Young People Leaving Care, Practitioners and the Coronavirus (COVID 19) Pandemic: Experiences, Support, and Lessons for the Future

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Acknowledgements

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A note on language

This research was specifically concerned with the experiences and support availability for young people who have left state care. The use of terminology such as 'care leaver' and 'leaving care' is common in the UK and features frequently in publications from a range of statutory and third sector organisations (Mannay et al. 2015; Coram Voice 2017; Welsh Government 2018; Children's Commissioner for Wales 2018; TACT 2019; Become 2020; Scottish Government 2020).

However, language has the potential to 'other' and perpetuate stigma (Wakeman 2019). Terms such as 'looked after' and 'care leaver' can prioritise and accentuate young people's care status (Mannay et al. 2015, 2019a). References to 'care-experience' have shown to be preferable to young people, seen as less defining in nature and more inclusive for individuals with both recent and historical experiences of care (TACT 2019). Despite this, legal connotations were important within this study as we were specifically tasked with examining experiences and support provision for young people in the process of leaving care, and who were entitled to support from the local authority.

In accordance with official and legal terminology, we have retained references to 'care leaver' and 'leaving care'. However, to be respectful to young people's preferences and perspectives, we more commonly refer to young people as 'care-experienced' or simply as 'young people'.

1. Introduction and Background to the Research

In 2020, the emergence of the coronavirus (COVID-19) pandemic significantly disrupted daily life for citizens across the UK. The four nations of the UK sought to prioritise public health and the Coronavirus Act 2020 gave new powers to devolved Governments on areas including health, education and justice (Institute for Government 2020). The ensuing 'lockdown', announced by the Prime Minister on the 23rd March 2020 (Gov.uk 2020), was followed by similar directives in England, Northern Ireland and Wales (Institute for Government 2020).

Debates on the necessary responses to the pandemic, together with discussions about its impact, have frequently highlighted concerns for inequalities. For example, Golightly and Holloway (2020: 637) commented that 'some [individuals] are much better placed than others to get through this' while Blundell et al (2020 :292) argued that the pandemic 'will not affect all in the same way ... from health to jobs and to family life ... the most vulnerable groups by socio-economic background and health status are also those that may be hit the hardest".

Compounding these concerns, COVID-19 has impacted on the delivery of social services to both adults and children (Ferguson et al 2020). Issues have been raised about maintaining support for vulnerable groups during this time, as well as responding to increased demand for mental health, domestic violence and safeguarding services (Baginsky and Manthorpe 2020).

The pandemic has prompted a flurry of research activity seeking to understand responses to COVID-19, as well as the needs and experiences of individuals both receiving and delivering social care services during these unprecedented times (Baginsky and Manthorpe 2020; Bhatia 2020; Blake-Holmes 2020; Cook and Zschomler 2020; Dafuleya 2020; Ferguson et al 2020; Henrickson 2020; Iyer et al. 2020; Lingam and Sapkal 2020; O'Sullivan et al 2020; Rambaree and Nassen 2020; Sanfelici 2020; Sengupta and Jha 2020; The Fostering Network 2020; Walter-McCabe 2020). This research project predominantly focused on the Welsh context and aims to contribute to this emerging body of evidence, with a specific focus on the needs, support and experiences of young people leaving local authority care.

1.1. The need to focus on young people leaving care

Whilst acknowledging the heterogeneity of the care experienced population, it is important to recognise care leavers as a potentially vulnerable demographic. Children who come into care are likely to have been maltreated at home (Wade et al 2011) and to face stigma and

discrimination as a result of their current or previous care status (Barnes 2012). Young people leaving care often make the transition to independent living earlier than non-care experienced young people and do so in more challenging circumstances (Welsh Government 2019). Accordingly, the Children's Society (2020) argues that young people leaving care face additional difficulties and disadvantages by virtue of starting adulthood without the social capital of a network of adults to call on for support. In addition, research highlights that outcomes for care-experienced individuals are often poor in comparison with their peers, including in areas such as mental health, education, employment and parenting (Berridge et al 2015; Wade et al 2011; Mannay et al 2017; Sebba et al 2015; Roberts et al. 2017; Roberts et al. 2019).

Consequently, young people are heavily reliant on the state as their 'corporate parent' (SSIA 2016). Duties for local authorities to safeguard and promote the well-being of children and young people in and leaving care are made explicit in the Social Services and Well-being (Wales) Act 2014 and corporate parents are prompted to consider whether responses to young people would be 'good enough for my child'. (Welsh Government 2018:79). Traditionally such responsibilities have largely been considered a function of Children's Services, although the Welsh Government is currently seeking to expand and strengthen corporate parenting responsibilities across local authority departments and public services more broadly (Welsh Government 2020c).

1.2. Guidance and support for care leavers during COVID-19

Reflective of corporate parenting responsibilities, the needs of children in and leaving care have been referenced in Welsh Government publications and guidance during the pandemic (Welsh Government 2020b). For example, Children's Services are directed to risk-assess the need for face-to-face or remote contact with young people, and work in partnership with other agencies to 'share information, avoid duplication and secure a shared understanding of need in relation to each individual child or care leaver' (Welsh Government 2020b). Whilst acknowledging challenges for local authorities in complying with statutory duties and timescales, guidance states it is 'imperative' pathway plans[1] are developed and completed with the involvement of professionals and young people 'as is reasonably practicable' (Welsh Government 2020b). In recognition of potential financial hardship, the Welsh Government (2020b) advised local authorities to prioritise and

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[1] Pathway plans are prepared by the local authority and outline the actions required to support a young person's transition from care to adulthood.

respond to such care leavers through accessing the St David's Day fund; a £1million fund announced in 2017 designated to support young people in and leaving care progress towards independence (Welsh Government 2017). Official publications (Welsh Government 2020b) similarly signpost young people and / or professionals to advice from the Children's Commissioner (2020b) and to the Our Offer response of VFCC (2020).

Practice recommendations have also emerged from non-government groups and organisations. For example, Coram Voice (2020) produced a list of recommendations that outline top tips for personal advisors[2] and leaving care services. Recommendations included keeping in regular contact with young people through suitable technology, discussing how their birth family and wider network could be drawn on for support, and ensuring provision of information as to the services and support available from the local authority. Similarly, more than 100 young people from over 25 different countries contributed to a series of recommendations designed to respond to the 'transnational needs of care leavers during COVID-19 and beyond' (1st International Care Leavers Convention 2020). The resultant declaration, signed by young people and endorsed by a range of international organisations recommended that respective governments ensure financial security for care leavers, respond to housing, education and employment needs, ensure adequate health, nutrition and hygiene provision as well as information regarding policy and legislative changes. This included ensuring young people had the necessary documents to access system entitlements. Availability of psychosocial support was also highlighted, including access to free counselling sessions, peer-to-peer and group support, as well as recommendations for strengthened social networks, inclusion and social protection responses. Importantly, young people being involved in decision making at local, regional, national and international levels was also endorsed.

1.3. Research related to care experienced young people's needs, experiences during COVID-19

To date, relatively little is known about the implementation of such practice recommendations. Encouragingly, responses of practitioners, managers, foster care providers and care experienced young people collected by the Scottish Throughcare and Aftercare Forum (Staf 2020) suggested positive examples of practice including the

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[2] Local authorities are required to appoint a personal adviser to a young person when they cease to be 'looked after'. Personal advisers ensure young people have access to support and assist their transition to adulthood.

provision of financial and practical support, advocating on behalf of young people to landlords and energy providers and utilising technology to tackle loneliness and isolation.

However, their report also highlighted the potential of the pandemic to exacerbate difficulties and disadvantage for care leavers, recording concerns in respect of loneliness, social exclusion and mental health, digital exclusion, food poverty, financial precarity and childcare provision for care-experienced parents. For example, Staf (2020) noted a significant 'digital divide', with some care experienced young people having access to technology to maintain contact with families and services, and others lacking access to technology. In addition, both professionals and young people were concerned that the increased isolation resulting from COVID-19 would lead to increases in self-harm and suicide (Staf 2020).

Correspondingly, a survey of 230 children in and leaving care from 55 local authorities across England and Wales, found 86% care leavers felt lonely and anxious more often during lockdown than prior to COVID-19 (NYAS 2020). The reasons provided by young people for their increased levels of anxiety included reduced contact and support from services, not having access to suitable technology to talk to family and friends and not being able to socialise with people or leave their house as often as they would have wanted. The report found that 1 in 5 young people had insufficient access to technology and highlighted that this was likely to be an underrepresentation as the survey was mostly circulated online. Of particular concern, the study reported that 9% of care experienced young people had not had any contact with their social worker or personal advisor since lockdown.

The increased challenges that care experienced young people face are not exclusive to the UK. A survey of 95 professionals from 20 European countries suggested care leavers and children in care faced challenges in respect of education, care and safety, mental health and wellbeing, isolation, participation and involvement in decision making, exposure to violence and abuse, family life, income and employment, inaccessible services and securing basic essentials (Larkins et al 2020). Basic essentials included access to information and support, health provision, food, sufficient finances and access to digital resources.

Furthermore, 525 care experienced young people and other at-risk youths in Israel were surveyed between March 3 and May 2 2020 to explore the short-term impact of the COVID-19 crisis (Lotan et al. 2020). Both groups faced significant challenges such as unemployment, debts, poverty, and a lack of social support. However, care experienced young people were found to be more likely to not have their basic needs met, with 85.5% reporting they might not be able to pay their rent and 53% reporting that they could not afford food, compared to 77.6% and 37.2% of at-risk youths respectively. The findings correspond with concerns expressed by The Children's Society (2020) regarding limited social capital amongst care experienced young people, as 80% reported that they lacked family support.

1.4. The rationale for this research

Surveys of young people and professionals have proved to be a timely and efficient means of generating insights into the experiences and support available to young people leaving care (Larkins et al. 2020; Lotan et al. 2020; NYAS 2020). While such studies provide valuable evidence, the evidence base as a whole is in its infancy and continued research is needed to develop understanding about local provision and experience. Additionally, to date qualitative research into young people's experiences has been lacking. The purpose of this study is to provide in-depth insights into young people's experiences. This includes the availability and experience of local initiatives and support responses, as well as individual reflections related to the impact of the pandemic on health and wellbeing.

2. Research Overview

2.1. Research Questions

This study explored care experienced young people's experiences during the coronavirus (COVID-19) pandemic and the support available to them during this time. The research attended to the following central research questions:

1. What are young people's experiences of the coronavirus (COVID-19) pandemic?
2. How have young people coped with the restrictions of the coronavirus (COVID-19) pandemic and how do they reflect on the impact on their health and wellbeing?
3. What support has been available during the coronavirus (COVID-19) pandemic and how do individuals reflect on its delivery and effectiveness?
4. How has support changed as a result of the coronavirus (COVID-19) pandemic?
5. What, if any, are the lessons to be learnt from these experiences? What responses or practices could be retained after the coronavirus (COVID-19) pandemic? In the event of further restrictions, how could responses be improved?

2.2. Methodology and Research Methods

A qualitative, mixed method study was undertaken featuring a survey for professionals and interviews, focus groups and creative activities with care experienced young people.

Survey with Professionals

As stated in chapter one, surveys have proved an effective and efficient means of exploring recent experiences during the coronavirus (COVID-19) pandemic (for further examples see The Fostering Network 2020; Royal College of Psychiatrists 2020). Accordingly, a survey was designed and sent to professionals involved in supporting care experienced children and young people in local authorities across Wales. Professionals were recruited via targeted emails sent to local authority services, policy professionals and members of the All Wales Leaving Care Forum.

Professionals were invited to answer a series of open questions via an online survey tool. The questionnaire asked for details of new and adapted support measures available to care leavers during the pandemic. Professionals were also asked to consider lessons for the future based on their recent experiences. This included highlighting any practices they would recommend be retained after the pandemic, as well as any areas for improvement in the event of further restrictions. In addition, one professional submitted some written

reflections based on their experiences and one undertook a telephone interview regarding a particular case example. The survey questions can be found in Appendix 1. In total, 23 professionals participated in the survey from 11 local authorities in Wales as illustrated in Table 1. The participation of professionals with corporate parenting responsibilities provided a valuable source of reference, as well as opportunities for contrast and comparison with young people's perspectives.

Local authority	Number of Participants - Professionals
Blaenau Gwent	3
Bridgend	1
Caerphilly	4
Carmarthen	1
Cardiff	1
Ceredigion	1
Gwynedd	7
Newport	1
RCT	1
Swansea	1
Torfaen	1

Table 1: Professionals who responded to the survey grouped by Local Authority

Interviews and Focus Groups with Care Experienced Young People

Our qualitative design contributed more detailed insights, recognising complexity and variety in young people's anxieties and challenges, coping strategies and responses, as well as support availability and mechanisms (Padgett 2016). Qualitative research has been used successfully in previous studies involving care experienced children and young people (Mannay et al. 2017, 2019b; Rees 2019; Roberts 2017). Additionally, qualitative approaches have been adopted in recent studies exploring the everyday lived experience of the coronavirus (COVID-19) pandemic more widely (Abdellatif and Gatto 2020; Gao and Sai 2020).

Accordingly, this study sought the accounts and perspectives of 'experts by experience' (Preston-Shoot 2007); young people aged 17-25, entitled to support as a care leaver under the Social Services and Wellbeing (Wales) Act 2014. A group of care experienced young people from Voices from Care Cymru, CASCADE Voices, were consulted at the beginning of the study to help us devise our data production approach and develop interview questions. CASCADE Voices is a collaboration between Voices from Care Cymru and CASCADE, the Children's Social Care Research and Development Centre. The group is made up of care-experienced young people who have been trained in social research methods and it advises on all aspects of research, from design to dissemination (see Staples et al 2019). As a result of these consultations, young people were invited to answer questions via an individual interview (with the option of a supportive individual present), focus group or via email or text contribution. Creative contributions such as songs, poems and artwork were also invited.

In accordance with Welsh Government restrictions at the time of data production (26th May – 14th July 2020), the research was conducted remotely. In total, 21 young people participated in the study from 12 local authorities in Wales as illustrated in Table 2. The study was principally concerned with the Welsh context; however, the research team were approached by a professional in Herefordshire, England, who expressed an interest in the study. Young people, connected to the professional, who wished to participate were included in the study.

Of the 21 young people, 17 were female and four were male; two were aged 17 while the remainder were 18 and over; 13 were living independently in their own or shared accommodation, seven were in some form of supported accommodation, one was living in temporary accommodation and one with foster carers.

Three young people engaged in a focus group, and seventeen engaged in an individual interview. One young person answered questions via email. The focus groups and interviews generated in excess of 14 hours of audio recorded data.

Creative outputs

Young people were offered a range of ways to contribute to the study, including the creation of diaries, artwork and poems about their experiences of the coronavirus (COVID-19) pandemic (see Information Sheet, Appendix 2). Four young people submitted poems and two submitted artwork. One young person explained the inspiration behind their creative submission, but in other instances we did not have the opportunity to discuss the creative outputs with the young people to help us understand their meaning. As such, we do not attempt to analyse these per se, but the poignant messages conveyed were important in shedding light on the emotional impact that lockdown and isolation has had on young people.

2.3. Data analysis

The audio recordings were transcribed verbatim and the combined transcriptions were approximately eighty thousand words. Data was analysed using an inductive and deductive approach, creating overarching thematic categories and analytical themes arising from coding and categories across the data sets. Following best practice models from previous studies (Staples et al 2019), an outline of the initial findings were shared with the Cascade Voices research advisory group. The group concurred with the findings from the study, which resonated with their reflections as 'experts by experience' (Preston-Shoot 2007). The consultation with Cascade Voices also generated some further recommendations that will be considered in section 4.5.

2.4. Ethics

Ethical approval was granted by Cardiff University's Social Research Ethics Committee. The sensitive nature of the study and the potential vulnerability of young people (Shaw and Holland 2016) informed the research design, for example, young people were recruited via local authority and third sector organisations to ensure continued access to support. Additionally, young people were provided with options for participation which allowed for individual preferences and access to technology. All participants were provided with details of the research, informed that their participation was voluntary and notified of intended efforts to protect and anonymise data (see Appendix 2).

Local authority	Number of Participants – Young People
Caerphilly	1
Carmarthen	3
Conwy	1
Flintshire	2
Gwynedd	1
Merthyr Tydfil	1
Newport	1
Pembrokeshire	1
Powys	2
RCT	2
Swansea	1
Wrexham	1
Herefordshire	5

Table 2: Young people who contributed to the survey grouped by Local Authority

2.5. Strengths and limitations

It is necessary to acknowledge that time and funding restrictions limited the scope and sample size of the study. While the survey provided an efficient means of recruiting professional respondents and provided a convenient means for them to participate in challenging times, we would have liked to have engaged with professionals via interviews or focus groups, to explore their experiences of recent practice in more depth.

In addition, young people were recruited via local authority and third sector organisations. Whilst this was important in managing ethical concerns and adhering to the time constraints of the research, it is acknowledged that the study may insufficiently reflect the experiences of young people less engaged or connected to such support.

Although the study was not intended to be representative of young people's experiences or practice during this time, it is necessary to note that some innovations and practices were likely not captured during data production. Despite this, the breadth of participation is a strength of the research, with contributions from either young people or professionals from 17 of the 22 local authorities in Wales, and from young people in one local authority in England.

The research commenced approximately nine weeks into lockdown and at a time when restrictions were just beginning to ease. It is possible that this timing may have influenced the data collected as participants became accustomed to new ways of living and / or were hopeful of a return to their normal routines. Related to this, interviews and focus groups were conducted via telephone or video call. While young people reported receiving support via such methods from professionals, it is important to acknowledge that the methods offer more limited opportunities for rapport building and remain a relatively new means of communication for both researchers and young people.

Nonetheless, the study generated a nuanced data set that offered an insight into the impact of the pandemic for care experienced children and young people. The findings and recommendations generated from this data set will be discussed in the following chapters.

3. Findings from Professional Survey

As highlighted in the research overview, 23 professionals contributed to the research from eleven local authorities across Wales. There were seven responses from professionals working for Gwynedd, four from Caerphilly and three from Blaenau Gwent. The remaining local authorities had one response each.

3.1. Supporting young people during lockdown

All of the professionals surveyed gave examples of adapted and/or additional support that they were providing to care leavers during the lockdown period.

A range of positive and innovative activities were highlighted, and the vast majority of professionals were complementary of the response of their agency and those of connected organisations. None of the professionals stated that the response from their agency, or connected organisations, had been poor or inadequate. The survey data analysed were grouped into three main themes, reflecting professional and organisational efforts to:

- Maintain contact with young people
- Reduce boredom, isolation and improve morale
- Ensure access to resources

Further details of professional practice related to each of the themes above are presented in the following sections.

- **Maintaining contact with young people**

In accordance with official directives (Welsh Government 2020b), respondents typically referred to remote and online means of maintaining contact with young people. Consistent with other studies of social work practice (Ferguson et al 2020; Cook and Zschomler 2020), professionals highlighted how they had used telephone calls and texts, email, and online mediums such as WhatsApp and Facebook in their efforts to stay in touch with young people. Some respondents reported that for particularly vulnerable care experienced young people, they offered face-to-face meetings including socially distanced walks and door-step visits, but remote forms of contact were used more commonly and reflective of routine practice.

Three respondents referred specifically to young people they were not in regular contact with prior to COVID-19. One respondent noted that they were checking in more regularly with these young people and another respondent stated that re-connect letters had been sent to encourage re-engagement during the lockdown. A further respondent explained that working conditions under 'lockdown' had enabled more time to get in touch with 'non-engagers'.

Professionals stated that overall, young people reacted very well to online communication and showed a good level of engagement. Cook and Zschomler (2020) similarly found that remote methods of engagement worked well with adolescents. Respondents repeatedly reflected that remote contacts and the absence of travel time enabled greater efficiency, enabling more meaningful and frequent support:

> *'Frequent contact and information sharing through a range of mediums: Facebook, phone, messenger, WhatsApp has been readily received.'*

> *'I feel that video calls have been invaluable and, though should not replace face to face contact, has cut travel time that eats into the working day. If anything, video calls have allowed more frequent and meaningful contact with our young people.'*

These views are consistent with the outcomes of an NSPCC led roundtable discussion involving cross-sector professionals, which noted increased opportunities to engage with children, young people and families via online platforms (Witcombe-Hayes 2020).

- **Professional efforts to reduce boredom, isolation and improve morale**

Respondents stated that they had carried out work to try to reduce boredom and isolation faced by young people during the pandemic. Three participants reported sending young people activity packs and packages. One respondent described these as one-off packages, while two reported sending resources on a weekly or monthly basis. 'Activity packs' included puzzle books and posters, pencils, seeds to plant and adult colouring books, while one local authority's 'survival bags' contained self-help books, sweets, face masks, bath bombs and notepads. This local authority also provided young people with an afternoon cream tea box. In another example, one local authority reported offering Netflix subscriptions for young people.

As noted, professionals also reported phone and video calls as a means of engaging and reducing isolation for young people. In addition, two respondents discussed information sessions, posters and checklists related to further and higher education, as highlighting

the benefits of education, training and employment. Nine respondents reported engaging young people in online groups or forums facilitated by the local authority and / or Voices from Care Cymru. Some were groups that already existed, but which had moved online, while in other examples, new online groups were set up specifically for supporting young people through this period.

These online forums provided young people with opportunities to engage in activities such as quizzes, art sessions and cooking, as well as opportunities to connect with other young people, share experiences and access support. For example, one Local authority asked care leavers to film a short video diary as a means of sharing their experiences with the group.

- **Ensuring access to resources**

Respondents referred to efforts to ensure young people had access to sufficient resources. Ten respondents out of 23 said that they had offered care leavers extra financial support during this period. Seven respondents reported provision of food parcels where needed, two noted help with gas and electricity provision and one stated that they offered toiletries

In view of the uncertainties and difficulties caused by the lockdown, four respondents discussed supporting young people in respect of accommodation. This included delayed move-on plans and support liaising with landlords.

Additionally, the means of communicating and engaging with young people during the pandemic frequently required young people to have access to smart phones or laptops and the internet. Six respondents had provided these electronic items for young people, and/or provided funds to top-up phone credit or boost access to wi-fi. However, the challenges of providing these resources were noted by some of the respondents. One professional highlighted that no additional money had been provided for care leavers in Wales, while another respondent was critical of the expectation for local authorities to use the St David's Day Fund to provide additional resources for care experienced young people during this time. This respondent stated that St David's Day Fund was an already limited resource and anticipated that the increased demand on this funding resultant from the COVID-19 emergency, would ultimately lead to further disadvantage for care leavers as the primary purpose of supporting progress would be compromised.

3.2. Lessons for the future

Positive practices to retain

We asked all participants if there were any elements of current practice that they would like to retain after lockdown restrictions were lifted and what positive lessons could be learned from this period.

Importantly, all respondents felt that, overall, they had carried out good quality work during this period and were proud of efforts to support young people. Referring to aspects of practice that could or should be retained, respondents noted more efficient ways of working. This included strengthened partnerships with other agencies and professionals, as well as increased capacity and flexibility resulting from online communication methods. The following quotes are indicative of these responses:

> *'I believe the young people enjoy the FaceTime calls and being able to connect at any time and see their social workers. Working from home has been positive, practical and productive allowing more flexibility and time to visit (if needed).'*

> *'Agile/remote working has allowed more time to undertake work according to the reduction in time spent travelling between meetings and visits.'*

Nine respondents stated that online visits were an area of practice they wanted to continue, with six stating they would like to retain the online groups and forums

> *'I feel our service has always been and will continue to be young person-focused. Providing a holistic and flexible caring service which is easily accessible and friendly for our young people'.*

> *'[The] quality of communication with young people has been much more successful due to working from home and thus having quality time to get in touch [rather than] ....running around to meetings, reviews, stuck in traffic'.*

Yet, despite the positives of online engagement, the importance of face-to-face contact was also recognised:

> *'seeing people face-to-face is most quality interaction as it enables a more thorough assessment....'*

'Care leavers like face-to-face communication and this has been significantly reduced – many report feeling lonely and disconnected – particularly hard for single mums with children in a rural area who feel isolated and alone, scared of using public transport, have limited social media contact.'

Informing responses in the event of subsequent restrictions

There were a range of different recommendations made by respondents in the event of a similar situation in the future or a second wave. Four respondents felt technology provisions for young people would need to be properly addressed, particularly in relation to the financial issues of accessing adequate technology:

"Provisions of technology, some don't have phones or internet access due to financial costs, so it limits their access to communicate or keep them occupied."

Three respondents noted that local authorities needed more government funding and resources. There was a recognition that this is an issue generally but that the pandemic and lockdown has increased the demands on services:

"…. emergency funding that is provided by the government, not just third sector organisations and charities."

"Very disappointing that the Welsh Government are expecting [local authorities] to meet the additional needs identified as a result of COVID. Additional funding would be needed in the future if there were a similar situation."

Other recommendations included better preparation for professionals to support young people during a crisis, including speedier provision of food parcels (n=3), accommodation issues to be adequately addressed, including delayed move on plans for young people whose placements were ending, as well as the availability of emergency accommodation (n=2), increased allowances for face-to-face visits (n=1) and maintaining a presence in the office (n=1).

Six respondents commented that they felt their service had managed well during the pandemic and lockdown and there was nothing they would like to be different in the event of subsequent restrictions.

3.3. Summary of findings

The professionals who participated highlighted examples of positive practice and continued support provision. Their submissions were typically imbued with an acknowledgement and concern for the disadvantaged position of young people, as well as a wish to reach out to them in such a challenging time. Examples of thoughtful gestures and creative efforts to minimise hardship during the pandemic were apparent, as were local efforts to adapt to the lockdown and maintain service provision.

Respondents broadly expressed satisfaction with their agency's response during the crisis and there was some consistency in reported practices with local authorities and good practice recommendations of connected groups and organisations (Coram Voice 2020; 1st International Care Leavers Convention 2020). These included efforts to maintain contact with young people, (including face-to-face support where risks and concerns were high), providing extra financial safeguards, supporting digital access and facilitating or signposting to online peer support and groups.

Nevertheless, there remains some uncertainty about consistency of such efforts within and across local authorities, and the extent to which support responses are impacted by the absence of dedicated funding. It is important to note that while the findings provide helpful insights into local responses, they cannot and should not be considered representative of efforts within or across local authorities in Wales. The limited sample did not contain representatives from every local authority, and some local authorities provided a single submission, while others provided multiple responses. It is possible that there are differences in practice between the professionals who responded to our survey and those that did not. In this way, further work is needed to make distinctions between individual practice, local authority wide practice and Wales wide practice.

Despite these caveats, the survey submissions offered valuable insights into localised efforts to support young people and provided a helpful backdrop for considering young people's perspectives.

4. Findings from interviews with care leavers

This chapter presents the key themes from the interviews with the 21 care leavers who participated in this research. To protect anonymity, pseudonyms are used throughout. The data is presented in three sections. Firstly, young people's experiences of the pandemic are outlined. This includes reflections on mental health and well-being, as well as issues related to education, employment and accommodation. Secondly, support for young people during this period is examined. This includes young people's relationships with statutory and third sector professionals during this time, as well as the availability of support provision and the means of delivery. Finally, young people's reflections on lessons for the future are presented, including practices to be retained and areas to be strengthened in the event of further restrictions.

4.1. Young people's experiences of the pandemic

Mental health and well-being

The young people we interviewed reflected on their experiences of the pandemic and the ways in which they had coped during the 'lockdown'. In some instances, young people felt their experiences had been more positive than they had anticipated. For example, despite acknowledging challenges, Lyndsay stated: "I thought I'd struggle a lot more and I haven't to be honest" and Anna reflected: 'Yeah like especially with having depression like when I was leaving foster care, I was very depressed and in a very bad way. And then being locked up as such-that's how people see it isn't it, I thought I would struggle a lot but my mood hasn't really changed. I've stayed quite stable.'

Additionally, some young people were able to identify activities they had undertaken to manage and utilise their time in beneficial ways. For example, Holly stated:

> *'I've been doing colouring, been doing like, things that make me happy.*
> *Like I've been doing a book ... like a writing book and then I put like my*
> *little sister and then my little brother and it's like photos of them.'*

Similarly, Ceri reported having become 'quite a chef in lockdown' and in other examples, young people talked about gaming, exercising, academic work, artwork and poetry to keep themselves busy.

Despite these positive responses, more typically young people reflected on the challenging nature of the 'lockdown' and how this had impacted on their wellbeing. Managing boredom

and isolation, as well as the absence of routine was difficult and often negatively impacted on mental health. For example, despite being able to identify some positive ways to alleviate boredom, Holly stated:

> *'I haven't been leaving my bedroom… because I have been like, really bad in my depression. So I haven't really been leaving my bedroom…. I think today is the first day I left which is quite good, it's a big step for me.'*

Charlie reflected:

> *'It's been hard. I suffer with mental health and going to work, going to the gym, seeing friends, helps with mental health. Because obviously during lockdown I can't work, I can't go to the gym, I can't see as many friends as I'd like to. The whole experience has been weird. It's been a massive struggle*.'

Similarly, Tom discussed how boredom and not being able to find ways to keep busy impacted on his wellbeing:

> *'I suffer from serious mental health, I suffer from ADHD and suffer from autism… and so I suffer from them, and when they start kicking in, they, it, I start getting worked up… the first few weeks, once it had been a month I was like, this is getting boring. This is really boring now. It's ridiculous. And I was like getting all stressed, like I can't do this anymore, I can't do this, I hate being, I hate not being, going places…I still go out anyway because there's nothing to do! What else is there? What do you expect? What else am I meant to do? Am I meant to just sit on me backside playing X-Box all day? Being bored? Bored out of my head? Sitting in the back garden? I… that's just two things to do. I got nothing else to do, have I?'*

Jane also commented on how her mental health had been affected by the pandemic:

> *'Absolute nightmare, that's one way of putting it. An absolute nightmare, that's the only way to put it… its good for my mental health to be out and doing something every day. But obviously, I can't get out now much.'*

These comments are indicative of those across the data set where young people lamented the loss of previous routines and contact with others. For many young people, the losses coupled with extended periods of confinement in their homes resulted in their mental health difficulties becoming more pronounced. This impact on wellbeing has been recognised in previous studies (Staf 2020, NYAS 2020). In addition, writing in the special edition *Social Work 2020 under COVID-19* magazine, care-experienced social worker Mike (Mike S, 2020) argued that lockdown has the potential to be a 'doubly isolating experience' for care leavers, who may already be suffering from loneliness and disconnection.

One young person created a piece of artwork (Figure 1), depicting his deserted town and discussed anxieties as the virus loomed over his home:

Figure 1: A young person's representation of COVID-19 in their locality

For some young people, the lockdown was cumulative and had an increasingly negative impact the longer it went on:

> *'At first, I didn't really mind it because I could actually, finally get some peace and quiet, but then I just got bored. Towards the end, I was literally just in bed all day, couldn't go out, I'd only go out to do stuff like go to the shops and whatever, shower that was it…. That's what my days consisted of…. I was literally asleep most days.' (Jane)*

> *'March, April was okay, for the first bit 'cause I thought 'oh it'll be over in a month or two' and then it's slowly started to hit me that shit, no, this is going to go on for a while. So then it's becoming like a rollercoaster like every time I can't get the right support from my support workers, I feel like a failure and I just cry on some days and then I ring my friend and she's just like 'stop it, I'd love to come see you but I can't and I'm like, 'Oh my god, I don't know what to do.' (Simone)*

While it has been suggested that care leavers are experienced at dealing with crises (Mike S 2020), these comments highlight that the uncertainty and insecurity, coupled with the monotonous nature of day-to-day life became increasingly difficult to bear over the course of the pandemic. This contributed to feelings of isolation and low mood, with young people repeatedly reflecting on how much they missed face-to-face contact with relatives and friends. These restrictions also contributed to a decline in their mental health. For example, Charlie discussed the impact of not being able to see her daughter for more than three months. Young people felt increasingly lonely and isolated, a finding common amongst those living alone, as well as those living with other people. While most young people were able to communicate with friends and relatives over the phone, or through video calls, such as FaceTime or Zoom, there was an appreciation that telephone or online communication was not the same as face-to-face. As Jess highlighted:

> *'Facetime is not the same. It's different to seeing someone in person. And that is going to have an impact on a person's anger, mental health and extending problems across the whole family then.'*

Another important facet in the escalation of mental health issues was that some of the participants were concerned that they or one of their loved ones would get COVID-19, become very ill and potentially die. Some young people had close family or friends who had health conditions, which meant that if these relatives or friends caught COVID-19 they would be at very high risk. One participant's landlord died from COVID-19, making the threat from the illness even more real. Similarly, Mary commented on her fears for vulnerable relatives and the anxiety this provoked:

> *'... everyone around me ... they are vulnerable .... And then there's my grandparents - I don't see my parents – my grandparents are over 70 so they are at risk. So all of my support network are at risk. So one of the main thoughts is what if everyone around me gets it and dies? I had therapy and one of the biggest issues I struggle with is what if [my dog] dies. I can't even ... even now I'm choking up. So I had this thought of what if I give it to her and she dies? So you've got an anxiety dog that is now flipped on its head and is now causing the anxiety because of the pandemic.'*

Feelings and anxieties of loss are likely to be particularly difficult for care experienced young people who have already experienced many losses in their lives (Office of the Children's Advocate 2016). Yet in addition to fears for others, some of the young people we interviewed had physical health issues which meant they would have been particularly vulnerable if they became ill with COVID-19. More generally there were concerns about catching the virus across the cohort:

'I'm asthmatic, so I'm high risk.' (Charlie)

'I'm scared that I'll catch it if I go out.' (Holly)

'Following the stats and that is making me paranoid making me feel like I can't even go outside from fresh air because I'll die.' (Jess)

Referring to having to use public transport to go shopping, Anna stated:

'I've got the baby so I gotta sit in the pram section, and sometimes like people come too close to me so my anxiety plays up, my heart starts racing, because I get so panicky. Oh my god, don't breathe on me, don't look at me, don't touch me!... I just get so anxious over it, especially with the baby, I'm so protective.'

Compounding anxieties, many young people had limited social support networks and some young people expressed concerns that no one would know if something happened to them:

'Well my biggest concern is obviously like if I wake up one day and I feel a bit low and then I turn my phone off and I don't want to speak to anyone. No one's going to know there's anything wrong with me.' (Alys)

Comments similar to Aly's point are discussed later in relation to young people's contact with professionals. Such reflections emphasise the potential for young people to be isolated and lonely; feelings likely exacerbated by anxieties ensuing from much publicised risks to public health.

Risk and protective factors

- Accommodation

Despite similarities in reflections from young people living in varied settings, experiences appeared to be influenced by particular factors. For example, as noted, young people's contact and relationships with close family and friends was important. Young people's accommodation also had the potential to be a risk or a protective factor, depending on whether they lived alone or with others, the nature of their relationships, their neighbours, as well as the extent to which they felt safe and happy in their accommodation. For

example, Jess discussed having an excellent relationship with her foster carers and stated they had given her 'loads of support'. Describing her family's new routine, she stated:

> *'So one day a week we, me [foster carers] will entertain the kids with a little disco or something in the living room. Or we will have BBQs ... cos we've got a little stream like literally 2 minutes like down by the field so well go down there... if it's a rainy day well watch films all day in the living room and just chill out. I'll help [foster carer] with the shopping cos that gets me out a bit as well.'*

While Jess had some concerns about her future accommodation and move on plans, she felt happy and supported in her current home. In contrast, several of the participants described more challenging and unsettled living situations. For example, Tracy stated she:

> *'got kicked out my foster carers in March. I stayed with one of my friends ... then the local authority of [name of local authority] me in [name of hotel] ... then went to live with my sister in [name of place] ... then found out that I got the flat, I then moved in I think it was four weeks ago'.*

In another example, Amy recalled having been moved to an adult hostel at the start of the lockdown and stated she was living with people with multiple difficulties in their '30s, 40s, 50s':

> *'There are still a lot of people drinking in each other's rooms. There's also different types of illegal substances getting into the building, cos a couple of nights ago there was an incident where police got called cos three people claimed they had been spiked by a resident from an illegal substance...There was an incident where my passport had gone missing from my room. I found it in the end. There was that incident and then there was another incident where [a female] was messaging me nasty things and stuff. It's got to the point where I am just in my room all the time.'*

Jemma similarly spoke of her struggles of moving from a foster placement into a hostel during lockdown when limited support was available:

> *'I have gone from a foster placement where I had everything, going into a hostel where basically had to do my cooking, shopping, budgeting, and all this, where I haven't been taught anything. Yeah my PA [personal advisor] helped me move but now I have moved and settled in, I pretty much have no support whatsoever… It's not having very good side effects, I can't be around my friends, I can't be around people who usually support me, I can't be around my girlfriend, so I am basically stuck in my bedroom, never speak to anyone.. I have lost literally everything.'*

The comments of young people above illustrate how unstable and / or unsuitable accommodation had the potential to create additional difficulties and amplify pressures during the pandemic. While the need to delay move-on arrangements has been acknowledged (Welsh Government 2020b) some of our participants experienced urgent accommodation needs. Their experiences conveyed fear, loss, and uncertainty, compounding the already challenging experiences of transitioning to independence at a time when the availability of practical and emotional support was greatly restricted.

- Finances

In addition to accommodation issues, financial worries were also raised as a stress factor. Julie spoke of her difficulties in managing financially to care for her young child and the stress this had placed on her:

> *'You can't cope, no one can cope if they haven't got enough money can they, electric and food? … I've asked them [Children's Services] for food vouchers … I asked them [Children's Services] can they help me with my gas and electric'*

Julie's frustration and desperation trying to get help with basics supplies and essentials was palpable during her interview. Concerns about having sufficient finances were similarly shared by another parent Paula.

In other examples, young people discussed feeling anxious about people stockpiling and that they could not afford to secure extra provisions. In contrast to advice to do less frequent shopping, some young people did not feel this was an option for them because of limited funds. For example, Mary stated she wanted to do 'larger shops' to ensure that she had sufficient supplies but could not afford to do this. Neither was she able to secure or afford delivery charges for home shopping.

Similarly, for young people who were working, losses in income were difficult to manage. Paul explained the impact that two weeks self-isolating had on him financially when he had COVID-19 symptoms:

> *'So obviously that impacted a lot on paying my rent and stuff like that. So it's been a lot of stress then, stuck in on my own in a lot of debt. It's stressful. I'm still in debt now. I got statutory sick pay, but my rent costs more than what I get for sick pay so it doesn't really help.'*

Tracy, who was pregnant, explained that as an agency worker, she was unable to receive any sick pay when she had needed time off. She also noticed a reduction in the opportunities available to her:

> *'With the virus, they don't really want agency workers, they want permanent staff so we are not moving from one home to another and possibly spreading it.*
>
> *'*

Tracy described her biggest fear as '*not having enough money … with being pregnant and having loads of bills myself … it's the fear of not being able to afford stuff for the baby*'.

These experiences illustrate the disproportionate impact that COVID-19 has had on those from poorer backgrounds, who are more likely to be in insecure employment or with less favourable employment conditions (The Independent 2020). Similar comments were expressed by Kai who stated in a written submission that his most significant problems during the lockdown had been in respect of:

> *'finding jobs. I am currently in the position were i need to save up as much money as I can and buy a few items for my new place and it is crucially important that I get a job before I move however COVID-19 and lockdown have not made this easy. The variety and quantity of jobs has dramatically decreased since lockdown so there are less jobs to apply for and unfortunately a majority of these jobs, I'm not qualified to do'.*

For Kai, the lack of employment opportunities and consequential financial implications were anxiety inducing, as he was due to move into independent accommodation within the coming year. In this way, the pandemic had the potential to cause immediate financial hardship for young people as well as future and on-going financial difficulties.

- Education

Young people's involvement in education had the potential to be both a risk and protective factor. For example, involvement in education provided a valuable focus for some young people. However, for other young people struggles with mental health inhibited engagement and concentration on studies.

Tom commented on how difficult it was for children in care and those leaving care during the pandemic and lockdown, particularly around expectations regarding education and employment:

> *'How do they expect people to just start work when they've got so much stress…My point would be they should have a bit more respect for people, young people, of the age 18, 16 to 17 year olds who are literally, like who've come out of foster care, who are in supported accommodation …you're all stressed about stuff going on and this COVID thing happened, surely they should have more respect to someone like that because people, they shouldn't expect them to do work, normal college work.'*

Similarly, Jemma, had experienced a decline in her mental health during lockdown, to the point where it was seriously affecting her college work:

> *'College was running online but because how my mental health has been lately, I haven't been able to concentrate on my college work. Which meant I fell really far behind. So I have an essay which I am supposed to get in by Friday which has 3000 words in. But because of how bad my mental health is I can't do it so I have emailed my college and told them just to fail me on the course.'*

Bethan also struggled with her course because she was not able to attend face-to-face teaching:

> *'Well like normally going to college and stuff you'd be in the classroom. You'd be able to get more of an understanding on what you're meant to do with the work and stuff. That was the big thing I struggled on. Obviously like with them doing it over phone call I didn't really understand what they were doing. Normally in a class they show PowerPoint and stuff and okay it was on my screen because they were like sharing the screen and stuff but like it weren't exactly talking through the PowerPoint. They'd just speak about first and what we're*

*doing in the lesson then they'd show the PowerPoint and I'd be lost.
Like I would not really know what to do. And that frustrated me quite a
bit.......in the class we had like a support worker thing like she'd be
there helping us if we needed it but obviously like when we're working
from home she wasn't able to do that. And it just got a bit too difficult'*

As well as causing current difficulties, some young people were also concerned about the
impact on their future learning and opportunities. For example, referring to the cancellation
of the first year of her course Ceri stated:

*I'm feeling really nervous. Especially because I have exams [in the
future] and I haven't, all my exams this year were just cancelled. … So
next year, I have more exams, but I haven't had the practice as such
… and I think that impacts on confidence for me, because I am not
really an exam person.*

Similarly, Bev's degree course ended abruptly and any planning for the future was halted:

*'It just makes me really nervous because I don't know what I'm doing.
We didn't really wrap up uni, like we just, they told us that it was going
to close, but it closed like a lot earlier than it was supposed to. So, we
didn't know we were having our last lectures or anything like that. We
just went home one day and didn't go back, so. Now we have got a
degree but … I guess we didn't … like plan our future, or get any ideas,
meet with anyone, we didn't get any of those opportunities. Obviously, a
lot of people would have volunteered over the summer or gone on and
got more experience, so it's just a bit of a mess to be honest. A lot of
people with placements and stuff, a lot of them got cancelled. A lot of
plans got cancelled as well for apprenticeships and stuff got cancelled,
a lot of them got turned away as well. Anyway, it's a big mess.'*

As previously noted, for young people leaving care with limited social capital, the loss of
opportunities to prepare for the future can be especially disadvantageous.

This section has highlighted the potential for care leavers to experience multiple difficulties
and anxieties during the pandemic. Deterioration in mental health were linked to
restrictions on contact with family and friends, loss of routines, financial worries, work
insecurity, and education. Such difficulties have the potential for both short-term and long-
term impacts, with young people sometimes struggling to cope day-to-day but also feeling

anxious about the impact to their future life chances. The following section will consider support responses and relationships with professionals during this time.

4.2. Support responses and relationships with professionals

Each of the young people discussed the support they had received during the pandemic. This included reflections about who and how support had been delivered, what support consisted of, and how effective they felt it had been.

Young people identified a range of professionals that they sought or received support from during the pandemic. These included local authority and third sector professionals, carers, as well as housing, education and youth workers. In some interviews, young people's reflections focussed on one key professional, whereas in others, multiple individuals were discussed.

Encouragingly, in some instances, young people's reflections suggested a collective effort from professionals to reach out and rally around a young person. For example, Tom said:

> *'I'm getting one to one help from the staff at my place, I'm getting like actual help from my previous foster carers, and some contact with them, and getting help from my PA, my personal advisor. She's helping me a lot.'*

Another participant, Bethan, praised the support offered to her by her personal advisor:

> *'She made sure like, I had enough food and stuff she helped me financially, emotionally and obviously like when I was moving out and stuff, I was pretty suicidal she helped me there as well. You know, she was just making sure that I was okay on a day to day basis. She came out to see me nearly every day.... Keeping the two-metre distance but just to make sure I was okay because obviously with me being suicidal and stuff like over the phone it doesn't really count.'*

These reflections from young people correspond with the findings of the professional survey, suggesting efforts to contact young people regularly and maintain support. Bethan's report of being offered face-to-face support also confirms the maintenance of professional visits for young people deemed to be at increased risk discussed by professionals in the survey. Such practices arguably correspond with ideals of corporate parenting and are akin to support typically expected from birth parents or close family members. Indeed, several young people commented on how social services are their

"mum and dad" and in this way felt it was important for them to be there in this time of need. Such support reassured young people that they were cared about by others and that help was available if needed.

Several young people also referred to non-statutory professionals as key sources of support. Referring to the range of channels via which she receives support from her youth service, Jane stated:

> *'I Facebook, I email one of them, I've got the phone number of one of them. I email [name of work], I've got [name of worker]'s phone number, I'm on Facebook, I message them on Facebook. They are always there when I need them. D [name of worker] always says if I need them, even on the weekend, then I've got to ring once that's it.'*

Similarly, both Mary and Julie discussed the support of advocacy workers:

> *'I've had [name of advocate] from day one d'you know what I mean. She knows me like the back of my hand. I get along with [name of advocate]. She's the only person that I get along with and I trust.' (Julie)*

Mary stated her advocacy service were "amazing!". She added:

> *'... they understand where we are at. And a lot of us care kids and care leavers just want someone to love us and care about us, chat to us and sometimes when I get that feeling like someone is my uncle, I love it and I know they've done a good job. They have been great... Workers who want the best for you, who remember things about you and are fighting your corner.'*

Mary's account illustrates the importance care experienced young people place on feeling liked they are 'loved' by their corporate parents (Who Cares Scotland, 2020).

Other young people were complimentary about the variety of online activities available through voluntary organisations. Jane reported being involved in activities 'practically every day' while Holly stated she had been 'doing 'quite a lot' with one organisation's online 'quizzes and chats. Yeah, it's been helping a lot and it's been helping me speak as well'.

The positive reflections of support from non-statutory professionals also supports the findings from the professional survey, which highlighted more effective partnership working between agencies. However, in some instances, young people drew negative comparisons between the support they received from non-statutory services and that which they could access from statutory services. Some young people felt statutory services were unhelpful, unresponsive and uncaring. Referring to a range of anxieties in relation to finances, housing, mental health and support availability post-21, Mary reported feeling frustrated with the response of her leaving care service: "…it should be the social workers saying 'don't worry we are going to sort it all out for you.' But it's not". Her comments were echoed by Julie, who said that talking to her social worker was "like talking to a brick wall". Similarly, Mary stated that there was a tendency for care experienced young people and other vulnerable groups to:

> '… slip under the radar. … Social Services were my parents. They decided what I could do, where I could go, where I could stay, when I could get my hair cut, and then to be so not bothered when there's a pandemic on, it makes you feel like so … what??.'

Mary reported that her advocacy worker communicated every couple of days via video call, while her personal advisor occasionally telephoned or sent a text. For Mary, the means of communication was reflective of the level of interest and care of the worker. The potential for statutory workers to be viewed as over-worked and at times uncaring, has previously been highlighted by research undertaken prior to the pandemic (Muench et al 2017, Diaz 2020). Simone felt that her leaving care team:

> '…need to step up, they need to, if they know they don't have symptoms or they have been tested and its clear, don't just sit in your house, like avoiding us … Step up, you're supposed to be our corporate parents, parents don't just abandon their children in the middle of a lockdown. … They should be out there, like, when I needed food I tried my support worker and nothing. They should be out there delivering food to like your people that you've been assigned. Not telling us to get volunteers, you are our parent you should be bringing us food.'

While Mary and Julie were able to substitute what they perceived to be poor support from the local authority, with positive support from the third sector, in other instances, young people appeared to be more unsettled by the absence of proactive statutory support. For example, Amy reported not having an allocated worker:

'…I don't have a social worker, I have to go through the team manager, with any like problems, or if I need help or anything and obviously she will help me from there…. Last I heard from social was they were going to be getting new replacement workers in, but obviously they haven't got around to doing it, because ..when they were planning to do it ..lock down came into place.'

For Amy, the absence of an allocated worker meant she was unable to build a positive, trusting relationship, which impacted on the nature and frequency of her contact with her corporate parent. Paul also reported having very little support from social services:

'I didn't hear off my social worker, no one from social services, didn't have no support. They sort of went off and didn't tell me. I didn't even know what was going on to be honest. So I just kept going to work. I didn't even know it was lockdown to be honest. Me and my mates (both care-experienced) went out to (name of town) to go out, on a night out, and they were all closed. And we didn't know why. Turned out it was lockdown…'

When discussing his attempts to initiate contact with his social worker he said:

'I have tried ringing everyone in the office, but I still can't get hold of my social worker to this day. I haven't spoken to him in 5 - 6 months my social worker, something like that…

Researcher: Have you received any help from the local authority at all?

Nothing at all'

One young person wrote a poem about how much social work contact is valued, and is essential in a period of pandemic:

Times have changed, time is passing,

But our need for you to care is not lapsing,

We may whinge and shout and say we don't want,

But we do, we really want you to.

We are isolated, changed and really not sure,

We need that face, the one we say we dislike,

we need those texts that we never reply to,

We need the language that you share, they hey,

`how are you doing, I am still here',

This is the real language that cares, the language we need,

The language which shows us not everything has changed,

The language that comforts us, like a weird aunt would send

Which would make us cringe, and smile,

A smile which means something hasn't changed

-the language you use to show us you care.

The poem highlights how the need for contact has been accentuated by the COVID-19 pandemic, reflecting on how isolation, change and uncertainty has shifted the relationship with and expectations of social services. Prior to the pandemic, contact from social services may have been regarded as unnecessary 'we don't want', or undesirable 'dislike' and 'never reply'. However, with this unsettling change in circumstances, there is a 'need' for contact, communication and 'comfort', and a desire for a 'language that cares'. As noted in the poem, this could be face-to-face, or remote, which is the focus of the next section.

- Remote/virtual contact

Young peoples' experience of support across different agencies and professional was varied. However, consistent with findings of previous studies, young people reported that in response to the pandemic, support had mainly been delivered via remote methods (Cook and Zschomler 2020; Ferguson et al 2020). This included contact via text, phone call and video calls via a range of different online platforms.

For some, remote methods worked well. For example, Jess said contact had actually increased during the lockdown and had taken the form of FaceTime calls and normal audio

calls, commenting that her social worker was "… always there for me like a helping hand really." Similarly, Simone remarked:

> *'I think online stuff should be a lot better. I think I also found that people are more themselves, they open up more when they're in their own home. Rather than being in an office being stared at by professionals.'*

Jess and Simone's comments are consistent with the findings of the professional survey, suggesting the efficiency of home working enabled more frequent and meaningful contact with young people (see also Cook and Zschomler 2020; Witcombe-Hayes 2020).

However, Bev expressed concerns that this form of communication would not be accessible to all.

> *'Workers …. they need to check in on people. Like <u>all of the</u> people on their caseload…if things are going wrong how are people going to report it and stuff. A lot of young people I know don't have phones and stuff, they don't have the internet, they can't email anyone, so that a big concern I think just because no one is going out and checking cos they can't'*

Bev refers to digital poverty which has been highlighted elsewhere as problematic for care experienced young people (BBC News 2020a). Related to Bev's concerns for accessibility, the responsiveness of professionals to remote contact was also highlighted. For example, Julie reported feeling angry and frustrated at having to ring workers when she had little or no credit on her phone. She stated that workers were slow to respond to texts (her mobile contract included unlimited texts) and the urgency of her situation meant she was forced to follow up on her attempts to contact the service. Similarly, Simone stated "I always try and ring my support worker, I think he's answered twice in all the twelve calls I've made".

Remote contacts, home working and online communication had the potential to bring inequalities into sharp focus.

> *'Yeah and I got a video call from one of the social workers and she was in her nice house, in the garden in a summer top, and I'm stuck here in the flat. I just think consider going inside in your bedroom… And things like that just make you feel shit so you get off the phone and you are left in a shit flat, thinking well they've got a nice home.'* (Mary)

Similar comments were also voiced by Simone, who like Mary, was living in a flat and had no access to a garden:

> *'You see them posting videos online on Facebook saying 'We miss you guys' with videos of them playing in their garden! And I'm like Oh nice for you mate.'*

In addition to one-to-one communication, some young people also reported being directed to online groups and forums. Again, for some this was unproblematic, but for others such methods were seen as exposing and stigmatising. For example, Mary stated she had been advised to look for information and updates via a local authority Facebook group or was advised to phone social services office if needed:

> *'What child or care leaver wants to have social services on Facebook? Like what child? ... I found out or I was to meant to find out from Facebook that my money was being cut, they didn't send out a letter. So I'm not going to respond to social services through Facebook and I don't think I should have to ... So yeah, I wasn't given options, I was just told 'if you need us then phone us.' But I have issues with anxiety. It's not easy for me to phone.'*

In addition to concerns about stigmatisation, the appropriateness of the information was criticised by some. For example, Paul had looked at the Facebook page and he felt the content was not targeted at his age group or for his stage of life when leaving care:

> *'I don't really look at it much to be honest because it's sorta like just saying if you're bored colour a book. I'm an 18-year-old boy I'm not gonna, I think that pages is more for younger people.'*

Online and remote means of communication remain relatively new forms of practice. While the young people we interviewed identified positives to such developments, more critical comments offer a powerful reminder that such practices require on-going consideration and development to ensure both accessibility, applicability, and sensitivity to young people's situations.

- Limited support availability

For some, corporate parenting responses and / or third sector agency support were positive, young people felt cared about and reassured. Yet in stark contrast other young people were left floundering, feeling forgotten, unimportant, and uninformed. As Bev noted:

> *'I've had one or two texts but only I haven't spoken to her just a text and email to be like can you just double check your password and I am OK….I would like them (social workers) to check I'm alive...'*

Adding further to the variation, young people reported being offered differing support provision. As noted, some young people reported little or no contact with statutory services and as such had not been offered extra resources. More positively, some young people reported being offered money, some technological devices such as a laptop, telephone or tablet, mobile phone credit or extra data and another, a Netflix subscription. For those in education, some reported having been offered some form of support with access to the internet and equipment.

These accounts from young people correspond with the findings of the professionals' survey, where efforts to ensure access to digital communication, alleviate financial difficulties and boredom were reported. However, the extent to which these offers were responsive to the needs of young people varied. For example, Jess stated:

> *'… it was quite weird actually. I got a text saying if you have got pay as you go then I can get you some free data. But I'm on contract so it was no use to me anyway.*
>
> *Researcher: So it was just that that was offered?*
>
> *Jess: Yes'*

In other examples, one young person had a mobile phone so did not feel they should accept another device (even though it was dated and had a small screen), and one young person had a Netflix subscription prior to the pandemic so similarly did not benefit. It is possible that concerns about financial resources, highlighted in the findings of professional survey, limited the extent to which professionals could offer tailored options in line with young people's circumstances.

Despite some availability of additional resources, there was a general consensus that support availability was limited, constrained and not necessarily tailored to individual needs. As noted by Tom:

> *'It's nothing like compared to what it was before. When it was normal, the help was just immaculate but now it's, you can't do anything. Staff can't do very much now. To what it was.'*

Some participants empathised with the challenges faced by health professionals as illustrated in Figure 2 and the poem below:
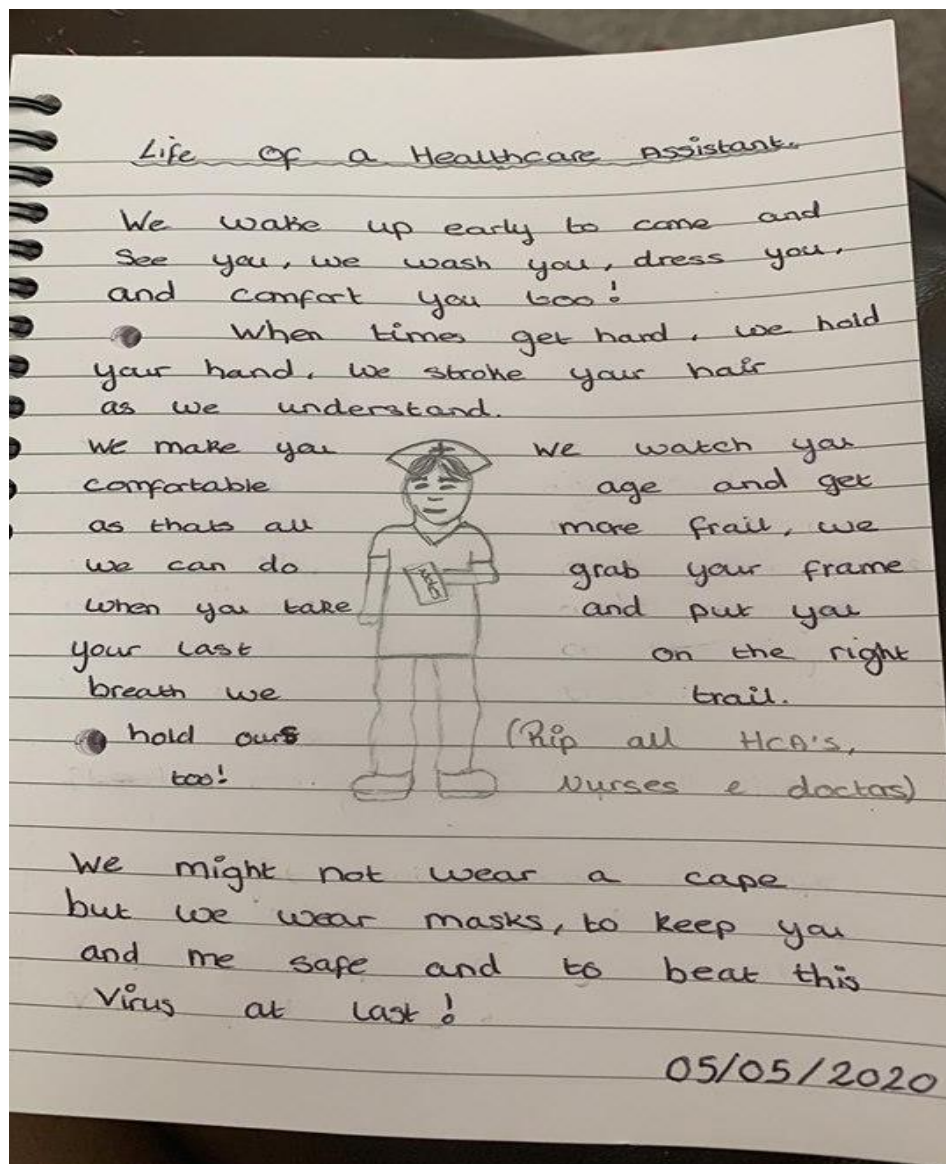

Figure 2: Life of a Healthcare Assistant

The NHS working under pressure

Dedication shown beyond all measure

Thousands of families torn apart

Hope connecting us leaving love in our hearts

Countries united against this threat

Hope still remains as the future's not set

Staying at home to save more lives,

Will put up a fight whenever the threats arise

Let's work together to become strong and proud

'Cause if you walk outside you won't hear a sound

Isolation providing mental health problems

Friends and family provide a solution

Food and supplies becoming hard to gather

Be considerate and we can all thrive together

Hope will guide you through the darkest path

Let's work together to defeat the threat at last

Our country won't have a crash landing

'Cause after the pandemic, we're still gonna be standing.

Others empathised with social workers and social care professionals, appreciating how the pandemic impacted on their ability to support them during this period, for example, Anna stated:

> *'So my PA, he did text about, early, to ask if everything's okay and if we needed help or anything or if there was any support, so like, he does check in with myself and [name of daughter], but that's about it really. Because there's not much they can do, I don't feel at the minute.*

Because we are all in the pandemic, do you get what I mean, we've all got things to do in our lives, people to protect, I understand that.'

In this way, support available from workers had the potential to be emotional support, an effort to 'check in' and boost morale was appreciated, as noted in the professional survey. Nevertheless, in other instances young people were frustrated at the lack of practical and / or meaningful support available. As noted previously, parent Julie described repeatedly trying to get help with basic essentials such as food, gas and electric.

Paula was similarly caring for a young child at the time of the interview, she was abiding by restrictions imposed by social workers to limit contact with the child's father, however, she had no other means of support. Paula's concerns related to finances, having to take her child shopping, and spending extended periods in a home that had multiple repair needs, including damp. Yet she stated the "support available from the system is basically non-existent as usual". For both Paula and Julie, corporate parenting responses were lacking in offering practical, emotional, or financial support. In contrast to some other young people who felt cared about and supported, both of these young parents felt official responses were obstructive and unhelpful.

In addition to an absence or inconsistent availability of practical, financial, and emotional support, some participants also reported a restricted access to mental health support. As highlighted, some young people had pre-existing difficulties prior to the lockdown, but they restrictions also had the potential to create and amplify mental health difficulties for many of these young people. Unfortunately, accessing mental health services and support during the pandemic has proved particularly difficult for many young people:

> *'So my CAHMS worker [name]... rang and she also sent a letter of confirmation as well. She said that she's not going to be able to see me during the circumstances of what's going on. So she sent me over these booklets in the post to complete...' (Jess)*

For Jess, the booklets were an unhelpful substitute for regular appointments and sessions. In addition, a small number of young people reported suffering from eating disorders, which had become increasingly difficult to manage or recover from during lockdown. There was also a lack of surveillance opportunities for others to oversee the young people. For example, Dylan stated:

> *'I think a bit of a downfall as it's... I'm recovering from an eating disorder. It's hard for someone not to be able to see me to check. So it's gone down a bit... I felt when I got help from it twice a week it makes a difference to nothing. It's such a strong mental illness.'*

Related to Jess and Dylan's reports of reduced communication and contact with mental health professionals, Charlie stated:

> *'...with mental health, there really isn't any support out there. I'm on medication for anxiety but I've had no support around that. I had one phone call where they asked how the medication was... But I've had no support around my mental health. No check-ups, no doctors ringing me asking how the medication is working, just no support.'*

The data can be understood as reflective of the extraordinarily challenging circumstances under which professionals were working, managing increased demands within unprecedented restrictions on working practices, and in a context where public and private services were typically running at reduced or limited function. Nonetheless, a lack of parity in provision was apparent, with some young people feeling supported emotionally, as well as in accessing basic provisions, while others felt ignored and lacking essential provisions in respect of food and electricity. Moreover, the 'emergency' and constrained responses of statutory services stand somewhat in contrast to Welsh Government (2020b) directives to progress pathway plans wherever possible.

4.3. Learning from recent experiences

The global impact of the pandemic prompted one young person to reflect on the actions of human beings and contemplate lessons to be learned by humanity as a whole:

The problem was never viruses but always humans,

We caused havoc to the world, the planet, the animals,

Now the universe is screaming out for help,

Help to feel alive again, breathe again.

It's ironic,

Because as a human on this planet that's all we ever wanted,

To feel alive again, feel hope again and to be able to breathe. Freely. Again.

Just as you think you've finally got things managed,

The planet shows you how insignificant humans really are.

We as humans punish the next generation for the last's mistakes,

We are selfless, careless, and put ourselves on top of the food chain, killing all life around us.

The elite are the rich,

Whilst the poor are working class KEY WORKERS.

The planet is taking its stand once for all,

Locking us in,

Showing us the real animals,

Showing who the true heroes are,

And as we sit and watch the world go by slowly going crazy,

We fail to realise the planet is beautiful, and is worth protecting!

As tears trickle down the faces of those who cannot see their families,

To some, that is the harsh everyday reality,

So next time spare a thought for others, for the planet,

And hopefully the next tears will be trickles of hope for mankind!

Humanity will get through this together, but will we learn from this?

#Stayinside #Protectlives #Protecttheplanet

In other instances, young people focused their responses on the type of support from professionals they would like to see continuing after the pandemic. Although many young people reported being eager for practices to return to 'normal', retaining elements of remote and online communication was seen as advantageous by some in enabling more frequent communication and / or the opportunity to build and sustain more meaningful relationships. For example, Ceri stated 'I don't think it has to be in person all the time', adding:

> *'My PA [personal advisor] should come to see me every six weeks. But in my whole university time, she only came up once … She can just call me for half an hour and talk to me instead of all the travelling … We probably message more now than we did prior to the lockdown … It's*

good, and I hope it continues that way after the lockdown has been lifted ... hopefully after lockdown has been lifted, phone calls or video calls will not be pushed aside [laughs] because I think they are great [laughs].'

Ceri's comments support the findings of the professional survey, which noted remote communication methods to be more efficient, enabling more frequent and meaningful contact with young people. Nevertheless, it is important to note that face-to-face contact was repeatedly recognised as important, if not vital for many young people and it is important to ensure that virtual contact does not replace face-to-face visits.

In addition to remote communication with individual workers, Simone referred to the value of online groups and activities, and hoped that such efforts to boost moral would continue after the pandemic:

> *'I would want [participation worker] to keep up the stuff she's doing now as that's keeping us interacting with everyone and keeping our morale up, keeping us happy for two days a week.'*

Simone's comments serve as a reminder that issues of loneliness and isolation can be a familiar feature of young people's lives, and as such, efforts to counteract such feelings and support well-being should be available regardless of a public health emergency.

As well as practices that should be retained, young people also made suggestions for practice responses in the event of a 'second wave' of infections and renewed restrictions. Communication with social work teams was central to these recommendations. As highlighted, some young people in our study enjoyed regular and supportive contact with professionals, whereas others had received little or no communication. Reflective of this, young people made recommendations in respect of access to information and advice, the frequency and nature of communication, as well as opportunities to feed into support strategies.

In terms of access, ensuring young people had access to both technological devices and had internet access was noted. For example, Ceri stated:

> *'So maybe in the future just make sure that everyone has a phone call, maybe if they have a tablet or something that has 4G so that they'll be able to use that ...communication is key in every situation.'*

In addition, some young people emphasised the importance of having a clear point of contact, so that young people always knew where to go for information and advice. Such recommendations align with some of the professionals' suggestions for increased awareness of the emergency duty service and retaining presence at an office. With offices closed, young people sometimes struggled to know what to do when they could not get hold of a worker:

> *'I reckon they should sort out and obviously get work phones and turn them on at least. Because when I try calling my social worker now its going straight to answerphone every time. They need to sort out like, give, if they know one social worker isn't going to be in, give all the children that he contacts a number for someone else. Like everyone who's under the care of someone should have two phone numbers of two people. Cause at the moment I only have my social worker's number and if he's not in I don't know what to do because the office is closed.'*

This is particularly important out-of-office hours, so that young people had someone to call in case of emergency. Related to this Lyndsay suggested that the frequency of communication be increased, with professionals regularly taking time to check on young people's emotional well-being. As highlighted, this was the experience of some young people we interviewed, but not all.

> *'I'd say social workers need to check up on their young people more often, whether they are stable, whether they're not. I reckon they should make a phone call or send a text. Proper text to say how are you doing, are you ok, how are you finding lockdown, whatever. I think that's something that would I think if I had that that would actually make my day that's something I haven't had …Just that I've got somebody there that I know is checking up on me. …Somebody's thinking of you.'*
> *(Lyndsay)*

As well as professionals working to support young people emotionally, the availability of specialist mental health support was highlighted. This included the continuation of pre-existing programmes of support, as well as the availability of additional services such as counselling to support people's whose mental health had deteriorated as a result of the restrictions.

Other young people suggested that more detailed information was needed in respect of current restrictions.

For example, Bethan stated: 'I didn't really know the rules. I was just going from place to place and they would tell me 'you're not allowed to do this and this''. While some young people reported being directed to online platforms and pages for information, others stated that this did not always answer the questions they had:

> *'Yeah, but like not really explaining to us what we're supposed to do like. Just saying stay home, but obviously everyone knows were supposed to stay home, but no one knows what exactly the rules are about it.' (Paul)*

Some young people recommended that statutory services involve young people in their support planning and decision making. As highlighted, this had the potential to be a key source of frustration when they did not feel that professionals were listening to them or the available support resources did not align with their support needs. As stated by Julie: "They just make the decisions for you, d'you know what I mean, you're not part of the decision making!". An example of how young people wanted to influence local authority support responses was provided by Simone. In respect of accessing relevant information, Simone stated she had ideas for improving her local Facebook group:

> *'I've been sending emails saying I think they should have made a forum online for information for 16+ people or something, because we all have 16+ on our Facebook. So they should have like a thing on there were they update information every week, or we can add what we've found out, from like experience, like mine with my son with the doctors and stuff. Because all they say is ring 101 or NHS, okay, then they just tell us what they know and then say ring your doctors. It's like you're getting passed form pillar to post and not actually getting your answers.'*

4.4. Summary of findings

In summary, the interviews with care experienced young people highlighted that for most participants, the lockdown had a negative impact on their mental health. Personal health worries, and those of family friends, as well as issues related to accommodation, financial (in)security, education, employment and support availability had the potential to exacerbate young people's stresses. Professional efforts to adapt, maintain and / or increase frequency of contact during the pandemic were largely well-received by young people, particularly if they felt workers genuinely cared about their wellbeing. Professional efforts to provide continuity, be accessible and spend meaningful time with them, as well as demonstrate empathy and trust were recognised by young people and despite the challenging circumstances, had the potential to strengthen relationships (Pitt 2020).

Similarly, in line with earlier research, these interviews highlighted the importance of a human relationship between social workers and young people (Ruch et al. 2010). In the time of lockdown, when people are more isolated from others and their usual support network, the quality of that relationship is particularly important. Nevertheless, the findings of our study raise concerns that some young people, including those who were pregnant and parenting, were struggling without basic provisions, anxious about food, gas and electricity, and not all were in receipt of regular supportive contact from statutory services. Strikingly, despite anticipated and realised deteriorations in mental health, the availability of specialist support appeared severely limited or unavailable.

Whilst our interviews demonstrated variety in experiences and reflections, our findings exemplify the resilience of all participants, coping in unprecedented times, and managing multiple disadvantage and uncertainties. Nevertheless, the findings highlight the potential for both short- and longer-term disadvantage for young people leaving care.

The limited participant sample size is acknowledged. However, encouragingly, diversity in circumstances and experience was evident and the young people we interviewed reflected both positively and negatively on the available systems of support available. However, we remain cognisant that the young people in our sample were recruited via professionals and agencies, and were therefore in touch with at least one professional. The experiences of young people without such contacts may have provided different insights, as would those belonging to minority groups who were likely to have been managing additional vulnerabilities and anxieties (for example see Hadwin 2020).

4.5. Participant validation

We shared these findings with a group of care experienced young people from Voices from Care Cymru, CASCADE Voices, and they concurred with these findings. The areas which they felt COVID-19 had had the greatest impact, in order of importance, were:

- mental health,
- education,
- employment
- future opportunities.

They highlighted the importance of financial support and access to technology. The group also suggested the need for clearer signposting to information, so that young people knew who to call for help. This is where a trusted personal assistant/corporate parent is essential. For example, young people needed to know about changes in how to get an appointment with a doctor, access the dentist, or pharmacy, as well as the restrictions on

shopping and other activities. Support navigating these would be helpful and clear information regarding these types of changes from local authorities is required.

The importance of face-to-face or physical contact and human connection was also emphasised as vital. Some of the young people from Voices from Care Cymru had not had a 'cwtch'[3] in months. They highlighted the need to prioritise those who have left care for face-to-face contact as soon as it is safe to do so, as any responsible parent would prioritise their children, even after they had left home.

Lastly, the young people from Voices from Care Cymru noted that the lack of planning for their futures exacerbated by COVID-19 would leave young people at greater risk of 'falling through the cracks'.

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[3] Cwtch is a welsh word meaning hug or cuddle.

5. Conclusions and Recommendations

The COVID-19 pandemic and the ensuing lockdown has had a major impact across the world, with a disproportional impact on the poorest and most vulnerable people in society (The Independent 2020). This research study was designed to contribute to the emerging evidence base exploring both the receipt and delivery of social care support during this period. While previous publications have sought to draw attention to the disadvantaged position of care leavers (Larkins et al. 2020; Lotan et al. 2020; NYAS 2020) this is the first study that has gained in-depth insights into the experiences of those who are leaving care. This research study has offered a platform for the views of care experienced young people and participants have provided vivid and detailed accounts of their experiences of lockdown. The inclusion of a professional survey enabled consideration of local initiatives and provided a valuable backdrop for analysis of young people's accounts. The study therefore provides important learning for policy makers, social care managers and front-line practitioners who work with care experienced young people and other vulnerable groups.

Encouragingly, this study revealed positive attempts to adapt to the unprecedented working conditions. It was noteworthy that the professionals who responded to our survey were on the whole positive about the support that they had provided to care leavers and none raised concerns about poor practice or an inability to offer support. Professional efforts to maintain communication with young people, combat loneliness, isolation and boredom, as well as ensure access to resources was consistent with previous good practice recommendations (Coram Voice 2020; 1st International Care Leavers Convention 2020). However, it was noted that efforts to respond to the needs of young people were constrained by the absence of additional funding.

The perspectives of young people sometimes stood in sharp contrast to those of professionals and concerns remain about parity of support within and across areas, and the alignment between support needs and available provision. Our findings did not suggest consultation and inclusion of young people in decision making about new ways of working, and the focus appeared to be on immediate and short-term crisis needs, as opposed to transition planning or taking a rights-based approach. Of particular concern were reports of young people anxious about basic provisions, living in inappropriate accommodation and struggling with absence of mental health support.

In response to the findings of the professional survey, interviews with young people and consultation with the research advisory group, CASCADE Voices, we offer the following recommendations. At the time of writing, increased restrictions have been imposed, including a series of 'local lockdowns', in response to concerns about the rate of new infections (BBC News 2020b). Consistent with the priorities identified by the Children's

Commissioner for Wales (2020a) our findings and ensuing recommendations are intended to support young people leaving care to have access to the necessary advice and support, to have opportunity to share their views, for such views to be listened to and responded to those with power. Directed at national, local and individual levels our recommendations are intended to aid current responses, as well as inform preparations for the anticipated 'second wave'.

In making these recommendations, we acknowledge the challenging working conditions of all professionals and appreciate that the current situation has created an array of practical, emotional, and financial challenges at both personal and public levels. Nonetheless, the findings of this study have illuminated the disadvantaged position of young people leaving care, young people who are heavily reliant on the state as their corporate parents. The recommendations of this study are intended to highlight the potential for those leaving care to experience additional vulnerability and adversity, recognise and promote good practice, and strengthen responses to both immediate and longer-term needs.

Recommendations to Welsh Government

Dedicated Welsh Government guidance is needed to acknowledge the disadvantaged position of care leavers. Directives and expectations in respect of corporate parents should be outlined and address young people's health and well-being, accommodation, education, and employment needs as is their right. The additional vulnerabilities of certain groups such as parents and unaccompanied asylum seekers should also be recognised. Ensuring parity of support for all care leavers, regardless of category or legal status is needed in these unprecedented times.

Related to this, clarification of funding provision is necessary. Such commitment is imperative in light of the current reliance on online communication, and the need to ensure all care leavers have the necessary technological devices, data and reliable access to the internet. Our findings highlighted the financial insecurity experienced by some young people and the need to ensure basics provisions. Whilst recognising the need for urgent resources and immediate responses, the findings also highlighted anxieties about the availability of future funds. Young people age 18-24 are likely to be the most hard-hit by this pandemic (Jones 2020), as education has been terminated, businesses are closing and many future career possibilities blocked. Clarification of funding provision both now and in the future, will support corporate parents to address young people's needs and ward against further and widening disadvantage in their transition to independence.

We hope that the insights provided from this study will encourage continued monitoring of young people's experiences, support availability and uptake, as well as the short and long-term impact of COVID-19 for care leavers.

Recommendations to local authorities

Efforts to ensure parity of provision for young people is needed, both within and across areas. Our findings suggested positive examples of practice and partnership working with other agencies. While such efforts were well received by some participants, this was not the experience of all participants. We hope the findings of this report will support and encourage the sharing of ideas, support further development of good practice, and promote parity of experience for all young people.

We would encourage all local authorities to make explicit their commitment to young people during this time. Information regarding routine and emergency support availability should be well-publicised and communicated via a range of means. Additionally, regularly updated information regarding Government restrictions should be communicated and explained to young people.

We would recommend that all local authorities include young people in monitoring and developing the effectiveness of local responses. This includes being part of future decision making as well as enhancing existing provision. As noted, young people offered valuable insights that could prevent insensitive online communications in the future.

The findings of this study highlight the potential for both immediate, short, and longer-term needs of young people. Whilst practice responses understandably appeared geared to responding to the emergency nature of the pandemic, as practices have adapted and the experiences and concerns of young people made clearer, we hope that pathway planning, review and progression will again be possible and enable individual, tailored support to all young people, which is responsive to their practical, employment, educational, relational, emotional and financial needs.

Recommendations for individual workers

The findings of this study show that despite challenging circumstances and restrictions on contact, it was possible for relationships between young people and professionals to be both maintained and strengthened during the pandemic.

Key to this was regular communication, which afforded young people time and conveyed genuine care and understanding. Training in digital technology would be helpful for all social care staff, so they can develop their skills in virtual communication.

We recommend that workers seek to adapt their communication in line with young people's preferences. For example, while text message may be welcomed by some, others would prefer video call. Similarly, whilst the benefits of online and remote communication are acknowledged, findings from both professionals and young people suggest this cannot and should not be considered a permanent substitute for engaging with young people in person.

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Appendix 1: Professional Survey Questions

1. Which local authority or organisation do you work for?
2. Can you tell us how your service has supported care leavers during COVID 19? We are interested to hear about any, or all, of the following: a) good practice examples and the range of communication mediums used b) adaptations to communication / contact / practice with young people c) attempts to reconnect with young people who for whatever reason were not in touch with the service prior to the restrictions d) additional provision for young people identified as particularly vulnerable.
3. Has your local authority / organisation produced emergency policy or practice guidance for supporting care leavers? If so, could you give us details about this (including if the information is publicly available)?
4. Are there any elements of current practice that you would like to retain after the lockdown restrictions are lifted? What, if any, are the positive lessons to be learned?
5. In the event that a similar situation were to happen again in the future, what if anything, would you like to be different in terms of support availability for care leavers?

Leaving Care amidst Lockdown: The impact of COVID-19 on young people's health and well-being

Information sheet

Introduction

We are inviting you to participate in a research project in order to understand the impact of COVID-19 for care leavers.

Before you decide whether you would like to take part, it is important that you understand the research and your involvement. Please read the following sheet carefully. If anything is not clear, or you would like further information, please contact Louise Roberts, Cindy Corliss, Alyson Rees or Rachel Vaughn at Cardiff University.

Thank you for considering taking part in this study.

Why is this research needed/being completed?

Given the current global pandemic, it is really important to explore care leavers' experiences of lockdown restrictions imposed as a result of COVID-19. The research is particularly interested in young people's access to support during this time and if and how the lockdown has impacted on health and wellbeing.

Why have I been asked to take part?

You have been asked to take part as you are a care leaver who may have been impacted by the global pandemic. We want to know what has worked well for you and what difficulties you have faced.

Do I have to take part?

You do not have to take part and it is up to you to decide. Information about the study and what your involvement would require is provided in this leaflet. Please ask any questions if you are uncertain about anything, or if you would like more information.

If you do decide to take part, we will ask you to sign a consent form to confirm your agreement. If you do not wish to take part, please discard this information sheet.

You are free to withdraw from the study at any time, without giving a reason. Withdrawing from the study will not affect the way you access services.

All the information gathered will be made anonymous and will not include any details about your name or where you live.

What does taking part involve?

There are many ways that you can become involved.

You can take part in any of the following:

- a one-to-one interview which will happen remotely via online methods (Skype, Whatsapp, or Zoom).
- You could also be interviewed on the telephone by speaking to a researcher.
- You could be interviewed in a focus group with your friends (Skype, Whatsapp, or Zoom).
- You could keep a diary of your experiences- by writing them down in a journal, in an email or send us a daily text.
- You could keep an audio recorded diary.
- You could do some drawing for us about what it has felt like in lockdown.
- You could write a poem about life in lockdown.
- You could write your own blog.

We would like to capture your experience of lockdown as a result of COVID-19. Interviews will last for approximately 30 minutes/focus groups for approximately 45-60 minutes and will be arranged at a date and time convenient to you. Interviews will be audio recorded so that researchers are able to accurately analyse the information given by you during the interview. The recordings will be stored securely in accordance with data protection laws.

Data protection

All recordings and interview notes will be kept securely, on password protected computers or locked filing cabinets. Data will be anonymised for publication, and raw data will only be accessible to the research team. Data will be retained for 10 years and may be used for further research; thereafter it will be securely destroyed.

Will my taking part in the study be kept confidential?

Confidentiality is very important and wherever possible will be maintained. However, there are times when confidentiality cannot be guaranteed. If, through interview what you have said causes concern that there may be a risk of harm to you, another person, or a child, the researcher has a duty to report what has been said.

What will happen to the results of the research study?

The findings from this study will inform our programme of work within CASCADE and may be used to assist local authorities and Welsh Government in addressing the needs of young people as we adapt to new ways of living and working on line. We may disseminate results at conferences, in a study report, and in academic journals and teaching or training sessions.

How can I contact the researchers?

You can contact the researchers in the following ways:

Alyson Rees, Louise Roberts, Cindy Corliss, Rachael Vaughan, Dawn Mannay and Hannah Bayfield
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