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'She just got me'

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'She just got me': Supporting care-experienced young people negotiating relationships and identities at school

Abstract

In this article we examine the complex relationship between care-experience, mental health and exclusion from school and how young people (YP) negotiate these different experiences and identities. The study is a secondary analysis, informed by symbolic interactionist theory, of interviews conducted with 19 care-experienced YP in Scotland. Not all of the YP were excluded and not all had a formal mental health diagnosis, as such our study design allows interrogation of the contexts and relationships which facilitate but also disrupt pathways to exclusion. It also allows reconsideration of assumptions of vulnerability which are often applied to care-experienced YP. Our findings suggest that these YP are moving beyond 'role-playing' the identities ascribed to them and actively seek-out relationships which enable them to construct alternative identities.

Keywords: care-experience, educational exclusion, mental health, identity

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Introduction

Much attention is given to the vulnerability of YP in care, but this study suggests that we underestimate the capacity of these YP to construct positive identities for themselves, given the right conditions. Interviews with 19 care-experienced YP in Scotland aimed to explore how they negotiated different elements of their identities associated with care-experience, mental health and school exclusion.

The educational experience of children and YP in care is a concern internationally (Hammond et al., 2021). Whilst some evidence suggests that being in care can reduce exclusions (Sinclair et al., 2019), Thomson (2020) reported care-experienced children in England were still five-times more likely to have a fixed-term exclusion. In Scotland the rate is seven-times more likely (Scottish Government, 2020). This is despite looked-after children and YP (LACYP) in Scotland being identified as having Additional Support Needs (ASN), with a ‘lead professional’ appointed to co-ordinate support. The established relationship between school exclusion and mental health difficulties is bi-directional (Fazel & Newby, 2021; Ford et al., 2018) with excluded YP ten-times more likely to experience mental health problems (Gill et al., 2017). Recent research has focused on the links between positive mental health, positive identity development and relationships with trusted adults, particularly educators (Hammond et al., 2021; Lewing et al., 2018).

Care-experience in Scotland

In Scotland (2019) there were just over 14,000 children and YP in care. Of these 34% were in foster care, 29% in kinship care, 25% were living at home under a compulsory supervision order, 10% were in residential accommodation, with the remaining 1% living with a prospective adoptive family (Scottish Government, 2020). All LACYP are expected to have a

care plan, detailing care, education and health needs, and identifying interventions required and the responsible authority (Children & Young People [Scotland] Act, 2014). In line with the principles underpinning the national approach *Getting it Right for Every Child* (Scottish Government, 2012) the aim is to ensure that the child is at the centre of planning and is viewed holistically by all agencies involved. However, the recently published Independent Care Review (ICR) of Scotland's care system identified many concerns with the existing system, concluding, 'It does not reflect the needs of Scotland's children or their journeys into adulthood.' (ICR, 2020a). The findings of the ICR suggest a significant shift is required if the Scottish government is to achieve its aspiration for Scotland to be the 'best nation in the world to grow up' (Scottish Government, 2018). For LACYP this aspiration is encapsulated in *The Promise*, a central feature of the ICR report which sets out the aims and recommendations for change across the care sector in Scotland. Relationships are understood as central to delivering on *The Promise*: 'It is clear that Scotland must not aim to fix a broken system but set a higher collective ambition that enables loving, supportive and nurturing relationships as a basis on which to thrive.' (ICR, 2020b, p. 6).

Young People's Mental Health

Child mental health issues are common and appear to be increasing (Polanczyk et al., 2015). A recent survey reported almost a quarter of Scottish adolescents had experienced at least two psychological complaints within the past week (Scottish Government, 2019a). These commonly include stress, anxiety and depression (Cartwright-Hatton et al., 2006; Copeland et al., 2009) as well as behavioural, eating and mood disorders. It has been suggested that half of mental health difficulties are established by age 14 (Public Health Scotland, 2021) but formal identification and diagnosis (or non-diagnosis) of these varies considerably. Child and adolescent mental health services (CAMHS) are underfunded and oversubscribed and the route

to access can be protracted and complex. Public Health Scotland (2021) reported waiting list times for CAMHS assessment of between 4 and 5 months. In addition, psychological formulation is an expanding practice in the UK (Johnstone, 2018) this approach focuses on support as an alternative to psychiatric diagnosis. As a result, some YP experiencing mental health issues will have a formal diagnosis whilst others learn to manage their experience without one.

Exclusion from School in Scotland

In 2018-19 in Scotland 14, 990 pupils were formally recorded as being excluded from school. Almost all of these were temporary exclusions, with only three cases of permanent exclusion (Scottish Government, 2019b). The rate of exclusion from school is lower in Scotland than in the other nations of the UK. This difference has been attributed to the emphasis in the national long-term approach and in relevant guidance (Scottish Government, 2017) on prevention, early intervention and building positive relationships (McCluskey et al., 2019). The similarity between the direction of travel in the legislation framing LACYP and the guidance around exclusion from school is clear. However, as Power and Taylor (2020) note, official numbers don't tell the whole story. They suggest that where there is pressure to avoid formal exclusion, other strategies may be used to remove 'disruptive' pupils from mainstream classrooms. By their very nature these practices such as 'hosting arrangements', 'managed moves' and internal exclusion are difficult to measure and monitor. As a result, while they may be designed to support YP (Scottish Government, 2017), little is known about their impact.

Care Identity, Educational Experience and Mental Health

Having experience of being 'in care' or excluded from school are social identities which YP have by virtue of administrative decisions which others have made about them. A care identity

may stigmatise (Farmer et al., 2013) or create a sense of belonging with others in care (Emond, 2014). Being excluded is likely to influence how YP understand their place in, and therefore how they engage with, education, although as Daniels & Cole (2010) show, individual and family factors are also important determinants. Having poor mental health is an identity which may be imposed on an individual through formal procedures but is also one which an individual may adopt for themselves in the absence of diagnosis.

Low educational attainment for LACYP is a concern internationally (O'Higgins et al., 2015) but the link is not simple with a range of other factors including poverty, family breakdown, pre-care experiences, and special educational needs (ASN in Scotland) playing a part. In their large-scale study of attainment of children in care and those in *social need*, Sinclair et al. (2020) concluded that being in care cannot account for poor attainment of those aged 16, as this is predicted most strongly by attainment aged 7, before most of the YP entered care. However, they suggest that having the 'care' label may influence how educational systems respond to these YP. Mannay et al. (2017) studied the educational experiences of 'looked-after' YP and found that while being 'looked-after' was not a central part of how the YP saw themselves, it became a significant feature of their school experience through the way the school system responded to them. YP felt that teachers had low expectations for them, informed by awareness of their complex home lives and assumptions about their ability (Mannay et al., 2017). A more positive picture of the educational experiences of LACYP is provided by Berridge (2017) who explored the school experiences of children in care regarding resilience. While the YP responded in a variety of ways to their education, all of them were understood to be exercising agency, making choices and judgements about both the support they were offered and the adults around them.

Mental health issues have been linked with increased risk of school exclusion amongst the general child population (Gill et al., 2017) and are significantly more prevalent amongst care-experienced children (Villagrana et al., 2018), who are already vulnerable to exclusion. A 2004 Scottish report estimated 45% of looked after children experience mental health issues (Office for National Statistics, 2004). More recent studies echo these estimates (Tarren-Sweeney, 2008; Tarren-Sweeney & Hazell, 2006). Villagrana et al. (2018) report that some YP experienced a ‘dual stigma’ of being both in foster care and receiving support for mental health which led to reduced access to support on leaving care. Excluded children appear more able to access mental health services (Fazel & Newby, 2021) and school staff may consequently view school exclusion as a way to fast-track the excluded child to specialist support (Martin-Denham, 2020).

Theorising identity

Identity is both about the individual self, and about social identity, that is, commitment to social categories (Hearn 2012). Our particular interest is in the interaction between the individual and others, and how identity shapes and is shaped by that interaction. SI is a theoretical approach which offers insight into micro-level interactions between individual and society as the site of recognition, reproduction and creation of identity. Research and policy have highlighted the importance of relationships for these YP as they navigate schooling (Hammond et al., 2021). Because of the central place of relationships in SI it offers a useful lens through which to explore the experiences of these YP. By adopting a SI analytical framework we were able to surface the ways in which ‘the relationships persons enter into impact in important ways on their self-concepts, identities, attitudes, and behaviors’ (Serpe & Stryker, 2011, p240).

There are two traditions of thought in symbolic interactionism: one sees identity as ‘situated, emergent, reciprocal and negotiated’, the other as something more stable and reflecting ‘internalised roles’ (Gecas, 1982, p14). However, both approaches share a common understanding of society as a ‘web of communication or interaction’ and hold that both society and the individual ‘take on meanings in and through interaction’ (Serpe & Stryker, 2011, p229). Drawing on the work of Mead, a fundamental position is that ‘there are functional relationships between how we see ourselves, how we see others, and how we think others see us’ (Rosengren, 1972, p509). Mead argued that the self is made up of two parts, ‘I’ and ‘me’. While ‘I’ is ‘self as subject’, the self who responds to the attitude of the community, ‘me’, is the ‘self as object’, and Mead explained how a person becomes an object to themselves ‘by taking the attitude of others towards himself’ (Mead, 1934, p. 171).

Viewing ourselves from the position of another, or ‘role-taking’, is central to the understanding of identity formation, particularly in more structural SI. Cohen (1965) adopted a deterministic position arguing that in each society there are ‘socially recognised and meaningful categories of persons’, and these set boundaries on the kind of person it is possible to be. In contrast, others suggest that this is too passive an explanation, that not all appraisals are internalised, and that the individual has a more active part to play in the process (Gecas, 1982). Meltzer & Petra (1972) suggested that ‘role-making’, a more creative and dynamic process, is also involved in identity formation. This distinction between ‘role-making’ and ‘role-taking’ that reflects different positions within SI is important in understanding the experiences of marginalised YP. Our analysis explores the extent to which the roles available to them appear to be restricted and largely determined, or whether and in what situations the YP experienced the possibility to construct new ‘meaningful categories of persons’.

Stryker (2008) argued that interactions lead to stable patterns. A key concept in Stryker's approach is that of salience. An individual will have multiple identities relating to different roles they occupy in different social groups. Stryker's theory predicts that the identity which is enacted in any situation will depend on the salience of that identity to that context, and whether the identity has been verified through a positive response from others. The greater the likelihood of an identity being enacted, the higher it rises in the salience hierarchy (Brenner et al., 2014). The higher an identity is in the hierarchy, the more likely an individual is to seek out situations in which that identity can be enacted and the greater their commitment to the social structures in which those interactions have happened (Turner, 2013).

As Hearn reminds us 'people are highly variable in how they invest themselves into social categories. Some embrace, some resist, and some just go along' (2012, p. 203). Taking a SI lens to the analysis of the stories of care-experienced YP allowed us to explore the ways in which individuals respond to the social categories and identities with which they are associated, by embracing, resisting, or actively carving out new identities for themselves.

One Study from Two: Qualitative Secondary Analysis (QSA)

Following recommendations from a critical interpretive synthesis of studies adopting a secondary data analysis (Ruggiana & Perry, 2019) here we provide information on both the primary research studies and the approach to secondary analysis adopted to ensure clarity and transparency. The data analysed for this article were generated as part of two doctoral studies. Study one (Brough, 2020) explored the stories that six young men who had been in foster care told about their upbringing by a single male carer. Study two investigated the care-identity of 13 YP in a range of care settings in Scotland. Both took a similar life-story, interview-based approach. Both were interested in the YP's sense of self and how this developed, how they

made sense of their experiences at school, and their relationships with others whom they considered important to their story. As such the study design can be described as qualitative secondary analysis (Heaton, 2008). A key criterion for QSA is an assessment of the coherence between the primary data, in terms of the context in which they were generated and the purpose, and the secondary research questions (Long-Sutehall et al., 2010). In this study the secondary research questions relate to the negotiation of social identities (particularly those relating to care-experience and mental health) in education. As such we judge that this is sufficiently close to the purposes of the original studies to allow secondary analysis.

Participants in Study 1 were recruited directly by a member of the research team (the third author). In Study 2 the participants were recruited via organisations providing residential childcare in Scotland. Both studies received ethical approval from the University and Local Government Authorities. Consent was sought and obtained from all participants for their anonymised data to be securely stored and used in further research on related topics.

The care, education and (self-reported) mental health history as reported by the 19 YP is shown in Table 1.

[Table 1. about here]

The approach taken was informal, involving two researchers combining their own independently generated datasets and working with others to carry out secondary analysis (Heaton, 2008). Throughout their doctoral studies authors 2 and 3 had regular conversations about their research with each other and with author 1 (who supervised both theses). This offers some defence against the problem of ‘not having been there’ often levelled at QSA (Heaton,

2008). In addition, author 4 brought a valuable outside perspective to discussions, enabling the research team to side-step potential pitfalls of over-familiarity, and the risk of projection of existing interpretations of the data on to this supplementary analysis. An explicitly SI informed approach was taken to re-reading the data to identify themes relevant to the special issue call. This approach to analysis was ‘theory informed’, but not deductive in the sense of seeking to test a hypothesis, rather the theory was used to bring to the fore one way of understanding the experiences of the YP. Following Collins & Stockton (2018) we argue that while the analysis was shaped by the theoretical perspective this was a ‘balanced centring of theory’ allowing active searching for what was missing as well as what was present. Confidence in the trustworthiness of the analysis was enhanced throughout the process by following recommendations of Nowell et al. (2017) such as peer debriefing, reaching team consensus, and keeping an audit trail of decisions.

Because the research team, comprised both primary and secondary researchers as discussed above, this study has avoided some of the limitations often associated with QSA. However, limitations remain. While broadly addressing similar topics the two original studies had differences in focus and used different interview schedules. Although all the participants were care-experienced, not all had experience of mental health difficulties or of exclusion from school.

Findings

Our analysis shows how the three experiences of care, exclusion and mental health interact in different ways for each individual, suggesting that formal administrative categories or diagnosis are only part of the story of what shapes identities, with individual factors and specificities of context also being highly significant.

Complexity of care, exclusion and mental health experiences

The experiences of our participants range from those with stable care placements, no problems in school and no mental health issues to others with multiple placements, permanent exclusions and a history of significant mental health problems. Almost all had more than one care placement, with most starting off in kinship care with a family member before moving on to care outside the family. The trajectory from kinship or foster care, through residential to secure provision or residential school, reflects the tendency to privilege family-based care placements over residential childcare, perceived, with limited justification, as a last resort (Schofield et al., 2017).

This trajectory also appears to be related to mental health as almost all who had experienced residential care reported either a formal diagnosis or talked about experiencing poor mental health, often involving anger, anxiety or self-harm, but this was not the case for those whose placement was foster care. As multiple placement changes can make it more difficult to form the trusting relationships associated with good mental health (Lewing et al., 2018), it is likely that where a foster care placement is stable there are fewer mental health issues. It may also be that those with poorer mental health require higher levels of support than can be offered in most foster care placements. Even for those not reporting mental health issues themselves, it still features in their accounts, either through their family history of mental health being a factor in them coming into care, or through a sense of living with a ‘ticking time-bomb’ of inherited poor mental health. Three YP explicitly mentioned concern they might have inherited mental health problems:

'I have no doubt that my child will most likely have mental health issues. Maybe because a lot of mental health issues are passed in genes.' [Rick]

This had an impact on major life decisions, for example Mary said she would not have children as it would not be *'fair on the child'*.

Many YP were rather vague in their reports of their educational history. The administrative categories they moved through between mainstream and special school appeared to be either irrelevant or unknown. Mary, like others not formally excluded, nevertheless got the message that she was not wanted in school:

'It wasn't, like chucked out, chucked out. It was like, there's your leaver form, sign it, we don't want you back basically.'

Perhaps with the benefit of more distance to reflect, the older participants generally had more positive things to say about school. For Fiona and Jill, it was the one point of stability in their lives and they attribute that to individuals in the school refusing to give up on them. For those who moved on to special schools this was also generally a positive experience. For Danielle and Rick it was this move that allowed them to start getting qualifications and ironically, they appear to have felt more 'included' than some who remained in mainstream (Daniels & Cole, 2010).

Negotiating social identities

Most YP reported an acute sense of being different during their experience in care. The older participants in particular were able to express the ways in which this influenced their

engagement with others at the time. A longer perspective also provided the opportunity to re-appraise their own and others' actions and move on from a broadly negative sense of their care status, *'I'm not ashamed that I was in care whereas some people are'* [Grace], sometimes to one of pride:

'I am the 1% of children in care that goes to University! [laughs] Yeah, I'm in care and what?! Yes I do have a pride, yes I was in care! I could be who I wanted to be.' [Fiona]

However, at the time, being known to be in care was largely, but not always, experienced negatively and differences were highlighted in several stigmatising ways. Firstly, in interactions with peers, where bullying due to their 'in care' status was reported by nearly all participants. Jill described other pupils referring to her as *'the weirdo'*, whilst Kim told how classmates discovered she lived in the local residential care home and called her *'the psycho kid'*.

Perhaps unsurprisingly, YP managed as best they could to shield their care status from peers. Conversations around family were avoided and two YP reported having to explain away why different individuals from their residential homes, rather than their parents picked them up from school every day. Many of those in foster care reported it was less complicated to not correct people when they assumed the foster carer was their father:

'I never ever corrected them, when they said dad, it's easier just to let it go.' [Christian]

Clumsy interventions by teachers or social workers removed the ability of YP to manage this aspect of their identity. Jill's care status was revealed to the class when the register, with

confidential notes, was accidentally screened on the whiteboard. Others reported being called out of class for meetings with their social worker. The social consequences of this were disastrous, as Mary explained:

'Social Work used to try to come into my classroom and go, "Mary, you've got a meeting" in front of my full class. And that's how everybody found out that I was in care. I didn't want anybody to know, I was embarrassed...everybody found out and then I started to get treated differently.' [Mary]

Later Mary added:

'I didn't want to be treated differently. If I'd done something wrong, like do what you'd normally do to anybody else.'

Some YP felt that being in care affected the expectations teachers had of them, although as James' and Mary's comments show these expectations were not always internalised:

'Teachers were saying to me 'we think you should drop some of your lessons, so you can focus on a couple and get good grades on them, rather than getting average on all of them'. Right, and I was like 'no I am not dropping any' and I was so determined.' [James]

'Everyone who was working with me said you are going to be dead or in jail before you're 20. And that's stuck with me. And I'm like, no I want to prove these bastards wrong.' [Mary]

In contrast to the challenges of negotiating a care identity, although poor mental health was a factor for many, there was little evidence of this being significant in how they were seen and treated by others. We found several YP accessing and valuing specialist support without a diagnosis, for example both Kayla and Aaron welcomed support from CAMHS. Rick's residential school offered in house drop-in psychological support, he observed that his psychologist '*speaks in a certain way*' contrasted with his key workers who, '*don't know what to say, but he [the psychologist] does.*'

As well as leveraging support, Jill talked about the impact on her of the promise of a diagnosis, knowing she had borderline personality disorder provided an empowering explanatory framework for her complex, uncontrollable negative emotions and behaviours:

'I started to understand my behaviour and understand the ways I could change it. I changed my anger, I changed everything because I could read and understand it.'

Creating and embracing alternative identities

Almost all of the YP appeared to have resisted the identity of being in care by creating or embracing alternative identities. This was often achieved through seeking out the company of others who did not see them as simply the child in care. For others, a natural talent or skill enabled them to adopt a different more positive identity. Aaron's account of his identity construction through reflected appraisal could have come straight out of a symbolic interactionist textbook:

'I tend to get most of my identity from external validation. So what I think of myself, tends to be what other people tell me.'

He went on to describe himself as *'friendly, good work ethic, engaged, positive, can't shut up'* suggesting that he believed others saw him in this positive way.

For Craig it was a close relationship with a key worker, *'he changed my life'*, which unleashed an undiscovered talent for a particular sport, leading remarkably to him securing several world titles. His sense of achievement, *'I don't think anything could be more positive now'*, linked explicitly to this new socially valued identity, *'I lost weight, got to a healthy size, and I'm known for being the world champion.'*

Fiona's academic ability enabled her to *'skip a grade'* and she became valued amongst her peers and teachers as a successful student, her success as a student apparently transcending her care status. It was membership of the Boys Brigade that gave Peter and Rick a sense of pride:

'I know how to march, clean and take guns apart and I think I'm good at marching, I like to think my kit's good as well.' [Rick]

There was evidence of concerted individual and school efforts to resist stigmatising narratives and create opportunities for YP to engage positively in school life. Close relationships were understood as critical to some YP's self-development. Danielle had an *'amazing guidance teacher'* who *'saved my life'*. Another guidance teacher *'took it upon herself to be there for me ...she knew everything that was going on'*. [Jill]

Craig's bad start at primary contrasts starkly with his transformative secondary experience where he drew the attention of the Headteacher, who raised expectations and as a result:

'I ended up being head alter server [...] I ended up doing really good stuff and that all came down to the other teachers...They believed [...] They believed in me, they said if that's what you want to do, do it. Go do it.'

However, for other YP high expectations did not have the same impact:

'I left school with no qualifications, like literally none, because at that time I thought I was too intelligent for all of that [laughs] I actually sat and said that the headteacher, they all said you're sort of University, sort of, yeah, you're smart enough to do it, the really trying to encourage me, that I was throwing my whole life away.' [Barry]

For the older participants college, university and employment had provided opportunities for the emergence of new identities. Securing a job was an assertion of control and afforded the chance to meet new people who didn't know their history. For Fiona, attending University was *'a re-birth...this is who I am'* and subsequent employment as a nurse providing self-fulfillment, *'I definitely feel nursing is my thing'*.

Notably, as with Fiona, YP's employment aspirations were marked by a desire to enter (in some cases successfully) caring professions, including residential care worker, nursing, and social work. Many YP described themselves as 'caring' and demonstrated this through looking after younger family members, animals (often dogs), and friends. Some also talked about caring for those that looked after them. For example, Grace supported her key worker after a family

member had died, attending the funeral and Mary recognised when her key worker was going through difficult times so would be extra mindful of how she conducted herself.

Discussion

This study set out to explore the ways in which care-experienced YP navigated their care identity, schooling and mental health challenges. Taking a symbolic interactionist lens to our analysis we have shown how the interaction with significant others shapes these YP's identities. There are two traditions of thought in symbolic interactionism: the processual/interpretivist/Chicago School and the structural/positivist/Iowa School. Of these it is the former, in which identity is understood as constantly being negotiated in specific contexts (Gecas, 1982) that best explains the experiences of the YP interviewed. We found little evidence of identity in the sense of internalised roles (the Iowa approach), indeed there were multiple examples of YP acknowledging how they were viewed by others but being able to resist these accounts. This finding is in line with Felson (1985) who suggested that the process of the internalisation of reflected appraisals was exaggerated in the SI literature and argued that other sources of self-appraisal had to be considered. The different responses of Craig and Barry to having high expectations placed on them reminds us that it is important to not lose sight of the individual self when understanding interactions.

Negotiating identities (care-experience, mental health and exclusion)

The process of constantly negotiating identity has been recognised as being particularly demanding for care-experienced YP (Grotevant & McDermott, 2014). Simple everyday interactions became spaces in which decisions had to be made about what to disclose, although for some YP this was a decision that was taken out of their hands. Our findings suggest that

the need to patrol the boundaries of who knew what about them was much more of a concern in relation to being care-experienced than being excluded or having mental health difficulties. This was a somewhat surprising finding, given the concern with the medicalisation of childhood (Francis, 2012) and discussion of possible negative consequences of a mental health diagnosis (Timimi, 2015). In contrast to Villagrana (2018) there was no mental health stigma apparent; these YP, whether diagnosed or not, appeared to be comfortable talking about difficulties they experienced with their mental health, sometimes seeing it as a way of accessing support (Boyle, 2014; Hjerne & Saljo, 2013) and with no sense of this being a defining characteristic. This may be related to the way in which mental health was understood as something which fluctuated, with many of the YP referring to struggling with anxiety or anger at some times. In terms of identity attached to being excluded from school, there was no discernible difference in the way those who had been formally excluded talked about their experiences. What mattered most to the YP was access to the professionals who they felt recognised them: as Jill said '*she just got me*'. For all, exclusion appears as part of the background to their stories rather than central features of the narrative. While this may be because the YP had many things going on in their lives, with difficulties in school often just a small part of their complex situations, our findings are consistent with research on pupils permanently excluded from Pupil Referral units which found that exclusion 'didn't stand out for them' (Pirrie et al. 2009, p 35). This suggests that while alternative ways to label the removal of a pupil from their mainstream class may have an impact on exclusion statistics, is unlikely to have much impact on care-experienced YP dealing with difficulties in school and beyond.

Agency

A dominant theme in our analysis was the sense of agency implicit in much of what the YP said. Not only were YP able to resist negative appraisals but as reported by Berridge (2017) they were making choices and judgements about adults around them. In these choices we can see the influence of personal histories and of personality. There is a strong sense of YP making attempts to wrest control over their future, a determination to '*not be like them*' (birth family) or to be '*another care statistic*'. This is an important finding as it supports the need to reconsider assumptions of vulnerability which are often applied to care-experienced YP (Fazel and Newby, 2021). This rejection of the identity as vulnerable or in need of care can also be seen through the multiple ways in which the YP positioned themselves as 'carer' from day-to-day micro-interactions in the playground through to career choices. Our analysis suggests that it would be beneficial to provide care-experienced YP with opportunities to take on responsibility for others, providing opportunities for positive re-signification.

School: relationships, expectations and new identities

In many cases schools were able to successfully provide the right conditions for individuals to flourish. The first, and most reported, was where YP were provided the time and space to develop supportive relationships with a key individual. Importantly these figures are not necessarily those who have been allocated responsibility for care-experienced YP, but those with whom YP feel a connection. Where school provided the space for these relationships to evolve and key individuals had been given the time to 'get to know them' beyond their care identity and take time to understand the reasons for their behaviour, YP reported a much more positive experience of school. For some of the participants with the most disrupted histories, clear expectations of behaviour combined with a willingness to be flexible contributed to school being something of a refuge in an otherwise chaotic life.

However, there was tension in the reports of some YP who wanted their care-experience to be acknowledged and to be taken account of by the school, but also wanted to be treated the same as everyone else. One interpretation is that receiving different treatment emphasised their social identity of ‘care-experienced’ in a way that ran counter to their attempts to create and prioritise alternative identities. There are echoes here of the ‘dilemma of difference’ (Norwich, 2008) in which to offer specialist support a pupil has first to be identified as in need of that support, which may have negative consequences. Where schools were able to respect a young person’s agency in revealing their care identity (by being conscious of how social work meetings were managed, by not sharing their care status with peers, intentionally or otherwise) trusting relationships were more easily established. Enabling a young person to accept the need for ‘special treatment’ in school would seem to require a shared understanding that this related to one aspect of their identity but did not define them. As a result, differences in treatment are best negotiated along with the key individual with whom YP had the closest relationship.

While it is hardly unexpected that an interactionist analysis such as ours concludes that relationships are important (see also Daniels & Cole, 2013; Hammond et al., 2021), our analysis has highlighted the way in which relationships impact on YP. Educators having high expectations, and a belief that care-experienced YP can succeed were reported as providing turning points for YP’s educational engagement, particularly where opportunities to take on roles or try out new activities were offered. In Stryker’s (2008) terms this can be understood as a young person feeling that their identity was validated in a particular setting, and therefore committing themselves to that setting (school, club, sport) and their identity in that setting becoming more salient and therefore more likely to be enacted. In this way schools, and individuals within them have enabled many of the YP to construct alternative ‘categories of persons’ beyond the given social categories, and this in turn enabled some of the YP in our

study to remain in school. Where YP report largely positive school experiences it is where the roles available to them have not been restricted and pre-determined. As noted above, it is important to recognise that the YP are actively involved in this process. Many were highly skilled in negotiating networks and identifying key people who could help unlock opportunities for them.

Conclusions and implications

Although individuals had experiences of care, mental health and exclusion which were different, some common features emerged in the contexts and types of relationships that could amplify or mitigate against the potential negative effects of these social identities. Broadly, YP responded well to individuals and institutions that recognised the complexity of their personal identities and provided the opportunities for these to be explored and expressed.

Scottish legislation around the welfare and education of YP shares underlying principles that, at least at a policy level, represent a common approach. *The Promise* (ICR, 2020b) and *Included, Engaged and Involved Part 2* (Scottish Government, 2017) intend relationships to be central and children and YP to be listened to. This understanding is reflected in the confidence placed in positive relationships as an effective means of reducing exclusion from school (Scottish Government, 2017). Whilst most of the experiences reported in this study pre-date these publications, the data has been generated with YP living in a context in which welfare and education has been moving in this direction since the Children & Young People [Scotland] Act, 2014. The recommendations of *The Promise* arguably highlight the ‘implementation challenge’ (McGhee, 2017), or the gap between policy and practice but it at least suggests that these policy directions are ones which align well with the more positive experiences of YP in our study. The small-scale of this study mandates some caution when considering the

transferability of findings, nevertheless there are some general principles that may be drawn from the analysis. YP should be provided with the opportunities to create new identities and to manage given ones. Actions that highlight care-experience should be avoided in school or at least conducted with great discretion. A culture of high expectations of all care-experienced pupils, whilst understanding and responding to everyone's unique circumstances is required. Child-led decision making should be enabled by training of all adults in schools so that whoever a pupil chooses is equipped to become 'that one person'. Improved collaboration between all professionals working in children's services will also be of benefit. For all participants, managing their care identity in interactions with peers, caused them the most difficulty. This suggests a need to educate all pupils on understandings of the wider systemic reasons why some children are placed in care, and a need for schools to look out for, and respond to, bullying.

In conclusion, we found that YP are active negotiators of their identities, demonstrating a great degree of agency as they explore other ways of being beyond the categories assigned to them and finding those individuals that can best help them do this. The challenges and associated difficulties of being in care, of poor mental health and school exclusion can be huge but register to varying degrees in relation to how YP view themselves. Individuals and institutions that recognise and promote this sense of agency, who take an individualised approach, are more likely to 'just get' care-experienced YP and create the right conditions for their positive self-identification.

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Table 1. Care and education history and mental health of participants

	Age *	Care status *±	Placement type(s)†	Exclusion/School‡	Mental Health§
Danielle	21	CL	FC, RC	PEX Secondary Special School School refusal/SE	ND. SR: periods of anxiety
Jim	17	IC/CC	RC	None reported	None
Mary	19	CC	FC, Multiple RC, Secure, SA	History of TEx Multiple moves. Encouraged to leave at 16 School refusal/SE	Diagnosis in progress. SR: 'bi- polar', self-harm, suicide attempts
Craig	18	CC	RC, SA	TEx at Primary	ND. SR: periods of feeling low
Kim	16	IC	Multiple FC, RC	'Inclusion Base' at Secondary	ND. SR: periods of uncontrollable anger
Danny	16	IC	RC	PEX from Primary Special School	ND. SR: difficulty controlling anger
Kayla	15	IC	Multiple RC Secure	Residential School	ND. SR: suicide attempts, CAMHS support
Kevin	18	IC/CC	RC	Mainstream, in transition to college	None
Grace	26	PLA	FC, RC	'Support base' in Secondary School refusal/SE	ND. SR: loneliness and difficulty controlling anger FH mental illness
Fiona	27	PLA	FC, RC, Secure	One TEx. Graduated University.	ND. SR: historical poor mental health: self-harm
Jill	22	CL	KC, FC Multiple RC	Multiple TEx	Diagnosis of BPD. SR: difficulty controlling anger
Peter	12	IC	KC, FC, RC	None	None
Rick	14	IC	KC, FC, RC, Residential School	Removal from Mainstream. Special School	ND. SR: difficulty controlling anger, self-harm, anxiety, FH mental illness
Barry	27	PLA	FC, KC Respite care	None reported	None. FH mental illness
James	27	PLA	KC, FC, Respite care	None reported, Graduated University	None
Christian	18	CC	KC, FC	Managed moves at Secondary	None
Oliver	20	CL	KC, FC	Managed moves at Primary. TEx from Secondary	None
Aaron	19	CC	KC, FC	Multiple moves at Primary. Secondary school largely positive, attending university	None. FH mental illness CAMHS support
Declan	23	CL	KC, RC, FC	No exclusion School refusal/SE	None

* Age and Care Status at interview

±CL = Care Leaver, IC = In Care, CC = Continuing Care, PLA = Previously Look After

†KC = Kinship Care, FC = Foster Care, RC = Residential Care, SA = Supported Accommodation

‡ PEx = Permanent Exclusion, TEx = Temporary Exclusion, SE = Self exclusion

§ND = No Diagnosis, SR = Self Report, FH = Family History, BPD = borderline personality disorder