The strengths and challenges of online services and interventions to support the mental health and wellbeing of care-experienced children and young people

A study exploring the views of young people, carers, and social care professionals in Wales during the Coronavirus pandemic

Dawn Mannay, Maria Boffey, Aimee Cummings, Emily Cunningham, Brittany Davies, Lorna Stabler, Rachael Vaughan, Charlotte Wooders and Rhiannon Evans

School of Social Sciences (SOCSI), Cardiff University
Dawn Mannay
The Fostering Network in Wales
Maria Boffey and Charlotte Wooders
Children's Social Care Research and Development Centre (CASCADE), Cardiff University
Aimee Cummings, Lorna Stabler and Rachael Vaughan
Medical Research Council (MRC) and Scottish Government Chief Scientist Office (CSO) Social and Public Health Sciences Unit
Emily Cunningham
Voices from Care Cymru
Brittany Davies
Centre for Development, Evaluation, Complexity Interventions and Implementation in Public Health Improvement (DECIPHer), Cardiff University
Rhiannon Evans

Contents

1. Acknowledgements

The study involved care-experienced young people, the child of a foster carer, foster and kinship carers and health and social care professionals who were very generous with their time. We would like to extend our thanks and gratitude to them, as this report is grounded in, and informed by, their engagement.

We would like to acknowledge the TRIUMPH Network for the funding and support they contributed to this study (http://triumph.sphsu.gla.ac.uk) The TRIUMPH Network is funded by the Cross-Disciplinary Mental Health Network Plus initiative supported by UKRI under grant ES/S004351/1.

We are also grateful to The Fostering Network in Wales, Voices from Care Cymru and The Roots Foundation Wales for their support in the research process.

The study was conducted with the support of the Centre for Development, Evaluation, Complexity Interventions and Implementation in Public Health Improvement (DECIPHer), which is funded by Welsh Government through Health and Care Research Wales. It was further supported by the Children's Social Care Research and Development Centre (CASCADE) partnership, which receives infrastructure funding from Health and Care Research Wales.

Lindsey Allan should also be acknowledged for their support in administering the study.

2. Executive summary

The Coronavirus pandemic and its associated lockdowns and restrictions prompted a move from face-to-face interactions to remote forms of engagement that relied on telephone or online contact. This had consequences for the type and frequency of mental health and wellbeing services and interventions that were available to care-experienced children and young people and their foster and kinship carers.

This report presents the views and experiences of online mental health and wellbeing provision among young people, carers, and health and social care professionals in Wales during the Coronavirus pandemic. Data were produced in online qualitative interviews with 23 participants, including care-experienced young people (n=3), the biological child of a foster carer (n=1), health and social care professionals (n=9), and foster[1] and kinship[2] carers (n=10). The participants discussed the strengths and challenges of online and in-person services and offered recommendations for future practice and interventions.

Once the interview data was generated and analysed the project team met with three advisory groups to discuss the findings of the study and refine the recommendations for policy and practice. These meetings involved foster and kinship carers (n=10) who were members of The Fostering Network's All Wales Foster Carers' Advisory Forum, which is facilitated by The Fostering Network in Wales, care-experienced young people (n=4) who were part of CASCADE Voices, and young people (n=4) who were members of The Fostering Network in Wales Young People's Care Forum.

The findings from the study noted some benefits of online mental health and wellbeing services and interventions for care-experienced children and young people, including accessibility, privacy and being able to engage or disengage remotely without the pressures of face-to-face interactions. However, accessibility, a lack of privacy and the format of online interactions were also cited as some of the challenges of remote forms of contact. Therefore, the advantages and disadvantages of online versus in-person contact were complex and intertwined.

This complexity reflects the important point that care-experienced children and young people are not a uniform group. Rather, care-experienced young people need to be seen as individuals and to be afforded a choice about the provision of health and wellbeing interventions that best support their particular needs and requirements.
The report offers recommendations in six key areas, research; training; awareness and access; resources; choices and flexibility; safety, and protection and risk. The findings of this report aim to support improvement of both remote and face-to-face services and interventions to support the mental health and wellbeing of care-experienced children and young people as we move beyond the restrictions of the Coronavirus pandemic.

[1] Foster carers are registered with an approved independent fostering agency or by a local authority. Foster carers provide care for children and young people on a temporary or more permanent basis when their biological parents are defined as unable to provide care and there has been state intervention.

[2] Formal kinship care refers to an arrangement where a child or young person is cared for by a family member or friend via social services which is often accompanied with a Special Guardianship Order where formal kinship carers are afforded parental control without recourse to adoption proceedings. Informal kinship care refers to an arrangement where a relative looks after a child who is not their own without state intervention (Stabler 2020).

3. Background to the research

3.1 The mental health and wellbeing of children and young people

The mental health of children and young people is a global public-health challenge (Ford et al. 2021; Patel et al. 2007; Sadler et al. 2018; Seker et al. 2021). Despite the high prevalence of mental health problems that develop in adolescence and early adulthood, international studies have reported that young people are often reluctant to seek professional help (Aguirre Velasco et al. 2020; Powell et al. 2021; Pretorius et al. 2021; Rickwood et al. 2007). A systematic review of the literature by Gulliver et al. (2010) indicated that the key barriers to young people seeking support for mental health and wellbeing were stigma and embarrassment, problems recognising symptoms, and a preference for self-reliance. These barriers mean that young people may not be able to access the support they require to ensure mental health and wellbeing, which is further problematised by evidence that young people with poor mental health are more likely to engage with health risk behaviours such as the use of tobacco, alcohol, and illicit drugs; as well as having a higher likelihood of school exclusion (Sadler et al. 2018).

In the UK, the mental health of young people has been deteriorating and the social and educational outcomes for children with mental health conditions are worse than those recorded for previous cohorts (Sellers et al. 2019). Between 2004 and 2017 anxiety, depression, and self-harm increased, particularly among young women (Sadler et al. 2018). With the onset of the Coronavirus pandemic, probable mental health conditions in children aged five to 16 years increased from 10.8% in 2017 to 16% in July 2020, according to England's Mental Health of Children and Young People Survey (Vizard et al. 2020). The likelihood of a probable mental disorder increased with age and for individuals aged 17 to 22 years, 27.2% of young women and 13.3% of young men were identified as having a probable mental disorder in 2020. These evolving consequences of the pandemic are set within longstanding concerns about the inadequacy of service provision and uneven experiences across different socioeconomic circumstances (Ford et al. 2021).

In Wales, the geographical context for this study, the 2015 Well-being of Future Generations Act legislated for the rights of future generations and shifted the conceptions of a traditional health system to a holistic wellness service and prioritised environments that would empower communities to improve their own health and wellbeing (Future Generations Commissioner for Wales 2020). Accordingly, the Welsh Government have been tasked to recognise the emotional and mental health of young people as a national priority, and to ensure support systems are adequately funded and organised to provide quality services (Welsh Parliament 2018). However, despite some positive changes and outcomes, consultations with children and young people, parents and carers, experts and professionals, suggest that 'children and young people are still struggling to find the emotional and mental health support they need' (Welsh Parliament 2020, p. 10). Ensuring support for all children and young people should be a key priority but there is an argument that particular attention should be given to the mental health and wellbeing of care-experienced children and young people.

3.2 The mental health and wellbeing of care-experienced children and young people

International studies have suggested that care-experienced children and young people are at an increased risk of poor mental health and wellbeing compared to young people who are not in care (Baidawi et al. 2014; Fowler et al. 2011; Llosanda-Gistau et al. 2015; Powell et al. 2021). In the UK, care-experienced young people are more likely to be diagnosed with mental health problems (Smith, 2017) and psychiatric disorders compared with the general population (Ford et al 2007). Care-experienced young people are at an increased risk of poor subjective wellbeing (Long et al. 2017), with a survey of care leavers aged 16-25 (n=474) indicating that 23% or participants reported low wellbeing (Baker et al. 2019).

Early experiences of deprivation, family breakdown and childhood trauma, which often precede entry into care, may impact on wellbeing. However, it is also important to acknowledge that care-experienced young people can face inequalities in terms of education, employment and housing (Allnatt 2019; Artamonovaa et al. 2020; Brady and Gilligan 2019; Girling 2019; Harrison 2020; Mannay et al. 2015, 2017), which can negatively impact their health and wellbeing. Furthermore, for care leavers the 'culture of parental dependence as a strategy…for coping with risks in a precarious environment' is often not an available or a viable option (Moreno 2012, p.19), which is a particularly salient point to consider in relation to the impacts of the Coronavirus pandemic.

Additionally, even when care-experienced young people have the support of foster or kinship carers, a lack of systemic support and a range of barriers affect the capacity of carers to promote the mental health and wellbeing of young people in their care (Fergeus et al. 2019).

3.3 Services for mental health and wellbeing

Child and Adolescent Mental Health Services (CAMHS) are available for children and young people up to the age of 18; and Adult Mental Health Services (AMHS) provide specialist care for those aged over 18. However, Chui et al. (2020, p.1113) contend that 'weak institutional and financial linkages between CAMHS and AMHS can create gaps in service provision for young people aged 16–17 who are either transitioning from child to adult mental health services or accessing services for the first time'; and these gaps can be experienced unequally for different ethnic groups. In Wales, the Children's Commissioner has also raised concerns about the ways in which the complexities of mental health services leave children and young people without essential support (Children's Commissioner for Wales 2020).

Furthermore, even in cases where children and young people have sought support, Sadler et al. (2018) reported that in England one in five waited more than six months to see a mental health specialist. In Wales, the most recent data for waiting times documents that only 30.3% of children and young people were able to access Child and Adolescent Mental Health Services (CAMHS) within four weeks, in November 2021 (Welsh Government 2022). Other recent UK reports have raised similar issues with waiting times and rejection rates (Crenna-

Jennings and Hutchinson 2020; Public Health Scotland 2021). Crenna-Jennings and Hutchinson (2020, p.8) contend that a more vigorous system for reporting data on access to Child and Adolescent Mental Health Services (CAMHS) is needed, and 'a clear definition of children who are eligible for treatment, is urgently required'.

There have been recent interventions focussed on improving the mental health and wellbeing of children and young people. For example, in Wales, Holtom et al. (2021) evaluated the Child and Adolescent Mental Health Services (CAMHS) In-Reach to Schools Pilot programme. This Welsh Government initiative aimed to build skills, knowledge, and confidence in schools to support pupil mental health and well-being and improve schools' access to specialist consultancy and advice. The intervention took place from 2018 to 2021 and included training packages and access to consultancy services for the schools in the pilot programme. The evaluation found that the pilot programme improved the skills and confidence of school staff, their access to specialist services, and fostered well-being for staff members. This made a case for continuing the pilot, however, there were limitations. The pilot took place during the Coronavirus pandemic, which is an important consideration, and it 'was not intended, nor resourced, to address the 'crisis' in pupil or staff mental health and well-being on its own' (Holtom et al. 2021, p. 143).

There have also been a range of mental health and wellbeing interventions specifically for children and young people in and leaving care. The National Institute for Health and Care Excellence (2021) reviewed 62 studies, including 44 original randomised controlled trials and 18 qualitative studies and they were interested in whether these interventions were effective and acceptable and accessible to children, young people, and their care providers. The review noted the complex and mixed evidence base as to whether these existing interventions effectively supported the mental health of this population. Another evidence review, which focuses more on how the effects of interventions are dependent on the context in which they are evaluated, is currently being progressed as part of a collaboration between the universities of Cardiff, Bangor, Exeter and The Fostering Network in Wales (Evans et al. 2021). Despite this important work, the impact of shifting landscape of service provision during the Coronavirus pandemic is not yet feeding through to systematic review syntheses.

3.4 The impact of the Coronavirus pandemic

In March 2020, the Coronavirus pandemic instigated a nationwide lockdown in Wales (Welsh Parliament 2020), and its impacts were felt across the UK and internationally. Lockdown measures restricted contact and directed people to stay within their own households. Mental health in the UK in the general population deteriorated during the pandemic compared with pre- Coronavirus trends (Pierce et al. 2020). Furthermore, an international review of the mental health of children and young people reported that social distancing restrictions during the Coronavirus pandemic led to increased cases of anxiety, depressive symptoms, and behavioural difficulties (Williams 2020). Young people who had been in contact with youth justice services reported the ways in which 'loneliness, the worry about the health of family members, fear of the virus spreading and the impact of people dying' had a negative impact on their mental health (Nolan 2020,

p.8). Whilst the Coronavirus pandemic has had similar impacts for all young people, it is important to recognise that the restrictions of the pandemic had differential outcomes for already marginalised communities (Patel et al. 2020; Withers 2020).

Research and consultations exploring the everyday experiences of care-experienced children and young people during the Coronavirus pandemic have reported isolation, digital exclusion, financial precarity, and precariousness access to support and services (Gilligan et al. 2022; Greeson et al. 2020; Kelly et al. 2020; Leicestershire Cares 2021; Lotan et al. 2020; NYAS 2020; McGhee and Roesch-Marsh 2020; O'Higgins et al. 2020; Roberts at al. 2021a; Scottish Care Leavers Covenant Alliance 2020; Staf 2020).

In relation to mental health, international studies have highlighted the impacts of the pandemic for young people in and leaving care. Greeson et al. (2020) surveyed care-experienced young people (n=281) in North America and 56% reported that the pandemic had a negative impact on their health or mental health care, and 56% had experienced clinically significant levels of depression or anxiety. Similarly, Lotan et al.'s (2020) survey of 525 care leavers and young people at-risk in Israel found that almost half of the sample reported high levels of anxiety and depression.

In the UK, mental health has also been centralised in care-experienced young people's accounts of the Coronavirus pandemic. Ofsted (2021) surveyed 7,011 children and young people about their living arrangements. They reported an increase in discussions of mental health in comparison to previous years when the survey was distributed. Additionally, although 96% of children and young people reported feeling safe in their care setting during the Coronavirus pandemic, young people in children's homes and foster care were particularly concerned about where they would live when they reached the age of 18. In Northern Ireland, Kelly et al. (2020, p. 21) interviewed 24 care leavers and mental health and wellbeing was a critical concern for these young people who discussed how the Coronavirus pandemic 'exacerbated already complex issues sometimes resulting in elevated symptoms and psychological distress'.

Similarly, in Wales, Roberts et al. (2021a, 2021b) interviewed 21 care leavers who discussed how extended periods of confinement in their homes and a lack of routine resulted in their mental health difficulties becoming more pronounced.

Corresponding with these studies, feedback through helplines, funding initiatives, practitioner workshops, research and participative projects with care leavers in Scotland suggests that the Coronavirus pandemic has had a profound and detrimental impact on the mental health and emotional wellbeing of care-experienced young people (Scottish Care Leavers Covenant Alliance 2020, p. 9). Additionally, Rogers et al. (2020) surveyed 409 foster carers and 36.2% (n=147) reported a that the mental health of children and young people in their care had deteriorated during the Coronavirus pandemic. It should be acknowledged that there have been impacts on carers themselves in negotiating the negative effects of the Coronavirus pandemic. Rogers et al. (2020) surveyed foster carers (n=406) and documented that over one third (34.7% n=141) of respondents felt that fostering during the Coronavirus pandemic has impacted negatively on their

mental health. Even when mental health impacts were not reported, foster carers discussed feeling exhausted. Similarly, a survey with kinship carers (n=195) in the Coronavirus between 18 and 21 March 2020 reported concerns about what would happen to those they care for if they became ill (n=81), as well as anxieties about finances (n=38) and a lack of information around how to combat isolation and access support (n=32) (Kinship 2020).

In relation to concerns about support, given the digital divide for care-experienced young people (McGhee and Roesch-Marsh 2020; Munro et al 2021), remote forms of online contact have not been an accessible mechanism to combat the physical isolation of lockdown for many care-experienced young people. However, young people, practitioners and charitable organisations have noted some of the affordances of remote contact via text, telephone, social media, and online video conferencing for supporting wellbeing (Roberts et al. 2020, 2021b; Leicestershire Cares 2021). Where access to online contact has been facilitated, practitioners have emphasised that young people have benefitted from social media and digital communication and that a blended approach to support should be considered following the restrictions of the Coronavirus pandemic (Munro et al. 2021; Roberts et al. 2020).

Current research during the pandemic has focussed on remote digital contact with social workers and health care providers. However, there are further opportunities for supporting the mental health and wellbeing of care-experienced young people, both within and outside of these formalised relationships with health and social care providers. Therefore, it is important to examine the potential for developing online platforms that can offer care-experienced young people further options to gain support and advice online in accessible and effective formats. It is also essential to understand challenges of online support systems and the extent to which face-to-face or blended provision needs to be offered alongside remote forms of contact.

3.5 Research aims

This study sought to understand what is important to young people, foster and kinship carers, and practitioners in terms of mental health and wellbeing services and interventions for care-experienced children and young people, considering in-person (face-to-face), remote (online and telephone) and blended (a combination of the former) delivery. Exploring both the strengths and challenges of current provision, it considered how provision might be further improved in future.

The study addressed the following research questions drawing on the perspectives of young people, foster and kinship carers and social care professionals.

1. How did the Coronavirus pandemic impact on the provision of mental health and wellbeing services and interventions for care-experienced young people?
2. What are the strengths and challenges of online, telephone, face-to-face, and blended services and interventions in supporting mental health and wellbeing?
3. What improvements can be made in the format, functioning, delivery, acceptability and accessibility of mental health and wellbeing services and interventions?

4. Methodology

4.1 Research design

The study was interested in the subjective experiences of care-experienced young people, foster and kinship carers and health and social care professionals, and their recommendations for future practice, services, and interventions. Therefore, a qualitative approach was taken with remote one-to-one or small group interviews. Before any data were generated, in line with valuing the perspectives of 'experts by experience' (Staples et al 2019), the research design was discussed in a meeting on the17 February 2021 with The Fostering Network in Wales Young People's Care Forum. The comments, suggestions and recommendations from The Fostering Network in Wales Young People's Care Forum were fed into the interview questions for the study. The findings generated in these interviews were then also discussed with The Fostering Network in Wales Young People's Care Forum and two further advisory groups (see section 4.6).

4.2 Participants

Young people were invited to take part via The Fostering Network in Wales, Voices from Care Cymru and The Roots Foundation Wales. However, the young people who took part in the interviews all agreed via communications from The Fostering Network in Wales. All foster carers and professionals who participated in the study were recruited via The Fostering Network in Wales. The study was promoted via The Fostering Network in Wales e-newsletter which goes to all Wales members, an e-brief to all forum networks, at meetings with The Fostering Network's All Wales Foster Carers' Advisory Forum, the Local Authority Fostering Managers' Forum, and the Independent Fostering Providers Fostering Managers' Forum. This was followed by a more targeted approach to engage further professionals and direct emails were sent to professions that had an existing relationship with The Fostering Network in Wales.

Data were produced with 23 participants. There were three care-experienced young people and one young person who was the biological child of a foster carer. Young people were aged between 18 and 27. Nine health and social care professionals, and 10 carers (eight foster carers and two kinship carers) also contributed to the project. All of the participants resided in Wales in a mix of rural and urban locations. The study had intended to engage with more care-experienced young people. However, as in other studies conducted in the Coronavirus pandemic the impacts of the lockdown restrictions and conducting research remotely meant that there were difficulties in recruiting further participants and some participants who agreed to be interviewed did not then attend the scheduled interview (see also Boffey et al. 2021b; Power 2020). When the interview data was generated and analysed the project team met with three advisory groups to discuss the findings of the study and inform the recommendations for policy and practice. The first advisory group was held with foster and kinship carers (n=10) who were members of The Fostering Network's All Wales Foster Carers' Advisory Forum, which is facilitated by The Fostering Network in Wales. The second advisory group was held with care-experienced young people (n=4) who were part of CASCADE Voices. CASCADE Voices is a

research advisory group that was developed through collaboration between the Children's Social Care Research and Development Centre (CASCADE) and Voices from Care Cymru (see Staples et al. 2019). The third advisory group involved The Fostering Network in Wales Young People's Care Forum (n=4).

4.3 Data generation

Interviews were conducted between April and July 2021, during the restrictions of the Coronavirus pandemic. In line with other studies with involving care-experienced young people in the Coronavirus pandemic (Sprecher et al. 2021; Roberts et al. 2021a). interviews were conducted remotely with young people, carers and health and social care professionals using the online conferencing platforms Zoom and Microsoft Teams. The interviews with the 23 participants were between 17 and 69 minutes in length. The interviews generated a nuanced data set with 172, 111 words of transcript as illustrated in Table 1.

Participant Group	Number of Participants	Combined Interview Length	Combined Number of Words Transcribed
Young People	4	3 hours 21 minutes	32, 804
Carers	10	7 hours 31 minutes	80, 417
Professionals	9	5 hours 33 minutes	58, 890
	n=23	= 16 hours 25 minutes	= 172, 111

Table 1: Overview of data generated

4.4 Ethical practice

The potential vulnerability of care-experienced young people and the support needs of foster and kinship carers informed the research design (Shaw and Holland 2014). For example, young people and foster carers were recruited via The Fostering Network in Wales, Voices from Care Cymru and The Roots Foundation Wales, to ensure both the appropriateness of participants to take part in the project and continued access to support for young people and foster carers.

The project team all had combined experiences of working with care-experienced young people, foster carers and health and social care professionals. As such, they were aware of the associated sensitivities and best practice ethical protocols. The project design was approved by the Social Research Ethics Committee at Cardiff University.

The Fostering Network in Wales developed a Digital Risk Assessment for Children and Young People, which was used to guide an earlier project with foster carers and care-experienced children (Boffey et al. 2021a). This digital risk assessment considered a number of points including safeguarding issues, the online view of rooms used by facilitators, the introduction of inappropriate or

explicit material, and restricting access to invited participants; and this was drawn on to ensure best practice in this study.

All participants were provided with details of the project, informed that their participation was voluntary and notified of intended efforts to protect and anonymise data. The online conversations were audio recorded only, rather than utilising the Zoom platform option of recording video images and sound. All data was stored securely in the Cardiff University shared drive system and interviews were anonymised at the point of transcription.

4.5 Data analysis

Interview data were transcribed verbatim and analysed using an inductive and deductive approach (Fereday 2006) whereby interview transcripts were individually coded and themes generated from patterns within and across the data sets (Braun and Clarke 2006). Transcripts were imported into NVivo for thematic coding process. In addition, data generated with young people were examined to consider participants' responses through the lens of transitioning to adulthood and earlier biographical details where these had relevance for understandings of wellbeing.

4.6 Reflecting on the findings generated

As noted in section 4.2, advisory groups were held after the data was generated and analysed. The session with The Fostering Network's All Wales Foster Carers' Advisory Forum was held on 16 September 2021, the CASCADE Voices session took place on 18 September 2021, and the session with The Fostering Network in Wales Young People's Care Forum was conducted on 29 September 2021. The key findings were presented to these advisory groups and discussion focused on reflections about the data generated, whether this data was reflective of the experiences of the advisory group, if there were any key omissions in the data generated, and if there were recommendation for policy, practice, and future research studies. The main points of these meetings were noted and recorded on a word document, 695 words of commentary from The Fostering Network's All Wales Foster Carers' Advisory Forum, 1,549 words from the CASCADE Voices session, and 386 words from the discussion with The Fostering Network in Wales Young People's Care Forum. The notes from the three advisory sessions underwent content analysis to draw out the key themes, which are discussed following the reflections on the interview data in the Findings section.

5. Findings

This section documents the key findings that relate to the three research questions: the impact of the Coronavirus pandemic on mental health and wellbeing services; the strengths and challenges of services and interventions; and potential improvements. The Findings section presents the perspectives of the three groups of participants in turn: young people; carers; and health and social care professionals. This is followed by a focus on the information generated in the three advisory sessions.

5.1 Perspectives of young people

This section presents the perspectives of young people. It begins with accounts of their past experiences of accessing support for mental health and wellbeing. The section then focuses on remote, telephone and online sources of support for wellbeing during the Coronavirus pandemic, and examines the strengths and challenges of these interventions and services. The section concludes by introducing the recommendations made by young people for future practice and mental health and wellbeing support initiatives.

Young people discussed the Coronavirus pandemic, reflected on their everyday experiences before the pandemic, and shared biographical aspects of their lives. These participants were living in different circumstances, with birth parents as the daughter of a foster carer, alone in a hostel, in a foster placement, and with their child as a lone parent. All of the young people reported experiencing issues with mental health prior to the Coronavirus pandemic, and some had faced barriers to accessing support even before the restrictions of the lockdown. While the present study was primarily interested in online support services and programmes that promote the mental health and wellbeing of care-experienced children and young people, it is useful to document the experiences of young people using a range of services prior to the Coronavirus pandemic.

5.1.1. Historical facilitators and challenges to accessing mental health services and ensuring wellbeing - perspectives of young people

The participants' accounts were biographical as they reflected on the past, as well as considering their present circumstances and looking towards their futures. This timeline is important as it illustrates the ways in which care-experienced people face challenges that can impact on their mental health and wellbeing across the life course, and barriers to accessing support. The issues discussed were often cumulative, illustrating the need for continual support rather than simply responses to issues in the Coronavirus pandemic.

The one participant who was not care-experienced, the daughter of a foster carer, discussed receiving previous support for mental health, '*I did get counselling for a few years'*. This was presented as unproblematic in terms of accessing counselling and the support was ongoing with occasional check in emails from their counsellor. The three care-experienced young people offered more complex accounts of accessing effective support for mental health and wellbeing.

For example, one participant discussed bullying in the context of the school.

'*When people found out that I was in care, I got bullied for it. I got told that I was adopted, I got told that my mum didn't want me, I got told that I was runt of the litter, um, I got told that that's why I was put err into care, because I was so fat that I needed liposuction'*.

Bullying has been situated as a significant and preventable cause of mental ill-health for children and young people in care (Rao and Simkiss 2007). However, the participant reported that when this was raised in a Looked After Children review the Head Teacher '*didn't want to believe it*' and '*didn't even give a damn about it*'. This lack of support from the school meant that the participant's kinship carer, her grandmother, intervened and moved them to a different secondary school. However, the participant felt that there was animosity from teachers at the school.

'*The schoolteachers hated me, because I bypassed the year waiting list, it took me two weeks to get into the school and normally it takes a person out of care, about a year to get into the school. So, because of my rights as a looked-after child, they didn't like that either'.*

The issues of securing places at schools for care-experienced children has been documented previously (Bishop 2019), and the participant felt isolated and rejected in the space of the school, which impacted on their mental health and wellbeing.

Even where mental health and wellbeing services were offered in a school context they were not always seen as a suitable route to support. For example, one participant noted that they would not have used counselling in school because other students would have asked '*Where have you been? What have you been doing?*', reflecting their negative experiences of having appointments with social workers scheduled in school time. This aligns with previous research where children and young people discussed the stigma of being seen as different when health and social care meetings were scheduled in the school day and on the school premises (Mannay et al. 2015, 2017).

Outside of the context of the school, young people described difficulties in accessing mental health support services. For example, one participant reflected on the lack of support in early childhood.

'*I've had mental health since I was six years old…I wasn't allowed counselling or anything when I was six because apparently that's way too young'*.

When they were older, despite help and support from their foster carer they also reported difficulties with accessing services via the Child and Adolescent Mental Health Services (CAMHS).

'I tried CAMHS. Me and my foster mum, she was there with me. I told them that I was going to go home and hang myself and they discharged me that session. Erm, so, they were awful, and I just kept, get, kept getting put on waiting lists all the time... I did try and commit suicide, I would literally just be in hospital, see a psychiatrist and they'd be like she's fine to go home'.

The participant described their previous foster carer as 'amazing' and valued their relationship within the framework of 'one of their own' (Sprecher et al. 2021). However, they raised concerns for other young people who do not have this support in place.

'*If I had any issues, I just went to my foster mum back then… we've always been very, very close, so. But I know I was lucky to have a foster mum. There's a lot out there that don't have that bond*'.

The participant felt that their foster carer was equipped to refer her to the correct service, but that there were no other routes except Child and Adolescent Mental Health Services (CAMHS), where her problems were not taken seriously and there was not enough adequate support available. The participant commented that even when they did get through the waiting list, the type of support offered was not necessarily appropriate.

'*I remember CAMHS, when I was fourteen, made me choose animals, out of like a selection of toys animals, which one were my parents and my family members, and I was fourteen. So, I was just kind of there, like this is so patronising'*.

Another participant suggests that when they previously had a referral to CAMHS they failed to make contact, which undermined her trust in this service, and she commented.

'*Can you just refer me to the over eighteen people, because like they're actually get back?*'

There were also examples of other participants feeling unsupported by mental health service providers throughout the life course. One young person positioned their Community Psychiatric Nurse as unreliable – '*make appointments with me and then not even actually tell me that she's not coming, and I would just sit there and wait for her to come*'. This participant discussed being put on a course that she could not attend because she was too depressed and noted that service providers did not understand her situation. Additionally, their doctor was positioned as unresponsive when the participant was in a crisis situation.

'*He literally spoke to me for ten minutes and said "Oh, come back next week, you'll be fine, don't worry about it*'.

There were accounts of some practitioners who were sensitive to their needs – '*this nurse is so nice… she comes and speaks to me*' - '*Psych team… tried to help me, they tried to get me to like support groups*'. However, there was a lack of wider support with financing travel and

having someone to support the participant for medical appointments – '*nobody would give me a lift, I had to do it all by bus and I had to do it all by train…I go to appointments on my own… it would be nice if someone could come with me*'. This is concerning as the participant had experienced serious mental health issues that resulted in an attempted suicide, and they were concerned about the future, '*but I know one day, it's going to get to the point that I'm not going to be able to cope again*'.

There was a dominant narrative '*I get no help for mental health*' and participants positioned services as unresponsive, underfunded and '*run off their feet*', which aligns with some of the recent reporting of Child and Adolescent Mental Health Services (CAMHS) waiting times and rejection rates (Sadler et al. 2018; Crenna-Jennings and Hutchinson 2020; Public Health Scotland 2021). As one participant summarised.

'*I think mental health services are really underfunded… the Government needs to fund a hell of a lot more… I think without the funding there's not a lot anyone can do*'.

In addition to the barriers to accessing mental health services, the eldest participant (aged 27) was concerned with the wider drawing back of support services for young people post-25 years old. They explained that '*there isn't an appointed adult for like someone that has no one'*. The lack of an appointed adult is particularly problematic for young people who do not have family support networks, '*we don't have anyone that actually wants to be there*'. Friends were positioned as transient; family members did not necessarily provide support and the only other potential option mentioned to establish a caring relationship was having a child in the future. Becoming a parent can be a difficult process for care leavers given the high propensity of care leavers children who then are placed in care (Morriss 2018; Roberts 2021), and in deciding to have a partner and children in the future it was important for the participant that they are '*not going to disappear from me'*.

Foster and kinship carers were positioned as sources of support alongside third sector organisations that advocated for and provided opportunities for care-experienced young people. However, care placements may not always be sustainable or suitable (Girling 2019), and young people in previous studies have noted the ways in which inappropriate placements arranged during in the Coronavirus pandemic impacted on their mental health and wellbeing (Roberts et al. 2020, 2021a). Additionally, as young people get older, they age out of provision for 'young people' and although there may be opportunities to volunteer for organisations, their status shifts, as does their access to support or an 'appointed adult'. This section has set out the background context to young people's previous experiences of mental health services and their wellbeing. The following section focusses on the remote support that was available during the Coronavirus pandemic.

5.1.2 Remote, telephone and online sources of support for wellbeing during the Coronavirus pandemic - perspectives of young people

One young person, a lone mother with one child, commented that the restrictions of the Coronavirus pandemic did not have a huge impact on their day-to-day life as they '*don't go anywhere anyway… Like it's not really impacted much for me*'. However, the other three participants positioned the Coronavirus pandemic as having a negative impact on their mental health and wellbeing, mainly because of the isolation and separation from friends and social activities that has been reported in previous studies during the Coronavirus pandemic (Lotan et al. 2020; NYAS 2020; McGhee and Roesch-Marsh 2020; O'Higgins et al. 2020; Roberts et al. 2021a, 2021b). However, young people did note aspects on remote provision that helped to counter these negative impacts of the Coronavirus pandemic, which are documented in this section.

Participants reported using apps and YouTube videos to support their wellbeing and managed to find some things that worked for them through online searches and recommendations. These generally focussed on sleep aids or practices related to mindfulness, and they mentioned using Headspace, Dodo and Calm.

'*I'll just flick through them* [YouTube videos]*, erm, until I find something that suits me on the day'*.

Informal online social networks were also important in combatting loneliness and having contact with a geographically distant friendship base (see also Hammond et al. 2018). One participant recalled using an online platform and posting anonymous comments when they were feeling depressed, which enabled a space where they could read other people's anonymous posts and respond with supportive comments. While other participants noted how Facebook groups were useful during the lockdown periods and in the restrictions on social contact.

'I could see what other people are posting, and that it was the same like similar things, and like see it and think oh that's the same as me'.

'*I feel like I'm the most loneliest person in the world. I feel really alone, but if I'm on my phone or speaking to like one of my American friends or something, it like takes things away'*.

'Build that kind of sense of community and friendship and stuff through a screen'.

Participants also felt that they benefited from being part of online activities that were put on specifically for care-experienced young people, as well as opportunities to meet others online through their volunteering roles in organisations that worked with care-experienced children and young people. For example, one participant had taken part in wellbeing courses and described one that was specifically for care-experienced people. The

facilitators posted sleep spray and chocolate to her home in advance to practise meditation and then there was a later group meeting on Zoom. The participant felt that:

'*It was good ways of like coping with mental health and stuff*'… *I might have been better where it was online because you're kind of doing it in the comfort of your own home… I wouldn't have sat there meditating in front of someone or a group of people, personally*'.

Their care-experienced young people's group had also transferred online as they already knew each other, the participant felt that this worked well. The group were able to do the same sort of activities they had done in the face-to-face sessions, and the participant was also able to turn off their camera and use the mute button if they needed to respond to their child during these sessions. The participant was also '*currently in the process of working with* [third sector organisation] *to make a magazine*', which focussed on supporting children and young people with mental health and wellbeing. Another participant reflected on how volunteering for a care related organisations online helped them to stay motivated and engaged during the pandemic.

'[Name] *asked me to help with* [the participation group] *and that's every two weeks, so I know that I've something, at least something on those two weeks'*.

One participant discussed how education could act as a support for maintaining wellbeing. The opportunity to learn was presented as a protective factor in itself and online schooling offered both educational content and opportunities for social interaction.

'*Cameras on and audio, and we were actually talking, instead of just typing… I think that was quite effective, um, I mean, just to see other people and see what they were doing and know that they were there'*.

This participant suggested that their mental health would have deteriorated without the opportunity to engage in online lessons and noted how their teacher would make time to check on students' wellbeing, '*Oh what are the good things from your week, and what are the bad things?*'. The participant explained that there was an opportunity to stay at the end of classes to speak to teachers one-to-one if necessary and if they had needed to speak to their school-based tutor this could have been arrange online or by phone.

In relation to contact with medical professionals, one participant, a lone parent, discussed speaking to their doctor on the phone and '*having like assessments done over the phone and stuff*'. Overall, they preferred remote interactions '*especially with a child*' because:

'*It doesn't like have to kind of impact my day then… I could just continue doing whatever I was doing while taking, doing the assessments*'.

A different participant presented remote contact via email as an opportunity to have more time to consider and communicate with health professionals.

'*I can kind of really think through what I want to kind of talk about in the emails... Whereas, maybe, in a counselling session, you're only there for an hour, so, it's kind of rushing through everything … through email, you kind of get that more kind of flexible timescale as well*'.

Another participant discussed how a telephone appointment with their doctor provided them with a level of privacy that could not be afforded in an in-person visit to the surgery.

'*I didn't have to actually physically go anywhere, so the people I was living with, didn't really know*'.

Physically attending the surgery may have meant arranging a lift with an adult, justifying why the appointment was needed, and also people asking where they had been. In the future the participant suggested they would choose a phone call, Facetime, Skype, Microsoft Teams or Zoom rather than an in-person appointment. This view was supported by another participant who commented that face-to-face support at the doctors' surgery was a potential barrier to support as this could be a difficult step for young people.

'*I think going to your GP, as much as you know that everything's confidential and everything, I think it's still that scary step, that someone that you kind of know and they're kind of familiar in a way*'.

One of the participants was a volunteer at an online worldwide support service and in the extract below they discussed how this operated and supported young people with mental health and wellbeing.

'*We log onto the platform and then people can just text in and we kind of ask like, oh, what's on your mind, they'll kind of tell us the kind of situations that they're in, what they're feeling and stuff*'.

The platform ensured an element of privacy because it was online and relied on text communication rather than talking.

'I think as well in situations where people are maybe living in a house, that they don't really want to talk about things that are going on when people can hear them. I think it's become more popular because people can just text in and say, and there's no kind of fear of anyone hearing them or anything like that… I think that if you, perhaps, were having an issue with the home that you were in and you're obviously kind of stuck in the house with COVID, you're not going to want to kind of pick up a phone… in case someone does hear you. There might also be that fear of going to the GP again. Like, I've noticed that there have been, quite a few texters have been like well, are you sure it's confidential, will my GP not tell someone… I think that particularly care-experienced people are going to have that

additional fear of, oh, what happens in certain situations, obviously not all of them. But there may be that situation that you're kind of scared of someone hearing what you're talking about and just the not wanting to share what's kind of going through your head'.

Accordingly, forms of online support were favourable in relation to convenience, being able to communicate with friends, engage with protective activities such as education and volunteering, join groups for care-experienced young people during the restrictions of the Coronavirus pandemic, having a choice about how and when to participate, and for the privacy engendered in remote spaces. However, despite the opportunities afforded by remote modes of communication, young people also raised a number of barriers and limitations that are outlined in the following section.

5.1.3 Challenges of online services – accessibility, effectiveness and privacy - perspectives of young people

Remote contact with medical professionals was cited as more convenient but young people noted that it would not be suitable for all types of mental health support. For example, for ongoing support such as counselling, one participant commented that face-to-face contact may be more appropriate to build a relationship, and another participant who had discussed the benefits of having counselling sessions via email expressed that there was also a place for in-person contact in terms of this being more structured.

'*Structure of going to somewhere and knowing that I was going there to do my counselling and that I would leave…if I still been going, I would have been keen to go back to in-person when I could'.*

There were potential associated dangers with a lack of in-person contact in relation to young people with eating disorders.

'*Dietician's is one of those things where it needs to be face-to-face… I now don't get weighed. Erm, that's the whole point on this, it's a bit silly… people with eating disorders and stuff shouldn't keep scales in their home… They're going to want to hide things. That's why in-person. It's a lot easier to hide something over the phone. Like, say with my weight, I could lie and say I'm doing really well, when in fact I'm minutes away from hospitalisation*'.

The idea of 'hiding' was also central in the space of the school and although online learning was seen as a protective factor, one participant commented that it could be problematic in terms of safeguarding children at risk when they were not physically seen, and in their own experience it had facilitated an opportunity to disengage and '*sort of hide*'.

'*I fell quite behind last time, like in the end of year twelve and being online for, for this time has allowed me to, like sort of hide'.*

In this way, online learning enabled less active engagement with studying as the participant felt less observable and had to rely more on motivating themselves rather than being pushed by their teacher or peer group.

In section 5.1.2, remote forms of communication were positioned as providing young people with an element of privacy but there were limitations to the extent to which all young people could have a private space within their home. The online world is not a hermeneutically separate space rather young people need to find portals to the virtual world often within the 'privacy' of the bedroom. Consequently, the bedroom does not exist in isolation it is a space explicitly informed by the household in which the bedroom exists (Lincoln 2012). One of the participants had discussed being able to phone the doctor in the privacy of their own bedroom (section 5.1.2) but they compared this with the experience of their sibling who would not have been afforded this privacy. The participant reflected that their sibling would have needed to make a call in the presence of the foster carers, which would have been a barrier.

'*If she had wanted to have some sort of confidential conversation, she wouldn't have been able to have one, unless she left the house*'.

The participant noted that where there are not good relationships with foster carers or social workers, children and young people need some form of independent contact with support services.

'I think it is really important. I think it's important for them to have access to, to some sort of outside world'.

However, access requires equipment and a connection to the internet, which have been documented as barriers to accessing support services by care-experienced young people during the Coronavirus pandemic (Gilligan et al. 2022; McGhee and Roesch-Marsh 2020; Roberts et al 2021). The young people in this study were cognisant of these barriers.

'*Financial aspect of it… there's the whole, do they have a phone… cost of the internet… maybe not got access to internet on their phone or they've probably not got their own computer… I think that kind of causes a barrier with online resources… or the whole family share one computer. It's maybe not somewhere that they want to kind of go and deal with their kind of deepest thoughts and stuff*'.

'*Don't have, erm, internet … or they don't have mobile devices or laptops. Erm, there's a lot of poverty in like [Area]… I don't think people realise how extreme it is. But there's a lot of people who … can't, don't have like the things that access all this stuff*'.

This was noted a particular issue for care leavers – '*you can't really afford to get anything as a care leaver*'. Hammond et al. (2018) also researched these barriers to online networking and resources and documented the related negative impact on the wellbeing of care-experienced children and young people.

For young people with access to remote forms of communication, online activities for care-experienced young people were generally welcomed. However, one participant felt overwhelmed with the number of invitations to online events from different organisations.

'*Me and my friends got literally bombarded with emails, at one point, from loads of different providers doing loads of different things and it just got like a bit too much*'.

This related to a particular point in the Coronavirus pandemic and may suggest that there needs to be more coordination between organisations that offer support to care-experienced young people. Another participant had been a member of different groups but as they were for young people there had been a shift where they have become too old to be a 'member'. They had continued to volunteer to assist with supporting younger care-experienced people and this remote contact was important for the participant to keep connected with these organisations at 27 (where 25 can often be the cut off for 'young people'). However, they recognised that these opportunities would become fewer, and this was a concern.

'*But it's getting scarier for me, because I'm getting older and like, I'm twenty-seven this year and I'm not a youth anymore, my youth stopped at twenty-five, with a lot of things. And it's like really scary, it's like, oh God, what am I going to do?*'.

This suggests a need to provide ongoing opportunities for care-experienced adults when they move beyond the ascribed categorisations of 'young person'. A similar critique has been made about the sustainability of short-term interventions for care-experienced young people (Mannay et al. 2021), and in terms of volunteering and opportunities for young people more widely where they feel excluded from programmes post-25 with no routes for progression or maintaining contact with host organisations (Mannay et al. 2019).

A further limitation of remote provision raised by participants was that the services to support mental health and wellbeing were not informed by care-experienced people. For example, some participants suggested that generalised online support services may not be able to understand things related to the experience of being in care and that mental health service providers could benefit from training.

'*There are a lot of kind of terms and stuff that you're talking about that people don't know… If I'd, one of my foster siblings had moved on and I had to text* [online wellbeing support service]*, erm, and it was a volunteer that had no idea of the care system, they might be really confused*'.

'*There's no better person to hear it from than people who have been through it themselves'*.

Having explored young people's accounts of the existing remote provision to support the mental health and wellbeing of young people and the associated challenges, the following section will outline the key recommendations that young people made for future provision.

5.1.4 Recommendations from young people

Young people were asked for their suggestions for improving mental health and wellbeing interventions. Given the relatively small sample of young people in this study, there was a suggestion that future research should employ a large-scale survey to capture the differential and various experiences of care-experienced children and young people. However, a key message from the young people in this study was that there needed to be more flexibility and choice in terms of how services were delivered, remotely or in-person, and in terms of the types of services and interventions that were made available.

In terms of future provision, it was suggested that as care-experienced young people are not a homogenous population there need to be a variety of services and a variety of ways to access support such as telephone, text, webchats as well as in-person provision.

'*Needs to be like more age appropriate'* [services] *and* [services] *need to figure out what would work for a certain person, not kind of just label us all as one type… needs to be tailored to the individual'*.

It was also noted that online support should be available 24 hours a day.

'*I feel that there should be like a page or a link that you could click on at any time and anyone is online, you can just sit there and speak to them*'.

'*There needs to be something that they can fill in online maybe, erm, that can get them the help, get someone to come out without having to call anyone directly*'.

As noted in section 5.1.2, participants were concerned that children and young people have access to an internet connection, laptop, iPad, or telephone and that they can be afforded privacy to seek support for mental health and wellbeing issues. Participants also suggested that children and young people should be provided with information and recommended resources so that they can seek support independently.

One participant recommended that there should be provision for all vulnerable children and young people to access some face-to-face school contact during a pandemic as teachers and other pupils may play a significant role in assuring their wellbeing and providing safeguarding. Given the discussion of different relationships with carers (see also Sprecher et al. 2021), participants felt that social workers should build trusting relationships with children and young people so that they feel that they can share if they are experiencing issues with mental health and wellbeing.

'*I think that's where the social workers and everyone needs to kind of step up'.*

There were suggestions that social workers, teachers, carers and other social care and health practitioners would benefit from training or retraining to help them support care-experienced young people

'*I think the people that have been trained with mental health, like to work within that field, they need retraining'*.

Participants were also keen that future provision for mental health and wellbeing and any training programmes and proposed interventions should be informed by care-experienced young people.

'So, it would be a lot better if it was people with, care leavers with mental health …that were the ones to, not necessarily do the training, but also be there, have their say'.

There was a recognition of the benefits of working with 'experts by experience' to ensure that policy, practice, and interventions are informed by those that they intend to support (Staples et al. 2019). Participants suggested that care-experienced young people could contribute to interventions such as an online toolkit to support mental health and wellbeing. They also recognised the value of peer support and recommended that it would be useful to have an online platform for care-experienced young people but also a way to support young people over the age of 25, who may not be able to engage with programs offered for care-experienced young people because they have aged out of this provision. Having considered the perspectives of young people, the next sections outline the data generated with foster and kinship carers.

5.2 Perspectives of foster and kinship carers

Foster and kinship carers have a responsibility to support young people in their care and this section considers their perspectives on children and young people in their care accessing services for mental health and wellbeing. The section begins by outlining carers perspectives prior to the Coronavirus pandemic. The discussion then considers carers experiences of the shift to remote services during the Coronavirus pandemic the strengths and challenges of these alternative forms of provision. The section concludes by presenting foster and kinship carers recommendations for future practice.

5.2.1 Accessing mental health services and ensuring wellbeing for children and young people – perspectives of carers

In section 5.1.1, it was noted that the four young people in this study had experienced issues with mental health prior to the Coronavirus pandemic. Previous research identified that 52.9% (n=215) of foster carers surveyed reported that the children and young people they care for had difficulties with their mental health preceding the Coronavirus pandemic (Rogers et al.

2020). Similarly, foster and kinship carers in this study discussed how young people in their care had unmet mental health needs both prior to and during the Coronavirus pandemic. Aligning with the accounts of young people, carers noted long waiting lists to access support for young people with mental health issues. Barriers to accessing support for mental health and wellbeing has been reported in a range of earlier UK based studies (Sadler et al. 2018; Crenna-Jennings and Hutchinson 2020; Public Health Scotland 2021).

Foster and kinship carers were also concerned about their lack of awareness about what support was available, and some said that they were interested in taking part in this study to learn more about services to assist young people with their mental health and wellbeing. Carers felt that services should be clearly advertised, and that information should be provided for carers and for older young people so that they have this knowledge base.

'*It's* [mental health services] *one of those things that you sort of, I suppose you know about it, but don't necessarily think about it, when you need it'*. '*I'm not saying that it's not well publicised, because I wouldn't be able to tell you whether it is or it isn't, hand on heart. Um, but yeah, I think the more about it is, is that maybe it's not as well publicised inasmuch that it doesn't come straight to your head. And feeling A, B and C, oh yes, that's what … or that's who I need to speak to, if that makes … does that make sense?*'

However, previous research with foster carers suggests that finding support services is only the part of the problem as some referrals lead to 'pseudo-support systems', where the recommended service was not an effective route to addressing the complex issues raised by young people in their care (Fergeus et al. 2019). Aligning with the concept of 'pseudo-support systems' (Fergeus et al. 2019, p. 81), where information was shared and referrals were made for young people, carers did not always feel that there was enough groundwork undertaken to ensure that young people had clearly identified their needs and preferences. This was discussed in relation to professionals not taking sufficient time to '*get to know'* young people. Some carers also noted that young people's wider involvement with health and social care providers was not always adequately considered.

'*They need to communicate with that young person and get to know them before they um, just send a referral off, because, you know, it doesn't happen, everything suits everyone does it?*'

'*Quite often with the young people I've had here, the counsellors won't work with us, if there's another service involved, they say, you know, it's too many. So, they don't do that. So, I think it's really important, that when um, these referrals being considered, to go out to health professionals, for the young people, they need to see what they actually need*'.

In relation to the referral process for services, carers noted that referrals were not always sensitive to the context of being in care, and that the previous experiences that young people had negotiated were not adequately considered. These experiences could mean that a referral was not appropriate or that the denial of a referral reflected a misunderstanding of young people who were 'hiding' the severity of their situation (see section 5.1.2). This reluctance to engage with mental health services could be attributed to young people having concerns about confidentiality and what may be recorded in their social work file, as well as the stigma associated with mental health issues, and the inconsistencies with multiple service providers (see also Radez et al. 2021).

'*If we said it to, to* [Name] *really, about counselling, he, um, he, he just shuts down, he thinks, because over the years, he's seen different things, you know, in school, the school counsellors, because he doesn't want his friends to know he's in with us, he's like, oh I don't want them to know I've had that. Straightaway he doesn't even know, you know, but he'll, he'll just shut down and he'll just say no, no, no*'.

'*It was very, very hard for her to invest in telling me things, because there were so many people. She has got very good support services in school…there's only so many times you can repeat the same thing, um, without it being ... What am I trying to say? Yeah, what I'm trying to say: there is a point in care, when kids come in, when there are so many services that are attached to you ... that you don't know who it is that you're talking to'*.

'*She's had a rough time, and … and a lot of it there was no need for it, really, really no need for it. And it's caused her to be very anti-Social Services and then anything that is vaguely, or she thinks is attached to it. So, she would think that anything to do with the wellbeing side of it, does it get fed back? There's always a risk*'.

'*We need to all be, you know, realising what they've gone through as well, and what they're going through, even though they say they're 'okay', they're not always okay*'.

This section has documented the issues experienced by carers in relation to the young people they care for prior to the Coronavirus pandemic. The following section outlines carers experiences of the shift to remote services for young people in their care as an outcome of the restrictions of the Coronavirus pandemic.

5.2.2 Remote provision for mental health and wellbeing services– perspectives of carers

The carers in this study discussed services for wellbeing and mental health, however, they also reflected more generally on educational and social care provision for young people in their care. The carers accounts tended to intertwine the strengths and challenges of remote provision, as

such this section reflects the nuances between positive and negative aspects of these experiences during the Coronavirus pandemic.

In Rogers et al. (2020) survey 44.5% (n=61) of foster carers reported that mental health support services received by the children and young people in their care were halted because of the Coronavirus pandemic. As Rogers et al. (2021) survey was conducted between 22-29 May 2020, it may be the case that some services resumed at a later point, either in-person or remotely. In this study carers reported that services had continued during the Coronavirus pandemic but there were some difficulties related to the shift in how services were delivered.

One concern raised by carers was the lack of information provided about how services have changed and how they would operate remotely. Some carers felt that young people should have been involved in the design of new services and interventions, or at the very least be informed about how their delivery had been adjusted.

'*Before you start it, maybe, you know, get people involved, and say "Right, this is how we're changing it"...so as a group first, if you like, you know, "This is how, this is going forward, this is what we're doing, um, this is how", um and tell them what services are there, you know, what they can provide, and what they're about and what, what, you know, I think it's, it's communication and I think it needs to be structured better if you like'*.

It was important that young people were mentally prepared for the shift to remote interactions. However, they also needed to have the requisite technological equipment to be able to access online events.

'*So, even with their school-work, all they had was their phones, there was nothing provided for them*'.

'*Compared to what we've had from Social Services, which is zero, um, apart from provided some laptops, which didn't really work, because the school set them up um, so they could only get on the hub … the camera won't work, um, so we've had to use my stuff…one of my iPads or my laptop*'.

As noted in section 5.1.3, young people were concerned that not having access to a laptop or a reliable internet connection was a barrier to receiving report. This was echoed by carers who discussed the lack of suitable equipment provided for young people in their care. In the second quote, the carer had loaned their equipment to facilitate engagement. However, this may not be an option for all care-experienced young people and some carers will not have had the technology to access training and interventions for themselves or those in their care. Additionally, the provision of information technology in libraries or Hubs would not have been accessible during the lockdowns and social distancing restrictions of the Coronavirus pandemic.

Even where equipment was available, some carers noted that this did not overcome the barrier of knowledge of how to use technology and how to use it effectively as a tool to engage young people. Carers suggested that training should be provided for carers, young people, and the professionals that facilitated online sessions.

'*I'm not very good with all this, if I be honest, you know, but ... I've got the confidence to say it.... It's almost expected that young people should know about it, and some people, they, they don't know how to do it*'

'*I think maybe training, as well, for professionals in it* [working with young people online], *is absolutely paramount. I think they need to do that and know that approach for the young people'*.

However, other participants found that remote contact worked well.

Absolutely fine, you know because erm, regardless of whether it's a video call, a phone call, or face-to-face contact with my supervising social worker, I always find that you know, we get to the bottom of what we need to, and that's absolutely fine.

This participant was the kinship carer of a five-year-old child. There were a number of changes in social worker during the Coronavirus pandemic. However, the social workers involved the carer in a different way than carers with older children, as the discussions were directed at the carer or were conducted with both the carer and child. For those caring for older young people, remote contact, even when using the less technological medium of the phone could be problematic. Carers found that when service representatives phoned and spoke to young people, it was not always clear to carers, or the young people in their care, who had been in contact, which service they represented, and the purpose of their phone call.

"*I mean* [Name] *comes off the phone now and I say to him "Oh you've just had a call?", "Yeah", um, I said "What did they say?", you know, which is not unusual, he don't always want to tell me anyway, but he, he said um "I don't know really, I don't even know where they're from, I don't know'*. *Because he has been in trouble, it's a bit like, "Oh they just want to speak to me, I'm doing all this", and I said "No, no they don't* [Name], *they, they want to speak to you, because they want to make sure that we keep you safe", I said "This is a good thing". And I sort of, err, I, I even said to him, you know, "Listen, because you're young and you're able to access these services, it's good, I know, I've just got to pay for it", you know, "Come on", I said, and, and he knows that I, like I'm working with Psychologists at the moment, I said "It's a good thing". But you see that's not, that wasn't really explained, it's just like, "Oh this is so and so, oh, we're going to phone you this week", and then they don't really know, it needs, yeah, it needs to be explained, and like you said, you know, I think it's that part of it really. It will make such a big difference, if this is the way forward, which, you know, the likelihood is, it's going to be, then they need to improve it, by making sure everything is very clear, you know*'.

‘*You’ve got to, got to ask a few times, “Oh yeah, I know where they’re from”, or “They’re”, you know, so I think, um that part of it, it’s the communication, and it’s telling them, putting it out there, so they understand exactly, you know, what, who’s for what, and what the people do’*.

There was a suggestion that establishing contact with carers and providing them with an opportunity to be involved could support young people to prepare for future changes. In the following interview extract a carer reflected on the continuation of their role as the young person enters the ‘When I am Ready’ arrangement. ‘When I am Ready’ is an arrangement where young people can remain with their carer until they are 21, and this arrangement can be extended to their 25th birthday if they are in an agreed programme of education or training (see Welsh Government 2016b).

‘*Working with the foster carers, because you know, at the end of the day, if you, if you’ve got young people which are living with foster, like* [Name] *still lives with us, he’s going to be doing When I’m Ready, so that’s the plan, you know, we are the significant others. And I think, you know, actually you should maybe start building that relationship with them, so they can prepare the young person….if the adults worked with the foster carer, err you know, on video link, because we’re older and we’re wiser, you know, you’re able, you know, and, you know, you can prepare the young person then for it, can’t you?*’

This carer felt that they could have played a role in building the relationship between a professional and a young person in these online meetings if they had been involved. This can be linked to the tensions between support for young people and enabling autonomy and privacy, which was an anxiety for other carers. Some carers were concerned about children and young people accessing services online without their supervision.

‘*Well, online, you don’t know who you’re talking to as well…And so, I’m very wary to do anything online with him, because I don’t know who they are, and all that, so I’ll, that’s my … thing that is’*.

‘*You know, for him to be able to do stuff online. I mean, if it was online, then I would have to be there, as well, I’m protective of him on that sort of thing, so and I think that’s one of the things as well*’.

‘*So, I prefer to keep open communication and when they got their phones or iPads and everything, as long as they’re in the room with me, yeah, fine, carry on, yeah, I know what’s happening, I’m there. The phones are not allowed in the bedroom, I don’t take mine up, so why should they? You know, that’s the house rule… And it’s trying to keep people as safe as is humanly possible*’.

Resources have been produced to support care-experienced children to engage with online sources safely (see for example The Fostering Network

2020) but it was not clear if these carers were aware of the available advisory materials.

Some carers did not express any concerns about young people's autonomous use of the internet. However, even where carers were happy for young people to negotiate remote contacts independently, they were aware of a general lack of privacy in their homes, and that the privacy and safety of 'the home' was complicated and overshadowed by health and social care spaces permeating through digital pathways.

'*Again, I think it's at home and there's other distractions. And also, what do the other kids think if she's ... None of them know that they're connecting with these services. But there's a little bit of, like, 'I don't want them knowing that I'm doing that and' ... During the pandemic, there was, there was no ... Confidentiality has been difficult. Privacy has been difficult, has been a challenge. So, with three in the house, all accessing services, it's hard .... to find a space where they couldn't overhear each other*'.

'*I had one young person who was working with a psychologist. And it was very, very difficult, because it was all happening in our space. And even though I move around the different rooms, trying ... 'Right, okay, let's ... So, you had to deal with those memories or whatever in that room. Let's not use that room.' Do you know what I mean? It's difficult. Whereas, I think, when you go to ... you have an appointment to go somewhere, that room is where those memories are shared, and then you come back home. You know, I think the home just lost its title really*'.

Issues of privacy were also raised by young people (see section 5.1.3) who felt that young people should be afforded privacy but there are tensions in the accounts of carers about the potential risk of online communications (see also Hammond et al. 2018), the practical aspects of finding private spaces within the home, and the ways in which the digital changes the everyday landscape of home. This reconfiguration of the home was discussed in relation to the ways in which it became a proxy space for the setting of counselling, education and social care activities that would have been located in external venues prior to the Coronavirus pandemic. Aligning with the accounts of young people, foster carers also noted the issue of remote communications engendering opportunities for children and young people to 'hide' both physically and metaphorically.

'*I think for him it's, it's a case of he knows he just hide under the sofa, or go up to his bedroom and, he doesn't have to engage. Whereas when somebodies physically here, there's more I suppose opportunity to have that engagement, whereas on a video call, it's very easy for them to say 'I'm not doing this. I'm going out of the room. I'm going up to my bedroom. I'm going to sit in the bathroom. I'm going to hide under the sofa.', you know? So, I just think it, it's easier for them to shy away from that*'.

'*I think if they realise that that person is there to help them, and if they feel that, you know, their mind ... Because the youngest one was ... When she came off the first one, I said, 'Well, you lied all the way through that.' And*

she said, 'I know.' She said, 'Well, it doesn't matter. I don't know her.' 'I lied to her all the way through.' I said, 'But how are you going to get help?'

The potential dangers of 'hiding' were discussed by young people (section 5.1.3) and carers were also aware of ways in which in-person and remote contacts impacted on the nature of the relationships between professionals and young people. The expression, '*Well, it doesn't matter. I don't know her*', also raises issues around trust and the ways in which the Coronavirus pandemic created changes in both services and service providers.

'*Well actually, I've had three different social workers through lockdown for him, so we did have one that we'd had for quite a while. Then we changed to somebody who was actually a student, who then went off to secondment in mental health. And then we had another one, who's a student, and we're just waiting now to find out who our next social worker is going to be. But this will be number four, since lockdown started, so again I think it's not having those, he met social workers kind of online, if that makes sense?*'

'*People come in and people move on… and there's not a lot you can do about that, to be honest…You know, when there's a change. But for young people, I think, particularly ... to have trust in someone ... to give her trust is a big thing*'.

'*And I think sometimes you know, they um, if somebody's off you know, they will replace that person with somebody else, and they will … they will dial in and I'm like hang on a minute, you know, and they don't tell you. And I think that's wrong, you know, they should ring you and say actually look, there's … give them a choice, where's the choice in that?... I think it's very difficult for children to accept people and to be able to trust people with information. She doesn't know that person, she's never seen that person before. You know, and we tell them all the time, don't talk to people you don't know'*.

Inconsistencies with professionals providing mental health and social care support for care-experienced children and young people has been reported in earlier research with foster carers (Fergeus et al. 2019). It should also be noted that carers had experienced forms of inconsistency with social work provision before the advent of the Coronavirus pandemic.

'*I think, to be honest, um, mine is … is probably what a lot … a lot of carers go through. Certainly, when I sit in on meetings and stuff… you often hear the carers' or guardians' comment on the fact that yeah, things are not always brilliant. You know, often they don't know the child, they've just turned up, um, you know, no preparation'*.

'*And you know, we understand it's difficult, I mean, the retention of social workers isn't good, you know, they're … the turnover is high, um, and … but they need to look at it, they need to make changes, and they need to … because if they don't, they're not going to get better. Things are not going to change, they're going to get worse. More and more kids will get disillusioned with them, and it'll just be a losing battle'*.

The importance and value of direct work and consistent relationships between social workers and young people has been documented in the findings of research with young people and social workers (see Ridley et al. 2013). Concerningly, for some of the carers in this study, it would seem that the Coronavirus pandemic accentuated the problematic nature of these inconsistencies and disrupted children's and young people's need for routine, predictability, and the opportunity to develop trustful relationships with service providers through direct, in-person, forms of contact.

Additionally, some carers suggested that remote forms of contact were ineffective at providing support for young people with complex needs and issues with mental health and wellbeing. In their experience the shift to online, rather than in-person contact, did not provide the necessary context for support to the extent that one of the young people in their care would no longer engage with the service even when there were opportunities for in-person support. When asked if they felt that online provision should continue in the future they replied, '*definitely not*'.

'*So, for me it would be a straight no, because I think it really has um, affected young people that I work with. I don't think they've got as much out of the council in the online services we did on face to face. Um, especially* [Name]*, he's really struggled with it, you know, really struggled, to the point that he no longer wants to access the service at all, which is a great shame, and a real, huge missed opportunity for him. You know, so for me it would be a no, no, definitely not*'.

There were also comments that remote provision did not provide adequate support for carers. Supportive relationships are considered to be a key determinant of children's mental health (Walker et al. 2005). Therefore, it is important that foster and kinship carers are adequately supported so that they are able to support those in their care; but their needs were not met by remote services. For example, prior to the Coronavirus pandemic carers had received assistance with aspects such as childcare, however, this type of support cannot be delivered remotely. A lone carer with no other adult support described the difficulties they experienced with the shift to remote services.

'But the support really, there was no support, because nobody was allowed to come into your home, nobody was allowed to take the children out. So that was it, you'd get … you'd get a phone call, and that was the level of support really, you know. But if you needed anything, they couldn't help you with it anyway, it was quite, quite difficult really'.

Additionally, carers commented that online courses for carers did not have the benefits that they had experienced in face-to-face settings.

'*Um, personally, personally, I'm not one for training online, I have trained online, because I have to, but I don't, particularly, like it… One, because it's so easy, you just tick a box, and, and it's not, um, but, I think you learn*

more from talking to people, gaining peoples experiences, if you like, in a classroom, or in, in an area where you can talk and chat'.

A further difficulty with remote contacts was the barrier of being able to communicate concerns to social workers.

'*So, if, the thing is, you can only write an email factual stuff… I can't tell him my gut feelings… But, if they were here, and we were doing risk assessments, I could explain my gut feelings and then they could word it in a way that, that you know, um, that risk we, we need to be looking at that. That's been really difficult. Um and I don't think, sometimes when you say it, and you just don't, you know, and you're saying things, um, it's, you know, it's not very powerful is it? Where it's not as powerful as when, when um, either face to face or you're in an actual meeting. Because um, it's like, all teenagers do this, or, all teenagers do that, well no, you know, if I'm, if I'm raising something, you know, if I've got that feeling then they're, it's not just what teenagers do, it's something else, and I'm worried that this, this, you know, they may be at some sort of risk*'.

While email correspondence offered an opportunity to relay factual information, it did not provide a space where the carer felt able to effectively express underlying anxieties and feelings of concern, which face-to-face contact could have enabled. However, carers did find value in more informal remote communication in relation to groups outside of formal health and social care provision.

'I have met a lot of kinship carers, and we do have a, erm, WhatsApp support group. So that was very helpful, especially in the early first few months, where we would all try and navigate through home schooling, and, you know the new rules about seeing social workers online, as opposed to the face-to-face, erm, and yeah, I think, I think that was really helpful just having that WhatsApp support group'.

In addition to finding support via social media, carers discussed apps that they found useful for supporting both their own wellbeing and that of the children and young people in their care.

'*There is a mindfulness app that I use, I think it's called Happy Child*'.

'*I'd go online, and find stuff, you know. Like I say, through mindfulness and stuff like that, different mindfulness exercises*.

Carers also discussed searching the internet for resources to support young people with issues such as eating disorders and anxiety. These resources were drawn from service resources, such as the Child and Adolescent Mental Health Services (CAMHS) website as well as wider sources. However, there were comments that web searches did not always generate useful or appropriate information for carers or for young people.

5.2.3 Recommendations from foster and kinship carers

Materials are available in disparate websites from services such as Child and Adolescent Mental Health Services (CAMHS) and free to access materials specifically for care-experienced children and young people have been produced by organisations including The Fostering Network and the Anna Freud National Centre for Children and Families. However, carers suggested that there should be a central hub when services and resources are listed so carers and young people know what is available to support the mental health and wellbeing of children and young people in their care. As noted in section 5.4, in the later consultation session with carers they also suggested that this central online hub should be designed by young people so that it was interesting, relevant, accessible.

Some carers contended that, where appropriate, they should be more directly included in interventions so that they can help engage and support young people in the process. They also stressed the need for more training for carers on online safety, and for health and social care professionals on both relationship building with young people online and for understanding the context of care-experienced young people's lives and histories. In relation to training for carers, the opportunity to have peer support from other carers was valued and as in earlier studies they recommended that there were more frequent opportunities for carers to make supportive links with other carers (see Mannay et al. 2018, 2021).

Carers felt that in recognition that all young people are different, and have different needs and preferences, everyone should have the right to choose what services meet their needs, whether online, in-person or a blended provision. While prioritising choice, they did contend that there should be an opportunity for at least one face-to-face meeting to foster building a relationship. However, carers raised a number of issues about the availability of equipment and training, and had concerns about the practicalities, ethics, suitability, and effectiveness of remote interactions; suggesting that some services and interventions did not transfer well to remote forms of delivery.

5.3 Perspective of health and social care professionals

The Coronavirus pandemic impacted on the delivery of social services provision, leaving professionals constrained in their practice responses (Roberts et al. 2021b). Nine health and social care professionals were involved in this study, and in their interviews, they reflected on their work supporting care-experienced young people remotely during the Coronavirus pandemic. The health and social care professionals discussed the ways in which they had adapted their practice and the learning points from this process. They also discussed the challenges of working remotely and provided recommendations for future best practice and offered suggestions for working with care-experienced young people in a blended approach that returned to the principles of in-person contact but also drew from some aspects of remote interaction.

5.3.1 Delivering interventions and support remotely – strengths and opportunities - perspectives of professionals

The Coronavirus pandemic resulted in social distancing restrictions and had detrimental impacts on health and wellbeing. Within this context professionals positioned remote forms of contact as an essential strategy to ensure that care-experienced young people had the opportunity to see other people and to maintain relationships with peers and professionals while they were isolated.

Aligning with previous studies of health and social care practice (Ferguson et al. 2020; Cook and Zschomler 2020), some of the professionals in this study highlighted how they had used telephone calls and texts, email, and online mediums such as WhatsApp and Facebook to stay in touch with care-experienced young people. Some professionals had adapted the content of their interventions, moving away from delivering specific projects and towards frequent, brief check-ins via phone, text, and video-call to ensure young people's emotional wellbeing and maintain social interaction.

Some professionals reported that this shift to remote contact, and the absence of travel time, enabled greater efficiency and facilitated more frequent support for care-experienced young people. This corresponds with earlier work from the National Society for the Prevention of Cruelty to Children (NSPCC) in which cross-sectional professionals noted increased opportunities to engage with children, young people, and families through online platforms (Witcombe-Hayes 2020). The benefits of enhanced support through the increased number of contacts made possible with online communications during the Coronavirus pandemic was also noted by social care professionals and care leavers in an earlier study in the Welsh context (Roberts et al. 2020).

It is important to note that the Coronavirus pandemic had negative impact on the resilience and well-being of those delivering social care services for children and families, whilst trying to negotiate their own circumstances with home schooling and the wider difficulties posed by the restrictions and lockdowns (Witcombe-Hayes 2020). Accordingly, the ability to draw on remote forms of communication acted as a protective measure for some of the health and social care professionals were involved in this study.

'*We're not as, we're not on the road as much so that brings stress levels down for social workers and we're able to like balance, which is great for me, balance being at home with our own children and our own families so there, there's a lot of positives'*.

'*I think it's, in terms of, erm, social work intervention it takes the pressure off of, of the social worker because they're not dashing around everywhere, driving all over the place'*.

A further benefit of online delivery discussed by some professionals was that online and remote communication spaces could be more inclusive for young people with physical disabilities, mental health issues or social

anxieties, which make it difficult more difficult for them to interact in-person.

'*So, if you've got, we always said we'd have a pre discussion before but if you've got someone who's maybe having difficulties with their mental health. I mean, they could have a carer with them when they were online and it be a discreet thing, they could just be in the room, we wouldn't necessarily know, so to give that support and that maybe a bridging step into getting more involved with organisations, which could potentially improve their mental health, but they might not feel confident enough to take that step initially. Or people that have a physical disability they might find it difficult to travel independently and meet up with people but can then access things online*'.

'*There's quite a few occasions where the young people would be like, oh, I can't come tonight I'm not feeling too great or erm, can I just come for a little bit, that was quite interesting because quite often when they said they weren't going to come, they did end up erm showing up and then said that they felt better for showing up at the end, but sometimes they found it easier to take a break or they could turn their camera off. Erm, sometimes that was to do with their, how they were feeling with their mental health, erm, but it meant that, you know, if we'd had a face-to-face session, they wouldn't have come'*.

The benefits of being able to access provision online from home and to have autonomy to switch of the camera or use the mute button was also noted by the lone parent in this study (see section 5.1.2). Some professionals suggested that the ability for young people to disengage rapidly on a video call, for example, by switching off their camera or leaving the call, gave them a level of autonomy to leave a situation if they felt uncomfortable, which they would not be able to negotiate so easily in face-to-face sessions. Some practitioners also commented that online social events enabled young people to attend without having to engage, which may have made those with social anxiety feel more comfortable to be around peers.

To effectively provide these online opportunities for young people professionals were required to upskill and gain a more nuanced understanding of digital platforms as well as how to design engaging online activities. Some professionals reported some difficulties in negotiating these new technological skills and digital relationality. However, in hindsight professionals were positive about the digital skills and techniques that they had developed during the Coronavirus pandemic.

'*So, we, we've developed, erm, a skill and a resource that we would never probably of used if we hadn't been put into this situation, so that's great*'.

The lockdown restrictions of the Coronavirus pandemic provided professionals and their associated organisations with an opportunity to re-evaluate their digital offering and develop more online resources, which could be drawn on to support the mental health and wellbeing of young

people. However, despite these positive aspects of digital engagement, professionals also reported several challenges, which will be the focus of the next section.

5.3.2 Delivering interventions and support remotely – the challenges - perspectives of professionals

Despite the benefits afforded by remote contact, some practitioners did note that it was sometimes difficult to engage young people online and maintain their engagement. Previous research has identified that social workers employ a number of highly developed verbal and non-verbal skills to make connections with children in face-to-face contacts, which would be complicated with remote meetings (see Winter et al. 2017). These limitations were even more pronounced when young people found a platform difficult to use, had issues with their internet connection, or if the sessions were too long.

'*I find that young people generally are okay, but they don't like sessions to be more than hour. Erm, they can maybe lose a bit of interest, or just staring at a screen is hard'*.

Practitioners also discussed the challenges of online platforms for engaging young people with particular requirements. Digital platforms offer vision and sound but there is no access to other sensory modes such as touch or smell.

'*I think the online software is not really allowing for that kinaesthetic learning really, is it? Erm, but you know, like tomorrow I'm going to be doing a session with a, a young person with learning difficulties, where perhaps I would have tried to, you know, to do, you know, look at activities, you know, with all different senses and, you know, different play and, and that, so I'm going to have to think really outside of the box about how I'm going to be able to deliver that tomorrow*'.

In section 5.1.2, a young person noted that for an online activity that they attended the facilitators had posted sleep spray and chocolate in advance, and this multimodal approach has been taken in other work with care-experienced children and young people (see Leicestershire Cares 2021; Boffey et al. 2021a, 2021b). This illustrates that online communication can be enhanced by providing supplementary resources. However, this requires additional organisation and material costs that may not be practicable or possible for professionals to implement in all cases.

The benefits of young people having autonomy in terms of joining later, turning off their camera, and coming in and out of sessions had some advantages (see section 5.3.1). Nonetheless, these aspects of remote interactions raised concerns for some professionals.

'*If a young person decides to switch their camera off, which, again, we give them full autonomy to be able to do, I can't see them. I can't tell if they're engaged, I can't tell if they're okay. Erm, is something we're talking about*

affecting them on a personal level? And maybe they need some support. So, it does completely change the dynamic of it'.

'*Because you can't, by not having them in the same room as you, you can't pick up on the subtleties, what's going on… Because you know, a lot of the young people we work with, they become very adept at covering, um, how they feel*'.

The problematic nature of online spaces engendering opportunities to 'hide' was discussed by young people and carers in this study (see sections 5.1.3 and 5.2.2), and this was a concern for professionals who could not access the paralanguage that is visible in face-to-face settings. Some professionals expressed concerns about their internet connection failing, as this could present a safeguarding issue for young people being left without a facilitator. This was more troubling where there was a guest speaker online who was not a trained health or social care professional. Professionals attempted to put in checks and measures in place to deal with these issues.

'*And so for them, if that's something they've maybe experienced, or witnessed that could be something really triggering. And it's that giving them the safe space to say you can switch your camera off, you can switch your mic off and you can leave the session, but please just let us know if you are so that we can come back and check on you*'.

'*We were doing, like, additional checks to see if they had a PVG* [Protecting Vulnerable Groups membership] *or disclosure and I know, like, normally if they were in a session with you, you'd be face-to-face, so you wouldn't have that internet cutting out. So, what I did is if anyone was joining us and they didn't have that in place, I would have another member of staff come on and just have their video and sound off, just in case they got cut off. I know that the young people in the group that I work with are actually young adults so they're not younger, so we've got a little bit more flexibility, but it was just an extra safeguarding thing because I'd built the relationship with the young people. So, I just felt really, like it would be really stressful for me when you saw that the internet cut out and I have never met this external artist before, so it was just to make sure for that*'.

These strategies were put in place as safeguarding techniques. Nonetheless, some professionals did not always feel that they had been provided with the adequate training or procedural guidelines to facilitate the change from in-person contact to forms of remote communication.

'*If, if you work for a service, and you're allocated, it's really difficult to say, actually, no, there's no guidance for this, I don't feel that it's appropriate, you're sorted, go and do something at least. So, it's really hard yeah'*.

Certain professionals felt that the procedures for conducting risk assessments and wider processes for safeguarding were transferable to the remote context; and if there were particular issues with safeguarding during the Coronavirus pandemic, they could refer this to designated

colleague or service for further advice, support, or action. However, other professionals expressed a frustration with the difficulty of completing risk assessments for remote activities. They commented that there was a lack of guidance on how to approach risk assessments for online activities, which meant the processes took longer or activities could not go ahead as planned.

A further concern for professionals was the long-term impact of remote contact on building relationships with young people.

'*Building self-confidence, self-esteem and things like that, and having the confidence to just go and meet groups, um… that gets taken away from them, they become more reliant on the Zoom track, and you're losing those opportunities, where you could go to a park, a beach, a community centre, a town centre, whatever, err, and do something interesting. Um, they're kind of, you know, you're like ticking off a box, and, yeah, I've met* [Name] *today on Zoom, but it's not the same as meeting* [Name] *down on the beach and doing something really productive there. So, it is kind of, it is great that we're catching up and there are benefits to it, but then, kind of like, they're missing those opportunities of relationship building and doing stuff face to face'*.

Building and maintaining relationships online was presented by some professionals as more difficult and as requiring more work than in-person contacts. The lack of opportunities for in-person contact meant that some young people did not maintain contact and existing relationships were curtailed. The restrictions of the Coronavirus pandemic meant that professionals were constrained in their practice responses (see also Roberts et al. 2021b), and in cases where a blended approach was established this often needed to be abandoned due to further lockdowns or restrictions around travel and social distancing. Overall, professionals agreed that in-person support cannot be fully replicated online. However, they did recognise the potential of blended approaches, which will be outlined in more detail in the following section.

5.3.3 Recommendations from health and social care professionals

Despite the difficulties posed by remote contact as a means for supporting the mental health and wellbeing of care-experienced young people, overall, professionals saw some value in maintaining some elements of remote interaction and the benefits of a blended approach.

'*I'd like to see that we're still available to do sessions virtually after the pandemic, I'd like to see that we've got that opportunity, we've got that skill now, everybody can, well most people can work remotely, and I'd like to see us carrying it into the future, obviously I like to see the kids though, because I'm missing that sort of element of my job'*.

'*I'd like to see a bit of a mix'*

Professionals contended that in-person interaction with care-experienced young people was an important element of delivering interventions to support mental health and wellbeing and that some services could not be replicated online. Nonetheless, online delivery was presented as one way to improve outreach in the future and forms of remote contact were seen as a way to offer opportunities alongside in-person contacts. There were differences in the views of professionals in relation to the benefits and drawbacks of remote contact, and sometime these overlapped, for example, as discussed in sections 5.3.1 and 5.3.2, the ability to turn of the camera in online meetings was positioned as both a way for young people to have autonomy and as a potential risk to ensuring safeguarding and a duty of care in practice. Whist some professionals felt they had organisational support and clear guidelines for risk assessments and safeguarding, others commented that more work was needed to help professionals effectively negotiate remote contacts and activities.

5.4 Reflections from the advisory groups

As noted in the methodology section, the project team met with three advisory groups to discuss the findings of the study and inform the recommendations for policy and practice. These meetings involved foster and kinship carers (n=10) who were members of The Fostering Network's All Wales Foster Carers' Advisory Forum, which is facilitated by The Fostering Network in Wales, care-experienced young people (n=4) who were part of CASCADE Voices, and young people (n=4) who were members of The Fostering Network in Wales Young People's Care Forum. The project team presented the key themes generated in the interviews to the advisory groups and asked for their feedback and associated recommendations.

Overall, the advisory groups validated the findings, confirming that they resonated with their own experiences. For example, young people who were members of The Fostering Network in Wales Young People's Care Forum and CASCADE Voices noted that interactions with service providers during the Coronavirus pandemic had been predominantly digital but that these changes should have been better communicated to support the transmission process more effectively. They reinforced the issues of lack of access to a phone, a laptop, and the internet, and noted difficulties with poor connectivity in rural areas and when others in the household were online, as well as restrictions on when young people were allowed to use their online devices. Additionally, it was suggested that young people should be afforded some privacy when connecting with services remotely, particularly when they were trying to access support to address a potentially harmful set of circumstances.

Aligning with the accounts of young people and foster and kinship carers in this study, some young people in the advisory groups recommended that there should be training for carers. They suggested that mandatory training should be put in place to raise carers awareness of the mental health and wellbeing of the young people they care for. They also called for digital literacy training for carers that would include information about both the appropriate safety measures for protecting children and young people but also an appreciation of the need for

privacy. It was noted by some advisory group members that this training should be developed in collaboration with care-experienced young people.

Some members of The Fostering Network in Wales Young People's Care Forum and CASCADE Voices also raised concerns about misinformation or lack of accurate information being circulated during the Coronavirus pandemic. Reflecting the views of young people and carers in this study, they recommended that there should be a free to access online hub, designed with input from young people, which would host the contact details local and national organisations that provided reliable information.

Young people from The Fostering Network in Wales Young People's Care Forum and CASCADE Voices noted some benefits with online provisions, such as it being easier contact their social worker via WhatsApp and that it was easier to access some services and interventions online without having to travel. However, they were keen to stress the limitations of online contacts and that going forward young people needed to be consulted about their preferences and have a choice in how services were delivered.

As well as considering recommendations for the delivery of health and wellbeing support, some young people in CASCADE Voices also offered ideas for future research studies. These suggestions included conducting further research on access to and awareness of support for mental health and wellbeing, and studies on online safety. A study to explore differences and similarities across the UK was put forward as a way to generate knowledge about examples of best practice. It was also recommended that further studies should build in opportunities to develop training and resources with care-experienced young people to better support health and wellbeing.

The Fostering Network's All Wales Foster Carers' Advisory Forum, aligning with the findings of the study and the two young people's advisory groups, stressed the importance of having access to appropriate and trusted forms of online support. They recommended that there should be an online repository hub for mental health and wellbeing services that young people could access information, emphasising that this should be coproduced with young people so that it was user friendly and engaging. They discussed how the hub should align with and include statutory services and guidelines so that young people could access the hub resource independently because foster and kinship carers would be assured that the information was appropriate and safe. The Fostering Network's All Wales Foster Carers' Advisory Forum members also noted that it was important for generalised support services, such as Childline, to understand the care experience.

Corresponding with the findings of the study and the feedback generated in the young people's advisory groups, The Fostering Network's All Wales Foster Carers' Advisory Forum members recommended that statutory training for all foster carers should include courses on how to have conversations about mental health and wellbeing, and how to source support information that is appropriate for care-experienced young people. Discussions of what is appropriate also featured the tension between online safety and privacy, which was a prevalent theme in the findings of this study.

Some members of The Fostering Network's All Wales Foster Carers' Advisory Forum were critical of the ways in which attaining referrals to mental health and wellbeing services were dependent on gatekeepers, such as social workers or teachers. The current system was problematised as the foster and kinship carers in this advisory group felt that they were better placed to know if the young people they cared for required additional support rather than a social worker who may visit infrequently for a short period of time. A concern that was also raised by some carers in this study who felt that it was difficult to communicate a complete picture of the difficulties young people were facing in short, and during the Coronavirus, online meetings with social care professionals. Discussions with The Fostering Network's All Wales Foster Carers' Advisory Forum also featured the role of the school, and the ways in which support for mental health and wellbeing varied considerably, creating a postcode lottery for young people in their care.

The feedback from all three of the advisory groups corroborated the findings of the current study and their suggestions helped to define the key recommendations presented in section 7.

6. Conclusion

This study engaged with young people, foster and kinship carers, and health and social care professionals to explore the strengths and challenges of services and interventions to support the mental health and wellbeing of care-experienced children and young people. As the research was conducted in the Coronavirus pandemic, it was important to acknowledge its impact on the provision of mental health and wellbeing services for care-experienced young people, which was the initial research question (see section 3.3). The interview accounts documented the negative impacts of the pandemic related to isolation, and separation from friends, social activities, and wider networks. However, it is important to note that all of the young people involved, and many of the foster and kinship carers, discussed how issues with mental health and wellbeing were present prior to the onset of the Coronavirus pandemic. Accordingly, the Coronavirus pandemic intensified difficulties with mental health and wellbeing and with accessing the necessary support from organisations and health and social care providers, but these issues were often already in existence.

The study was particularly interested in the ways in which the Coronavirus pandemic had engendered a move towards remote forms of communication including phone and online interactions. Therefore, the second research question (see section 3.3) asked about the strengths and challenges of online, telephone, face-to-face, and blended services and interventions in supporting mental health and wellbeing. The third research questions focussed on moving forward by asking what improvements can be made in the format, functionality, delivery, acceptability and accessibility of mental health and wellbeing services and interventions. The findings presented documented a range of benefits of online mental health and wellbeing services and interventions, including their accessibility, privacy, and an absence of some of the pressures associated with face-to-face interactions. Nonetheless, these benefits also aligned with limitations as privacy was not guaranteed, access to technology was uneven, and remote forms of contact could not always provide the same quality of service afforded by in-person contact. Despite the complex and intertwined nature of the potentialities and limitations of remote contact, participants and advisory group members were able to offer well-defined

suggestions for supporting mental health and wellbeing, which are summarised in the report recommendations.

The study was based in one nation of the UK, Wales, and worked with a small sample of participants (n=23) and advisors (n=18). Accordingly, the study was limited in relation to its geographical reach, and it cannot be seen as a representative of the experiences of all care-experienced young people, foster and kinship carers, and health and social care professionals. Nonetheless, the interviews generated a nuanced data set and the participants shared important aspects of their experiences and made a number of suggestions for future research and practice. These recommendations will be useful to consider in relation to improving the provision and delivery of mental health and wellbeing support services and interventions.

7. Recommendations

Six key research and practice recommendations were generated from the study findings.

Recommendation 1: Research

Research is needed to further understand the provision of mental health and wellbeing support for care-experienced children and young people. This research should be conducted with multiple stakeholders and across different locations in the UK to identify best practice. The research design should be informed by key stakeholders including young people in and leaving care.

Recommendation 2: Training

Training for foster and kinship carers should be developed in collaboration with care-experienced young people. This training should provide an insight into online communication and explore the tensions between privacy and protection, offering advice on how to ensure that online engagement is safe, appropriate, and beneficial for children and young people in their care. Young people emphasised that they should be entitled to reasonable privacy when engaging with services and this aspect should be a key feature of any future training programmes.

Foster and kinship carers should be able to access training on digital literacy and the technical and practical aspects of engaging with remote services so that they can better support children and young people in their care.

Training should also be made available for organisations and health and social care professionals about the experiences of children and young people in and leaving care and their circumstances in relation to statutory care orders and care arrangements. This will enable organisations and individuals to deliver support that is informed by increased knowledge and understanding of pre-care experiences, the care system, and the difficulties that these trajectories can engender for children and young people.

Recommendation 3: Awareness and Access

An online repository hub should be designed in collaboration with care-experienced young people which hosts information about local and national services and interventions to support mental health and wellbeing and how they can be accessed.

This would address the lack of awareness about the services and interventions that are currently available.

This online repository could host information on generalised support and support that is aimed specifically at care-experienced children and young people. The online repository hub should also be available to foster and kinship cares and other organisations and individuals involved in supporting children and young people in care. The online repository hub should be free to access and have secure funding to be continually updated working with key stakeholders who can inform the development of the materials and ensure that the services listed are recognised, appropriate and current.

Recommendation 4: Resources

Governments and local authorities should enable funding to ensure that children and young people in and leaving care have access to the necessary equipment and internet connection so that they can engage with online services and interventions to support wellbeing and mental health. There should also be provision for transport costs to ensure that travel is not a barrier for care-experienced young people accessing in-person support.

Governments and local authorities should invest in provision for mental health and wellbeing services so that care-experienced young people can receive timely support and interventions rather than having to experience long waiting lists before accessing services.

Consideration needs to be given about how best to support care leavers when they are no longer deemed as a young person. The withdrawal of assistance and access to interventions at age 25 can leave young people without the necessary systems in place to effectively support their mental health and wellbeing.

Recommendation 5: Choice and flexibility

Care-experienced young people should, where practicable, be provided with a choice about how they engage with mental health services and interventions and whether these should be delivered online, in-person or in a blended structure.

Health and social care professionals should enable young people to have a choice about which technology is used to support remote contact to ensure that the communication platform supports the needs and requirements of individual children and young people. Health and social care professionals should be provided with some autonomy over the ways in which they deliver services and interventions and whether they are provided remotely, in-person or in a blended approach. This will enable them to work with children, young people, and their carers to generate bespoke packages of care that best support individuals and families rather than being required to adhere to a universal approach that does not have the flexibility required to acknowledge the preferences and circumstances of individual children and young people.

Charity and third sector organisations should reflect on the geographical and social reach that remote contact facilitated. Ongoing online or blended services should be considered going forward where they provide opportunities for children and young

people in and leaving care to attend, particularly where in person attendance could be complicated by geographical location, disability, or parenting responsibilities.

Recommendation 6: Safety, protection and risk

Young people and foster and kinship carers need more guidance on how to ensure safety and take appropriate risks when using online services.

Health and social care professionals in all local authorities and organisations should be provided with clear guidance materials to support them in ensuring safeguarding and a duty of care in practice when using remote forms of communication and the associated online platforms.

Young people, foster and kinship carers, and health and social care professionals, all raised concerns that when provision was only delivered online children and young people could 'hide' factors that would have a detrimental impact on their mental health and wellbeing. Accordingly, even where online contact is positioned by young people as a preferred system of communication there should be some in-person contact built into programmes of delivery. This will ensure that there an opportunity to build relationships, encourage engagement, check on young people's health and wellbeing in-person and to offer services that could not be maintained online, for example, as noted by one of the participants, being able to weigh young people who are managing an eating disorder. Young people and their foster and kinship carers should be provided with opportunities to raise concerns and have their understandings and perspectives considered in the planning of referrals and programs of support. Young people and carers both noted that each person is an individual and that they have a more nuanced knowledge of the everyday barriers and experiences than those which can be gleaned in a short appraisal appointment with a gatekeeper to accessing provision.

8. References

Allnatt, G. 2019. Transitions from care to higher education: A case study of a young person's journey. In D. Mannay, A. Rees, and Roberts, L. (Eds) *Children and young people 'looked after'? Education, intervention and the everyday culture of care in Wales*. Cardiff: University of Wales Press, pp. 69-82.

Aguirre Velasco, A., Cruz, I.S.S., Billings, J., Jimenez, M. and Rowe, S. 2020. What are the barriers, facilitators and interventions targeting help-seeking behaviours for common mental health problems in adolescents? A systematic review. *BMC Psychiatry* 20(293) https://doi.org/10.1186/s12888-020-02659-0

Artamonovaa, A., das Dores Guerreirob, M. and Höjer, I. 2020. Time and context shaping the transition from out-of-home care to adulthood in Portugal. *Children and Youth Services Review* 115, pp. 105-115.

Baker, C., Briheim-Crookall, L., Magnus, L. and Selwyn, J. 2019*. Our lives beyond care: care leavers' views on their well-being in 2018*. London: Coram Voice. [online] Available at: https://coramvoice.org.uk/wp-content/uploads/2019/09/OLBC-Snapshot-online-2018.pdf (Accessed 23.10.2021).

Baidawi, S., Mendes, P. and Snow, P.C. 2014.Young people in, and transitioning from, out-of-home care and their mental health issues: a call for evidence. *Children Australia*, 39(4), pp. 200-205.

Bishop, K. 2019. *What the experiences at school mean for fostered children when they get home: A foster carer's perspective*. https://www.exchangewales.org/experiences-at-school-for-fostered-children-when-they-get-home/

Boffey, M., Mannay, D., Vaughan, R. and Wooders, C. 2021a. *The Fostering Communities programme - walking tall: stage one evaluation. Project Report*. Cardiff: The Fostering Network in Wales.

Boffey, M., Mannay, D., Vaughan, R. and Wooders, C. 2021b. *The Fostering Communities programme - walking tall: stage two evaluation. Project Report*. Cardiff: The Fostering Network in Wales.

Brady, E. and Gilligan, R. 2019. Exploring diversity in the educational pathways of care-experienced adults: Findings from a life course study of education and care. *Children and Youth Services Review* https://doi.org/10.1016/j.childyouth.2019.06.014

Braun, V. and Clarke, V. 2006. Using thematic analysis in psychology. *Qualitative Research in Psychology* 3 (2), pp.77-101.

Children's Commissioner for Wales. 2020. *No wrong door: bringing services together to meet children's needs*. Available at: https://www.childcomwales.org.uk/publications/no-wrong-door-bringing-services-together-to-meet-childrens-needs/ (Accessed 19.02.2022).

Chui, Z., Gazard, B., MacCrimmon, S., Harwood, H., Downs, J., Bakolis, I., Polling, C., Rhead, R. and Hatch, S. L. 2021. Inequalities in referral pathways for young people accessing secondary mental health services in south east London. *European Child and Adolescent Psychiatry* 30, pp. 1113–1128.

Crenna-Jennings, W. and Hutchinson, J. 2020. *Access to child and adolescent mental health services in 2019*. London: Educational Policy Institute.

Evans, R., Boffey, M., MacDonald, S., Noyles, J., Melendez-Torres, G. J., Morgan, H. E., Trubey, R., Robling, M., Willis, S. and Wooders, C. 2021. Care-experienced children and young people's Interventions to improve Mental health and well-being outcomes: Systematic review (CHIMES) protocol. *BMJ Open* 11(1), article number: e042815.

Fereday, J. 2006. Demonstrating rigor using thematic analysis: A hybrid approach of inductive and deductive coding and theme development. *International Journal of Qualitative Methods*, 5(1), pp. 80–92.

Fergeus, J., Humphreys, C., Harvey, C. and Herman, H. 2019. Supporting foster and kinship carers to promote the mental health of children. *Child and Family Social Work*, 24, pp. 77-83.

Ford, T., Vostanis, P., Meltzer, H. and Goodman, R. 2007. Psychiatric disorder among British children looked after by local authorities: Comparison with children living in private households. *British Journal of Psychiatry*, 190, pp. 319–325.

Ford, T., John, A. and Gunnell, D. 2021. Mental health of children and young people during pandemic. BMJ 372 https://doi.org/10.1136/bmj.n614

Fowler, P., Toro, P. and Miles, B. 2011. Emerging adulthood and leaving foster care: settings associated with mental health. *American Journal of Community Psychology*, 47, pp. 335–348.

Future Generations Commissioner for Wales. 2020. *The future generations report 2020 - executive summary*. Cardiff: Future Generations Commissioner for Wales.

Gilligan, R., Brady, E. and Cullen, L. 2022. *One more adversity: the lived experience of care leavers in Ireland during the Covid-19 pandemic*. Dublin: Trinity College Dublin.

Girling, R. 2019. Yet another change: The experience of movement for children and young people looked after. In D. Mannay, A. Rees, and L. Roberts, (Eds), *Children and young people 'looked after'? Education, intervention and the everyday culture of care in Wales*. Cardiff: University of Wales Press, pp. 127-139.

Greeson, J., Jaffee, S. and Wasch, S. 2020. *The experiences of foster youth during Covid19*. Philadelphia: Field Centre for Children's Policy, Practice and Research.

Gulliver, A., Griffiths, K.M. and Christensen, H. 2010. Perceived barriers and facilitators to mental health help-seeking in young people: a systematic review. *BMC Psychiatry* 10(113). https://doi.org/10.1186/1471-244X-10-113

Hammond, S. P., Cooper, N. and Jordan, P. 2018. Social media, social capital and adolescents living in state care: A multi-perspective and multimethod qualitative study. *British Journal of Social Work*. 48, 7, p. 2058–2076.

Harrison, N. 2020. Patterns of participation in higher education for care-experienced students in England: why has there not been more progress? *Studies in Higher Education*, 45(9), pp.1986-2000.

Holtom, D., Lloyd-Jones, S. and Bowen, R. 2021. *Evaluation of the Child and Adolescent Mental Health Service (CAMHs) In-Reach Pilot Programme Final Report*. Cardiff: Welsh Government, GSR report number 37/2021 Available at: https://gov.wales/evaluation-child-and-adolescent-mental-health-servicecamhs-reach-pilot-programme-final-report (Accessed 19.02.2022).

Kelly, B., Walsh, C. Pinkerton, J. and Toal, A. 2020. *The voices of young people leaving care during Covid-19 in Northern Ireland*. [online] Available at: https://www.voypic.org/wpcontent/uploads/2021/01/Leaving-Care-During-Covid-19-in-NI-FINAL-REPORT.pdf (Accessed 20.10.2021).

Kinship. 2020. *The impact of COVID-19 on kinship families: March update*. [online] Available at: https://kinship.org.uk/news/the-impact-of-coronavirus-on-kinship-families/ (Accessed 30.01.2022).

Leicestershire Cares. 2021. *Life under lockdown: a rapid assessment of the impact of the lockdown on young people in Leicester, Leicestershire and Rutland*. Leicestershire: Leicestershire Cares.

Lincoln, S. 2012. *Youth culture and private space*. Basingstoke: Palgrave Macmillan.

Llosada-Gistau, J. Montserrat, C. and Casas, F. 2015. The subjective well-being of adolescents in residential care compared to that of the general population. *Children and Youth Services Review*, 52, pp. 150-157.

Long, S. J., Evans, R. E., Fletcher, A., Hewitt, G., Murphy, S., Young, H., Moore, G. F. 2017. Comparison of substance use, subjective well-being and interpersonal relationships among young people in foster care and private households: a cross sectional analysis of the school health research network survey in Wales. *BMJ Open* https://bmjopen.bmj.com/content/7/2/e014198.info

Lotan, H., Refaeli, T. Meital, T. and Tayri-Schwartz, T. M. 2020. *Care leavers versus at-risk youth in the community during Covid-19 outbreak in Israel*. Available at: https://drive.google.com/file/d/19IckCDTY7lv01CEPVVzZLLQAmm1J3yPd/view (Accessed 20.10.2021).

Mannay, D. 2019. *Hands on heritage: exploring creative and collaborative approaches with young people at the National Museum Wales*. Project Report. Amgueddfa Cymru - National Museum Wales.

Mannay, D., Staples, E., Hallett, S., Roberts, L., Rees, A., Evans, R. and Andrews, D. 2015. *Understanding the educational experiences and opinions, attainment, achievement and aspirations of looked after children in Wales*. Cardiff: Welsh Government.

Mannay, D., Staples, E., Hallett, S., Roberts, L., Rees, A., Evans, R. and Andrews, D. 2017. The consequences of being labelled 'looked-after': Exploring the educational

experiences of looked-after children and young people in Wales. *British Educational Research Journal*, 43(4), pp. 683-699.

Mannay, D., Smith, P., Turney, C., Jennings, S. and Davies, P. 2018. *The value of cultural and creative engagement: Understanding the experiences and opinions of care-experienced young people and foster carers in Wales. Project Report*. Cardiff: Wales Millennium Centre.

Mannay, D., Smith, P., Turney, C., Jennings, S. and Davies, P. 2021. 'Becoming more confident in being themselves': the value of cultural and creative engagement for young people in foster care. *Qualitative Social Work* https://journals.sagepub.com/doi/abs/10.1177/14733250211009965

McGhee, K. and Roesch-Marsh, A. 2020. Bridging the digital divide for care-experiencedyoung people in Scotland: If not now, when? Available from: https://www.celcis.org/knowledge-bank/search-bank/bridging-digital-divide-care-experienced-young-people-scotland-if-not-now-when (Accessed 20.10.2021).

Morriss, L. 2018. Haunted futures: The stigma of being a mother living apart from her child(ren) as a result of state-ordered court removal. *The Sociological Review*, 66 (4), pp. 816-831.

Munro, E. R., Friel, S., Newlands, F., Baker, C., García Alba, L. and Lynch, A. 2021. Care leavers, COVID-19 and the transition from Care (CCTC study). Research Briefing 1: Professional Perspectives on supporting young people leaving care in the context of COVID-19. Available from: https://www.beds.ac.uk/media/rx0fk4e3/cctc_researchbriefing-one_professional_perspectives_final2021.pdf (Accessed 25.10.2021).

National Institute for Health and Care Excellence. 2021. *Looked-after children and young people: interventions to promote physical, mental, and emotional health and wellbeing of looked after children, young people and care leavers*. Available from: https://www.nice.org.uk/guidance/ng205/evidence/f-interventions-to-promote-physical-mental-and-emotional-health-and-wellbeing-of-lookedafter-children-young-people-and-care-leavers-pdf-333471052728 (Accessed 20.02.2022).

Nolan, D. 2020. '*Spend time with me': Children and young people's experiences of COVID-19 and the justice system*. University of Strathclyde: Centre for Youth and Criminal Justice.

Ofsted 2021. *Children's social care questionnaires 2021: what children and young people told Ofsted*. Available from: https://www.gov.uk/government/publications/childrens-social-care-questionnaires-2021-what-children-and-young-people-told-ofsted/childrens-social-care-questionnaires-2021#summary-of-findings (Accessed 20.02.2022).

O'Higgins, A., Canning, R. and Taylor, J. 2020. *Care in the time of Covid: summary*. Available from: https://careinthetimeofcovid.org/ (Accessed 20.10.2021).

Patel, J. A., Nielsen, F., Badiani, A. A., Assi, S., Unadkat, V. A., Patel, B., Ravindrane, R. and Wardle, H. 2020. Poverty, inequality and COVID-19: The forgotten vulnerable. *Public Health*, 183, pp. 110–111.

Patel, V., Flisher, A. J., Hetrick, S. and McGorry, P. 2007. Mental health of young people: a global public-health challenge. *Lancet*, 369(9569), pp.1302-1313.

Pfefferbaum, B., and North, C.S. 2020. Mental Health and the Covid-19 Pandemic. *New England Journal of Medicine* 383(6), pp. 510-512.

Pierce, M., Hope, H., Ford, T., Hatch, S., Hotopf, M., John, A., Kontopantelis, E., Webb, R., Wessely, S., McManus, S. and Abel, K. M. 2020. *Mental health before and during the COVID-19 pandemic: a longitudinal probability sample survey of the UK population*. Available from: https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(20)30308-4/fulltext (Accessed 20.10.2021).

Powell, K., Huxley, E. and Townsend, M. L. 2021. Mental health help seeking in young people and carers in out of home care: A systematic review. *Children and Youth Services Review*, 127(106088). https://doi.org/10.1016/j.childyouth.2021.106088

Power, M., Patrick, R., Garthwaite, K. and Page, G. 2020. *COVID realities -everyday life for families on a low income during the pandemic*. Available at https://media.covidrealities.org/Exploratory%20Study%20Briefing%20Note.pdf (Accessed 07.11.2021).

Pretorius, C., Chambers, D. and Coyle, D. 2019. Young people's online help-seeking and mental health difficulties: Systematic narrative review. *Journal of Medical Internet Research*, 21(11), e13873.

Public Health Scotland. 2021. *Child and Adolescent Mental Health Services (CAMHS) waiting times*. https://www.publichealthscotland.scot/publications/child-and-adolescent-mental-health-services-camhs-waiting-times/child-and-adolescent-mental-health-services-camhs-waiting-times-quarter-ending-30-june-2021 (Accessed 01.01.2022).

Radez, J., Reardon, T., Creswell, C., Lawrence, P. J., Evdoka-Burton, G. and Waite, P. 2020. Why do children and adolescents (not) seek and access professional help for their mental health problems? A systematic review of quantitative and qualitative studies. *European Child & Adolescent Psychiatry*, 30, pp. 183–211.

Rao, V and Simkiss, D. 2007. Bullying in schools A survey of the experience of looked after children. *Adoption and Fostering* 31(3), pp. 49-57.

Rickwood, D.J. Frank P Deane, F. P. and Wilson, C. J. 2007. When and how do young people seek professional help for mental health problems? *MJA* 187(7), pp. 35-39.

Ridley, J., Larkins, C., Farrelly,N., Hussein, S., Austerberry, H.,Manthorpe, J. and Stanley, N. 2013. Investing in the relationship: practitioners' relationships with looked-after children and care leavers in Social Work Practices. *Child & Family Social Work*, 21(1), pp. 55-64.

Roberts, L. 2021. *The children of looked after children: outcomes, experiences and ensuring meaningful support to young parents in and leaving car*e. Bristol: Policy Press.

Roberts, L., Rees, A., Bayfield, H., Corliss, C., Diaz, C, Mannay, D. and Vaughan, R. 2020. *Young people leaving care, practitioners and the coronavirus (COVID 19) pandemic: experiences, support, and lessons for the future*. Project Report. CASCADE/Cardiff University.

Roberts, L., Mannay, D., Rees, A., Bayfield, H., Corliss, C., Diaz, C. and Vaughan, R. 2021a. 'It's been a massive struggle': Exploring the experiences of young people leaving care during COVID-19. *YOUNG*, 29 (4), pp. 81-99.

Roberts, L., Rees, A., Mannay, D., Bayfield, H., Corliss, C., Diaz, C. and Vaughan, R. 2021b. Corporate parenting in a pandemic: Considering the delivery and receipt of support to care leavers in Wales during Covid-19. *Children and Youth Services Review* 128, article number: 106155.

Rogers, J., Furnival, M., Wright, R., Stockley, S. and Thomas, I. 2020. *Covid-19 and the mental health of foster carers: A survey completed by 406 foster carers*. Martin James Foundation. Available from: https://martinjames.foundation/wp-content/uploads/2020/07/Report-Covid-19-and-The-Mental-Health-of-Foster-Carers.pdf (Accessed 03.01.2022).

Sadler, K., Vizard, T., Ford, T., Marcheselli, F., Pearce, N., Mandalia, D., Davis, J., Brodie, E., Forbes, N., Goodman, A., Goodman, R. and McManus, S. 2018. *Mental health of children and young people in England, 2017*. London: NHS Digital - Government Statistical Service.

Scottish Care Leavers Covenant Alliance 2020. *The challenge of 2020: Supporting care leavers in Scotland during the pandemic and beyond*. Available from: https://www.celcis.org/knowledge-bank/search-bank/scottish-care-leavers-covenant-alliancecollaborative-voice-briefing (Accessed 20.10.2021).

Seker, S., Boonmann, C., Gerger, H., Jäggi, L., d'Huart,D., Schmeck, K. and Schmid, M. 2021. Mental disorders among adults formerly in out-of-home care: a systematic review and meta-analysis of longitudinal studies*. European Child Adolescent Psychiatry* https://doi.org/10.1007/s00787-021-01828-0

Sellers, R., Warne, N., Pickles, A., Maughan, B., Thapar, A., Collishaw, S. 2019. Cross-cohort change in adolescent outcomes for children with mental health problems. *Journal of Child Psychology and Psychiatry*, 60, pp. 813-821.

Shaw, I. and Holland, S. 2014. *Doing qualitative research in social work*. London: SAGE.
Smith, N. 2017. *Neglected Minds: a report on mental health support for young people leaving care*. Ilford: Barnardo's.

Sprecher, E. A., Tuitt, I., Hill, D., Midgley, N. and Sleed, M. 2021. No typical care story: How do care-experienced young people and foster carers understand fostering relationships? *Adoption & Fostering* 45(3) pp. 248–264.

Stabler, L. 2020. *What interventions might be effective, feasible and acceptable to improve the outcomes for kinship carers in Wales? A mixed methods systematic review and thematic synthesis*. Unpublished Masters Dissertation. Cardiff: Cardiff University.

Staf. 2020. *Staf report: COVID-19 impact on care leavers highlights need to build back better*. Available from: https://www.staf.scot/Handlers/Download.ashx?IDMF=9822be5f-8855-4e7d-be08-ab380962f4ab (Accessed 20.10.2021).

Staples, E., Roberts, L., Lyttleton-Smith, J. and Hallett, S. 2019. Enabling care-experienced young people's participation in research: CASCADE Voices. In D. Mannay, A. Rees and L. Roberts (Eds.), *Children and young people 'looked after'? Education, intervention and the everyday culture of care in Wales*. Cardiff: University of Wales Press, pp. 196–209.

The Fostering Network. 2020. *Thrive magazine focuses on online safety for young people*. Available from: https://www.exchangewales.org/special-editions-of-thrive-magazine-focusing-on-online-safety-for-young-people/ (Accessed 06.01.2022).

Vizard T, Sadler, K., Ford, T., Newlove-Delgado, T., McManus, S., Marcheselli, F., Davis, J., Williams, T., Leach, C., Mandalia, D. and Cartwright, C. 2020. *Mental health of children and young people in England 2020, Wave 1 follow-up to the 2017 survey*. Health and Social Care Information Centre. Available from: https://files.digital.nhs.uk/CB/C41981/mhcyp_2020_rep.pdf (Accessed 10.02.2022).

Walker, L., Verins, I., Moodie, R. and Webster, K. 2005. Promoting mental health: Concepts, emerging evidence, practice. In H. Herrman, S. Shekhar and R. Moodie (eds.) *Report of the World Health Organisation*. Geneva: World Health Organisation.

Welsh Government. 2016a. *Shared purpose: shared future - statutory guidance on the Well-being of Future Generations (Wales) Act 2015*. Cardiff: Welsh Government.

Welsh Government. 2016b. *When I am ready: good practice guide.* Cardiff: Welsh Government.

Welsh Government. 2022. *Specialist Children and Adolescent Mental Health Service first appointment waiting times: November 2021*. Available from: https://gov.wales/specialist-children-and-adolescent-mental-health-service-scamhs-first-appointment-waiting-times-november-2021 (Accessed 10.02.2022).

Welsh Parliament 2018. *Mind over matter*. Cardiff: Welsh Parliament - Children, Young People and Education Committee.

Welsh Parliament. 2020. *Mind over matter: two years on*. Cardiff: Welsh Parliament - Children, Young People and Education Committee.

Williams, Z. 2020. *Review of the impact of mass disruption on the wellbeing and mental health of children and young people, and possible therapeutic interventions*. Cardiff: Welsh Government, GSR report number 62/2020. Available from: https://gov.wales/sites/default/files/statistics-and-research/2020-09/review-impact-mass-disruption-wellbeing-mental-health-children-young-people-possible-therapeutic-interventions_0.pdf (Accessed 20.02.2022).

Winter, K., Cree, V., Hallett, S., Hadfield, M., Ruch, G., Morrison, F. and Holland, S. 2017. Exploring communication between social workers, children and young people. *The British Journal of Social Work*, 47(5), pp. 1427–1444.

Withers A. 2020. Not in this together. *Social Work 2020-21 under Covid-19 Magazine* https://sw2020covid19.group.shef.ac.uk/2020/07/14/not-in-it-together/ (Accessed 20.10.21).

Witcombe-Hayes, S. 2020. *Managing safeguarding risks digitally: NSPCC recommendations*. Available from: https://www.exchangewales.org/managing-safeguarding-risks-digitally-nspcc-recommendations/ (Accessed 02.01.2022)

How The Fostering Network can help

The Fostering Network offers advice, information and support. Our expertise and knowledge are always up-to-date and available through our vital member helplines, publications, training and consultancy.

Advice
Fosterline Wales provides a free help and advice line, providing information about all aspects of foster care, including tax and national insurance, benefits, allowances and insurance. It also offers confidential support, including to those who face an allegation, or who may be concerned about a care plan, or who are unclear about the legislation and guidance related to foster care in
Wales.

Call us on 0800 316 7664 from 9.30am - 12.30pm Monday to Friday.
If you call outside this time, please leave a message and someone will call you back as soon as possible.
You can email us at fosterlinewales@fostering.net

Support and resources
Our website is an essential source of information, while our online community brings together foster carers for peer support and advice. Members can log in to share their experience and get advice from other foster carers. Our online community is a safe and secure area to discuss foster care matters. thefosteringnetwork.org.uk

Training and consultancy
Wherever you are in your fostering career, as a foster carer, social worker or manager, The Fostering Network has a range of training designed to meet your development needs. For more information, please email wales@fostering.net.

Contact details
If you would like more information, please contact: wales@fostering.net
The Fostering Network in Wales
33 Cathedral Road,
Cardiff,
CF11 9HB.

Telephone: 029 2044 0940
Email: wales@fostering.net
Website: thefosteringnetwork.org.uk

Find us on Facebook: facebook.com/thefosteringnetwork
Follow us on Twitter: @fosteringnet
Follow us on Instagram: @fosteringnet

/thefosteringnetwork @fosteringnet @thefosteringnetwork