these barriers.

In comparison to the Samaritans (1999) study exploring young men's gendered attitudes to seeking help, Armstrong *et al* (2000) presented a qualitative study highlighting recent research that explored young peoples' beliefs and views about their emotional well-being and/or physical health. They argued that young people's perspectives on health and emotional well-being are important on a number of grounds and concluded that the young person's embarrassment and stigma may prevent many of them experiencing distress from seeking help. To some extent, Armstrong *et al* (2000) highlighted that these gendered views maybe precursors of future beliefs and attitudes (Hill *et al*, 1997; Gordon & Grant, 1997).

From the research reviewed so far, we can see that gendered help seeking behaviours and views on health and emotional well-being are important factors needing to be taking into consideration when interviewing looked after young men. Whilst both of the above studies had slightly differing objectives and methodologies, they both concluded that to be able to work effectively with young men there is a need to have

an insight into their particular thoughts and views on what health and emotional well-being is and how professionals and services can help young men promote this within themselves. Building upon this, a review by the Evidence for Policy and Practice Information and Co-ordinating Centre argued that services would also need to evaluate the effectiveness of such insights with young men (EPPI Centre, 2002).

Finally, Aggleton *et al* (1995) study aimed to explore the factors that contributed to, and protected against, psychosocial disorders for young men. Family discord, unemployment, not having a stable home, having nothing to do, fears for the future and relationship difficulties with partners were identified as sources of stress and distress. These are all increased risk factors that have been previously noted as affecting looked after young men. Aggleton *et al* (1995) concluded that young people have clear views on the barriers to their health; that there is a scarcity of good quality research evaluating the effectiveness of health and emotional well-being; and there is little research to guide the promotion of health and emotional well-being amongst 'socially excluded' groups.

3.10.7 Summary

This literature review has highlighted that health services and local authorities could have a potentially enormous role to play in developing health initiatives for looked after young men. Understanding adolescent development and masculinity appears crucial to begin to understand the health and emotional well-being of looked-after young men and could help to explain why so many young men may take risks with their health. Such risk-taking could be one way looked-after young men conduct themselves to prove their maleness to each other and themselves (Sheppard *et al*, 1985; Noller & Callan, 1991; Copenhaver & Eilser, 1996; MHF, 2002). To develop effective work with looked after young men, PCTs and local authorities need to improve their understanding of male gender roles and seek to deliver services aimed at looked after young men as they are.

4. RESEARCH DESIGN

4.1 Aims and objectives

Research aims

- To identify the current system of support (Pathway Plan) for when the young male leaves care services compared to the support young men 'perceive' is available to them within this transition
- To identify young men's gendered attitudes to seeking help when in this transitional phase of leaving care - the 'threshold stage' (Apter, 2001)
- To identify what currently works and any gaps between service provision and perceived support
- To recommend accessible and acceptable ways to strengthen health and emotional well-being when crossing the threshold for young men aged between 15-21 years.

Research objectives

- To inform the development and implementation of improved services for young men leaving Looked-After Children Services within Bedfordshire.

4.2 Research approach

The interview data generated from this study was analysed according to the principles of 'grounded theory' (Strauss, 1987), insofar as there was no specific predefined hypothesis being tested. Grounded theory in its simplest form means "theory which emerges out of data grounded in the observation and interpretation of phenomena" (Stevens *et al*, 1993: p.46). Grounded theory's advantage is that it allows the researcher to not be influenced by the present knowledge about certain phenomena. In effect, this inductive method enables the researcher to start from a clean slate (Strauss & Corbin, 1990).

Bowling (2002) suggested that "in social science, where it is not always possible to control the conditions under which social phenomena are observed, there is a greater need to build theory inductively from several

observations before a predictive, explanatory theory can be derived” (p.126). For this study inductive reasoning began with observations of the interview data and built upon ideas and the general statements from them for further testing on the basis of further interviews with the young men. Thus the data gathering, analysis and theory had a reciprocal relationship.

In relation to grounded theory, the data analysis was conducted concurrently with the data collection to ensure that it incorporated an inductive approach. The researcher acknowledges that the qualitative data from the interviews conducted were inseparable from the interactional context, and the talk proceedings generated from questions that were posed. To counteract this the researcher aimed to ensure that the data analysis was systematic, sequential, verifiable and continuous.

4.3 Population and sample

To capture the opinions of young men aged 15-21 within Looked-After Children Services nine semi-structured interviews were held to ensure that sufficient themes and categories were picked up to the point of ‘saturation’ for conducting the analysis of the data. *Saturation* is a term used to describe the point when there are no new categories or themes emerging from the data (Krueger & Casey, 2000).

Sample sizes were necessarily small because of the complexity of the data. As Bowling (2002) suggests, the overall data aim is to “provide rich insights in order to understand social phenomenon rather than statistical information” (p.380). Recruitment to the interviews required the assistance of a gatekeeper from Leaving Care Team to legitimise the piece of research being undertaken and to gain a representative sample. The following screens were identified as the demographic and observable characteristics of the young people interviewed:

- Screen 1: must be male
- Screen 2: aged 15-21
- Screen 3: within Looked-After Children Services
- Screen 4: from Bedfordshire

Due to the screens being set, a deliberate non-random method of purposive sampling was employed. The researcher liaised with the gatekeeper to initially identify a list of young men matching the screening criteria. Once this had been achieved, the gatekeeper contacted the young men to enquire if they would be interested in taken part in the study. If they were in agreement the young person's details were given to the researcher who telephoned to arrange an interview date and time. All of the young men were offered an incentive to take part in the interviews, which included a £10 gift voucher, a book on mental health promotion specifically designed for men and a bag of health promotion material (i.e., sexual health information, stop smoking services).

Whilst the screens assisted in gaining a representative sample this did not mean that the young men interviewed were totally homogeneous. To gain further insight into this population demographic data was obtained from the individual young men directly after the interviews by the researcher (Appendix A). This data provided the study with information about the young person's own experience whilst being involved with Looked-After Children Services which would affect their views being presented in the interviews. An analysis of this demographic data has been provided (Appendix H).

To ensure that the researcher did not rely solely on the young men's subjective views of services available, six interviews were conducted with professionals within the Leaving Care Team. The Leaving Care team manager acted as gatekeeper, promoting the research and highlighting opportunities for Personal Advisers (PA's) to participate. Both the young men's and the professional interviews took place within the Leaving Care

Team's main meeting room. The booking of the room was organised between the researcher and the Administrator within the Leaving Care Team. The original research proposal also aimed to interview five foster carers. Unfortunately due to time constraints for the gatekeeper within the fostering team and the foster carers themselves, these interviews did not take place.

4.4 Data collection methods and procedures

As highlighted the semi-structured interviews followed an interpretive approach with the aim to analyse how the people involved in this study understood their social world and the meanings of events. The intent of this study was not to infer but to understand, not to generalise but to determine the range, and not to make statements about the population but to provide insights about how the participants being interviewed perceived their situation.

Prior to conducting the study, the researcher piloted the interview schedules with a local youth organisation to confirm that the questioning schedule was coherent and complete. Interview schedules were designed to help guide the discussions with the young men and professionals with a timeframe of one-hour maximum being allowed for each interview (Appendix B and Appendix D). The purpose of the interview schedules, were to provide consistency between the interviews and thereby assisting the analysis of the data to theoretical saturation.

All the interviews were tape-recorded, supplemented with field notes and coded for anonymity. The coding consisted of the young men's interviews being numerically ordered and supplemented with the letters YP and the professional interviews with the letter P. In addition the researcher ensured that all procedures for handling, processing, storage and destruction of the data were compliant with the Data Protection Act (HMSO, 1998). Directly after conducting each semi-structured interview they were transcribed by the researcher in preparation for the analysis of the data.

4.5 Data analysis

Glaser and Strauss (1967) argued that coding is essential for the invariable analysis of qualitative data. For this research a content analysis was performed by coding the data in themes and categories, which were analysed by making comparisons between each, as appropriate. The data was manually sorted and categorised in order for the researcher to maintain a close relationship and awareness of the original data.

The analysis involved a large “cut and paste” process (Bowling, 2002: p.388) whereby relevant themes were highlighted in the transcripts and then cut out and pasted on to index cards. The index cards were organised into theme order and permitted space for cross-referencing. With qualitative data analysis, the coding rule is generally that codes should be mutually exclusive so that a single unit of data can only be coded in one category.

The focus of this qualitative study was about a hard-to-reach group for whom there is a lack of previous research, thereby little is currently known about the young men’s views of support services available for them when leaving care. The data analysis for this research was conducted solely by the researcher, who openly acknowledges that any view presented, will inevitably be biased and does not make any claims that the data analysis is a generalised view of all males leaving care services.

4.6 Ethical issues

Due to the nature of conducting this research with young men aged 15-21 within the Looked-After Children Services, approval was sought from the Research & Development Team at Bedfordshire Primary Care Trust and Bedfordshire County Council Looked After Children Services (Appendix F). In addition favourable ethical approval was obtained from the NHS Central Office for Research Ethics Committee (COREC) (Appendix G).

Ethical responsibility has been taken into account at all stages of the research process. During the design of the study a local youth organisation that works closely with looked after children and young people were sought for their feedback on the nature of the research and its appropriateness. The recruiting of the participants involved making sure that they have all read the Participant Information Sheet (Appendix C).

This informed them about the aims of the study plus ensured that they were aware that their participation was voluntary and that they could withdraw at any time. Having read the information sheet, if they decided to go ahead written informed consent was obtained from the young people confirming that they have understood the research purpose and giving their permission to take part (Appendix C).

All the information presented to the participants was in lay terms. Adhering to the principles of anonymity and confidentiality was imperative to this research especially due to the sensitive nature of the topic. To follow-up any questions that arose after the interview, the researcher and the professionals within the Leaving Care team arranged support that would be on offer to the young men directly after the interviews. It was also made clear to the interviewees the outcomes of their participation and how they could make contact in regards to the final report.

4.7 Resources

Table 1 highlights approximate costing for the research, which was funded from the Mental Health Promotion budget within the Health Improvement Directorate of Bedfordshire Primary Care Trust.

Table 1: Research costings

Item /Material	Approx Costings
0.5 Researcher plus oncosts (this will be my time)	£10,000.00
Researcher Assistant to assist with data analysis (work colleagues time)	£1000.00
Administration (this will be my time)	£250.00
Equipment – computers, transcriber, dictaphone	£500.00
Interview incentives for youths (£10 gift voucher each)	£100.00
Travel	£100.00
TOTAL COST	£11,950.00

4.8 Dissemination of results

The final report of this study will inform a research article for the Journal of Youth and Adolescence. On a local level the findings will be presented within Bedfordshire Primary Care Trust and to the relevant professionals within Looked-After Children's Service and the Leaving Care Team. As previously mentioned within Ethical Issues (Section 4.5), all participants will be offered the chance to obtain a Summary of the key findings of the final report. In addition, there is the potential for local youth organisations and local authority organisations to be informed of the findings via an Executive Summary to raise awareness of the issues and enable them to emotionally support young men in this important transition to independence.

5. ANALYSIS OF DATA

The total number of participants that were interviewed for this study included nine looked after young men aged between 15-21 and six professionals from the Leaving Care Team within Bedfordshire Looked After Children Services. The coding below consists of the young men's interviews being numerically ordered and supplemented with the letters YP and the professional interviews with the letter P. To support the interview data obtained from the young men (Appendix B), the researcher sought consent for additional demographic information (Appendix A; Appendix C).

5.1 DEMOGRAPHIC INFORMATION

The demographic information questionnaire consisted of the young man's age, ethnicity, educational attainment, employment status, age when entering care services, number of placements experienced and level of family contact. Thus providing the researcher with a source of rich insights in order to understand the social context for this particular group of looked after young men rather than to gain statistical information. As this qualitative research was conducted with a small and highly selected purposive sample of young men and professionals, the researcher acknowledges that any conclusions made have to be tentative.

To summarise, the demographic information obtained from the nine young looked after young men was consistent with national data (ODPM, 2004, 2005), highlighting that the majority were unemployed and not accessing training opportunities (Appendix H). All nine had experienced being in care for most of their lives within many different care settings. This data supports public health and health promotion arguments that this particular group of young men are potentially at a higher risk of experiencing poor health and emotional well-being leading to increased risk of health inequalities (DH, 2001, 2002, 2003).

5.2 INTERVIEW DATA ANALYSIS

5.2.1 Perceptions on Health and Emotional Well-being

The interviews that took place with the young men began by exploring their perception of what being healthy meant to them. All nine young men highlighted their awareness of the importance of eating healthy and keeping physical fit with the following quotes provided as examples:

YP03 *"Keeping fit, eating well, that sort of thing"*

YP04 *"I eat fruit and veg and have 3 meals at the correct times of the day and I do a lot of exercise as well"*

YP08 *"Eating healthy, 5 fruits a day, keeping in good shape, plenty of sports"*

These young men appeared to have a good idea of what being healthy entailed. However, it was not always easy to put such knowledge into practice. Here YP05 begins to address the issue of maintaining a healthy lifestyle whilst experiencing the transition from leaving care into independence: *"I like to think that my health is one of my top priorities but sometimes, other stuff gets in the way.....like I recently moved house so I haven't been doing as many weights"*.

According to Erikson (1968) and Coleman (1975) the stress of moving into independence, of finding accommodation and coping with financial issues will result in accumulative stress for the young person which can lead to healthy living not being a priority for these young men. Above, YP05 is highlighting how difficult it is to take care of his health needs when having to deal with the practicalities of gaining independence. It is important to note that whilst putting theory into practice around keeping healthy can be difficult for many of these young men, they do have such knowledge about what they need to be doing.

Five out of the nine young men also elaborated on how they viewed the term healthy as being linked to their physical appearance. With particular emphasis being placed on their bodily self and weight loss (see Gross,

1991; Shucksmith & Hendry, 1998; Witney-Thomas & Moloney, 2001; Loh & Wragg, 2004; Gross, 2005):

YP02 *"I eat the right foods. It is quite important for me to keep yourself looking nice. The last 2 years I have really started to loose weight."*

YP07 *"What people see of me is not what people really see of me and I would like to loose a little bit of weight"*

YP03 *"Over the last year I have lost weight and I would like to keep like this"*

However, is this really about being healthy or more to do with being attractive and possibly, therefore acceptable to others? As Gross (1991) highlighted, physical development will often become an important basis for young people to make comparisons between themselves and other adolescents. These young men are not only experiencing the transition from being looked-after into independence, they are also experiencing the important physical transition from being an adolescent to becoming an adult. Therefore is this not the same for any adolescent who can become overly concerned with appearance and attractiveness? Or, due to their life experiences and the possibility of poor attachment to significant others, do we need to explore if looked after young men experience a stronger fixation on acceptability and appearance?

As discussed in the introduction section, from the aspect of emotional well-being, this particular group of young men are potentially at a higher risk of developing mental health problems due to lack of positive role models, loneliness, isolation, unemployment, poverty and homelessness (Stein, 1997; DH, 1999a; DfES, 2006). Three of the young men interviewed talked about experiencing a parent with mental health problems and how this impacted on their views of emotional well-being:

YP03 *"Mum was in and out of hospital [Mental Health Trust] since I have been very small, so I guess my views of mental health are around that"*

everyone was thinking about her

YP06 *“Because my Dad has got mental health problems it has always been a worrying thing for me”*

Stein (2005) argued that the family is the most important socialisation influence in a young person's life. All three young men highlighted their experience of seeing their significant role models of not being able to cope. These young men were concerned that they too would experience poor mental health and discussed ways of trying to avoid becoming emotionally unwell. One coping strategy for staying emotional well was put forward by YP06, who said that he kept his mind occupied so that he didn't have to think about becoming emotionally unwell.

From the viewpoint of social learning theorist (Bandura & Walters, 1963; Mischel, 1966; Bandura, 1986) having a parent or significant other experience poor mental health could create gender role conflict within these already vulnerable young men. On the one hand they are receiving strong socialisation messages from society that “big boys don't cry (Levy, 1989: p.12) in contrast to witnessing significant role models not being able to cope. Stein (2004) argued that the consequences of such mixed messages for the young person could result in emotional conflict between continuing dependence of the family and the demands of moving into independence. Thus, creating role confusion for looked after young men and the increased risk of experiencing poor mental health (Erikson, 1968).

Schofield (2006) suggested that to foster hope and the confidence to cope with the transition to independence for these young men who have not had the privilege of strong parental support, will require significant others and support services offering consistent support. For the majority of the young men interviewed, their peers were highlighted as being their main source of support, for example YP03 *“hanging out with your mates really”*. It is not unusual for young people to quote their friends as being

important to them, as during the transition from adolescence to adulthood, as previously highlighted many young people will pull away from their family and authority figures to begin seeking a sense of their own personal gendered identity (Hill & Lynch, 1983; Huston, 1983; Watts & Borders, 2005).

The positives of relying on peers for support is that looked after young men are offered the opportunity to identify with a group who share the same values and goals thus providing important information about their role as a male in today's society. As highlighted by Shah & Marks (2004), when they discussed the concept of social capital, the connections of friendship, reliance and trust will all be valuable protective factors for positive health and emotional well-being. However, as Huston (1983) highlighted, in regards to the intensification of gender-related expectations experienced during adolescence, this can result in male peer groups encouraging a narrow view of masculinity and the belief that aggression and toughness are virtues (Lyn, 19589, 1984).

Taking this into consideration, relationships with peers for looked after males will be crucial to their development of health-related behaviours (Shucksmith & Hendry, 1998). Generally, adolescents who rely on the peer group for their main support are particularly vulnerable to peer pressure to engage in problem behaviours such as smoking, drinking alcohol and using illegal drugs (Sheppard *et al*, 1985; Noller & Callan, 1991). For young looked after men, unsupervised time with peers could increase the likelihood of them engaging in a range of unhealthy behaviours to combat such feelings of isolation and loneliness. This could be an ideal starting point for local authorities to design initiatives to improve the health and emotional well-being for looked after young men.

5.2.2 Pathway Plan vs Support young men perceive

Pathway Plans were introduced by the government to assist the looked after young person's transition into independence (HMSO, 2000; DH, 2002). These arrangements include a Personal Adviser (PA) within the

Leaving Care Team assessing the needs of the young person prior to leaving care. P1 summarised the Pathway Plan as looking at "*[the young person's] educational and private training needs, their health needs, their accommodation*" to develop the young person's skills and enable them to move into independence. P2 added "*basically we deal with anything they [the young person] come up against....that we can try to support them with*".

How does the Pathway Plan work in practice? Although the young men interviewed do not explicitly refer to the Pathway Plan, they did discuss the supportive role of their PA's. Seven out of the nine young men highlighted that during their transition from care services, they had experienced support from their Personal Advisor (Leaving Care Team) and/or their Social Worker. This was of particular importance to YP09 "*When I got evicted from my place, the Leaving Care Team helped me move up here and live with my Mum*". Personal Advisors, P3 and P6 both felt that the Pathway Plan helped generate clear and concise objectives, which could be reviewed and revised.

Whilst the young men themselves, did not openly discuss the benefits of the Pathway Plan, many of the professionals felt that they worked in partnership with the young person in regards to developing the plan and talking through together what needed to be achieved to help the young person have a smooth transition into independence. However, the following PA's did acknowledge that whilst the plan was a very good tool it was only effective if the young person was emotionally ready and wanted to engage:

P4 "*This time in their lives [between 16-18 years old] can be very, very disruptive*"

P5 "*Some young people can handle independency very quickly and can manage it and get on with it. Others struggle and need more support*"

P6 "*I think it [the pathway plan] is very complex and many of my young people have to do it in very small bit*"

YP05's following response confirmed that such conflict can arise between PA's and the young person in regards to developing skills in preparation for independence *"They [PA] sort of help me out but at the same time they [PA] do your head in because they want to talk about stuff that you don't even want to think about"*. Whilst the Pathway Plan can provide the framework for professionals and looked after young people to work together on developing practical skills for independent, such earlier acquisition of life skills does not necessarily lead to the earlier onset of maturity, confidence and self-esteem that are needed to successfully cope with leaving care (Erikson, 1968; Schofield, 2006).

It was acknowledged by the professionals that the implementation of the Pathway Plan can also be compounded by the pressure on the care system having a high volume of caseloads, thereby diluting the amount of support available to each individual young person, for example P5 *"All it takes is for one of those caseloads to slip into crises and the rest of your cases suffer"*. An important issue raised by P5 was that, due to time constraints and the lack of engagement from the young person, the Pathway Plan could sometimes be written by the PA on behalf of the young person who then signed it. In regards to the young men within this study, the majority did not directly discuss their Pathway Plans could this be due to lack of ownership of their plan or poor engagement with their PA's?

The PA's were asked their views on implementing the plan with young men leaving care. P2 was the only professional to link the transition to independence for young men *"I think males tend to have a bit of a harder time with it [independence], having to deal with things like housing.... Young men are not seen as being so vulnerable [by services]"*. She went on to say that in her role, she felt that she had to fight more for the rights of young men in contrast to young women because of this misconception that young men do not want help *"It is kind of an unwritten rule from years ago that men are stronger than women and as much as society has changed....it is still there as an unwritten rule"*.

Here we can relate P2's response to Huston (1983) social construction argument that pressure exists for young men to engage in gender-related behaviour consistent with their gender role. Trew (1998) suggested that such societal-based realities would impact on how the looked after young man would think, act and feel themselves. If the 'unwritten rule' exists that young men do not want help, local services need to make a commitment to allow and encourage young men to feel less restricted in their choice of male gender identity and provide them with skills to make informed decisions about their health and emotional well-being.

So what are the current perceptions of local services that assist the young person leaving care? Seven out of nine young men discussed in-depth their views on housing and employment services. With regards to housing, five of the young men expressed mixed views about their experiences, with the following quotes provided as examples:

YP02 *"Three days before I was 18 I was kicked out [off foster care] and left to sleep on a living room floor for 6 months"*

YP03 *"You are just a number [at housing services]. They don't have any emotions, you are just dealt with and told to get on with it and it doesn't feel like they really care"*

YP09 *"I lost my job. I wasn't paying my rent and so I lost my house. With housing I told them my situation and they told me they couldn't help me out and to go elsewhere"*

YP04 and YP05 reported that their experience with housing services were both *"manageable"* and *"OK"*, respectively. Whilst the researcher acknowledges that the, above mentioned comments are purely the young men's subjective views on their situations, there is clearly a vulnerable side to these young men, which could present as anger or frustration towards services when requiring support, rather than appearing to be 'weak' and needing help.

When discussing employment services, four of the young men reported being in receipt of Jobseekers Allowance (JSA) and one young man receiving Incapacity Benefit (IB). Three out of the four young men reported negative experiences with the Job Centre with YP02 stating that he thought *"It [Job Centre] is a complete waste of time"*, due to the length of time it takes to get JSA organised. YP09 reported that it wasn't until he had left care and lost his job that he was aware of the Job Centre. In contrast, whilst YP03 knew all about the Job Centre he expressed his lack of confidence in the services they provided by explaining how he was not being offered employment that linked directly to his skills and capability. In short he felt *"You are just a number"*.

It is important to note that none of the nine young men were currently employed and therefore health services and local authorities need to reflect upon the long-term health consequences for this vulnerable group (see Royal College of Psychiatrists, 1997; DH, 2003, 2004). Following on from discussions on employment, an interesting point was made by YP08 in regards to the aspect of 'responsibility':

YP08 *"When I got to 18 I started having to pay my Mum rent and all that with my JSA and I thought, jeez, I am 18 and this is real. This is my life now and I have got to start paying everything. It [the responsibility] just scares me. It scares me to know just thinking about it"*.

This is the first interviewee to provide an insight into the difficulties and fears around the responsibility of growing-up. He acknowledged that the experience was quite frightening and appears to suggest that there is no turning back to childhood. Do professionals really acknowledge this fear when young people leave care? Do they acknowledge an awareness of how vulnerable young men can feel? In support of YP08's reaction to responsibility, P6's acknowledges that being in the care system can have a huge impact on the young person's resilience and life coping skills, *"It [moving into independence] takes them a lot longer to get into 'normal' life"*

than it does for most kids who have had the [consistent] support of their families”.

5.2.3 Gendered attitudes to seeking help

If the aim of Leaving Care Services is to support the young person into independence we need to explore if there are any barriers that exist for young men coming forward to ask for help in this transition? As previously highlighted by Huston (1983), all six professionals suggested that masculine pride was a barrier, which could hinder young men in particular when struggling with the transition into independence with the following quotes provided as examples:

P2 *“They [young men] don’t want to be seen as weak. To ask for help is a sign of weakness”*

P3 *“I think it is a male bravado thing, they don’t like talking to other people about how they are feeling”*

P4 *“I think they feel that they should be self-reliant and asking for help is seen as a weakness”*

P5 *“Men maybe feel that they have to be stronger”*

As previously highlighted, for some young men even encouraging them to seek help may appear counterproductive to their goal of achieving independence (Rossi, 1992; Davidson & Lloyd, 1997). YP06 reported how difficult it can be asking for support *“I don’t really like asking for help, that is one of my downfalls....everybody moans at me about that”*. This young man had experienced seeing his father having mental health problems and had been his father’s carer for five years. Did this responsibility of supporting his father distort his views on masculinity and not wanting to appear weak asking for help himself?

Discussions took place with the young men in regards to the perception of men being seen as the provider and protector. YP02 offered an insight into how he sees this pressure existing for all men, not just for those within care services *“There is kinda pressure on young men generally because they are seen as the strong ones and they are meant to provide*

and things like that". Where does this perception of men not needing help come from? P6 argued "society depicts men as being kind of strong and tough and kind of dealing with their emotions and not really talking about things with other people".

Developmental psychologist Apter (2001) would argue that it is a myth that these young men can only prove themselves by showing that they do not need or want anyone to help them. This can be particularly problematic for young men leaving care. A skewed notion of masculinity can compound many of these young men's reluctance to seek help (see Huston, 1983; Lobel *et al*, 1993; Lobel, 1994). Even when there have been times where a young man has acknowledged that he was having problems, P1 highlighted that there was still a resistance with young men to take on the support available, suggesting that *"To accept help is to really accept that there is something not quite right"*.

Is this barrier particularly difficult to break due to the young person having experienced being looked-after? P4 suggested that many young people in care do not like to be associated with being *'looked-after'* and this may also stop them from coming forward and asking for help. This view was supported by two young men who discussed their perception of the stigma of being a young man within the care system:

YP03 *"There is pressure not to be in trouble with the police as most young men are viewed as trouble, especially if they [the police] know that you have left care services"*

YP06 *"Yeah there is a hell of a lot [of pressure]....everyone [society] now is expecting young adults, especially young males to be like jobs. It is a really cruel misconception that we [looked-after young men] are all really bad people. People are judging us too far"*

Research has shown that many young adults who have been through the care system describe feeling different (Stein, 2004, 2005; Broad, 2005). It is important for health services and local authorities to recognise that there may be a set of shared experiences and values which can bind

young men in care together and to find ways of enabling these young men to seek support (Berndt, 1979; Berndt & Keefe, 1995; Constanzo & Shaw, 1996; Vitaro *et al*, 1997).

With regards to the importance of friendships (Shucksmith & Hendry, 1998), YP05 highlighted the pressures he perceived around being seen as a strong male provider against the pull of wanting to identify and socialise with fellow peers *"I have had talks from family, there is some pressure because they want me to get a job"*. He elaborated by sharing his perception of employment fearing that he would lose his friendships *"They [family] are not really caring about what I am thinking or what I am going through. As far as they [family] are concerned...you get a job and lose your friends.....but you can't just do that. It is very difficult to do"*.

Watts & Borders (2005) highlighted that such gender role conflict was due to strong socialisation messages about what it means to be a man in addition to the struggle of young men trying to understand themselves as males.

During the transition to independence, we can clearly appreciate that adolescence can be a time of uncertainty. A time of questioning who we are and where we are going? YP02 acknowledged the importance of having someone available to offer support through the times of experiencing such pressure *"If I have got someone saying come on you have got to do this...if there is someone there to encourage you, it is good"*. As Apter (2001) argued sometimes whilst young people feel a need to reject support from significant others, they also need to receive encouragement, motivation and help with focusing their thoughts.

These frank discussions with looked after young men can lead to questioning where does a young person, who is experiencing the transition into adulthood, find a sense of self, when their upbringing has been erratic and inconsistent (Biehal *et al*, 1995; Jackson, 2002; Bam *et al*, 2005; Stein, 2005)? How much acknowledgement is there by the professionals on masculine adolescent development and the importance

of peers in this transition? What support is offered to the young person for self-development?

5.2.4 Gaps between service provision and perceived support

To be able to review any gaps in current service provision and perceived support available the young men were asked would they revisit any of the services that they have previously used? Local education services came out favourably with five of the young men reporting positive experiences when applying for and being accepted on courses:

YP04 *"I am quite happy with college services, all is going well"*

YP05 *"I would go back to college"*

YP07 *"I would use Connexions again"*

However, sustaining attendance could prove to be a challenge. YP05 explained the difficulties of maintaining his studying with the pressure of being a young person within the care system:

YP05 *"The college were OK with me but back then nobody [Foster Care family] wanted to touch me with a barge pole, so I thought it was my problems yeah. I mean although they were my problems yeah, they were rubbing off on other people. I had no chance yeah, no chance"*

The end result being that YP05 dropped out of his course. Through lack of confidence and perceived support available this young man dropped out of a course that he really wanted to do and he wasn't the only one to have this experience. YP03 stated *"I did go to college when I was 16 and I ended up dropping out"*. If education services are providing accessible and acceptable services to young men, is there an opportunity for them to increase the engagement of looked after young men? Could this also be an opportunity for health services and local authorities to research the marketing model education services currently employ to appeal to local young men?

As previously outlined, education has been identified as a way of improving health and emotional well-being leading to a higher probability of being employed (WHO, 1985; DH, 2003). All of the looked after young men in this study were currently unemployed and their perception of local employment services were not viewed favourably. Therefore, how was the collaboration of local authorities and employment services currently assisting these young men? Employment services was discussed by many of the professionals with P1 reporting that in general liaisons had been good in contrast to P2, P4, P5 and P6 all agreeing with the young men that the process for accessing benefits locally was really difficult for a variety of reasons.

P2 saw the difficulties occurring because many of the young men within the care system had offending records, hindering employment opportunities. In fairness from this perspective the difficulties do not lay within benefit services. It is more to do with these vulnerable young men having a higher probability of poor educational attainment leading to an increased probability of risk taking and committing crimes (Jessor, 1993). P5 acknowledged that, *"The main thing we hear is that our young people do not want to engage. With employment what normally happens is that they [young people] say that they don't want to do nothing and claim benefits [instead]"*.

Three young men did reinforce the professionals' views on not wanting to engage with employment services. YPO1 discussed how unhelpful he found the whole experience of the Job Centre and often being identified for the wrong jobs suggesting, *"It would most probably be quite good to have someone help you [when trying to find a job rather than rely on the machines in the Centre].* YP02 clearly expressed his loss of trust in employment services when he said *"It's not worth going back to them [Job Centre] again"*. YP05 added that, *"The Job Centre ain't for me"*.

In regards to housing services, five out of six professionals discussed the recent policy that has been established to support young people into

independence (Bedfordshire Borough Council & Bedfordshire Social Services, 2007). Whilst the professionals felt that the protocol worked well, issues were raised with particular reference to young men. P2 felt that *"Housing is a big one for young men in particular because they are not seen as being vulnerable"*. P3 elaborated *"If a young girl becomes pregnant there is a route into housing. Whereas young men, especially if they have had any involvement with the Youth Offending Team, then they are seen as trouble"* as therefore not assessed as a priority. How does this relate to looked after young men's perceptions of local housing services?

As shown, the young men's collective interviews presented mixed views on finding supported or independent housing. The local housing policy does provide a clear pathway for housing services and local authorities to work in partnership. However, does this protocol take into consideration the emotional support many of these vulnerable young men presented as needing during the transition into independence? YP03 certainly felt alone in this transition and suggested that, *"It would have been nice to have felt supported with that [the isolation and loneliness]*. With the high probability of being emotionally polarised between being dependence and becoming independent (Stein, 2004) and the compounding effect of increased role demands (Coleman, 1976) does the Pathway Plan provide sufficient emotional support in addition to helping with developing practical skills for independent living?

Recent government policies highlight that emotional well-being has huge implications for physical well-being and the whole arena of public health (DH, 1999a; DH, 2002; DfES, 2006). As previously addressed, if health services and local authorities want to ensure looked after young men lead healthy lives, emotional well-being is an important aspect of this. A protective factor previously identified as strengthening emotional well-being and offering support for young people leaving care is mentoring (Rutter, 1987; Rutter *et al*, 1998; Stein 2004; Clayden & Stein 2005; Princes Trust, 2005).

YP06 highlighted the value of attending a Prince's Trust course, which aimed to strengthen his life skills and self-esteem. This young man discussed how the course had provided mentors who had helped him to develop his confidence for leaving care and becoming independent. YP06 was given the opportunity of mentoring support over the course of twelve weeks, to develop basic skills of washing and cleaning plus strengthen his communication skills and teamwork (Princes Trust, 2005)

The Prince's Trust mentoring scheme was also highlighted by P4, P5 and P6, who all acknowledged the value of the support available and the differences they had seen with the young men they worked with *"It [The Prince's Trust mentoring scheme] has done amazing things for some of our young people who are just moving into independence and need that bit of extra support (P5)*. By signposting to an organisation like the Prince's Trust, P4 felt that this helped address the issue of time constraints for care services in comparison of wanting to offer these young men consistent support. Is this an opportunity for local authorities to work closely with non-statutory youth services to fulfil a range of important functions such as informal support and mentoring (Shucksmith & Hendry, 1998)?

The picture that is emerging from this study is that the road can be rocky for young men leaving care. Their formative years can lead to poor foundation of self being formed which is compounded by the developmental aspects of masculinity, adolescence and the experience of not wanting to be labelled 'looked after'. Whilst not all of the interviewees came up with practical solutions to engage with them, eight of the nine young men all discussed that they would like help and support to enable them to feel fully prepared for the transition into independence. It is clear that both formal and informal education have a role in helping these young men and those that support them to question unhelpful notions of masculinity thereby strengthening the transition into independence (Hill & Lynch, 1983; Huston, 1983; Lobel *et al*, 1993; Lobel, 1994).

6. CONCLUSION

There is considerable evidence to suggest that children and young people who are looked after are among the most socially excluded groups in England and Wales (DfES, 2004, 2006, 2007; DH, 2002,2003; OPDM, 2004). This will have an impact not only on the health of these children and young people, but also upon their subsequent health status as adults (see Schorr, 1988, 1991;Huston, 1991, McLloyd & Wilson, 1991; Lerner, 1993).

The findings from this study suggest that improved health outcomes for looked after young men will require health services and local authorities focus to be on health promotion, which includes environmental factors as well as physical and emotional health needs (Beaglehole & Bonita, 1997). In addition to such focus, there is the need to involve young people not just in the process of consultation, but also in the process of decision-making. When considering ways forward for local services, the formulation of health policies need to consider acquiring the continuous input from looked after young people, as well as from those who claim to represent them (Levin, 1989).

6.1 Recommended ways forward

The overall feedback from the young men interviewed was that they do feel vulnerable and lonely. That feeling of not being able to reach out for help compounded the isolation they often felt when moving into independence. As P2 argues *"because they [young men] are treated as less vulnerable, they feel they have to stand up [for themselves]...I mean if you tell somebody something often enough they start to believe it"*.

Health services and local authorities need to explore any misconceptions held that young men, in general, may want to be seen as big and strong and educate service providers that looked after young men are receptive to being helped.

The discussions within this study lead to three different ideas being suggested for local services to adopt to increase engagement with looked

after young men. YP02 offered the suggestion that services could become more accessible to young men by marketing their support in a magazine and made the point that *"It is really how you [the service] put it [invitation to young men] across. If you [the young man] look at something attractivethen you start thinking about it. Make it colourful as well"*. Whilst acknowledging that male pride can be a huge barrier to accessing services (Apter, 2001), YP02 clearly tells us that young men would welcome help and support.

As previously identified, a key element to health promotion is health education (Beaglehole & Bonita, 1997; Greenberger *et al*, 1986). A challenge here is for professionals, to see how services can improve to become more inviting to young men in need. How can we break down these barriers of male pride and masculine traits of being seen as a strong provider (see Bandura & Walters, 1963; Mischel, 1966; Bandura, 1986)? Could health services and local authorities work in partnership with looked after young people to create a magazine that attempts to overcome such barriers for young men?

An important concern raised by looked after young men was that services are mainly available within tradition working hours. YP03 discussed in-depth how this does not really help him, as during the day he feels able to cope, it is during the night, when he is alone and feels isolated that he really wants support. YP03 went on to highlight that during this time he was at an increased risk of meeting other vulnerable young men experiencing the urge to take risks in their lives to combat their feelings of insecurity and loneliness (see Sheppard *et al*, 1985; Noller & Callan, 1991).

The idea of a drop-in during the night could offer a safe haven to gain a sense of self (Erikson, 1968; Coleman, 1974). Not only is there the opportunity for these young men to obtain peer support during the night, there is also the opportunity for local organisations to tap into this vulnerable target group and influence some of their decisions about

healthy lifestyles and ways of coping whilst experiencing the transition into adulthood. As previously highlighted, mentoring could be a key health promotional tool here, providing a stable and consistent relationship during periods of uncertainty for the young person (Clayden & Stein, 2005; Princes Trust, 2005). According to Coleman's (1978) focal theory, this stability could provide a secure basis for tackling the tests presented by the challenge of moving into independence.

Continuity of support was put forward, by the young men, as important during their transition from care services. This was particularly interesting to hear from one young man, as throughout his whole interview he presented as not wanting to fully engage yet at the end he was acknowledging that he too would welcome help and support into independence. Here a key point was raised by P1 who highlighted the importance of building trust *"it is around developing that relationship with them [young men] so that they feel that they can trust you and talk to you and tell you what they are thinking"*

An important aspect to developing trust is time. P3 realised the importance of time with these young men and the fact that, as professionals they are not just going in and *"doing a set piece of work....you get to know a bit about what is going on and who their support networks are"*. Again, the key is consistency. As P5 notes *"the young person has been let down by parents and often professionals"*. Many of the professionals clearly knew that being consistent was a value component of working with these young men, yet the pressures and time constraints within the care system made delivery of consistency very, very difficult. *"It is hard to build relationships with young people unless you see them frequently which give you a greater chance of trying to have an impact in their lives"* (P6).

The professionals and the young men interviewed provided evidence that consistency currently was not available and this was the one main thing that was required to help with a smoother and more successful transition

into independence. However, can the care system be improved to enable these young people to be offered the time and consistent support that is evidently needed? It is important to note that it would be relatively easy for the researcher to criticise existing services and list the characteristics that might be considered as an ideal service. To a degree, the expression of views about services in this study, are speculative and the researcher acknowledges that they do not always address concerns about practicalities.

All of the professionals were in agreement that multi-agency work was crucial during this important transition from care into independence and the idea of 'shadowing' was put forward by P4 who felt that the opportunity to shadow other agencies for the day would be really beneficial leading to consultations taking place between agencies on how to improve information sharing for young people leaving care. A key person contributing to the improvement of partnership working for these organisations would also be the looked after young person. As P3 argues "*the young person is a major part of good collaboration and without their engagement then no protocol would enhance that*", with P6 summarising that the priority for all organisations was the young person and the common goal was to work towards "*truly supporting them [young people]*".

Suggestions of planned group work were discussed by P1 as a way forward. This could involve the young people providing a meal for each other, planning a menu, purchasing the food, preparing the meal and sitting down as a group to enjoy the results. This task incorporates an element of fun, which P1 felt takes the emphasis away from the "*seriousness often portrayed around developing independence*". P6 also suggested that focus groups with young men to ascertain what kinds of issues existed for them would be beneficial for the service. Currently a Youth Participation Officer is located within the LAC Team and P6 felt there was an opportunity to involve this officer in future group work.

The overall message from both the looked after young men and the professional interviews has been around the difficulties of providing consistent support against the young man's reluctance to reach out for help and support when moving into independence. Signposting and networking with other agencies have been suggested by professionals as crucial in aiding this transition, with the importance of having clear protocols in place between the different agencies involved (Bedfordshire County Council, Bedfordshire PCT & Luton Borough Council, 2002; Bedfordshire County Council, 2005, 2007, 2007a).

It is clear that communication is an area for improvement between services and looked after young men. P1 highlighted a recent meeting organised for the Leaving Care Team managers and the primary agencies involved with the young person leaving care to look at how information could be shared more effectively between them. Could this be an opportunity to also address misconceptions of masculinity? This study has clearly highlighted that professionals and society as a whole can hinder the opportunities for young men to access services through perceptions that many do not want to be seen as weak? Could collaborative work begin to question why many take on this assumption and what impact this can have if we project to young men that we accept they don't want our help?

The transition into independence for looked after young men is a crucial opportunity for public health intervention. Combined with the turbulent times that can be experienced during adolescence we can begin to understand the importance of reviewing services to help looked after young men before they reach crisis point. The Pathway Plan is an ideal tool that currently offers the chance to listen to the ways that young men would like to be supported (DH, 1999a; HMSO, 2000; DH, 2002, Stein, 2004; Bedfordshire County Council, 2005; Broad, 2005). Health services and local authorities could explore ways to strengthen emotional development in the Pathway Plans, thereby increasing important

protective factors for looked after young men's emotional well-being (DH, 2001a).

6.2 Research evaluation

As highlighted the semi-structured interviews within this study followed an interpretive approach with the aim to analyse how the looked after young men understood their social world (Strauss, 1987; Strauss & Corbin, 1990; Stevens *et al*, 1993). The intent of this research was not to infer but to understand, not to generalise and make statements about the young men but to provide insights about how they perceived their transition into independence and the support they felt was available. Whilst conducted this study the researcher constituted a fundamental part.

The research process can become anything but straightforward, for the socially situated researcher enters a potentially endless cycle of perceptions, interactions and spiralling dynamics. The researcher of this study acknowledges that the qualitative data from the interviews conducted were inseparable from the interactional context, and the discussions generated from the questions that were posed. In turn, the coding and categorisation of the interview data will only tell part of the young men's lives, rather than presenting them in their wholeness (Charmaz, 1995).

An added concern for the researcher was being female. Among the sources of bias in data collection by interview are the personal characteristics of the interviewer (Chadwick *et al*, 1984). For instance the visible gender characteristics of the interviewer may suggest to looked after young man stereotypes that influence their answers to the questions (Cannell & Kahn, 1968). Therefore, would being female create a barrier when interviewing looked after young men, due to possible gender related behaviour of young men wanting to appear able to cope? The way the researcher aimed to reduce such bias within this study was to frame the interview questions clearly and unambiguously.

Another important point to reflect upon was the temporary nature of the interviews and how motivated the looked after young men were to participate in the first place. For this study a financial incentive was offered to the looked after young men who were initially approached by a gatekeeper within the Leaving Care Team. The positives were that nine interviews were successfully undertaken with the young men. However, unless these young men were convinced of the importance of the research and of their role this could result with the interview data being incomplete, inaccurate and biased.

To satisfy the reliability criteria of the interview data for this study, the researcher aimed to make the research process transparent by describing the research strategy and data analysis methods in a sufficiently detailed manner within this report. To do justice to the looked after young men and give them a proper voice, the researcher aimed to examine the data as objectively as possible, acknowledging that one is never completely free of biases.

The interview data for this study was manually sorted and categorised in order for the researcher to maintain a close relationship and awareness of the original data. Consideration of employing a computer software package for category generation was explored, however, the researcher decided that whilst such packages bring the benefit of being able to carry out such operations as indexing and searching on large and complex data sets, they will not remove the need for hard interpretative work, upon which qualitative analysis depends (Pidgeon & Henwood, 1997a).

For this study the researcher consciously targeted looked after young men who are shown to be more at risk of experiencing health inequalities when moving into independence. In terms of future qualitative research, it might be interesting to collect data from a more generally representative population of young people, in an attempt to explore whether any

particular views on help-seeking, gender health and emotional well-being are widely held by young people in general.

7. REFERENCES

- Aggleton, P., McClean, C., Taylor-Laybourn, A., Waller, D., Warwick, I., Woodhead, D. & Youdell, D. (1995). *Young Men Speaking*. London: Health Education Authority.
- Allen, J., Hauser, S., Bell, K. & O'Connor, T. (1994). Longitudinal assessment of autonomy and relatedness in adolescent-family interactions as predictors of adolescent ego development and self-esteem. *Child Development*, 65: 179-194.
- Anson, O., Paran, E., Neumann, L. & Chernichovsky, D. (1993). Gender differences in health perceptions and their predictors. *Social Science and Medicine*, 36: 419-27.
- Apter, T. (2001). *The Myth of Maturity: What Teenagers Need from Parents to Become Adults*. New York: W W Norton & Company Ltd.
- Armstrong, C., Hill, M. & Secker, J. (2000). Young people's perceptions of mental health. *Children and Society*, 14(1): 60-72.
- Baggott, R. (2000). *Public Health: Policy and Politics*. London: Macmillan Press Ltd.
- Bandura, A. (1986). *The Social Foundations of Thought and Action: A Social Cognitive Theory*. Englewood Cliffs, NJ: Prentice Hall.
- Bandura, A. & Walters, R. (1963). *Social Learning and Personality Development*. New York: Holt, Rinehart & Winston.
- Barn, R., Andrew, L. & Mantovani, N. (2005). *Life After Care: The Experiences of Young People from Different Ethnic Groups*. York: Joseph Rowntree Foundation.
- Beaglehole, R. & Bonita, R. (1997). *Public Health at the Crossroads: Achievements and prospects*. Cambridge: Cambridge University Press.
- Bedford Borough Council & Bedfordshire Social Services (2007). *Protocol and Procedure for Rehousing Young People Leaving Care in Bedford*. Bedford: Bedford Borough Council.
- Bedfordshire County Council (2005). *Leaving Care Policy Document*. Bedfordshire: Bedfordshire County Council.
- Bedfordshire County Council (2006). *Children's Services – a new direction: Bedfordshire Children and Young People's Plan 2006-2009*. Bedfordshire: Bedfordshire County Council.
- Bedfordshire County Council (2007). *Bedfordshire County Council Leaving & Aftercare Service: Financial Policy 2007-2008*. Bedford: Bedfordshire County Council.
- Bedfordshire County Council (2007a). *Fostering and Adoption Service Training Programme 2007-2008*. Bedford: Bedfordshire County Council.
- Bedfordshire County Council, Bedfordshire Primary Care Trust & Luton Borough Council (2002). *A Joint Protocol on the Health of Children Looked After in Bedfordshire and Luton*. Bedford: Bedfordshire County Council.
- Berndt, T. (1979). Developmental changes in conformity to peers and parents. *Dev. Psychol*, 15: 608-616.
- Berndt, T. & Keefe, K. (1995). Friends' influence on adolescents' adjustment to school. *Child Dev*, 66: 1312-1329.
- Biehal, N., Clayden, J., Stein, M. & Wade, J. (1995). *Moving on: Young People and Leaving Care Schemes*. London: HMSO.

- Bowling, A. (2002). *Research Methods in Health: Investigating Health and Health Services (2nd Ed)*. Buckingham: Open University Press.
- Bradford Brown, B. (2004). Adolescents' Relationships with Peers. In R. Lerner & L. Steinberg (Eds.), *Handbook of Adolescent Psychology (2nd Eds)*. New Jersey: John Wiley & Sons.
- Broad, B. (2005). *Improving the Health and Wellbeing of Young People Leaving Care*. Dorset: Russell House Publishing Ltd.
- Brock, N. & Griffiths, C. (2003). Trends in the mortality of young adults aged 15-44 in England and Wales, 1961 to 2001. *Health Statistics Quarterly, Autumn, 19*, 22-31.
- Cameron, C. (2007). Education and self-reliance among care leavers. *Adoption and Fostering, 31*(1): 39-49.
- Cannell, C. & Kahn, R. (1968). Interviewing. In G. Lindzey & E. Aronson (Eds.), *The Handbook of Social Psychology*, Vol 2:526-595. Reading, Mass: Addison-Wesley.
- Carlson, N. & Buskist, W. (1997). *Psychology: The Science of Behaviour (5th Ed)*. Boston: Allyn & Bacon.
- Chadwick, B., Bahr, H. & Albrecht, S. (1984). *Social Science: Research Methods*. Englewood Cliffs, NJ: Prentice-Hall.
- Charmaz, K. (1995). Between positivism and postmodernism: Implications for methods. *Studies in Symbolic Interaction, 17*: 43-72.
- Clayden, J. & Stein, M. (2005). *Mentoring young people leaving care*. York: Joseph Rowntree Foundation.
- Coleman, J. (1974). *Relationships in Adolescence*. London: Routledge & Kegan Paul.
- Coleman, J. (1990). *Foundations of Social Theory*. Cambridge, Mass: Harvard University Press.
- Coleman, J. & Roker, D. (1998). Adolescence. *The Psychologist, 11*(12): 593-596.
- Colley, H. (2003). *Mentoring for Social Inclusion: A Critical Approach to Nurturing Mentor Relationships*. London: Routledge Farmer.
- Constanzo, P. & Shaw, M. (1996). Conformity as a function of age level. *Child Dev, 37*: 967-975.
- Copenhaver, M. & Eisler, R. (1996). Masculine gender role stress. A perspective on men's health. In Kato, P. & Mann, T. (Eds.), *Handbook of diversity in health psychology*. (pp. 219-35). London: Plenum Press.
- Davidson, N. & Lloyd, T. (1997). *Young Men's Use of Counselling and Advice Services in Central London*. Working with Men.
- Department for Education & Skills (2004). *Every Child Matters*. London: DH Publications.
- Department for Education & Skills (2006). *Care Matters: Transforming the Lives of Children and Young People in Care*. London: DH Publications.
- Department for Education & Skills (2007). *Care Matters: Time for Change*. London: DH Publications.

Department of Health (1997). *Response to the Children's Safeguards Review*. London: The Stationery Office.

Department of Health (1997a). *When leaving home is also leaving care: An inspection of services for young people leaving care*. Social Services Inspectorate. London: The Stationery Office.

Department of Health (1999). *The National Service Framework for Mental Health*. London: The Stationery Office.

Department of Health (1999a) *Me, Survive, Out There?: New Arrangements for Young People Living in and Leaving Care*. London: The Stationery Office.

Department of Health (1999b). *Saving Lives: Our Healthier Nation*. London: The Stationery Office.

Department of Health (2001). *Tackling Inequalities: A consultation paper*. London: The Stationery Office.

Department of Health (2001a). *Making it Happen: A guide to delivering Mental Health Promotion*. London: The Stationery Office.

Department of Health (2002). *Promoting the Health of Looked After Children*. London: The Stationery Office.

Department of Health (2002a). *National Suicide Prevention Strategy*. London: The Stationery Office. [Online] Available from www.dh.gsi.gov.uk [Accessed 6 February 2006].

Department of Health (2002b). *Care leaving strategies: A good practice handbook*. London: The Stationery Office.

Department of Health (2002c). *Fostering Services: National Minimum Standards – Fostering Services Regulations*. London: The Stationery Office. [Online] Available from www.doh.gov.uk/ncsc. [Accessed 10 August 2007].

Department of Health (2003). *Tackling Health Inequalities – A Programme of Action*. London: The Stationery Office.

Department of Health (2004). *Choosing Health, Making Health Choices Easier*. London: The Stationery Office.

Department of Health (2004a). *National Service Framework for Children, Young People and Maternity Services*. London: DH Publications.

EPPI Centre (2002). *A scoping exercise for a review of the effectiveness of health promotion interventions of relevance to suicide prevention in young men (aged 19-34)*. [Online] Available from <http://www.eppi.ioe.ac.uk> [Assessed 15 March 2006].

Erikson, E. (1968). *Identity: Youth and Crisis*. New York: W. & W. Norton.

Galambos, N. (2004). Gender and Gender Role Development in Adolescence. In R. Lerner & L. Steinberg (Eds.), *Handbook of Adolescent Psychology (2nd Edition)*. New Jersey: John Wiley & Sons.

Galambos, N. & Ehrenbergm M. (1999). The Family as Health Risk and Opportunity: A Focus on Divorce and Working Families. Edited by Schulenber, J., Maggs, J. & Hurrelmann, K. (Eds). *Health Risks and Developmental Transitions During Adolescence*. Cambridge: The Press Syndicate of the University of Cambridge.

- Glaser, B. G. & Strauss, A. L. (1967). *The discovery of Grounded Theory: Strategies for Qualitative Research*. New York, NY: Aldine Publishing Company.
- Gordon, J. & Grant, J. (1997). *How We Feel*. London: Jessica Kingsley.
- Greenberger, E., Josselson, R., Knerr, C. & Kneer, B. (1975). The measurement and structure of psychosocial maturity. *Journal of Youth and Adolescence*, 4: 127-153.
- Greenberger, E. & Sorenson, A. (1974). Toward a concept of psychosocial maturity. *Journal of Youth and Adolescence*, 3: 329-358.
- Greenberger, E. & Steinberg, L. (1986). *When teenagers work: The psychological and social costs of adolescent employment*. New York: Basic Books.
- Gross, R. (1991). *Psychology: The Science of Mind and Behaviour*. London: Hodder & Stoughton.
- Gross, R. (2005). *Psychology: The Science of Mind and Behaviour (5th Ed)*. London: Hodder & Stoughton.
- Hamilton, S. & Hamilton, M. (2004). Contexts for Mentoring: Adolescent-Adult Relationships in Workplace and Communities. In R. Lerner & L. Steinberg (Eds.), *Handbook of Adolescent Psychology (2nd Edition)*. New Jersey: John Wiley & Sons.
- Havighurst, R. (1948/1972). *Developmental tasks and education (3rd Ed.)*, New York: David McKay.
- HMSO (1948). *The Children Act 1948*. London: The Stationery Office.
- HMSO (1998). *The Data Protection Act*. London: The Stationery Office.
- HMSO (2000). *Children (Leaving Care) Act 2000*. London: The Stationery Office.
- Hill, M., Laybourn, A., Borland, M. & Secker, J. (1997). Promoting mental and emotional well-being: the perspectives of younger children. In D. Trent and C. Reed (Eds.), *Promotion of Mental health, Vol 5.*: Aldershot: Avebury.
- Hill, J. & Lynch, M. (1983). The intensification of gender-related role expectations during early adolescence. In J. Brooks-Gunn & A. Petersen (Eds.), *Girls at puberty: Biological and psychosocial perspectives* (p. 210-228). New York: Plenum.
- Hurrelmann, K. (Eds.), *Health Risks and Developmental Transitions During Adolescence*. Cambridge: The Press Syndicate of the University of Cambridge.
- Hurrelmann, K. (1990). Health promotion for adolescents: Preventive and corrective strategies against problem behaviour. *Journal of Adolescence*, 13: 231-250.
- Huston, A. (1983). Sex-typing. In M. Hetherington (Eds.), *Handbook of child psychology: Vol 4. Socialisation, personality and social development* (p. 387-467). New York: Wiley.
- Huston, A. (1991). *Children in poverty: Child development and public policy*. Cambridge: Cambridge University Press.
- Jackson, S. (2002). Promoting stability and continuity of care away from home. In D. McNeish, T. Newman & H. Roberts (Eds.), *What Works for Children* Buckingham: Open University Press.
- Jessor, J. (1993). Successful adolescent problem behaviour. In G. Adams, T. Gullotta, & R. Montemayor (Eds.), *Adolescent identity formation* (p. 216-233). Newbury Park, CA: Sage.

- Kruger, R. & Casey, M. A. (2000). *Focus Groups: A practical guide for applied research* (3rd Ed). London: Sage Publication, Inc.
- Lamborn, S. & Steinberg, L. (1993). Emotional autonomy redux: Revisiting Ryan and Luch. *Child Development*, 64: 483-499.
- Larson, R. (1994). Youth organisation, hobbies and sports and developmental contexts. In R. Silbereisen & E. Todt. (Eds), *Adolescence in context: The interplay of family, school, peers and work in adjustment*. (p. 46-65). New York: Springer-Verlag.
- Lerner, R. (1993). Investment in youth: The role of home economics in enhancing the life chances of America's children. *AHEA Monograph Series*, 1: 5-34.
- Lerner, R., Ostrom, C. & Freil, M. (1999). Preventing Health-Compromising Behaviours Among Youth and Promoting Their Positive Development: A Developmental Contextual Perspective. Edited by Schulenber, J., Maggs, J. & Hurrelmann, K. (Eds). *Health Risks and Developmental Transitions During Adolescence*. Cambridge: The Press Syndicate of the University of Cambridge.
- Levin, L. (1989). Health for today's youth: hope for tomorrow's world. *World Health Forum*, 10(2): 6-14.
- Levy, M. (1989). *Our Mother-Tempera*. Berkeley, CA: University of California.
- Lobel, T. (1994). Sex typing and the social perception of gender stereotypic and non-stereotypic behaviour: The uniqueness of feminine roles. *J. Pers. Soc. Psychol*, 66: 379-385.
- Lobel, T., Bempechat, J., Gerwartz, J., Shoken-Topaz, T. & Bach, E. (1993). The role of gender-related information and self-endorsement of traits in pre-adolescents inferences and judgements. *Child Dev*, 64: 1285-1294.
- Loh, E. & Wragg, J. (2004). Developmental Perspectives in K Dwivedi & Brinley Harper (Eds.), *Promoting the Emotional Well-being of Children and Adolescents and Preventing their mental ill health*. London: Jessica Kingsley Publishers.
- Lynn, D. (1959). A note on sex differences in the development of masculine and feminine identification. *Psychological Review*, 66: 126-35.
- Lynn, D. (1984). Women and politics: The real majority. In J. Freeman (Eds.), *Women: A Feminist Perspective*. Palo Alto, CA: Mayfield.
- Maccoby, E. (1999). *The Two Sexes: Growing up Apart, Coming Together*. London: Harvard University Press.
- Maggs, J., Schulenber, J. & Hurrelmann, K. (1999). Developmental Transitions During Adolescence: Health Promotion Implications. Edited by Schulenber, J., Maggs, J. & Hurrelmann, K. (Eds). *Health Risks and Developmental Transitions During Adolescence*. Cambridge: The Press Syndicate of the University of Cambridge.
- McLloyd, V. & Wilson, L. (1991). The strain of living poor: Parenting, social support and child mental health. In A. Huston (Eds.), *Children in poverty: Child development and public policy* (p. 105-135). Cambridge: Cambridge University Press.
- Men's Health Forum (2002). *Getting It Sorted: A New Policy For Men's Health. A Consultative Document*. London: MHF.
- Men's Health Forum (2006). *Mind Your Head: Men, boys and mental well-being – National Men's Health Week 2006 Policy Report*. London: MHF.

Mental Health Foundation (1999). *Bright Futures*. London: MHF.

Mischel, W. (1966). A social learning view of sex differences in behaviour. In E. Maccoby (Eds.), *The Development of Sex Differences*. Stanford, CA: Stanford University.

Nightingale, E. & Wolverton, L. (1993). Adolescent rolelessness in modern society. *Teachers College Record*, 94: 472-486.

Noller, P. & Callan, V. (1991). *The Adolescent in the Family*. London: Routledge.

Office of the Deputy Prime Minister (2004). *Breaking the Cycle*. [Online] Available from <http://www.odpm.gov.uk> [Accessed 22nd January 2006].

Office of the Deputy Prime Minister (2005). *Transitions: A Social Exclusion Unit interim report on Young Adults*. [Online] Available from <http://www.odpm.gov.uk> [Accessed 22nd January 2006].

Pidgeon, N. & Henwood, K. (1997a). Grounded theory: practical implementation. In J. Richardson (Eds.), *Handbook of Qualitative Research Methods for Psychology and the Social Sciences*. Leicester: BPS Books.

Prince's Trust (2005). *Together we can help more young people: Quick Guide*. London: Prince's Trust.

Quinn, J. (1995). Positive effects of participation in youth organisations. In M. Rutter (Eds.), *Psychological disturbances in young people: Challenges for prevention* (p. 274-304). New York: Cambridge University Press.

Rossi, J. (1992). *Stages of change for 15 health risk behaviours in an HMO population*. Paper presented at the Thirteenth Annual Scientific Sessions of the Society of Behavioural Medicine, New York.

Royal College of Psychiatrists (1997). *Men Behaving Sadly*. London: RCP.

Rutter, M. (1987). Psychosocial resilience and protective mechanism. *American Journal of Orthopsychiatry*, 57: 316-331.

Rutter, M., Giller, H. & Hagell, A. (1998). *Antisocial behaviour by young people*. Cambridge: Cambridge University Press.

Samaritans (1999). *Young men speak out* [Online] Available from <http://www.samaritans.org> [Accessed 15 March 2006].

Schofield, G. (2006). The significance of a secure base: A psychosocial model of long-term foster care. *Child & Family Social Work*, 7: 259-272.

Schorr, L. (1988). *Within our reach: Breaking the cycle of disadvantage*. New York: Doubleday.

Schorr, L. (1991). Effective programmes for children growing up in concentrated poverty. In A. Huston (Eds.), *Children in poverty: Child development and public policy* (p. 260-281). Cambridge: Cambridge University Press.

Schulenberg, J., Maggs, J. & Hurrelmann, K. (1999). Negotiating Developmental Transitions During Adolescence and Young Adulthood: Health Risks and Opportunities. Edited by Schulenberg, J., Maggs, J. & Hurrelmann, K. (Eds.), *Health Risks and Developmental Transitions During Adolescence*. Cambridge: The Press Syndicate of the University of Cambridge.

- Shah, H. & Marks, N. (2004). *A well-being manifesto for a flourishing society*. London: New Economics Foundation.
- Sheppard, M., Wright, D. & Goodstadt, M. (1985). Peer pressure and drug use – exploding the myth. *Adolescence*, 20: 949-58.
- Shucksmith, J. & Hendry, L. (1998). *Health Issues and Adolescents: Growing up and Speaking out*. London: Routledge.
- Stein, M. (1997). *What works in leaving care?* London: Barnardos.
- Stein, M. (2004). *What works for young people leaving care?* Essex: Barnardo's.
- Stein, M. (2005). *Resilience and young people leaving care: Overcoming the odds*. York: Joseph Rowntree Foundation.
- Stein, M. & Wade, J. (2000). *Helping care leavers: problems and strategic responses*. London: Department of Health.
- Strauss, A. (1987) *Qualitative Analysis for Social Scientists*. Cambridge: Cambridge University Press.
- Strauss, A. & Corbin, J. (1990). *Basics of Qualitative Research*. London: Sage Publications.
- Trew, K. (1998). Identity and the Self. Edited by Trew, K. & Kremer, J. (Eds.), *Gender & Psychology*. London: Arnold.
- Usmiani, S. & Daniluk, J. (1997). Mothers and their Adolescent Daughters: Relationship between self-esteem, gender role identity and body image. *Journal of Youth and Adolescence*, 26: 45-62.
- Vitaro, F., Tremblay, R., Kerr, M., Pagani, L. & Bukowski, W. (1997). Disruptiveness, friends' characteristics, and delinquency in early adolescence: A test of two competing models of development. *Child Dev*, 68: 676-689.
- Wade, J. (2003). *Leaving Care: Quality Protects Research Briefing*. London: Department of Health.
- Watts, R. & Borders, D. (2005). Boys' Perceptions of the Male Role: Understanding Gender Role Conflict in Adolescent Males. *The Journal of Men's Studies*, 13(2): 267-280.
- Whitney-Thomas, J. & Moloney, M. (2001). "Who I Am and What I Want": Adolescents' Self-Definition and Struggles. *The Council for Exceptional Children*, 67, 3: 375-389.
- WHO (World Health Organisation). Regional Office for Europe (1985). *Health Implications of Unemployment*. Copenhagen: WHO Regional Office for Europe.

BIBLIOGRAPHY

- Ainsworth, F. (1981). The training of personnel for group care with children. In F. Ainsworth & L. Fulcher (Eds.), *Group care for children*. New York: Tavistock.
- Allard, A. (2002). *A case study investigation into the implementation of the Children (Leaving Care) Act 2000*. NCH: London.
- Allen, J. & Land, D. (1999). Attachment in adolescence. In J. Cassidy & P. Shaver (Eds.), *Handbook of attachment: Theory, research and clinical applications* (pp. 319-335). New York: Guilford Press.
- Anderson, R., Davies, J., Kickbusch, I., McQueen, D. & Turner, J. (Eds.) (1988). *Health behaviour research and health promotion*. Oxford: Oxford University Press.
- Arblaster, L. & Hawtin, M. (1993). *Health, Housing and Social Policy*. London: Socialist Health Association.
- Baker, C. (2004). Membership categorisation and interview accounts. In D. Silverman (Eds.), *Qualitative Research: Theory, Method and Practice (2nd Edition)*. London: Sage.
- Balswick, J. & Macride, C. (1975). Parental stimulus for adolescent rebellion. *Adolescence*, 10(38): 253-66.
- Barnardo's (1997). *What Works in Leaving Care? Summary*. London: Barnardo's.
- Baum, F. (1993). Healthy cities and change: Social movement or bureaucratic tool? *Health Promotion International*, 8: 31-40.
- Baumrind, D. (1991). Effective parenting during the early adolescent transition. In P. Cowan & M. Hetherington (Eds.), *Family transitions* (pp. 111-163). Hillsdale, NJ: Erlbaum.
- Beauvais, F. & Oetting, E. (1999). *Drug use, resilience, and the myth of the golden child*. See Ref. 44a, p.101-8.
- Becker, H. & Geer, B. (1960). Participant observation: The analysis of qualitative field data. In R. Adams & J. Preiss (Eds.), *Human organisation research* (p. 267-288). Homewood, IL: Dorsey Press.
- Benedict, R. (1950). *Patterns of culture*. New York: New American Library.
- Bergevin, T., Bukowski, W. & Miners, R. (2003). Social Development. In A. Slater & G. Bremner (Eds.), *An Introduction to Developmental Psychology*. Oxford: Blackwell Publishing.
- Berridge, D. & Brodie, I. (1998). *Children's homes revisited*. London: Sage.
- Blankstein, K., Flett, G. & Johnston, M. (1992). Depression, problem-solving ability and problem-solving appraisals. *Journal of Clinical Psychology*, 48: 749-759.
- Block, J. (1978). Another look at sex differentiation in the socialisation behaviours of mothers and fathers. In J. Sherman and F. Denmark (Eds.), *The psychology of women: Future directions of research*. New York: Psychological Dimensions.
- Block, J., Block, J. & Gjerde, P. (1986). The personality of children prior to divorce: A prospective study. *Child Development*, 57: 827-40.
- Blos, P. (1979). *The adolescent passage*. New York: International Universities Press.
- Boldero, J. & Fallon, B. (1995). Adolescent help-seeking: what do they get help for and from whom? *Journal of Adolescence*, 18(2): 193-209.

- Bradford Brown, B., Dolcini, M. & Leventhal, A. (1999). Transformation in Peer Relationships at Adolescence: Implications for Health-Related Behaviour. Edited by Schulenberg, J., Maggs, J. & Hurrelman, K. (Eds.), *Health Risks and Developmental Transitions During Adolescence*. Cambridge: The Press Syndicate of the University of Cambridge.
- Bridges, L., Geyelin Margie, N. & Zaff, J. (2001). *Background for Community-Level Work on Emotional Well-being in Adolescence: Reviewing the Literature on Contributing Factors*. [Online]. Available from <http://www.childtrends.org> [Accessed 6 February 2006].
- BMA Board of Science (2006). *Child and adolescent mental health: A guide for healthcare professionals*. London: British Medical Association.
- British Psychological Society (2006). BPS responds to 'Youth Matters' consultation. *The Psychologist*, 19 1 pp49.
- Brittain, C. (1963). Adolescent choices and parent-peer cross-pressures. *American Sociological Review*, 28: 385-391.
- Broad, B. (1998). *Young People Leaving Care: Life after the Children Act 1989*. London: Jessica Kingsley.
- Broad, B. (1999). Improving the health of children and young people leaving care. *Adoption and Fostering*, 23,1: 40-48.
- Broad, B. (2003). *After the Act: Implementing the Children (Leaving Care) Act 2000*. Action on Aftercare Consortium and De Montfort University, Leicester.
- Buckner, J., Mezzacappa, E. & Beardslee, W. (2003). Characteristics of resilient youths living in poverty: the role of self-regulatory processes. *Development and Psychopathology*, 15: 139-162.
- Buri, J., Kirchner, P. & Walsh, J. (1987). Familial correlates of self-esteem in young American adults. *Journal of Social Psychology*, 127(6): 583-8.
- Burt, C., Cohen, L. & Bjorck, K. (1988). Perceived family environment as a moderator of young adolescents' life stress adjustment. *American Journal of Community Psychology*, 16(1): 101-22.
- Byrn Melyn Group (2006). *Life After Care – Booklet*. London: GMB.
- Cadell, S., Karabanow, J. & Sanchez, M. (2001). Community, Empowerment and Resilience: Paths to Wellness. *Canadian Journal of Community Mental Health*, 20(1): 21-35.
- Cakir Gulfem, S. & Aydin, G. (2005). Parental attitudes and ego identity status of Turkish adolescents. *Adolescence*, 40, 160: 847-859.
- Callaghan, J., Young, B., Richards, M. & Vostanis, P. (2003). Developing New Mental Health Services for Looked-After Children. *Adopting and Fostering*, 27, (4): 51-63.
- Campbell, B. (1981). Race-of-Interviewer Effects Among Southern Adolescents. *Public Opinion Quarterly*, 45 (Summer): 231-244.
- Cantor, N. (1990). From thought to behaviour: "Having" and "doing" in the study of personality and cognition. *American Psychologist*, 45: 735-750.
- Cardiff University (2003). *Young people, gender and suicide prevention: Help seeking in young men and women*. [Online] Available from <http://www.cf.ac.uk> [Accessed 15 March 2006].

- Carlton, P. & Deane, F. (2000). Impact of attitudes and suicidal ideation on adolescents' intentions to seek professional psychological help. *Journal of Adolescence*, 23(1): 35-45.
- Carmel, S., Anson, O., Levenson, A., Bonne, D. & Maoz, B. (1991). Life events, sense of coherence and health: gender differences on the kibbutz. *Social Science and Medicine*, 32: 1089-96.
- Charmaz, K. (1997). Identity Dilemmas of Chronically Ill Men. In A. Strauss & J. Corbin (Eds.), *Grounded Theory in Practice*. London: SAGE Publication.
- Chen, E., Matthews, K. & Boyce, W. (2002). Socio-economic differences in children's health: How and why do these relationships change with age? *Psychological Bulletin*, 128: 295-329.
- Chesney, M & Nealey, J. (1996). Smoking and cardiovascular disease risk in women: issues for prevention and women's health. In Kato, P. & Mann, T. (Eds.), *Handbook of diversity in health psychology*. (pp. 199-218). London: Plenum Press.
- Childline (2003). *Boys Allowed*. London: Childline.
- Colarossi, L. (2001). Adolescent gender difference in social support: structure, function and provider type. *Social Work Research*, 25(4): 233-241.
- Coleman, J. (1961). *The adolescent society*. New York: Free Press.
- Coleman, J. (1978). Current contradictions in adolescent theory. *Journal of Youth and Adolescence*, 7: 1-11.
- Coleman, J. & Hendry, L. (1990). *The Nature of Adolescence (2nd Ed)*. London: Routledge.
- Coles, B. (1995). *Youth and social policy*. London: Methuen.
- Collins, W. & Laursen, B. (2004). Parent-Adolescent Relationships and Influences. In R. Lerner & L. Steinberg (Eds.), *Handbook of Adolescent Psychology (2nd Eds)*. New Jersey: John Wiley & Sons.
- Community Care (2005). *Government to improve outcomes for young disadvantaged adults*. [Online] Available from <http://www.communitycare.co.uk/Articles> [Accessed 15 December 2005].
- Compas, B. (1993). Promoting positive mental health during adolescence. In S. Millstein, A. Petersen & E. Nightingale (Eds.), *Promoting the health of adolescents: New directions for the twenty-first century* (p. 159-179). New York: Oxford University Press.
- Compas, B. (2004). Processes of Risk and Resilience During Adolescence. In R. Lerner & L. Steinberg (Eds.), *Handbook of Adolescent Psychology (2nd Eds)*. New Jersey: John Wiley & Sons.
- Compas, B., Hinden, B. & Gerhardt, C. (1995). Adolescent development: Pathways & processes of risk and resilience. *Annual Review of Psychology*, 46: 265-293.
- Conlon, M. & Ingram, G. (2006). Connecting with children in care. *Mental Health Today (September Issue)*.
- Connolly, J. & Konarski, R. (1994). Peer self-concept in adolescence: Analysis of factor structure and of associations with peer experience. *Journal of Research on Adolescence*, 4: 385-403.

Cooper, C., Grotevant, H. & Condon, S. (1983). Individuality and connectedness in the family as a context for adolescent identity formation and role taking skill. In H. Grotevant & C. Cooper (Eds.), *Adolescent development in the family: New directions for child development* (p. 43-59). San Francisco: Jossey-Bass.

Coyle, A. & Morgan-Sykes, C. (1998). Troubled men and threatening women: the construction of crisis in male mental health. *Feminism and Psychology*, 8:3.

Crockett, L. (1999). Cultural, Historical and Sub-cultural Contexts of Adolescence: Implications for Health and Development. Edited by Schulenberg, J., Maggs, J. & Davidson, N. & Lloyd, T. (1997). *Young Men's Use of Counselling and Advice Services in Central London*. London: Working with Men.

Curry, C. (1998). Identity and the Self. Edited by Trew, K. & Kremer, J. (Eds.), *Gender & Psychology*. London: Arnold.

Dacey, J. (1982). *Adolescents Today (2nd Ed)*. Scott, Foresman & Co.

Davey Smith, G., Shipley, M. & Leon, D. (1998a). Height and Mortality from Cancer among Men: Prospective Observational Study. *British Medical Journal*. 371:1351-2.

Deane, F. & Chamberlain, K. (1994). Treatment fearfulness and distress as predictors of professional psychological help-seeking. *British Journal of Guidance & Counselling*, 22(2): 207-217.

Deane, F., Wilson, C. & Ciarrochi, J. (2001). Suicidal ideation and help-negation: Not just hopelessness or prior help. *Journal of Clinical Psychology*, 57(7): 901-914.

Department for Education and Skills (2003). *Every Child Matters: What do you think?* [Online] Available from [http:// www.dfes.gov.uk/everychildmatters](http://www.dfes.gov.uk/everychildmatters) [Accessed 7th February 2006]

Gordon, J. & Grant, J. (1997). *How We Feel*. London: Jessica Kingsley.

Department of Health (1998). *LAC (98) 27: Government response to the Children's Safeguards Review*. London: The Stationery Office.

Department of Health (1999). *Patient and Public Involvement in the New NHS*. London: The Stationery Office.

Department of Health (2000). *Framework for the Assessment of Children in Need and Their Families*. London: The Stationery Office.

Department of Health (2001b). *Children Looked After by Local Authorities Year Ending 31 March 2000*. London: The Stationery Office.

Department of Health (2001c). *Children (Leaving Care) Act 2000: Regulations and guidance*. London: The Stationery Office.

Department of Health (2005). *You're Welcome quality criteria: Making health services young people friendly*. London: DH Publications.

Department of Health (2006). *Reaching Out: Evaluation of three mental health promotion pilots to reduce suicide amongst young men*.

Dike van de Mheen, H., Stronks, K. & Mackenbach, J. (1988). A Lifecourse Perspective on Socio-economic Inequalities in Health: The Influence of Childhood Socio-economic Conditions on Selection Processes. *Sociology of Health and Illness*. 20(5):754-777.

- Dimigen, G., Del Priore, C., Butler, S., Evans, S. *et al* (1999). Psychiatric disorder among children at time of entering local authority care: questionnaire survey. *British Medical Journal*, 319: 675.
- Dixon, J. & Stein, M. (2002). *A Study of Throughcare and Aftercare Services in Scotland. Scotland's Children, Children (Scotland) Act 1995*. Research Findings No. 3, Edinburgh: Scottish Executive.
- Dixon, J., Wade, J., Byford, S., Weatherly, H. & Lee, J. (2004). *Young People Leaving Care: A Study of Outcomes and Costs – Research Summary*. York: The University of York.
- Doll, B., Zucker, S. & Zucker, K. (2004). *Resilient Classrooms: Creating Healthy Environments for Learning*. New York: Guilford Press.
- Downes, C. (1992). *Separation revisited*. Aldershot: Ashgate.
- Doyal, L. (1995). *What Makes Women Sick? Gender and the Political Economy of Health*. London: Macmillan.
- Dryfoos, J. (1990). *Adolescents at risk: Prevalence and prevention*. New York: Oxford University Press.
- DuBois, D. & Hirsch, B. (1993). School/non-school friendship patterns in early adolescence. *Journal of Early Adolescence*, 13: 102-122.
- Elder, G. (1968). Adolescent socialisation and development. In *Handbook of Personality Theory and Research*. Chicago, Ill: University of Chicago Press.
- Elliott, T., Herrick, S. & Witty, T. (1992). Problem-solving appraisal and the effects of social support among college students and persons with physical disabilities. *Journal of Counselling Psychology*, 39: 219-226.
- Farmer, E. & Pollock, S. (1997). *Substitute care for sexually abused and abusing children*. Bristol: Report to the Department of Health. School for Policy Studies, University of Bristol.
- Fasteau, M. (1974). Why Aren't We Talking. In J. Pleck & J. Sawyer (Eds.), *Men & Masculinity*. Englewood Cliffs, NJ: Prentice-Hall, Inc.
- Feather, N. (1985). The psychological impact of unemployment: empirical findings and theoretical approaches. In N. Feather (Eds.), *Australian Psychology: Review of Research* (p265-95). Sydney: Allen & Unwin.
- Featherstone, M. (1991). The body in consumer culture. In M. Featherstone, M. Hepworth and B. Turner (Eds.), *The Body: Social Process and Cultural Theory*. London: Sage.
- Fergus, S. & Zimmerman, M. (2005). Adolescent Resilience: A Framework for Understanding Healthy Development in the Face of Risk. *Annu. Rev. Public Health*, 26: 399-419.
- Fitzgerald, B. (2005). An existential view of adolescent development. *Adolescence*, 40, 160: 793-799.
- Fontana, A. & Frey, J. (1994). Interviewing: The art of science. In N. Denzin & Y. Lincoln (Eds.), *Handbook of Qualitative Research*. Thousand Oaks, California: Sage.
- Ford, D. & Lerner, R. (1992). *Developmental Systems Theory: An integrative approach*. Newbury Park, CA: Sage.

- Forrest, S. (1992). *Hospital and Community: Clients' and Carers' Experience of Life in Two Residential Settings for the Mentally Ill*. MPhil thesis. University of Edinburgh.
- Fox, A. & Shewry, M. (1988). New Longitudinal Insights into Relationships Between Unemployment and Mortality. *Stress Medicine*, 4:14-19.
- Freud, A. (1958). Adolescence. *Psychoanalytic Study of the Child*, 13: 255-278.
- Friedman, R. & Chase-Lansdale, P. (2002). Chronic adversities. In M. Rutter & E. Taylor (Eds.), *Child and adolescent psychiatry (4th Ed)*. Oxford: Blackwell Science (p. 261-276).
- Furnham, A. (1985). Youth unemployment: A review of the literature. *Journal of Adolescence*, 8: 109-24.
- Gagnon, J. (1974). Physical Strength, Once of Significance. In J. Pleck & J. Sawyer (Eds.), *Men & Masculinity*. Englewood Cliffs, NJ: Prentice-Hall, Inc.
- Garbarino, J. & Gilliam, G. (1980). *Understanding Abusive Families*. Lexington, MA: Lexington.
- Gecas, V. & Schwalbe, M. (1986). Parental behaviour and adolescent self-esteem. *Journal of Marriage and the Family*, 48: 37-46.
- Gibbs, I., Sinclair, I. & Stein, M. (2005). Children and young people in and leaving care. In J. Bradshaw & E. Mayhew (Eds.), *The Wellbeing of Children in the UK*. London: SCF.
- Gilligan, R. (2001). *Promoting Resilience: A Resource Guide on Working with Children in Care System*. London: BAAF.
- Glaser, B. (1978). *Theoretical sensitivity*. Mill Valley, CA: Sociology Press.
- Graham, P. (2004). *The End of Adolescence*. Oxford: Oxford University Press.
- Greenland, K., Scourfield, J., Smalley, N., Prior, L. & Scourfield, J. (2004). *Young people, gender and suicide prevention: Help-seeking in 17-18 year old men and women*. Cardiff: University of Cardiff.
- Grotevant, H. & Cooper, C. (1986). Individuation in family relationships: A perspective on individual differences in the development of identity and role-taking in adolescence. *Human Development*, 29: 82-100.
- Hai, N. & Williams, A. (2004). *Implementing the Children (Leaving Care) Act 2000, the experience of eight London boroughs*. London: National Children's Bureau.
- Hall, G. (1904). *Adolescence*. New York: Appleton.
- Hamilton, S. (1990). *Apprenticeship for adulthood: Preparing youth for the future*. New York: Free Press.
- Hamilton, S. (1994). Employment prospects as motivation for school achievement: Links and gaps between school and work in seven countries. In R. Silbereisen & E. Todt (Eds.), *Adolescence in context: The interplay of family, school, peers and work in adjustment* (p. 267-283). New York: Springer-Verlag.
- Harmen, J., Childs, E. & Kelleher, K. (2000). Mental Health Care Utilisation and Expenditures by Children in Foster Care. *Archives of Paediatrics and Adolescent Medicine*, 154: 1114-7.
- Harrison, A. & Handscombe, J. (2003). *We live it- adults make it*. Bedfordshire: Bedfordshire County Council.

- Hart, A., Blincow, D. & Thomas, H. (2006). *Resilience Therapy with children and families*. London: Brunner Routledge.
- Hartley, R. (1974). Sex-Role Pressures and the Socialisation of the Male Child. In J. Pleck & J. Sawyer (Eds.), *Men & Masculinity*. Englewood Cliffs, NJ: Prentice-Hall, Inc.
- Hartrup, W. (1983). Peer relations. In E. Hetherington (Eds.), *Handbook of child psychology* (Vol. 4, p. 103-196). New York: Wiley.
- Hauser, S., Powers, S. & Noam, G. (1991). *Adolescents and their families: Paths of ego development*. New York: Free Press.
- Hayes, D. & Ross, C. (1987). Concern with appearance, health beliefs and eating habits. *Journal of Health and Social Behaviour*, 28: 120-30.
- Hayes, N. (1996). *Foundation of Psychology: An Introductory Text*. Walton-on-Thames: Thomas Nelson & Sons Ltd.
- Health Education Authority (1997). *Mental Health Promotion: A Quality Framework*. London: Health Education Authority.
- Health Promotion Agency Northern Ireland (2001). *Design for living: research to support young people's mental health and well-being*. Belfast: HPANI.
- Hendry, L. (1999). Adolescents & society. In D. Messer & E. Jones (Eds.), *Psychology and Social Care*. London: Jessica Kingsley.
- Hendry, L. & Kloep, M. (1996). Is there life beyond "flow"? Proceedings of 5th Biennial Conference of the EARA, University of Liege, May 1996.
- Hendry, L. & Kloep, M. (1999). Adolescents in Europe – an important life phase? In D. Messer & S. Miller (Eds.), *Exploring Development Psychology: From Infancy to Adolescence*. London: Arnold.
- Heppner, P., Kivligham, D. & Wampold, B. (1999). *Research design in counselling*. Belmont, CA: Wadsworth.
- HM Treasury at: http://www.hm-treasury.gov.uk/spending_review/spend_sr04/associated_documents/spending_sr04_childpoverty.cfm. [Accessed February 2007].
- Hetherington, E., Cox, M. & Cox, R. (1978). The aftermath of divorce. In J. Stevens & M. Mathews (Eds.), *Mother-Child, Father-Child Relationships*. Washington, DC: National Association for the Education of Young Children.
- Hillier, A. (2006). From care to where? *Young People Now* [25-31 October 2006].
- Hodgson, R., Abbasi, T. & Clarkson, J. (1996) Effective mental health promotion: a literature review. *Health Education Journal*, 55: 55-74.
- Hoelter, J. & Harper, L. (1987). Structural and interpersonal family influences on adolescent self-conception. *Journal of Marriage and the Family*, 49: 129-39.
- Holstein, J. & Gubrium, J. (2004). The active interview. In D. Silverman (Eds.), *Qualitative Research: Theory, Method and Practice (2nd Edition)*. London: SAGE.
- Hutchinson, S. & Wilson, H. (1994). Research and therapeutic interviews: A poststructuralist perspective. In J. Morse (Eds.), *Critical Issues in Qualitative Research Methods*. Thousand Oaks, California: Sage.

- Jerrom, C. (2005). *Government to improve outcomes for young disadvantaged adults*. [Online] Available from <http://www.communitycare.co.uk/Articles> [Accessed 15 December 2005].
- Jessor, J. (1984). Adolescent development and behavioural health. In J. Matarazzo, S. Weiss, J. Herd, N. Miller & J. Weiss (Eds.), *Behavioural health: A handbook of health enhancements and disease prevention* (p. 69-90). New York: Wiley.
- Johnson, R., Griffiths, C. & Nottingham, T. (2006). Housing and community care. *Mental Health Today (November Issue)*.
- Jones, G. (2002). *The youth divide: diverging paths to adulthood*. York: Foundations: Joseph Rowntree Foundation.
- Jones, G. & Wallace, C. (1992). *Youth, Family and Citizenship*. Milton Keynes: Open University Press.
- Joseph Rowntree Foundation (2003). *Factors that influence young people leaving care*. London: Joseph Rowntree Foundation.
- Jourard, S. (1974). Some Lethal Aspects of the Male Role. In J. Pleck & J. Sawyer (Eds.), *Men & Masculinity*. Englewood Cliffs, NJ: Prentice-Hall, Inc.
- Kahn, J. & Hessling, R. (2001). Measuring the tendency to conceal versus disclose psychological distress. *Journal of Social and Clinical Psychology*, 20(1): 41-65.
- Kamptner, N. L. (1988). Identity development in late adolescence: Casual modelling of social and familial influences. *Journal of Youth and Adolescence*, 16, 3, 247-264.
- Kandel, D. & Andrews, K. (1987). Processes of adolescent socialisation by parents and peers. *International Journal of Addictions*, 22: 319-342.
- Kidder, L. (1981). Qualitative research and quasi-experimental frameworks. In M. Brewer & B. Collins (Eds.), *Scientific Inquiry and the Social Sciences*. San Francisco, California: Jossey-Bass.
- King, E. (1993). Power versus empowerment as part of the research process. *Psychology of Women Newsletter*, No.11, p.16-19.
- King, E. (1997). The use of the self in qualitative research. In J. Richardson (Eds.), *Handbook of Qualitative Research Methods for Psychology and the Social Sciences*. Leicester: BPS Books.
- Kloep, M. & Hendry, L. (1999). Challenges, risks and coping in adolescence. In D. Messer & S. Millar (Eds.), *Exploring Developmental Psychology: From Infancy to Adolescence*. London: Arnold.
- Knafo, A. & Schwartz, S. (2004). Identity formation and parent-child value congruence in adolescence. *British Journal of Developmental Psychology*, 22: 439-458.
- Koprowska, J. & Stein, M. (2000). The Mental Health of 'Looked-After' Young People. In P. Aggleton, J. Hurry & I. Warwick (Eds.), *Young People and Mental Health*. Chichester: John Wiley & Sons Ltd.
- Kraemer, H., Kazdin, A., Offord, D., Kessler, R., Jensen, P. & Kupfer, D. (1997). Coming to terms with the terms of risk. *Archives of General Psychiatry*, 54: 337-343.

Lamborn, S., Mounts, N., Steinberg, L. & Dornbusch, S. (1991). Patterns of competence and adjustment among adolescents from authoritative, authoritarian, indulgent and neglectful families. *Child Development*, 62: 1049-1065.

Larson, R. (2000). Towards a psychology of positive youth development. *American Psychologist*, 55, 170-183.

Lau, R., Quadrel, M. & Hartman, K. (1990). Development and change of young adults' preventive health beliefs and behaviour: influence from parents and peers. *Journal of Health and Social Behaviour*, 31(3): 240-259.

Leffert, N., Benson, P., Scales, P., Sharma, A., Drake, D. & Blyth, D. (1998). Developmental assets: Measurement and prediction of risk behaviours among adolescents. *Applied Developmental Science*, 2: 209-230.

Lewin, K. (1939). The field theory approach to adolescence. *American Journal of Sociology*, 44: 868-897.

Lieberman, A. (2004). Traumatic stress and quality of attachment: reality and internalisation in disorders of infant mental health. *Infant Mental Health Journal*, 25(4): 336-351

Lindsey, L. (1997). *Gender Roles: A Sociological Perspective (3rd Ed)*. Upper Saddle River, NJ: Prentice Hall.

Lobel, T., Nov-Krispin, N., Schiller, D., Lobel, O. & Feldman, A. (2004). Gender Discrimination: Behaviour During Adolescence and Young Adulthood: A Developmental Analysis. *Journal of Youth and Adolescence*, 33(6): 535-546.

Lundberg, O. (1993). The Impact of Childhood Living Conditions on Illness and Mortality in Adulthood. *Social Science and Medicine*, 36: 1047-52.

Luthar, S. & Cicchetti, D. (2000). The construct of resilience: Implications for interventions and social policy. *Development and Psychopathology*, 12: 857-885.

Maccoby, E. (1990). Gender and relationships: A developmental account. *American Psychologist*, 45: 513-520.

Maccoby, E. (2002). Gender and group process: A developmental perspective. *Current Directions in Psychological Science*, 11: 54-58.

MacIntyre, S. & Hunt, K. (1997). Socio-economic Position, Gender and Health. *Journal of Health Psychology*. 2:315-34.

MacIntyre, S., McIver, & Soomans, A. (1993). Area, Class and Health: Should We Be Focusing on Places or People? *Journal of Social Policy*. 22:213-34.

Mallon, J. (2007). Returning to education after care: Protective factors in the development of resilience. *Adoption & Fostering*, 31(1): 106-117.

Mann, M., Hosman, C., Schaalma, H. & de Vries, N. (2004). Self-esteem in a broad-spectrum approach for mental health promotion. *Health Education Research*, Vol 19(4): 357-372.

Marks, N., Shah, H. & Westall, A. (2004). *The power and potential of well-being indicators: Measuring young people's well-being in Nottingham*. New Economics Foundation: London.

Markus, H. & Wurf, E. (1987). The dynamic self-concept: A social psychological perspective. *Annual Review of Psychology*, 38: 299-337.

- Matt, E., Seus, L. & Schumann, K. (1999). Health Risks and Deviance in the Transition from School to Work. Edited by Schulenber, J., Maggs, J. & Hurrelman, K. (Eds.), *Health Risks and Developmental Transitions During Adolescence*. Cambridge: The Press Syndicate of the University of Cambridge.
- Mayall, B. (1993). Keeping healthy at home and school: It's my body so it's my job. *Sociology of Health and Illness*, 15(4):464-487.
- McCann, J., James, A., Wilson, S. & Dunn, G. (1996). Prevalences of psychiatric disorders in young people in the care system. *British Medical Journal*, 313, 15: 29-30.
- McCartan, R. & Small, S. (2006). Opening young minds. *Mental Health Today (October Issue)*.
- McLoyd, V. (1998). Socio-economic disadvantage and child development. *American Psychologist*, 53: 185-204.
- Mead, M. (1972). *Culture and commitment*. St. Albans: Panther.
- Mechanic, D. (1983). Adolescent health and illness behaviour: Review of the literature and a new hypothesis for the study of stress. *Journal of Human Stress*, 9, 4-13.
- Men's Health Forum (2001). *Young men and suicide: Summary*. London: MHF.
- Mental Health Foundation (2005). *Lifetime impacts: child and adolescent mental health*. London: MHF.
- Miles, A. (1991). *Women, Health and Medicine*. Buckingham: Open University Press.
- Miller, J. & Glassner, B. (2004). The "inside" and "outside": Finding realities in interviews. In D. Silverman (Eds.), *Qualitative Research: Theory, Method and Practice (2nd Edition)*. London: SAGE.
- Miller, P. (1989). Theories of adolescent development. In J. Worell & F. Danner (Eds.), *The adolescent decision maker*. San Diego, CA: Academic Press (p.13-46).
- Moisander, J. & Valtonen, A. (forthcoming). *Qualitative Marketing Research: A Cultural Approach*. London: Sage.
- Morrissey, K. M. & Werner-Wilson, J. J. (2005). The relationship between out-of-school activities and positive youth development: An investigation of the influences of communities and families. *Adolescence*, 40, 157. pp67-85.
- National Institute for Mental Health in England (NIMHE) www.nimhe.csip.org.uk
- Newman, T. (2003). *Building resilience in children and young people*. Pavillion Conference [1 May 2003].
- Newman, T. & Blackburn, S. (2002). *Transitions in the Lives of Children and Young People: Resilience Factors*. Interchange 78. Edinburgh: Scottish Executive.
- Newton, J. (1992). *Preventing Mental Illness in Practice*. London: Routledge and Kegan Paul.
- Noack, P., Krettek, C. & Walper, S. (2001). Peer relations of adolescents from nuclear and separated families. *Journal of Adolescence*, 24: 535-548.
- Norem, J. (1989). Cognitive strategies as personality: Effectiveness, specificity, flexibility and change. In D. Buss & N. Cantor (Eds.), *Personality psychology: Recent trends and emerging directions* (p. 45-60). New York: Springer-Verlag.

Nurmi, J-E. (1999). Self-Definition and Mental Health During Adolescence and Young Adulthood. Edited by Schulenber, J., Maggs, J. & Hurrelmann, K. (Eds). *Health Risks and Developmental Transitions During Adolescence*. Cambridge: The Press Syndicate of the University of Cambridge.

Nurmi, J., Poole, M. & Kalkoski, V. (1994). Age differences in adolescent future-oriented goals, concerns and related temporal extension in different socio-cultural contexts. *Journal of Youth and Adolescence*, 23: 471-487.

Office for National Statistics (2001). *Social focus on men*. London: ONS.

Office for National Statistics (2004). *The mental health needs of young people looked after by local authorities in Scotland*. Norwich: ONS.

Office for National Statistics (2005). *Young People and Social Capital*. London: ONS.

Office for National Statistics (2006). *Children Looked After in England (including Adoptions and Care Leavers)*. London: ONS.

Office of Population Censuses and Surveys (1996). *General Household Survey 1994*. London: HMSO.

Office of the Deputy Prime Minister (2000). *Policy Action Team. Report of the Policy Action Team 12: young people*. [Online] Available from <http://www.odpm.gov.uk> [Accessed 30 July 2007].

Oshman, H. & Manosevitz, M. (1976). The impact of the identity crisis on the adjustment of late adolescent males. *Journal of Youth and Adolescence*, 3: 207-216.

Palls, A. (1993). Schooling in the course of human lives: The social context of education and the transition to adulthood in industrial society. *Review of Educational Research*, 63: 409-447.

Patrikakou, E. (2006). *Adolescence: Are Parents Relevant to Students' High School Achievement and Post-Secondary Attainment?* [Online] Available from <http://www.gse.harvard.edu> [Accessed 6 February 2006].

Patton, M. (1990). *Qualitative Evaluation and Research Methods (2nd Ed)*. Newbury Park, California: Sage.

Payne, H. (2000). The Health of Children in Public Care. *Current Opinion in Psychiatry*, 13: 381-88.

Petersen, A. (1988). Adolescent development. *Annual Review of Psychology*, 39: 583-607.

Petersen, A. & Leffert, N. (1995). What is special about adolescence. In M. Rutter (Eds.), *Psychosocial disturbances in young people: Challenges for prevention* (pp. 3-36). New York: Cambridge University Press.

Petersen, A., Leffert, N., Graham, B., Alwin, J. & Ding, S. (1999). Promoting Mental Health During the Transition to Adolescence. Edited by Schulenber, J., Maggs, J. & Pidgeon, N. (1997). Grounded theory: theoretical background. In J. Richardson (Eds.), *Handbook of Qualitative Research Methods for Psychology and the Social Sciences*. Leicester: BPS Books.

Philip, K., King, C. & Shucksmith, J. (2004). *Sharing a Laugh? A Qualitative Study of Mentoring Interventions with Young People*. York: JRF.

- Pidgeon, N. (1997). Grounded theory: theoretical background. In J. Richardson (Eds.), *Handbook of Qualitative Research Methods for Psychology and the Social Sciences*. Leicester: BPS Books.
- Pleck, J. & J. Sawyer (1974). *Men & Masculinity*. Englewood Cliffs, NJ: Prentice-Hall, Inc.
- Polce-Lynch, M., Myers, B., Kliewer, W. & Kilmartin, C. (2001). Adolescent self-esteem and gender: Exploring relations to sexual harassment, body image, media influence and emotional expression. *Journal of Youth and Adolescence*, 30: 225-244.
- Popay, J., Williams, G., Thomas, C. & Gatrell, T. (1998). Theorising Inequalities in Health: The Place of Lay Knowledge. *Sociology of Health and Illness*. 20(5):619-644.
- Putnam, R. (2000). *Bowling Alone: The Collapse and Revival of American Community*. New York: Simon and Schuster.
- Rabiee, P., Williams, J., Kessler, R., Downs, A., O'Brien, K., Kiripi, E. & Moorello, S. (2004). *Assessing the effects of foster care: early results from the Casey national alumni study*. Seattle, WA: Casey Family Programs.
- Rainer (2004). *Care Leavers Health Needs Service Standards*. National Leaving Care Benchmarking Forum, London: Rainer.
- Rapley, T. (2004). Interviews. In C. Searle, G. Gobo, J. Gubrium & D. Silverman (Eds.), *Qualitative Research Practice*. London: Sage (p.15-33).
- Reinharz, S. (1992). *Feminist Methods in Social Research*. New York: Oxford University Press.
- Repetti, R. L., McGrath, E. P., & Ishikawa, S. (1999). Daily stress and coping in childhood and adolescence. In A. J. Gorenczny & M. Hersen (eds.), *Handbook of pediatric and adolescent health psychology* (pp. 343-360). Needham Heights, MA: Allyn & Bacon.
- Roberts, H. (1997). Children, Inequalities and Health. *British Medical Journal*, 314: 122-3.
- Roth, J. (2000). *What we know and what we need to know about youth development programs*. Paper presented at the bi-annual meeting of the Society for Research on Adolescence. Chicago, IL.
- Roth, J. & Brooks-Gunn, J. (2000). What do adolescents need for healthy development? Implications for youth policy. *SRCD Social Policy Report*, 14: 1-19.
- Royal College of Psychiatrists (1995). *Attitudes Towards Depression*. London: Royal College of Psychiatrists.
- Rutherford, J. (1988). Who's That Man? In R. Chapman & J. Rutherford (Eds.), *Male Order: Unwrapping Masculinity*. London: Lawrence & Wishart.
- Rutter, M. (1985). Resilience in the face of adversity: protective factors and resistance to psychiatric disorder. *British Journal of Psychiatry*, 147: 598-611.
- Rutter, M. (1995). Preface. In M. Rutter (Ed.), *Psychological disturbances in young people: Challenges for prevention* (p. ix-xvi). New York: Cambridge University Press.
- Sandler, I., Wolchik, S., Davis, C., Haine, R. & Ayers, T. (2003). *Correlational and experimental study of resilience in children of divorce and parentally bereaved children*. See Ref. 63a. p.213-43.

- Sargent, P. (2006). The gendering of men in early childhood education. *Sex Roles: A Journal of Research*. [Online] Available from <http://www.findarticles.com> [Accessed 6 April 2006].
- Saunders, L. & Broad, B. (1997). *The Health Needs of Young People Leaving Care*. Leicester: De Montfort University.
- Schmidt Neven, R. (1997). *Emotional Milestones from Birth to Adulthood: A Psychodynamic Approach*. London: Jessica Kingsley Publishers Ltd.
- Schofield, G. & Beek, M. (2005). Risk and Resilience in Long-Term Foster-Care. *British Journal of Social Work*, 35: 1-19.
- Schuman, H. & Converse, J. (1971). The Effects of Black and White Interviewers on Black Responses in 1968. *Public Opinion Quarterly*, 35 (Spring): 44-68.
- Schwandt, T. (1994). Constructivist, interpretivist approaches to human inquiry. In N. Denzin & Y. Lincoln (Eds.), *Handbook of Qualitative Research*. Thousand Oaks, California: Sage.
- Scottish Mental Health Forum (1992). *Community Care and Consultation*. Edinburgh: Scottish Association for Mental Health.
- Silberstein, L., Striegel-Moore, R., Timko, C. & Rodin, J. (1988). Behavioural and psychological implications of body dissatisfaction: do men and women differ? *Sex Roles*, 19: 219-32.
- Silverman, D. (2001). *Interpreting Qualitative Data: Methods for Analysing Talk, Text and Interaction*. London: Sage.
- Silverman, D. (2006). *Interpreting Qualitative Data (3rd Edition)*. London: SAGE Publication.
- Simons, J., Finlay, B. & Yang, A. (1991). *The adolescent and young adult fact book*. Washington, DCL. Children's Defence Fund.
- Sinclair, I., Baker, C., Wilson, K. & Gibbs, I. (2005). *Where They Go and How They Get On*. London: Jessica Kingsley.
- Smith, C. (Eds.). (1994). *Partnership in action: Developing effective aftercare projects*. Westerham: Child Welfare League of America.
- Smith, J. (1997). Evolving issues for qualitative psychology. . In J. Richardson (Eds.), *Handbook of Qualitative Research Methods for Psychology and the Social Sciences*. Leicester: BPS Books.
- Smith, J. M. (2004). Adolescent males' views on the use of mental health counselling services. *Adolescence*, 39, 153 pp77-82.
- Social Exclusion Unit (2003). *A Better Education for Children in Care*. London: The Stationery Office.
- Stein, M. & Carey, K. (1986). *Leaving care*. Oxford: Blackwell.
- Steinberg, L., Lamborn, S., Darling, N., Mounts, N. & Dornbusch, S. (1994). Overtime changes in adjustment and competence among adolescents from authoritative, authoritarian, indulgent and neglectful families. *Child Development*, 65: 754-770.
- Steinberg, L. & Silverberg, S. (1986). The vicissitudes of autonomy in early adolescence. *Child Development*, 57: 841-851.

- Steinem, G. (1974). The Myth of Masculine Mystique. In J. Pleck & J. Sawyer (Eds.), *Men & Masculinity*. Englewood Cliffs, NJ: Prentice-Hall, Inc.
- Stevens, R. (1996). *Understanding the Self*. London: SAGE.
- Stevens, P. J. M., Schade, A. L., Chalk, B. & Slevin, O. (1993). *Understanding Research: A Scientific Approach for Health Care Professionals*. Edinburgh: Campion Press Ltd.
- Sugarman, L. (1986). *Life-span Development: Concepts, Theories and Interventions*. London: Methuen.
- Szymanski, E. (1994). Transition: Life-span and life-space considerations for empowerment. *Exceptional Children*, 60: 402-410.
- The Mental Health Foundation (1999). *Bright Futures: Promoting Children and Young People's Mental Health. (Evidence to the Inquiry from Professor Peter Hill, The Hospital for Sick Children, Great Ormond Street)*. London: The Mental Health Foundation.
- The Priory Group (2005). *Adolescent Angst*. [Online] Available from <http://www.prioryhealthcare.co.uk> [Accessed 17 January 2006].
- Thorne, C. & DeBlassie, R. (1985). Adolescent substance abuse. *Adolescent*, 22: 335-47.
- Turner, B. (1981). Some practical aspects of qualitative data analysis: One way of organising the cognitive processes associated with the generation of grounded theory. *Quality and Quantity*, 15: 225-247.
- Updegraff, K., McHale, S. & Crouter, A. (2000). Adolescents' sex-typed friendship experiences: Does having a sister versus a brother matter? *Child Development*, 71: 1597-1610.
- Vanderpol, M. (2002). Resilience: A Missing Link in Our Understanding of Survival. *Harvard Rev Psychiatry*, 10: 302-306.
- Van Wersch, A. (1998). Identity and the Self. Edited by Trew, K. & Kremer, J. (Eds.), *Gender & Psychology*. London: Arnold.
- Vasiliou, C. & Ryrie, I. (2006). Someone there to talk to. *Mental Health Today (October Issue)*.
- Wagly, A. & Steffen, V. (1991) Gender and aggressive behaviour: A meta-analytic review of the social psychological literature. *Personality and Social Psychology Bulletin*, 17.
- Walker, G. (2000). The policy climate for early adolescent initiatives. In *Youth development: Issues, challenges and directions* (pp. 65-80). Philadelphia: Public/Private Ventures.
- West, A. (1995). *You're on Your Own: Young People's Research on Leaving Care*. London: Save the Children.
- Whitaker, D., Archer, L. & Hicks, L. (1998). *Working in Children's Homes: Challenges and Complexities*. Chichester: Wiley.
- Whitehead, M. (1995). Tackling Inequalities: A Review of Policy Initiatives'. In Benzeval, M., Judge, K. & Whitehead, M. (eds) *Health Inequalities*. London: Stationery Office. pp224-36.

Williams, J. (1968). Interviewer Role Performance: A Further Note on Bias in the Information Interview. *Public Opinion Quarterly*, 32 (Summer): 287-294.

Williams, T., Wetton, N. & Moon, A. (1989). *A Way In*. Southampton: Health Education Authority/ University of Southampton.

World Health Organisation (1986). *Charter der I. Internationalen Konferenz fur Gesundheitsforderung*. Ottawa: Author.

World Health Organisation (2006) <http://www.who.int/en>.

YoungMinds (2006). *The Door's Always Open: Teenagers are not the only ones who need help during these difficult years*. [Online] Available from <http://www.youngminds.org.uk> [Accessed 6 February 2006].

Appendix A

**Crossing the threshold –
Leaving Looked-After Children Services'**

Demographic Questionnaire

Questions	Information
Participant Number	
Name	
Address	
D.O.B	
Ethnicity	
Educational Background	
Current Education/ Employment Status	
What age when entering care system	
How many placements	
Contact with family of origin	
Accommodated with foster families / other relatives / residential establishment	

Appendix B

Crossing the threshold – Leaving Looked-After Children Services Young men Interview Schedule

1. Do they have any questions from the Information Sheet or Consent Form?
2. What does being 'healthy' mean to you? How important is it?
3. What does 'mental health' mean to you?
4. What can someone do to help themselves feel more positive?
5. Thinking about moving into independence, if you wanted help where would you go?
6. What are your thoughts on services available?
7. Have you used any services already? If so would you use them again?
8. Is there more pressure on young men these days? What are these?
9. If there is pressure do you regards that as positive or negative?
10. What could be done to make services more responsive to young men in particular?
11. Complete Demographic Form
12. Any questions

Appendix C

Crossing the threshold – Leaving Looked-After Children Services Young Men's Participation Sheet

You are being invited to take part in a research study. Please take time to read the following information carefully and ask if there is anything that is not clear. Take time to decide whether or not you wish to take part.

PART ONE

What is the purpose of the study?

This study is part of a student research project, which aims to look at what support is available for young men aged between 16-19 years when leaving Looked-After Children Services.

Why have I been chosen?

You have been chosen because you are leaving Looked-After Children Services and moving into independence.

Do I have to take part?

No. If you do decide to take part you are still free to withdraw at any time and without giving a reason.

What will happen to me if I take part?

You will take part in an interview, which will last a maximum of one hour. To help me write up the discussions I will be tape-recording the interview.

I would also like to obtain some general details about where you currently live, your age, how long you have been with care services from your file record. I would not be looking at any other details.

If you are happy to take part I will require your consent to look at your file record and for use of any quotes. Your name will not be mentioned in the research report or anywhere else.

Expenses and payments

To thank you for taking part in this study you will be given a £10 gift voucher, a book and a 'Crucial Contacts' list for young people.

What do I have to do?

Should you wish to take part then please continue reading this sheet and sign the consent form. We can then arrange a date and time for the interview.

What are the possible benefits of taking part?

The information provided will help develop better services for future young men leaving Looked-After Care Services in Bedfordshire.

What if there is a problem?

I will be arranging for support for anyone who feels that they would like to discuss things further with someone from the Duty Team once the interview has finished. If you have any question, or concerns, please ring someone below.

Contact details:

For further information about the study please contact:

Debbie Adger Bedfordshire Heartlands Primary Care Trust (01525) 636859

For any concerns about the study please contact:

Duty Worker Leaving Care Team (01234) 276395

Emergency contact:

Free email and telephone help-line that connects young people to organisations that can help you whatever the problem (7 days a week: 1.00pm – 11.00pm)

FREEPHONE

0808 808 4994

Website

www.getconnected.org.uk

PART TWO

What will happen if I don't want to carry on with the study?

You can stop the interview at any time. Anything you spoke about will not be included in the research report, unless you state that you would still like them to be.

What if there is a problem?

If you have a concern, I will do my best to answer your questions (Debbie Adger - 01525 636859). If you remain unhappy and wish to complain formally, you can do this through the NHS Complaints Procedure www.dh.gov.uk

Will my taking part in this study be kept confidential?

The information recorded from the interviews will be stored safely so that no-one outside of the study will be able to identify you.

All information collected about you will be kept strictly confidential.

What will happen to the results of the research?

I plan to write an article for the Journal of Youth and Adolescence.

Locally I will be presenting my findings to Bedfordshire Heartlands Primary Care Trust and to Bedfordshire's Looked-After Children's Service.

You will be offered the chance to obtain a brief write-up of the key findings of the report.

Who is organising and funding the research?

The Health Promotion Department, Public Health Directorate, Bedfordshire Heartlands Primary Care Trust.

Who has reviewed the study?

This study was given a favourable ethical opinion for conduct in the NHS by the Bedfordshire Research Ethics Committee.

Thank you for taking time to read this sheet. If you would like to continue with the study then please read and sign the consent form attached.

Centre Number:
Study Number:
Participant Identification Number:

YOUNG MEN'S CONSENT FORM

Title of Project: 'Crossing the threshold – Leaving Looked-After Children Services'

Name of Researcher: Debbie Adger

- 1. I confirm that I have read and understood the information sheet dated 19/04/06 (Version 1) for the above study. I have had the opportunity to think about the information and ask questions.
- 2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason and without my legal rights being affected.
- 3. I understand the researcher would like to obtain some general details about me from my file records and I give permission for them to have access to my records.
- 4. I give my consent for any use of my quotes to be published in the final research report and confirm that I understand my name will not be mentioned within this.
- 5. I agree to take part in the above study.

Name of Participant Date Signature

Researcher Date Signature

When completed 1 copy for participant and 1 for researcher site file

Appendix D

Crossing the threshold – Leaving Looked-After Children Services Professional Interview Schedule

1. Do they have any questions from the Information Sheet or Consent Form?
2. Remind them what the research is about (transition to independence for young men).
3. Could you describe your role in relation to young people and describe the types of circumstances where you come into contact with them – what is it exactly that you do for them?
4. My research is focusing upon the support offered to young men who are leaving Looked-After Children Services and moving into independence. Do you have any thoughts about the recent implementation of the Pathway Plans to assist the young person in this transition?
5. Are you aware of any liaison difficulties between different agencies who would be contacted to work with young men in this particular stage of their lives? (i.e., Housing, Education, Employment)?
6. Do you have any ideas about how collaboration between different agencies could be improved?
7. Why do you think that so many young men do not seek help when they are distressed or concerned about things?
8. What about for those young men who tend to be reluctant to come forward?
9. I am interested in looking at ways services can be improved to help young men with their transition to independence. Do you have any ideas about what kind of approaches might make it easier for young men?
10. Is there anything else you would like to add that I haven't asked you in regards to this important transition for young men?
11. Any questions

Appendix E

Crossing the threshold – Leaving Looked-After Children Services Professionals Participation Sheet

You are being invited to take part in a research study. Please take time to read the following information carefully and ask about anything that is not clear. Take time to decide whether or not you wish to take part.

PART ONE

What is the purpose of the study?

This study is part of a student research project, which aims to look at what support is available for young men aged between 16-19 years when leaving Looked-After Children Services.

Why have I been chosen?

You have been chosen because you work closely with young men prior to them leaving Looked-After Children Services and help them with their transition when moving into independence.

Do I have to take part?

No. If you do decide to take part you are still free to withdraw at any time and without giving a reason.

What will happen to me if I take part?

You will take part in an interview, which will last a maximum of one hour. To help me write up the discussions I will be tape-recording the interview.

If you are happy to take part I will require your consent for use of any quotes from the interview. Your name will not be mentioned in the research report or anywhere else.

Will my taking part in this study be kept confidential?

The information recorded from the interviews will be stored safely in a locked cupboard so that no-one outside of the study will be able to identify you. Once I have typed up the discussions, with no mention of your name, I shall be destroying the tapes. The typed discussions will be shredded in 2009.

All information collected about you will be kept strictly confidential

Expenses and payments

To thank you for taking part in this study you will be given a book about positive mental health for men and a 'Crucial Contacts' list for young people.

What do I have to do?

Should you wish to take part then please continue reading this sheet and sign the consent form. We can then arrange a date and time for the interview.

What are the possible benefits of taking part?

The information provided may help develop better services for future young men leaving Looked-After Care Services in Bedfordshire.

What if there is a problem?

Should you have any questions, or concerns, please contact me on the following:

Contact details

Debbie Adger Bedfordshire Heartlands Primary Care Trust (01525) 636996

PART TWO

What will happen if I don't want to carry on with the study?

You can stop the interview at any time. Anything you spoke about will not be included in the research report, unless you state that you would still like your comments to be included.

What if there is a problem?

If you have a concern about any aspect of this study, I will do my best to answer your questions (Debbie Adgere 01525 636996). If you remain unhappy you can contact the NHS Complaints Procedure www.dh.gov.uk

What will happen to the results of the research?

You will be offered the chance to obtain a brief write-up of the key findings of the report. I also plan to write an article for the Journal of Youth and Adolescence.

Locally I will be presenting my findings to Bedfordshire Heartlands Primary Care Trust and to Bedfordshire Looked-After Children Service.

Who is organising and funding the research?

The Health Promotion Department, Public Health Directorate, Bedfordshire Heartlands Primary Care Trust.

Who has reviewed the study?

This study was given a favourable ethical opinion for conduct in the NHS by the Bedfordshire Research Ethics Committee.

Thank you for taking time to read this sheet. If you would like to continue with the study then please read and sign the consent form attached.

Centre Number:
Study Number:
Participant Identification Number:

PROFESSIONAL CONSENT FORM

Title of Project: 'Crossing the threshold – Leaving Looked-After Children Services'

Name of Researcher: Debbie Adger

- 6. I confirm that I have read and understood the information sheet dated 17/07/06 (Version 3) for the above study and that I have had the opportunity to think about the information and ask questions.
- 7. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason and without my legal rights being affected.
- 8. I give my consent for any use of my quotes (verbatim quotations) to be published in the final research report and confirm that I understand it will not be possible to identify me.
- 9. I agree to take part in the above study.

Name of Participant	Date	Signature

Researcher	Date	Signature

When completed 1 copy for participant and 1 for researcher site file

BHPCT 49

Health Improvement and Partnership Directorate
Unit 2 Doolittle Mill
Froghall Road
Amphill
Bedfordshire
MK45 2NX

Tel: 01525 636811
Fax: 01525 636000

Roxanna.mager@bedsheartlandspct.nhs.uk

06/06/06

Dear Debbie,

RE: Young Men Leaving Looked After Services

Your project has been reviewed by the PCT Research Panel.

The PCT is happy for your project to take place.

Your research project will be placed on the Bedfordshire Register and you will be required to complete monitoring information during the course of your research as requested. You may also be required to attend a relevant PCT group to discuss your research. In order to learn from research projects in the area the PCT asks that you submit the research findings at the end of your project. Your name and contact details will also be placed on the PCT's research website if you do not wish for this to happen please contact me as soon as possible.

Should any adverse incidents occur during the research, the PCT's Serious Untoward Incident Reporting Procedure should be used. You should be aware of the PCT's Health and Safety at Work Policy and Confidentiality Policy. Copies are enclosed for your information. You and any other researchers must comply with these. Please contact me should you have any other queries.

Yours sincerely



Roxanna Mager
Clinical Governance Coordinator

Encs: Health & Safety at Work Policy
Confidentiality Policy
Serious Untoward Incident Reporting Policy



Appendix G



Bedfordshire Research Ethics Committee
Luton and Dunstable Hospital NHS Trust
Lewsey Road
Luton
Bedfordshire
LU4 0DZ

Telephone: 01582 718255
Facsimile: 01582 718254

11 July 2006

Ms Debbie Adger
Senior Mental Health Promotion Specialist
Bedfordshire Heartlands Primary Care Trust
Unit 3
Doolittle Mill
Froghall Road
Amphill
Bedfordshire
MK45 2NX

Dear Ms Adger

Full title of study: Crossing the threshold - Leaving Looked-After Children Services: Semi-structured interviews with young men aged 16-19 in Bedfordshire

REC reference number: 06/Q0202/35

Thank you for your letter of 10 July 2006, responding to the Committee's request for further information on the above research and submitting revised documentation.

The further information has been considered on behalf of the Committee by the Chair.

Confirmation of ethical opinion

On behalf of the Committee, I am pleased to confirm a favourable ethical opinion for the above research on the basis described in the application form, protocol and supporting documentation as revised.

Ethical review of research sites

The Committee has designated this study as exempt from site-specific assessment (SSA). There is no requirement for other Local Research Ethics Committees to be informed or for site-specific assessment to be carried out at each site.

Conditions of approval

The favourable opinion is given provided that you comply with the conditions set out in the attached document. You are advised to study the conditions carefully.

Approved documents

The final list of documents reviewed and approved by the Committee is as follows:

<i>Document</i>	<i>Version</i>	<i>Date</i>
Application	1	
Investigator CV	1	19 April 2006
Investigator CV	1	19 April 2006
Protocol	1	19 April 2006
Covering Letter		16 May 2006
Summary/Synopsis	1	19 April 2006
Peer Review	1	19 April 2006
Compensation Arrangements	1	19 April 2006
Interview Schedules/Topic Guides	1	19 April 2006
Interview Schedules/Topic Guides	1	19 April 2006
Interview Schedules/Topic Guides	1	19 April 2006
Questionnaire: Demographic Questionnaire	1	19 April 2006
Participant Information Sheet: Appendix E	2	09 July 2006
Participant Consent Form: Appendix F	2	09 July 2006
Response to Request for Further Information		10 July 2006
Warm-Up Activity	1	19 April 2006

Research governance approval

You should arrange for the R&D department at all relevant NHS care organisations to be notified that the research will be taking place, and provide a copy of the REC application, the protocol and this letter.

All researchers and research collaborators who will be participating in the research must obtain final research governance approval before commencing any research procedures. Where a substantive contract is not held with the care organisation, it may be necessary for an honorary contract to be issued before approval for the research can be given.

Statement of compliance

The Committee is constituted in accordance with the Governance Arrangements for Research Ethics Committees (July 2001) and complies fully with the Standard Operating Procedures for Research Ethics Committees in the UK.

06/Q0202/35

Please quote this number on all correspondence

With the Committee's best wishes for the success of this project

Yours sincerely

pp 
Mr. Ron Driver
Chair

Email: Debbie.Chapman@ldh.nhs.uk

Enclosures: *Standard approval conditions*

Appendix H

Demographic Data Analysis

Table 2 highlights that between April 2006 and March 2007 two hundred and five young people were involved with the Looked After Children's (LAC) Team in Bedfordshire, with 40.5 per cent not accessing education, employment or training services and only 13.6 per cent entering employment, which is consistent with national data (ODPM, 2004, 2005).

Table 2: Young People Data

	Total	%
Young people accessing services	205	
Number entering employment	28	13.6
Number entering Further Education	61	29.7
Number entering Higher Education	5	2.4
Number not in education, employment or training (NEET)	83	40.5
Number of housing tenancies	59	28.8

However, just over a quarter (28.8 per cent) of these young people had managed to secure a tenancy with a local housing organisation and nearly 30 per cent had entered further education. The professional team supporting these young people leaving care consisted of eighteen members of staff (Table 3).

Table 3: Looked-After Children Services Team Members

	<i>Total</i>
Team Manager	1
Deputy Team Manager	1
Senior Practitioner	2
Senior Personal Advisers (i.e., qualified Social Workers)	5
Personal Advisers (i.e., unqualified Social Workers)	6
Administrators	3
TOTAL	18

The total number of participants that took part in this study were nine young men who were in the transition from being looked after into independence. Table 4 highlights that all of the participants lived in Bedford Town Centre, either having access independent housing or working towards independence.

Table 4: Where the Young Men Lived

Area	Total
Bedford (Town Centre)	9

The young men's age ranged between 15-20 years with the Table 5 showing that the average mean age was 18. Out of the nine participants the majority of them were White/British as shown in Table 6.

Table 5: Age of the Young Men

Age	Total
15	1
16	0
17	1
18	2
19	0
20	5
21	0

Table 6: The Young Men's Ethnicity

Ethnicity	Total
White / Mixed Caribbean	1
White / British	7
White / Irish	1

Only one young man had left Upper School without any qualifications highlighting that the majority have the capability and desire to learn (Table 7). However, despite achieving qualifications, Table 8 shows that the majority of the young men were currently in receipt of Jobseekers Allowance.

Table 7: Their Educational Background

Educational Background	Amount
Upper School undertaking GCSE's	1
Upper School with GCSE's	5
Upper School without GCSE's	1
A Levels	0
College	0
Upper School GCSE's and College	2

Table 8: Their Current Education / Employment Status

Education / Employment Status	Amount
Unemployed / Income Support	1
Attending college course	2
Jobseekers Allowance	5
Still at school	1

When looking at the time the young men had spent in the care system, Table 9 shows that nearly all of them had experienced being looked-after for most of their lives, with Table 10 highlighting that seven of them experiencing between 3 or more different care settings.

Table 9: The Young Men's age when entering the Care System

Age	Amount
Birth	4
4-5 years	2
7 years	1
11-12 years	2

Table 10: Total number of placements the Young Men experienced

Placements	Amount
1-2	2
3-4	1
5-6	2
7-8	1
Many (over 10)	3

A high proportion of the young men had experienced many different placements within their time being looked-after, including fostering, residential units and living with other relatives (Table 11).

Table 11: Their Accommodation whilst in Care

Accommodation	Amount
Foster family	1
Fostering and residential	1
Fostering, family and residential	6
Family and residential	0
Residential	0
Family	1

When asked whether the young men were placed with their siblings or alone, only one of the nine young men had a placement with his sibling. Table 12 shows that the rest of the young men were placed alone in care. Whilst being placed alone in care, all of the young men reported having contact with parents and for some other relatives as well (Table 13).

Table 12: Placement with/without Siblings

With/without siblings	Amount
Alone	8
Alone and with sibling(s)	1
With all sibling(s)	0
With some of sibling(s)	0

Table 13: Young Men's contact with their Family

Contact with family	Amount
Yes, parents	6
Yes, parents and other relatives	3
No	0

INTERVIEW YP01e- 10.11.06

I: What does being 'healthy' mean to you? How important is it?

P: *Umm, being healthy, like eating right, ummm. Looking after myself, ummm, like bathing, making sure my place is tidy. Going to the doctors regularly, I don't know, stuff like that. Important? I don't know? That's a weird one really. Its about what I do.*

I: What does 'mental health' mean to you?

P: *Umm, like, (long pause), umm, like your way with dealing with things and stuff like that. I don't know. The way that you deal with things, ain't it.*

I: What can someone do to help themselves feel positive?

P: *Try to have fun and stuff like that ain't it, it's the sort of things you do. Be with my friends (pause), go out. There's a few good places in Bedford to go. I don't go out clubbing or anything like that so I don't know about the clubs.*

I: Thinking about leaving care, if you wanted help where would you go?

P: *Umm, my PA. I have got to go to Weller Wing every so often and stuff like that. It is for them to umm, check to see if I still need to take my anti-depressants or not. I have got a helper with Pilgrim Housing Association although I haven't used them yet.*

I: What are your thoughts on services available?

P: *They are alright, I haven't had any problems with them. Because I am 20 now I don't really go to Connexions anymore. I used to go when I was living in London and they were alright but I never really used to go that often. They were helpful if I asked. They got me a job once when I was like 17.*

I: Have you used any services already? If so would you use them again?

P: *No, I was going to go into college like but I missed my, umm, missed my interview for it. There were very helpful when I first went in there and it took about 10 minutes for them to set up an interview for me. I would most probably use them again but I don't really want to go to college. I want a job really. I used to go to the Jobcentre but I don't know because I am on Income Support but I want to go back onto JobSeekers. The JobCentre is helpful and it ain't like. They have got machines there to help you look for jobs and stuff like that but they always make mistakes like with my driving and stuff like that. Ummm, what else, they do make mistakes. The machine does identify the wrong jobs, like you will put in a search for the Bedford area and then up on the screen it will put all these jobs apart from the Bedford area. You just go into the JobCentre by yourself innit. It would most probably be quite good to have someone help you. It could get quite a few people of the dole.*

I: Is there more pressure on young men these days? What are these?

P: *Umm, I don't know, I am not quite sure. I am just alright being me and nobody is trying to pressure me.*

I: If there is pressure do you regards that as positive or negative?

P: *My PA tries to encourage me to look for work and stuff like that. I do have some encouragement.*

I: What could be done to make services more responsive to young men in particular?

P: *Umm, I don't know (pause). Umm, I am not quite sure. I don't know*

I: Is there anything else you would like to add that I haven't asked you about moving into independence?

P: *Not really, like I have been alright. I cant think or anything else that we really need to change.*

INTERVIEW YP02e- 10.11.06

I: What does being 'healthy' mean to you? How important is it?

P: *Ohh, to be able to keep running and stuff like that and keep doing it for a sustained amount of time. That you are not over-weight. I mean, me I like to keep quite nice anyway but I am quite lucky because I am slim anyway and I eat the right foods and that anyway. I mean the older you get the more heart problems you get and stuff like that. It is quite important to me to keep yourself nice looking. I used to be quite chubby, I used to be quite fat. The last 2 years I have really started to loose weight. I bike everywhere and walk everywhere.*

I: What does 'mental health' mean to you?

P: *(Slight giggle) umm, this one is good judging by the last 2 years. Its like you are happy within yourself, because if you are happy within yourself then you feel alright but if you feel down and depressed and that then you feel you don't feel alright and then you do silly things.*

I: What can someone do to help themselves feel positive?

P: *Go out and do things that they enjoy doing. Like I love motorbikes and I love fixing them up and that so I am currently looking for a bike that I can fix up and go out for rides on. Umm, going out with mates, umm anything that any person enjoys. Like for girls it could be make-up and shopping, I mean I know how you girls love shopping. Seeing your mates, anything really, cooking, drawing.*

I: Thinking about leaving care, if you wanted help where would you go?

P: *I would go to my social worker or my step-family. I am quite independent anyway. Since the age of 15 I have always done my own washing, cooking, cleaning and all that so I am quiet independent. I only come here to get money out of them (Social Services).*

I: What are your thoughts on services available?

P: *Umm, this one could be tried and tested. To be totally honest the social workers that I have had before, and sorry for swearing, I would not piss on them if they were on fire. The social worker I have got now is great. I was kicked out my foster family 3 days before I was 18 and I was left to sleep on a living room floor for 6 months. They just kicked me out and my social worker could have done something there and then, which they didn't. Instead they said, ask if it is OK if you can stay here longer. Gradually, because I was working quite far away from where I was living I gradually lost my job and she (social worker) didn't care. It didn't seem like she gave a flying doodahs. In the end it was getting to the point where I was getting more and more angry about it until one day she decided to turn up to the house where I had been living for the past 5 months and said "how's everything going?".*

So I put in a complaint about her and I think she quit. Then I was getting moved on from that house because they were moving so I came here (Bedfordshire Leaving Care Team) and they gave me £20 and said go to Dunstable to a hostel over there. It got to the point where I was mainly doing everything myself. Like there is a leaving care grant and you have to leave the money with them (social workers) until you are 21. Like I managed to get a TV out of them but that was after a couple of weeks of constantly nagging them. But then I asked if I could get an X-Box to keep me entertained but they said it is not an essential. I can understand but I mean its difficult. If I could of bought it myself I would have, I seen one in Cash Converters for £50. I think the leaving care grant is £1,800 and I have still got about £1,000 left to me. They have control of this but it is stupid really because I am now 19 I can't see me getting a place. I have to wait 9 months where I am now and even then I might not even get a place. I could even be there for the next 2 years so by the time I do get a place I cant use this care grant so I might as well get everything now. I am living in a hostel and I have to wait 9 months before I can get put on a housing list or even go near them.

Education services is alright but the Jobcentre is a complete waste of time. I waited 6 months to get my jobseekers allowance and then a month later they cancelled it because I started college. They back dated it though but I didn't tell these lot that, I ain't stupid. But it has now

been 2 months now waiting to hear about Income Support because I cannot live on £40 a week. My rent is £20 a week and then that leaves me £20 to live off. I do get housing benefit though. But I have still got to buy baccy, clothes, food. They don't listen so it has taken me a long while to get everything sorted.

I: Have you used any services already? If so would you use them again?

P: *Its not worth going back to them again. They actually fobbed me off for so long that me and one of my friends went down there (Jobcentre) and sat outside the frontdoor with baseball bats. It was getting to the point where one minute they had lost things, next minute they had found it, the next they had misplaced it. It is only when I came down here (Bedfordshire leaving care team) and saw the manager here that I got anything done about it. Its alright for them in their suits and stuff like that, it is like the manager here as well. These social workers here will do anything they can to help then the guys in the suits say they have got to try harder. I feel like slapping them. Social workers do such a great job and they are so under appreciated. They have get a lot of paperwork and all that to complete as well.*

I: Is there more pressure on young men these days? What are these?

P: *Umm, there is kinda pressure on young blokes and men generally because they are seen as the strong ones and they are meant to provide and things like that. Me I am quite emotional, if you know what I mean. My ex-girlfriend is pregnant with my kid and that and she is not letting me see it and that is getting to me. Last month I was diagnosed with severe depression and I was given prozac and sleeping pills and this, that and the other. It got to the point where I actually jumped out of the top window with a bit of rope around my neck. There is pressure because sometimes it is not fair because why should, like in my case, I have tried everything I can. Physically and mentally I have tried everything I can with my ex but sometimes it is not possible. I am quite emotional and when I am pushed I am very violent. I know for a fact when that kid is born she is going to be on her own with a kid that is screaming all the time and she will ring me up. I will not go back. Why should I wait around like a dog with a bone, why should I do it? I ain't doing it no more.*

I: If there is pressure do you regards that as positive or negative?

P: *Umm, sometimes I say to myself, yeah you have got to do this, you have got to do this and then you get to the point where you cant be bothered but if I have got someone saying hey come on you have got to do this and there is someone there to encourage you it is good. Then you think in your mind, yeah bollocks, I can do anything. Like with college, like I am 19 and last year when I was meant to start I had a car crash and hurt my back. Normally college don't take on 19 year olds and I pushed and pushed and they done it. If you want to do something then don't let nothing or no one stand in your way. Sometime I don't go about it in the right way but I do get there in the end.*

I: What could be done to make services more responsive to young men in particular?

P: *Blokes have got big ego's. Don't do it, umm, like some things are put like to help, umm. I don't know how to put it really. Like me, I don't like taking charity really. I think that is the main thing with blokes, they have too much pride. Like me, like, if I need help then I will accept it but there is no way really I can actually change some ones mind. Well not change their mind but try and persuade them to do something. I think the best thing would probably be, is like to umm, (pause), is like to say look the help is there if you want it and then do a magazine with pictures and stuff like that and then send it to the. You know pictures with people enjoying themselves and stuff like that and then they will see that this looks like a fun day out. You know make things fun and then they will learn. It is like a lot of things really, if you make them fun then you will learn. Its really how you put it across because if you think about it as a boring day out then you think, naa I don't want to go. It you word things different and stuff like that. If you look at something attractive then you think I am interested in that. Then you start thinking about it, hey maybe it will be fun. With anything it is like that. Make it colourful as well. Its more attractive if it is colourful.*

I: Is there anything else you would like to add that I haven't asked you about moving into independence?

P: *No, I am ok.*

INTERVIEW YP03e- 13/11/06

I: What does being 'healthy' mean to you? How important is it?

P: *Keeping fit, eating well, that sort of thing. Over the last year I have lost weight and I would like to keep like this. It is important to me. Being in smaller t-shirts and size 28" waist jeans. I don't know I just like being like this.*

I: What does 'mental health' mean to you?

P: *Well, there are so many different mental issues aren't there. You see my Mum was in and out of Weller Wing and places like that since I have been very small. She lost the plot when my dad died, so I guess my views of mental health are around that. That is when I went in and out of different placements.*

I: What can someone do to help themselves feel positive?

P: *I don't know, like hanging out with your mates really. That's what I like to do being with my friends. When you are around people you feel better about yourself.*

I: Thinking about leaving care, if you wanted help where would you go?

P: *16+ team (laughs). They are OK if you go to them for help but really they only offer to see you once every 3 months, which isn't very good. You are just left to get on with it. Once you are 18 then you leave care and like for me, I have always been used to being in places where there are other people around like in residential units. All of a sudden I am told to live in a flat by myself. I mean I do have a choice and all that but it is not easy.*

I: What are your thoughts on services available?

P: *Umm well I did go to college in Dunstable when I was 16 but that wasn't really helpful and I ended up dropping out. It was like they expected you to come along and they would say well it is your choice. I just did not feel supported and I didn't really know anyone. The course was really good but I ended up dropping out. I am planning on going back to college next year. I have had a gap year out dosing and also doing some work over at Woodenhill (Bedford). I want to go to Bedford college and do a Music Tech course. I really enjoy playing the guitar and play acoustic, electric and bass. Mainly I have taught myself. This course in Bedford would be so much better because all my friends are here and it feels better.*

The jobcentre I had a call from my social worker to remind me to go last Friday because I forgot. There you are just a number like number 39 or something like that. They don't really care about you. The same with housing services, they are evil! They don't have any emotions you are just dealt with and told to get on with it and it doesn't feel like they really care.

I: Have you used any services already? If so would you use them again?

P: *Umm, yeah I would use them again but only if I had too. Like here at 16+ they are there for you if you push and come to the offices to see them but apart from that every 3 months a visit is too long. When I moved into my flat I found it very difficult and felt really lonely and just wanted to be out with my mates all the time. I didn't really want to go back there by myself. It would have been nice to have felt supported with that.*

I: Is there more pressure on young men these days? What are these?

P: *Yeah there is like, there is pressure not to be in trouble with the police as most young men are viewed as trouble, especially if they know that you have left care services. Many young men have ASBO's and there is pressure not to do the same. There is pressure not to do drugs and things like that, though I don't. It is hard. Also girls either think you want them for sex or that you are going to get into trouble. I don't want to be rude but you can be either labelled a rapist or a murderer of something like that and this is really difficult for young men as well.*

I: If there is pressure do you regards that as positive or negative?

P: *Umm, there is like my Mum sort of puts pressure on me to achieve. Like I am only 18 and I think that is young. I know some people go to university at my age, but more and more people go in their late 20's, 30's and sometimes 40's. I do find this difficult when there is this pressure on me to achieve. Although I know it is good pressure.*

I: What could be done to make services more responsive to young men in particular?

P: *Well for somebody like me it would be really good to have something at night that I could do. I don't like being in the flat by myself and I don't sleep very well at all. I may sleep about 1 hour a night. So if there was a drop-in or something like that where I could go and be with other young men in similar situations it would be really good. There good be play stations or things like that although I am not sure if I would want it to be open to everybody because then it could create a place that isn't very good. I think a drop-in or something would be really good.*

I: Is there anything else you would like to add that I haven't asked you about moving into independence?

P: *Umm, naa not really I think I have talked for quite a bit really!!!!*

INTERVIEW YP04 – 06/12/06

I: What does being 'healthy' mean to you? How important is it?

P: *Umm, healthy, umm, except smoking, umm, keeping your body in shape and keeping your mind in good working order. Umm, getting out and about I guess, that sort of thing. I do a lot of biking and a lot of walking and I do weight training as well. That's about it really, and, and I do eat good food. I eat fruit and veg and have my breakfast, lunch and dinner and the correct times of the day and I do a lot of exercise as well. It's not that important for me to be healthy although it is important enough for me to keep my body in shape.*

I: What does 'mental health' mean to you?

P: *Psychological health. It's your brain and things. It is how you cope with things, how you cope with things under stress or how you manage things. For me coping with things is all right but a few years ago I had people leaning over [me]. Doing things for me I was like a guest, but now that I am 17, I am more independent and I can do more like. My foster parents have said that I can now do my own cooking, washing and cleaning. I can do anything I want really.*

I: What can someone do to help themselves feel positive?

P: *Not giving brussel sprouts for Christmas! That's a real negative! To make myself feel more positive I would go out and meet with some friends or go into town and buy things, or enjoy myself on the playstation or the PC. Even college. That is probably the most fun because I like doing practical work. I am studying a first diploma in engineering. I like aviation, any aspects of aviation. Even air shows, I love them.*

I: Thinking about leaving care, if you wanted help where would you go?

P: *Well the first person I would get help from is either my foster family or my social worker. Can you help as well? Like I said, my social worker, my family or even my mum. That's about it.*

I: What are your thoughts on services available?

P: *I have been put on the housing register and there is something about points stacking up. I have just received this letter a few weeks ago saying that if you still want to be on the housing list then I have to fill in this sheet and send it back within 28 days or something. I think before I move out, like I am on this housing things but I have to build up my points first. I am quite happy with that at the moment, as I have just had to fill out a form. It has not been stressful or nerve wracking, it's just been reasonable OK.*

With college it has been pretty easy to get onto the course. I failed 3 exams last year and if I didn't fail those I would still be on the National Diploma. Due to the fact that I failed 3 of those I am on the first Diploma. There was a bit at trouble at college then because last year I had quite a lot of help and now this year it is all gone. I need to sort that out myself and ask the teachers as well. I normally have a teacher, a little helper in my lessons. Like last year every Friday for an hour session, I went to individual tuition for mathematics. That was really good and it did help me. I think the college can set that up again for me on this course but I think I have to do part of it as well by going to my personal tutor to sort it out as well. I haven't done that yet. I started in the beginning of September, so it is nearly 3 months since I have been on this course.

I have applied for a job at TK Maxx but I am waiting for a reply. I went straight in there and got an application form [TK Maxx], it was quite straightforward really. I asked one of the women behind the desk and said "please may I have an application form and she gave me one and I went home and filled it in with my foster dad. I haven't had anything to do with the job centre at the moment.

I: Have you used any services already? If so would you use them again?

P: *I am quite happy with college services at the moment, all is going well.*

I: Is there more pressure on young men these days? What are these?

P: *Umm, well, not directly on me but last year there was pressure on my older foster brother. He went through a phase of smoking loads of marijuana every single day and, how can I say he went kind of [points finger to right temple and circled it around]. My foster parents felt a bit scared of him because he was making acquisitions about them that weren't true. Eventually they kicked him out, so from there it was sorted. It went alright. It was the drugs he was using really and his reactions about it. It was his own fault in the first place and he still does it. You can still see the effects.*

I: If there is pressure do you regards that as positive or negative?

P: *I don't think there are any pressures for me.*

I: What could be done to make services more responsive to young men in particular?

P: *When I finish my college course, they[foster parents] have extended the placement until I finish my course. That will be June or July next year [2007]. Housing is probably the most important because when I move out I am going to be temporarily homeless. Housing is most important and hopefully I will also get a job. I am still waiting for a reply from TK Maxx at the moment. It would be better if I hear early rather than later about my housing [in regards to leaving care next year]. If it is later than I don't have much time [to sort things] but if it is earlier then I will have enough time to sort things out. I would like to start looking at that the middle of May [next year, 2007], because that's when I am 18 and that is when my foster placement will stop but as I said they are extending it because of my college and I really thank them for that. [Ask if he would work with PA and the his pathway plan to make sure housing is addressed early] Umm, I am not sure.*

I: Is there anything else you would like to add that I haven't asked you about moving into independence?

P: *Umm, [long pause], nothing much really. I am a happy lad!*

INTERVIEW YP05e- 08/12/06

I: What does being 'healthy' mean to you? How important is it?

P: *Well, being healthy to me is trying to eat right, sleep right, like.....I like exercise because I like being fit, I like doing weights. I don't like jogging because I smoke so I do try. I do weights at home, I was member at a gym but after all that stuff, it all went wrong. Not because anything at the gym, naa but being healthy well there is mental health as well ain't there. Cos when I left care.....I went to Weller Wing, the local mental place, yeah, because me and my carer had a falling out. But my mum has been in there [Weller Wing] since I was little and that was the reason I was put in care and that obviously rubbed off on to me. I was talking to her all the time so to me to be healthy you have to be healthy in here as well [pointing to head]. I know what you are saying because I think enough stuff sometimes that you can only say to your doctor, you know what I mean? I mean psychiatrist doctor.*

Being healthy is important to me but sometimes other stuff gets in the way of it. I mean I like to think that my health is one of my top priorities I suppose but sometimes, other stuff gets in....like I recently moved house, into my own flat the other week so I haven't been doing as many weights. Once I get all my stuff sorted and get my fridges, yeah, then I will get back on the weights again.

I: What does 'mental health' mean to you?

P: *It's like a minefield man. It is a minefield. If you get it yeah [mental health problem] it is not just you that has got it yeah, its everyone around you. I don't know how to explain it yeah, but you don't just drag yourself down, like when my mum got it she dragged me down, dragged everyone down. I don't want to go into it but it dragged an awful lot of people, I mean not everyone had a breakdown obviously but everyone is thinking about her. And when I went down, yeah went down, I mean I blame my carer personally because there was no discipline there. I mean he used to let me smoke drugs, not in the house but in the garden. Well not let me but he knew I was and he could have stopped me but he didn't.*

I: What can someone do to help themselves feel positive?

P: *What with their mental health? Well you have got to stay, well you have got to know what you want and then after a certain point, not cut off what is in your head yeah but if you want to do something else and your head is saying 'drugs, drugs, drugs' and you want a job, then obviously you have got to cut something out. Just not think....not, I don't know how to do it myself yeah but you have got to try and change what you are thinking in your head.*

Yeah well, I don't know but all I like doing is going and seeing my friends, going down the pub. Not getting hammered all the time yeah, it gives you something else to think about rather than serious stuff, yeah. The weights for a couple of hours, sometimes 3, 4, 5 times a week. I want to get a job soon too.

I: Thinking about leaving care, if you wanted help where would you go?

P: *Well, what, just for moving house? I went from care, I mean, care is all bad for me. There was good moments but all the good moments involved drugs and just vandalising stuff, yeah and things like that. But when I moved out I went into the hospital and then my carers would not take me back, they said they would, but they didn't which left me know where so I just got pushed from pillar to post for a few months. Then ended up in another hospital for children and I stayed there for about 8 months and then I ended up with my mum and she is loopy, there is no 2 ways about it. That sent me around the bend [leaving with my mum] so eventually I moved out, got into temporary accommodation. My social worker and a CPN, that is a community psychiatric nurse yeah, there just been giving me numbers or taking me to places, wherever.*

They have sort of being helping me out but at the same time they do your head in because they want to talk about stuff that you don't even want to think about like, and they don't lay off. Some of them are so patronising that you just want to tell some of them where to go.

I: What are your thoughts on services available?

P: *Once I got to the housing, I mean within like 3 days I was in a flat basically with all my own stuff. I was all moved in. I found the housing people OK, they are good, yeah, they do their job. With the jobcentre, I am still on the benefits so I am not with them at the moment. I am on incapacity benefit. I tried the whole Connexions thing but all they done for me was say here is an application form for MacDonaldis or Burger King and I was like, look at me, I love my sports yeah. I am more built than your average spotty little....well I am not saying I am not spotty [laughter] but, you know what I am saying so they didn't do nothing, so I didn't do that.*

The job centre is just, well I went to look in there the other day just with a friend and got on one of those things [computers] and there are no sports jobs in the whole of Bedford town, so its not really going to help. I have been to college but cos I was going through, I was still living with my carers. I started college when I was 16, but sorry to keep going back to it but my carer was always in my head yeah, it was just mental.... I don't want to say it but it was just mental torture. I mean you know you are going to go in and the guy [carer] is just going to be sitting there, so college didn't work for me.

I do want to go back next year and do the same course that I started. It was like sports ethics and sociology and stuff like that and you can go to university with it after. I wanted to do it because in school, even though I was drugged up and all that I was always getting good marks. The college where OK with me but back then nobody even wanted to touch me with a barge pole, so I thought it was my problems yeah. I mean although they were my problems yeah, they were rubbing off on other people. I have had no chance yeah, no chance.

I: Have you used any services already? If so would you use them again?

P: *I would go back to the college. Housing seems to be OK for now. I much rather go to college. The jobcentre ain't for me.*

I: Is there more pressure on young men these days? What are these?

P: *Well the thing is it didn't feel like pressure at the time [when things were bad], cos I never understood what was going on. So everything to me was, what was there was there. Like, I don't know how to explain it yeah, but like the pressure is like something clicked one day yeah, in my head, and I thought not everyone was against me yeah, but I that with people yeah, there is more to them than what you see. That clicked when I was about 16 and as soon as it clicked, everyone, fucking everyone disappeared right. Or I pushed them away, one of the two. I don't really remember it all because I was smoking dope all day.*

Like I have had talks from my family there is some pressure because they want me to get a job and get sorted yeah. They are not really caring about what I am thinking or what I am going through yeah. As far as they are concerned if you are going to get a job and lose your friends then they just say, well that is what you do but you can't just do that. It is very difficult to do.

I: If there is pressure do you regards that as positive or negative?

P: *Not pressure really, the time there is pressure if two people wanted the same job or if two people wanted the same thing and there is only one space you now what I mean? I mean I don't feel pressure like walking around. I don't think yeah that guy is massive, I wish I was like him. Well, I would like to be big [laughter] but I don't think it.*

I: What could be done to make services more responsive to young men in particular?

P: *Well they can do, what are you on about in care? Well leaving care it has all been good yeah. If I had had a level head from a young age I would have been fine and I wouldn't have put myself in situations that I was in, I would have took myself straight out of them. But cos I didn't know what was going on, I was just a naïve little kid until I was 16. To be fair in town, in the dodgy places that I am living now, little kids are little kids.*

I don't know, in care the only time they check up on you, they come in for a meeting every 3, 6 months, whatever. 6 months is the longest time that they wont see you for but then I just go into these meetings stoned out of my head, looking like a state. My eyes have been caned and then all these carers are just sitting there like, talking about you like you are not even there. You just think if you are going to be like that then surely I am allowed to be like that [stoned]. It's not like that, I know they are older than me and all that but if they don't even care about you then you aint going to care about them.

I didn't want more support, if they had just kept out, it just messes with your head, when you deal with like 10 adults sitting at a table. Like all these adults, like all these different agendas and questions to ask. Like different roles. It was just that they weren't nice people, they didn't care about their job. They were just doing a job, it was just like 9-5, leave and then go down the pub and laugh about what you have been talking about all day, I swear.

I don't care if the adult the other side of the table knows me, I don't even want to know them. Like if they are just going to sit down and take the mickey and then walk off and then of course I am going to care. So people have had so many social workers, I mean I have had so many social workers, about 10 since I have been in care and I have only been in care about 5 years. All these social workers swear blind that they care about you and that they would do anything, and then half or them are like, well I have got to go now. I will ring you, we will stay in touch and you know they wont and that they are not even thinking about you. Half of them don't care.

Even if someone said they would be there for me I would not listen. I wouldn't trust them to talk too, I would talk to them like an adult. I would sit down and talk to them nicely, yeah but I wouldn't trust them like, I will give you an example. Like the other day I was in care with one guy that is still in care and we have got the same social worker now cos, that's how it has been set up. The social worker dropped my friend off near to my house, and I didn't know she was coming. I was going for a drink and then she gets out of the car and starts talking about my mum. I said can we not talk about this seeing as we are not meant to be meeting now and you are just doing it. She was just standing there for a good 10-15 minutes and going, look lets talk about your mum, I want to talk about your mum and I was going fucking leave me. I felt like smashing her head up, I didn't obviously but, I mean I don't know, you don't tell someone, it is so stupid. I mean my social worker is only about 2 years older than me and I have had more life experience than her and she is just sitting in her nice big car and going I know everything about young kids.

To respect a social worker they need to, not need to understand me, because that sounds stupid but they need to know where I am coming from. Like all my social workers have just been so patronising, they haven't taught me any life skills, they haven't taught me not to associated, well all they say is don't associate with drug users because they are bad, full stop. They wont go into the ins and outs of it at all. I mean you can ask them and they are just like [shows blank face]. There are services to help me change my drug habit but when I wanted to change I just stopped. I just could because I have got willpower. I hadn't been smoking for years and years, it was just a couple of years.

I: Is there anything else you would like to add that I haven't asked you about moving into independence?

P: *Well it is just the carers that do it, I mean I don't know about children's homes, well I do because I have been in them but I don't know anything about them. I was in a foster home and the carer's get away with blue murder, yeah. I mean they get so much money to spend a week and I was only seeing about a quarter of it and the rest of it is in their pockets. I am not even joking. If you wanted a pair of trainers they would give you £20 to get a pair. I mean so the only way that I could make money was from dealing drug and then they [carers] came down like a tonne on me.*

You have got no choice in this thing. I know that ain't going to change. Well you have got the choice between being poor and lonely or being rich and lonely because the carers, if you are in their care, they see it as that you are under their roof, eating their food, even though, well like my carer he was an idiot yeah [laughter]. Even though I have now got my own place I try not to think about it but cos, what ever I have been through it seems to come back yeah, and I don't know why yet I want to sort it out but sometimes it is better not to know.

Like I didn't just have mental problems, yeah, just like at one point I was twitching like Pete off of Big Brother. I didn't know why and then one day it just stopped. While I was doing that, no social worker, I mean I was screaming sometimes, it was like having whip lash every 2 seconds yeah, and of course I was doing this and all these social workers were just pretending like it wasn't happening. I am not even joking they were like, don't worry, we will leave it for another week. It was for about 3 or 4 months.

I have a GP and I don't mind going to him. I went through the lot and they all just looked at me like I was putting it on. I mean I wasn't on drugs or drinking excessively and it is weird. I am not like that now but sometimes if you go down hill and you don't even mean to, and if you don't explain to everyone in detail or you don't start sucking up to them, then everyone just lets you slide until you hit the floor.

I am still on medication from the psychiatrist though I only take it, now it is getting to the point that I only need to take it if I have had a rough day. I usually just take and think why not. I didn't have a good experience [in Weller Wing], I mean the hospitals are all crap. I mean if you get sectioned yeah, then that is your life over and that is all they talk about. Like a year ago year, everyone was just thinking, like everyone thought yeah he [me] is never coming back. And I am here.

INTERVIEW YP06e- 11.12.06

I: What does being 'healthy' mean to you? How important is it?

P: *What's it mean to me? Umm, not sure really, I would say, umm being healthy means to me being active, that I have got good physical fitness. That I have got a good mental state. That I have the confidence to do things, not that I would sit here and catch my breath if I was doing something physical. It is very important to me to be healthy actually. I like to keep an eye on my health. I won't drink water straight from the tap, it has got to be filtered. I have to boil my water first and stuff like that. I enjoy eating fruit and vegetables and study as much as possible. Umm, I don't know really, I walk a lot. That is all I seem to do these days is walk everywhere.*

I: What does 'mental health' mean to you?

P: *Because my dad has got mental health problems it has always been a worrying thing for me. Like one day that might effect me so I try to keep my mind occupied with things, like I doing courses or reading and things like that, to keep it [my mind] active. So that it [my mind] don't just sit there unused as that happens quite a lot with young people. I will always try to read things or write stuff and things like that just to keep it all active.*

I: What can someone do to help themselves feel positive?

P: *To make themselves feel more positive? Umm, that is a tough one, umm. I think to feel more positive you have to actually do the things that will make you feel healthy. Like eating more fruits you will feel better within yourself and feel the benefits of it.*

I: Thinking about leaving care, if you wanted help where would you go?

P: *Where am I going? I am not sure really because I prefer to do things off my own back really. I don't really like asking for help really, that is one of my downfalls. I never ask for help and everybody moans at me about that. My Leaving Care Worker is really good and has helped me a lot. She has helped me with housing and done a really good job. I haven't been independent for a long period of my life but because I am 21 now then it has got to the stage where I have to be independent. I needed that push because otherwise I would have never had done it [moved into independence].*

The Housing Association has been helpful but it has been a bit long. You see when I applied to Pilgrims I was still living with my Dad. So when I applied to go on the waiting list they couldn't give me one [a home] straight away because I wasn't homeless as I was still with my Dad. It was difficult for me but then I got the place for me at the hostel which really helped. I have got to stay in the hostel for a period of time and then hopefully they will offer me something [own place to live].

I am beginning to look at colleges. Like on the course I am on at the moment [Prince's Trust] we had a taster day at Bedford College. We were giving a prospectus and told about all the possible things that we could do. I am looking at that to see what I can do after this course I am on now. It just depends on how much the courses cost and that. I am on job-seekers allowance at the moment, so I am not sure if the courses will be free or not. Job-seekers allowance is OK but it never lasts, it never lasts. I don't know how they expect you to live on that. But, yeah like it helps get the main things. It is really difficult for me at the moment to actually look for a job because I am on this course at the moment which is 5 days a week, from 10-4pm I haven't really got a chance to go looking for work and if I do get a job it is going to really clash with this course.

It is really difficult for me to get work at the moment and they [Jobcentre plus] keep asking me if I am actively seeking work and I tell them that I can't because of the course but they keep telling me that I have to be. It has been really difficult for me but I only have another week to go on this course. It has been a very good course, very good course [Prince's Trust].

I: What are your thoughts on services available?

P: *I think all the services I have used have been really, really good so far.*

I: Have you used any services already? If so would you use them again?

P: *I haven't got any concerns with them or problems, they have all been pretty good to me.*

I: Is there more pressure on young men these days? What are these?

P: *Yeah there is a hell of a lot. There is too much of it now because everyone now is expecting young adults, especially for young males to be like yobs. Like ever since I have moved into the YMCA like, everyone has been telling me that people get murdered and stuff like that around here, and things like that. Yet I have been living there for the last 3 weeks and no-one has even looked at me funny. So it is a really cruel misconception that we are all really bad people. Therefore people are judging us [young males] too far. Then we have to try and overcome this, definitely. That is what this course has helped me to do. It has helped me to feel more confident and to deal with problems and stuff.*

I: If there is pressure do you regards that as positive or negative?

P: *There are always the social pressures like how to address, what aftershave to use, are your clothes clean?, are you wearing the right pair of trainers? Or are they a pair of Hi-Tech from the market! So I think there is that but I think that has got better now because everyone in my age group tends to wear the same types of clothes and stuff. No-one really cares anymore so I guess that is a positive. People don't have to be really rich to afford best clothes, you can just wear normal clothes and people won't mind.*

I: What could be done to make services more responsive to young men in particular?

P: *Well possibly, like when I left, left care I left a children's home and went straight to my Dad's which was kind of the wrong thing for me, I shouldn't have done that. If I hadn't of done that then I probably would have by now got a nice flat, probably a job where I would be able to support myself. Instead I had to live with my Dad and look after him and it has taken 5 years off of my life that I cant get back. Those 5 years I could have spent training and working. Just to like help me get a job and stuff like that.*

I feel like I have missed out. You see I was only 15 when it happened and I was really immature, and I was still catching up a little. It was all rushed on me [decision to move in with my dad]. When leaving care I was just thinking, yeah just get me out of care, because I didn't like it in there so I was just thinking, just get me out. I didn't think it could have like a bad effect [moving in with my dad]. I just thought it would be all good for me and I was going to get out of care. But no, it weren't like that. In some ways they[social services] should take time to train people [care leavers] to tell them what would happen, what they can get and what they can't get. I don't think that was explained to me very well. I became like a recluse and went into myself. I didn't want people around me. I didn't have any friends for about 5 years.

I just would have liked more information because there is just so not enough of it [about help available]. I was in the dark about so many things really so more information about what support they [care leavers] can get and what services are available and stuff. That's why the development course I am on at the moment has been good for me. At the moment, like when I started the course I was still living with my Dad and then half-way through I moved independently and it was like, the course that has helped me as well about how to be confident in myself and confident around others. The course has been a little boost to help me as well. I am really enjoying independence.

INTERVIEW YP07 – 18.12.06

I: What does being 'healthy' mean to you? How important is it?

P: *Umm, being fit and eating the right kinds of foods. Not having any health problems, like STI's and stuff like that. General stuff. Health, eating the right food, generally exercise. I mean, when I am not at school I suppose I do jogging and going to the gym and stuff like that. Umm, it's quite important for me to be healthy, umm. Yeah, I would say quite important because we have got a naturally big family [weight wise], so what people see of me is not what people really see of me and I would like to loose a little bit of weight. So that is really important for me to do that and that is all down to healthy eating and stuff like that.*

I: What does 'mental health' mean to you?

P: *Umm, what does mental health mean to me, umm, people being insane! People who are like distressed and stressed and all that.*

I: What can someone do to help themselves feel positive?

P: *What in mental health yeah? Umm, you mean like what can they do? Umm, I suppose it would be nice for them to have visitors and make them feel good about themselves. It is important that they do stuff, like positive stuff not negative stuff, like maybe painting and stuff like that. My mum does that [painting] and she used to have mental health problems and that helped her through it.*

I: Thinking about leaving care, if you wanted help where would you go?

P: *Yeah, the 16+ Team, I have a 16+ worker and I have a Pathway Plan. I have nearly finished my pathway plan early. We are looking at can I cook and my independent skills and stuff like that really. We have gone over health stuff and stuff like that. Could I cook, could I clean and how to work on the stuff that I couldn't do. Cooking for the family because the aim is that I will move into independence in a years time. It's like aiming where I am living now and leaving this time next year. So I am already having to think about that.*

It is mainly practical stuff and things like that. And what I do with further education as well. I am staying on at 6th form, umm and instead of staying on for 2 years I am staying on for 3 years. I am going to do an NVQ, well I think it is an NVQ in Sports Studies and then I am going to do A levels for the other 2 years. And then I haven't quite made up my mind but I might go and do a bit of, umm, and I might during that time aim to do a bit of work experience at a youth centre and go and do a youth degree. I am actually doing the NVQ for 2 reasons because I love sports. I am a football referee, so I do a lot of sport and I am unsure if I will get the rights GCSEs to go onto do A levels and even if I do I will still go on and do the NVQ because it is worth 5 GCSE's at A-C grades.

I: What are your thoughts on services available?

P: *Connexions helped me look at that [my education/career]. And my 16+ advisor helped me talked about it. I got in touch with Connexions through school and they have been really helpful. I haven't had any contact with Jobcentre + yet. All I have at the moment is my brother's point of view on Jobcentre+ and he always tries to avoid them but that might be because he is lazy or it could be because the service itself.*

In regards to moving into independence I am currently looking at family options with my 16+ advisor, looking at going to live with an auntie but I wouldn't want to go and live with one of them. I want to go independent so we are looking at me cooking and cleaning for myself one day a week before I leave care. I am not currently in touch with any housing associations. I don't want to live in a hostel. I don't want to be given that kind of, umm, that umm, what's the word, umm. I care about my reputation, if you know what I mean, and I don't want to look like a tramp because I live in a hostel. I don't want the stigma because you get that from living in a children's home but I can fight against that. I can make people think that I am not the bad one.

I: Have you used any services already? If so would you use them again?

P: *I would use Connexions again, I would go back for advice and my Connexions advisor.*

I: Is there more pressure on young men these days? What are these?

P: *Yes, definitely. I mean like at my age [nearly 16] saying about being a certain way, like sex for instance. Girls, if you have had sex before the age of 16 then you are a slag, but for boys your mates would congratulate you, do you know what I mean? Like with boys, if you haven't done it [had sex], then you are frigid. That is one piece of pressure that you get and you get a lot of that.*

In regards to living in a children's home I don't avoid telling people about it because I am proud of how I have lived and that is me, that made me who I am, where I have lived in my life and what has happened. It's more that when people find out you live in a children's home they say 'is it like Tracey Beaker', what sort of people do you live with? Have you lived with this type of person or that type of person? And like I say 'no, it is not like that' and stuff like that.

I: If there is pressure do you regards that as positive or negative?

P: *Umm, no, I can't think of any positive pressure. No, just off my head, no.*

I: What could be done to make services more responsive to young men in particular?

P: *Maybe be a bit more friendly, I mean like the doctors. A girl may feel comfortable to go but a boy may try to avoid going and all that because they don't want to be seen that they are ill and that they have got something wrong with them. So make them a bit more friendly and not so, umm, what's the word, not so obvious. Again, it is about not being seen as a particular service. I mean you don't want to work in and then walk out, lets say with a condom bag, like a plastic bag with a condom logo written on it.*

Again if someone was going somewhere for health check they want something quite discreet. You don't want people to start thinking that there is something wrong with you and stuff like that. It doesn't have to be in a special place, just at the doctors but like the GUM clinics. It should be a room at the back of the doctors. If someone sees you coming out of the GUM clinic there is a couple of things that they think. Either you are going there for condoms or they will automatically think something else.

INTERVIEW YP08 – 05.02.07

I: What does being 'healthy' mean to you? How important is it?

P: *Umm, eating healthy. Not getting junk food, eating a lot of salads. 5 fruits a day, keeping healthy. Keeping in good shape, plenty of sports. Like I mostly cycle. I cycled down here today and will cycle back up to Putnoe which is basically 2 miles in the morning, which is about 4 miles everyday.*

I: How important to you is it to keep healthy?

P: *A lot. It is pretty important to me, to keep myself in shape. I don't want to get over weight and all that.*

I: What does 'mental health' mean to you?

P: *Umm, I don't really know. I haven't really heard about that, that much.*

I: OK, what about when some people get really, really stressed out and how do they look after themselves in that manner?

P: *Ohh, I do a lot of MCing if you have every heard of that. Like rapping. I do a lot of that and I have wrote a lot of poems. I have got a few with me today and stuff. I let out all my anger through that and all my stress through that. I find it works and I have just wrote another one actually a minute ago.*

I: That is really good, so for you that is a way of keeping your mental health well.

P: *Yeah, yeah, yeah, it makes me calm down. Rather than go out I will quickly write something down.*

I: How did you come across MCing?

P: *My mate, well a few mates basically when I lived in Southampton. I moved up there 3 years ago and it will be about 2 years ago when I started to get to know them and all that. They were sort of doing rapping and stuff. I asked why they did that and they said it helped them express their feelings because they were missing their families, their mum and all that. So I tried and all that and showed them my poems and they said, yeah you have got talent for rhyming and stuff. So I just started trying to rap and all that.*

I: That is really good that they actually could acknowledge that it is because they are feeling down that they find that rapping helps.

I: What can someone do to help themselves feel positive?

P: *Umm, I don't know really. I just talk to people, I do. I have got a lot of friends and I have got an excellent girlfriend. I can talk to her. If I need help I talk to her if she needs help she talks to me. We are both there for each other and all that. I have known her for about a year now.*

I: Thinking about leaving care, if you wanted help where would you go?

P: *Umm, social services or my mum. My mum is always there for me.*

I: Thinking of areas that you would like help with, what would they be?

P: *Benefits really. Money wise, how to look after money and budget. Me, I cant really do it. With me CD is food. Especially budgeting. Independence, I am sort of doing that at the moment anyway. I have got a temporary flat on my own. It is really hard at the moment because I have no-one there to talk to and nothing but I have got to do it anyway. You have got to try and show people that I can do it. With food I am doing pretty good. I come here and get food vouchers. I can also get some food from my mum or something. I love my sleep so that is OK. I am one of these, if someone wakes me up really early in the morning, I am like, arhh just go away. Come 12 o'clock I will be really wide awake. If I have a cup of tea in the morning then I am alright and I allow people to talk to me and stuff. If I don't [have a cup of tea] then I am funny all day long.*

I: What are your thoughts on services available?

P: *Probably employment really, I have got to try and look towards that in the near future. I haven't got a lot of money coming in at the moment. I have signed on at Job Centre Plus but I have got to look if there is anyone to help me. They have been really helpful so far. They are helping me with a lot of jobs. They found 3 for me on the first day that I signed on.*

With the housing basically, that went pretty good. I was homeless at the time and all that so I just got a temporary place straight away. I am waiting until I get my own place or another hostel. I would rather be in my own place, somewhere where I know that I am going to think, I know I am going to be here for about 3 years, or 4 years. I am OK with that, I don't like getting moved about because then it just does my head in and stuff like that. With all the other stuff going on, it is just unsettling for me. To think, right I am going to be here and to get all my stuff in and then all of a sudden they say right you are off somewhere else. It is like, yeah but I have got all my stuff here now, you should have told me that already.

Umm, Connexions, they haven't really spoken to me for ages. I think it might be because my phone got stolen and they have only got the old number so I am going to have to go in there and give them my new number and see if there is anything going on.

I: Have you used any services already? If so would you use them again?

P: *Yeah I would.*

I: Is there more pressure on young men these days? What are these?

P: *Umm, I wouldn't say more pressure, I would say a tiny bit. Just people in care really and towards females as well really. Like when I was young they thought right just stick him there, he will be alright. I didn't ask to go there or nothing. Now they are doing that to everyone and I think it is a bit, it is not peer pressure but it is pressure.*

I: OK, so it is an expectation that you will just get on with the changes made for you?

P: *Yeah. For men, I would say that in the outside world, the real world really because everyone is drinking and smoking and I am thinking, yeah I am going to be alright. But when I got to 18 I started having to pay my mum rent and all that with my job seekers allowance and I thought, jeez I am 18 and this is real. This is my life now and I have got to start paying and everything. It just scares me. It scares me know just thinking about it. The rent gets higher wherever you go and it is just the responsibility of stuff. I think that is an equal thing for boys and girls and growing up.*

I: If there is pressure do you regards that as positive or negative?

P: *The peer pressure for me was smoking weed. I have not done it for 9 months, coming up for 10 months. It is really hard to do. I don't drink as well. I only drink at weekends or at parties. I don't really smoke or drink. I feel the pressures around me are positive really for me. A lot of people around me are saying do you want to come for a spliff and all that but I am thinking to myself in my head, naa I don't want to do that. I am going to put my head down and look at the job centre and work and all that. Looking for the future. I don't want no-one else messing my life up for me.*

I: What could be done to make services more responsive to young men in particular?

P: *I cant really think of anything really. My transition has been positive and negative in a way. Like I said early, I would rather be somewhere where I know that I am going to be for ages and all that. A place that I can actually settle down in and all that. So, me and my girlfriend will probably move in together.*

I: So do you feel a bit more consistency and where they place you and to have a choice in this would be good? I mean do you have to move when they tell you or are you asked?

P: *Well, you do have to move. Where they have placed me there is a girl living up above me and like her and some of her mates don't really like me and all that. They bully me and stuff. I feel like saying, look yeah, but I cant really go to the Housing Benefits and say some girl doesn't like me can I move. They will say, wait a minute you are homeless, so you are going to have to like there whether you really do or not.*

I: Is there anything else you would like to add that I haven't asked you about moving into independence?

P: *Umm, not really but there is social services there to help all young men and young women as well for their near future. A lot of them should be thinking, I will go there and get help. I mean I have got my social worker until I am 21 so I am lucky in a way. That is another 3 years. I am lucky because I know that when I am 21 I will still receive support but not in the same way that I had been. There are people out there that should come up to social services and say, look I am really struggling and all that and can I have your help and all that. They shouldn't be afraid to come forward and say that you are struggling.*

INTERVIEW YP09e- 05.02.07

I: What does being 'healthy' mean to you? How important is it?

P: *Eating healthy and being physically fit. Umm, I don't know doing sports and things. Umm, I don't know, it is important to me now.*

I: What does 'mental health' mean to you?

P: *Umm, I don't know, umm, I don't understand really.*

I: OK, what sorts of things do you do to relax?

P: *Umm, read a book.*

I: What can someone do to help themselves feel positive?

P: *Umm, listen to music.*

I: Thinking about leaving care, if you wanted help where would you go?

P: *When I got evicted from my place I decided to come up here and live with my mum but that didn't work out. I have leaving care team help me move up here and live with my mum. Although I had no money and it took ages to sort all that out.*

I: What are your thoughts on services available?

P: *I know about Job Centre Plus now but when I was leaving care I didn't. They don't always give you all the information that you need to help yourself. I did have a job but I lost my job. Because I lost my job, I wasn't paying my rent and so I lost my house. With housing I told them my situation and they told me they couldn't help me out and to go elsewhere. I did get help in the end but it took a while.*

I have used Job Centre Plus. I am using them at the moment. They are OK but it took me ages to sign on because I had no ID. I had to apply for different information and stuff before I could get it sorted out. I have heard of Connexions but I have never used them.

I: Have you used any services already? If so would you use them again?

P: *Yeah, if I had too. I guess Job Centre Plus.*

I: Is there more pressure on young men these days? What are these?

P: *No, not really, I don't.*

I: If there is pressure do you regard that as positive or negative?

P: *No*

I: What could be done to make services more responsive to young men in particular?

P: *Ongoing support and help. You only get to see your support worker every few weeks rather than every week. I would like it if they check up on you more.*

I: Is there anything else you would like to add that I haven't asked you about moving into independence?

P: *Umm, not really.*

INTERVIEW P1 – 15.09.06

I: Could you describe your role in relation to young people and describe the types of circumstances where you come into contact with them – what is it exactly what you do for them?

P: *We deal with young people leaving care from the age of 15 ½ years up to 21 years of age. If they have just recently moved into the placement then we need to visit them within 7 days, and then after that 6 weekly for the first year and then if they remain in that placement after that year then we are to visit them once every 3 months. That is our statutory duty. We can see them more than that and very often see them more than that. It may be for a number of reasons.*

When we do meet with them we talk about their pathway planning for their transition of being looked after into independence. We look at their educational and private training needs, their health needs, their accommodation. With accommodation it might be residential or hostel, we are looking for planning for them to move into their own place. Developing their skills to enable them to do that.

Obviously, the health will involve areas around mental health and all aspects of their health. We explore mental health education, public health etc. We would work with the young person to find out what they would wanted to do and we would explore the options with them. So, we would look at what their history is currently in terms of education, what they are able to cope with. Some are academic and some are not academic but they would like to continue in some areas. Some will look at apprenticeships, E2E programmes, some go onto college, some do A levels. Some are only able to do some of the more practical courses, ie. City & Guilds, Btecs. We would work with the young person individually and then identify an independent training organisation.

I: My research is focusing upon the support offered to young men who are leaving Looked-After Children Services and moving into independence. Do you have any thoughts about the recent implementation of the Pathway Plans to assist the young person in this transition?

P: *It is our major tool really, in order to help young people move from where they are at now, and with a review that every 6 months, until they actual do leave our service. From the time we start co-working with them at 15 ½ the aim is to have a pathway plan in place at 16. The assessment in place by 16 and the plan in place by 16 and 3 months, and then for that to be reviewed 6 monthly. We can see the progress of that young person from the time there are 16 until the time, usually at 18, we try to refer them onto housing for them to get access to there own individual placement.*

Obviously each person is different, to get to that point varies. For some, it depends on the placement they have been in prior, how enabling that placement has been. In some cases, with all the best intentions, the carers can be too accommodating and do too much for the young person. That leaves them at a disadvantage later on. So part of the pathway planning, when our staff go out is to give the carers, what we call an 'Independent Living Skills Plan'. This is to go through with the young person what different tasks they need to complete. Once they have completed them, then to enable them to move on. It is really is to demonstrate what aspects they are able to do on their own.

I: Is the Independent Living Skill given within residential units?

P: *I think the individual residential units have their own, but if we feel that we are doing a plan with the young person and there is nothing to demonstrate that, then we would advise them of our own and they would take that on board. We do give them out to foster carers, and I think the hostels have their own. If we feel that this is not being demonstrated to our satisfaction then we might give them our own to feel in.*

I: Have you seen a difference in services since the Pathway Plan has been implemented?

P: *I have worked within Social Services before pathway planning but not within the Leaving and Aftercare. I worked within the Asylum Seeking Team. Within that role I worked with unaccompanied minors, and although we weren't strictly regulated, I did try to keep the team to work in the same way that the Children's Services Team would work. It wasn't as clear I*

think. Then pathway planning came and I did try to use it within my services. It was a bit clearer about where people were heading. It is a good tool in demonstrating where people have/have not moved onto. Within each review you can talk about what the young people have or have not achieved.

I: Are you aware of any liaison difficulties between different agencies who would be contacted to work with young men in this particular stage of their lives? (i.e., Housing, Education, Employment)?

P: *Umm, well we are quite fortunate here in terms of the fact that we have developed a protocol with our housing department so we meet regularly to review how that is working. Since I have been here, the relationship with the housing department has been good, so long as we can demonstrate that that person is able to live independently, able to maintain a tenancy, or that we could put in the support to help them maintain that tenancy. So we have not had a problems with referring in that way.*

Issues around education and employment, we have found has been OK and where it has not worked out has had some bearing on how the young person has taken that on board. I think there have been isolated incidents here and there but that is also in relation to how individual people in individual agencies work and that is not about the organisation in itself.

Colleges seem to be fine, E2E, Connexions, Housing.....CAMHS, I think is a difficult one. It is difficult to get, a lot of our young people are on that verge where they are becoming to old for the service but we do have senior managers addressing that moment so hopefully that will change. That would be the only organisation where I would say about things. Even when there is a whole year before they are not prepared to start that work with the young person. We find that very difficult because then the young person is left for a whole year and can deteriorate drastically in that year and nobody is wanting to take it on board. CAMHS won't and Adult Mental Health won't.

I: Do you have any ideas about how collaboration between different agencies could be improved?

P: *[Long pause], I don't have specific examples but I am sure there is a lot of duplication of work. I mean, it is about trying to, which could be another meeting that most people could do without, trying to get our heads around what we all do and where we could assist each other more in the work that we do. So that we are not duplicating the work. What we have tried to start here, on this floor there is also the Youth Service, and we have started to look at (youth worker manager, Leaving Care Team manager, Connexions and YOT managers), to look at what we do the same and how we could reduce the duplication of it.*

I have attended one meeting, 2 have been cancelled and then there is a new manager in post for the youth services. It is just that sort of thing really. I am sure specifically those 4 organisations, but maybe even a housing provider as well. We all work we the same group, doing very much the same thing.

I: Do the pathways plan help with that? It is another communication tool that everyone accesses that the young person comes into contact with?

P: *If different agencies are involved in putting the pathway plan together, if consulted them and they contributed to the pathway plan, definitely, they get a copy. Obviously that is agreed with the young person that we speak to them in the first place, so them having a copy would usually happen. If we are referring them for housing, the housing department definitely has a pathway plan because they need to see what the issues are for that young person. It goes without saying that they need to see a copy of the plan.*

I: Why do you think that so many young men do not seek help when they are distressed or concerned about things?

P: *Number a reasons.....macho, not the manly thing to do (even girls now), it is not in line with street cred to ask for help really. Thinking that there is not stuff available around for them. Maybe previous experience of asking for help and not being given any.*

Even when you are working with young men and you identify an issue and then you start talking about how they might get help with that, they don't want it. To accept the help is to really accept that there is something not quite right.

I: What about the barriers you may perceive are there for those young men who tend to be reluctant to come forward?

P: *We have never had the capacity to do specific things until recently and the first thing that we are working on at the moment is a women's group, so it is not in line with men but there is nothing to say that wouldn't do that later. I think because there is a lot of 1:1 work being done with the young men that we work with, it is around developing that relationship with them, so that they feel that they can trust you and talk to you and tell you what they are thinking. Then be able to have that confidence in a member of staff that they will accept the help and support on offer. It is then about getting them to agree that.*

It varies from one person to the next how you can actually get them to engage. So people will never trust and some of the young people have real attachment issues going way back to very early childhood. They whole world has been disruptive all the way along. Some will trust anyone and in a very short space of time will engage. It varies and both are quite dangerous – 2 extremes.

I: I am interested in looking at ways services can be improved to help young men with their transition to independence. Do you have any ideas about what kind of approaches might make it easier for young men?

P: *[Long pause] I think it needs to be made fun, I think it needs to be gender specific because if there is a male/female mix there could be all sorts of issues, feeling intimidated, feeling stupid. I think you have to tackle the fun side. Actually getting through to them about the things they need to know and understand in terms of moving into independence has to be done in a fun way that will attract them. There has to be incentives as well, I think.*

Team challenge task that makes them aware of risks but also being aware of other people and how working together as a team can achieve a better goal than working on your own. There could be things around entertainment, agreeing to having a meal together. The buying of the food, the preparing of it. They have got the budgeting of it, the cooking as well, but also having the fun bit at the end eating and socialising. Also socialising doesn't have to involve drink and drugs and that sort of things. Cover many things in one go.

I: Is there anything else you would like to add that I haven't asked you in regards to this important transition for young men?

P: *[Long pause] I know a lot of young men have problems in the transition. I think what I have noticed working here that the older ones have more problems than the younger ones coming up. I don't know if it is because we are forcing them to do more, whereas the older ones weren't forced to do more and now they are at a point where they have to do more and they haven't had the experience and they are really angry about it. It might be just a phase we are going through in terms of getting these ones through.*

We have a couple of males at the moment who are finding it hard to let go and they are still expecting us to do quite a lot. Part of it is about the way the service has treated up until now. [Interviewer asked about fear element, how is this addressed] This is done in a roundabout way, we try to identify what is causing the fear and then work on those issues. Like, for example, these young men called us the other day and living out of county. Clearly has a lot of issues around budgeting skills, always claiming to have lost his giro, or doesn't have money to pay for his bills. He gets really angry everytime he calls up about this and we have spoken to him on many occasions about budgeting.

The meetings to address this have not happened for one reason or another, either he has cancelled or he has not been there. Then he then calls up for more money. The other day, I firmly said to him that I don't want to have this conversation with him again, I want him to meet with his worker, and I want him to address this issue, because until he does he will keep phoning us up for money. He is fast approaching the age where we won't be here to give him that help and advice. He calmed down quite a lot after that and said, I know, but I am not

sure how to do it. I said, well that is why we are here and if you don't use us while we are here, when we are not here then you are going to be in a worst situation because you won't even have us to call. He said OK, and now we wait and see. It is about looking at what is causing the fear and dealing with that rather than say to them that you are scared. You might get to the point with them that you will be able to say that you think they are scared. I am acknowledging for you that you are scared, I want to help you get through that, so this is what we are going to do. It does work.

If you identify the fear it is then helping them get past it. Fear can manifest in crime, drink, drugs. It is about having someone that believes in them really. Believes and keeps reaffirming, I believe you can get there, I believe you can get there, this is a blip, I believe you can get there, this is another blip, I believe you can get there. It is almost like talking to your own child really.

INTERVIEW P2 – 29.09.06

I: Could you describe your role in relation to young people and describe the types of circumstances where you come into contact with them – what is it exactly what you do for them?

P: *As part of the Leaving Care Team we are working with young people that have been previously looked-after or are still being looked-after. What we do from 15 ½ up until 21 or sometimes 24 we provide them with what we call a pathway plan. It is just an assessment so that we can then pull out weaknesses, strengths and their aims and goals for the next few years. That is reviewed every 6 months but we kind of look at the long-term future. Basically we deal with anything that they come up against, whether it be problems with getting bank accounts or accessing services, or personal issues, custodial stuff, anything in their lives really that we can try to support them with.*

I: My research is focusing upon the support offered to young men who are leaving Looked-After Children Services and moving into independence. Do you have any thoughts about the recent implementation of the Pathway Plans to assist the young person in this transition?

P: *Umm, no, I think we do the plan anyway, whether they are male or female. I think males tend to have a bit of a harder time with it, having to deal with things like housing because they tend to be put at the bottom of the list. I think we have to fight more for their rights than we do for females. Young men are not seen as being so vulnerable [by housing], although most of them are, they have obviously come through the care system for a reason but they are not seen as being so vulnerable. It is kind of an unwritten rule from years ago that men are stronger than women and as much as society has changed in as much as equality and stuff it is still there as an unwritten rule if you like, and people do tend to still abide by it.*

I: Were you here prior to the pathway plans being implemented?

P: *No I wasn't, but I know previous to the pathway plan it was just run on care plans and they were more for the younger person. They didn't tend to look at things like employment it was more about the looked-after system. They kind of didn't have...it was a statutory thing. The young people did not have a lot of say about what went into them yet with the pathway plan they [the young people] practically build them themselves.*

I: Are you aware of any liaison difficulties between different agencies who would be contacted to work with young men in this particular stage of their lives? (i.e., Housing, Education, Employment)?

P: *Umm, housing is a big one. I mean for young women as well, but for young men in particular because they are not seen as being as vulnerable, although it is getting better because recently we got a protocol with our local housing particularly for looked-after children. So it is getting better but a lot of agencies don't want to be seen as being favourable to looked-after children, so it kind of puts them to the bottom of the list like everybody else.*

Obviously employment is always a huge one. Unfortunately most young men that have come through the care system have offending records of some sort and that can become a particular issues for them when it comes for us to try and find employment for them.

I: Do you have any ideas about how collaboration between different agencies could be improved?

P: *Umm, goodness, that is a hard one. I mean if you try, if anything that has been identified for them, we do try and speak to the agencies and try and get some sort of protocol written. Unfortunately because staff turn over is so high in a lot of agencies then what you agree with one person does not fit with the next.*

I: Is that something to do with the cascading of information within organisations? If you have spoken to a particular person who has agreed on a particular action this has not been documented or written into future policies, procedures, action plans?

P: Yes.

I: Why do you think that so many young men do not seek help when they are distressed or concerned about things?

P: *Because they don't want to be seen as being weak. From my experience within Leaving Care a lot of the young men that I work with, have generally been the main male in the household. Even if they have come out of the household they have still maintained they kind of father figure. I think because most of them have grown up with that all their lives, to ask for help is a sign of weakness. They just don't do it [ask for help] and you have to kind of battle with them. You have to be able to get on with your client really well to be able to see when there is a problem. I think it is just the sign of being weak and also they don't want to be known as a previously looked-after child or a looked-after child. To them and their friends they are just Joe Bloggs. They kind of don't make it known.*

I: Can I ask you how long you have worked in the service?

P: *3 years and previously worked for the probation and youth offenders and obviously the homeless.*

I: What about the barriers you may perceive are there for those young men who tend to be reluctant to come forward?

P: *Umm, I think that is really difficult. I think once you build up a relationship with a young person, if it something very serious they will come to you or they will come and talk to you in a roundabout way so that you actually get the gist of what they are saying. I think because of the pathway plan and it is constructed by them [the young person], they put in it what they want and obviously if we fill that it is not appropriate what they are putting in it then there will be discussions with them about it. I think because they build up their own pathway plan they can identify their own need and their own strengths and weaknesses. It is something that you discuss with them all the time, the pathway plan. You go through it and you say, right you have tackled this bit, how are you getting on with this bit. Because it is constantly being reviewed it kind of brings out any issues that might come up.*

I: I am interested in looking at ways services can be improved to help young men with their transition to independence. Do you have any ideas about what kind of approaches might make it easier for young men?

P: *That is a difficult one, umm, I think, I mean for me personally, you treat them like anybody else. If you have a 16 year old female and a 16 year old male in the room wanting the same thing, the female will always be looked upon as the more vulnerable and that is not always the way. It maybe the unwritten rule that men don't need help that is really archaic and needs to be binned!*

I: So we need to be working as a system to address that? It is not about young men changing the way they are?

P: *No, I don't think it is, it is about us and the organisation involved with them not looking at them differently. It is a form of discrimination and as much as, more often than not a young male will say well actually I don't need your help, I am not bothered and a female saying yes I do. Just because they say it does not mean to say that they are meaning it. We need to find ways of working around and actually looking and seeing what they want rather than listening to what they are saying.*

I: Have you got any ideas on how we can approach that then?

P: *No! [laughter] If I did then I would probably be doing it!! I think a lot of the problems is lack of communication between different organisations. You have one person doing this piece of work and another person doing the same piece of work and nobody actually talking to each other. As much as you have got all this technology, emails and everybody gets cc'd into everything, nobody actually meets face-to-face anymore. It is all over the phone and I think for all agencies to, perhaps have a professionals meeting involving that young person, say once a month. Just so that you are face-to-face so that you can actually see what is going on. That approach would be better for that young person because I don't feel like they are duplicating everything all of the time. For me it is just communication, that is the main bug bear.*

I: I guess for the young person in the system, like you say, if you are all not meeting face-to-face and not allowing that time to chat, because in an email you can just address the initial problem that has come up, whereas in a group you could discuss that with a particular person I am finding, for instance they are always turning up late. They could all then say well this happens to us all but I thought it was just me and therefore how can we address this as a group consistently with the young person. If we do things consistently then that may help the young person?

P: Yes, a lot of young people will play the system and kick against authority because nobody wants to be in the care system. But if they see that actually they can't do that and everybody is working together for the same result, to help them I think they become better at saying what they want because they know they cannot play people off against each other. Like saying one thing to one person and another thing to another. I will know have to admit that I want this and everybody is going to help me move in the same direction. Currently we don't always pull in the same direction and that is where young men and young women become frustrated.

Also it can be sometimes about, even when we don't like what is happening we play into creating an environment that we are used to i.e., inconsistency. If you have had inconsistency parenting from a young age and then go into a system of inconsistency, as much as you want consistency to feel safe all you ever know is inconsistency. By playing people off against each other you create that chaos again that you are used too. If everybody is consistent around you eventually that young person will have to go through their fear of what happens now into this new world of consistency that they have never experienced before. You help them over this and then they can move forward. From the professional perspective it seems important that you all have the same message being given to that particular young person.

I: Do you feel that there are small changes taking place in regards to this?

P: We have a Bedfordshire Children and Young People's Plan this year where different agencies are being brought in. Do you feel over time this will evolve and agencies will become closer? For me personally, I feel it is just bureaucracy gone mad. It is a lot of paperwork but not a lot of action and it is very much, we are going to do this, and we are going to do this but it never actually happens. It is good for the stats but it is not good for the people working on the front line.

I: Is there anything else you would like to add that I haven't asked you in regards to this important transition for young men?

P: Umm, no, I don't think so, I think I have said it all really. The main thing for me is the difficulty with any agency to accept that this person is just as vulnerable, all bit it male and giving off this attitude of I don't care and I don't need you when actually they do. They just don't want to admit it until you get to the root of it. When you do work with them and build up a relationship with them, I think that is what is really good with this team, is because we are dealing with the older ones where they can speak their own minds and they can say what they want but also we have been with most of the clients a very long time. Most of my cases I have been with for the past 2 years. Whereas previously with looked-after there was unfortunately a high turn over of staff and therefore the young person doesn't build a bond and learn how to trust because they are constantly getting a new social worker.

It is difficult when they first come in because they are saying you will be gone in such and such. But after a year of working with somebody they start to open up and you can see that they are vulnerable, that they might be male, they might be 17 and going out with their mates and acting the big I am but deep down they have got serious attachment issues and I think young men have more attachment issues than young females and they find it difficult to trust people. Because we treat them or the organisations treat them as less vulnerable they feel that they have to stand up...I mean if you tell somebody something often enough they start to believe it. If you tell them that they are not vulnerable for years and years because females are moving a lot quicker than what they are so they just think, ok then I am not vulnerable and so they act it out. That for me is the biggest problem.

INTERVIEW P3 – 27.09.06

I: Could you describe your role in relation to young people and describe the types of circumstances where you come into contact with them – what is it exactly what you do for them?

P: *I work as a personal advisor on the Leaving Care Team. I usually work with young people from the age of 15 ½ and put together a pathway plan looking at where they are and moving them into independence. The pathway plan can be for all areas of their lives, education, housing employment, health. We support them through this up to the age of 21 or 24 if they have learning disabilities. I have been working as a PA since 2005 and before that as admin support for a further 3 years.*

I: My research is focusing upon the support offered to young men who are leaving Looked-After Children Services and moving into independence. Do you have any thoughts about the recent implementation of the Pathway Plans to assist the young person in this transition?

P: *I think the pathway plan, if implemented in the correct way are a really useful tool in helping the young person move into independence. The young person is very much at the centre of the plan and it is a good way of discussing when you are going through the plan with a young person. It is a good way of getting out in the open any issues that are coming up.*

I: Were you in the service before the pathway plans came in?

P: *No, but I know from when I first started here there was a very basic form of the pathway plan which wasn't really being used in perhaps the way it should have been. It wasn't being used properly. So now it is being used a lot more rigorously and being kept on top of. I feel there has been a massive improvement there. Rather than it just being a piece of paper being stuck in a folder and left, it is actually being used as a working document and being reviewed every 6 months. When something changes, you are going back and addressing this.*

I: So it is not only now that the paperwork is more effective, the outcomes with the young people are more effective?

P: *Yes, I think so, yes.*

I: Are you aware of any liaison difficulties between different agencies who would be contacted to work with young men in this particular stage of their lives? (i.e., Housing, Education, Employment)?

P: *Big time, yes. Housing in Bedford is getting better, but I find housing departments, I have a lot of my clients that are in Kent, so I find working with housing departments very, very difficult. I also find mental health organisations have been a bone of contention for me with particular young people.*

I: Could you elaborate a bit more on this?

P: *I have felt that when there has been a crisis with, well with one particular young person, where there has been a crisis for them I have been passed from one person to another because the young person has been 17 years old, therefore he is not falling into one particular service. With me, he has kind of fallen through a hole, and I am expected by other agencies, like the people that are housing him, I am expected to help him because I am the one working through the pathway plan with him. I am therefore expected to pick up his mental health because there is nobody else to do this. I felt like he was falling through a hole and mental health were very...not passing the buck but were very loathed to take him on.*

I: Was this CAMH?

P: *CAMH wouldn't go anyway near him because he was 17 and wasn't in education. At the time of the crisis I saw Crisis Resolution Team and Early Intervention Team. The Early Intervention Team did take him up in the end but it seemed like I was really having to push and make a really good case for this young person. The person in question had, had a proper diagnosis at Great Ormond Street and had many mental health issues and because there was cannabis involved as well when we tried to get into adult mental health from the Early Intervention team they then tried to say well it is cannabis related so therefore if he doesn't stop taking cannabis then we cannot deal with the rest of it.*

They almost actually tried to disregard the diagnosis. It was only when I got the consultant from Great Ormond Street up to a meeting at Weller Wing that anyone began to take any notice. I found that was really...I mean the consultant from Bedford that was dealing with the young person did not even turn up for the meeting. I just thought what message does that give to this young person.

I: I guess also, you were saying that a lot of your clients are in Kent, it must be difficult to coordinate different referrals. For example, you were saying the original diagnosis for this young person was by a consultant in Great Ormond Street, then if that person is not residing locally, how difficult is it to try and work with so many different services that need to be involved? There are many different systems within different services.

P: *Yes and that then can give the message to the young person that there is no hope of moving forward so why would I bother. I can self-medicate using cannabis, I don't actually need you. But at some point I need to keep him within that service but I don't feel that I get a lot of support. I pick up all the feelings of the young person but my expertise is not in mental health. I mean I have learnt a lot about it from working within the system and with other young people with mental health issues. The preventative work just is not there.*

I: Do you feel that if he had been a girl he would have received the same barriers?

P: *Yes, this is not down to him being male, this is for both male and females.*

I: You mentioned about housing, is that particularly for young men or generally?

P: *I think with young men more so than with girls. I feel it is almost that young women are seen by housing as being just slightly a bit more vulnerable whereas young men, if they are 18, fit and healthy then just get on with it. You got yourself into this situation so get on with it, it is kind of that.*

I: So what happens for young men in regards to housing?

P: *Well I said 18 but my experience of since I have been working is that when they hit 18 they become homeless. If they go into one of the hostels around here and then get evicted it is very difficult for them to get housing. I mean that is the same for girls as well but obviously if a young girl becomes pregnant there is a route into housing. Whereas young men, especially if they have had any involvement with Youth Offending Team or probation then they are seen as trouble.*

I: Do you have any ideas about how collaboration between different agencies could be improved?

P: *I think it has already begun in fairness of the protocol thing happening. I suppose there is still a lot of history that goes on between professionals that puts up a barrier but I think that is breaking down. I think the housing protocol has helped.*

I: What difference has it made with the protocol?

P: *The protocol is basically a way in, when the young person turns 16 we are sending over all the information, saying this is where they are at now, this is what their pathway plan is so that we can work together over the next 2 years before they leave services at 18. At 17 ½ we give housing an update on the pathway plan so that the young person is not suddenly hitting 18 and being homeless. That is beginning to take place in Bedford but in other parts of the country that is not happening. It is very different for every other authority.*

I: For employment and education, you haven't touched on as much. Do you think that transition works quite well?

P: *Ummm, I think it does. I have had varying difference of degrees of experience with Connexions but have usually found that they have been good at signposting to places and when making appointments they have been there, so I don't really any problems. With education and employment it really depends on the young person that you are working with, what their capabilities and their attitude is at the time as well. The young person has a lot of responsibility in telling me where they want to go with that.*

I: Why do you think that so many young men do not seek help when they are distressed or concerned about things?

P: *Because I think it is a male bravado thing they don't like talking to other people about how they are feeling. Therefore the pathway plan is a good tool really in that respect. If you get a bit of a murmur [about a problems] you can try to dig a bit deeper about it. Like when you are working with young men it always takes longer. Girls are quite happy to talk about how they are feeling about stuff and what is making them sad, and about what is going on in their lives. Men, well young men tend to say that everything is fine, I am getting on with it and tend to work on the practicality of stuff rather than chat...and why they want to do stuff.*

I: What about the barriers you may perceive are there for those young men who tend to be reluctant to come forward?

P: *I have mentioned the pathway plan and just really keeping the contact going with them really. I used to find that if they are doing stuff like opening bank accounts and stuff like that then I will take them out for lunch afterwards and get talking about what is actually going on with them on a daily basis, how they are keeping themselves occupied-socialise with them. That is part of the reason why we are doing this job is because we have a longer space of time to work with the young person. We are not just coming in a doing a set piece of work with the young person and then leaving them to it so you get to know a bit about what is going on and who their support networks are and when things are getting a bit...you can start sensing things. You have got a rapport going on, you have almost got, well I think I have got a liberty to say, right what is going on?*

I do find with young men though that you have got to do this in a jokey way, where it is appropriate, rather than asking direct questions because they will automatically shut down and won't let you go there.

I: I am interested in looking at ways services can be improved to help young men with their transition to independence. Do you have any ideas about what kind of approaches might make it easier for young men?

P: *Umm, building up a relationship with them is one way, umm. Doing group work with them, certainly the few of them, umm though it can be difficult like I have a few clients that have got language problems. I think it has extra value for them getting involved in group work. It obviously comes down to having time to do the group work, but when it happens I have found it really useful to see how they interact with other young people and how they manage their relationships.*

I guess there are parts of them that may come out that you don't see on a 1:1 basis? Absolutely and I have found that really, really useful and really interesting but obviously I don't think it happens enough.

I: Is there anything else you would like to add that I haven't asked you in regards to this important transition for young men?

P: *Not that I can think of, umm. I think it is really important that other agencies and professionals, and I think we in this team do take it on, but I think sometimes when young men turn around and say that everything is fine it is just left at that. I just wish sometimes that the pathway plans got read a bit more. If they are good quality pathway plans then it will all be in there, and that discussion then would take place. I don't think sometimes the other agencies take that up and I understand why because it is just more paperwork for them but if they looked what was behind the surface they would see what is really happening and it would be a better outcome for the young person involved.*

INTERVIEW P4 – 26.01.07

I: Could you describe your role in relation to young people and describe the types of circumstances where you come into contact with them – what is it exactly what you do for them?

P: *My role as a personal advisor is to work with young people 16-21 who are leaving care, foster care or residential care, umm and it is too, according to their eligibility, to provide assistance and advice over the whole spectrum on what may impact on their lives. This could be accommodation, health, their access to health, umm, moving from foster care maybe into a hostel and that will be wherever they happen to be living within the country.*

What was the second bit...it was under what circumstances. Well, a certain amount of the caseloads will be, umm, children that are still considered as being looked after until they are 18 because there are different categories legally and it depends if they were perhaps accommodated under voluntarily by their parents or if they were under a care order. Really its, some young people are quite capable, and umm, there are some that actually go off to university who we support financially. There are other young people who need a very high level of support so it varies and of course there is statutory things that we have to comply with if they are 'looked after'.

As I am not a qualified social worker, every looked after child between 16-18 has to have a co-worker, a fully qualified social worker on their case who I can co-work with. You can then talk to the social worker and sort things out if you are not sure. That means that the young person has reviews every 6 or 3 months, which ever is appropriate. This time in their lives can be very, very disruptive. Very up and down, well for all of us particularly between 16-18. It can be a very challenging time in every child's life.

I: My research is focusing upon the support offered to young men who are leaving Looked-After Children Services and moving into independence. Do you have any thoughts about the recent implementation of the Pathway Plans to assist the young person in this transition?

P: *The Pathway Plan, well I think obviously the concept is an excellent idea. I do feel that it is a bit dense for a lot of our young people. For them to want to participate in the process of doing the Pathway Plan in a meaningful way. I feel that the time constraints, maybe are, that the Pathway Plan should be completed by the time the young person is 16yrs and 3 months. When they are 15 ½ we should joint work with their previous worker, so in theory it is a very good tool because it can then set down in clear terms...not only to the young person, but if they are in foster care, to the foster carers the impact what happens when they are 18 and that things can be changed.*

It can be very useful in making sure that provision is made with things like making contact, travel, the financial provisions, so that they are there for them. The practical things. When I said that I thought the Pathway Plan was very dense, I think it is very complex and many of my young people you have to do it in very, very small bites. You might have the identify section and it might take you 3 visits to try and sort that out.

I: I guess it is not just only about behavioural issues for these young people, the Pathway Plan has to look at the emotional level and that is not going to get better over night?

P: *Yes, that is right and often they don't want to talk about things. So the Pathway Plan is a great tool but I feel it would be better if there was some other way that it could be...I think if it was on CD so that young people could find a different way... if they had a copy of it I think they could write things in it over a period of time. On a CD-Rom or something.*

I: So the idea is that between 15 ½ and 16 and 3 months, less than a year you identify what needs to be in place for the young person before they leave care at 18?

P: *Well that is meant to be their plan for the whole of the leaving care period. So at 15 ½ to 21, that plan is reviewed every 6 months. Perhaps, even more if they have a statutory review. But their lives change so frequently that it is a snapshot really and it is not their focus.*

I: Are you aware of any liaison difficulties between different agencies who would be contacted to work with young men in this particular stage of their lives? (i.e., Housing, Education, Employment)?

P: *Right, well, umm, we have difficulties with the Benefit Agency, the youth offending services and the mental health services. I think, with the youth offending services it depends on who their lead officer is and the same goes for probation with young people over 18. Umm, I just think it is so important for the liaison to be there because maybe they rely on the young person to tell their personal advisor something and that doesn't work.*

Communication breaks down and it feels to me as if sometimes, or even the only time that youth offending services or probation services will get in touch with you is if they are preparing pre-sentencing reports and they want your input. So I find that is to the detriment of young people. Although both youth offending and probation would be invited to the young person's review because it is essential that if they are engaging in some criminal activity that you get some input.

At the moment we only get to know things if the young person wants to feedback to us. It would be good to receive an email to say that we were in court and this is what happened. You see young people's perceptions of what happened is sometimes different from the facts. Umm, they know it has been adjointed maybe but they don't know why. I feel that there have been, umm, we have tried too.. about 18 months ago we tried to build bridges and tried to understand how each other works and keep in touch. Although it is not working and they are probably too busy.

I think the Benefits Agency are in disarray and I think they are on strike this week because of their situation. Umm, it is incomprehensible to me sometimes, and I feel that the impact that has on the young person is so frustrating. I have had boys in tears in the other room because they can't understand why that they have applied for their claims and because they lead erratic lifestyles they are sometimes treated very badly by the Benefits Agency. Different individuals are different but there does seem to be this idea that you can talk to people in this way because they are homeless. I mean I have witnessed it, I have witnessed the way that they speak to them and, not all of them because they are some very helpful people in the Benefit Agency but it does exist.

Because it is labyrinthine, because they are overloaded in Bedford, some claims are dealt with in Cambridge or Watford and it means lots of phone calls, which is OK if they are here [Bedford] but how on earth are they going to sort out their benefits if they don't have a phone? There is a liaison officer for young people under 18 at the local office but I feel that we need, and I have talked about it before within my team, that we need a named person for us to get in touch with. We could then say, look we are having problems with this particular person is there a back log and then we can say to the young person that there is a back log and there is nothing we can do until Wednesday so we will help you out until then.

It can feel to the young person that it is another person/authority that they are unable to trust. Yes. I also think that there is this idea that you can wait until next Wednesday, but this young person had not got any food and they are living in very dire circumstances and they are desperate. That is a shame. Now, with the mental health service [long pause]. I have got experience of referring one young man and he was lead through another labyrinth. He didn't understand what was going on and he was suffering from depression. He had got complicated mental health issues and, well no it is not just him because I can think of 2 others now that are past 21, and they didn't, when he was living in a stable place, nothing seemed to happen.

I made numerous phone calls and unfortunately I might have been ringing the wrong number. I was very confused about what area covered where. So he then when on to live in various different places and they were writing to me saying that he hadn't attended his appointment. Well how could he, because he wasn't living there and had no mobile phone. But I said if you can direct communication through me then I can pass on the message because I felt that it was crucial because he was ready to talk. Unfortunately I think he has gone off the idea now, so he will carry that through to adulthood.

There was also a very strange situation where I had a young person who was in foster care and I had been asked to make a referral for her just in case she wanted to access. Her foster parents thought she might, then her foster placement broke down and the mental health services, CAMHS wrote to say that now that she is not in foster care we are closing down the referral. I thought this was rather strange because she is still a looked-after child but because she wasn't in foster care anymore that option was no longer open to her. I found that strange, I didn't understand that.

I: Do you have any ideas about how collaboration between different agencies could be improved?

P: I think at certain levels, managers do talk to each other, I think it is the actual filtering down of the information. I think if a couple of us went to work at the youth offending services for a day we would understand how things worked. If we went to the Benefit Agency and they came here, you know, I feel that it would have to be a practical experience.

I: Do you feel that this could be part of the Induction Programme?

P: Yeah, that could be good. That could work, or even if you have been in post 3 months and got to grip with all of the agencies that you work with and then if that was arranged within the first 3 months then you could go to the Benefits Agency, and you could have a rolling programme and they could come here.

I: Why do you think that so many young men do not seek help when they are distressed or concerned about things?

P: Umm, I think they feel that they should be self-reliance and asking for help is seen as a weakness. Umm, that they should, that they are old enough to be getting on with life and I think that it is tied up with their ideas about what is masculine behaviour and of course, a lot of them have no idea. They have had no role models. This might be a separate issue but it would be great if there were more male workers here. Just by working with them the young men would see. I think there are far too many women working with them in their lives. Sometimes they only workers that they come across who are male are residential workers and they have to stick to very strong rules, which is good but I just feel that they might think 'I don't want to say that to her because that would not be very masculine or manly'.

If I admit to feeling sad, lonely or depressed, especially....I don't know maybe because I am older. I am old enough to be their granny they might think, well I can tell her but you know, it depends on the relationship with the young person. I am not saying that they tell me more things than anyone else because a young social worker may have more get up and go. I am perhaps a bit more pedestrian. You know it is different strokes for different folks.

Yes, and sometimes an older person can offer a nurturing aspect that is unspoken. Sometimes a younger social worker may not have the life experience. I am also thinking about attachment issues for the young man and his mum and their roles with the females workers they come across. A male role around can help offer a role of how to react and be with females. Yes, attachment issues is a huge theme with all of our young people and this is just an observation but some of the most heartbreaking things are with boys seeking their mothers approval. Even when they are 23 or 24 I still see them and they are still seeking that approval. They then can attach themselves to a girl to seek that approval. They have not received that approval and unconditional love and I think that they.... It comes up over and over again. They are not only missing that closeness and bonding but also the absent father.

I: Whilst the Pathway Plan addresses many practical issues with the young person, would it be better to go one step further and begin to address these attachment issues? Looking closer at the acceptance of who I am? With adolescence you naturally question who you are. It is all about bouncing ideas of your identity on those around you. If you haven't got clarity of another's view of you then who do you bounce it off if you are in care and constantly meeting so many new people. You are not able to be given a clear, constant message of who you are.

P: Yes, that mirroring. It is important for them to know, like if you say 'you are really good at that' and then they look at you as if to question what you have said. They don't believe you.

I: What about the barriers that you perceive may be there for those young men who tend to be reluctant to come forward?

P: *I suppose one of the things is the idea that we are authority, that we are county council and we should be doing this and we haven't in the past. The fact that they might come in and we say no actually, and they receive another rejection. Umm, because we do have set policies and procedures and it is how that is put over to the young person. And of course a lot of them do try it on. All of us will do our best and if there is real need there then, you know, then we will help.*

It is the idea that we will be the last resort for someone and it maybe their families that say well you don't want anything to do with them [LAC Team]. A lot of people, I have got one young lad who was looking for housing and then chose to go back home. He has written a disclaimer to say that he doesn't want anything to do with us, which is fine. He doesn't want visits or anything. That is because he doesn't want to be seen as a looked after child. We have got other people, and we have an awards evening every October, attainment achievement, and she has said that she does not want to be lumped in a looked after children ceremony. Which is fine. So there are barriers, I suppose.

I: I am interested in looking at ways services can be improved to help young men with their transition to independence. Do you have any ideas about what kind of approaches might make it easier for young men?

P: *Oh, dear [sigh], I think it is getting them involved in teams, perhaps through the Prince's Trust. I have got one young man who is alone in this country and he has a mentor who is in his sixties. Because he comes from a culture where respect for elders is the norm they get on very well. It has improved his life, his view of the wider world. That kind of thing I feel, it not actually being involved with people within the looked after team.*

It is signposting to things like Team Challenge, European Prince's Trust or other things that are going on. Nobody then need to know that they are from within looked after care, although some are quite proud of it [being in looked after care]. Others just don't want to. So anything. If we had more time then we could organise more things. Umm, for instance starting a young parents group because we have got lots of boys who are young parents but it is just the resources.

I: Is there anything else you would like to add that I haven't asked you in regards to this important transition for young men?

P: *[Long pause], I don't think I have got anything to add but I do think about masculinity sometimes and their idea of what is... because a lot of them are extremely, they can pretend to be macho and they are out on the street and they have got this peer pressure to be strong. You know sometimes when they talk about the girls. I just sometimes think it is really sad and wish that there was more work that we could do. It is because they are so young and it makes me wonder how they will....but we can't do everything. Umm, and it is this signposting. It has to be at the right time and they have to be willing to accept. We do offer them things to help them, be it with substance misuse, you know, mental health. It is just whether they want to take that up.*

INTERVIEW P5 – 29.01.07

I: Could you describe your role in relation to young people and describe the types of circumstances where you come into contact with them – what is it exactly what you do for them?

P: *Our job is to, in a nutshell, is to help our young people into independence. Umm, it doesn't always work out as smoothly as that and a lot of our young people, for instance may end up in custody or maybe even in, umm, hospital, depending on their past. So we have a statutory requirement to visit our young people every 3 months and obviously attending meetings for them and on their behalf, and things like that.*

For our young people who are [under 21 and] leaving independently we would help them with their benefits, umm, council houses, umm, entering into employment or back into education, or things like that. For our young people who are in obviously custody we still have a requirement to go and visit them every 3 months but obviously in terms of how we support them it is much it is much less or very different because they are obviously not accessing benefits or anything like that because they are in custody.

It kind of varies depending on what kind of case you are working with. Umm, some young people can handle independency very quickly and can manage it and get on with it. Other young people struggle and need, like more support, especially where drugs and alcohol are concerned, at that stage they may need a bit more support. Umm, one young person I can think of specifically he sort of needs a lot more support in terms of the fact that he is quite isolated where he is living and his mum isn't really on the scene and stuff so he requires a lot more support from me than perhaps other young people who are living independently and coping very well. So, it's kind of each individual case is very different and we just support our young people as much or as little as they need really. As long as they engage with us and are prepared to see us every 3 months, for our legal requirements then the rest is kind of in between.

I: On average how many caseloads does each PA have?

P: *I carry 24 and 10 of those are out of county. We have young people from all up and down the country. I have one in Southend. Leeds, Nottingham, Reading, you name it, that is where they are because it is seen that we [Bedfordshire County Council] have placed them in care so it is our obligation to continue to see them. If they are in custody then it is down to the court where they place them .*

Sod carry 24, umm, the average should actually be 14 but there are so many young people that end up in care. The majority of us will have a similar caseload of 24. Also, because of all the travel and stuff it can become quite demanding. All it takes is for one of those caseloads to slip into crisis and the rest of your cases suffer really. You know if you have got a young person who is in crisis then you have to go and help them really.

I: That is very useful to know and understand the level of pressure PA's are under. It is all very well people saying that PA's don't have the time, but to really understand such huge caseloads that you have. My research is focusing upon the support offered to young men who are leaving Looked-After Children Services and moving into independence. Do you have any thoughts about the recent implementation of the Pathway Plans to assist the young person in this transition?

P: *Yes, I think the Pathway Plan is really, really good for young people who are prepared to engage with it, but for young people who aren't [prepared to engage] it is just a kind of another thing in their lives that they don't have ownership of. What ends up happening is that the person who advising them thinks I have to write this within 3 months because they have to be written 3 months after the young persons 16 birthday. They gather as much information as they can depending on how much or how little the young person wants to engage with them then obviously we write it all and the young person signs it. Now, they do sign it but that does not necessarily mean that it is theirs. A lot of the time it is a document that we have had to write and they have had to sign.*

I can think of one young person that I have got at the moment who just are not prepared too engage with me and I have tried everything. Every tactic under the sun to try and get them to engage and they are just not interested. My worry for them is that I will write it [the pathway plan] and it will just be another thing that they do not own. Although the Pathway Plan is reviewed every 6 months, so if this particular young person wants to change something on it and is engaging with me more, then that is a plus point.

I think the general idea of the Pathway Plan is really, really good. It is really positive and obviously you do need a plan of where you are going to go. The fact that it is reviewed every 6 months does help. It is just in its initial kind of writing of it then if your young person is not engaging with you then you just have to write it from what you know of them really. I mean you do have a relationship with them so you do know stuff about them and obviously you get other people involved like foster carers, parents or teachers. You try and engage other professionals with it and you just have to try and write as best you can and hope that in 6 months time that they will be engaging a bit more and be ready to review it really.

I: So aside from the Pathway Plan of 6 months review, you also hold a 3 month review?

P: *Yeah, we have 3 months to write the initial one which consists of a part one and a part two. Part one is the initial assessment so it is like a questionnaire, like can the young person budget their money? Do they have a doctor, a dentist etc? The second part is looking at things to try and help them engage, maybe in education. Have they got a Connexions adviser, if they haven't is one being set up? You basically have to set out what you are going to do. Then in 6 months you go back and review the part two.*

Obviously if the young person gets taken into custody within that 6 months that part two is going to change quite dramatically because they are not going to engage with stuff in the community because they can't. However, if you have got someone when you have written the initial Pathway Plan, who are saying that they don't want to engage with education and has then started a hairdressing course, because they have found that they love hairdressing then in 6 months you will obviously go back and review that part two and say right, well X, Y, Z has happened, what do we need to change? So the part one kind of remains the same and it is just the part two that is changed and updated.

I: Are you aware of any liaison difficulties between different agencies who would be contacted to work with young men in this particular stage of their lives? (i.e., Housing, Education, Employment)?

P: *I mean we have a really good set up and a good protocol with Bedfordshire Housing which our young people have to present 6 weeks before their 18 birthday with an updated version of their Pathway Plan. So their present as homeless 6 weeks before their 18 birthday if we think they are ready to live independently. The housing then see their Pathway Plan and make a decision themselves whether they think they could cope with the tenancy, cope with the budget and aren't going to get into rent arrears.*

They will then be given the maximum points on the housing register and get a house asap. They cannot hold a tenancy until they are 18 and they can't claim benefits until they are 18. If, for whatever reason, they don't end up presenting 6 weeks before their 18 birthday, if you are a young single male, then you stand very little chance of getting a council house because you are not seen as priority. So you would be kind of in the mercy of local authority housing in terms of hostels and things like that in the area.

The most difficult category is young people with mental health. That is the most... or young offenders, which predominantly end up being males. Young offenders are very rarely female, I mean they do exist but big time offenders are normally males. I think that a lot of girls do have that kind of sensible streak in them which is quite different to males.

If girls get pregnant it is seen as an advantage to them because they get housed very quickly. If you were a female and you didn't present as homeless 6 weeks before you were 18 and then you feel pregnant then you would be placed as a priority because having a child places you in the vulnerable category. That can never happen for men. I mean if men miss the slot,

then for whatever reason before their 18 birthday, then they will go on the housing list but they will wait, goodness knows how long because they are not classed as vulnerable.

Lots of our females do actually end up getting pregnant for a whole heap of reasons. That obviously can never happen for guys and leaves them out on a limb really. But, in terms of, I mean, I guess in terms of housing and stuff, we have a pretty good set-up. I financial policy is pretty clear about our set-up. The only category that does let us down is asylum seekers. I have got a young guy who is an unaccompanied asylum seeker and lives in Reading and can't get a house for love nor money because he is not a Reading care leaver. Even in terms of benefits there are so many different things that he doesn't fall into the right category for. They are particularly vulnerable just in terms of the fact that if they haven't got leave to remain that that is a whole other waiting game.

He went through a really stressful time waiting to see if he had got remaining leave to stay in this country permanently and that put all the benefits on hold. He arrived in the country when he was 14 and didn't know anybody. All his family got blown up and were dead. The only reason that Bedfordshire took him into care was because he got off a lorry in Bedfordshire. He has no ties in this area. He lived in Bedford for 3 months and then got moved to Reading. So he is really vulnerable and he is living in a hostel. He is in education and he is really working hard and wants to better himself and is living in this pit of a hostel which is just not the best environment for him. Because he is a male, he is not seen as particularly vulnerable but he is. He desperately needs his own space so that he can study and do well. He doesn't need to hear blaring music at 4am in the morning from the drunk guy down the hall. He really does need to live independently and is completely ready for it.

There are so many things that are stopping him. Luckily because of our financial policy because he is in education we will remain paying his rent so if he can find private accommodation. Even so, that in itself, at 19 on your own, without parents, looking for accommodation is hard, it is tough. He is doing incredibly well and is achieving so much but the fact that he is not seen as vulnerable, in my opinion is quite weird.

He has said that he doesn't want to claim benefits and that he doesn't want to rob the state. That he wants to get a good job and get a house of his own. Yet every door is being slammed in his face really.

Connexions are really good with our young people and I think further education and employment, since leaving care was set up 6 years ago, I think there has been a dramatic change. I think finally people are starting to realise that to actually keep this young people on the straight and narrow they do need a job. The main thing that we hear is that our young people do not want to engage.

Loads of our young people left school at 16 and they hated school and they don't want to go back there. The thought of doing exams again. With employment what normally happens is that they say that they don't want to do nothing and claim benefits. They then get incredibly bored and then find out that they actually do want a job. I think it is difficult for some of our young people in terms of the grades that they got at school, perhaps thinking that employment are going to look at them. But I don't think we come up against any difficulties with education and employment. Everything that I have been involved in they have always been really helpful.

The main area that we have a real battle with is the young offending team or probation. It is really difficult with young offenders because they often have so many people involved in their lives, like they will have the YOT team, they will have us, they will have the tagging system that is there for curfews and stuff like that. I have got a young person that has just been released from custody and he has got to do so many different things every single day and YOT don't feel that they have to keep us informed about things like that, when actually they do.

Obviously YOT are offering them a service but so are we in a completely different way to the YOT. Actually after his 3 months licence is up then I am going to be the one left around for

that person, it's not going to be YOT anymore because he has done his 3 months, if he makes it that long. There have been a couple of times where I have not been informed about this specific person and stuff has got out of control and he has sort of ended up not knowing where he is supposed to be or out on a limb, or just left vulnerable.

Probation are such that if your face does not fit with them then they don't want to know. There are some young people that I know and men especially that would never get accommodated in a probation hostel because of their previous. In my opinion I think, well you are probation and you are there to offer a service. You cant discriminate against someone because of what they have done. Other hostels can but you are a probation hostel. You are primarily there for people who are coming out of custody. You cant say I don't want to take them on because I don't like them. If I did that I would have no kids on my caseload.

You cant discriminate against someone because of what they have done, especially in the area of probation. It is so difficult because obviously after 18 we have no obligation financially towards those young people. We don't have to fund their housing but when they are released from custody they are incredibly vulnerable. If you are an 18 year old male being released from prison, you have to present as homeless, you are at the hands of the local authority and they will put you in a hostel. The likelihood is that you are going to end up with the wrong crowd and before you know it you are back in prison.

In terms of emotional support and meeting with them we still have an obligation to them until they are 21, 24 if they are in full time education. In terms of financially, we don't pay them a weekly allowance because they can access benefits. We don't need to support them financially. At 16, depending on what kind of care leaver you are you are entitled to £45-50 living allowance, you get help with learning to drive, you get help with clothing and things like that. At 18 you can access benefits, so we don't really need to financially support you.

Obviously sorting all that stuff out, waiting for JSA, waiting for housing benefits, waiting for all those things can take up to like 14 weeks. If you come out of prison and you have got nothing, like no clothes, no where to live, you are living in a hostel and you cant buy food, you are really on your own, really on your own. I mean, we will support our young people as much as we can, like if they come here we will give them food vouchers. They can go to Tescos and buy food and things like that. We will often give them a loan and they can pay back, in terms of buying clothing and things like that.

Also, JSA are good with crisis loans. If you go in with your young person and say look, he has applied for JSA and he doesn't get it for another 12 weeks, this is his situation. They are pretty good at saying you can access a crisis loan and go from there. It is just a mind field really especially when young people come out of prison. A real mind field, especially if you have got early release, you have got certain things that you have got to comply with until your licensing period is up. You have to report to YOT everyday or the police station at the weekend. It really is a difficult time and what normally happens is that they don't get to the end of their licensing period and they end up in prison again.

It is just the easy way. I mean all my young people say that they hate prison when they are there but actually, you know I spoke to one of my young people a few months ago and he said you know I am warm, I have a bed., I have food, it is pretty easy. There is a routine and while I am here, I may be able to access drugs in prison and things like that but I am already here so the worst that is going to happen is that I am going to get in trouble for it and a smack on the hand. Yet if I was outside then I have the fear of being caught. All of our young people know the system inside out so they know that if they get 4 months they will only do 2 or if they get 2 years they will only do a year. They know that that is the way it is and it is really sad because a lot of them have got to the stage where they will go back to prison then.

I: Do you have any ideas about how collaboration between different agencies could be improved?

P: *I just think that it is communication really, it is about keeping all parties informed. It is about saying that X, Y, Z has happened. I mean I can think of one situation where I travelled to Henley, which is about a 2hr drive from here, to go to a review for a young person and the*

date had been changed and the YOT didn't let me know. I got into Henley and I got into the prison and they said it had been changed and you kind of think, that is a day out of my working day, that is a lot when you do a job like this. A whole day, you think I travelled 2 hours there and 2 hours back, I am not going to get hardly anything done when I get back to the office.

It is just about realising that actually we provide a service as well, and obviously when young people are released from custody YOT and probation are highly important if they are to stay out of prison. But after their licensing period who is left to pick up the pieces? If they are lucky they might get a weekly or bi-weekly meeting with their YOT worker just to see how things are going but it is us that are predominantly remaining for the next 2 years of their lives until they turn 21. You know it is us that are going to be there.

So I think it is just about communicating. I mean multi-agency working is so important in the job that we do. I don't think you understand how important it is until you actually doing the job but in also in terms of child protection and stuff like that it is so important that everybody is really honest with each other. Sometimes I think, I always agree that confidentiality is so important but between professionals I think there needs to be a bit more openness.

I: How do you think practically that you could improve the communication?

P: I think one thing in this department in Bedfordshire that has been looked at for ages is having palm computers that we can sort of tap into at anytime, which would be absolutely fantastic. They have like system where you put them on your computer and that information gets sent into your main computer. Now in terms of stuff like picking up emails, you know keeping up to date with day-to-day things that is fantastic. That is the only way that when you are out that you can really access everything that is going on.

I think technology is changing and that is a really important part of it. I think there is always going to be mistakes that happen and there is always going to be phone calls that don't get picked up or emails that don't get read for what ever reason but I just think it is just about being aware that there are other people involved with this young person and all relevant parties need to be informed about what's going on. Whether that is about what hostel they are staying at, talking to their key worker, their social worker, their YOT worker, whatever it may be.

Also parents sometimes. Some of the parents don't like the route that their children have taken and want to be kept informed. Unless this young person says to me that they don't want their mum or dad to know they then have a right to be told. It is only if the young person says no, then obviously I have to.

I: You mentioned about YOT keeping the leaving care team informed, do you feel that there are systems in place within leaving care that offers the same communication about the young person to other organisations?

P: I would really like to hope that we do. I mean our team has really come on in the last 2 years I would say. I mean I have only worked here for 4 months but what I have heard things are starting to change. I just think communication is so important. Like I said, I would keep everybody informed, even their parents, unless the young person said to me I don't want you to tell my mum, in which case I would honour that. They are over 16 and they have the right to confidentiality. I would try keep all avenues of communication open because I just think that is the only way to support the young person. We are all working towards the same thing you know, that is the only way you can truly support them.

I: Why do you think that so many young men do not seek help when they are distressed or concerned about things?

P: I think there is a real...like if I think about my dad and my brother and then I think about myself, my mum and my sister. I think women are naturally more able to talk about crisis in their lives. I don't know why that is, but I think that men maybe feel that they have to be stronger. Especially if you think about up bringing and things, if you have got a young guy who is being physically abused, they may just think that they have to take all of that and that actually seeking help and advice is not what men do.

Even down to small things like a boy being told by his father that men don't cry. That kind of weakness is not allowed. Umm, I just think that men, I think as boys grow older, I actually in my opinion that they are more vulnerable than girls. If you are out on a night out, very few men would hit a girl in public, even if they were going through domestic violence at home. Men are more likely to get involved in violence, more likely to get involved in crime, more likely to get involved in drugs, etc, etc. Because I think there is just that thing in them that takes more risk.

My brother was the risk taker in our family. We have all had the same up bringing. It was my brother that went and experimented with drugs and drank alcohol and did all of those things. Why? I don't know. But me and my sister, we never did that, it was never in us. So I think that.. like my dad never goes to the doctors and things like that. There are so many young peoplelike this week I have just broken through with this particular young person. I have said to him I really think you need to have some counselling for the stuff that has gone on in your past. You can talk to me all about those things but actually counselling takes a completely different slant on things.

When you are a professional counsellor it is completely different and we have battled with this for about 3 months and finally this week he has just agreed that actually maybe he does need to seek more professional advice. The battle I had with him because it was seen as a weakness, I don't need a counsellor, I don't need anyone to talk to about my problems. Some of our girls are like that because they have had to be because of the upbringing they have had. But a lot of our girls are more able to talk about how they feel.

Even if they won't openly talk about how they feel they will suggest things. They will kind of give you a pointer so you will say, arhh, this is what you are thinking, this is what you are feeling. But I just find our young boys and young men just really don't know how to do that. I think it is about giving them the tools and the right services with the right people to help them feel comfortably in accessing those kinds of things. And telling them that it is not a weakness, you know sometimes we all need to ask someone for help.

Even with things like getting girls and things like that. Guys have to be more like that, in terms of the world that we live in. That is the kind of thing... like boys play football and rugby and all that other stuff. Girls don't do that, they don't engage in that. Girls can be girly and like makeup but boys have to put on this strong kind of front to exist sometimes. To kind of live their life.

I: What about the barriers that you perceive may be there for those young men who tend to be reluctant to come forward?

P: *Umm, I think we are getting better. I think there is more of a realisation. I think it is hard because I do think that girls are seen as far more vulnerable than boys. Now obviously in some situations they are. But boys can so easily, girls can as well, but boys can so easily be pulled into the wrong things. I don't know what we do really to kind of target that. Because often it is too late, often it is 3 months too late. My honest answer is that I don't know how we target that barrier or that bravado.*

I do think it is about being consistent. With all our young people consistency is the key because the young people here have been let down, let down and let down, throughout their whole lives. Not just by their parents but often by professionals and it is about having someone who holds them in high regard and who says that you are worth it. You are worth sorting your life out. That is what I said to my young person last week, I said, you are worth talking about this. You are worth somebody's time to listen to you.

A lot of it comes down to low self-esteem, not feeling that they are worthy. Feeling that they should not bother people. Even down to things like keeping their house clean and tidy. Changing their bedsheets, things like that. They don't do it because they don't think they are worth it. Why do I want to change my sheets? Well they are the kinds of things that we learn from our parents. My mum never taught me how to change a bed, I just watched her do it. She have to mop the floor x amount of times a year.

There was no calculation in things, but I learnt those things because my mum did it. I think that girls are naturally more domesticated but for boys it is more difficult. If you haven't had a mum or dad or a main carer that has shown you how to do those things that is really hard to learn for a male in their life. I have got a couple of boys that are doing really well, good jobs, good flats. Excellent, fantastic but both of them only got taken into care because their mum had died and their dads could no longer cope. You know, one of them had 5 years with his mum and the other 9 years and that really made a difference. Some of my other young men who have had parents with mental health issues, and who have been in and out of hospital, it is a completely different story. They can't manage their lives, they can't manage their money, nothing.

When you have had those formative years, it just makes such a difference on how you turn out in later life because you have had an attachment with somebody. Somebody has cared for you and the only reason you have ended up in care is because that person died. That is obviously really sad but you know that you are not there because they didn't love you, but you are there because of circumstances.

I: Some young people turn to their peers for that attachment.

P: Yeah, I mean I have just been on a course for 2 days last week about attachment and resilience. About how if you don't form that attachment to somebody that is it really, You are kind of doomed for the next few years definitely.

I do feel that you get to a stage where you begin to enter adulthood and where if there is an opportunity within the family, where an organisation like this could start teaching you to attach to yourself. Really that is part of your formative years, that attachment is not so much about attaching to a mother but it is really learning and being taught to attach to yourself. What happens is, is that if you don't learn that attachment then, I mean even in 'normal' families some children don't learn how to attach to who they really are. They don't have a sense of self. I think in teenage years, it almost explodes because all of a sudden there is this innate need to find who I am now. Who am I? Who do I look too to tell me who I am? I have got no-one around to give me consistent messages but that guy Pete over there, he is a cool guy and I kind of like how he lives. He might be a druggie, whatever but I don't know who I am. That can be the same thing with returning to prison. I don't know who I am but this system tells me I am a shit person. I don't know my way in life this prison actually gives me a label.

I think if more organisations could get to grips with, not so much the practical skills which I think are really fundamental, core skills. But, if they could get to grips with, how do we get young people, and I think you could use schools to start learning just before they hit adolescence, about looking at who am I and how do I define myself. Also we know, we know from research done in further education that not very many people learn by sitting in rows and listening to somebody. Even teachers now are beginning to realise that maybe that is not the best way to teach a lesson. But predominately our education system has aspired to those people and lends itself to those people who are academic. Who can write essays and stuff like that. I was never like that in school but I got by because I have got enough about me and a good enough up bringing to know that you just have to get your head down sometimes and to get on with it.

But for the young people that we work with they don't want to go back to school because nobody is engaging with them. Nobody is sort trying to make school 'kind of fun' if you like. I have got a young person in a secure unit, I mean she is a girl. I know that there are probably boys out there who are exactly the same. She has nobody. Her mum wants nothing to do with her, nobody goes to visit her. I go visit her every week because she has nobody else and her self-esteem does not exist. She has been treated like a bit of rubbish all throughout her life. She said to me, I wish that I had never been born. I kind of thought yeah you probably do wish that you have never been born.

There are so many of our young people like that and that is boys and girls. If you have had those formative years and you have formed an attachment with somebody it will make such a difference to how you turn out.

I: I am interested in looking at ways services can be improved to help young men with their transition to independence. Do you have any ideas about what kind of approaches might make it easier for young men?

P: *Good question, umm, [long pause]. I think with things like the Prince's Trust mentoring system that we have. I have just set that up for one of my young people. He has just started. That is amazing because they don't feedback to us, they don't feedback to their parents and it is a relationship that can be built as strong or as little as they want. There are no regulations to it, it is just a completely free relationship that is there for young people to explore and has done amazing things for some of our young people who are just moving into independence and need that bit of extra support.*

Especially when there are time constraints from us and things like that. The Princes Trust can make such a difference. They do activity weeks away. For self-esteem, for guys, if you can get a young man to engage in abseiling, I mean they may not be engaging in education but they are engaging in something. Something that may give them a sense of self worth and motivate them. They meet other friends who have been perhaps in the same boat. It can really stop that kind of loneliness that they are feeling and can perhaps move them away from a bad group of peers to a good group.

That I think is a really good tool that we use with our young people here. Also we know have within our service we have peer mentoring. Like a befriending system so if perhaps the young person is not engaging with adults very well then we can try to find a peer for them. Try and find another 16 year old who can try and come along, who may be a bit more sorted and kind of help them with the things of everyday life. They are really for those young people who aren't quite into independence yet but are perhaps living with foster carers and are going to be going into independence soon. They can kind of see someone who has maybe already made that transition.

We also have a thing called 'Total Respect' which is really good for our young people and good for us as workers. Really good for the young person to get involved in and see a different side of things. We have just actually set up something here with a music company where young people can get involved in producing a music video. They can get involved with any part they want. They can be involved in the whole video to the end or they can be involved in just the makeup or the editing or the on set filming. Things like that. I think for our young people it is about finding out about what they are good at and what they like .

Sometimes it is also about finding out about what they don't like. Actually that is a good thing to tick off your list as well. You know, go for it, if you don't like it, it doesn't matter. If you go abseiling for a week in Cambridgeshire and you don't like it, at least you know you don't like it. That is about formulating their opinion, formulating how they feel and how they think. So it is OK, why don't you like it. That actually helps them to identify who they are. I think we are really into, is this going to be alright for me, and I suggest, well try it. Try and see.

I have tried jobs, before this job and some jobs I hated and some I liked and this job I love. I think that is about allowing them to say I really liked that, I really enjoyed that or you know what I hated this. At least we know that it is not of interest to you then.

I: That can be particularly appealing for young men because they won't see it as getting in touch with my feelings. If you are asking them a few questions afterwards for reflection they may think, oh I hadn't thought of that.

P: *Yes, and that is a really good way to go with boys. Boys, I think naturally want an end result from things. They are quite practically minded. You know give my mum a map and she hasn't got a clue but give my dad a map and he will take you anywhere. I think that it is really important with boys that they know what is going to be the outcome of this.*

This is what I spoke to my young man about who has just engaged in counselling. He was like, what am I going to get out of this? What is going to be the end result? In 6 weeks time when I have had 6 sessions what is going to change in my life? I think sometimes you have to say I don't know but surely it can only help things get better. If you go to one session and hate it that is fine, then just tell me and I will cancel it, and that is fine. Give it a go and what

you might get out of it is actually that this might really help you with the steps you have got to take to turn your life around and get you out of the place of whatever you are feeling right now.

It could possibly be for the young person a fear of committing to something. At the moment my life is up and down and I am not committed to anything. If I am tied into anything then I have got to stick with it and I am not use to that. Therefore I am outside my comfort zone. At the moment I don't know where I am going, my life is topsy-turvy and I have got no control. Even if it is horrible it is something that I am familiar with. I think as well for a lot of our boys, you know a lot of work I do with our guys is solution based questions. Trying to help them find a solution in something. I also do a thing called scaling. I don't know whether you have heard of it? You put 0 at one end and 10 at the other and you say that 0 is the worst that you can ever feel. You can't go below 0 and 10 is amazing, the best. Where would you put yourself on this scale?

Sometimes they say maybe 2 or 3 and then you say where do you want to be? Where would you like to go? I say don't go to 10 because that is a really big jump. Try somewhere in between. They will often say 6 or 7 and then I say, right what do you need to do to jump to 5? Then what do you need to do to move to 6 and 7 so that they kind of see it in practical steps. So to get me from 3 to 5 I need to do this, this and this. Therefore if it is getting a job, I help you write your CV, you then meet me next week with 2 interview dates and then I can come with you. I will not do it for them, they can drop the CV's off. They have to do the work but I will empower them to do it. That is what they need someone to support them and stand there and say well done, you did that all by yourself.

This is the problem and how do we solve it? For boys that works really well. The practical black and white, right this is what you need to do. You know things like if you had a magic wand what would you realistically wish for. Now what do we need to do to get you to that place. Things like asking, if you were abseiling down a cliff who would you get to hold the rope? Getting them to look at, well who do I really trust in my life? Would I put anybody at the top of that cliff? Lots of the time, especially our boys say that they don't know. I don't have any good friends, I don't have anything to do with my family. I don't know. Then it is about exploring, OK how do we change that? How do we get to a place where you know of a person you can trust? Are they at the Princes Trust maybe? We could potentially put you in places, organisation where you may eventually find somebody to put at the top of that cliff. That will make a dramatic difference in your life.

I: Is there anything else you would like to add that I haven't asked you in regards to this important transition for young men?

P: *No, I really do think about looking at how to solve problems with guys is really important. You know giving them a task and reason. Giving them a task before you meet them next time.*

I: So, for a recommendation, it is acknowledging that this is actually happening in your everyday practice and is seen to be making a difference?

P: *Yes, definitely and just trying to help them to see. Like a lot of our young men that come out of custody will say that I never want to go back in there again and they say I never want to end up back in prison again. It is acknowledging that that is a big target that they are setting themselves to say that you are never, ever, ever going back. What things would we have to put in place to stop that from happening. It is a good goal to have but if you are just going to aim for that then you are going to fail. That is not what I want. I don't want any of my young people to fail because they have had that all their life.*

It is about helping them to put the steps in place and they might be tiny minute steps like I am going to shop for myself or budget my money. Building their self worth and helping them to see that actually life in prison does not have to exist for me but it is going to have to be really small steps along the road to not go back there. I mean we also have a partnership that we deal with a lot called Anglian Care Trust which is specifically for young offenders who are released from custody and go into independence.

They will go in every week and meet with the offenders. I think it might only be for males, I am not sure. But when they go into independence the Anglian Care Trust will go in and visit them every week I think for as long as they need, within reason. Hopefully our young person within 2-3 months can begin to cope without additional support. They are brilliant because when they come out of prison they are only 18. They may only engage with probation, then they are a really good contact to actually see someone every week to help them with basic skills.

INTERVIEW P6 – 06.02.07

I: Could you describe your role in relation to young people and describe the types of circumstances where you come into contact with them – what is it exactly what you do for them?

P: *Right, umm, my role is split in as much of being a supervisor for practitioners here that work with young people and also managing a caseload of approximately 17 cases and they range from children all over the age of 16 and under the age of 21 years of age. Umm, probably half of those are looked after under the Children Acts, whether it be under Section 20 or Section 31. They are in the range of between 16 and 18. When the care order ends at 18 then subsequently half of the caseload is those that are over 18 and are receiving a leaving and after care service. Which involves, in all of that basically face-to-face contact with young people, umm, at the minimum 6 weekly, 12 weekly for some of them and, umm, that's the two kind of points that contact frequency is set at.*

Then obviously telephone contact as well with young people. Basically the job is to try and get them to look forward towards independence for those that are particularly looked after and are looking towards their 18th [birthday], when their care order expires. For those that are already 18 it is basically trying to settle them into an independent way of life so that at 21 years of age, which is when we normally finish working with them, unless they are in full time education, in which case we can carry on working with them up until the end of that particular course that they are on, it is about trying to help them to get on with independent life really. Whether that be dealing with day to day bills, or it might be trying to deal with relationships.

It could be a whole range of things really. I mean a lot of these kids have been damaged in the past and it takes a lot longer for them to sort of get back to, in quotes, 'normal' life than it does most other kids who have the support of their families even up to sometimes when they are married and beyond. Of if they lead the single life still for a lot longer than some of these kids who have got the opportunity to have someone come and support them really. Umm, does that kind of hit the mark, is that the kind of stuff you want to know?

I: My research is focusing upon the support offered to young men who are leaving Looked-After Children Services and moving into independence. Do you have any thoughts about the recent implementation of the Pathway Plans to assist the young person in this transition?

P: *Umm, I think they are really crucial to any work that we do, in the sense that although it is sometimes difficult to engage young people in the concept of why we need to do this paperwork and sometimes they do see it as paperwork. You know, obviously there are kind of ways that we can still plan without kind of necessarily sitting down with them with the plan and going through the questionnaire. Umm, but just try to stress the importance that it is a document, which actually gives some meaning to work that we are doing with them. It gives them the opportunity to express their views about the service that they are receiving or the sorts of things that they want support with, to identify their needs. Basically to set some objectives for meeting those needs in a clear and concise way. Then subsequently review periodically to make sure that we are doing the job sufficiently for them and that we are actually meeting their needs.*

I think without that [the Pathway Plan] you can kind of get a bit lost in what you are doing if you haven't got something to kind of ground yourself in really. So it is kind of like a grounding document that is really important.

I: What about it's effectiveness?

P: *Effectiveness? What in terms of the work that we do? [In terms of the Pathway Plan], yeah I think so, you go back and revisit the objectives that you haven't set and if you haven't met them then you kind of go back to the drawing board. You know, you often have to do that a lot sooner than the 6 months review but you record that elsewhere. Then when you kind of formally review the plan then that is when you put in what has been going on for the last 6 months. It helps you keep a track of the goals that you set and where you have got too.*

I: Are you aware of any liaison difficulties between different agencies who would be contacted to work with young men in this particular stage of their lives? (i.e., Housing, Education, Employment)?

P: *Umm, yeah, what locally? Difficulties...so you don't want to hear good stories. Housing local authorities is quite a good relationship because we have got a protocol with them so that works quite well. Which means we can fast track young people into accommodation at 18. Umm, there is quite a big shortage of appropriate accommodation for care leavers so that is kind of a major difficulty really. Some of the hostels are really not equipped to deal the kind of complexities that care leavers have.*

We sometimes have problems with community mental health teams. There isn't a kind of established protocol with them. Sometimes it is difficult to get young people just a kind of assessment really and we have to try and encourage them [the young people] to go through their GP which is often the quickest route to get them in, rather than us [LAC Team] making the referral.

Umm, the Connexions Service can be kind of hit and miss really. Some workers are really good and other workers the young people feel that they kind of don't really do much for them. Umm, I am trying to think of what kind of other agencies there are really. Job Centre Plus, umm, the difficulties there really are trying to make new claims is the biggest problem. There is now a contact number that you have to call and sometimes you can't get through and you can spend hours on the phone trying to get through. I don't know how they [the young people] manage to do it really because some haven't got the income to even make that initial phone call. They have to go down to the job centre to do that.

There is a real difficulty making claims. Sometimes there is quite a delay in getting benefits. We obviously try to compensate for that by trying to provide them with income for that interim period until their benefit kick in. Umm, sometimes that can cause problems if the Benefits office becomes aware of that because they then say that they have an income for 4 weeks and therefore we are not going to pay them [the young person] for that period. So sometimes it doesn't always work in their favour.

I: Do you have any ideas about how collaboration between different agencies could be improved?

P: *Umm, yeah we are trying with Connexions, to have them in the office and they provided a drop in service for us. Once a week I think or maybe once a fortnight. It's a little while ago now. But the take up was really poor and I think generally quite a lot of young people don't really see the benefit of Connexions. Umm, so I don't know, I mean it is a kind of....*

I: Is that really down to Connexion's marketing do you think?

P: *Possibly, yeah. Possibly they are not kind of selling themselves in the right way. So, maybe that needs looking at. We have certainly tried to work more closely with them and they said they were willing to do that but obviously the take up was pretty poor in relations to Connexions.*

Benefits, is a difficult one really, I am not sure we could possibly change things at a local level. Would you say it is more of a strategic level? Of course, of course. So I am not sure how we can kind of impact there really. The things that we have managed to do is like local authorities, housing, like I said that we set up a protocol with them which works really well. A kind of a local level that is easier to do.

I: Is that a similar thing with CAMH?

P: *I think there are senior management looking at that kind of whole issue because it has been it has been a debate for a long time. I think things are being done to look at that although I am not sure where we are at that with that.*

I: Why do you think that so many young men do not seek help when they are distressed or concerned about things?

P: *Umm, it could be the gender thing. Kind of men, generally, sometimes find it difficult to express their emotions. Umm, you know society depicts men as being kind of strong and tough and kind of dealing with their emotions and not really talking about things with other people, umm that could be partly the reason. Umm, I don't know some of our young people, I think the majority of workers in the service are women.. I am probably the only guy here, well there is another actually, Steven he joined us recently. Umm, maybe men find it more difficult to talk to women than they do to men, umm I don't know.*

Some cases in particular, looking at their backgrounds, not having kind of parent figures in their lives. So maybe that is kind of an issue as well, I am not sure. Umm, I am struggling a bit now.

I: What about the barriers that you perceive may be there for those young men who tend to be reluctant to come forward?

P: *Umm, I think kind of the whole relationship really with Social Workers for some of them is a kind of a love, hate relationship maybe. Lots of changes of workers over the years doesn't fair well with kind of forming relationships. Sometimes they get a really good worker and some of them will say 'I had a really good social worker, this that and the other and then they kind of left'.*

It is hard to build relationships with young people. The kind of more frequently you see them really the greater chance you have with trying to have some impact in their lives, where they feel they can trust you and open up and talk to you. Umm, that is sometimes difficult with the pressures of work. There is a lot of paperwork in this job and to be able to try and foster that sort of relationship really. Often they talk to other people around them, with different kind of support networks. When they come to you {social worker}, they are really kind of desperate for something that they cant get help with elsewhere. So you often your role tends to be more about trying to co-ordinate things. Making sure that their needs are being met elsewhere, rather than actually directly providing kind of emotional support for them really.

I: I am interested in looking at ways services can be improved to help young men with their transition to independence. Do you have any ideas about what kind of approaches might make it easier for young men?

P: *What as trying to engage with them better? Umm, kind of focus groups perhaps. Looking at the kind of issues for them, the impact of the service on them. Just trying to get their views somehow really. I am not sure if we have tried that here. It hasn't happened whilst I have been here. That is kind of one way really to see how they feel about the kind of service they are getting really.*

There is a Youth Participation Officer within the service that does have the responsibility for those sorts of issues. I think we have done some work with her but not around the issues that you are looking at.

I: Is there anything else you would like to add that I haven't asked you in regards to this important transition for young men?

P: *[Laughter] it is a bit early in the morning to be honest to engage the brain!*