



Supporting care leavers to thrive

# PAC RESEARCH SUMMARY

**How do young people in care describe their  
relationships with the adults & services in their lives?**

**How do those relationships shape their experiences of  
peer violence?**

# About Pure Insight's PAC Team

The Peer Action Collective (PAC) is a £11.4 million youth-led peer research and social action programme which aims to understand what is needed to help young people live a life free from violence and put what is learned into action.

*PAC is currently being delivered in 4 areas in England from 2025 to 2027 and is funded by the Youth Endowment Fund and the #iwill Fund (a joint investment between The National Lottery Community Fund and the Department for Culture, Media and Sport). Previously it received funding from the Youth Endowment Fund, the #iwill Fund and the Co-op Group.*

**Pure Insight** supports young people aged 16–28 leaving care across four local authority areas in the North West. We work directly with care-experienced young people (CEYP), local authorities and voluntary sector partners, to reach young people who have been in care or are on the edge of care. Through PAC, care-experienced young people (PAC Leads) help design, deliver and shape research, ensuring that social action is informed by lived experience and amplifies marginalised voices.

## Why is our research important?

Children in care and care leavers are significantly overrepresented in the youth justice system, making it essential to understand the experiences, relationships and support systems that shape their lives.

- **33% of care experienced children born between 1996 and 1999 have received a youth justice caution or conviction aged 10-17 compared to 4% of those without care experience.<sup>1</sup>**
- **2% of the general population are taken into care as a child, however, they make up 24% of the men in prison and 31% of the women in prison.<sup>2</sup>**
- **52% of looked-after children were convicted of a criminal offence by the academic year they turned the age of 24, compared with 13% of children who had not experienced care.<sup>3</sup>**
- **Care-experienced young people are nine times more likely to face homelessness than other young people.<sup>4</sup>**

1. HM Inspectorate of Probation. (2024). Children with care experience, HM Inspectorate of Probation. Available at: <https://hmiprobation.justiceinspectorates.gov.uk/our-research/evidence-base-youth-justice/specific-sub-groups/children-with-care-experience/> (Accessed: 07 August 2026).

2. Prison Reform Trust. (2025). Prison: The Facts. Available at: <https://prisonreformtrust.org.uk/prison-the-facts/people-in-prison/>

3. Office for National Statistics (ONS). (2022). The education background of looked-after children who interact with the criminal justice system. Available at: <https://www.ons.gov.uk/peoplepopulationandcommunity/educationandchildcare/articles/theeducationbackgroundoflookedafterchildrenwhointeractwiththecriminaljusticesystem/deceMBER2022>

4. Become. (2024). Support Every Step of the Way: End the Care Cliff Report. Available at: [https://becomecharity.org.uk/content/uploads/2024/10/End-The-Care-Cliff-Support-Every-Step-of-The-Way-Report-2024.pdf?utm\\_source=Button&utm\\_medium=Website&utm\\_campaign=Full+report&utm\\_content=Read+the+report](https://becomecharity.org.uk/content/uploads/2024/10/End-The-Care-Cliff-Support-Every-Step-of-The-Way-Report-2024.pdf?utm_source=Button&utm_medium=Website&utm_campaign=Full+report&utm_content=Read+the+report)

Our PAC Leads highlighted the central importance of relationships with adults, services and peers. These relationships are key to understanding how care-experienced young people navigate the care system, transition out of care and experience peer violence.

Our research aims to understand if care experienced young people across the North West are experiencing these healthy relationships with adults, services and peers. If not, what are they experiencing and how can relationships and support be improved?

**For our PAC Leads,  
a healthy relationship is:**

**Consistent**  
**Honest**  
**Non-judgemental**  
**Caring**  
**Empowering**

## Our research question is:

**How do young people in care describe their  
relationships with the adults and services in their lives?  
How do those relationships shape their experiences  
of peer violence?**

## Our Methods:

Guided by the lived experience of our peer researchers and using a trauma-informed, neurodiverse aware approach, we designed questions and activities to improve our understanding of how participants viewed positive and negative relationships in their lives, which adults or services felt most supportive, as well why care experienced young people may become involved in peer violence.

In focus groups and interviews, our PAC Leads guided participants through:

- Mind-mapping the qualities of positive role models;
- A ranking activity, asking participants to rank services from most supportive and successful to least supportive and safe based on their own experiences;
- Questions asking participants to share their own (or observed) experiences of peer violence, interactions with services like social workers, personal advisors, CAMHS, police and other services, and how the system could be more supportive.

## Ethics:

Research procedures were independently reviewed by the Young Foundation before data collection. Participants chose whether to attend focus groups or individual interviews. We worked closely with leaving care teams and wellbeing workers to support participants' safety and ensure settings were appropriate and respectful. PAC Leads developed a group agreement for focus groups, informed consent was obtained from all participants, and support was available throughout.

# Participant Breakdown

Total Participants

**66**

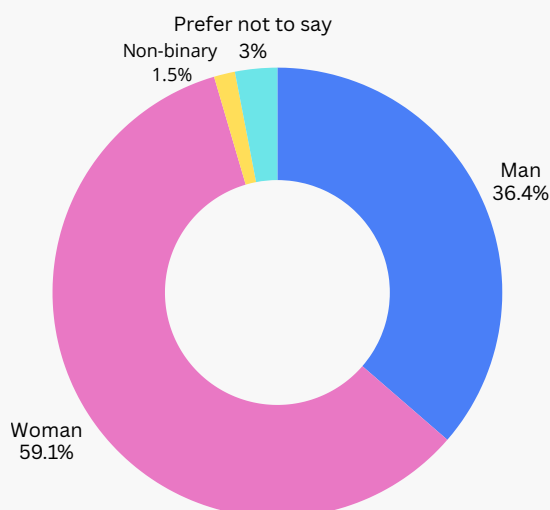
Participants in  
Interviews

**34**

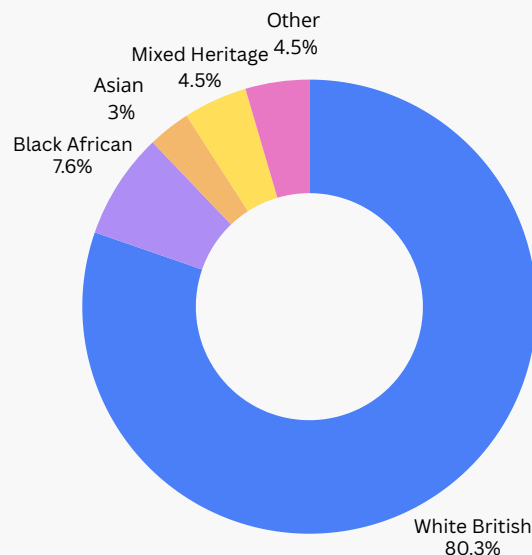
Participants in  
Focus Groups

**32**

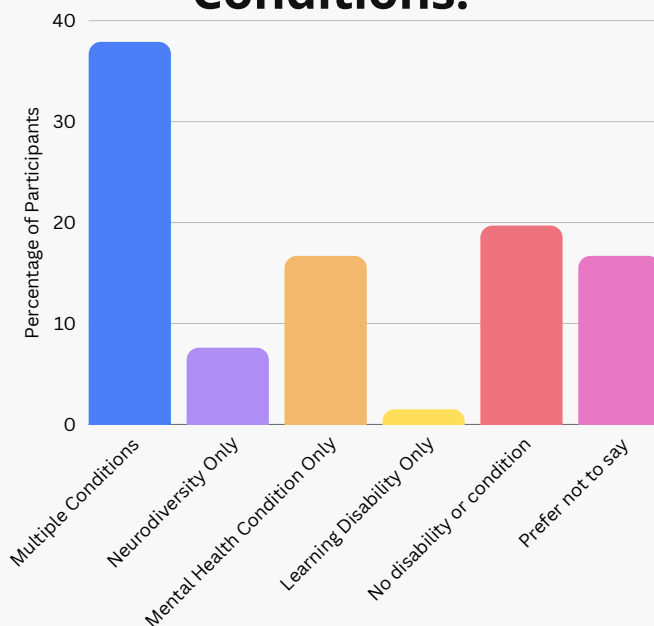
## Participants' Gender:



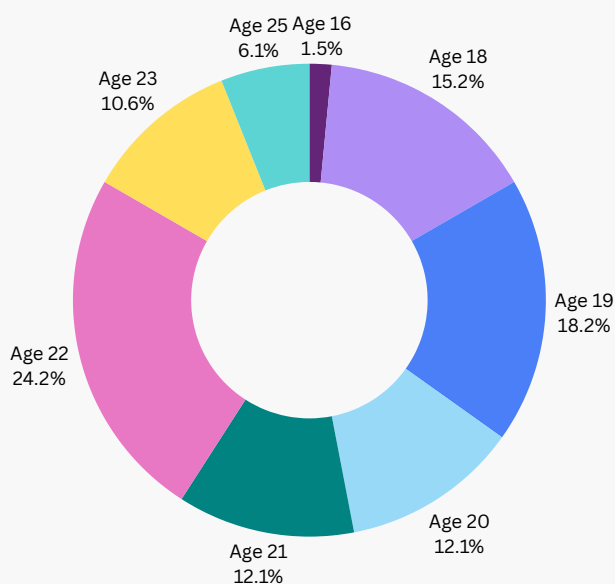
## Participants' Ethnicity:



## Participants' Health Conditions:



## Participants' Age:



We spoke to 66 young people aged 16-25 in the Northwest of England who were care experienced or 'edge of care'.

Our research required young people who were 'edge of care' to have had at least three years involvement with a social worker.

# Analysis

A team of PAC Leads thematically analysed 40 transcripts. The transcripts were coded using 108 codes, which were developed into a codebook to identify recurring themes and patterns across the data.

Our top 5 most common codes were:

| Code Title                                                                 | Code Description                                                                                                                                                                                                                       | Example Quote                                                                                                                                                                               | Occurrence |
|----------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| <b>Importance of being listened to and respected</b>                       | Participant describes feeling heard, understood or wanting services to listen properly                                                                                                                                                 | "just listen to me"<br>"just having mutual respect from the older people in your life"                                                                                                      | 58         |
| <b>Recognising unhealthy/ safe relationships and healthy relationships</b> | Participant describes not being able to identify if a relationship is healthy or not. Participant talks about CEYP not knowing what healthy relationships look like. Participant talks about having positive or healthy relationships. | "I'm 15 smoking weed with my 20-odd-year-old friend. But now that I'm 21, nearly 22, I could not have a 15-year-old in my house doing any sort of drugs or drinking. It's morally wrong."   | 43         |
| <b>Feeling isolated or lonely</b>                                          | Participant describes feeling alone or feeling cut off from peers or the outside world while living in care                                                                                                                            | "you just feel like there's no outside world contact"                                                                                                                                       | 37         |
| <b>Negative relationship with the police</b>                               | Participant describes having a bad interaction with or negative opinions of the police.                                                                                                                                                | "I do have a phobia of police because they were the ones who took me into foster care, and I've always been scared every time the police came to the foster placement where I used to live" | 32         |
| <b>Importance of understanding behaviour</b>                               | Participant talks about how important it is for staff to understand the participant and the reasoning behind their behaviour rather than just reacting to it.                                                                          | "I get why you did it"                                                                                                                                                                      | 32         |

## Research Participants Limitations and Learnings for Future Research

While 80% of our participants identified as White British, broadly reflecting the demographic profile of care experienced young people in the UK, (71% of CEYP are white, 77% when excluding unaccompanied asylum-seeking children), we recognise the importance of strengthening representation from ethnic minority communities. Given the disproportionate involvement of ethnic minority CEYP in the youth justice system, we are actively building partnerships that can help us engage a more diverse participant group and ensure these experiences are better represented in the next phase of research.

70% of our research participants were known to Pure Insight. Young people referred into Pure Insight are often in need of additional support and are considered 'hardest to reach'. This may have directed our research to hear about negative experiences with services. It is our intention to investigate this further through our survey of 350 care experienced young people and phase two by recruiting a wider demographic of research participants.

# Summary of Findings

The most common theme amongst our participants was **feeling not listened to** by adults and services, and that **decisions were made without them**. This left many participants feeling powerless. This speaks to our observations of a systemic power imbalance. Our participants also talked about how their experiences of care left them feeling **isolated or lonely**, and therefore, seeking a **sense of belonging** amongst peers or leaving them **vulnerable to exploitation** and involvement in crime.

Participants also talked about being **labelled as troublemakers**, and **early involvement with police** (including from going missing) has made them 'known to the police' and led to a breakdown in relationships between care-experienced young people and the police.

Participants talked about **inconsistency**, both in terms of their placements and their relationships with adults and services. In particular, participants talked about the impact of **broken relationships with social workers and PAs**. They highlighted that moving placements and changing workers led them to **lose trust in services**, as well as **miss out on key mental health and neurodiversity support**.

**Lack of mental health support** was a recurring theme, particularly in **foster placements** where mental health awareness and trauma informed responses were considered to be inconsistent and actively dismissed by some foster carers. Lack of mental health support led to instability in placements and involvement in crime for some of our participants.

Instability and vulnerability increased for many of our participants as they left care, with many noting the **sudden drop or change in support as they became adults and care leavers** (often forced into adulthood before the age of 18). This **reduction in support coincides with a drastic alteration in the consequences of involvement in crime**, with young people suddenly facing adult sentencing and convictions. Organisations working with young people increasingly take a transitional approach to safeguarding, the criminal justice system does not, and so the two systems and processes are mis-aligned. From our observations, this perpetuates the life changing impacts of young people's criminal justice system interactions.

When talking about positive relationships and experiences with services, participants talked about **individuals going above and beyond** and making them **feel cared about** rather than just a job or another file on their desk. In line with this, participants felt positively about relationships with volunteer mentors (Pure Insight and other services) as these were **voluntary relationships**. Participants also **valued honesty and reliability** in their relationships with services as well as when **professionals are care-experienced** or guided by care-experienced voices.

All phrases written in **bold** are codes used in our thematic analysis.

Our research identified **eight key themes** that help explain how care-experienced young people experience relationships with adults, services and peers, and how these relationships can shape their vulnerability to peer violence and risky behaviour. This report discusses the most important of these in more depth using quotes from our interviews and focus groups.

We also introduce two case studies that illustrate our key findings in the form of real stories from our participants.

# Key Themes

07

01



Being care experienced makes young people more likely to be involved in exploitative relationships

Care experienced young people are criminalised from an early age and have negative relationships with the police



02

03



Inconsistency of placements and support can cause instability later in life

Care experienced young people feel that services don't listen and make decisions without them, which leads to risky behaviour.



04

05



Gaps in trauma-informed, neurodiversity-aware and mental health support causes instability and risk of violence.

Consistent positive relationships with services that are honest and non-judgemental can prevent involvement in violence.



06

07



Foster care feels less regulated than other forms of care and is reported as unsafe by care experienced young people.

Care experienced young people face a reduction in support and increased vulnerability as they leave care.



08



## Being care experienced makes young people more likely to be involved in exploitative relationships

Most of our participants talked about finding it difficult to find role models compared to their non-care-experienced peers. Many put this down to inconsistency in placements, and finding it difficult to build trust and attachment with the constantly changing adults around them. This lack of role models and of healthy and consistent relationships around them results in many considering themselves vulnerable to involvement in negative or unhealthy relationships, whether romantic partners, friendship groups or through gang exploitation.



“I think that not being exposed to knowing what a healthy relationship is can make it hard because it's like you don't know what you are looking out for and if what you've got is good enough. And sometimes you don't know until years and years later on that what you've just experienced wasn't good enough”  
Research Participant 59

“I just wanted to find a community or a group of people sometimes or just some people that think similarly, because when you don't have that, I guess, family aspect, you kind of crave that anywhere else.” Research Participant 43

Our observations highlighted that being in the care system can feel isolating and lonely; young people can feel a sense of abandonment as well as isolation from their peers. Seemingly small social interactions like attending a sleepover are impeded by the need for DBS checks on friends' parents. This leads to young people wanting to “fill a void” and to fit in. For some of our participants this meant seeking a sense of belonging from negative sources.

“When I got involved with that grooming gang, I only got involved with them because I wanted to fit in. I felt left out. I felt like I had nobody. And they made me feel like I was their friend, innit? So I was all over it, doing anything I can just to keep that friendship, but in reality, it was wrong. You go out looking for any type of friendship or validation. And that's what leads to violence, because if the validation you're finding is something violent, then that's what you're going to roll for if it's in front of you.”  
Research Participant 65



For the PAC project, this highlights the need for care-experienced young people to gain a better understanding from an earlier age of what a healthy relationship should look like. As well as learning how to identify unsafe or exploitative relationships and how to leave or be supported to leave unsafe relationships. Participants highlighted that positive role models can help with this understanding and “help people just excel in life a little bit more” Research Participant 49.

These findings also highlight loneliness and the need for positive peer support as key areas for development, helping to safeguard care-experienced young people and support them away from exploitative relationships and peer violence.

## Care experienced young people are criminalised from an early age and have negative relationships with the police



Participants talked about negative experiences and early involvement with the police, often being labelled by police, in school and in care homes as “the naughty care kid”. Many participants felt they couldn’t escape their bad reputation. Participants talked about how their reputations or information on their files damaged future placements, as well as gave services preconceptions of who they were. This can create a cycle where stigma and negative expectations reinforce negative behaviour.

“When someone hears child in care, they just think, oh my god, fucking little shit. That's what they think.” Research Participant 37



“You get labelled as this bad person who no one wants to be around, or you get labelled as a trouble causer because you've been in care, which made me angry. It made me go out and cause trouble and cause more violence because I didn't feel wanted by people.” Research Participant 65

Part of this reputation stems from involvement with the police that would otherwise be dealt with by family members as a non-care experienced young person. Here are some examples:

| Incident                      | Response for a care experienced young person                                                                                                                                                | Response for a non-care experienced young person                                                                          |
|-------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|
| Child misses curfew           | Carers report child as missing and the police are involved in finding and bringing the child home. This makes the child ‘known to the police’.                                              | Parent rings child or goes out looking for child. Parent reports to the police if missing for significant amount of time. |
| Child is invited to sleepover | Carer has to seek permission from the Local Authority who have to DBS check family of the friend who is hosting the sleepover. This is a slow process and often means the child misses out. | Parent decides if child can go to the sleepover.                                                                          |

Participants told us how it felt to have this increased involvement with the police:

“I don't know, I feel like it's wrong, because it just adds the feeling like a criminal. Like people coming across two massive men or women put in cuffs... being put in the back of a police car. You should be put in just a normal car, like as if your mum and dad would pick you and take you home.” Research Participant 6

“The police knew me by name at that point. So, every time I couldn't walk past a police car without them going, you alright, [participant name]? Are you staying in a good lane? Are you keeping out trouble? And that was obviously embarrassing for me and my friends”. Research Participant 7



# "If none of us were in care, that would never have happened"

## CARE CRIMINALISATION AND HEALTHY RELATIONSHIPS



Iris entered care as teenager and lived mainly in residential care homes. Aged 17, she was on a Deprivation of Liberty Safeguards (DOLS) order, living in a rural residential home. Aged 18, Iris was placed in a city with complete freedom to do whatever she wanted. Being in a new area with no existing relationships and a sudden newfound freedom made her vulnerable to risky behaviour and involvement with bad influences.



*"Being in care makes you vulnerable... And I think a lot of the time you're searching for healthy relationships because you're not in a normal, hate saying that word, but you're not in a normal household, are you? You've not got a normal life"*

At the time she thought it was fun until bad things began to happen. Only after this, could Iris reflect on how dangerous some of the situations were. Iris talked about feeling isolated in her new housing, this led to her becoming involved in a negative romantic relationship:



*"I think, for so long, I felt like, even though... I knew I was loved from my family, like my mum and my dad and my brother. I always struggled with romantic relationships and I used to always end up with people that weren't the nicest of people. I think I struggled to see the red flags or maybe I was just easily manipulated. I feel like maybe I was searching for something to fill a void that it ended up I was like a really easy victim. I'd probably say who I thought was going to be a good role model or a good influence, like my ex-partner, turned out not to be."*



Only a few months after Iris had turned 18 and moved into her semi-independent living, she was given a Child Abduction Warning Notice (CAWN) and then charged with child abduction. This happened because another care experienced girl she had been friends with in school was reported as missing after failing to meet her curfew and then picked up by police at Iris's flat:



*"When you're in care, a curfew's a curfew. And if you're not there, they have to report you missing. So it was different when we were both in care. But when I turned 18, she was still obviously under 18. And we continued hanging around together like we would before my birthday, and I actually ended up getting done for child abduction because what they were saying was I was now an adult and she was still a child... And she was still being reported missing if she was missing curfew or if she was upset with one of the carers and she'd want to stay at my house, because I had a little place in semi-independent. And I ended up getting charged with and convinced of child abduction because of that, which I just think is another prime example of how it's so biased in that kind of system where if none of us were in care, that would never have happened."*

For Iris, the lasting impact is that this incident now remains on her criminal record and continues to affect her opportunities in adulthood, particularly when applying for roles that require an enhanced DBS check.

Iris reflected that if the same situation had happened before she turned 18, she would not have received a criminal record. If she had not been care-experienced, the situation would never have escalated in the same way, because the rules around curfews, missing episodes and friendships are often much stricter for young people in care.



## Foster care feels less regulated than other forms of care and is reported as unsafe by care experienced young people.

Over a third of our foster care experienced young people talked about negative experiences with their foster carers. These included discussions of whether foster carers were good role models as well as if behaviour from foster carers was caring or appropriate:

42 of our 66  
research  
participants lived  
in foster care at  
some point in  
their lives.

"You need a positive role model, but you don't get them in foster homes"  
Research Participant 6

"She would hoard and store and hide food in her bedroom and leave the fridge completely empty. And then one week when the social worker was due a visit she filled the fridge to make sure that it looked like it was, you know, suitable" Research Participant 30



A key concern raised by participants who had negative experiences with foster carers was around the effectiveness and consistency of the mental health support they received and how foster carers discussed mental health with them:

"She don't believe in depression or suicide. It's all attention seeking"  
Research Participant 5



"I don't know because [foster carers] would always go to the trainings and stuff, but then they would almost be a bit stroppy about having to go, because they were cocky about already knowing the stuff. But it is really weird to witness, because it's like they'd be like, oh, we already know it. But then they'd come back and be like, oh, mental health is such a myth"  
Research Participant 59

These observations highlighted the need to review the effectiveness and implementation of trauma-informed and mental health training for foster carers, as well as the effectiveness of checks on foster carers to make sure they are positive role models.



## Gaps in trauma-informed, neurodiversity aware and mental health support causes instability and risk of violence.

Many participants raised concerns about Child and Adolescent Mental Health Services (CAMHS). Placement instability and moving between areas meant delayed access to support and starting again on new waiting lists which, in some cases delayed assessments or diagnoses. Participants described CAMHS support as limited in its ability to meet the needs of care-experienced young people, particularly where practitioners did not appear to have the specialist training required to respond to complex trauma, instability and care-related experiences.



“Social workers and CAMHS, I feel like they need to all learn a lot more than they already know. They need to learn why people get into fights, why people get into gangs... they can't really understand a lot more why people want to harm themselves” Research Participant 24

“Getting a diagnosis through CAMHS can be so hard. I've been waiting to be diagnosed with autism since I was six and I'm now 20 and still not diagnosed” Research Participant 2

This dissatisfaction with CAMHS highlighted the need to explore more about what aspects of CAMHS support is viewed negatively by the participants, the training that CAMHS workers have, and how it can include more awareness of care-experience specific issues. A significant number of participants had received therapy and support from more specialist third-sector or private organisations that they viewed in a more positive light.

Therefore, we think it would be useful to further explore positive experiences of mental health support to understand what works well for care experienced young people, and what doesn't.

Two PAC teams based in London are carrying out research into mental health. As well as sharing our findings in this report, we hope to feed our findings into their work by highlighting the care experience specific issues on mental health support. Our research has shown that services should consider care specific factors, such as:

- The impact of the care cliff, which compounds the difficult transition from children's to adult mental health services
- The impact of young people moving placements whilst on waiting lists.

# "Not well-equipped to deal with the actual challenges"



## THE IMPLICATIONS OF MENTAL HEALTH SUPPORT ON STABILITY OF PLACEMENTS AND INSTABILITY LATER IN LIFE.

Anna entered care as a teenager and spent time in multiple foster, residential and semi-independent placements. Some of this instability was caused by her ongoing declines and fluctuations in her mental health.



*"Some of my foster carers were not well-equipped to deal with the actual challenges that come with having a teenager as a foster kid."*

Anna questioned the motives behind some foster carers, raising concerns that they were in it for the money. Her experiences often left her feeling punished or rejected:



*"There would be a sort of good working relationship between me and the foster carer, and then... my mental health would go down the pan, and I'd attempt to kill myself, they would almost punish me for it, they'd say stuff like, you've got close to my family now and, I don't want them to be going to your funeral... and maybe you need to move and maybe this isn't the right placement for you. And I'd end up leaving that placement because purely and simply because I'd try and kill myself, and I just think like, a lot of foster carers I've experienced, it's almost like they just want a normal kid."*



Similarly, she felt that CAMHS were ill-equipped to deal with her trauma.

*"They just can't do a whole lot except for sit there and listen, which I think is a bit pointless because people who are in care have gone through very real shit with very real trauma that needs to be managed appropriately, and I think that's beyond the scope of what just a counsellor can do".*



She felt that the limited mental health support combined with being in care prevented her from receiving any diagnoses of mental health conditions. These inconsistencies in placements led to Anna being placed in a semi-independent group home aged 16. She was placed with other young people aged 16-18 who "had drug related or alcohol related issues, anger management related issues, mental health issues" and she expressed that "putting them all together in a house, I don't think, is ever a good idea because I think it sort of exposes you to each other's issues and that makes things worse". Anna herself became involved in risky behaviour and "it definitely encouraged me to do things I wouldn't have ordinarily done".

Anna's experience highlights how lack of support for mental health can lead to instability in placements and increase risk of instability and dangerous behaviour later in life.

## Care experienced young people feel that services don't listen and make decisions without them, which leads to risky behaviour



All of our participants talked about the importance of being listened to in the context of what a good role model looks like and what makes relationships with social workers, carers and the police positive. They also discussed the detrimental effects of services making decisions without them. This led to feelings of powerlessness.



"There's always a power imbalance. They always say speak up. But how can we when we don't know what to say or what to do, or we don't even know if it's right or wrong?" Research Participant 6

"Yeah, they've got a job to do, but I also think at the same time, they don't need to be so harsh with it. Sometimes decisions are made wrong because there's no actual thought process to it. It's just been a rushed decision to cover maybe their back." Research Participant 29

There was an emphasis on the need for services to listen to young people and help them to understand the reasons behind behaviour rather than penalising them. Participants emphasised the desire for services to work with them to help them understand their own behaviour as well as being more understanding themselves.

"Yeah, there has been occasions where I have assaulted the police and all that because of the way they're hurting me. Whereas if they were to avoid restraining so much or hurting me, then I'd probably be less distressed, and they could've sat there and spoke about it all instead of going the way they did." Research Participant 39

"I became very volatile where I was constantly shouting because I felt like I wasn't being listened to. I wish I was listened to more on why I was doing what I was doing." Research Participant 61



Participants provided examples of positive support from advocates or support workers who had helped them to understand the reasoning behind decisions, their rights, and life skills. These examples of positive support can be learned from to embed in other service and relationship practices.

"So I had a support worker.. I've known her since I was 16. I had to go into semi-independent when I was 16 to when I was 18. And she was my role model from the day I met her. She was just like, right, you're going to be doing this, this, this, and I'm going to show you how to do it. And she always helped me to do things." Research Participant 24



## Care experienced young people face a reduction in support and increased vulnerability as they leave care

Care experienced young people move into independent or semi-independent living from as young as 15, entering adulthood too early and not prepared for the increased responsibility of living alone.

"I didn't feel ready at all to sort of live on my own. I had no idea how to budget. I had no idea... I don't think mentally I was ready for it. I don't think any 17-year-old is ready for that, to be honest."

Research Participant 30

"Because when you are younger, you always seem to have more and then when you hit to an age it's like, yeah, support's just gone. You're on your own now mate. That's what it seems like anyway"

Research Participant 14



Participants reported multiple instances of this leaving them feeling isolated and vulnerable to seeking a sense of belonging in potentially risky or negative relationships.



"When you turn to be on your own, it is literally you go from having people around you every day and then you're on your own, and when you can't make it nice, you can't make it homely. It also makes you give up and not want to settle in or not want to kind of get used to it." Research Participant 29

"On my damn 18th birthday, they shipped me off to a bail hostel... I have been in trouble with the police at that point, but no reason to put me in a bail hostel. And then they just shoved me there in... the middle of nowhere, and then that's when I started fucking smoking weed heavy and all that shit." Research Participant 65

At the same time, as they enter adulthood and independent living, care experienced young people change from being children to adults, leading to sudden changes in support (from carers and CAMHS) and harsher consequences with the police for any involvement in crime. This creates a situation in which young people may be more likely to engage in risky behaviour, whilst also facing more serious and long lasting consequences when they do.

# Conclusion

We reflect on the positive interactions participants had with adults and services that challenge structural power imbalances.

Consistent positive relationships can act as a protective factor and reduce the likelihood of care experienced young people becoming involved in violence and negative behaviours. Our research identified that for a relationship to be positive it needs to be:

• Consistent • Honest • Non judgemental • Caring • Empowering



"My number one example of a good role model in my life is [wellbeing worker] from Pure Insight. 100% hands down... There's never been a day where she's never believed in me... where she hasn't tried to uplift me if things are down. There's never been a day where she's not listened to me and I've not felt like I've been heard or included or my opinion to be valued. Every single day since I met that woman, that's what it's been like." Research Participant 49

"The volunteers who are mentors who don't do it for any money other than they care and they want to make a difference" Research Participant 2

"My PA...she's been someone that is like a friendship. That you can talk about anything. It's not too formal and doesn't feel like you're being questioned, it's like a nice chat a lot of the time. She doesn't push contact... But I know that if I ever need her, she's always there... It's not obviously like a friendship, because it's a service thing, she's just someone that you can tell that she cares." Research Participant 46

Our findings highlight that consistency in relationships as well as being able to identify and maintain healthy relationships were of great importance to our participants. Many of our participants reported finding it difficult to have and maintain lasting healthy and positive relationships with adults, services and their peers. Whilst participants value being listened to, they often report feeling the opposite. This is because of structural power imbalance that is built in the system.

So, how can our future research and social action contribute to a change in power structures within the system that leads to more positive and healthy relationships between peers and with adults and services?

We identified three key areas for further research and social action to help us achieve this:

- Care experienced young people's ability to identify and maintain healthy relationships
- Early criminalisation of care experienced young people, particularly regarding involvement in the criminal justice system as a result of turning 18
- Mental health and trauma-informed gaps in support, particularly from foster carers - is recruitment, support and training adequate?

# Social Action: What's Next?

We have two approaches to social action: **practical action** (directly working within communities and services) and **systemic change** (using findings to make policy recommendations).

## Healthy Relationships:

**Practical action:** We aim to co-create and deliver peer-led training for care experienced young people on identifying healthy and unhealthy relationships, and how to remove themselves from risky situations. We will trial this within Pure Insight. We found that participants respond better to information and training delivered by people with similar lived experience as it carries greater authenticity. This empowers young people to educate themselves and others.

**Systemic Change:** After trialling our training, we aim to create and implement similar training across services including social care and police on how to understand behaviour linked to being involved in unhealthy relationships and how to build healthy relationships with care experienced young people.

## Early Criminalisation of Care Experienced Young People:

**Practical action:** We aim to create a resource to help care experienced young people understand their rights, and the meaning, causes and consequences of convictions. These could be in the form of a website and short videos for social media. We hope to include information on how to apply to remove convictions from DBS records (specifically CAWNs) to promote more positive futures for care experienced young people.

**Systemic change:** We found that care experienced young people can come to police attention from an early age for incidents that may be handled informally for their non-care-experienced peers. We want to explore alternative responses to 'missing' incidents that could reduce criminalisation and improve relationships between police and care experienced young people.

## Foster Care and Mental Health and Trauma-Informed Gaps in Support:

**Practical action:** Our findings identified that foster care can feel less regulated than residential care, and ill-equipped to effectively support mental health needs. We will develop our understanding of foster care training by sharing our research with services like foster carers and CAMHS and holding roundtable discussions to identify gaps in our findings and better understand the barriers these services face.

**Systemic change:** We hope that our developed understanding from our practical social action will help us to identify needs and pathways to make recommendations for future systemic change.

**To help us achieve this, we ask services who become involved in our social action and future research to share their knowledge and experiences with us to help us better understand the barriers they face in their work.**