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"I already had my own struggles. So then, when the whole world is struggling, it doesn't really help": The Voices of Young People Leaving Care During Covid-19 in Northern Ireland

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The Voices of Young People Leaving Care During Covid-19 in Northern Ireland.

**Kelly, B., Walsh, C., Pinkerton, J. & Toal, A.
November 2020**

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Introduction

The emergence of the coronavirus (Covid-19) pandemic in early 2020 significantly disrupted daily life for citizens across the UK and Ireland. As Northern Ireland entered lockdown, the delivery of health and social care services to children and young people was greatly impacted. Voice of Young People in Care (VOYPIC) was extremely concerned about the impact of the virus and the associated restrictive measures on children in care and care leavers. Care leavers were already a marginalised group who face significant social and economic disadvantage and their vulnerability seemed to increase with the emergence of Covid-19. As people become more reliant on close family and friendship networks, for those care leavers with limited social networks, social distancing measures and other restrictions increased their isolation and impacted their mental health.

Changes to children's social care regulations changed how statutory visits and review meetings took place, and extended the time period for the review of a care leaver's pathway plan.

Whilst there were arrangements in place to capture quantitative data relating to these amendments and related outcomes, VOYPIC wanted to ensure that qualitative data was also gathered about the views and experiences of young people during this period. VOYPIC, therefore, worked with colleagues at Queen's University to undertake this study so that the views and experiences of care leavers can inform and shape future planning and service delivery during the pandemic.



Background

The study sought to examine the impact of the Covid-19 pandemic on the lives of young people leaving care in Northern Ireland. The fieldwork was undertaken between August and September 2020. At this time, the initial lockdown of communities that had been introduced by Government in late March 2020 in response to the emergence of Covid-19 had been lifted, although some restrictions were still in place. By the stage of writing up the findings of the study, the numbers of people affected by the virus were rising exponentially and further restrictions, including local lockdowns, were being re-introduced.

Policy Response in Northern Ireland

In response to the impact of Covid-19 pandemic on looked after children, the Northern Ireland Department of Health sought and had passed into law by the Northern Ireland Assembly, the Children's Social Care (Coronavirus) (Temporary Modification of Children's Social Care) Regulations (Northern Ireland) 2020, which came into operation in May 2020. The Regulations enabled certain functions to be undertaken within slightly longer timescales or in different ways, for example, using remote audio-visual communication technology rather than meeting in person. Specifically, in relation to pathway planning as required by the Children (Leaving Care) Regulations (Northern Ireland) 2005, the temporary Regulation 5 replaces the requirement for review within 6 month periods to review in accordance with guidance issued by the Department. It is worth noting that, following discussion at the Assembly Health Committee and with other sector stakeholders (including VOYPIC), the Department sought to ensure through guidance to the Health and Social Care Trusts (HSCT) that no young person leaving care should lose services prior to a review taking place, regardless of whether they cross the normal age threshold of 18 years old in the period during which a review is delayed.

In June 2020, the Department also issued three sets of Covid 19 Guidance for residential children's homes (DoH 2020a), for providers

of foster care and supported lodgings (DoH 2020b) and for jointly commissioned supported accommodation settings (DoH 2020c). The general thrust of the Guidance was to ensure the safety and wellbeing of children, young people and staff in these settings through compliance with the public health regulations and advice relating to Covid-19, in particular advice relating to good infection prevention and control practice. The ongoing and developing nature of the pandemic was recognised, with a stress on the need to check the latest information and advice not only from the Public Health Agency website but also from other statutory and NGO sources (including VOYPIC). Particular emphasis was given to making efforts to support education. The impact of the general uncertainty and anxiety associated with the pandemic for looked after children was also highlighted and HSCTs were urged to ensure additional support; including, as appropriate, Looked After Children Therapeutic Services and mental health services.

Whilst the Guidance is relevant to care leavers, in the main their needs were not directly addressed. The exception to that is Annex A of the Covid-19 Guidance for jointly commissioned supported accommodation settings (DoH 2020c) which includes a table setting out the implications of the relaxation of regulations for each of the Standards for Leaving Care Services in Northern Ireland (DHSSPSNI, 2012). From that, it is clear that the emphasis on: public health compliance; keeping young people informed, if not directly involved, in decisions about them; the suspension or at least minimising of face to face meetings; adoption of alternative forms of communication; and maximising the flexibility within existing provision and professional practice.

It is also stressed that relaxation of compliance with standards must be informed by robust risk assessment and professional judgement (including recording of decision making process) and subject to ongoing monitoring and review. In September 2020, a Plan of Cross-Departmental Actions for Vulnerable Children and Young People during the Covid-19 Pandemic Period (DoH 2020d) was issued for consultation (ending

in November). The Plan aims to promote safety and wellbeing in both the home environment and in the wider community through strengthening system capacity to respond to current risks. It also notes the need to rebuild services as part of the NI Executive's wider planning. The Plan is based on activities already underway or required across government, in partnership with key voluntary sector agencies, as well as committing "to use available facts, statistics and evidence to identify emerging issues and keep the Plan under review" (DoH 2020d, p2).

Many of the planned actions are relevant to care leavers and the list of vulnerable children and young people targeted for action includes any "young person who was previously a looked after child, whether or not they are receiving support from statutory services" (DoH 2020d, p1). For example some of the actions in response to financial hardship and food poverty (DoH 2020d, p6,1.4) and the suspension of transitions from CAMHS to adult mental health services to facilitate continuity of care (DoH 2020d, p8,1.6.x.). However, as with the Guidance, the needs of care leavers are not directly addressed.

Care leavers only receive three direct mentions in the Plan. In the home environment section, as a means to mitigate against reduction in services, there is a commitment to: "Work with voluntary organisations such as VOYPIC, Extern and MACS, to establish appropriate arrangements to facilitate ongoing engagement and contact with children and young people in care and care leavers" (DoH 2020d, p5, 1.3.v.). In that section of the Plan it is also noted that: "Voluntary and community organisations and providers of floating support have enhanced their outreach support to care leavers living in supported accommodation" (DoH 2020d, p9,1.3.xv.). In the wider community section, in response to increased risk of exploitation, there is a commitment to: "Work with community and voluntary organisations to enhance outreach support to children and young care leavers." (DoH 2020d, p5, 2.1.iv.).

Impact on Care Leavers

Young people leaving care are a population at risk of poorer outcomes in young adult life across a range of domains including employment, further and higher education and health (Coram Voice, 2017; Courtney et al., 2016; Mann-Feder & Goyette, 2019; Mendes & Snow, 2016, Stein, 2012). There are also concerns about their vulnerability to social isolation due to limited social and familial networks (Jones, 2019; Kelly et al., 2016; Mendes & Rogers, 2020). All of these vulnerabilities have been particularly acute during the Covid-19 pandemic as shown in recent research on the experiences of youth leaving care in the UK (Coram Voice, 2020; Nolan, 2020; Who Cares? Scotland, 2020) and internationally (Goyette et al., 2020; Lotan et al., 2020).

In response to these concerns for care leavers during the pandemic, research in England, has found that some young people were given the opportunity to stay in their placements, if they wished, and virtual contacts between professionals and young people were offered (Baginsky and Manthorpe, 2020). However, there were ongoing concerns for those living alone and feeling isolated or anxious and reports that intensive support was not always available as staff worked from home under Covid-19 restrictions and young people had limited access to digital technology. Baginsky and Manthorpe (2020) also reported that care leavers at university were often unsure what to do when semester finished early if they did not have family or foster care homes to return to and were facing financial insecurities.

Most of the existing studies on the impact of the pandemic on the lives of care leavers in the UK and internationally have undertaken surveys of youth leaving care and reported similar concerns about increased risk due to limited informal networks and reduced contact with formal support services. NYAS (2020) surveyed 230 care leavers in England and Wales and reported that 86% of care leavers felt lonely more often and anxious during lockdown yet they had reduced contact with their social worker and personal adviser and limited access to technology to stay

in contact with peers and family. A consortium of agencies in the UK undertook a UK-wide survey of 251 higher education students who were care experienced or estranged to explore the challenges of coping during the pandemic without family support (Become et al., 2020). The survey findings indicated that key concerns for these young people were: financial worries and lack of income to cover basic living and accommodation costs; loneliness or isolation; and anxieties about being able to complete their courses.

International surveys on the effects of the pandemic on the lives of care leavers concur with these themes from UK research. In Israel, Lotan et al.'s (2020) survey of 525 care leavers and other at-risk youth found that they had: very limited income to cover household bills and everyday living costs with almost half of the sample reporting being in debt; very low levels of informal support from family; and high levels of anxiety and depression. Similarly, in a large-scale longitudinal study of youth leaving care in Canada, Goyette et al. (2020) reported that care leaver vulnerabilities to poor housing, mental ill health and unemployment were exacerbated by the impact of the pandemic. In a survey of 281 youth ageing out of foster care during Covid-19 in 32 US States, Greeson et al. (2020) also reported youth concerns about food insecurity due to low income (55%), the detrimental impact on their educational progress or attainment (67%), and deteriorating mental health during the pandemic with over half of the sample (56%) reporting clinical levels of depression or anxiety.

Whilst these survey-based studies are timely and offer insight into the experiences of care leavers during the pandemic, fewer qualitative studies have been undertaken specifically focused on

the views of care leavers, although a number of qualitative studies were underway in England and Wales at the same time as this study (Canning et al., 2020; Roberts et al., 2020). In Scotland, STAF (2020) consulted with professionals, carers and care leavers involved in participation groups. Care leavers had been able to access additional financial and practice support, technology and advocacy on issues relating to finance and housing.

However, this report also highlighted concerns about care leavers' experiences of loneliness and isolation, digital exclusion, financial insecurity and poor mental health. Canning et al.'s (2020) survey based study identified similar findings to those reported above (regarding concerns about mental health, finances, social isolation, accommodation and education) but also incorporated diary entries from youth leaving care which provide unique insights into the views of care leavers. The production of the summary of this project's findings was underway at the time of writing this report. Similarly, a mixed methods study on the experience of young people is underway in Wales (Roberts et al., 2020).

Methodology

Within the context of the limited number of qualitative studies specifically examining the views of care leavers, and the absence of any research on the experiences of care leavers during the pandemic in Northern Ireland, this research project was a short-term study focusing on the experiences of youth leaving care in Northern Ireland and seeking their views on how best to meet their ongoing support needs.

Aims and Objectives

The aim of the study was to explore the impact of Covid-19 on the lives of care leavers and how these young people have managed during the pandemic. In addition, the study was particularly interested in the types of support provided to care leavers during the pandemic and how effectively they met the needs of young people leaving care to inform best practice guidance in advance of a second wave of Covid-19.

The objectives of the study were to:

- Explore care leavers' experiences of living under the restrictions imposed as a result of Covid-19;
- Examine care leavers' reflections on the impact of the current circumstances on their wellbeing and support needs;
- Identify changes to support services provided for care leavers during this time and how they have been delivered; and
- Investigate the effectiveness of different approaches to support for care leavers during the pandemic and identify any lessons to be learnt for the future in terms of best practice and areas for improvement.

Sampling

Care leaver participants were aged between 18 and 25 and entitled to support as a care leaver under the Children (Leaving Care) Act (NI) (2002). The study recruited participants via VOYPIC, the NGO supporting children and young people

living in and leaving care that commissioned the research. Staff at VOYPIC used the organisation's database of care leavers in contact with their services to invite them to participate in virtual interviews. Advertisements were also shared on social media. Interested young people informed VOYPIC staff that they were interested and gave consent for their contact details to be shared with the researcher who then contacted young people directly to arrange a time for interview.

The study aimed to recruit up to 40 care leavers and sought to include young people living in different geographical areas and at different stages of the leaving care journey. The recruitment phase was open during August and September 2020 and, in total, 24 young people took part in interviews. A further 14 young people showed interest in taking part but their interview did not proceed either because they were not contactable and/or situational issues or crises impacted on the availability for interview, for example, moving home or transitioning to college. Of the 24 young people interviewed, there was good representation from across all five Trust areas (see Table 1). Three quarters (n=17) of the respondents were female, with six males in total. On average, young people were 20 years old and, unsurprisingly, the majority had left care but many were still in contact with their social worker and/or personal advisor as well as a range of other professionals.

Table 1: Participant Demographics

Trust area	SEHSCT (n=5) BHSCT (n=3) WHSCT (n=6) SHSCT (n=5) NHSCT (n=5)
Age (18-25yrs)	18-19 (n=12) 20-21 (n=4) 22-25 (n=7)
Stage of leaving	In care (n=7) Left care before pandemic (n=13) Left during pandemic (4)

7 self-identified as still being in care, usually because they were still living with carers.

Interviews

Semi-structured interviews were conducted with each young person remotely via Whatsapp or telephone. At the start of the interview, demographic information about the young person was collected including their age, gender, stage of leaving care and geographical area where they lived. Interview questions were then structured around the following key themes: experiences of life during the Covid-19 pandemic in the context of various stages of Government restrictions and across a range of life domains (e.g. housing, education, health, finances and relationships); experiences of formal and informal support; hopes and fears for the future; and key messages for service providers on how best to support care leavers during the pandemic. Young people were also encouraged to contribute their own views on any other theme of issue of relevance to their experience during the pandemic.

Analysis

With prior consent, interviews were recorded and transcribed for analysis. Transcriptions were uploaded into the NVivo computer package and analysed thematically, keeping in mind the core research questions guiding the study (Braun & Clarke, 2013). The researcher began by coding two transcripts and this initial coding framework was shared with the other members of the research team for discussion, development and verification. The researcher then used the final agreed coding framework to analyse the remaining transcripts.

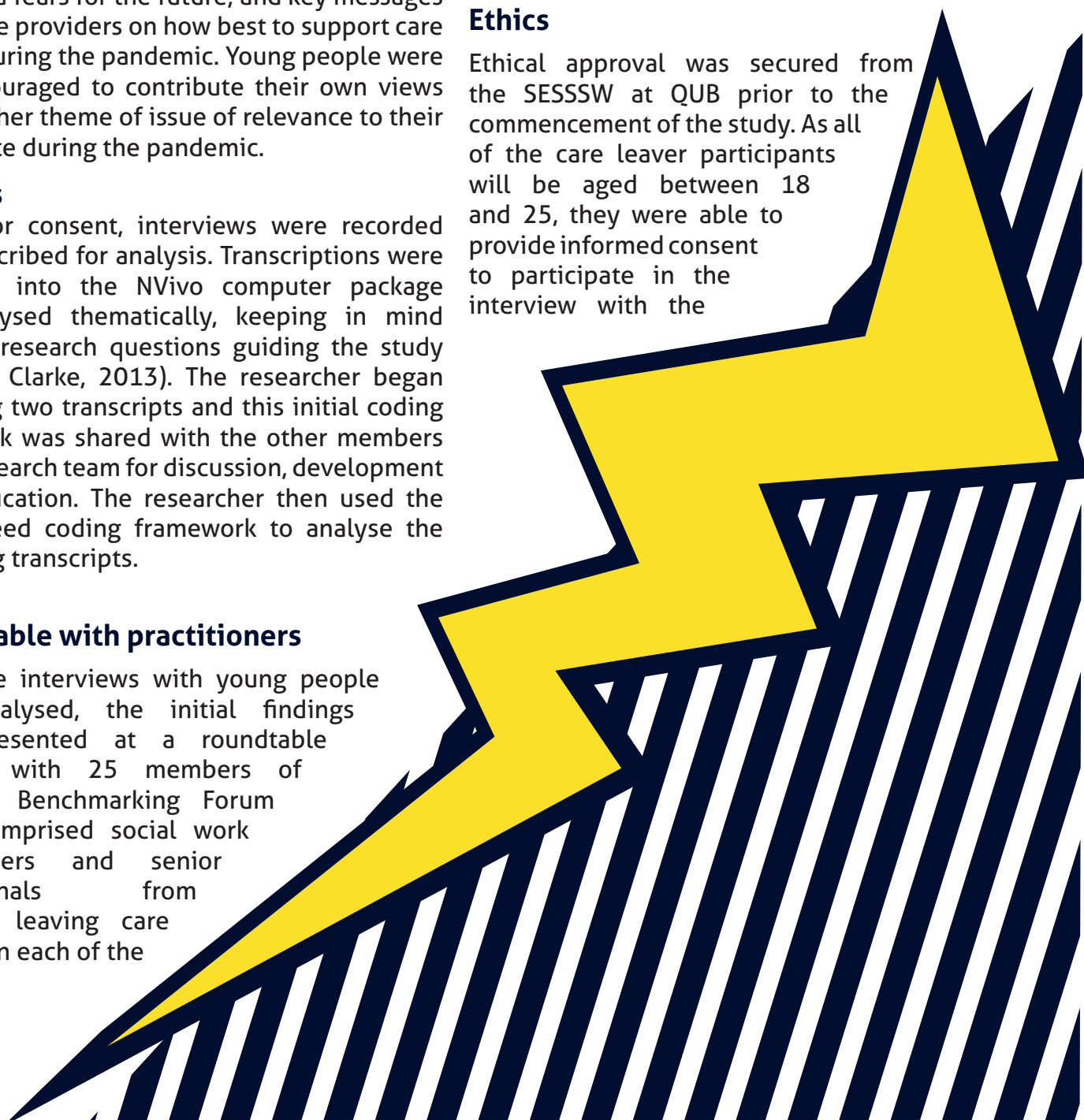
Round table with practitioners

When the interviews with young people were analysed, the initial findings were presented at a roundtable meeting with 25 members of the 16+ Benchmarking Forum which comprised social work practitioners and senior professionals from statutory leaving care services in each of the

five Health and Social Care Trusts in Northern Ireland. Following this presentation there was an opportunity to discuss the key themes identified and the implications for policy and practice. With prior consent, this group discussion was also recorded and the findings were used to inform the overview of the policy and practice response to care leavers during the pandemic and the concluding key messages for future policy and practice. It is hoped that this engagement with practitioners will continue following the publication of this report as part of ongoing efforts to better understand and support care leavers during the pandemic.

Ethics

Ethical approval was secured from the SESSSW at QUB prior to the commencement of the study. As all of the care leaver participants will be aged between 18 and 25, they were able to provide informed consent to participate in the interview with the



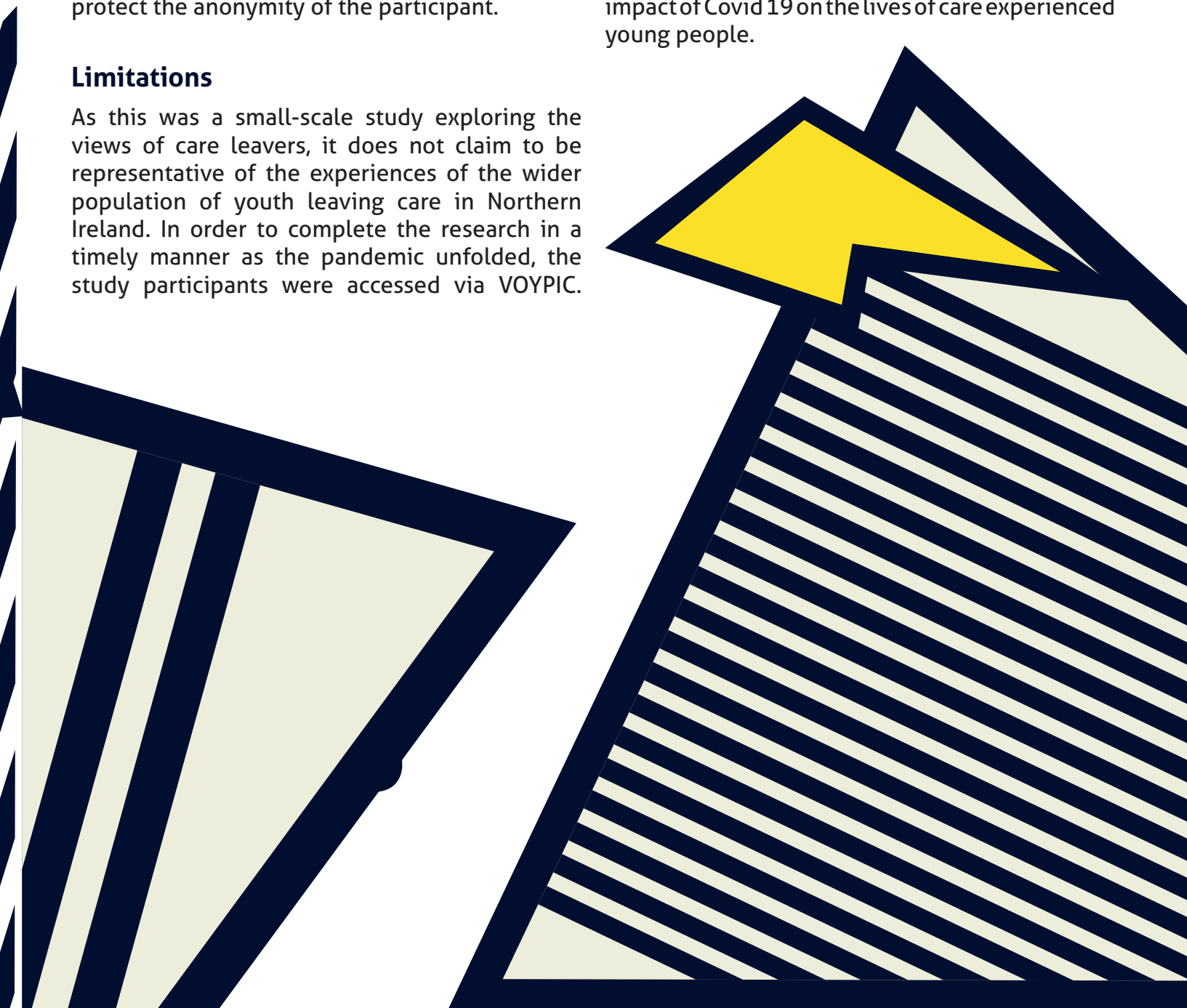
researcher. Contact details for potential participants were only shared with the researcher with prior consent from the young person which was recorded by the VOYPIC staff member they had contact with. Consent was also verbally confirmed at the beginning of the interview. The boundaries of confidentiality was explained to each participant and VOYPIC had a staff member designated to provide follow up support and referral (if necessary) for any participant who required further support following their interview. Recordings were held on a password protected, encrypted laptop and were only accessed by the research team. This report and related presentations use pseudonyms and have removed any identifying information in order to protect the anonymity of the participant.

Limitations

As this was a small-scale study exploring the views of care leavers, it does not claim to be representative of the experiences of the wider population of youth leaving care in Northern Ireland. In order to complete the research in a timely manner as the pandemic unfolded, the study participants were accessed via VOYPIC.

This reduced the need for lengthy processes of approval or access via a range of other statutory or voluntary organisations, however, this recruitment strategy may inadvertently create a bias in the sample as all respondents were currently or had previously been in contact with VOYPIC services. Despite this limitation, the participants recruited had a range of experience across gender, stage of leaving care, geographical location and age.

The qualitative, small-scale nature of the study allowed for in-depth exploration of the views of care leavers which provides rich thematic insights into the experiences of care leavers during the pandemic. These have a contribution to make to further developing an effective response to the impact of Covid 19 on the lives of care experienced young people.



Findings

The following sections illustrate the five key themes that emerged from interviews with the 24 young people.

These included: disruptions that were created either directly or indirectly as a result of Covid-19; continuities that were retained despite restrictions and other effects of the public health guidance; individual responses to manage and adapt to the changing context; mental health and wellbeing and; effective practices for supporting young people, particularly vulnerable young people in times of crisis. The report ends with ten key messages for future policy and practice that are underpinned by the voices of young people in this study.



DISRUPTIONS

The emergence of Covid-19 in March 2020 and the onset of various restrictions led to disruptions for many people across Northern Ireland. For young people in this study, these disruptions were complex and often related to disrupted family relationships, reduced social networks, delayed medical treatment and the postponement of psychological therapies. One of the most prevalent reports from young people was the effect Covid-19 had on family contact:

"The contact wasn't supposed to reduce as much, but as soon as Covid hit, there was no contact... I didn't see X [relatives] again until... July."
(Bronagh, 18, left care during Covid-19).

There was a perception amongst this sample that, with the onset of Covid-19, it took some time for professionals to align practice with the public health guidance which impacted on some young people's transitional experiences:

"It was... before my 18th and I didn't have a clue where I was going, and I was actually questioning whether they were going to keep me [there]... because no social workers were telling me where I was going... [finally] I was told where I was going, and that was it. I didn't even get really a say or nothing about it like."
(Elena, 18, left care during Covid-19).

Disruptions also extended beyond social care to health care and criminal justice systems. Concerns were expressed about delays in court procedures changing young people's legal status. One young person was worried that, having turned 18 in the midst of procedural delay in the court system, the offence would be considered as that of an adult. Another young person reported contacting a mental health professional on several occasions to seek advice

without receiving a response. One young person who had begun a therapeutic programme before the onset of Covid-19 felt that the good progress they had made was greatly reduced when the service had temporarily closed during lockdown:

"I had started a mental health course... and I was finally like getting more confident, and then it actually hit me really hard, because like I was doing so well and now I feel like my life's on pause again."

(Michelle, 18, left care before Covid-19)

There were also delays in decisions about stable accommodation for the long-term. For example, one young person reported what had been initially viewed as very temporary accommodation during lockdown had continued for several months, despite the need for long-term arrangements.

Disruptions to placements and accommodation were also experienced when family members or carers felt obliged to take decisions to protect the health of relatives perceived to be at risk. In one case, without any consultation, relatives of a young person who worked in a health care setting asked her to move out to protect them from the virus. The young person described this decision-making process as well intended, but with disregard for her wellbeing, consideration of safe alternatives and the time she needed to prepare for this move emotionally and practically. She left this placement with her belonging in black bags which she felt was reminiscent of her experience of coming into care:

"You know, the typical black bag, and the same thing happened again... even though I'd been there for years."
(Una, 23, left care before Covid-19).

This young person moved to live with another family member but later had to leave employment following an outbreak of Covid-19 in her workplace to protect the family and had since continued to live without paid employment. Likewise, other young people had made difficult decisions to cease or reduce contact with vulnerable family members, despite its personal impact.

For some young people living indoors under lockdown restrictions had been a struggle as relationships with others in their home became strained. However, in at least one case, these challenges became the impetus for a positive change in circumstances for young people:

"Lockdown kind of made me realise I needed to leave, has made that happen... I know it hasn't worked out for everybody, but it's the best thing that's ever happened to be fair."
(Lorraine, 22, left care before Covid-19).

For many, the effects of Covid-19 had an impact on young people's peer and social networks. In particular, the closure of schools, sports teams and fitness centres, combined with restrictions on home visits appeared to at least temporarily sever interpersonal contact:

"Just being in my room or being in this house all the time was just, it was very difficult, for everyone and not just me... It was very difficult because I couldn't see my friends, I couldn't see my birth family or anything like that. It was very difficult, you know?"
(Ewan, 18, still in care).

However, disrupted social relations did not always mean isolation from others. For several young people, the restrictions on movement required those living in the same house to spend more time at home together, something that created its own challenges:

"Obviously being stuck in the same house with a lot of people for a while, and especially considering we are very, very different in terms of our religious and political views makes for a very tense situation."
(Brian, 22, still in care).

"...so being in a house with [other] people and not being able to leave was quite scary."

(Brenda, 20, still in care).

"I felt like I was getting in her way and I felt like it was her home. But I don't think she wanted me to feel that way... I explained to her I was like 'I feel like a burden. I've felt like this my whole life'... like going back into my past... It's just when you feel when it's not your own home... even though it's supposed to be your home."

(Phoebe, 19, still in care).

However, in many cases, more time with others created opportunities to try new activities and heal fractious relationships:

"We were a lot more open as a family... because we were always with each other it was easy to pick up on the signals.... We were going on walks every day, having long chats, like debates and political views".

(Michelle, 18, left care before Covid-19).

It was not only interpersonal relationships that had new opportunities for growth during this time. For several young people, the onset of Covid-19 provided new perspectives and time to reflect on their lives:

"I'm glad lockdown happened because... I found myself and I started to love myself, and started to realise like you don't need anyone to love you... when you find yourself it'll be the happiest day of your life, because that's the way I am now."

(Lorraine, 22, left care before Covid-19).

In fact, some young people appeared to prefer the order that restrictions had ushered in:

"...The personal space, that nobody's coming up, you know, and nudging into you or... nobody's in your face... and nowhere's jam packed, you know, like the bus, the station."

(Gary, 23, still in care).

Many of the young people, given their life course stage, experienced important personal milestones such as, starting higher education, employment and/or independent living. Some young people spoke of these milestones as being either disrupted or ambiguous. For those without informal support networks, the absence of contact with their social worker and personal adviser, had a significant negative effect on their transitional experiences:

"I found it really difficult... I could've done with a little bit of help from my social worker but obviously he couldn't because of the lockdown restrictions, but I had to do student finance completely on my own. And I got... the wrong amount of money back... I should've been getting a wee bit more. So, I felt that I could've got a bit of help with the student finance. My PA was supposed to help me with it at the time, but my PA... we obviously didn't get along and in my opinion... I found him quite lazy."

(Michelle, 18, left care before Covid-19).

For others, the effect on milestones appeared less critical but, nonetheless, personal. Like many other young people, public health restrictions affected travel and volunteering plans:

"So, my thing to look forward to was going to X [overseas]... I had to pay a lot of money and there was like a load of different things I had to go through, for it all to just be like I can't go any more"

(William, 23, left care before Covid-19).

For those leaving care during the pandemic, the transition to independent living was challenging:

"I kind of felt pressured to like move into this place and actually with Covid it was actually making me a bit more anxious, because I'm actually sharing a building with [several] other people and people are coming in and out."

(Bronagh, 18, left care during Covid-19).

One young person who had recently left residential care felt that spending their final few months in care under lockdown had clouded their overall care experience and negatively impacted on the transition process:

"To be honest I look back on it and I'm like it was the shittiest, I've been in care... I've been in all different homes... and looking back on it because of Covid-19 it really affected my last kind of memories in the home, because like I look back and I'll be like 'f*k I was under lockdown and the staff didn't do shit with me in my last few months in care'. Whereas if lockdown hadn't have happened I would've been able to do endings with my keyworkers and go out for dinner and do all that there."**

(Elena, 18, left care during Covid-19).

Independent living also brought additional challenges as young people transitioned into a new home, often in a new area combined with reduced (or at least a different format of) support:

"You're moving into a world by yourself. Say you're going into like supported accommodation or something, you know, a lot of the time you'll have somebody coming out to visit you, but with a pandemic that can't happen. And if you're in lockdown in your new house that could be really lonely."

(Una, 23, left care before Covid-19).

One of the most sobering realities about this time is that families who lost loved ones were unable to share in their grief or fully take part in rituals that can bring comfort. One young person described their experience of personal loss:

"It was really difficult... because she... was down in a funeral home and then her chapel was over like the other side of town... And like we watched the mass on a laptop... and that made me so angry, because I was like 'she deserves a lot more."

(Jennifer, 22, left care before Covid-19).

CONTINUITIES

Interestingly, whilst many young people described in great detail, and across different domains, the disruption that was caused as a result of Covid-19, actually there was also a great deal of continuity. Sadly, for some young people who had already felt quite isolated, little had changed during the pandemic:

"So, my life wasn't the best before lockdown came about anyway because I was actually like more living in my bedroom and wasn't doing much."

(Bronagh, 18, left care during Covid-19).

This feeling of isolation permeated most interviews and, whilst it was a personal choice for some, for others it was a result of their life and care experiences:

"I would say I'm very introverted naturally. I do like going out... but honestly I didn't really have to change a lot of my schedule".

(Rachel, 18, still in care).

"It's kind of hard to explain because like my whole life [was in] lockdown, like if that makes sense to you? Because of everything that's happened to me".

(Lorraine, 22, left care before Covid-19).



Whilst some changed their work patterns, took advantage of the UK government's furlough scheme, or had the option to work from home, others worked in industries (for example, retail or health care) that remained open and working life continued often on a part-time, contract and low paid basis.

Despite the obvious disruptions to some social relations, technology provided various ways to maintain connections:

"Obviously, I wasn't able to go and see my mum and all, and I wouldn't have been able to get in touch with my friends and stuff, but I was able to still keep those connections."
(Brian, 22, still in care).

For those at school or in further and higher education, there was an ongoing expectation for continued studies, coursework and preparation for exams. This provided a focal point for young people in the midst of mass uncertainty, but also added additional pressures during a situation that was completely unprecedented:

"I had to finish my degree...So I kind of had to push it... even though it was a lot emotionally".
(Una, 23, left care before Covid-19).

Maxine was coming to the end of her degree and reported initially feeling overwhelmed by the restrictions, feeling like her 'world was coming to an end'. However, as time progressed, she used time in lockdown to focus on her studies and, in hindsight, she believed that:

"...if lockdown wasn't declared and I was still living everyday life I don't think I would've done as well."
(Maxine, 23, left care before Covid-19).

Despite the potential benefits, the 'carry on regardless' approach added additional pressures, particularly when the resources and supports that students would ordinarily expect, were unavailable:

"I still had to try and do my uni course online, which was pretty stressful with the kids in the house... It was quite difficult."
(Brenda, 20, still in care).

"Even like our library and stuff was closed, so we couldn't access the books".
(Una, 23, left care before Covid-19).



INDIVIDUAL RESPONSES

Young people described a range of individual responses to the context of the pandemic relating to adherence to restrictions and coping mechanisms.

Compliance

Across the sample, young people described, for better or worse their understanding of the restrictions that were put in place and the extent to which they complied with those expectations. A minority of young people indicated that their lives continued as normal and for these young people, that was associated with maintaining a social life:

"To be honest I was still going out partying and still doing the fking day-to-day life."**
(Elena, 18, left care during Covid-19).

Most, however, indicated that they understood the severity of the pandemic and appeared to comply with restrictions:

"I didn't leave the house. Well I went out and did my shopping once a week and, you know, I didn't see my mummy."
(Maxine, 23, left care before Covid-19).

Many of those who were compliant described doing so in order to protect others including family members with underlying health conditions or older relatives perceived to be at greater risk:

"You can't see anybody, nobody can come round and see you really... You don't want to risk bringing anything in from anybody else's house"
(Bronagh, 18, left care during Covid-19).

"I wasn't like 'Oh I have to be in lockdown'. I was more concerned about the people who could die."
(Rachel, 18, Still in care).

Even as restrictions eased, young people appeared to generally understand changing expectations and continue to comply with them:

"Well in terms of home life I still adhere to not going out. The only thing I have done since would be just social bubble, so like I'll go and see my... family."
(Brian, 22, still in care).

There was also indignation towards others who disregarded the guidance and, as a result, placed others at risk:

"But it was worse for me because my ex-partner was not listening to the rules...He was not doing what he was told to do... Then he started bringing his friends to the house in groups and it was really stressing me out, and it was causing so much strife."
(Lorraine, 22, left care before Covid-19).

Over the long-term, though, there was some concerns that people would begin to ignore public health guidance as there were increasing concerns about maintaining mental health alongside protection from the virus:

"I think mental health wise is more my concern, you know? ... eventually people will start breaking the rules because it has been too long and we're social animals."
(Elena, 18, left care during Covid-19).

Distractions

As a significant period of time during lockdown was spent alone, young people elaborated on ways they kept busy and techniques employed to distract themselves in order to avoid boredom and maintain positive wellbeing, whilst also complying with guidance. Distractions took many forms and some were more pro-social than others, but ultimately, all had the same objective:

"Just entertained myself... played games or tried to socialise with the rest of the family".
(Brian, 22, still in care).

"...I picked up a bad habit of staying up all night playing the PlayStation and then sleeping all day...But I did it on purpose during lockdown just so the days went away quicker... it was the only way I seen lockdown getting over quicker... obviously it wasn't, but it felt like it was."
(Phil, 18, left care before Covid-19).

Despite several references to increased alcohol consumption, this did not emerge as a particularly strong theme and it was notable that none of the young people described using other substances or non-prescribed medication for recreational or other purposes.

Notwithstanding the potential difficulties, being at home simultaneously with other people provided additional opportunities for distraction:

"We got to play games together and we stayed up and we read books."
(Una, 23, left care before Covid-19).

The abundance of free time also provided the space for young people to continue with activities that were inherently enjoyable and hobbies that they would not have necessarily had the time to engage with.

"I'd like to be able to just keep the routine of having a bit of free time... and eating properly in between work and tech and stuff."
(Brenda, 20, still in care).

"I always felt I was running out of time with like work and schoolwork, and then there's dishes and then I get about three or four hours to just chill by myself. Like this doesn't feel like I'm running out of time at all".
(Rachel, 18, still in care).

"It made me kind of focus on like more myself and giving myself time to do the things that I kind of wanted to do that I couldn't do with work and jobs... So I was able to like pick up my arts and drawing and spend time as a family, like helping with the cooking."
(Ellen, 20, left care before Covid-19).

For some, however, additional time for reflection also brought difficult past experiences to the fore:

"So, for me it was difficult in the sense that I was that busy before that I didn't think about all the things that happened before. But then the five months of lockdown gave me a lot of time to reflect".
(Maxine, 23, left care before Covid-19).

Learned strategies

Young people used a range of self-care and coping strategies during the pandemic. Some of these were techniques they had learned during previous challenging experiences such as exercising, writing down thoughts or making lists aimed at reorienting negative feelings towards more positive feelings:

"You know, depression's a big thing, it can creep in at any point, so you've got to like keep a space in between like where you sleep and where you, you know, have a clear like work and rest area. I wrote down like a hundred things I'm grateful for, and I felt like that really helped".

(Rachel, 18, still in care).

"I do get sad in like big waves and stuff, when I just get completely reminded of everything that's happened in my life and the lack of stuff that's in my life. But it sort of balances out whenever I just realise I have so much already."

(Mal, 19, left care during Covid-19).

"I was just sick of feeling sorry for myself and I was just like, you know what, you have so much more than so many other people. Like you just need to realise that now and then... If you do compare yourself to other people, your whole life, you'd sort of be, you wouldn't be living a happy one. So, I just wrote down that hundred things, and I did feel a lot better afterward because a lot of people don't have a lot of these things".

(Phil, 18, left care before Covid-19).

A minority of young people described the comfort that their faith brought. Even when in almost complete isolation, their religious practices provided focus and assurance:

"...whether people are religious or not I feel like once you go to mass it sort of clears your head. Because it's a wee walk down and then you just put your earphones in, you go there, you've nothing to worry about... You're just there by yourself, taking it at your own pace, and you just pray about whatever you want to pray about. And then you put your earphones back in and you just walk back home then. It's perfect."

(Phil, 18, left care before Covid-19).

A few young people described a more passive approach of simply waiting for the pandemic to pass:

"So, I can't say I coped with it, but I just say, I can say it passed."
(Alex, 18, left care during Covid-19).

Whilst a more passive approach, this understanding nevertheless appeared to provide assurance. In the end, the similarities between those more active efforts and passive approaches were clear, pivoting around the level of insight young people had regarding difficult experiences internal emotional states and external expressions of those difficulties. Indeed, several young people indicated that knowing they had overcome past experiences of trauma and challenge offered them some reassurance:

"Care experienced children... are that used to unfamiliar circumstances and things changing that quickly that we can quickly adapt to whatever the new situation is. And that obviously shouldn't be the way it is, but that's just how it is I guess".
(Rhianna, 20, left care before Covid-19).

In fact, this degree of emotional literacy was evident across the majority of the interviews, even amongst those who despite efforts, advised that they continued to struggle throughout the stages of lockdown and into the phases of easing:

"I think the good and the bad. Like I know being stuck in the house for a lot of people's quite scary and can be quite intimidating, but if you look back at the little things you were able to do that you didn't realise that you couldn't do when there wasn't a pandemic"
(Brenda, 20, still in care).

Despite the balanced perspective offered by many young people and the optimism of a better future that became evident throughout the interviews, it was clear that mental health and wellbeing was a critical concern for many.

MENTAL HEALTH AND WELLBEING

Issues of mental health and wellbeing were strong across all interviews with young people inferring that, in many cases, emotional wellbeing was given less weight than physical health:

"It was like mental health was almost forgotten about... because a big focus was all on that there [protection from the virus], so there's no focus on the impact on people's mental health, and the people who had mental health struggles before even a crisis came about."

(Bronagh, 18, left care during Covid-19).

Young people across the sample described the effect of Covid-19 on their mental health along a continuum. For many, the onset of public health regulations and anxieties regarding the health of the population affected them negatively. Even routine tasks and experiences became difficult and emotions became overwhelming:

"My mental health like, the amount of times I would've found myself crying like or cracking up... I literally just was at my wits end... I found myself getting really frustrated easily, like, just little things, like if their printer didn't work I was effing and damning at it, even though it can't f and damn back at me"

(Phoebe, 19, still in care).

However, for some, the effects were even more acute, and these tended to be those young people with pre-existing mental health conditions. For these young people, the pandemic exacerbated already complex issues sometimes resulting in elevated symptoms and psychological distress:

"It just made it a lot worse... because I already had my own struggles. So then when the whole world is struggling it doesn't really help".
(Bronagh, 18, left care during Covid-19).

Emotional wellbeing also appeared to be moderated in some ways by the presence or absence of effective social supports, particularly as time progressed. For some young people, merely having someone to talk to would have been welcomed:

"Because of the period of time I got into a very dark place and I could've done with more support."

(Michelle, 18, left care before Covid-19).

Experiences of loneliness and isolation were evident across the interviews and, whilst some young people regarded this as a continuation, others reported that being thrust into a situation of seclusion had a profound effect:

"So obviously like lockdown wasn't the best for me like because I have no family and I live in a one bed roomed flat... The best support I have is friends, but obviously I couldn't see them for a very long time, so I did feel quite alone, and it was just sort of me and the walls and there wasn't much else to do... I felt like there was no way to sort of escape. It was always just the white walls around me."

(Phil, 18, left care before Covid-19).

"That makes me feel terrible, like I couldn't get support from someone. You feel like lonely, and no one is helping you, you know, and it's [inaudible] you're the only one, I feel like I am the only one living in the world, and [inaudible] myself and make it, like life terrible, struggling".

(Alex, 18, left care during Covid-19).

For others, the fact that young people recognised that much of the population was struggling with similar restrictions reduced the overall effects.

"Obviously people are feeling the same way, so we all related to each other's feelings quite a lot and it was quite helpful and it was comforting, because, you know, it made me realise that I wasn't in it alone like. You know, everyone else is going through the exact same thoughts and feelings that I'm going through".

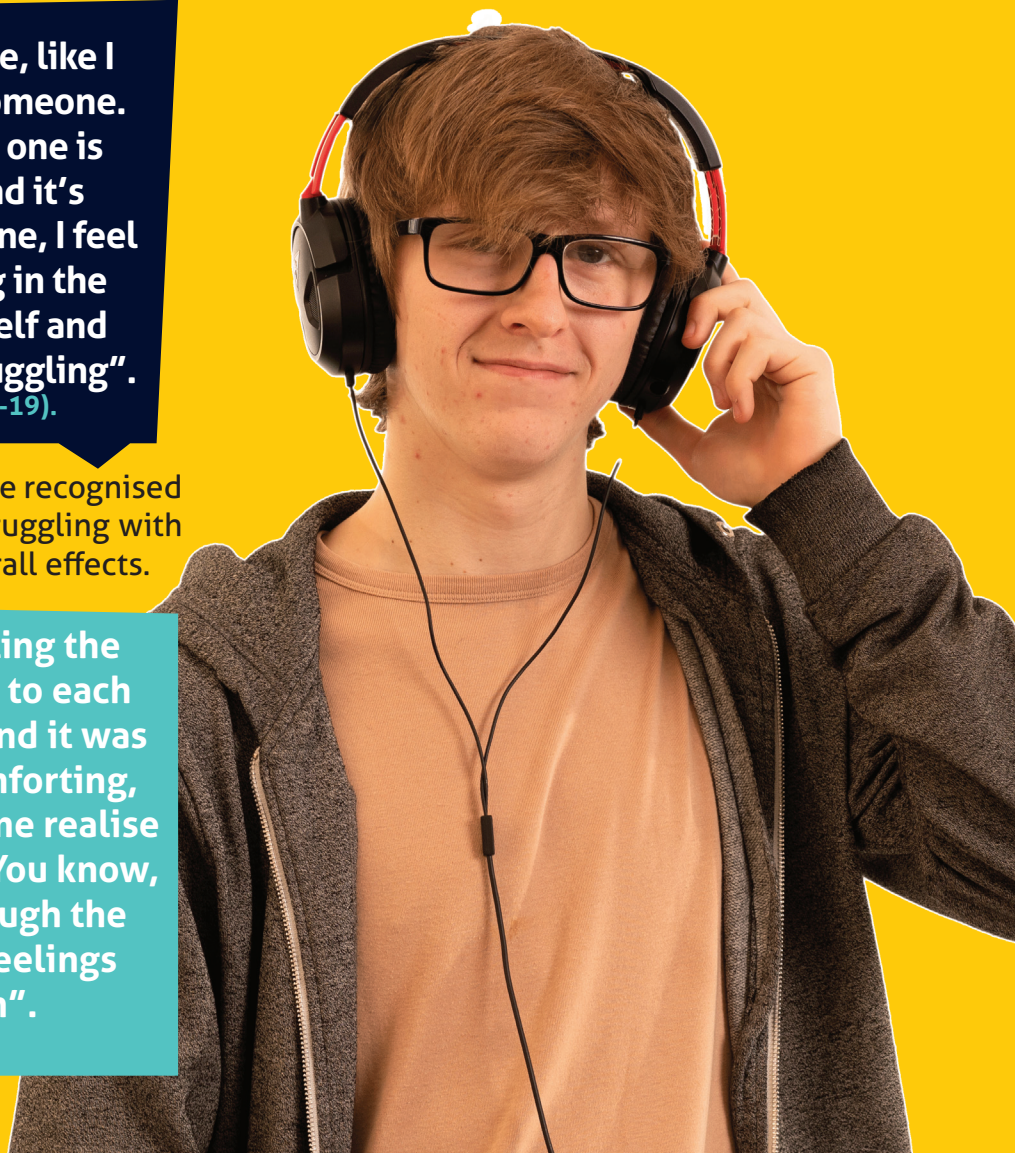
(Ewan, 18, still in care).

Without access to usual coping strategies and supports, some young people struggled to maintain positive mental health and recognised themselves that there was a deterioration in their general wellbeing:

"I noticed that my mental health deteriorated as well because my way of talking to people would be going out for a drive, sitting down, listening to music and then talking, do you know what I mean?"

(Elena, 18, left care during Covid-19).

It was primarily within this context that young people discussed professional responses to their needs and practices that they experienced which were helpful or reflected upon that could have proved useful in this space.



EFFECTIVE PRACTICE

Young people's experiences of professional support throughout lockdown and into the second surge was mixed. Some reported feeling content with the support they received, given the circumstances, with several suggesting they had more contact with professionals than expected over the period:

"I had more contact with them than I ever did. I would've had contact with the social workers... they would ring to see how I'm doing. And then I would have contact with the therapist... she would've contacted a couple of times a week... and then employability... was ringing as well. So, I had a lot of support through it."

(Gary, 23, still in care).

"I would say it was good, it generally was good, but there's very little that they could've done... So, within their limit of what they could've done, it was good."

(Phoebe, 19, still in care).

On the whole, young people explained that having any contact with professionals, particularly in the early days of lockdown was appreciated. Respondents understood that there were limitations around support and that it would take time to adjust, but they appreciated having someone on the end of the phone or online to connect with:

"It was just having somebody to talk things through with... It was good. That was the thing that really helped the most."

(Phoebe, 19, still in care).

Of course, there were limitations to socially distant contact and, even when young people understood the reasons for these restricted forms of communication, those who were most isolated were still greatly affected:

"It was a very, very, very difficult time for me, because social services couldn't come near me. I had, yes, I had supports over the phone and stuff, but at the time it was very difficult because they didn't know what they were allowed to do... If there was a possibility of someone could actually physically be there for me it would've been a lot more helpful. Whether or not they were in the same room as me or not, or even if they were just there as a person that I could physically see as a comfort, they didn't have to come and touch me or come near me... I still feel like there should've been someone who could've physically been there for me and it would've helped me a lot."

(Bronagh, 18, left care during Covid-19).

As time progressed, it was evident that the type of contact professionals offered to some young people began to evolve, moving from distanced and virtual communication to facilitate in-person contact primarily via outdoor walks:

"I enjoyed seeing my social worker pull up in his car, and we would just have a good chat and stuff."

(Phil, 18, left care before Covid-19).

However, this type of support was limited. Most indicated that where they had contact, this remained through text, phone or online platforms. It was clear that, for the majority of respondents, the temporary acceptance of these forms of contact appeared to reduce over time. So, whilst phone calls were effective in the March, they were not sufficient as time progressed. Further, young people described practical barriers regarding accessing support via the internet. These barriers included a lack of technology and a limited amount of data available. As several young people commented, a choice had to be made between one online meeting with a professional and having enough mobile data to maintain contact with others over several weeks. These young people indicated that service providers could further explore alternative, non-digital forms of communication, and also provide young people with sufficient financial and technical support engage effectively using virtual models of communication:

"Well it's actually quite hard for me because I don't have WiFi so I can't always get onto the phone calls."

(Julie, 18, left care before Covid-19).

"See like Zoom calls... I just hated it... I just go off my data that I would get every month. So, like whenever I was doing Zoom calls and stuff it was draining my data."

(Jennifer, 22, left care before Covid-19).

There was an expectation that young people would be both digitally competent and digitally accessible. This may not be the case, partly due to these practical barriers. Some young people indicated that they very much needed more practical and financial support including more food parcels and increased access to digital technology.

As time progressed, some young people expressed frustration when face-to-face contact was

permitted again within public health guidance but was not being widely implemented. Several young people were very dissatisfied with levels of contact with professionals and efforts made to support them during the pandemic:

"That was the last time I heard from [my social worker] in May and I've rang him seven times since and I've texted him five times since, and he hasn't texted or contacted me back."

(Maxine, 23, left care before Covid-19).

One young person described his feelings of disappointment and hurt when his social worker failed to maintain contact with him, particularly because he felt very isolated without access to usual peer support at school and sporting activities. His social worker had exchanged texts during lockdown but, as restrictions were eased, had failed to attend several arranged socially distanced meetings. This young person felt these let downs had damaged their relationship and, as a result, when he received his exam results he had no-one to share his news with at a key turning point in his life:

"So my results are coming out tomorrow but I won't even be able to tell him, when he's sort of one of the only person in my life who I can tell, and it would've been something that I would've been looking forward to tell him... but it's another big thing that's affected. I feel like the relationship is going to go down because of that. Like I'm just going to be so raging that I can't pick up the phone, and the only sort of adult I have in my life, I can't say to him 'Here look I got this. Are you proud?'"

(Phil, 18, left care before COVID-19).

Young people shared their ideas on the types of contact they would have appreciated, including socially distanced walks and scheduled, planned, virtual contacts:

"I would say that they should maybe sit down and they should arrange slots with their young people that they're going to maybe Face Time them or phone call them, so that the young people know that they're going to be getting calls... and they know when that's going to happen, instead of social services picking and choosing them"

(Rachel, 18, still in care).

"They should be putting slots available...I'm going to be ringing you on Tuesday at two o'clock', so that I know that they're going to ring me, instead of me trying to get the hold of them and not one of them f*ing answering their phones."**

(Elena, 18, left care during Covid-19).

The issue of contact with professionals also extended beyond social services to health care service providers. Some young people had required medical advice throughout the period, primarily as a result of mental health and psychiatric needs, but were sometimes reluctant to contact medical professionals given the pressures on the health care services during the pandemic. However, it was evident that some of these young people should have felt more comfortable about approaching service providers when they needed essential treatment or support.

Some young people who had sought advice and treatment from doctors or nurses also felt that they had an inadequate response:

"A few weeks from the lockdown happened my mental health started really deteriorating... and I tried ringing my doctor's.... I was that embarrassed because I was phoning them every other day crying my eyes out uncontrollably because I needed help...And all my doctors were doing was prescribing me more tablets... nothing was put in place, so... I was left basically in the lurch."

(Rhianna, 20, left care before Covid-19).

"I tried to chat to my doctor, I told him two times. He didn't understand me, so I just gave up and I don't do anything now."

(Alex, 18, Left care during Covid-19).

"And I was like 'I'm really going downhill, and I need some help'...And I told them this for three months, and then... I had a breakdown."

(Una, 23, left care before Covid-19).

Key messages for the future

Based on the thematic findings identified from the interviews with young people leaving care, the ten key messages for future policy and practice have been identified to inform the development of effective supports for care leavers during the ongoing pandemic.

1. Keeping in touch consistently and relationship-based practice

Young people were very aware of the societal impact of Covid-19 and the demands on professionals' time and resources during the pandemic. Young people understood that others with more pressing needs may need to be prioritised. However, many of these young people also reported feeling very isolated, requiring more efforts from professionals to connect with them and maintain contact. This was a key need during the early lockdown period when young people were most isolated but was all the more important as restrictions were eased and young people continued to experience loneliness and isolation. For those with limited to no contact with service providers, opportunities for professionals to become aware of changing needs or risks for individual young people were limited.

As Covid-19 continues to impact on the lives of care leavers, keeping in touch with these young people consistently should be a priority. This could be a regular phone call or scheduled virtual meeting during lockdown periods but should also include socially distant in-person contacts when restrictions are eased. As these contacts can be one of few (or the only) engagements

young people have with other adults, they often look forward to these meetings or calls and feel let down if appointments are not kept. Young people, therefore, emphasised the importance of consistency and professionals fulfilling commitments to meet or keep in touch in order to maintain effective relationships.

2. Strengthening informal and formal systems of support around the young person

A central theme in the findings from the study was social isolation with many young people having limited informal and formal supports to rely on during the pandemic. Maintaining effective methods of communication with care leavers helps to offer them a clear, formal route to support. Keeping in touch also provides an opportunity for professionals to gain better insight into young people's evolving needs as the impact of the pandemic progresses, and to more effectively meet those needs.

Efforts should also be made to connect young people to informal supports through peer networks, family members and community-based services in their area. Strengthening these informal supports and helping young people to establish innovative ways to develop and maintain informal support networks during the pandemic can help to address loneliness, social isolation and anxiety.



3. Addressing the impact of disruptions to housing, education and transition plans

It is clear that Covid-19 has caused much disruption to the lives of young people leaving care impacting on housing, education and transitional experiences. For some young people, these disruptions led to crisis situations or further transitions such as, unexpectedly moving house or temporarily ceasing education. At these times, young people were unsure about supports available and needed contact with professionals who could provide prompt advice and practical support on issues, such as, accommodation and finances. However, it was evident that some young people did not have contact with professionals who could respond to these emerging needs and, for others, provision of support services at these critical times of disruption and transition was delayed. Whilst most young people understood that service providers needed some time to establish arrangements that were safe and appropriate in the context of Covid-19, they indicated that services should be provided more promptly to offer more immediate support and to avoid unnecessary delays without compromising public health guidance.

4. Socially distant, face-to-face support

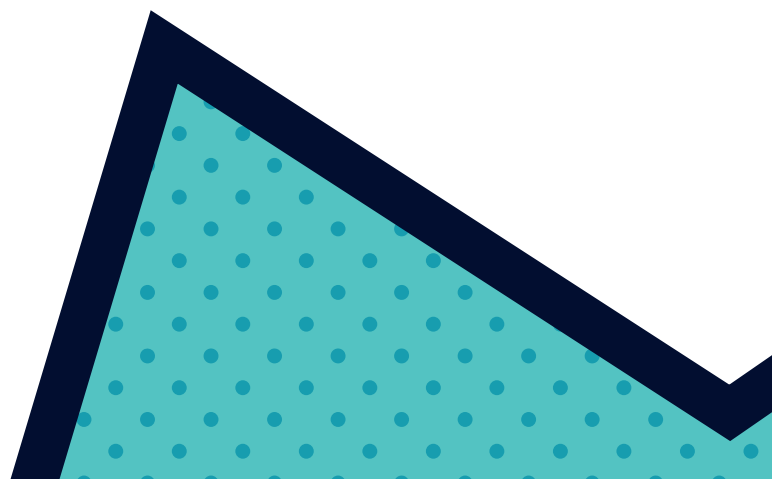
Young people understood that, during the initial wave of Covid-19, service providers needed time to establish appropriate policy and procedures regarding face-to-face contact. However, they reported that, when restrictions were eased following lockdown allowing opportunities for socially distant, face-to-face contact whilst adhering to the public health guidance, there was a long delay in establishing this form of contact again. There was a perception that ongoing delays in face-to-face delivery of support were unnecessary as time progressed. As the Covid-19 context continues, it is important that clear policies and procedures are put in place to allow a prompt return to face-to-face contact so young people who need this level of contact are not left feeling isolated and unsupported.

5. Communicating effectively with care leavers about changes due to the impact of restrictions on services

It was evident that, although young people generally knew that the effects of Covid-19 would be widespread and long term, there was also an indication that they did not know how it would specifically affect them or services they received. It is important, therefore, that as changes to routine delivery are made, young people are communicated with in a clear and accessible manner. A transparent approach, clearly advising care leavers of the level and type of services they can expect at different stages of the pandemic would be helpful.

6. Promoting the participation of young people in decisions and plans

Whilst practitioners made efforts to involve young people in virtual meetings where decisions affecting their lives were considered, several young people indicated that they felt excluded from decisions taken. This may, in part, be related to the need to make swift decisions in response to changing circumstances or public health concerns due to the pandemic. Whilst some young people enjoyed virtual consultations in the short-term during the initial lockdown, they did not wish this to be the routine approach in the long-term. As young people should be at the centre of key decisions affecting their lives, in the context of the ongoing pandemic, it is important to consider innovative approaches to actively involving young people in decision making processes.



7. Providing additional practical support

Whilst some young people were content with the level of support received, many specifically referred to practical supports that could have been more readily available. These included: provision of more food parcels; access to IT equipment and vouchers to purchase data in order to keep in touch with formal and informal supports; and additional financial support. As these practical challenges will affect their standard of living, health and wellbeing and social opportunities, it is important that service providers target some resources towards helping young people with these practical issues to ensure their basic needs are met at these challenging times.

8. Recognising important milestones and transitions in the young person's life

Milestones are important periods in a young person's life and for several of the young people in this study, notable milestones or transitions had occurred during the pandemic. Several celebrated their 18th birthday, others received exam results that would determine their higher education opportunities and some moved house, leaving carers or family members to live independently. These milestones are important to young people but, during this pandemic, often went unrecognised. It would be useful to consider how, and in what ways, these milestones could be given greater recognition, particularly for young people with very limited informal networks.

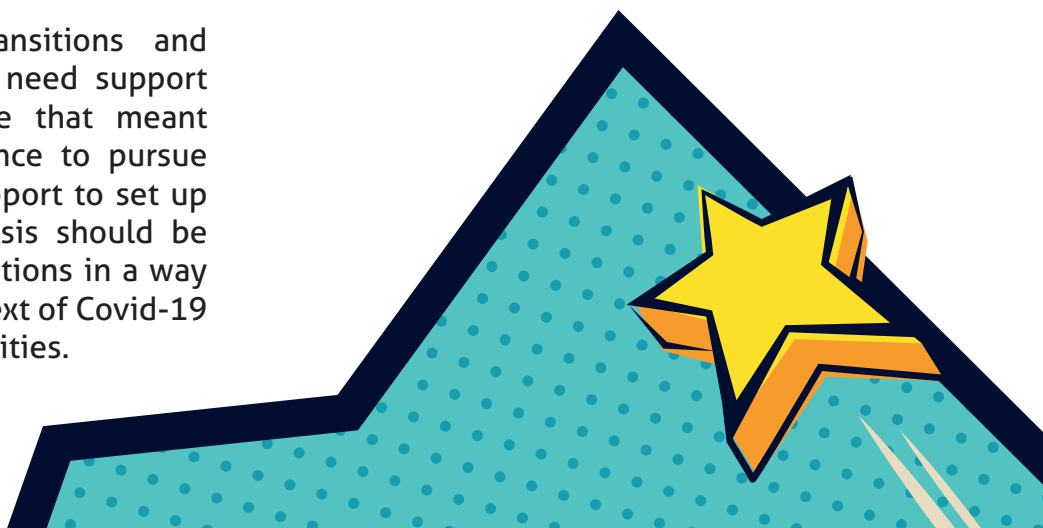
9. Supported endings and transitions during the pandemic

In addition to recognising transitions and milestones, young people often need support during these periods. For some that meant targeted help with student finance to pursue education and others needed support to set up their new home. Greater emphasis should be placed on supporting these transitions in a way that reduces anxieties in the context of Covid-19 and places focus on new opportunities.

10. Addressing the emotional wellbeing and mental health of care leavers

Mental health and wellbeing was as a very significant issue for the majority of young people. Whilst several had previously developed self-care strategies they found to be helpful and felt resilient, there were indications that others faced major challenges to their emotional wellbeing during the pandemic. Young people often reported high levels of anxiety, low mood, depression and/or behavioural changes.

Some young people who had experienced periods of acute distress or had sought support from professional had found that services were not easily accessible or adequate. Moving forward, specific focus should be placed on how to support the wellbeing and mental health of care leavers. There have been some efforts to link therapeutic services to aftercare teams, however, these findings indicate a need for more targeted and comprehensive, inter-agency mental health services for care leavers during the ongoing pandemic.





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