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# LISTEN UP!

## Adult Care Leavers Speak Out:

The views of 310  
care leavers aged 17-78

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## **About the Author**

Zachari spent eight years in residential care from the ages of 11 to 19. Since then, she has had a strong commitment to working with young people in care and care leavers on a variety of research and project-based collaborations. Zachari has been an Executive Member of the Care Leavers' Association since November 2008. She is also a member of the Board of Directors at Who Cares? Scotland and a Research Fellow at the Scottish Institute for Residential Child Care (SIRCC). At SIRCC she has worked on a number of research projects including: 1) ICON: In care and online, 2) An evaluation of care leavers in further education in Scotland and 3) Research into an Acknowledgement and Accountability Forum for the Scottish Human Rights Commission. She has also provided training to voluntary organisations that are currently supporting adult care leavers and has commenced a PhD on Adult Care Leavers at the University of Glasgow.

# Forward



*Listen Up! Adult Care Leavers Speak Out* is a ground-breaking report. Based on a survey of 310 care leavers aged from 17 to 78 that took place in the autumn of 2009, it brings together for the first time a range of data that begins to reveal the experiences of care leavers throughout the life-course.

In doing so, it meets one of the central aims of the Care Leavers' Association (CLA) – to give a voice to the experience of those who may have spent months or years in care as children, whether public, voluntary or private. Being 'heard' is the first step to being understood – and understanding is the first step to ensuring that the lessons of past experience are not forgotten. In this regard, some of the messages in *Listen Up!* may not be what the reader expects.

For example, the view that being fostered is generally a more positive experience than living in residential care is not supported by this report, with almost a third more reporting a 'mainly positive' experience of being in residential care compared to foster care. This is somewhat at odds with the last two decades of policy, which has witnessed the closure of many residential settings; perhaps the idea that a secure base for those in care can only be created by mimicry of the nuclear family is misplaced, given that for some it was the nuclear family setting that was the original place of harm.

While just under half of our respondents report a 'mainly negative' experience of being in care, it is still the case that one-third suggest that their experience was 'mainly positive'. However, the voices of those who feel 'mainly positive' about their care experience, of whatever age, are very under-represented in research and policy documents. It should go without saying that care leavers who had mainly positive experiences offer an enormous resource to those who want to implement a 'what works' agenda for children in care today: the answer to the question 'what was positive?' by care leavers of all ages offers an inter-generational thread of good practice.

*Listen Up!* also suggests that the common view that care leavers are subject to poor educational outcomes may be missing the effect of a return to education much later in life for many whose initial education was disrupted by being in care. Care leavers over the age of forty show substantial increases in educational qualifications, ranging from GCSEs to degrees and post-graduate qualifications. In any case, if qualifications were formally handed out from the 'university of life' then the care leaver community would be awash with masters and doctorates.

While *Listen Up!* does not claim to paint a full picture, there is enough detail to be able to sketch some broad outlines that will be of value to care leavers and those still in care; the report also offers numerous directions of travel for the research, policy-making and practitioner communities. There is, to be sure, a mass of complexity to be uncovered and understood about the life-course experience of adults who spent time in care as children and *Listen Up!* has made an important contribution to setting that field of study in train.

*Listen Up!* is the first publication commissioned and written solely by care leavers on the lives of care leavers for care leavers. The researcher and report writer, Zachari Duncalf, has done the care leaving community proud by producing a first class piece of work that has only one purpose – to faithfully report and describe the voices of care leavers who, by offering reflections on their lives, will help all those committed to improving outcomes for children in care.

Will McMahon  
Chair  
Care Leavers' Association  
July 2010

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## Executive Summary

### Introduction

In 2009 the Care Leavers' Association, a UK charity for all care leavers over the age of 18, gathered research data from 310 care leavers aged between 17 – 78 about their experiences of being in care and of leaving care. This data was gathered using an online questionnaire and was advertised on our website ([www.careleavers.com](http://www.careleavers.com)), with our members and through our [www.careleaversreunited.com](http://www.careleaversreunited.com) website. This is pioneering research because no research project before this has a) focussed on care leavers across the life course, b) contacted such a wide range of care leavers in such large numbers, or c) been conducted by care leavers. Our report grounds this data in previous research, as well as highlighting the remaining gaps in our knowledge.

### Numbers and Statistics

We gained some very interesting statistical and demographic data about our respondents' age, gender, location, marital status, number of children, ethnicity, disability and sexual orientation. Through a series of 13 tables and three subsections this chapter provides statistical detail about our respondents, about their time in care and about their issues now, as adult care leavers. This data is important in providing a baseline for establishing who these care leavers are, as such data, on this scale, is not currently gathered by other researchers or by Government (for example, National Statistics cease recording data about care leavers when they reach the age of 19).

### Experiences of Being In Care

Disability, ethnicity and sexual orientation make-up the first subsection of this chapter. In the questionnaire we asked respondents to provide experiences of their time in care that related to any of these identities. Twelve respondents outlined their experiences of how being disabled had affected their experience of being in care, 39 respondents wrote about their ethnicity and 24 respondents wrote about their sexual orientation. Their comments related to both positive and negative experiences and we have attempted to represent their full range. The rest of this section provides quotations from respondents about their experiences of being in care. Our aim throughout this report was to give as much space to respondents' own voices as possible.

### Experiences of Leaving Care

This Chapter was split into two parts. The first section outlines what respondents felt were the issues facing young people today. Although respondents did not (or did not inform us) have direct experience with young people currently leaving care, we felt that their own experiences of leaving care would enable them to think about the issues facing current care leavers. A total of 207 respondents answered this question. The second subsection asked respondents to provide details of their own leaving care experiences. A total of 215 respondents answered this question. In both subsections we were able to provide a list of the 'Top 5' areas (with the full list in the appendices) as well as detailed quotes giving more depth to this list.

### Issues of Specific Interest

We were specifically interested in three areas, above and beyond each respondent's personal experiences of being in care and of leaving care. These areas were: campaigns, historic abuse and access to records. They are of interest to us as an organisation seeking to inform our agenda for the next couple of years and also because the latter two issues

are campaigns that we are currently working on. Historic abuse and access to records are also areas of policy and research interest in relation to older care leavers as well as to younger care leavers and thus we feel, as an organisation that represents care leavers of all ages, we have something tangible to add to these debates.

We found that our respondents were interested in us leading on a number of campaign areas, including access to records, long-term support for the education of care leavers, core support/acknowledgement of care leavers beyond the age of 25, long-term, free counselling/emotional support for care leavers and campaigning on abuse in the care system. In addition, respondents also identified areas of service provision that we might look to develop in the future.

The historic and systematic abuse of children in care in a variety of settings and locations is an issue that has been raised by numerous public inquiries, personal testimonies and within the media over many years. Our research recorded many claims of abuse within the care system and care leavers who were still struggling to cope with the ramifications of negative experiences within the public care system. Those that chose to tell us about negative experiences of the care system spanned the world, all age ranges and experience of both foster care and residential care.

### **Conclusions and Key Messages**

There are approximately 350,000 care leavers within the UK. Our sample size of 310 is a therefore a mere - but nevertheless groundbreaking and important - imprint into the vast range of research that needs to be carried out if we are to ever begin to understand the needs and issues facing care leavers across the life course. Our research provides new insights into key policy areas and research debates and provides new areas of interest for both policy and research agendas. From this research data five key messages emerged: 1) the need to acknowledge care leavers and the issues facing them across the life course, 2) the need to recognise the difficulties still facing younger people as they leave or prepare to leave care, 3) that foster care is not necessarily a better option than residential care, 4) that older care leavers have a wealth of knowledge and should be included in current research, policy and practice and 5) that care leavers of all ages want a voice.

# 1. Introduction

The Care Leavers' Association (CLA) is a UK-based charity that is run by care leavers and for care leavers over the age of 18. During the past 10 years we have worked towards developing a number of campaign and policy-based strategies that aim to highlight the needs and issues facing care leavers across the life course, as well as campaigning for changes in attitudes, policy and practice in society and government. In that time, the CLA has grown to over 210 members and over 5,300 people registered on the CLR website ([www.careleaversreunited.com](http://www.careleaversreunited.com)). To this end, we have developed a great deal of expertise and resources through working with individuals and organisations of care leavers. Our work is based in the UK, but we also have links with care leavers overseas.

In recent years it has become increasingly clear that there is an absence of discussion of care leavers of *all ages* within research, policy and practice. There is an almost exclusive focus on younger care leavers age 16 – 25. In November 2008, a research strategy was identified by our Executive Committee that sought to develop new and important information about care leavers of all ages. As care leavers ourselves, we also believe that we are best placed to carry out this research (see Chapter 3 for more information on the methodology of this research). As part of our research strategy, we decided to carry out our own research on care leavers that we were in contact with through our databases. One major reason for doing this is so that we could base what we do as an organisation on the views of as many care leavers as possible.

This report provides an overview of the results of that research. We gathered both quantitative and qualitative data from 310 care leavers, aged between 17 – 78, between August and the end of October 2009. In this report, there is not enough space to provide a detailed analysis of the extensive results we obtained. We therefore focus on the main findings. Further work on the results will lead to future papers and other publications based on the more detailed findings.

As an organisation of care leavers, we know that coming into care, being in care and leaving care are very personal and diverse experiences. In carrying out this research, we tried to capture not only the main demographic information about our respondents (including gender, age, amount of time they had spent in care and location) but also first-hand and detailed accounts of their experiences of being in care and of leaving care. In doing so, we already knew that not everyone identifies themselves as a care leaver. We have found that there are a wide range of terms in use. These include 'post-care adult', 'former resident', 'former care adult' and 'survivor', to name but a few. However, we decided to use the term 'care leaver' throughout this report as a neutral term that organisations, researchers, policy-makers and individuals from the care system would recognise. After substantial discussion, the CLA Executive agreed the following definition of a care leaver in 2009.

Any adult who has spent time in care as a child. This care would have been approved by the state through a court order or on a voluntary basis. It can range from as little as a few months to as long as one's whole childhood (18 years). Such care could be in foster care, residential care (for example, children's homes, residential schools or secure units) or other arrangements outside the immediate family. The care could have been provided directly by the state (mainly through local authority Social Services Departments) or by the voluntary or private sector (for example, Barnardo's, The Children's Society and many others).

In using the term 'care leaver' it is important for us to note that the vast majority of research, literature, policy and organisational focus on care leavers is limited to those in the 16 – 25 age bracket. Whilst we recognise that there are particular difficulties for this

age group, one of the aims of this report is to highlight the issues and difficulties that care leavers may face throughout the life course; in other words, beyond the age range of 16 – 25 as well as during it. Not only is there a lack of voice and specific service provision for those over the age of 25, but there is also a lack of understanding amongst researchers, policy-makers and practitioners about the issues for care leavers throughout the life course. Nevertheless, despite our focus on the life course as a whole, this report is also aimed at anyone working with or carrying out work on young people in care and/or care leavers. The report also provides valuable information for care leavers themselves.

A final, but important point, is that whilst we highlight – and, indeed, reiterate - the numerous difficulties that many care leavers continue to experience after being in care, leaving care and throughout the life course, we also highlight, where possible, the positive experiences of being in care, of leaving care and of the lives of care leavers since leaving. This balanced approach reflects the varied reality that care leavers shared with us, as will become clear in the following report. As with younger care leavers, discussion of older care leavers often focuses on the negative. The positive experiences of this group are underrepresented within research and literature. By conducting the first study drawing on the experiences of a wide group of care leavers of all ages, we are able to give a more representative picture.

### **1.1 Structure of the report**

In the report, there are nine Chapters (excluding this introduction). Before Chapter 3 (Methodology and Ethics), Chapter 2 outlines the wider context of the report by providing a brief overview of the literature concerning young people in care and care leavers. The chapter considers both contemporary issues and research and literature carried out over several decades. This enables the research to locate our findings within a wider context and also to comment on the changes (or lack of) that have taken place during this period. Chapter 4 considers the quantitative (numbers and statistics) data that was gathered from our questionnaire. Although there was not enough space to provide a detailed analysis of all of the data gathered, there are a number of interesting conclusions we can make from this data. Chapters 5 and 6 consider the main qualitative (experiences and accounts) findings gathered from the questionnaire. They examine the respondents' experiences of growing up in care and leaving care. As part of the questionnaire (see Appendix 1) we asked respondents about the CLA as an organisation. Chapter 7 therefore brings together the findings from the previous two chapters and outlines the areas that respondents' felt the CLA (or any other organisation working with care leavers) should be campaigning on. Over the last five years, in particular, we have been developing campaigns and responding to policy and research agendas on historic abuse and access to records. Chapters 8 and 9 therefore highlight the findings that focus on these issues. In concluding this report, Chapter 10 provides some key messages from our findings.

## 2. Context: Young people in care and recent care leavers

The research data gathered for this report is not without a history or a wider research context. There is a growing body of research and literature that focuses on young people in care and care leavers. However, there is very little information on care leavers beyond the initial years after leaving care. This Chapter outlines some of the key issues that this research and literature has focused on in relation to a) young people in care, b) changes in public care in the 20<sup>th</sup> century, c) recent care leavers and d) issues facing care leavers throughout the life course.

In 2009 there were 60,900 young people in care in the UK. Of this number, we know that about 12% of young people were living in residential care (including residential schools, secure units and children's homes), 73% were in foster care and most of the rest were in the growing area of kinship care (being looked after at home, or with close family members, with support from Social Services).

Up until the 1970s, in both England and Wales, there were higher percentages of young people placed in residential than in foster care (Cliffe and Berridge, 1991; Clough, 1982; Clough et al., 2006; Frost, et al., 1999). In Scotland, there has always been a higher number of young people 'boarded out' (fostered). (Hendrick, 2003; Sen et al., 2008). Initially, the providers of much of this care were located in the voluntary sector. This sector declined over a number of decades, partly as a result of widespread abuse cases within some large voluntary-led institutions becoming public knowledge (Abrams, 1998; Heywood, 1965; Parkinson, 2003; Sen et al., 2008). There has subsequently been a wider awareness of poor knowledge and practices within public care. Over time, wider society has become more aware of the needs of, and issues facing, young people in care. This has been reflected in changing research and practice.

However, there have always been, and continue to be, poor aspirations and outcomes for young people in care. Extensive research and literature on young people in care focuses on negative expectations and outcomes in such areas as: education (Connelly, et al., 2008; Goddard, 2000; Jackson and Martin, 1998; Jackson and Sachdev, 2001) and emotional and mental wellbeing (Broad, 2005; Care Commission, 2009a; Clough, 1982; Buchanan, 1999; Cocker and Scott, 2006).

Many young people in care leave care for independent living much earlier than their counterparts who are not in care and who are leaving parental care. For example, the most recent statistics for England show that 61% of care leavers in 2009 left at the age of 18 and 21% left care at the age of 16. The numbers leaving care at the earlier age are declining, but even leaving at the age of 18 is considerably younger than the average for young people (Department for Children, Schools and Families, 2009). Leaving care can be a very difficult and traumatic time for young people, often more difficult than being in care itself. Many young people leave care unprepared (Barry, 2001; Biehal et al., 1995; Broad, 1998; Stein and Carey, 1995; Wheal, 2002) and with a wealth of problems. Such problems include difficulties with education and employment (Care Commission, 2009b; Mallon, 2007; Morgan and Lindsay, 2006; Stein, 2004, 2005 and 2008), mental health (Buchanan, 1999; Stein and Carey, 1986), homelessness (Dixon, 2008; Robson, 2008) and care leavers being disproportionately caught up in the criminal justice system (Narey, 2007; Robson, 2008).

Bearing these problems in mind, it is surprising that there is so little in the way of long-term support beyond the late teens or early twenties, or acknowledgement that some

of these issues will have consequences across the life course. It would clearly be naïve to think that after the initial stages of leaving care the plethora of deep-seated issues that many young people in care and care leavers have faced will simply evaporate. However, teaching, research, literature, policy and practice cease to focus on care leavers, in most cases, once they reach the age of 19 (in some cases, after the age of 25).

So what do we know about care leavers as they move beyond their late teens and early twenties into the long stretch of adulthood? We know very little. What we do know can be summarised in a few paragraphs. We know, for example, that the two biggest issues facing adult care leavers are access to records and historic abuse. In relation to the first, there have been a number of key studies that have been carried out in the last five years or so (Feast, 2009; Goddard et al., 2005 and 2007). These studies have not only highlighted the importance of a child care records, but the wider issue of identity and the importance of belonging (Borsay, 2002; Gaskin with MacVeigh, 2005; Horrocks and Goddard, 2006; Murray et al., 2009; Winter and Cohen, 2005).

In relation to historic abuse, there have been significant resources directed towards independent inquiries into historic abuse in residential child care (foster care has not received the same level of attention in this area). This applies not only in the UK but also in Australia, Canada and Ireland (Abrams, 1998; Browne and Lynche, 1999; CLAN, 2008; Corby, 2000; Duncalf et al., 2010; Sen et al., 2008). Whilst it is widely acknowledged that the abuse of young people in care has taken, and continues to take, place there has been little in the way of recompense for most abuse victims outside of Australia and Ireland.

There are, as this research shows, a plethora of other issues facing care leavers throughout the life course that need to be brought to public attention. What is more, we still know too little about the day-to-day experiences of being in care and leaving care amongst young people or older care leavers; neither the negative nor the positive. This report enhances our knowledge in existing research areas but also provides data on new areas and on adults about whom we know little.

### 3. Methodology and Ethics

This Chapter outlines the methodological and ethical parameters of the research project. In the previous chapters we noted that there is simply no information, or only a limited amount of information, on care leavers of all ages across a range of issues. Based on reading the small amount of existing literature, and drawing on our interactions with care leavers and leaving care organisations over the last ten years or so, the Executive Committee of the CLA designed and developed an online questionnaire that would begin to address some of the existing gaps in knowledge (see Appendix 1).

As noted above, as researchers we were not only informed by our personal experience of growing up in care and the relevant literature, we also have years of professional and ethical research experience to draw upon. This makes our project a unique piece of research for three reasons. Firstly, this report presents data on a group of people (care leavers aged 17 – 78) that we know very little about. Secondly, the large number of responses makes this report the largest of its kind to date. Finally, the vast majority of research on young people in care and care leavers is carried out by those who have no first-hand experience of the care system (either through living in it or working in it). As noted earlier, poor educational outcomes for young people in care and care leavers are widespread. This means that there are limited numbers of care leavers who attain the appropriate qualifications or positions to carry out such research as this. At the CLA, we are fortunate in having Executive Committee members with the relevant skills for a project of this kind.

All ethical issues pertaining to the research were carefully considered using the *Ethical Guidelines* produced by the Social Research Association (2003). The main ethical issue we focused on was that of anonymity. We felt it imperative to inform people that by submitting their responses to the questionnaire they were agreeing for this data to be used for research purposes and for it to be published. We also stressed that any data used for publication would be anonymous and thus any data that identified their name, their email address or the names of others would be kept confidential.

After a number of drafts and a small pilot exercise, the questionnaire went live (through use of the online tool 'Survey Monkey') on 24<sup>th</sup> August 2009. A link was provided on the CLA website ([www.careleavers.com](http://www.careleavers.com)) and a mass email (containing the link and introductory information about the questionnaire) to all the networks available to the CLA. This included 80 members at the time of dissemination and over 5,000 people registered on our 'Care Leavers Reunited' website ([www.careleaversreunited.com](http://www.careleaversreunited.com)). It was also advertised through our (then quarterly, now bi-monthly) newsletter and our fortnightly email bulletins. Finally, we also encouraged recipients to pass the email/questionnaire on to other care leavers who they thought might be interested in completing the questionnaire. We stipulated that respondents did not have to be members of the CLA in order to complete the questionnaire, but that they did have to have some experience of being in care as a child.

We received a total of 310 responses by the time we withdrew the online questionnaire on the 31<sup>st</sup> October 2009. We allowed a short timeframe of nine weeks to enable those interested to complete the questionnaire. We did so for two reasons. Firstly, the Annual General Meeting for the CLA was to be held in the middle of November 2009 and we wanted to be able to present some initial findings to that event. Secondly, we felt that we had received a sufficiently high number of responses to withdraw the questionnaire at this time.

Due to the high number of responses, the quantitative data was analysed using a



computerised statistical software package, SPSS (Statistical Package for Social Scientists). This allowed easier collation and analysis of this information. The qualitative data, however, was analysed by the researcher.

In reading this report it is important to note the following: the tables presented each have the number of care leavers who responded and the percentage (in brackets) of that response. Although we had a total of 310 responses, not everyone answered all of the questions. The percentage is therefore from a total of those that responded to that specific question, rather than being a percentage of 310. Also, when presenting direct quotes from respondents we have referenced them according to their gender, their age and the location of where they spent most of their time in care (sometimes not all of this data was provided). This location is not necessarily where respondents are currently living.

### 3.1 Representativeness

A few points should be made about the representativeness of this sample. Firstly, since this is the first substantive research project with adults who were in care as children, we have relatively few ways in which to assess representativeness. Standard official data on class, ethnicity and gender serve us poorly when applied to such a group. Moreover, demographic data drawn from the in-care population are also unhelpful, since these change over time and we are here sampling adults from across the life course.

However, there are three obvious points to make. The first of these is drawn from the data. We can see that a higher proportion of our sample experienced residential care rather than foster care. However, it is now many decades since foster care became the dominant form of child care in the UK. Since the late 1990s this has been overwhelmingly so, but even as far back as 1981 there were 35,700 children in foster care and 29,700 in children's homes (Hayden, et. al. 1999: 36). We do not know why we have a higher proportion of residential care respondents. However, it is likely to be linked to our method. We used the 'Careleaversreunited' section of our website, which we have long recognised is more intuitively attractive to those who were in residential care than those in foster care (although we know that many care leavers have spent time in both residential and foster care). The most obvious reason for this is that those in residential care are more likely to have others from care that they would be likely to want to reconnect with, simply by virtue of being in a residential home with other children. Those in foster care, especially where they were the only child in foster care or were in care with their siblings, would have less reason to feel attracted to such a resource.

The second point concerns the research method we adopted. We chose to use the internet, conducting an online survey. This was the only sensible way of reaching this population and produced a very large number of responses. However, even in 2009, when we conducted the survey, 30% of UK households did not have internet access (National Statistics Online, Social Trends, 2009). Finally, it seems likely that using the internet and a questionnaire format will introduce a bias towards those with higher qualifications and more motivated respondents.

In sum, one should bear in mind that the following data reflects a number of identifiable and possible biases in the sample in relation to form of care, age, literacy, internet access and income. If one takes these into account, one nevertheless gets a highly revealing and informative picture of the range of experiences and outcomes amongst adult care leavers.

## 4. Numbers and Statistics

In many reports, statistics often refer to important demographic data. In much of the literature on young people in care and care leavers, official data is limited to basic information on those up to the age of 19. In short, we know very little, either quantitatively or qualitatively, about care leavers beyond that age. This chapter provides unique baseline data on care leavers across the life course.

The questionnaire we used to gather this data (see Appendix 1) was divided into three subsections: 1) About you, 2) About your experience in care and 3) Issues now: as a care leaver. In the last half of the third subsection we asked questions about the CLA as an organization and the focus of our campaigns. In Chapter 7 we address the responses to these questions. This current chapter focuses on the statistical data gathered from all sections of the questionnaire. For ease of reference, the subsections of this chapter use the subtitles of the questionnaire.

### 4.1 About you

This section of the questionnaire asked questions about gender, age, disability, ethnicity, sexual orientation, marital status, children, education, employment, income and location.

A total of 310 care leavers responded to the questionnaire. Of this number, 127 (41.2%) were male and 180 (58.8%) were female. They ranged between the ages of 17 and 78. Table 1 is a breakdown of respondents by age group. It shows that although the responses to this questionnaire cover the full age spectrum, the largest age group of respondents were those in the 41 – 50 category.

**Table 1: Age group of respondents**

Age group	Total
16 – 17	1 (0.34)
18 – 24	8 (2.8%)
25 – 30	19 (6.7%)
31 – 40	60 (21.1%)
41 – 50	81 (28.5%)
51 – 60	63 (22.2%)
61 – 70	47 (16.5%)
71+	5 (1.8%)
<b>Total</b>	<b>284 (100%)</b>

As well as asking if respondents had any children, of which 223 (74.8%) did have, we also asked about marital and other relationship status. Table 2 shows that although there were a number of different status categories, 59.6% of respondents were in one form of relationship or another.

**Table 2: Marital status of respondents**

Marital status	Total
Single	73 (24.4%)
Married	130 (43.5%)
In a civil partnership	4 (1.4%)
Living with a partner	39 (13%)
In a relationship but not living with a partner	3 (1%)
In a non-monogamous relationship	2 (0.7%)
Divorced	34 (11.4%)
Separated	8 (2.6%)
Widowed	6 (2%)
<b>Total</b>	<b>299 (100%)</b>

In asking respondents about disability, ethnicity and sexual orientation we also sought to whether these lived experiences had (if relevant) been affected by their time in care. Forty-eight (16.1%) respondents defined themselves as disabled. Twenty respondents (41.7%) and a further 16 of them (33.3%) stated that they were not disabled whilst they were in care but had developed a disability during their adult life. Twelve of them (25%) provided information about their experience of being disabled whilst being in care (see chapter 5.1 for more information).

We also asked about sexual orientation. In response, 264 (90.1%) respondents identified themselves as being 'straight,' 20 (6.8%) as 'gay' and 9 (3.1%) as 'bisexual'. Twenty-four respondents provided information about how their sexual orientation had impacted upon their experience of being in care (see section 5.3 for more information on this).

Another area relevant to identity and time spent in care was that of ethnicity. A total of 212 (76%) respondents identified themselves as being 'British' or 'white British'. However, as noted in Chapter 3 (Methodology and Ethics), the questionnaire was sent to care leavers all over the world (with various members and CLR members living overseas). As a result, we received responses from care leavers who a) had not spent time in care in the UK and/or b) were not currently living in the UK. In total 251 (84.8%) respondents now live in the UK and 253 (98.1%) had spent time in care in the UK as children (although these are not necessarily the same respondents in each category). This means that there are at least 22.1% of our sample that had spent time in care in the UK yet did not identify as 'British' or 'white British'. In relation to this question 39 (14%) respondents provided more information about how their time in care had been affected because of their ethnicity (see section 5.2 for more information).

In further analysing the location of where respondents were now based and where they were mainly located during their time in care as children, we were able to gain some important data. We categorised each location into twelve different geographical areas: London, South East, South West, Midlands, North East, North West, Wales, Scotland, Ireland, Jersey, European Union and Non-UK or EU country. The following table shows that the highest percentage of respondents currently lived in either London, the South East or the North West. These are also the highest percentage areas for where respondents (not necessarily the same respondents) were mainly located in care as children. In addition to the data presented in Table 3, there were nearly four times as many people who did or could not identify their main location in care compared to those who did or could not identify where they currently lived.

**Table 3: Current location of respondents and their main location whilst in care**

Location	Main location whilst in care	Current location
London	61 (23.6%)	55 (18.6%)
South East	44 (17.2%)	55 (18.6%)
South West	28 (10.9%)	34 (11.5%)
Midlands	30 (11.6%)	27 (9.1%)
North East	23 (8.9%)	20 (6.8%)
North West	46 (17.8%)	35 (11.8%)
Wales	5 (1.9%)	8 (2.7%)
Scotland	14 (5.4%)	17 (5.7%)
Ireland	2 (0.8%)	6 (2%)
Jersey	0	1 (0.3%)
Other EU location	0	4 (1.4%)
Non-UK or EU country	5 (1.9%)	34 (11.5%)
<b>Total</b>	<b>258 (100%)</b>	<b>296 (100%)</b>

The results above do not necessarily refer to the same respondents. For example, there were 44 respondents who spent most of their time in care in the South East and there are 55 respondents who currently live in the South East. These are not necessarily the same respondents in the first category as in the second. We were, however, also able to cross-reference 255 (82.2%) respondents whether their main location in care was the same as their current location (as answers to both questions were provided). We found that 111 (43.5%) respondents were currently living in the same geographical area as their main placement in care.

Given the focus in literature, policy and Government statistics on the education, employment and training of young people in care and recent care leavers, we asked for data about these in our questionnaire.

In relation to education, Table 4 shows the range of highest educational qualifications gained by our respondents. Whilst 11.5% of our respondents did not (as of yet) have any qualifications, it is encouraging to note that the highest single educational achievement was that of a degree with 25.2% of respondents having achieved at this level.

**Table 4: Highest educational achievement of respondents**

Highest educational achievement	Total
No qualifications	31 (11.5%)
GCSE/CSE	65 (24%)
S/NVQ	25 (9.3%)
A Level	20 (7.4%)
Diploma	40 (14.8%)
Degree	68 (25.2%)
Masters	15 (5.6%)
PhD	6 (2.2%)
<b>Total</b>	<b>270 (100%)</b>

In relation to the employment status of respondents we found that 181 (69.1%) were employed in a variety of jobs. These ranged from cleaners to ministers and included academics, photographers, waiters, television directors and youth workers. A further 35 respondents (13.4%) were retired and six (2.3%) stated that their main form of employment was as a student. Although 48 care leavers did not answer these questions, we do know that 40 (15.3%) respondents were not in employment, education or retirement. This is one area where some of the issues central to research and policy agendas for young care leavers are also pertinent to care leavers across the life course.

When asked about their income, 109 (39.8%) respondents stated that they earned £15,000 a year or less, with just over half of this number (54.1%) earning £10,000 a year or less. Of the responses, 65 (23.7%) care leavers earned £30,001 a year or more.

As outlined in the introduction to this chapter, we knew very little quantitative or qualitative information about care leavers throughout the life course (particularly beyond the age of 19); we now know a little more than we did. In asking our respondents a wide variety of questions, we have been able to gather some key demographic data. Held within our sample is data that shows the highly developed, complex and diverse lives of care leavers of all ages.

## 4.2 About your experience in care

As already noted, much of the literature and research on the care system focuses on either younger care leavers or on higher policy and/or management-based analysis. Relatively little focuses on the day-to-day lives of young people in care or on older care leavers. In particular, none has done what we do; invite older care leavers to comment on their past experience of being in care.

This section of the questionnaire asked respondents to tell us about their experiences of being in care, of leaving care and of the issues that they thought were affecting young people leaving care today. Chapters 5 and 6 provide qualitative data and analysis of these questions whilst this section presents the statistical data.

The length of time spent in care ranged from two months to 21 years, with the overall average time in care being 11 years. Respondents spent time in a wide variety of residential units. These included children's homes, secure units, resource and reception centres (R and R centres), assessment units and residential schools<sup>1</sup> as well as foster care placements<sup>2</sup>. Although 223 (78%) respondents spent the main part of their time in care in (a) children's home(s) and 45 (15.7%) spent the majority of their stay in foster care<sup>3</sup>, Table 5 shows the different types of placement moves that respondents' have experienced.

**Table 5: 'Type' of care respondents experienced whilst in care**

'Type' of care	Total
Children's home only	96 (34%)
Foster care only	9 (3.2%)
Children's home and foster care	75 (26.6%)
Two types of care other than a children's home and foster care	20 (7.1%)
Three different types of care or more	82 (29.1%)
<b>Total</b>	<b>282 (100%)</b>

Although this table simplifies the placement experience of our respondents, we can see that the second highest percentage at 29.1% identifies almost a third of our respondents as having experienced three different 'types' of care or more. We also know from our data that although a respondent may have only experienced *one* 'type' of care this does not necessarily mean that they experienced only *one placement* within this type of care setting. We know this because our respondents relayed experiencing between one and 40 different placements during their time in care. Only 45 (17.2%) of respondents experienced only one placement and a total of 201 (77%) respondents had six placements or less. The rest, 60 (23%) of respondents, had between seven and 40 placements during their time in care.

<sup>1</sup> A small number (4) of respondents cited living in residential schools as well as other 'types of care. Due to this small number of responses we have not separated this out as a different category.

<sup>2</sup> No one identified as having been placed in kinship care which is another 'type' of formal care that is increasingly being used by social services.

<sup>3</sup> Which again reiterates the point made in the methodology and ethics chapter about the representativeness of our sample.

In relation to their time in care, we asked respondents how many social workers they had had (or remember having) during this time. Twenty-six (11.5%) respondents did not remember having a social worker at all, whilst 198 (87.6%) of respondents remember having anywhere between 1 and 12 social workers. The highest single figure for number of social workers was two. This number was cited by 25.7% (58) of respondents. There were also two respondents that recalled having between 20 and 30 social workers; we recognise that these numbers could have included residential social workers.

Finally, we asked respondents whether they felt their time in care was ‘mainly positive’, ‘mainly negative’ or ‘indifferent/neither of the above’. We wanted to represent the range of opinions amongst care leavers. However, we also recognise that quantitative responses cannot hope to capture the vast and complex feelings of our respondents on this subject. This may be why some care leavers did not answer this question. It is also why we include so much qualitative data in the next chapters. Still, such data remains valuable in giving a sense of the diversity of views on the care system.

Overall though, 96 (33.7%) respondents felt that they had had a ‘mainly positive’ experience of being in care and 133 (46.7%) respondents felt that their time in care had been ‘mainly negative’. A further 56 (19.6%) indicated ‘indifferent/neither of the above’ about their time in care. This data raises important issues about the focus, in literature and research, on the negative experiences of young people in care and care leavers. Whilst it is important not to move away from highlighting the negative or more difficult aspects of being in care, our research shows that there may be a large proportion of young people in care or care leavers of all ages that have had a ‘mainly positive’ experience of the care system. However, these experiences are seriously underrepresented in literature and research. For example, no systematic attempt has been ever been made to use positive experiences, based on the retrospective views of adults who were in care, to outline ‘what works’.

Table 6 and Table 7 present a more detailed account cross-referencing experience of being in care with age group (Table 6) and main ‘type’ of care (Table 7).

**Table 6: Age group by experience of being in care**

Age	Mainly positive	Mainly negative	Indifferent/neither of the above	Total
16 – 17	1 (100%)	0	0	1 (100%)
18 – 24	3 (37.5%)	2 (25%)	3 (37.5%)	8 (100%)
25 – 30	5 (29.4%)	10 (58.8%)	2 (11.8%)	17 (100%)
31 – 40	16 (28.6%)	24 (42.8%)	16 (28.6%)	56 (100%)
41 – 50	23 (30.3%)	39 (51.3%)	14 (18.4%)	76 (100%)
51 – 60	18 (30%)	27 (45%)	15 (25%)	60 (100%)
61 – 70	19 (45.2%)	20 (47.6%)	3 (7.2%)	42 (100%)
71+	2 (40%)	1 (20%)	2 (40%)	5 (100%)
<b>Total</b>	<b>87 (32.8%)</b>	<b>123 (46.4%)</b>	<b>55 (20.8%)</b>	<b>265 (100%)</b>

This table shows that there is clear differences between those in the 61 – 70 age group, with the highest percentage of respondents who experienced their time in care as 'mainly positive', and those in the 25 – 30 age group, who had the highest percentage of respondents with a 'mainly negative' experience of the care system. Whilst there may be a range of reasons for this difference, it does at least raise important questions about the widespread assumption of gradual improvement within the care system over recent decades.

Table 7 shows, although it is difficult to draw strong conclusions from it due to low numbers, that we can compare the experiences of those who spent all of their time in care in residential institutions with those who spent the main part of their time in care in foster homes. We can see that if we collate all the 'types' of residential care together, 38% of respondents - compared to 26.7% of respondents in foster care - experienced a 'mainly positive' time in care. In contrast, 48.9% of respondents whose main type of care was in a fostering setting experienced a 'mainly negative' experience of their time in care, compared to a collective percentage of 46.6% in residential. Whilst it would be wrong to read too much into these results, it does at least suggest that some correction may be required to the prevailing view of residential child care as inherently the least preferred option when compared with foster care. This view dominates much of the literature on the care system (see also *Who Cares Scotland?: 2009*).

**Table 7: Main 'type' of care by experience of being in care**

	Mainly positive	Mainly negative	Indifferent/neither of the above	Total
Children's home	74 (34.2%)	98 (45.5%)	44 (20.4%)	216 (100%)
Foster care	12 (26.7%)	22 (48.9%)	11 (24.4%)	45 (100%)
Secure unit	2 (18.2%)	8 (72.7%)	1 (9.1%)	11 (100%)
R and R* centre	1 (100%)	0	0	1 (100%)
Assessment unit	3 (50%)	3 (50%)	0	6 (100%)
<b>Total</b>	<b>92 (33%)</b>	<b>131 (47%)</b>	<b>56 (20%)</b>	<b>279 (100%)</b>

There are also interesting points to make about the number of placement moves a respondent experienced whilst in care. Whilst there were only 15 (4.8%) participants who experienced six placements or more and who identified themselves as having a 'mainly positive' experience of the care system, there were 47 (15.2%) participants who had experienced six placement moves or more and who had a 'mainly negative' experience of being in care. The figures for five placements or less do not differ greatly between having a 'mainly positive' or 'mainly negative' experience of the care system. There were also no noticeable differences between the length of time a participant spent time in care and their overall experience (positive, negative, indifferent or neither of the above) of the care system.

Through a wide variety of placements and often long-term experience of care, our respondents were best placed to provide much-needed data about being in care. A mixture of mainly positive or mainly negative experiences are not, as some literature would purport, relegated to specific age groups or 'types' of care. As we will see from the next section, our respondents provided important new data about leaving care as well as being in care.



### 4.3 Issues now: as a care leaver

We assumed, from the knowledge of our database at the CLA, that the vast majority of responses would be from those care leavers who had left care quite some time ago. We therefore wanted to gain information about being an adult care leaver from those people who had (for the most part) left care quite some time ago and thus have had time to reflect on their experiences of being in care and on leaving care.

In this section of the questionnaire we asked four quite substantial qualitative questions. The first question asked respondents what they felt the issues affecting those about to leave now, or who have recently left care, were. The second question asked respondents to provide details of their own leaving care experiences. The third question asked respondents about accessing their records and the fourth asked them what they thought the CLA, as an organisation run for and by care leavers, should be campaigning on. The findings from this last question will be addressed in Chapter 7. Whilst the in-depth data gathered from the other questions will be explored in Chapters 6 and 9, this section will provide the statistical findings in relation to 1) education and 2) access to records.

Education has long been identified as a key issue for young people in care and recent care leavers in a number of key texts (see Chapter 2). However, the data provided on the education of care leavers does not go far beyond school leaving age. In addition, we know almost nothing about subsequent struggles with educational attainment which could have an impact on a care leaver across their life course. We also know very little about the links between educational achievement and 'type' of care placement. Table 8 compares the highest educational achievement of our respondents with their main 'type' of care experience.

**Table 8: Highest educational achievement by main 'type' of care**

	Children's homes	Foster care	Secure unit	R and R centre	Assessment unit	Total
No qualification	23 (11.5%)	3 (7.1%)	1 (12.5%)	0	3 (50%)	30 (11.7%)
GCSE/CSE, S/NVQ, A Level or Diploma	111 (55.5%)	23 (54.8%)	3 (37.5%)	1 (100%)	2 (33.3%)	140 (54.5%)
Degree	49 (24.5%)	12 (28.6%)	4 (50%)	0	1 (16.7%)	66 (25.7%)
Masters	12 (6%)	3 (7.1%)	0	0	0	15 (5.8%)
PhD	5 (2.5%)	1 (2.4%)	0	0	0	6 (2.3%)
<b>Total</b>	<b>200 (100%)</b>	<b>42 (100%)</b>	<b>8 (100%)</b>	<b>1 (100%)</b>	<b>6 (100%)</b>	<b>257 (100%)</b>

Whilst there is not much difference between those who experienced mainly residential and those who experienced mainly foster care (which is an interesting observation in itself) it is positive to see that spending time in care does not necessarily preclude someone from being able to achieve postgraduate qualifications, including a PhD (although at that level of achievement the numbers are too small to read much into). In total 21 (7.8%) respondents have gained a postgraduate qualification.

The gender and age of respondents, in relation to their educational achievement, was also an important factor in the analysis of our findings. From Table 9 you can see that there is little difference between the type of educational achievement and the gender of respondents.

**Table 9: Highest educational achievement by gender**

	Male	Female	Other	Total
No qualifications	16 (14.8%)	15 (9.3%)	0	31 (11.5%)
GCSE/CSE, S/ NVQ, A Level or Diploma	58 (53.7%)	91 (56.5%)	1 (100%)	150 (55.6%)
Degree	23 (21.3%)	45 (28%)	0	68 (25.2%)
Masters	8 (7.4%)	7 (4.3%)	0	15 (5.5%)
PhD	3 (2.8%)	3 (1.9%)	0	6 (2.2%)
<b>Total</b>	<b>108 (100%)</b>	<b>161 (100%)</b>	<b>1 (100%)</b>	<b>270 (100%)</b>

There was, however, evidence from our findings that as care leavers got older they were able to acquire higher qualification levels. A total of 57 (22.7%) respondents aged 41 and over held a degree qualification compared to only 16 (6.4%) of respondents aged 40 or under. Given that higher education has expanded in recent decades, one would expect the reverse to be the case. However, our own experience as an organisation would support the explanation that many care leavers go on to fulfil educational potential later in life, once they have moved well beyond the disruptions and difficulties of the care experience. This is also comparable across lower level qualifications. For example, there were 41 (16.3%) respondents aged 41 or over who had acquired GCSE/CSE(s) compared to only 20 (8%) participants aged 40 or under. A total of 251 (81%) respondents answered both questions on age and education, thus allowing us to compare this data.

Access to records did not appear from our sample to be affected/influenced by the highest educational achievement our respondents had gained. In short, respondents did not appear more or less like to access their records according to the highest qualification they held.

**Table 10: Access to records by highest educational achievement**

	Has accessed their file	Not accessed their file	In the process of accessing their file	Total
No qualifications	15 (53.6%)	12 (42.8%)	1 (3.6%)	28 (100%)
GCSE/CSE, S/ NVQ, A Level or Diploma	49 (41.5%)	64 (54.2%)	5 (4.3%)	118 (100%)
Degree	28 (47.4%)	25 (42.4%)	6 (10.2%)	59 (100%)
Masters	5 (35.7%)	8 (57.2%)	1 (7.1%)	14 (100%)
PhD	3 (50%)	2 (33.3%)	1 (16.7%)	6 (100%)
<b>Total</b>	<b>100 (44.5%)</b>	<b>111 (49.3%)</b>	<b>14 (6.2%)</b>	<b>225 (100%)</b>

109 (43.8%) respondents had accessed their records, 122 (49%) respondents had not and a further 18 (7.2%) respondents were in the process of doing so. The following three tables explore access to records by: table 11 – gender, table 12 – age and table 13 – main ‘type’ of care.

Table 11 shows that there are similar numbers of males and females who have accessed, have not accessed and are in the process of accessing their file.

**Table 11: Access to records by gender**

	Male	Female	Other	Total
Has accessed file	41 (40.2%)	67 (46.5%)	0	108 (43.7%)
Not accessed child care file	50 (49%)	70 (48.6%)	1 (100%)	121 (49%)
In the process of accessing child care file	11 (10.8%)	7 (4.9%)	0	18 (7.3%)
<b>Total</b>	<b>102 (100%)</b>	<b>144 (100%)</b>	<b>1 (100%)</b>	<b>247 (100%)</b>

As outlined in previous research (Goddard, et al., 2005), the average age for accessing records is approximately 35. We can see from our sample data that the highest percentage of those who have accessed their records are respondents in the 51 – 60 age group. That said, there is not much variation in any of the age groups between 25 and 60 years. We do not know, however, at what age respondents were when they accessed

their file. We only know if they have, have not or are in the process of doing so at the time of the questionnaire.

**Table 12: Access to records by age group**

Age	Has accessed their file	Not accessed their file	In the process of accessing their file	Total
16 – 17	1 (100%)	0	0	1 (100%)
18 – 24	1 (25%)	3 (75%)	0	4 (100%)
25 – 30	7 (46.7%)	7 (46.7%)	1 (6.6%)	15 (100%)
31 – 40	17 (42.5%)	20 (50%)	3 (7.5%)	40 (100%)
41 – 50	33 (45.8%)	35 (48.6%)	4 (5.6%)	72 (100%)
51 – 60	26 (48.1%)	22 (40.8%)	6 (11.1%)	54 (100%)
61 – 70	15 (38.5%)	21 (53.8%)	3 (7.7%)	39 (100%)
71+	2 (40%)	2 (40%)	1 (20%)	5 (100%)
<b>Total</b>	<b>102 (44.4%)</b>	<b>110 (47.8%)</b>	<b>18 (7.8%)</b>	<b>230 (100%)</b>

Having a positive or negative experience in care did not seem to determine the figures of those that had accessed their files and those that had not. Just from our sample, we can see that 52.2% of respondents have either had access to their file or are in the process of doing so. Even with a conservative estimate, with an after-care population of approximately 350,000 (Horrocks and Goddard, 2006) there are still a lot of files left unaccessed.

In relation to 'type' of care, we can see from Table 13 that there seem to be equal numbers of respondents from residential care having accessed their file or not having accessed their file. The interesting statistic here is that there are substantially lower numbers from foster care who have not accessed their file, yet at the same time high numbers that are in the process of doing so. Does this say something about the information available to those mainly from a foster care or residential care background about access to records?

**Table 13: Access to records by main ‘type’ of care**

	Has accessed their file	Not accessed their file	In the process of accessing their file	Total
Children’s home	92 (46.5%)	95 (48%)	11 (5.5%)	198 (100%)
Foster care	16 (51.6%)	9 (29%)	6 (19.4%)	31 (100%)
Secure unit	1 (10%)	8 (80%)	1 (10%)	10 (100%)
Resource and Reception Centre	0	1 (100)	0	1 (100%)
Assessment Unit	0	6 (100%)	0	6 (100%)
<b>Total</b>	<b>109 (44.3%)</b>	<b>119 (48.4%)</b>	<b>18 (7.3%)</b>	<b>246 (100%)</b>

In this last subsection, we can see that education and access to records are two of many areas in the lives of care leavers which highlight both their difficulties and their triumphs. In Chapter 7 we will provide more detailed information on access to records, but it is positive to note that there are significant numbers of care leavers who have or who are in the process of accessing their files.

In conclusion, this chapter has provided a wealth of statistical information of a kind that has never been collected before. For this reason, we have little data to compare our findings with. However, we have still managed to raise questions about existing research and literature in relation to the care system and leaving care. We have also noted areas where care leavers have managed to achieve educationally despite past adversity. As the following chapters reveal, such achievements have not always come easily.

## 5. Experiences of Being In Care

Although the landscape of care has been substantially redrawn over the past few decades, including a shift towards placing a higher percentage of young people in foster rather than residential care and encouraging a move towards a qualified workforce, the day-to-day realities for young people in care and care leavers are sometimes not that different to those of previous generations. Whilst we would like to separate out the policies and practices of those who experienced care some time ago from those currently in the care system, we can see from the qualitative data presented in the next few chapters that there are many similarities across the ages in terms of the everyday lives of our respondents whilst they were in care.

As we have seen already, 'being in care' can mean a wide variety of things. This chapter provides a qualitative account of what being 'in care' has meant for our respondents. The chapter is divided into five subsections. The first three, which focus on disability, ethnicity and sexual orientation, provide the reader with a brief overview, supported by quotations, of how these identity categories affected the small number of respondents who cited them as affecting their experience of being in care. Section 5.4 provides detailed quotes and discussion on the wider experiences of being in care. The final section brings together the key findings from this chapter and provides a brief discussion that links these findings with wider literature and research.

### 5.1 Disability

Disability, within this field, is a small but growing area of research that is currently grounded in the experiences of those in respite care. As such, we know very little about the experiences of disabled children who are placed in, or leave, mainstream public care. The data from our questionnaire identified 48 (16.1%) respondents who cited having a disability. When asked to expand on this, 28 (58.3%) respondents provided more detail. Of this number, 12 (42.9%) respondents stated that being disabled had affected their experience whilst in care. It did so for a variety of reasons. The other 16 (57.1%) respondents stated that their disability did not occur until after they had left the care system. From this group, one respondent stated:

*I was not disabled whilst I was in care but due to my in care experiences I have agoraphobia and social difficulties which have led to serious mental health problems which I think are a product of being in care*  
(Male, 24, Aberdeen)<sup>4</sup>

Although we did not ask for the nature of each respondent's disability, two main areas of disablement were identified throughout this data. Other respondents spoke at different points throughout their questionnaire responses about mental health problems that they now experience, as care leavers, as a direct result of their time in care. In particular, four respondents spoke about having Post-Traumatic Stress Disorder (PTSD) as a result of being in care. The other area of disability that was identified related to unseen disabilities such as a heart murmur or epilepsy. When talking about her experiences of living in care with epilepsy, one respondent stated that there was:

<sup>4</sup> We have chosen to quote respondents directly, regardless of grammatical errors.

Whilst another stated

*Shoddy medical care, no consultant follow ups, no medication reviews, [Social Services Department] simply gave me the medication, prescribed by a doctor I never did meet... Inexperienced care staff who had old fashioned ideas of what someone with epilepsy should and should not be allowed to do*  
**(Female, 32, Wirral)**

This example shows, as others have also noted, a lack of understanding and training of staff about the nature and treatment (if needed) in particular areas of disability.

## 5.2 Ethnicity

In total, 279 (90%) respondents provided information about their ethnicity. Of this number, 39 (14%) respondents stated that their experience in care had been affected because of their ethnicity. This included four respondents who identified themselves as 'white British'. An issue that was identified by a small number of respondents (6 = 15.4%), but important to note nonetheless, was their religion. These respondents identified themselves as Catholic or Jewish and were based in care in Ireland, Scotland and England. One respondent stated:

*Whilst in care I was fostered and was Christened and confirmed the same day*  
**(Male, 57, Kent, Jewish<sup>5</sup>)**

Whilst another stated

*... my family were Catholic and we were forced to attend an evangelical church!*  
**(Female, age unknown, Lancashire, Roman Catholic)**

Throughout the responses, however, a larger issue was prevalent. All but two of the respondents talked about how their cultural needs were either not understood or not met.

*Not having any role models of same racial mix to be able to communicate with and learn about my own identity*  
**(Female, unknown age, Bristol, Scottish/Asian Indian)**

and

*I missed out [on] cultural experiences which should have been implemented into my care plan. Food, cultural events, learning and understanding of history... Racist bullying in school and the community, foster carers dealt with this by cutting my hair short and blow drying it straight every night*  
**(Female, 32, Wirral, mixed race)**

## 5.3 Sexual orientation

At the Scottish Institute for Residential Child Care, Mike Sutherland (a lecturer based at the Robert Gordon University in Aberdeen) has recently produced a number of working articles on contemporary debates about the sexuality and sexual orientation of young people in care (Sutherland, 2009). This is an important move towards identifying key issues that bring together the experience of sexuality and the experience of being in care, a subject that, up until now, much of the literature and research, both contemporary and historical, has paid little attention to.

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<sup>5</sup>This is a self identification

In this section, we provide an overview of two of the key issues that arose from the 24 (8.2%) respondents who stated that their sexual orientation had affected their experience of being in care. Of this number, eight identified themselves as 'straight', 11 as 'gay' and five as 'bisexual'.

Emerging from the data were a small number of respondents in this category (4 = 16.7%) who identified relationships in general, regardless of sexual orientation, as problematic issues between staff and themselves as young people. One respondent stated:

*I lived in an all girl's children's home in which I had a long term relationship with a girl my age. The staff members would threaten us with separation in order to get us to behave the way they wanted us to behave*  
**(Female, 42, London, gay)**

The main issue, however, to emerge from this data was that of the link that respondents made between their sexual orientation, the abuse they experienced whilst in care and the sexual orientation of their abuser. It is interesting to note that seven (29.2%) respondents in this category outlined a strong link between the two. Whilst Chapter 8 will outline and address data from this questionnaire about historic abuse, it is important to provide a brief outline of this particular issue here. The following two excerpts are examples of this:

*I believe that a staff member's sexual orientation affected the way that I was treated. [I was] messed with by a female member of staff whom I now believe to have been gay*  
**(Female, 40, Cheshire, straight)**

and

*Trying to work out how much was cause and how much was effect has puzzled me for some decades. My sexual abuse – predominantly by males – may have contributed to my perceived sexual alignment*  
**(Male, 41, London, bisexual)**

In addition to difficult experiences related to sexual orientation, there were also positive examples of where respondents had felt supported by staff in relation to their sexual orientation. One respondent noted:

*[I] was always being called a girl/puff/queer but the final home I was in helped me 'come out' so it ended up a positive experience as the staff dealt with me and my situation in a professional and caring way*  
**(Male, 39, Manchester, gay)**

Whilst this section provides some insight into the experiences of being in care with diverse sexual orientations, there are many issues left under-researched and under-acknowledged that relate to many areas of identity, not just disability, ethnicity and sexual orientation. What is also important to note is that our discussion of three areas of identity raised and addressed here cannot be conclusive. It merely raises their importance. Further research is clearly required, given the impact that such experiences can have.

#### **5.4 Respondents' wider experiences of being in care**

Although we asked specific questions about disability, ethnicity and sexual orientation we also asked respondents if they would be willing to share their wider experiences of being in care. We invited care leavers to respond to this request via the online



questionnaire in the first instance, or to provide us with contact details if they wanted to talk to the researcher either face-to-face or over the phone. A total of 177 (57.1%) respondents provided detailed information about their experiences of being in care via the online questionnaire. A further 20 respondents sent their contact details, asking for the researcher to contact them. Whilst every effort was made to speak to as many of those who provided their contact details as possible, we were not able to contact everyone due to lack of resources and time. The researcher spoke to half of these respondents (10) via the telephone about their experiences of being in care. Thus, in total, this section provides detailed information gathered from 187 (60.3%) respondents.

As one can see in Chapters 6 and 7, we were able to summarise the data gathered from our respondents on leaving care and access to records. Space prohibits giving a full account of the respondents' experiences of being in care. However, the 187 respondents who provided detailed information about their time in care reflected the overall demographic spread. This enabled us provide wide-ranging and detailed accounts of four of the main themes that arose from the questionnaire responses<sup>6</sup>. These themes are 1) what it meant to be a young person in care (in particular, a lack of understanding of, or connections with, others), 2) the reflections of older care leavers on their experiences of being in care and how this may have changed over time, 3) the experiences of younger care leavers, and 4) positive experiences of being in care (which are often underrepresented in research in literature).

The following quotes illustrate the first theme outlined above, that of what it felt like to be in care and the impact of this on relationships with others:

*We were just kids in care, nobody to love and be loved. I had no role model to base myself on... now I feel that we were lost in the system, as there was no one to talk to. The social workers changed like the weather and they were not to be relied upon. I felt that I was a burden to everyone*  
**(Female, 49, Liverpool)**

*... the majority of the people doing the caring were basically good people doing a very difficult job especially in the big homes I was in. I was well looked after, fed, housed, clothed and educated. What I lacked was love... There was also the constant daily realisation that I wasn't like most other kids. They had families. No matter how hopeless some of them were, they still had them and I didn't*  
**(Male, 61, Lancashire)**

and

*I was not a very liked child, the staff thought I was too demanding as I wanted attention all the time. My sister's, brother and I never got to build that brother sister relationship as there were too many children in the home, 30 children in all... I always felt unloved even though we got lots of presents at Christmas and went to lots of parties we were always made to feel charity cases. There were lots of fights with other children, I took the blame for a lot of wrongs so other children would not get hit...*  
**(Female, 48, location unknown)**

As we get older, many of us reflect upon our early adult lives as well as reflecting on our childhood. Some individuals have the ability to see past experiences differently and/or are more capable of articulating these experiences as they age. Such reflections can arise

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<sup>6</sup>Abuse and neglect were also major themes throughout the data gathered, but this is an issue that we will return to in Chapter 8.

when our life circumstances change, such as when we move residence or develop families of our own. These factors explain why it is important to consider the views of care leavers of all ages. The following quotes demonstrated the potential power and subtlety of such considered reflections on past care experiences:

*Looking back I was very lucky within my experiences of the care system although at the time I did not think so. I think that it is taken for granted that a child placed in another family unit is going to adjust in a timely, appropriate manner. If you don't adjust you are deemed to be challenging. I struggled with the sense of feeling different. I was treated differently at school. I basically could do as I pleased without repercussions as people in authority were fearful of upsetting me and destabilising me. Foster families gave me as much freedom as I wanted. I was fortunate in that for some reason I have a good head on my shoulders so never completely abused the freedom I was given. I was fostered into a family that were wholly inappropriate and who later were unable to foster due to the poor care they gave to vulnerable children. However I was very lucky with the social workers that I was allocated. Always available when I needed them, supported me through my education and university. Saw through my apparent competence and set me straight when I acted out*  
**(Female, 32, Warrington)**

and

*... I suppose when I do think back on it they weren't always the most pleasant of places to live... I'm sure anyone who has spent time in care can remember the bad incidents, the incidents that bordered on abuse... also living in children's homes you have no control over your life, your told what to eat, when to eat, who to share a room with, you have no privacy you have to share your home with kids from different backgrounds or kids with different problems which could then result in things like bullying and being intimidated by older kids, it can be a very frustrating existence with no one really to turn to. I consider myself very lucky, there was a couple of people I met through this process who had a good influence on me, one was a member of staff in one of the Children's Homes and one was a social worker and although I have lost touch with them now I do still remember the influence they had on me. At the age of 12 I was fostered into a family after living in approx 5 or 6 homes. I am still a part of that family today. I have never had any problems with alcohol or drugs and although I never did very well academically at school I have always been in employment*  
**(Female, 37, Glasgow)**

Whilst we recognise the importance of finding space for care leavers of all ages, we do recognise the particular importance of the views of younger care leavers with regard to current policy, research and practice. Whilst there were only 9 (3.2%) respondents who came into the 16-24 age group that the vast majority of leaving care organisations, both statutory and voluntary, work with, they provided some interesting insights into both their experiences of being in care and of leaving care. The following responses demonstrate the myriad issues that such young people faced (the next chapter explores the leaving care experiences of these respondents).

*I found that everybody knew everything about me, I couldn't keep anything private*  
**(Female, 18, Ceredigion)**

*Some of the staff don't know what they are doing and they look at us as bad people especially casual staff. I lived in a building which is very old and*

*the furniture is old as well and has been used by different people... I went to visit my old home two weeks ago. I couldn't believe that I lived in a place like that. It's absolutely filthy. I feel sorry for the kids who are living there... To be honest, I like that I have met nice people and made some friends but I hate and I do hate the time I have spent there*  
**(Male, 17, Birmingham)**

*Way too institutionalised children's homes. Do u know how much we needed a hug or a late night up on a Saturday night? We weren't even allowed in each others rooms after a certain time. Not much flexibility [which] lead to frustration and chaos*  
**(Male, 24, Staffordshire)**

and

*I was always made aware of my statistical value, and my monetary value within the foster placement. I feel I should have been taken into care years sooner than I had been (I had been known to social services for 3 years prior to my accommodation by them), as I would have suffered less at the hands of my parents and be in a better position psychologically now. I was constantly pushed into 'building bridges' with my abusive parents, this reinforced a model of abusive relationships and I feel greatly influenced the consequent abusive relationships I got into when I left care... There was no attempt to undertake any life story work with me despite my pleas, because of the refusal to acknowledge the terminal nature of my removal from the household, and as a result since I am still estranged from any of my family, my sense of self is lacking (compounded by being in an ethnic minority group). I have a strong value of education, and am quite bright, however I feel the authority's attempt to nurture this was poor, and consequently I had to abandon two of my GCSEs. Regardless, I went on to FE and HE, but found trying to get any support from my Leaving Care Team was a battle. A lot of the social workers I have encountered during my time in the system seemingly lack a basic understanding of the issues that young people in care and leaving care face. I feel seriously failed by the system*  
**(Female, 23, Kent)**

Whilst the vast majority of qualitative data gathered from this research focuses on negative experiences or views regarding both in-care and leaving care experiences, there were a number of positive experiences reported. As with other areas of this report, this is another underrated and under-researched side of the care experience. The following examples illustrate the 'mainly positive' care experience response category:

*I have learnt many things due to meeting new people which gives me good skills in communication. That doesn't mean I had good time all of the time. I had really hard time which I don't want to go back to where I was but it seems that all good and bad times became nice memories. I made good friends which I will keep for the rest of my life*  
**(Male, 17, Birmingham)**

*I found that the children's home was better than foster care, because I had more friends and props when in the children's home. At the time I thought that foster care was the cheap option for caring for children, but having said that I remained a member of my foster family right up until the death of by foster parents, 45 years after I came out of social care*  
**(Male, 65, Liverpool)**

and

*We had a lovely couple who looked after us in our children's home, we were so very happy there even although we did the running away with other children, it was a bit of a fad to steal out into the night and often ran back home again after a short venture... foolish to head out in the middle of the night but great memories. We were happier than some of the children, everyone's experiences and situations were different. We were well fed, clothed, got our pocket money on Sat after lunch and would head off on the bus to town to the pictures or shopping. We would swap yearly with another children's home for our 2 week holiday by the sea, good fun. Outings to theatre up in London, we would be involved in the Xmas pantomimes in the village hall which we all loved. I hope this is the kind of contribution you would like, all homes were not bad and I know there was bad ones*  
**(Female, 60, Essex)**

Through our sample data that has focused on four themes<sup>7</sup>, we have shown that there are a wide variety of, although not conclusive or all-encompassing, experiences. In reflecting back on the most pertinent experiences of their time in care, our respondents have provided details of much-needed but extremely personal information.

Within any passage through life we all look back on our experiences in the distant past as well as those memories that have been developed more recently. In doing this we are able to reflect, adapt our perceptions of our experiences and possibly even understand our life course more coherently.

As outlined in Chapter 2, and supported in our research, there is a long history of young people in care experiencing poor outcomes and opportunities. Few comparisons are made, however, between identity factors - such as disability, ethnicity and sexual orientation and care experience. This remains an area for further research. However, in this chapter we have at least seen that there are a wide variety of care experiences, both positive *and* not so positive, that are not dependent upon age.

In the last section of this chapter, we relayed the wider experiences of our respondents when they were in care as children. Through relaying these experiences, both positive and not so positive, our respondents have reflected on their past in care and have developed different understandings of their past over time. In gathering data from care leavers aged 17 – 78, this is the first study that has also been able to present data from a wide age range. Our next chapter focuses on an equally diverse set of experiences of leaving care.

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<sup>7</sup>1) what it meant to be a young person in care (in particular a lack of understanding of or connections with others), 2) the reflection of older care leavers on their experiences of being in care and how this may have changed over time, 3) the experiences of younger care leavers and 4) positive experiences of being in care.

## 6. Experiences of Leaving Care

Going into care is, for many, a difficult and traumatising experience, regardless of whether you have a positive experience whilst in care or not. Leaving care, however, can be just as, if not more, difficult as entering care. The following data is gathered from asking respondents 1) what they felt were the issues facing those leaving care today and 2) what their own experiences of leaving care were like. To the first question there were 207 (66.8%) responses and to the second question there were 215 (69.4%) responses.

### 6.1 Issues respondents felt were affecting current care leavers

The large percentage of responses to this question (207 = 66.8%) means that the data presented in this chapter covers the demographic breadth of our overall sample. From this data, we were able to identify themes and a long list of issues that respondents felt were affecting current care leavers. The table below shows the top five issues identified (see Appendix 2 for the full list).

**Table 14: Top five issues identified by respondents as affecting current care leavers**

	Total
Lack of support (in general)	55 (26.6%)
Being unable to settle in one location/poor accommodation/poor location (for example, respondents cited being placed in dangerous or impoverished areas)	45 (21.7%)
Feeling alone/isolated/vulnerable/abandoned or feeling as though there was nowhere to return to	36 (17.4%)
Financial issues/difficulties with budgeting/not knowing what bills to pay	35 (16.9%)
Lack of employment opportunities and/or lack of help with this	35 (16.9%)

It is interesting to note that education was not identified as a top five issue. Whilst we know that poor educational outcomes result in an inability to gain the skills and aptitude to acquire good accommodation, deal with money and deal with social isolation, those on the receiving end of research, practice and policy – care leavers – prioritise other difficulties. It is also worth noting that the five key issues of support, accommodation, isolation, finances and employment have long been high on research, practice and policy agendas yet remain significant problems for younger care leavers. As we will see, these themes have been identified partly because our respondents (across all the demographics – age, gender, location etc.) have first-hand experience of them. Our respondents outlined these issues as follows:

*Many care leavers seem unable to make and sustain proper relationships as young adults. Where they do exist they seem centred upon drugs, sex and violence. Young adults who have experienced prolonged periods of care seem emotionally stunted and unable to contribute*  
**(Male, 58, Hull)**

*It is not acceptable to advise them on how to claim benefits but they should come out of care with a skill to trade to equip them to enter the world of work... Care leavers should have a preparation course prior to leaving care on everyday living, relationships, budgeting, self esteem and the like*  
**(Female, 59, Kent)**

*A University grant is for 33 weeks and I had to make mine last 52, because I didn't have parents to go back and live with I was unable ever to live in Halls and so missed out on a great deal of friendships and socialising etc. as I had to find accommodation that wasn't going to turf me out in the holidays and find work. I remember one place I was staying the landlady wanted her house back at Christmas and couldn't understand why I had nowhere to go so I lived rough over Christmas as I couldn't explain as there is an unspoken prejudice about kids in care that you must have done something wrong*  
**(Female, 40, Lincolnshire)**

*A phone number, a face, a name would have been good for me in 1960 and I hope it is provided today*  
**(Male, 65, Eastbourne)**

*If a young person who lives with parents leaves home, they often do so in the knowledge that they can return or at least visit regularly for parents to sort out problems, whether it's just domestic, financial or emotional. I think this is the main difference for care leavers. When they leave care, whether it's a children's home or foster home, they have no feelings that they have a natural right to return. They go from childhood to the adult world very abruptly*  
**(Female, 61, Kent)**

*Lack of preparation for what happens after care. I also think that being in care for long periods of time institutionalizes a person. I found it really difficult to think for myself and to have no regime. The lack of structure in my life after leaving care left me contemplating ways to have this in my life again. I even considered breaking the law on several occasions just to get put in prison*  
**(Female, 42, London)**

and

*My first point is that all people have certain views on people in care. They think we were trouble-makers... I believe there needs to be more awareness in all areas of our society that's it's completely different to what people say...*  
**(Male, 18, Surrey)**

As we can see from the quotations above, respondents have experienced leaving care themselves in a wide variety of ways. Much research, due to issues of time and funding, concentrate on specific areas or age groups. This research has been important in bringing such demographically dispersed data together from respondents of all ages and locations. We can, however, see that there are a number of key themes that run throughout our respondents' experiences of leaving care, regardless of age and location.

## **6.2 Respondents' experiences of leaving care**

A total of 215 (69.4%) respondents provided detailed accounts of their own experiences of leaving care. As noted in the introduction to this chapter, the current concerns for young people leaving care, and within research and policy debates, were also the direct

experiences of our respondents. This section highlights our respondents' top five negative and the top five positive experiences of leaving care (see Appendix 3 for a full list). The following quotations provide some sense of the qualitative, personal detail that lies behind the statistics. As we will see, in addition to the negative and positive accounts some respondents discussed employment opportunities upon leaving care.

**Table 15: Top five negative experiences of leaving care**

	Total
Had to go back to live with family which were problematic/abusive/difficult	30 (14%)
Felt alone/abandoned/dumped/rejected/forgotten about	29 (13.5%)
Poor accommodation or area/evicted soon after leaving care/went to live in a bedsit or hostel	22 (10.2%)
No support (in general)	20 (9.3%)
Became homeless	18 (8.4%)

We can see from Tables 14 and 15 that a number of the issues overlap as care leavers project their own experiences of leaving care on to the issues they think are faced by those leaving care today. A lack of general support, difficulties with accommodation and isolation are in both top five lists. In Table 15 the most commonly identified experience of having to leave care is going back to live with family members. This is reported in all the age groups, although it is higher among those leaving residential care than those leaving foster care. In addition, homelessness features in both lists. This reflects a longstanding reality, since we know that 5% of care leavers quickly go from care to living on the streets and that, according to the Centre for Justice report *Couldn't Care Less* (Robson, 2008), one third of the homeless population are care leavers. This and other issues noted in Table 15 are given more depth and detail in the following quotations:

*not nice, I was homeless, unemployed, very hungry, very lonely, very vulnerable to exploitation from others, scared of the future, scared of the present, did not even know how to sign on to get money and ended up shop lifting. I would not like to see anyone go through what I went through*  
**(Female, 48, Kent)**

*Very little planning for the future and I was worried as I didn't know where I would go when I turned 18. I ended up signing up for an HNC at college in a course I didn't really want to do as there seemed to be more help offered if you were going on to further education. When I went on to the HND I ended up dropping out as I didn't have secure accommodation... I found it difficult not having a social worker and felt very much on my own and didn't really have access to anyone to ask for help or advice and found the transition very difficult*  
**(Female, 25, Highlands)**

*I went from living with approx 50 girls and staff to living on my own. To say this was a culture shock was an understatement. I didn't know how to function and struggled for quite some time*  
**(Female, 42, Waltham Forest)**

*I never had any support at all, I wanted to go to college when I left school, but was told I had to get a job and move out, so I just took any job and rented a bedsit*

**(Female, 38, Hertfordshire)**

*I went straight from the care system into the prison system. No support was ever even suggested*

**(Male, 49, Devon)**

and

*My main issue is of what I am going throughout right now, I have left the care system this year in January [2009]. I rang up my Social Worker to talk and she said that she wasn't on my team anymore. She gave me another number for a team in Aldershot. I spoke to another lady who said she was my new care leaver worker, and that we should meet up for a coffee. It's August. Enough said I think. The point I am trying to make is, yes we are adults, but we still need help!*

**(Male, 18, Surrey)**

The following table outlines the top five positive experiences of leaving care. Although the negative experiences of leaving care for our respondents far outweigh the positive experiences, the latter are important nonetheless. They can provide clear indications for policy-makers and practitioners of what a good leaving care experience should look like.

**Table 16: Top five positive experiences of leaving care**

	Total
Good experience of leaving care	5 (2.3%)
Left care with a good job	5 (2.3%)
Positive move back home with family	5 (2.3%)
Was in a positive relationship	5 (2.3%)
Went from care to university	5 (2.3%)

As we can see, good support/relationships, positive moves back home and being employed are all identified as central to a good leaving care experience. In the following quotations, our respondents explain what this means in more depth:

*It was good leaving care. I had a great social worker. She was the best*

**(Female, 31, Chelsea)**

*... my foster family still continued to see me as part of their family and so I did not have to be on my own in life and still had someone to go home too...*

**(Female, age unknown, Bristol)**

and

*Luckily I had a good social worker who realised my problems and kept a 'light' eye on me and gave advice etc. She also helped pay for my wedding (out*



*of her own money) when I was 23 years old. Unusual I know but a wonderful support even when I was a bit out of control!!*  
**(Female, 59, Hampshire)**

In identifying employment as a key indicator upon leaving care, 16 (7.4%) respondents noted that they had moved from care into a place of work that had either education and/or accommodation attached. Nine (56.3%) of these respondents identified the reason for going into such work as either a) giving them stability or b) solving education, employment and housing opportunities all at once. In addition, four (25%) respondents noted that they had joined the armed forces. One of them was aware of the obvious similarities, and hence the underlying rationale, of such a move:

*Well if I've spent all my childhood in one institution it made sense that I would spend all my adult life in another*  
**(Male, 50, Aberdeen, joined the army)**

**Table 17: Work-related location of care leavers upon leaving care**

Location of work	Total
Went to train to be a nurse	6 (2.8%)
Joined the army, the HM Forces or signed up for National Service	6 (2.8%)
Got a job at Butlins	1 (0.5%)
Got a job in a hotel	1 (0.5%)
Moved abroad for work	1 (0.5%)
Went to live in a commune	1 (0.5%)

It is interesting to note that none of the respondents in Table 17 identified this shift into a more holistic work-related location as a negative experience. Such employment opportunities, particularly with live-in accommodation and education attached, are now less common. University education offers some similar opportunities, but the problem of vacation accommodation remains for some, despite greater support being introduced by the Children (Leaving Care) Act 2000.

This chapter has shown that a) the nature of the negative experiences of leaving care has not necessarily changed over time as care leavers of all ages have identified a number of negative experiences and b) our respondents view the prospects for future care leavers as just as bleak as their own. The chapter shows, as will the following chapters, that being a 'care leaver' (and the issues linked in with the experience of leaving care) does not cease soon after leaving care, in line with the decline in interest from researchers and policy-makers. We have seen that there remain lifelong issues for some in this group. In the next chapter, we look at the present-day concerns of our respondents, the things that they want us to campaign on.

## 7. Campaigning

In identifying clear areas of need based on the experiences of our respondents, one can also see areas of improvement in research, policy and practice. In addition to the findings already presented, we asked a specific question about what issues our respondents felt the CLA, as a charity for care leavers, should be campaigning on.

As noted in Appendix 4, respondents felt that we had a responsibility as an organisation to campaign on various issues. Here we consider some of the responses of the 175 (56.5%) care leavers who addressed this question.

Table 18 outlines the top five issues respondents felt the CLA should be campaigning on (see Appendix 4 for the full list of issues). Some of these we already campaign on; most notably, our national campaign on access to records, which was launched in 2005 (see Chapter 9 for more information on this). We have also been active for a number of years on the subject of historic abuse, with the most notable recent work in this area being our support for abuse victims in Jersey and the research we carried out alongside the Scottish Institute for Residential Child Care for the Scottish Human Rights Commission on historic abuse in Scotland (Duncalf, et al., 2009) (see Chapter 8 for more information). In addition, as the only UK-based organisation working with care leavers of all ages on a wide variety of issues, we have long recognised the importance of the third issue identified on the table below; that of support for, and acknowledgement of the needs of, care leavers beyond the age of 25. On the subject of education, we have recently begun work on improving the level of support for care leavers at university. More generally, we continue to lobby government about a wide range of issues connected not just to care leavers but also to looked after children in the current care system.

**Table 18: Top five areas that respondents thought that CLA should campaign on**

	Total
Access to records	20 (11.4%)
Long term support for the education of care leavers	16 (9.1%)
Core support/acknowledgement of care leavers beyond the age of 25	15 (8.5%)
Long-term, free counselling/emotional support for care leavers	13 (7.4%)
Abuse in the care system	10 (5.7%)

In their feedback, our respondents provided quite clear justifications for these areas of work:

*I work in HE and am appalled at the low number of care leavers who are offered the opportunity to enter HE, and when they do manage to get there,*

*the relative lack of support offered to them - HE from the age of 25 was my salvation and saviour! I am sure there are many, many other issues - certainly for me, one was not having any kind of family or support structure to be able to turn to - and it remains a huge issue for me today at the age of nearly 50!*  
**(Female, age unknown, Lambeth)**

*Counselling for adults who have been through the care system. Raising awareness in [the] general population on the effects of trauma/loss/separation and difficult attachments have on adults and continuing support. Recognising the importance of the relationships built up between children placed together and the distress at separation/not knowing their outcomes/lack of closure*  
**(Female, 47, Berkshire)**

and

*Emotional support... I think children who have been abandoned by their parents are already damaged and will remain that way unless they are taught to love and respect themselves and have healthy boundaries. Foster homes can be as damaging to a child as an abusive parent and should be monitored frequently. Caretakers in children's homes should be alert to abuse from other children. I'm not sure what the answer is*  
**(Female, 66, London)**

The issues highlighted here and in Appendix 4 are wide-ranging. They are not only aimed at one area of the in care or leaving care population, but across the board. Young people in care, regardless of where they are based in care, and care leavers, regardless of their age, could be affected by many of the issues presented in this report.

Our findings provide lessons not just for the CLA but also for statutory and voluntary organisations working with care leavers or those preparing to leave care. The CLA alone cannot hope to adequately address these issues, though these findings provide us with invaluable pointers for our future campaigning work during the next few years.

## 8. Historic Abuse

During the past ten years, the CLA has been involved in a number of discussions, debates and campaigns on historic abuse. In addition, we support individual care leavers and groups of care leavers fighting for justice in relation to this issue (as already noted, work in this area has been carried out by the CLA in both Jersey and Scotland<sup>8</sup>). This chapter outlines what is meant by historic abuse, discusses the CLA's policy on this issue and provides data on this topic from our respondents.

Historic abuse takes many forms. These forms include, but are not limited to, sexual, emotional, spiritual, physical and economic abuse. What sets 'historic abuse' apart from other forms of abuse, however, is the context within which this abuse is carried out. Historic abuse, also known as systemic or institutional abuse, is carried out by practitioners who look after young people in public care; be they, social workers, residential care workers or foster carers<sup>9</sup>. Over recent decades, there have been a number of inquiries into the historic abuse of young people in care in the UK<sup>10</sup>. However, little has been provided in the way of recompense. Accordingly, in order to address some of the outstanding issues, the CLA drafted, in March 2009, a policy statement on abuse which is worth quoting in full here, since it reflects the fundamental approach that we adopt to this subject<sup>11</sup>:

### **The Care Leavers' Association notes that:**

- The physical, sexual, emotional abuse and neglect of children in care was widespread in the child care system of past decades
- Such abuse continues to occur in the modern care system
- Much of the abuse that took place in the care system in past decades was not uncovered or dealt with by past abuse investigations
- There has been major long-term harm to many individuals as a result of such abuse within the care system.

### **We seek to:**

- Remove the legal time and other limits that prevent care leavers from pursuing adequate redress
- Persuade the UK government to involve care leavers in both the training of social workers about abuse in the care system and in the monitoring and inspection of the care system
- Persuade the UK government to develop more stringent monitoring processes and procedures, with the goal of eradicating abuse within the care system

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<sup>8</sup> See [www.careleavers.com/abuse/jerseyactivities](http://www.careleavers.com/abuse/jerseyactivities) and Duncalf et al., 2009.

<sup>9</sup> Very little is known about the abuse of those who have been/are in foster care.

<sup>10</sup> Visit [www.careleavers.com/abuse/history](http://www.careleavers.com/abuse/history) for a brief outline of many of the inquiries into historic abuse

<sup>11</sup> Taken from [www.careleavers.com/abuse/policy](http://www.careleavers.com/abuse/policy)

- Persuade the UK Parliament to set up a Parliamentary Commission of inquiry to investigate past abuse in the care system
- Persuade the UK government to follow the lead of other governments and apologise to those abused in care
- Support those individuals and organisations who are actively engaged in challenging past and present abuse within the care system
- Persuade the UK government to provide sufficient resources and guidance to ensure the proper investigation of past and present abuse within the care system
- Persuade the UK government to extend child protection legislation and the Children Act to apply to the abuse of children in care
- Persuade the UK government to provide sufficient funding and resources for the long-term support and/or counselling of care leavers who have experienced abuse within the care system across the statutory and voluntary sector and for this support to be widely advertised.

Whilst we are a long way off, in many respects, from achieving many of these goals, it is important that we continue to work closely with others in striving to do so.

As with many other areas of research and literature on young people in public care (Abrams, 1998; Browne and Lynche, 1999; CLAN, 2008; Corby, 2000; Duncalf et al., 2009; Sen et al., 2008), abuse and neglect in the care system featured highly in the responses we received. Our findings confirm our policy statement as reflecting the most appropriate areas and challenges identified by our respondents.

Whilst historic abuse, by definition, focuses on the past, it is important to remember that abuse still takes place in all forms of social care and has life-long ramifications for those who have experienced it. Some young people in care and those who have recently left care, as we can see from the quotes above, continue to experience abuse and/or are having to deal with the often life-long consequences. Other contributions on this subject include the following:

*I was born in Glasgow in November 1964 into an already large family of five boys one girl... A couple of fostering placements didn't work out and we ended up in various children's home placements with some degree of fairly harsh punishments... however, the worst physical and emotional abuse... We were constantly told of our worthlessness beaten with anything which came to hand. Some bizarre forms of cruelty included being locked in a small mortuary room used to keep the dead elderly and being put out in the snow in our underwear. Often at night we would be taken to dark out of use parts of the Victorian building and left in the cold and dark for hours*  
**(Male, 44, Aberdeen)**

and

*We were drugged to keep us controllable, fined, put in solitary and exposed to people who should not have been left alone with us. If you did not fight for your dinner you got none and this was regarded as fair. The person who issued the drugs was rarely sober at night and it never did feel safe*  
**(Female, 50, Guildford)**

One noteworthy finding was that out of the 187 (60.3%) respondents who spoke about their time in care there were two respondents who gave details of being abused in the same unit nearly 40 years apart:

*These were wicked staff. They didn't care about us at all. Worse still we used to get beaten if we didn't do as we were told. The one in charge had a reign of terror throughout the house. I'm sure that some of them didn't like leaving us at night without any clothes or blankets but she was very harsh. I was glad to leave after being there for nearly ten years*  
**(Female, 56, Scotland)**

and

*I moved around lots when I was in care, but the one home my social worker made me stay in was the worst. I had complained that I was sick of moving all the time, but I certainly didn't want to stay here. Many of the staff didn't care they used to come and go and some would leave us on our own for entire shifts. Sometimes we ran away and from then on one member of staff used to take us to their house and lock us in the cellar so that we couldn't run away. We would be told regularly that it was only a job. I felt so alone there. Once a worker came into my room who had been drinking and she grabbed my hair and pulled me all the way down the corridor shouting at me for being too much like hard work. I couldn't wait to leave at 16*  
**(Female, 19, Scotland)**

Further, the literature on this subject lacks a focus on the wider impact that abuse in the care system has on a person's future life. The long-term effects can include the sense of isolation and stigma of being in care and difficulties in moving towards to adulthood:

*My experience in care has had a terrible impact on my life. I am very passive, to the extent it wears me out. This is due to the mental torture suffered [in care]. I find it very hard to trust, which keeps me in an isolated state. I have had alcohol problems, and also self-harming. I have been dealing with these problems and truly believe they were due to my feelings of not belonging anywhere. Life has been a terrible struggle, I believe not being rehabilitated into the "real world" played a big part in it*  
**(Female, 52, Brent)**

Our evidence from younger care leavers shows that abuse continues to be a problem within the modern care system. Unfortunately there has simply not been space to include more of the detailed accounts that were received, not only on the subject of abuse but on other concerns. However, we can clearly see that in 2010, sometimes decades after the events concerned, care leavers continue to live with the effects of abuse. In seeking to understand their experiences in care - whether abusive or otherwise - some care leavers have turned to accessing their care records. It is to this issue that we now turn.

## 9. Access to Records

As noted in Chapter 2, everyone who has experienced time in care at some point in their childhood will have a local authority or voluntary sector file (depending on where they were placed) that was written about them. Due to changes in legislation over in the last three decades, care leavers of all ages now have varying levels of access to these files. In recent years, there have been moves towards a greater understanding of why these records are important. Horrocks and Goddard (2006) outline a wide range of reasons why records are important and why care leavers may want to access them. Such reasons include the desire to find a sense of self, to understand the past, to put the past to rest and to move forward into the future and, finally, to find out key facts/information (such as date of birth and medical history).

In 2005, the CLA launched a campaign entitled 'It's Our History, It's Our Right: Reclaiming Our Past'. Alongside seeking to raise awareness of the issues facing care leavers when accessing their records and advertising the existence of these records, the CLA developed a quality mark for the file holders, called the CLEARmark (which stands for Care Leavers Enhancing Access to Records). This mark is awarded to services (from both the voluntary and statutory sector) that demonstrate good practice in supporting care leavers who access their records<sup>12</sup>.

This chapter suggests that there is still a long way to go in relation to providing good quality services for care leavers in accessing their records. Nevertheless, some of our respondents have outlined positive experiences in accessing their records. Such experiences are just as important, as learning tools, as the negative experiences.

We asked our respondents, within the questionnaire, direct questions regarding whether they had accessed their records and, if they had done so, what their experiences of this process were. In total, 109 (43.8%) respondents had accessed their records, 122 (49%) respondents had not and a further 18 (7.2%) respondents were in the process of doing so.

Although only 109 (35.2%) respondents reported having accessed their records, when we asked if they would like to tell us about their experience of accessing their records a total of 151 (48.7%) responses were received. Part of the explanation for this apparent anomaly is that nine (6%) respondents took the opportunity to state that they did not know that they could access these records, or that they did not know there had been any records kept on them as children in care. Since some respondents did not give their contact details, we were unable to contact them directly to tell them how they could access their records. However, for those who did provide their contact details we were able to pass on relevant information about how their child care records could be accessed.

Overall, our respondents relayed a wide variety of experiences, both negative and positive, of seeking to access their records. The overwhelming number of these experiences focused on the difficulties. Table 19 outlines the top five issues that our respondents encountered whilst, in some cases, attempting to access their records (see Appendix 6 for the full list of responses).

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<sup>12</sup>For more information visit [www.careleavers.com/clearmark](http://www.careleavers.com/clearmark)

**Table 19: Top five negative experiences in accessing records**

	<b>Total</b>
The file took a long time to access (respondents identified between one and seven years)	23 (15.2%)
Respondents still do not have access to their files, despite waiting a year or more	15 (9.9%)
Sections of the file were deleted/blacked out	12 (7.9%)
Respondents had to make lots of follow-up phone calls, emails and letters to access their records	11 (7.3%)
Reading the files made respondents feel angry, upset or depressed and/or it was a traumatic, painful or emotionally difficult experience	10 (6.6%)

Legislation requires agencies to respond to a request for records within a 40-day time period. As we can see from our research and that of others (Goddard et al., 2005), this time period often lapses quite substantially. For some of our respondents, the experience of getting access to records is another 'fight against the system'. The following quotations from our respondents explains this and the other issues noted above in more depth:

*This had parts crossed out when referencing another person. This was very frustrating. My childhood memories are patchy. I felt accessing my files would help me to understand my childhood better*  
**(Female, 37, West Midlands)**

*Having just recently received my files, I find it mind boggling that under the Data Protection Act 1998 most of the information was censored. I find it even more mind boggling that under this act, Adopted Children have access to full information without censorship. Ex 'In Care' children don't have the same rights. It's not only unjust. It's ludicrous!*  
**(Female, 54, Rotherham)**

*I was grossly patronised. I was told I had no statutory right to see my file and that I was being granted a favour. The Information Commissioner upheld this view when I complained to it*  
**(Male, 55, location unknown)**

*Fairly straightforward but ultimately it left more questions unanswered. There was little in my Care File. I was in care for 7 years but there was not one 'photo, no parental letters, not one school report, no mention of how I was doing at school, nothing insightful. My Care File had all the use and interest of an old shopping list. It seems to have been written by complete strangers about a complete stranger. Some of the remarks were about someone else, they must have been*  
**(Male, 58, Hull)**

*I wrote a letter and they said because it was before the 1987 access to information law they couldn't help. I did consider writing again but by this time*



*I was working for the LA so would have made the confidentiality issue a bit awkward especially as I had been sexually abused whilst in care*  
**(Female, 47, Cardiff)**

and

*... because I was a qualified social worker they just gave me my files during lunch break and expected me to be able to go back to my desk in the afternoon...*  
**(Female, 40, Buckinghamshire)**

These experiences demonstrate a need for serious improvements in some cases, in order to ensure that access to child care records is a) easier, b) quicker, c) done with care and attention and, most importantly d), taken seriously.

Within our research, it was a minority that reported positive experiences. Nonetheless, reporting their experience is important. It ensures that a balanced, representative picture is prevented and demonstrates to those with concerns about the process that access to records can, indeed, be a positive experience. Table 20 shows the top five positive points made by care leavers about accessing their records<sup>13</sup>.

**Table 20: Top five positive experiences in accessing records**

	Total
It was a positive experience	9 (6%)
It helped them to understand their time in care and why they were placed in care/ Helped respondents understand who they were and where they came from	8 (5.3%)
They received positive support from social workers/services	8 (5.3%)
The file contained information about unknown siblings, who respondents were then able to contact	5 (3.3%)
It was a difficult but worthwhile process	4 (2.6%)

Although some respondents gave no specific detail as to why they felt accessing their records had been a positive experience, others cited positive experiences of support and/or engagement with social workers or social services. This is significant, since such encounters can be difficult for many care leavers. The following quotations illustrate these positive experiences in more depth:

*This access to information is important to enable care leavers to fill in gaps in their knowledge of their growing up years and to make sense of their subsequent life experience and difficulties*  
**(Male, 64, Essex)**

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<sup>13</sup> As a measure of good practice, the CLEARmark would show agencies where positive experiences such as those quoted would be evident.

*I had absolutely no problems obtaining my complete file. I was suggested that I have the file sent to someone who I trusted who would be there when I opened and read the contents. The experience was emotional but not in any negative way*

**(Female, 57, Alverstoke)**

*The process was quite quick for me, and I had support from a friend, which helped. I received my file within 3 weeks of applying, and have had further support from the person who deals with the process, she has been very helpful and understanding. I am still coming to terms with a lot of the content, and still need to read more thoroughly. Very emotional and traumatic, but also giving me answers to some lifetime questions. Sometimes I wonder if I have done the right thing, but mostly, despite the pain, I am glad I made that step*

**(Gender unknown, 38, Wirral)**

and

*The saddest moment in my life, yet the most liberating too... However, they open up a new can of worms as you can learn about things that you didn't know that had happened.... Having access to files is the best thing ever*

**(Male, 44, Cheshire)**

Given that access to records is a key campaign and agenda item for the CLA, it has been important to provide this more in-depth account of what little we know in this area from the point of view of care leavers. The findings make it clear that this issue should be on the agenda of many agencies and is not merely an issue for the CLA.

It is encouraging to see so many care leavers in the process of accessing their records. Statistics estimate that in recent times there have been on average 4,000 care leavers accessing their records each year and that this figure is increasing. In light of the known importance of this subject, the CLA redrafted and relaunched their Access to Records Guide for any care leaver wanting to know how to access their records. In the three months between November 2009 and March 2010 this booklet was downloaded 670 times, this is further evidence of the importance of this issue for many care leavers and the need for further research and support for both care leavers and agencies in this area.

## 10. Key messages

In drawing this report to a close, this section aims to highlight and summarize the key messages that our research reveals. This report, as noted throughout, does not aim to be an exhaustive, conclusive or in-depth understanding of all of the many issues raised. Instead, it should be seen as the first and largest research report of its kind in this area. We hope that it will be the first of many.

1. We can narrow down the issues to emerge from this report as:
  - Understanding the experiences of being in care and of leaving care
  - Understanding the issues of identity and belonging
  - Reflecting on the past
  - Accessing records
  - Historic abuse
2. Many care leavers face a wide variety of difficulties and issues that both predate their care experience and derive from it and from leaving care. Care leavers often struggle with many of these issues throughout their lives. In short, the importance of these issues does not cease a few years after they have left care or when leaving care services cease to provide further support.
3. We cannot, and indeed should not, assume that younger care leavers are likely to be enjoying more positive experiences upon leaving care, or that their transition from being in care to after care has changed radically over time.
4. Whilst some research and literature would suggest that foster care is a better option for young people than residential care, our research has shown that this is not necessarily the case.
5. There needs to be recognition that care leavers of all ages have a wealth of knowledge and experience that can benefit current practices and practitioners. In light of this, there needs to be greater involvement of care leavers of all ages in research, policy and practice.
6. We have learned, during the course of this research, that many care leavers are keen to have a voice within research, policy and practice but feel frustrated that this is not an option usually open to them.

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## Appendix 1 - Questionnaire



### Questionnaire for Care Leavers

The aim of this research questionnaire is to collect helpful information about adult care leavers in the UK. We want to find out about the issues that concern you so that we, the Care Leavers' Association, can better represent care leavers. We want to know more about the backgrounds and experiences of adult care leavers so that we can help to inform people – government, the media and the general public – about their needs. This is the first time that anyone has widely consulted adults who have been in care as children.

The information you give us will only be used by the Care Leavers' Association. It will not be passed on to anyone else. We seek to represent, and are run by, care leavers of any age from 18 upwards. We have all been in care as children and you can find out more about us from our website: [www.careleavers.com](http://www.careleavers.com). We will publish the results of our research, but no one will be identified (the results will be anonymous).

If you want to, you can decide not to answer any of the questions. Also, you can contact us if you want any more information about the questions.

If you would prefer a paper copy of the questionnaire, let us know and we can post one to you or send it to you as an email attachment.

We aim to be able to present the findings from this questionnaire by the Annual General Meeting in November. Please could you fill out this questionnaire by **Friday 30th October 2009**

**If you have any questions or comments please do not hesitate to contact the research co-ordinator: Zachari Duncalf on [zduncalf@yahoo.com](mailto:zduncalf@yahoo.com)**



**About You**

Gender: \_\_\_\_\_

Age: \_\_\_\_\_

Would you consider yourself to be Disabled?      YES      NO

If being disabled affected your experience in care, please say how in the following box:

Ethnicity: \_\_\_\_\_

If your ethnicity affected your experience in care, please say how in the following box:

Sexual Orientation: \_\_\_\_\_

If your sexual orientation affected your experience in care, please say how in the following box:

Marital Status: \_\_\_\_\_

Do you have any children?    YES                      NO

Educational Achievement (identify the highest you have been awarded):

NONE              GCSES/CSE              S/NVQ              A Levels              Degree

Other

Employment: What type of work do you do?

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What is your annual income (please circle):

Wage band: £0 – £10,000    £10,001 – £15,000    £15,001 – £20,000

£20,001 – £25,000    £25,001 – £30,000    £30,001 +

Location/where do you live: \_\_\_\_\_

## About Your Experiences of Being In Care

How many years were you in care for as a child? \_\_\_\_\_

Which 'types' of care did you experience? (please circle all that apply)

Foster care    Children's Homes    Secure Unit

Resource and Reception Centres (R & R's)

Other:

Where did you spend the majority of your care experience?

Which county/Local authority: \_\_\_\_\_

Which 'type' of care: \_\_\_\_\_

If you can remember, how many different placements did you have? \_\_\_\_\_

If you can remember how many different social workers did you have? \_\_\_\_\_

Would you say that your time in-care was:

MAINLY POSITIVE

MAINLY NEGATIVE

INDIFFERENT/NEITHER OF THE ABOVE

Would you like to share some of your experiences of growing up care with us? This information will help us to better understand the experiences of other people who, like us, have grown up in care. If you would prefer to discuss this with someone rather than write it down here, then please feel free to get in touch.

**Issues Now: As a Care Leaver**

What do you think are the main issues facing care leavers today?

What were your experiences of leaving care?

What do you think the main issues that the Care Leavers' Association should be campaigning on?

Listen Up! Adult Care Leavers Speak Out

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Over the past few years, campaigning to improve access to child care files has been a main goal for us. Please tell us:

Have you accessed your child care file?

YES

NO

If 'YES', what was your experience of accessing the file?

Did you know that we hold regular Open Meetings for care leavers?

YES

NO

If yes, have you ever attended these meetings?

YES

NO

If no, could you outline the reasons for you not being able to attend these meetings:

Not interested

Not at the right time

Not in the right location

Do not feel confident enough to attend

Other, please say: \_\_\_\_\_

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If you have attended these meetings, we are always looking for views on how we can improve them. If you have any suggestions please place them in the box below:

**Thank you for taking the time to fill in this questionnaire. If you would like to be told about the progress of this research or would just like to know more about the Care Leavers' Association then please get in touch at: [info@careleaves.com](mailto:info@careleaves.com) or visit our website at [www.careleavers.com](http://www.careleavers.com)**

## Appendix 2 – Table of issues affecting current care leavers (continued)

	Total
Lack of educational prospects	34 (16.4%)
Not being prepared for semi-independence or living alone/not having the appropriate life skills	32 (15.5%)
Living with the stigma/discrimination of being in care/lack of social acceptance	31 (15%)
Dealing with long-term mental health problems (respondents identified the following – low confidence, poor self-esteem, no self respect, anxiety, depression, suicidal feelings)	20 (9.7%)
Experiencing crime, drugs, alcohol, teenage pregnancy and/or prostitution	17 (8.2%)
Lacking networks/people to call on whether it be professional, personal or familial	17 (8.2%)
Experiencing relationship/trust issues/getting involved in abusive or inappropriate relationships/not having the ability to develop healthy relationships	16 (7.7%)
No counselling and/or psychological or emotional support	15 (7.2%)
Respondents commented on how they felt/hope there were positive changes since they had left care/hoping it would be different for young people leaving the care system today than it was for them	14 (6.8%)
Lack of practical support	11 (5.3%)
Being forced out of care too young (respondents identified 18 or younger)	7 (3.4%)
Homelessness	7 (3.4%)
No support with accessing records	7 (3.4%)
Poor social skills	7 (3.4%)
Poor self-care/welfare	6 (2.9%)
Poor aspirations/lack of goals	4 (1.9%)
Being institutionalised from living in care	3 (1.4%)
No support with telling their friends and family about being in care/a care leaver	3 (1.4%)
Dealing with abuse experienced in care	2 (1%)

No support with ongoing family problems	2 (1%)
Poor outcomes due to a high number of placement moves	2 (1%)
Problems with trying to make friends/(re)build family relationships	2 (1%)
Being criminalised whilst in care/coming out with a criminal record	1 (0.5%)
Dealing with issues that brought them into care	1 (0.5%)
Lacking of information about how to be a parent	1 (0.5%)
No help with trying to find family	1 (0.5%)



## Appendix 3 – Table of experiences of leaving care (continued)

### Negative experiences of leaving care

Experience	Total
Got involved in negative/abusive relationships (six respondents stated 'in order to escape the care system')	14 (6.5%)
Got pregnant	11 (5.1%)
Had no preparation/planning for leaving care	10 (4.7%)
Got involved in drugs	7 (3.3%)
Found it difficult to manage finances/had no money	6 (2.8%)
Left without any qualifications/could not get into education/could not stay in education	6 (2.8%)
Was unemployed	6 (2.8%)
Found forming new friendships or becoming part of a new community difficult	5 (2.3%)
Had no contact from professionals (social worker, foster carer, house parent or residential worker)	5 (2.3%)
Felt leaving care was worse than being in care	5 (2.3%)
Went to live on a mental health ward	5 (2.3%)
Had no counselling or emotional support	4 (1.9%)
Ran away	4 (1.9%)
Became depressed	3 (1.4%)
Became physically unwell with stress	3 (1.4%)
Respondents came home to find possessions packed in black bags	3 (1.4%)
Was cut off from other young people respondents spent time in care with	3 (1.4%)
Didn't want to leave but was forced to	3 (1.4%)
Felt stigmatised/discriminated against	3 (1.4%)

Had to deal with the difficulties of being in care, for example 1) institutionalisation, 2) reasons for going into care and 3) abuse experienced whilst in care	3 (1.4%)
Struggled with going from living with lots of people to living alone	3 (1.4%)
Went to prison	3 (1.4%)
Respondents could not disclose to others (and still cannot) the fact that they had been in care	2 (0.9%)
Left at 16	2 (0.9%)
Not given any practical support	2 (0.9%)
Started drinking lots	2 (0.9%)
Was not allowed to say goodbye to anyone	2 (0.9%)
Got involved in prostitution	2 (0.9%)
Not allowed to return to foster or children's home for visits	1 (0.5%)
Respondent struggled to look after themselves	1 (0.5%)
Tried, unsuccessfully, to find family members	1 (0.5%)

### Positive experiences of leaving care

Experience	Total
Received good financial help	4 (1.9%)
Leaving care 'felt like freedom'	4 (1.9%)
Went into good accommodation	2 (0.9%)
Received good practical help/support	2 (0.9%)
Received good support from social worker/services	2 (0.9%)
Had good friends	1 (0.5%)
It was a positive challenge	1 (0.5%)
Respondent still supported as an adult by a foster family	1 (0.5%)
Was in education	1 (0.5%)

## Appendix 4 – Table of areas that respondents thought the CLA should be campaigning on (continued)

	Total
To promote the improvement of life skills and preparation young people should have before leaving care	7 (4%)
To challenge the discrimination/stigma faced by young people in care and care leavers	6 (3.4%)
To promote the improvement of aftercare resources/support	5 (2.9%)
To campaign for policy and practice-based changes for young people in care and care leavers	4 (2.3%)
To raise public awareness of the issues facing care leavers	4 (2.3%)
To highlight the positive experiences and achievements of care leavers	3 (1.7%)
To raise the aspirations for young people in care and care leavers	3 (1.7%)
To raise the age of leaving care beyond 16	3 (1.7%)
To promote the involvement of care leavers of all ages in current practice	3 (1.7%)
To promote appropriate and stable placements for young people in care and upon leaving care	2 (1.1%)
To tackle the institutionalisation experienced from being in care	2 (1.1%)
To focus attention on the first two years after leaving care as the most difficult/problematic	2 (1.1%)
To challenge agencies/organisations who are carrying out negative practice	1 (0.6%)
To encourage ongoing relationships between care leavers and the professionals who looked after them as children	1 (0.6%)
To promote children's homes as positive places for young people in care to live	1 (0.6%)
To recognise care leavers of all ages throughout history	1 (0.6%)

## Appendix 5 – Table of services that respondents thought the CLA should provide

	Total
To provide mentoring support for care leavers by care leavers/be good role models	16 (9.2%)
To provide a space where care leavers can come together	9 (5.1%)
To develop a welfare guidebook (including living on your own and coping with loneliness)	7 (4%)
To provide training to social workers and other professionals working with young people in care and care leavers	6 (3.4%)
To improve the communication between the CLA and other organisations	5 (2.9%)
To provide a telephone/helpline	5 (2.9%)
To provide help with employment – job searches, interviews, volunteering and career guidance	4 (2.3%)
To develop a series of leaflets including – how to tell loved ones about a childhood in care and how to challenge the discrimination and stigma faced by care leavers	3 (1.7%)
To provide practical help and guidance (including a course on how to manage money)	3 (1.7%)
To carry out more research into the needs and issues facing care leavers of all ages	2 (1.1%)
To set up a financial access fund for care leavers in education	2 (1.1%)
To be a better resource hub for care leavers and professionals	1 (0.6%)
To connect care leavers and professionals all over the world	1 (0.6%)
To establish more UK-wide support groups	1 (0.6%)
To get involved in the regulation and inspection of children's homes	1 (0.6%)

## Appendix 6 – Table of experiences in accessing records (continued)

### Negative experiences in accessing records

	Total
Respondents did not know they could get access to their file or that a file existed	9 (6%)
Respondents were told that their file had been lost or destroyed	9 (6%)
Respondents had to have a social worker present when reading their files	7 (4.6%)
Some sections of the file were missing	7 (4.6%)
Files contained inaccurate/incorrect information	6 (4%)
Sections of the file were poorly photocopied	6 (4%)
The file contained information that was negative and/or judgemental	6 (4%)
Respondents were not aware of some of the information contained in the file	6 (4%)
Respondents needed to seek support from an organisation or an MP in order to get access to their files	4 (2.6%)
Respondents could only read the files but not take photocopies of them	4 (2.6%)
Respondents found it difficult to find out where their file could be accessed from	3 (2%)
Respondents found out about medical conditions that they have such as epilepsy, a heart murmur and an allergy from their file	3 (2%)
Respondents had to travel a long way to get access to the file	3 (2%)
The file did not contain any pictures	3 (2%)
Payment had to be given before the respondent could gain access to the file	2 (1.3%)
Respondents were refused access to their file because of staff shortages	2 (1.3%)
Respondents were refused access to some sections of their file	2 (1.3%)
Respondent received poor support from social work/services	1 (0.7%)
The content of the file was too clinical i.e. too many tick boxes	1 (0.7%)
The file was posted out to the respondent	1 (0.7%)

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**Positive experiences in accessing records**

	<b>Total</b>
Respondents found it very easy to access their records	3 (2%)
No information was removed from the file and respondent felt it was positive to have access to full/complete history	1 (0.7%)
Respondent received pictures from their time in care	1 (0.7%)
The file was posted out to the respondent	1 (0.7%)