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# Pathways to University - The Journey Through Care

## FINDINGS REPORT TWO

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*It was really scary because the Social Worker came and picked us up and just took us to this random place. Never met them, complete strangers, and we're all just sat on the sofa. (Charlotte)*

## Background

It is estimated that only 12 percent of care leavers go on to study at university. Care experienced students therefore represent a particular type of 'success' often celebrated by the care sector. The population of care leavers included in this research were perceived to be educational high achievers, yet the overwhelming majority described difficult journeys through care. Exploring the challenges faced by these care leavers, provides an important opportunity to reflect upon the significant relationships and decision making processes that shape care for all. The recommendations at the end of this report highlight potential gaps in services, and identify particular flash points that created stress, trauma and tension. We join with respondents to call for action from Government and Policy Makers to accelerate support and promote achievement for those with care experience.

## The Study

Findings in this report are based on the responses of 234 care experienced students in universities across England and Wales, and therefore represent the perspectives of care leavers from a number of Local Authority areas. Data were generated in two phases. We conducted in-depth interviews with 42 care experienced students from four universities and sought the views of a larger sample via an online survey: 192 students responded from 29 universities. Those who participated self-identified as care experienced and were accessed via widening participation teams in their own universities. The project team continues to work alongside a steering group of recent university graduates with care experience, whose advice and insights ensure that our research adequately represents the voices of those with care experience.

Picture credit: Maxwell Nelson

# Going Into Care

In common with the majority of looked after children and young people, our participants entered care after encountering abuse, neglect, bereavement and other trauma. After such experiences, participants found the early processes of entering care stressful and disorientating:

*"When you're young you don't really know what's going on ... one day dad came back from court ... [he] was just like 'yeah, they're coming to like take the kids away' well, me and my brother were like 'what are you talking about?' ... it was hard." (Arlo)*

Some respondents had no memory of how and why they arrived in care. Although safeguarding issues may have restricted how much information was shared with participants as children, a number still lacked complete understanding, even as adults:

*"I don't really know the exact details of how I got into care." (Toby)*

After finding out that they would be placed in care, action was often immediate and participants had little opportunity to put forward their own views or preferences:

*"Nothing felt like it was our choice ... it was just very 'pick up and go'. Shove all your stuff in a bin bag and send you off. And that was it." (Nick)*

The sudden move to a new home felt particularly scary, and respondents reported high levels of anxiety about their own situation, and for the family they had left behind:

*"It was really scary because the Social Worker came and picked us up and just took us to this random place. Never met them, complete strangers, and we're all just sat on the sofa." (Charlotte)*

Uncertainty was perpetuated by the lack of clarity about care arrangements and respondents reported being unsure when, and if, they would be reunited with their families. For some, 'interim' arrangements lasted until they turned 18:

*"The absolute worst thing is that they told us that we would just go live with this family for two weeks ... that was thirteen years ago!" (Craig)*

Despite frustration about the processes they endured, most respondents reflected that going into care had been in their best interest in the long term:

*"When you're younger, you think 'oh why have they [Social Workers] done that?' ... you look at it as a bad thing rather than it benefiting you ... they're doing it to help you." (Jayne)*



## RECOMMENDATION 1

Children should be better informed about care proceedings and appropriately introduced to new living environments. Professionals should be supported to have open and honest conversations with children about these processes.

*"I remember the last time we saw them, we just went to a park and it was just like saying goodbye to them. I just felt so bad that I couldn't have helped them ... I thought about them every day."* **(Isabelle)**

# Birth Siblings

Respondents often spoke of the close bonds that they shared with their birth siblings. Sibling relationships could provide a lifeline in difficult and traumatic situations before entering care, and when settling into a new home environment:

*"We were in it all together ... if one of us had been on our own ... it would have been a disaster."* **(Charlotte)**

Although it is widely accepted that sibling groups should stay together in care, a number of participants described being separated from their birth siblings. Separation was described as devastating, akin to grief:

*"She was the closest person to me for so long. We'd been through so much together ... that really, really hurt ... it's like a loss."* **(Chaman)**

These respondents remembered clearly the finality of parting from siblings. Some recounted difficult goodbyes that stayed with them for years afterwards:

*"I remember the last time we saw them, we just went to a park and it was just like saying goodbye to them. I just felt so bad that I couldn't have helped them ... I thought about them every day."* **(Isabelle)**

Participants sometimes reported a feeling of responsibility towards younger siblings, and worried about being separated from those they had cared for previously:

*"I just cried on the first night ... asking over and over again ... 'when can I move with my little sister?' ... it bothered me to think how much it must have upset her."* **(Harry)**

For a minority of respondents, remaining with birth siblings was not particularly helpful or desirable. In these cases, separation from siblings provided much needed space to move forward:

*We're just like polar opposites, we lived together for a little bit but he was aggressive ... I thought 'just get on with it', whereas he just rebelled against [being in care] constantly.* **(Peter)**



## RECOMMENDATION 2

Local Authorities must ensure that important relationships with siblings are maintained by facilitating regular contact. Contact arrangements should be made collaboratively with young people.

# Foster Care Relationships

A number of participants described positive fostering relationships that made them feel safe and cared for. In some cases, 'foster care' became 'family' and was expected to last a lifetime:

*"I don't call them my foster family anymore, they're just my family." (Aisha)*

Respondents reported that these carers boosted their confidence and their ability to pursue future goals:

*"From the very beginning he put all of his time and energy into making me a success ... He was my biggest fan and always believed in me. His regular pep talks and mental support through my life is the best support I could have gotten." (William)*

Positive foster homes were described as those which provided safe and supportive spaces to grieve, connect and relax, and where foster carers went out of their way to ensure that everyone felt included:

*"It was my space and if I needed a cry I could go and have one ... I never felt singled out like it was just me they were giving this special attention to. She was very careful not to single anybody out." (Francesca)*

A number of respondents felt that a positive relationship with another child within the foster family helped them to fit in more readily. However, some participants described being treated differently from foster siblings, or foster carers' birth children. Respondents felt that differential treatment implied that they were not part of the family:

*"They had these beautiful rooms, really beautiful rooms with TVs and we had these really basic, basic, basic rooms ... you just felt even more out of place." (Clara)*

While foster care was supposed to offer a safe space, away from family stress and trauma, a number of respondents reported that foster families came with their own challenges:

*"The foster family would argue quite a lot so I would usually just stay up in my room." (Nadine)*

Tragically, some participants disclosed that they experienced abuse in foster care. Abuse was not always reported. Some respondents described living in unsuitable and damaging placements for prolonged periods:

*"[She] ruined my childhood ... tormented me and emotionally abused me for years." (Jack)*

Participants felt that it was almost impossible for them to secure a change of placement, and described being blamed when care relationships did not work out well:

*"I tried to move ... but they made it quite difficult and made me give 50 billion reasons why I didn't want to be there, which was then shared with my foster carers. I was just made to feel like it was all my fault." (Anna)*

Respondents felt that their carers' views carried more weight than their own, and several reported that foster carers had been able to terminate care arrangements quickly. Participants described being moved without notice, only learning of new placements on the way there:

*"I never got given a choice ... we'd get a little talk from our Social Worker sitting in the back of the car." (Lydia)*

*"They had these beautiful rooms, really beautiful rooms with TVs and we had these really basic, basic, basic rooms ... you just felt even more out of place." (Clara)*



## RECOMMENDATIONS 3, 4 & 5

**Social Workers should prioritise one-to-one, private conversations with children**, offering regular opportunities to discuss placements and identify potential issues at the earliest stage.

**Young people should have the option to move if they feel that they are not thriving**, and their complaints about placements should be acted upon quickly and comprehensively.

**Government must provide a framework through which young people are supported to share feedback after placements have ended**, to inform good practice and identify additional training needs for carers.

# Foster Care - The Problem With Money

Some participants reported that after coming from situations where money was incredibly tight (or absent), their standard of living significantly improved once they entered care:

*"We did swimming lessons ... they could afford to do things. They bought us bikes."* (Nick)

Several participants, however, described feeling uncomfortable that someone was being paid to care for them and felt that the involvement of money undermined the care they received:

*"I remember ... staying in bed all day and I'd be saying 'This is not where I belong' ... they were paid to care so they must not care."* (Corrine)

Some respondents felt that fostering adverts positioned foster care as a 'job' that had to be undertaken, rather than a call to provide a caring relationship:

*"Listening to fostering adverts on the radio really frustrates me, 'you get paid this amount of money' ... become foster carers because you want to be, not because you're getting paid."* (Lydia)

The actions of some carers exacerbated money tensions and re-emphasised the transactional nature of foster care:

*"It was quite clear that they were doing it for the money ... they had a spreadsheet and asked for the smallest amount ... they'd be screaming down the phone to try and get that money."* (Chaman)

When carers took the time to ensure young people felt valued, care could be experienced positively, despite the financial aspect:

*"The family was really welcoming, very accommodating ... I could just be myself."* (Agnes)

Picture credit: Matese Fields



## RECOMMENDATIONS 6 & 7

**Government should review the strategies used to recruit foster carers to encourage a wider range of applicants with different life experiences.** Recruitment should centralise young people's needs and the personal attributes required of foster carers.

**Professionals should be open with young people about the role of money in the fostering relationship.** Financial compensation should be contextualised as enabling carers to spend more time with foster children, without the pressures of additional employment.

# Foster Care - Staying Put

61 percent of survey respondents who had been in foster care reported that they had been able to make use of Staying Put:

*"The Staying Put scheme has been really beneficial for me ... having [somewhere] I can come home to relieves a lot of stress and pressure whilst studying."* (Alice)

80%

of survey respondents spent  
time in foster care



61%

of these made use of Staying Put



75%

of these found the scheme  
helpful



Although appreciated by most, Staying Put could exacerbate tensions within the fostering relationship. Participants reported that their carers experienced a drop in income under Staying Put. Changes in financial support often destabilised and undermined previously positive relationships:

*"Social services pay some kind of rent to them for keeping me ... I have to cover some of it as well ... they'd been very sugar and sweet right up until I turned 18 and then they just didn't give a crap about me."* (Chaman)

Staying Put was not always offered to those eligible. Being forced to leave long term placements could be surprising and upsetting:

*"The local authority informed me I would have to move all of my stuff out of my foster placement to make space for someone else ... I found this to be a shock as I was expecting to keep my room like anyone else would in my position, who wasn't a foster child. This made me feel distanced from my foster carers who had become my family."* (Afua)

After considering the terms associated with Staying Put, and the potential damage that it could do to their care relationships, some opted to live elsewhere:

*"I just decided to live by myself ... she was like my mum ... it didn't feel right having to pay to stay with her."* (Maria)



## RECOMMENDATION 8

**Foster carers should be properly reimbursed for offering Staying Put when their foster child intends to enter, or stay in, full time education or training.** Young people should be included in conversations about money, and understand how funds will be allocated.



## Decision Making and Agency

Participants overwhelmingly reported that they lacked power to affect the decisions that changed their lives:

*"One day someone just came and said 'You're going back into care. Get in the car'." (David)*

Many felt decisions were made without their consent and against their wishes. Some described running away as a last resort when unable to cope with new arrangements:

*"It was a really horrible situation ... so I ran away for a week and it was just not a very nice experience". (Peter)*

Respondents recalled being asked to lend credibility to critical decisions which were being made by others on their behalf.

*"It's a memory that'll always stay in my head ... 'you've met these people twice, do you want to live with them?' ... I remember being sat in a big chair in a courtroom ... I was six ... not really knowing what was going on ... it was 'let's get the child to say yes and feel like it's his decision'." (Chris)*

Some participants felt that their views were taken more seriously as they matured. However, some reported being rushed into making difficult decisions, under pressure and without support:

*"I was offered a foster family but I said no ... looking back I think at that point I was grieving" (Ada)*

A number found it necessary to seek support from outside the care system and described enlisting other professionals or family members to advocate for them:

*"[Social Services] were in talks of sending us back to Mum ... we really lobbied ... because it really wasn't safe to go back." (Julia)*



### RECOMMENDATION 9

**Social Workers must be clear about the weight that children's views hold in critical decision making processes.** Where the wishes of children and young people cannot be fully enacted, they should be helped to understand why decisions have been made.

## Stigma and Care Experience

A significant number of participants described feeling ashamed of their care background:

*"I didn't want to be associated with being in care ... I felt some kind of shame in it." (Corrine)*

For some, 'care' was associated with low achievement and dysfunctional family. These messages were reinforced by those who made their lack of aspiration for young people clear:

*"I was always told ... 'you'll never amount to anything, you'll end up in prison'." (Jack)*

The majority of participants described living in more than one care placement. Several felt that frequent moves reinforced the notion that they were 'difficult', when in fact carers had been ill equipped to meet their needs:

*"I think it ended up being about nine different foster families in total. It has been said I was a difficult child." (Chris)*

Although many had positive relationships with peers in care, stereotypes still influenced their perception of the wider care experienced community and several described feeling different to the 'usual' kind of care leaver. Findings revealed that perceptions of care experience were deeply influenced by prevailing social stigma:

*"I think there's definitely a stigma attached to people who are in care but, again, that's because statistically, you're more likely to be antisocial and stuff." (Michael)*

Others felt more positive about the care experienced community, and found inspiration in those who had been 'successful':

*"There are some famous, famous people ... who were in care, but they're out there doing such big things ... it's just a word, being in 'care' ... it's just the family where you live." (Aisha)*

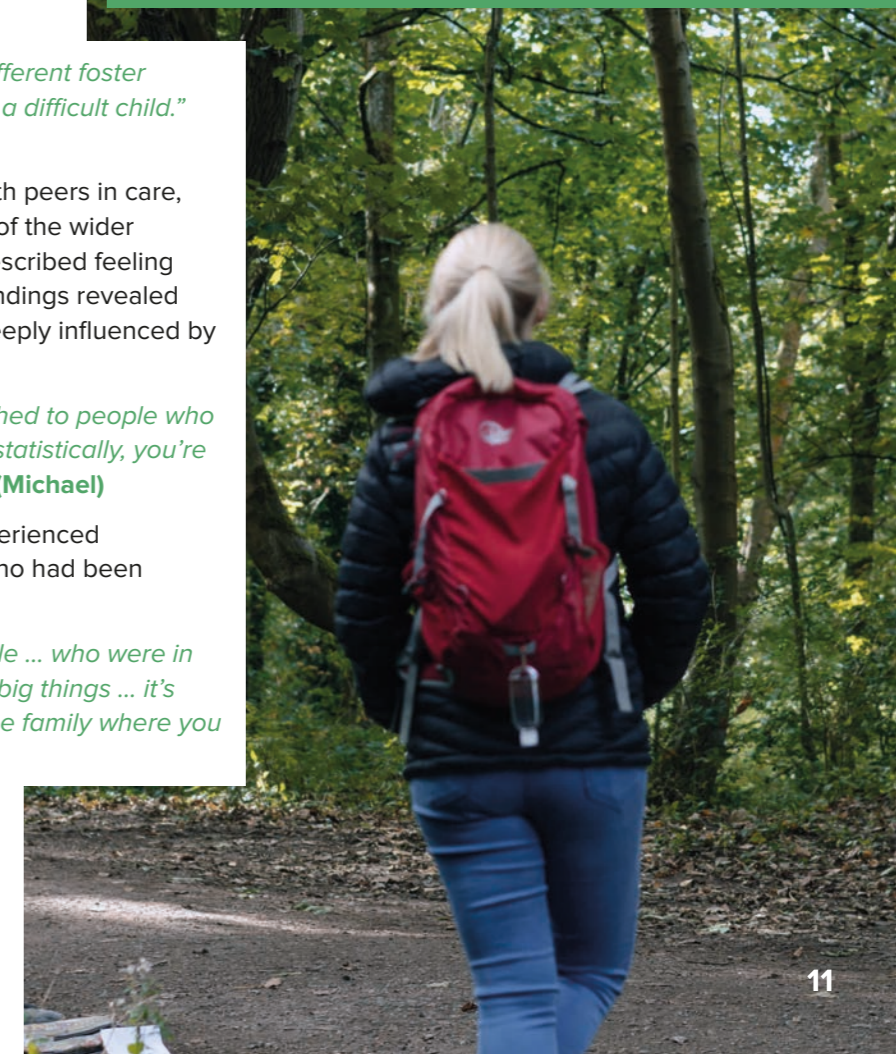
Negative perceptions could fuel participants' motivation and encourage them to succeed. For these participants, being in care did not determine future achievements:

*"I wanted to show him ... I wanted to see that on his face ... I know I'm capable of a lot more." (Gulru)*



### RECOMMENDATION 10

**Professionals and carers must avoid stigmatising terminology and ensure that distress is never interpreted as being 'difficult'.** Children should never be made to feel that they were in care because of something they did.



# Mental Health Support

Participants reported that the challenges they experienced in care had significant repercussions for mental health. Even after leaving care, participants disclosed that they were still experiencing difficulties. Over 68 percent of survey respondents experienced mental health difficulties whilst at university, and a number of respondents reflected upon the extreme lows of their care journey:

*"It made me feel really, really depressed, bordering on suicidal."*  
**(Jack)**

Several reported that carers and professionals were uninformed about mental health and sometimes failed to provide adequate support. Participants recalled incidents in which their experiences were invalidated:

*"I was self-harming ... my Social Worker took me outside and made me show them ... and sort of told me 'oh if you're going to do it, just do it where no-one can see!'"* **(Anna)**

Others felt that their mental health needs had been met. Sometimes effective support required carers and professionals to work collaboratively:

*"I had to go CAMHS on an emergency basis because my foster carer didn't know what to do ... [she said] 'I want to help you as much as I can but I need some guidance!'"* **(Francesca)**

Participants were overwhelmingly thankful for the support of professionals and carers who went the extra mile when they were feeling low:

*"I was in my vulnerable state and she kept telling me all the time that 'I know you'll go far in life, just carry on, carry on' and I was like 'OK, I could do it, I'll do it.'"* **(Ada)**

*"I was in my vulnerable state and she kept telling me all the time that 'I know you'll go far in life, just carry on, carry on' and I was like 'OK, I could do it, I'll do it.'"* **(Ada)**



## RECOMMENDATION 11

**Mental health support should be integrated into all stages of the care journey.** Carers and professionals should receive substantive training around trauma and mental health, and should be supported by an additional network of qualified mental health professionals in times of need.

+68%

of survey respondents experienced mental health difficulties whilst at university



# Social Work: Relationships and the Bureaucracy of Care

*“Sadly... even if they want to do something, they can’t, because there’s so much bureaucracy.” (Nick)*

*“The care system’s not really the ‘care’ system, it’s the checklist system ... I’m a child, not some kind of robot.” (Lydia)*



## RECOMMENDATIONS 12 & 13

**Government must support Local Authorities to reduce the pressure on Social Workers and minimise staff turnover.** Social Workers must be valued and empowered to act as genuine advocates, with the time and capacity to build meaningful relationships with young people.

**Promises of funding or support should be confirmed in writing for children and young people to access in the future.** Agreements should also be built into formal systems to be kept on record by services.

A number of respondents praised the Social Workers who guided them through their care journey and several described instances in which their Social Worker went above and beyond to secure appropriate support:

*“She proper rinses services for me, she’ll make sure I didn’t miss anything out.” (Agnes)*

Particular Social Workers made a lifelong impact and were remembered well after they moved on:

*“She was like an angel ... she actually tried really hard and genuinely cared about us.” (Arlo)*

However, most respondents described experiencing a high turnover of Social Workers whilst in care, and reported that the quality of support they received suffered as a result:

*“A few turned up and they hadn’t even read the case file ... I was like ‘you don’t have a clue.’” (Willow)*

When new Social Workers had not been adequately prepared, participants were forced to repeatedly disclose difficult and sensitive information:

*“Some things are just so personal that you don’t want to recite everything to a different Social Worker every time.” (Connie)*

Having to frequently adapt to working with a new Social Worker could be destabilising and damage trust in the system. Participants described feeling cut adrift when trusted professionals moved on, and reported having nobody to turn to. Some experienced dire consequences as a result:

*“I didn’t know where to go. I became homeless.” (Gulru)*

Some felt that it was difficult to rely on promises made by professionals who would not be in post for long, especially as significant promises could be contested by those who followed. Experienced foster carers sometimes asked for promises in writing:

*“They said ‘if you go to university we’ll fund that’ ... [then] they was like ‘no we never said that’. So my foster dad ... took it higher and higher and fought and then they said ‘actually, because it’s in writing’... they’ve got to fund it all.” (Charlotte)*

The care system was felt to be bureaucratic by a large majority of participants and most appreciated that Social Workers were often constrained by rules and procedures:

*“Sadly ... even if they want to do something, they can’t, because there’s so much bureaucracy.” (Nick)*

Many were acutely aware of the workload pressures that Social Workers had to balance, and felt that this affected the quality of their relationships:

*“They have 25 cases open at a time ... it would be hard to form an actual relationship.” (Francesca)*

Some participants felt that their meetings with Social Workers were devoid of ‘care’, and served only to demonstrate that statutory obligations had been met:

*“The care system’s not really the ‘care’ system, it’s the checklist system ... I’m a child, not some kind of robot.” (Lydia)*

Many recounted instances in which Social Services were slow to respond in times of need. This caused some respondents to lose faith in the system:

*“They said if something goes wrong you can call us ... you just never would, because you know it would take them four months to get back to you.” (Julia)*

Some respondents found other ways to escalate concerns, in order to resolve issues that their Social Worker had been unable to action:


*“I sent the head of the care services ... 100 emails, 30 missed calls, 30 texts ... just saying ‘when am I moving?’” (Marcus)*

Although appealing to the Head of Service proved effective in achieving change for Marcus, his persistent approach also damaged his relationship with professionals:

*“The second I got to university, [he said] ‘don’t ring your Social Worker no more ... don’t ring none of them no more; that was it, I’ve not heard from them since.’” (Marcus)*

Due to the bureaucracy that surrounded care, participants were particularly appreciative when professionals used their discretion in ways that felt supportive.

*“It wasn’t about following procedure, it was about doing what she naturally thought was the right thing ... that’s caring ... you’ve got to have a bit of leeway when people are involved.” (Harry)*



# Social Work: Confidentiality

Participants acknowledged that notes made by one professional would be accessed and read by others. However, they frequently described feeling that their confidence had been broken when sensitive information was shared outside of their Social Work team:

*"I'd told them in confidence. They'd assured me that these things would not be told to people, they've gone and put in a report ... that everybody else could see."* (Chaman)

Although professionals often have to act on sensitive information when it relates to the safety of a young person, a number of respondents reported that minor grievances were also made public. Nadine describes an awkward situation in which a complaint she made was revealed to her carers in her presence:

*"[My foster carers] found out as a group discussion. So me, them, their Support Worker and my Social Worker ... I just sat there in silence!"* (Nadine)

Respondents therefore reported holding back information and keeping grievances to themselves. Which in turn, left them vulnerable to mistreatment.

*"You're too scared to say anything because nothing's a secret. Everything gets back to everyone else."* (Anna)



## RECOMMENDATION 14

Children should be well informed about the parameters of confidentiality and Social Workers must be clear about which information will be shared, with whom, and in which settings.



# Personal Advisors

For those who had enjoyed a close relationship with their Social Worker, being transferred into a new team for 'Leaving Care' could feel like abandonment. It was therefore vital to have a Personal Advisor who was supportive and well prepared:

*"The Personal Advisor is there ... when it's all really crucial and the Social Worker's abandoned you."* (Jill)

Some felt that their Personal Advisor went above and beyond their assigned duties and became an important lifeline:

*"She fights my corner in every matter ... she deals with the financial side of things ... even though that is someone else's job ... I don't think I would have went to university if it wasn't for her."* (Heather)

However, respondents reported that, due to high turnover, their Personal Advisor changed frequently. Some were critical of the temporary employment strategy that seemed to be in place:

*"They recruited them on a temporary basis ... how are you expecting these people to know the situation? ... I've got a new one now who doesn't have a clue".* (Charlotte)



## RECOMMENDATION 15

Government funding must offer Personal Advisors contract stability and continuous training to ensure that they are equipped to meet the needs of care leavers and able to build long term relationships.

Others felt that Personal Advisors were not appropriately trained and were left inadequately equipped to do their job well:

*"I was seen by two 'on call' Personal Advisors, they both said different things."* (Kiran)

Some participants stopped engaging with their Personal Advisor after realising their conversations were often superficial:

*"I have a chat with them, I'm not getting anything back ... I'm just doing it for not being rude."* (Kamran)

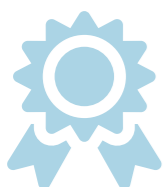
# Accessing Care Files

After turning 18, several respondents reported accessing files to learn about their birth family and the reasons they were placed in care. A number described being disappointed by files which lacked important information. Respondents were reminded of the bureaucracy of the care process and described frustration at being refused information that was well known by others:

*"I got it expecting it to clear things up ... half of it's crossed out so you have to try and guess what it means or who they're talking about ... the thing that annoys me is that someone's sat in an office ... [they] know way more about my life than I do."* (Craig)

Case files could be painful to read and respondents were concerned to find that there was little support available after receiving their file:

*"She was like 'well once you've read it, obviously it can be quite a traumatic time ... we've got counselling and stuff like that. We can get you in quite quick' ... but obviously since then we've had two more [Personal Advisors]."* (Charlotte)



## RECOMMENDATION 16

**Local Authorities should prepare a clear and accessible summary to contextualise care files that have been heavily redacted** and provide significant support for care leavers accessing their records for the first time.

Picture credit: John Schnobrich



# Leaving Care and Accessing Support

Despite assurances that those still in education or training would be supported until the age of 25, most respondents reported that once they turned 18, support decreased dramatically:

*"As soon as you're eighteen, that's it. Bye ... I was in turmoil ... it's wrong."* (Charlotte)

Many participants turned 18 before finishing their final year of school or college and several were forced to make stark choices in order to continue their education:

*"I have worked hard to get to university. I would literally have no food – but I have my wife so I can use my laptop to get my college work done."* (Gulru)

Being forced out of care created instability for participants at pivotal moments, and disrupted the final year at school for many. Alongside working to make ends meet, some described being moved miles away from school or college, into accommodation that was unsuitable and sometimes unsafe:

*"I moved to a bedsit ... in a bit of a rough area ... I'd get back from work and then [my housemate] would be stood at the door waiting for me ... he was intimidating."* (Craig)

After making the decision to study at university, participants experienced difficulties accessing information about higher education. Over a quarter of survey respondents received inconsistent advice from their Local Authority about the details of their offer for care experienced students:

*"They didn't understand anything about applying to university, the help or funding available ... it has at times left me feeling quite lost."* (Kerry)



## RECOMMENDATIONS 17 & 18

**Local offers must be published centrally by Government** in a format easily accessible to care leavers and service providers. Discretionary support that exceeds the statutory baseline should be public, so that geographical disparities can be addressed at policy level.

**Key services should work collaboratively to offer holistic support to young people turning 18.** Those with specific needs should be fast tracked and prioritised within adult services.

41%

of survey respondents reported that they were no longer in touch with any of their carers.



## The Absence of Long Term Support



### RECOMMENDATIONS 19 & 20

Flexibility should be provided for care leavers who wish to continue contact with consenting professionals and carers who have played a significant role in their lives.

Young people should never be forced to 'age out' of care. Support should be based on need rather than age, and those with care experience should have continued access to support throughout the lifecourse.

41 percent of survey respondents reported that they were no longer in touch with any of their carers. Sometimes relationships were cut off despite young people wanting to stay in contact:

*"You have all these people in your life, you get attachments, and then ... you can't have nowt to do with them again so it's like grief ... another person who's just going to go." (Jayne)*

Some participants described feeling attached to the professionals who worked with them. They reported a distinct lack of sensitivity from professionals who prepared to end their relationships without careful forethought:

*"She was just like 'Oh, we need to prepare for when you move on ... here's the numbers if you need to apply for any benefits' ... I was just a bit like 'Oh.'" (Willow)*

Some participants encountered rules that prevented them from staying in touch with professionals and past carers. However, a number reported that they had been able to keep in touch with foster carers who continued to support them when they moved on:

*"If it hadn't been for that foster carer, I'd have been on the streets and I wouldn't have known where to turn she said 'you get on a train and you come to me and we'll sort you out.'" (Jill)*

Picture credit: Remi Waile

# Pathways to University from Care Recommendations



We conducted research with 234 care experienced university students, the overwhelming majority of whom described difficult journeys through care. **We call on Government to substantially invest in all stages of the care journey**, to provide children and young people with support, stability and the opportunity to build positive and long standing relationships. We make the following recommendations:

- 1 Children should be better informed about care proceedings** and appropriately introduced to new living environments. Professionals should be supported to have open and honest conversations with children about these processes.
- 2 Local Authorities must ensure that important relationships with siblings are maintained by facilitating regular contact.** Contact arrangements should be made collaboratively with young people.
- 3 Social Workers should prioritise one-to-one, private conversations with children,** offering regular opportunities to discuss placements and identify potential issues at the earliest stage.
- 4 Young people should have the option to move if they feel that they are not thriving** and complaints about placements should be acted upon quickly and comprehensively.
- 5 Government must provide a framework through which young people are supported to share feedback after placements have ended,** to inform good practice and identify additional training needs for carers.
- 6 Government should review the strategies used to recruit foster carers to encourage a wider range of applicants with different life experiences.** Recruitment should centralise young people's needs and the personal attributes required of foster carers.
- 7 Professionals should be open with young people about the role of money in the fostering relationship.** Financial compensation should be contextualised as enabling carers to spend more time with foster children, without the pressures of additional employment.

- 8 Foster carers should be properly reimbursed for offering Staying Put when their foster child intends to enter, or stay in, full time education or training.** Young people should be included in conversations about money, and understand how funds will be allocated.
- 9 Social Workers must be clear about the weight that children's views hold in critical decision making processes.** Where the wishes of children and young people cannot be fully enacted, they should be helped to understand why decisions have been made.
- 10 Professionals and carers must avoid stigmatising terminology and ensure that distress is never interpreted as being 'difficult'.** Children should never be made to feel that they were in care because of something they did.
- 11 Mental health support should be integrated into all stages of the care journey.** Carers and professionals should receive substantive training around trauma and mental health, and should be supported by an additional network of qualified mental health professionals in times of need.
- 12 Government must support Local Authorities to reduce the pressure on Social Workers and minimise staff turnover.** Social Workers must be valued and empowered to act as genuine advocates, with the time and capacity to build meaningful relationships with young people.
- 13 Promises of funding or support should be confirmed in writing for children and young people to access in the future.** Agreements should also be built into formal systems to be kept on record by services.
- 14 Children should be well informed about the parameters of confidentiality** and Social Workers must be clear about which information will be shared, with whom, and in which settings.
- 15 Government funding must offer Personal Advisors contract stability and continuous training** to ensure that they are equipped to meet the needs of care leavers and able to build long term relationships.
- 16 Local Authorities should prepare a clear and accessible summary to contextualise care files that have been heavily redacted** and provide significant support for care leavers accessing their records for the first time.
- 17 Local offers must be published centrally by Government** in a format easily accessible to care leavers and service providers. Discretionary support that exceeds the statutory baseline should be public, so that geographical disparities can be addressed at policy level.
- 18 Key services should work collaboratively to offer holistic support to young people turning 18.** Those with specific needs should be fast tracked and prioritised within adult services.
- 19 Flexibility should be provided for care leavers who wish to continue contact with consenting professionals and carers** who have played a significant role in their lives.
- 20 Young people should never be forced to 'age out' of care.** Support should be based on need rather than age, and those with care experience should have continued access to support throughout the lifecourse.

# With Thanks

We would like to thank all of the students who participated in this study, we will endeavour to share your stories in the hope of achieving change. We are incredibly lucky to be blessed with an amazing Steering Group and would like to thank Sophie Norris, Mojtaba Darazkan and Stef Lo, who continue to provide invaluable insights, advice and support.



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