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## ABRIDGED VERSION

# ASSISTING YOUNG PEOPLE IN CARE

**Una Foye, Emily Satinsky, Camilla Rosan and Josefien Breedvelt** examine the My Life, My Future programme that was set up to boost the emotional wellbeing and resilience of looked-after young people.

## RESEARCH SUMMARY

**Significant inequality in levels of attainment, employment and exclusion from school exist between young people in care and the general population.**

- ▶ The My Life, My Future project was set up in 2015 to support young people in care (or looked-after children) in Sutton, south London.
- ▶ The 18-month programme aimed to increase their confidence in themselves and their abilities, to maintain their emotional wellbeing and resilience, and to promote development of their aspirations.
- ▶ My Life, My Future had a positive impact on participants' wellbeing, with increased confidence, aspirations, more positive family relationships and personal development.
- ▶ By teaching them skills to navigate challenges in their lives, the programme improved participants' resilience and their sense of identity.
- ▶ Further research with larger and more diverse sample sizes is required.

In 2017, 72,670 young people were in care in England, with 74% living in foster care (Department for Education (DfE), 2017). Significant inequalities exist in educational attainment and emotional wellbeing for this population: DfE and the Office for National Statistics (ONS) found that young people in care had considerably lower educational attainment than young people not in care with reading, writing and maths (48% reached the expected level against 79%), and significantly lower rates of achieving five A\* to C grades at GCSE (12% against 52.1%) (DfE and ONS, 2014). Levels of exclusion were also twice as high as those of the general population.

Young people in care are more vulnerable to mental health problems (Hannon, et al, 2010; Blower et al, 2004), with 45% to 50% of five- to 17-year-olds assessed as having at least one psychiatric disorder. Rates of poor mental health rise too, to over 60% (Meltzer et al, 2003; Richardson and Joughin, 2000). Similarly, risk-taking behaviour including substance misuse and unsafe sexual activity are significantly higher in young people in and leaving care – 23% of the adult prison population was previously in

care (Centre for Social Justice, 2008).

A review of child and adolescent mental health services identified unmet mental health needs of young people in care (Department of Health, 2008). In response, NICE set targets to promote aspirations and ensure the emotional wellbeing of looked-after children and young people (NICE, 2013).

As shown by Fisher et al (2009), there is a lack of evidence-based group interventions for young people in care. Though past trials have successfully introduced group programming to improve educational attainment of young people in care (Fisher et al, 2009), few programmes have specifically focused on social and emotional outcomes.

In response to the lack of co-produced, evidence-based interventions engaging young people in care, the My Life, My Future programme was developed. It began in 2015 and involved young people in care in the Sutton area.

## PARTICIPANTS SAID THAT ATTENDING THE GROUP HELPED MAKE THEM THINK ABOUT THEIR FUTURES IN A POSITIVE WAY

The 18-month programme aimed to increase young people's confidence in themselves and their abilities, maintain emotional wellbeing and resilience, and promote development of aspirations. The programme targeted young people in care between

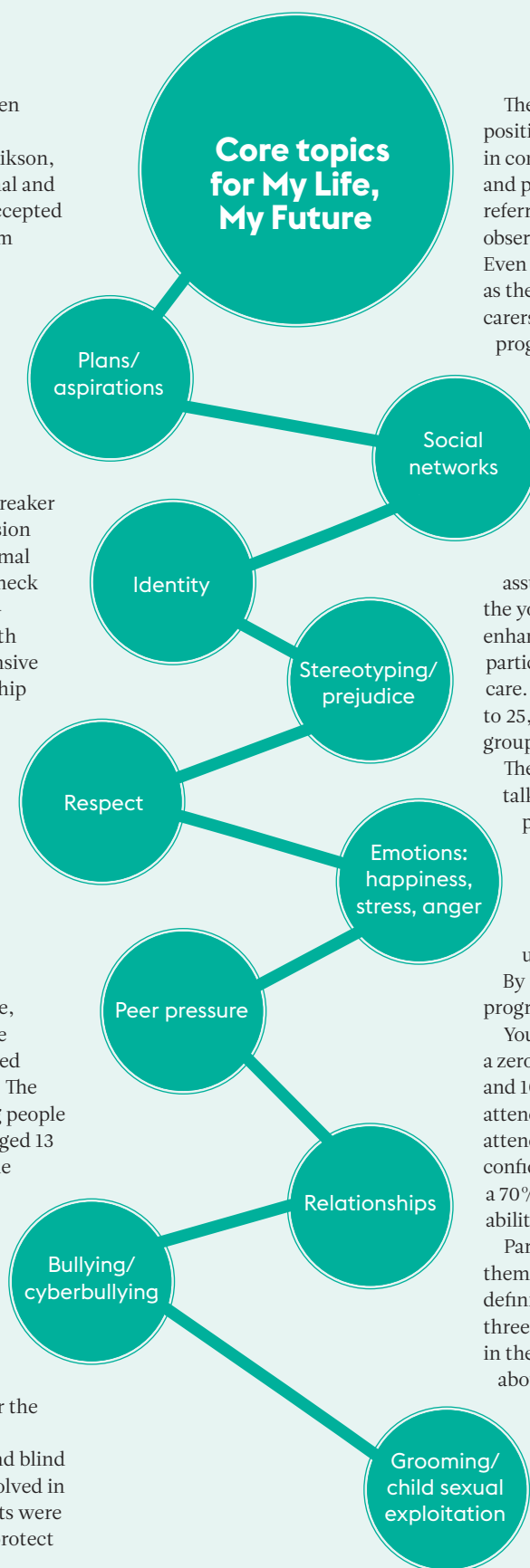
the ages of 11 and 15, as children in this age range share several developmental transitions (Erikson, 1993). It focused on educational and personal development, and accepted self-referrals and referrals from healthcare professionals.

The weekly sessions were designed to be interactive, engaging and creative. Exercises included painting, baking, craftwork, and activities such as ice skating, go-karting and trampolining. The structure was consistent – check-in (20 minutes); icebreaker (10 minutes); topic for discussion (45 minutes); lunch and informal catch-up (30 minutes); and check out (10 minutes) and were co-facilitated by two trained youth workers who modelled responsive relationships using a partnership approach (Davis et al, 2002) and mentalisation principles (Bateman and Fonagy, 2013). Facilitators built rapport and enabled participants to gain confidence by modelling reflective listening.

### POSITIVE RESULTS

Of the 12 young people who participated in the programme, only those who attended more than three sessions were invited to take part in data collection. The evaluation included six young people (four females and two males aged 13 to 15) all of whom attended the group from baseline to the 12-month point when the evaluation was conducted. Attendance was over 85%. Two foster carers also took part in the evaluation: one was a foster carer for two of the female participants, and the other was a foster carer for the two male participants.

To ensure confidentiality and blind evaluation, staff were not involved in data collection. All participants were assigned individual codes to protect their anonymity.



The results showed that My Life, My Future had a positive impact on participants' wellbeing with increases in confidence, aspirations, positive family relationships and personal development. Young people consistently referred to sessions as 'good' and 'cool', and carers observed that participants enjoyed attending the group. Even on 'bad days', participants still wanted to attend, as the group improved negative moods. Participants and carers unanimously agreed that they would recommend the programme to other young people in care.

Participants found the increased positive relationships and connectedness with other group members to be particularly salient. Young people noted that the friendships formed within the group were more personal. When discussing this connectedness, two of the young people referred to the group as a family. These relationships positively influenced participants' lives and self-assurance, with carers reflecting that the group increased the young people's ability to connect with others. This was enhanced by the group structure, which focused on treating participants as individuals rather than as young people in care. While the initial proposal suggested a group size of 20 to 25, the findings suggest increased benefit from the small group size as this further encouraged connectedness.

The group created a safe space, allowing participants to talk openly about their emotions and increasing their perceptions of trust. One participant stressed how the other participants listened to everything he said and respected his privacy, in stark contrast to his peers at school.

Participants said the group helped them understand how to deal with challenges in life.

By teaching skills to navigate these challenges, the programme improved their resilience and identity.

Young people were asked to score their confidence on a zero to 10 scale – with zero representing no confidence and 10 representing high confidence – before and after attending the group. On average, following a year of attendance, young people had a minimum increase in confidence of 30%, with two of the young people reporting a 70% increase. Carers observed changes in participants' ability to communicate openly and confidently.

Participants said that attending the group helped make them consider their futures. Three young people noted definitive development of aspirations, while the other three formed vague ideas of where they wanted to be in the future. These ideas changed as they learned more about themselves. One participant reported that the increased future-thinking prevented her being excluded from school.

### FUTURE RESEARCH

While all participants and carers reported positive experiences in the group, areas for improvement were identified. Some participants reported a lack of



children were in care in England in 2017



**1 in 5**

female care leavers have a baby when they are a teenager



**4-5x**  
Care leavers are four to five times more likely to harm themselves than other young people

interest in bullying as a topic as they had no related experiences. Three participants suggested including topics more applicable to real life, such as crime, alcohol and drugs. Another participant thought it would be good to mix age groups to help younger members learn from older or past members and care leavers.

The personal and in-depth nature of some of the sessions allowed participants to share experiences, however, one young person pointed this out as a negative, as some of the topics were potentially too raw for peer discussion. Their own experiences of domestic violence and bullying made certain topics difficult. This reflects the need to be mindful of subjective experiences and empathetic towards sensitive issues.

By employing supportive staff, the programme created a peer-based environment with reflective mentors. Mentors are instrumental in keeping young people in care on track and in helping youth towards positive development (Hass and Graydon, 2009). In fact, research has demonstrated that adult mentors during adolescence increase positive adjustment and other developmental outcomes in adulthood (Ahrens et al, 2008). My Life, My Future participants benefited from the peer-focused model, which boosted connectedness, reduced isolation and increased feelings of support. These in turn resulted in better emotional wellbeing. The findings reflect those of a randomised controlled trial conducted with 67 adolescents with mental health challenges in foster care (Geenen et al, 2015). Through interactions with their programme mentor and peers, participants experienced increases in levels of self-determination, mental health, hopefulness and empowerment (Geenen et al, 2015).

By including young people in the formative work, the programme team successfully developed a group-based programme relevant to the interests and needs of the population.

This research has several limitations, particularly its small sample size: quantitative analyses assessing changes in confidence, wellbeing and aspirations would have added rigour, and the sample size limits validity and generalisability. In addition, the sample only included young people engaged with the programme. Attempts at recruiting young people who disengaged from the service or had poor attendance were unsuccessful and, as a result, findings may not accurately reflect service effectiveness.

Future research should include larger, more diverse samples, such as in rural areas or with different age groups, and reliable quantitative measures to assess validity and generalisability. Longitudinal measures can better evaluate long-term effectiveness on the lives and futures of these young people. ☺

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DiE and ONS, 2017; NAO, 2016; Meltzer, 2003



To view references and the full version of this paper, entitled *Evaluating group work for supporting the emotional wellbeing of young people in care*, go to [bit.ly/CP\\_research\\_satinsky](https://bit.ly/CP_research_satinsky)

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