How Do Black and Global Majority Care Leavers Describe and Make Sense of Their Lived Experiences of the English Care System, and in What Ways Do They Perceive These Experiences as Being Shaped by Race and Racism?

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Abstract

This thesis investigates the lived experiences of Black and Global Majority care leavers in the English care system, with a focus on whether they encounter disproportionately. Set against the backdrop of persistent racial inequalities in UK public institutions, this research responds to a critical gap in the literature, namely, the limited understanding of how race and ethnicity intersect with care experiences and post-care transitions.

Adopting a qualitative, interpretivist methodology, the study draws on semi-structured interviews with a small sample of Black and Global Majority care-experienced individuals. Thematic analysis was employed to examine patterns across participants' narratives, particularly focusing on how their interpersonal relationships, emotional development, and access to support services were shaped by race, institutional practices, and systemic bias.

The findings reveal recurring themes of cultural dislocation, systemic racism, and a lack of culturally competent care throughout the care journey. Participants described challenges in building trust with professionals, navigating identity in predominantly white environments, and facing racialised barriers in areas such as education, employment, and mental health support. These challenges were often magnified during transitions out of care, leading to a sense of abandonment and ongoing marginalisation.

This thesis contributes to the field by centring the voices of Black and Global Majority care leavers, voices that are often excluded from mainstream discourse and policymaking. It advances the use of intersectionality and Critical Race Theory in social care research, positioning race as a central axis of inequality within the care system. In doing so, the study offers practical implications: it calls for anti-racist and culturally competent reforms in training, policy, and practice to ensure equitable support for care leavers of all backgrounds.

Ultimately, this research highlights the urgent need to dismantle institutional biases within children's social care and to reimagine care systems that affirm, rather than erase, the identities of those they are meant to support.

List of Abbreviations

- Black and Global Majority – (term now widely used that has replaced BAME)
- BLM – Black Lives Matter
- CR – Critical Realism
- CRT – Critical Race Theory
- DfE – Department for Education
- FRG – Family Rights Group
- ONS – Office for National Statistics
- PA – Personal Advisor
- SCIE – Social Care Institute for Excellence
- UASC – Unaccompanied Asylum-Seeking Children
- WWCSC – What Works Centre for Children's Social Care
- PRISMA -Preferred Reporting Items for Systematic Reviews and Meta-Analyses

Chapter One: Introduction

1.1 Introduction

This chapter reviews existing research on the experiences of Black and Global Majority children and young people in the English care system. It is organised around the child's trajectory: coming into care, being in care, transitioning out of care, and post-care outcomes. This structure reflects the journey through the care system and highlights how disproportional and racialised experiences emerge at different stages.

While quantitative research demonstrates that disproportionality exists in the care system, less is known about how these inequalities are undergone and experienced. This chapter therefore focuses on the *lived experience* of Black and Global Majority children who are in care or are care leavers, exploring what their narratives reveal about outcomes, systemic inequities, and resilience. The review identifies a significant gap in knowledge in the absence of research centring Black care leavers' voices, which this study seeks to address. The purpose of this thesis is not to provide statistical evidence of disproportionality in relation to white care leavers, but to offer an in-depth exploration of what it means to navigate the care system as a Black and Global Majority young person. In doing so, it foregrounds participants' own accounts of how they interpret, negotiate, and make sense of these experiences.

The English care system is designed to protect, support, and nurture children and young people who cannot live with their families. Yet, for Black and Global Majority children, care often becomes a site of racialisation, misrecognition, and exclusion. This thesis critically explores the lived experiences of Black and Global Majority care-experienced young people in order to understand how race, power, identity, and structural inequality shape and are shaped by the care system.

Despite growing awareness of disproportionality in social care, Black and Global Majority children remain overrepresented in the looked after population and experience significantly poorer outcomes across key domains such as education, mental health, placement stability, and post-care transitions (Bywaters et al., 2016a). These patterns are not anomalies; they are symptomatic of deeper structural and institutional logics that sustain racial inequality. This thesis therefore begins from the premise articulated by Critical Race Theory (CRT) that racism is not atypical but pervasive, not ordinary, and is systemic (Delgado and Stefancic, 2012).

The research is situated at the intersection of Critical Race Theory, Critical Realism, and decolonial thought. CRT provides the central analytic lens through which this study examines the persistence of racial inequalities in the care system. It highlights how policies and practices, often assumed to be race neutral, in fact perpetuate structural forces through mechanisms such as adultification (Epstein, Blake, and González, 2017), cultural erasure, and racialised pathologisation. Central to CRT is the notion of counter-storytelling, which validates the experiential knowledge of marginalised communities as a legitimate and essential source of

insight (Solórzano and Yosso, 2002). By centring the voices of care-experienced young people, this research challenges the dominance of state centric narratives that render Black suffering invisible or surprising.

Critical Realism (Bhaskar, 1975, 1979) complements this approach by enabling a layered analysis of social phenomena. It distinguishes between the empirical (what is observed), the actual (what occurs), and the real (the causal mechanisms behind events), providing a methodological framework for unpacking how racial disparities emerge and persist within complex social systems. Through this lens, the research seeks to uncover the generative mechanisms such as institutional whiteness, power asymmetries, and neoliberal policy regimes that shape the lived realities of Black and Global Majority children in care.

This thesis also draws on insider research methodologies and positionality theory, acknowledging the researcher's shared identity with participants as both a source of insight and a site of ethical complexity (Bourke, 2014; Dwyer and Buckle, 2009). The research is therefore grounded in reflexivity, recognising that knowledge production is always situated and shaped by the social, cultural, and political positioning of the researcher (Finlay, 2002a). As a Black professional within the care system, I bring a dual awareness of operating within structures of power while also being racialised and often marginalised by those same structures. This reflexive orientation informs both the analysis and the methodology of the study.

Underpinning the thesis is a decolonial critique that questions whose knowledge counts, whose voices are amplified, and whose are ignored. Drawing on Mignolo's (2011) concept of epistemic disobedience, the research seeks to delink from dominant Eurocentric frameworks of care and instead recentre Black and Global Majority epistemologies rooted in community, resistance, identity, and survival. It affirms that knowledge does not only reside in institutions, policies, or procedures, but in the lived experience and collective memory of those who have attempted to navigate the system of care (Porter, 2023).

Informed by these frameworks, the aim of this study is to critically examine how Black and Global Majority care-experienced young people make sense of their journeys through care, how they resist or reproduce dominant narratives, and what their stories reveal about the structure, logic, and failures of the care system.

1.2 Core Questions

The research is guided by the core questions listed below.

1. What were their experiences as Black children in the care system?

2. Does the care system work to support or undermine Black and Global Majority children who are looked after?

3. What does leaving care mean for Black and Global Majority children, and what can this tell us about the differences in their outcomes compared to white children? Can we develop a deeper understanding of the considerable disparities that exist between Black and Global Majority children and white children who are involved in the care system in the UK?

4. What factors, processes, and structures in the UK care system aid or hinder good enough outcomes for Black children and Global Majority children in care? Will this help us think about our understanding of the experiences of Black and Global Majority children who are in care or who have experienced statutory care?

5. In what ways does adultification and structural racism impact the outcomes for Black and Global Majority children leaving care? Do these play a role or impact their outcomes?

This thesis contributes to a growing body of work that calls for a fundamental reimagining of care, namely, one that is culturally grounded, relational, anti-racist, and informed by the voices of those most impacted. It is both an academic inquiry and a political intervention, situated in the belief that understanding care through the lens of race and lived experience is not only necessary but urgent. This research also builds upon the growing critique of Eurocentric care paradigms and their failure to support marginalised populations equitably. It acknowledges the structural entanglements between race and risk logic that often shape professional decisions in social care (Featherstone, Morris, and White, 2014). It also responds to calls for the radical transformation of care institutions in the wake of inquiries such as The MacAlister Review (2022), which failed to fully acknowledge or address structural racism.

What were their experiences as Black children in the care system?

This foundational question aims to centre the lived realities of Black and Global Majority children within care. Drawing on Critical Race Theory (CRT), which emphasises counter-storytelling and the centrality of experiential knowledge (Lynn, Parker and Solórzano, 2002), the research foregrounds how care is experienced when mediated by race, identity, and systemic neglect. By exploring day-to-day life in placements, relationships with professionals, and access to cultural validation, the study interrogates how the system functions or fails when viewed from the margins.

Does the care system work to support or undermine Black and Global Majority children who are looked after?

This question challenges the dominant, often race neutral framing of the care system. CRT asserts that institutions are not passive structures but sites of power where inequality is actively maintained (Delgado and Stefancic, 2012). The research examines whether systemic features such as placement policies, social worker biases, and educational practices uphold or dismantle racial inequality. Through this, the study asks: is care a space of healing or one of harm and disconnection?

What does leaving care mean for Black and Global Majority children, and what can this tell us about the differences in their outcomes compared to white children?

Leaving care is often marked by emotional upheaval, sudden independence, and loss of support. For Black and Global Majority care leavers, this transition is shaped by additional racialised pressures, such as adultification (Epstein, Blake, and González, 2017), reduced access to cultural humility services, and systemic bias. This question is informed by intersectionality (Crenshaw, 1989), asking how race compounds other social inequalities to produce divergent outcomes in housing, mental health, education, and employment.

Can we develop a deeper understanding of the considerable disparities that exist between Black and Global Majority children and white children who are involved in the care system in the UK?

This question seeks not only to identify disparities but to interrogate their roots. Using a Critical Realist lens (Bhaskar, 1979), the research distinguishes between the empirical (visible inequalities), the actual (policy and practice), and the real (underlying causal mechanisms). The study thus aims to uncover how hidden processes such as institutional whiteness, deficit thinking, and epistemic injustice create and sustain these differences.

What factors, processes, and structures in the UK care system aid or hinder 'good enough' outcomes for Black children and Global Majority children in care?

Here, the research shifts from critique to possibility. What does culturally competent care look like? What role do social workers, foster carers, and policy frameworks play in producing equitable or inequitable outcomes? Fraser's (2000) concept of participatory parity is useful here; justice involves not just equal access to resources but equal recognition of identity. This question opens a space to imagine care beyond survival towards dignity, growth, and belonging.

In what ways does adultification and structural racism impact the outcomes for Black and Global Majority children leaving care?

Adultification bias leads to Black and Global Majority children being perceived as more independent and less in need of protection resulting in harsher discipline, fewer support services, and early exits from care. Combined with structural racism, these perceptions result in diminished outcomes across housing, criminal justice, and mental health (Goff et al., 2014). This question challenges the notion that outcomes are based on individual resilience and instead locates responsibility in structural harm.

When combined with institutional neglect and racialised surveillance (Davis and Marsh, 2020), adultification contributes to the pipeline from care to criminalisation or marginalisation. This question therefore asks not only about care experiences but about the long-term impact of racialised assumptions on opportunity, self-concept, and belonging.

This research is also driven by a desire to challenge the normalisation of racial inequality within systems that it claims to protect. I am committed to amplifying the voices of those whose perspectives are often excluded or marginalised in academic literature and policy discourse. By situating my work within critical and decolonial traditions, I aim to contribute to a more just and racially conscious understanding of care that centres lived experience, questioning dominant narratives, and informing meaningful change.

This study is not only an academic project; it is a form of advocacy and accountability. It is motivated by a belief that the stories of Black and Global Majority care leavers matter, and that listening to them is a necessary step towards building systems that truly reflect equity, dignity, and care.

These questions are not purely descriptive; they are analytical, political, and epistemological. They aim to uncover how racism and structural disadvantage shape Black and Global Majority children's journeys through care and how institutional norms, perceptions of vulnerability, and systemic assumptions contribute to divergent outcomes.

Framed through CRT, I seek to centre lived experiences and counter narratives, an essential move towards challenging racialised silences in child welfare literature (Solórzano and Yosso, 2002). Critical Realism adds explanatory depth by uncovering the causal mechanisms that underlie visible disparities, offering a stratified understanding of policy, practice, and identity (Bhaskar, 1979). The framework also recognises that leaving care is not a single moment but a complex social transition marked by intersecting vulnerabilities, including those linked to race, class, and gender (Crenshaw, 1989).

Furthermore, these questions engage with the concepts of adultification bias (Epstein, Blake, and González, 2017) and institutional neglect, asking how Black and Global Majority care leavers are prematurely expected to become self-reliant while being denied the support afforded to their white peers. This leads to crucial reflections on emotional wellbeing, preparedness for independence, and future life opportunity concerns, which remain understudied and undertheorised in the literature.

The study focuses on the experiences of Black and Global Majority British young people, primarily of African and Caribbean descent, who have left the English care system and those still engaged within the care system. While it engages deeply with race, identity, and institutional care, it does not aim to represent the experiences of all ethnic groups or care pathways. The study is qualitative and interpretive in nature, emphasising depth over breadth.

Furthermore, the research is positioned within a wider political context in which racial inequalities have been further exposed through events such as the Windrush scandal, Black Lives Matter activism, and the disproportionate impact of COVID-19 on racialised communities. These events have been made visible including the longstanding failures of public institutions, including the care system, to protect and support Black and Global Majority young people's lives with dignity. Together, these questions allow the research to interrogate the everyday realities and systemic contours of life in care and to consider the transformative potential of care when

informed by anti-racist, culturally responsive, and equity driven approaches. Ultimately, this study contributes to a growing body of work that calls for a fundamental reimagining of care, namely, one that is culturally grounded, relational, and informed by the lived knowledge of those most affected.

1.3 Researcher Motivation

My motivation for undertaking this research is both personal and professional. As a Black senior manager working within the UK care system, I have witnessed firsthand how racialised children are often misunderstood, misrepresented, and underserved. My professional experiences have exposed me to the persistent gaps in support, the emotional toll of a cultural disconnect, and the consequences of institutional neglect faced by Black and Global Majority children in care. More importantly, I have observed the strength, resilience, and resourcefulness of these young people in the face of systemic adversity. I bear the dual burden of being both a representative of the institution and a witness to its structural failings. I have long been aware of how racialised children are disproportionately pathologised, surveilled, and underserved, often through a lens of risk rather than potential. I have sat in rooms where decisions are made about children's futures without meaningful attention to race, culture, or the psychological cost of disjointedness and exclusion. "We live in a world in which we are all complicit in structural inequality, whether we recognise it or not" (Ahmed, 2004, p.224).

But beyond the professional, this is deeply personal. I see echoes of these young people's stories in my own life, in my community, and in the children I advocate for every day. This thesis emerges from a tension between care and harm, between duty and disillusionment, and between being on the inside and yet not fully seen. As bell hooks (1994) reminds us, "The academy is not paradise. But learning is a place where paradise can be created" (hooks, 1994, p. 207).This work seeks to create that space where marginalised experiences are not only heard but honoured.

This research is fuelled by a commitment to epistemic justice, which means that people from marginalised communities have the right to be 'knowers' of their own experience (Fricker, 2007). In a system where Black and Global Majority children are often reduced to statistics, case files, or behavioural risk factors, I aim to centre their voices as experts in their own lives. Their testimonies are analytical, political, and full of insight. "Testimonio is the narrative of the oppressed, the marginalised, those who challenge power not with data, but with lived truth" (Beverley, 2005, p. 547).

Conducting this research has also been a reflexive and cathartic process. Drawing on Finlay's (2002b) work on critical reflexivity, I recognise that my dual role as insider and researcher demands ongoing attention to power, ethics, and self-awareness. Reflexivity in this context is not a methodological add-on but a political necessity. It has pushed me to interrogate my own complicity in reproducing the very systems I seek to change and to approach the narratives of others with both humility and responsibility.

In addition, this study is grounded in standpoint theory (Harding, 1991), which holds that those at the margins of society have a unique and critical vantage point from which to understand structural and institutional inequality. My standpoint as a Black professional in the care system affords me insight into the institutional logics and unspoken norms that shape how care is delivered and to whom. It also brings emotional proximity, which I have navigated using reflexive process and peer debriefing, ensuring that my proximity enhances rather than distorts the analytical process (Dwyer and Buckle, 2009).

This research is acutely aware of the tensions surrounding voice, representation, and authorship. In seeking to centre the experiences of Black and Global Majority care leavers, it resists the problematic idea of 'giving voice' as though participants were previously silent or voiceless. As Spivak (1988) asserts, marginalised individuals are often not voiceless but rather unheard and systematically excluded from the epistemic spaces where their narratives could be legitimised. In this sense, the role of the researcher is not to speak for participants, but to create the conditions under which their already articulated insights can be foregrounded, amplified, and ethically represented.

This research seeks to assert relational**,** co-constructed forms of knowledge that acknowledge both the interpretive role of the researcher and the necessity of platforming lived experience. Voice is treated not as a static truth to be captured, but as dynamic, situated, and shaped by social, emotional, and institutional contexts. The aim is to challenge dominant representations that position Black and Global Majority care-experienced young people as either passive victims or dangerous outliers and instead affirm their agency as analysts of their own lives, rather than the data and statistics that we traditionally rely on to encourage the argument for change.

Ultimately, this thesis is not just an academic undertaking but a political and moral exercise. It aims to challenge the silence around racial injustice in the care system, hold power to account, and affirm that the lives and futures of Black and Global Majority children matter. It is written in the belief that research can serve not only as observation, but as intervention, and that those most harmed by systems must be at the centre of efforts to remake them.

1.3.1 Racial Disadvantage, Prejudice, and Patterns of Cultural Support

The arrival of the Empire Windrush at Tilbury Docks on 22 June 1948 marked a significant moment in British history. Carrying 492 passengers, primarily young men and ex-servicemen from across the Caribbean, the Windrush symbolised the beginning of large-scale post-war migration from former colonies, and the emergence of modern multicultural Britain.

However, this celebratory narrative often obscures the longer and more complex history of the presence of Black and Global Majority people in the UK, which extends far beyond the Windrush generation. As Alexander (1996, 2002) notes, there are persistent silences around Britain's relationship with slavery, colonisation, and empire histories that are foundational to the conditions enabling Black and Global Majority migration and settlement. Britain's inherently migrant roots have been systematically erased in favour of a narrow, increasingly nativist

narrative. This erasure has had real consequences, as seen in the aftermath of the Brexit referendum and its exacerbation of racial inequalities.

The 2018 Windrush scandal further exposed these dynamics. Many individuals who had arrived in Britain legally as children, often without formal documentation, were wrongly detained, denied healthcare, employment, and housing, and in some cases deported. Public outcry eventually led to a formal apology from the Prime Minister and the historic appointment of Sajid Javid as the UK's first Black and Global Majority Home Secretary (BBC, 2018).

David Olusoga (2018) argues that the dominant national narrative continues to obscure the realities of exclusion and hostility faced by Black and Global Majority communities. He notes attempts to deny the citizenship rights of Black and Brown colonial subjects, reminding us that the Windrush story was never a wholly rosy one. Similarly, Younge (2018) highlights the significance of 2018, which marked the 50th anniversaries of Enoch Powell's infamous Rivers of Blood speech, the Commonwealth Immigrants Act, and the 1968 Race Relations Act legislation aimed at confronting racism in housing, employment, and public services.

This same period also saw racially motivated unrest such as the 1958 Nottingham and Notting Hill riots, the murder of Kelso Cochrane, and later, the murders of Altab Ali and Stephen Lawrence, tragic reminders of the ongoing racial violence in post-war Britain. More recently, the Grenfell Tower fire and its ongoing inquiry have starkly revealed the persistent inequalities, prejudice, and institutional neglect faced by marginalised communities in the UK.

1.4 Reflection and the Present Context

The historical and socio-political context shaping racialised experiences within British institutions has been outlined in the introductory chapter. This section therefore focuses specifically on the academic literature examining Black and Global Majority children's experiences within the care system.

Anniversaries and commemorations offer critical moments not only to celebrate progress but also to reflect on the distance still to travel. They present opportunities to pause, reassess, and reimagine our collective national story. These moments allow us to unearth hidden histories, challenge dominant narratives, and construct more inclusive futures (Alexander and Weekes-Bernard, 2015; Miah, 2017).

Two decades after the Parekh Report, in the midst of Brexit and rising anti-immigration sentiment, the future of multi-ethnic Britain remains uncertain and precarious. This era has witnessed increasingly restrictive immigration legislation that extends beyond borders and into everyday spaces impacting lives at work, in healthcare, on public transport, and within homes and communities (Back and Sinha, 2015; Jones et al., 2017).

Despite ongoing challenges of racial inequality and systemic discrimination, Britain today is more ethnically and racially diverse than ever before. According to the 2021 Census for England and Wales, the population identifying as white British has declined to 74.4%, down from 80.5%

in 2011 (ONS, 2022). In contrast, minority ethnic groups now constitute 18.3% of the population, reflecting a steady increase since 1991. Specifically, Asian, Asian British, or Asian Welsh individuals account for 9.3% (around 5.5 million people), while Black, Black British, Caribbean, or African people comprise 4.0% (approximately 2.4 million). Mixed and other ethnic groups make up the remaining 5% (ONS, 2022). This shift is particularly evident in urban areas like London, where white British people represent just 36.8% of the population, and boroughs such as Newham and Brent have non-white majority populations (ONS, 2022). The UK's increasing diversity is further shaped by ongoing migration and changing generational demographics, creating complex social and cultural landscapes that must be considered when exploring the lived experiences of care leavers from the Black and Global Majority.

Nevertheless, racial inequality, discrimination, and systemic racism remain deeply embedded across all sectors of society from education and healthcare to employment, housing, and the criminal justice system (Rose, 1969; Gillborn, 2008; Rollock, 2012). These enduring structural inequities present urgent challenges for those committed to social justice in contemporary Britain. Critical Race Theory (Delgado and Stefancic, 2017) and the concept of institutional racism (Macpherson, 1999) reveal how ostensibly neutral systems, including the care system, perpetuate disadvantage for Black and Global Majority individuals. As Alexander and Byrne (2020) argue, the task is not only to understand this shifting terrain but to collectively chart a more equitable path forward, one informed by anti-racist, intersectional, and youth-led perspectives (Crenshaw, 1989; Bernard and Harris, 2019; Pearce, 2020).

Evidence on outcomes demonstrates long standing disparities: Black and Global Majority care leavers are overrepresented in the youth justice system, have lower educational attainment, and face barriers in employment and housing (DfE, 2022). The Care Crisis Review (FRG, 2018) emphasises systemic pressures driving rising numbers of children into care, while The MacAlister Review (2022) explicitly identifies racial disparities in the care system and calls for urgent reform to address them.

1.5 Practitioner Research Perspective

My approach also aligns with the framework of practitioner research, particularly the model of practitioner-led inquiry as defined by Shaw and Lunt (2018). In their typology, practitioner research exists along a spectrum, from academic partnered projects to practitioner generated knowledge grounded in practice experience. My position as an insider-researcher with both experiential proximity and professional insight exemplifies the second model, which values reflexivity, context, and real-world application. Rather than adhering to purely academic conventions, this project is rooted in emotional epistemology, one that foregrounds authenticity, situated knowledge, and the transformative power of storytelling within professional practice. As Shaw and Lunt argue, such forms of research may be less visible in academic literature, but they carry vital significance for practising innovation and social justice.

This orientation is especially important in light of debates around what counts as 'valid' knowledge in academia. By situating this research within a model of practitioner-led inquiry, I join those who challenge the dominance of enlightenment based, positivist traditions that often

marginalise experiential and relational knowledge. Instead, this study privileges the voices of lived experience and critically interrogates the power relations involved in knowledge production.

This position also intersects with hooks' (1994) vision of engaged pedagogy, which insists that knowledge production should be both liberatory and rooted in lived experience. hooks challenges the notion that objectivity requires detachment, arguing instead for a praxis of education that is personal, political, and transformative. By actively engaging with Black and Global Majority care-experienced voices, this work disrupts dominant epistemologies that have historically excluded marginalised populations from narrating their own experiences.

The framing further draws on Harding's (1991) standpoint theory, which posits that those situated at the margins of power are uniquely positioned to offer critical insights about the structures that shape their lives. In placing Black and Global Majority care leavers' accounts at the centre of this research, I draw from a knowledge base that is situated, embodied, and resistant to dominant ideologies. Standpoint epistemology enables a deeper interrogation of how race, class, and professional status intersect with care, and why mainstream discourses often fail to capture these complexities.

In addition, Fraser (2000) theory of participatory parity informs my understanding of justice in the care system. Fraser argues that social justice requires both redistribution (material support, fair outcomes) and recognition (respect for identity, cultural validation). Applying this to care leavers, it becomes evident that Black and Global Majority young people face compounded injustices when both resources and representation are lacking. This dual framework helps analyse how systemic and institutional racism restrict access to full participation in social life for Black and Global Majority care-experienced individuals.

1.6 Conclusion

The research attempts to share a lineage with decolonial and practice-based scholarship, which challenges dominant knowledge hierarchies and affirms the legitimacy of community generated insight (Tuck, 2009; Chilisa, 2012). In this context, the voices of Black and Global Majority care-experienced young people, and Black professionals are not peripheral; they are central to understanding, disrupting, and reimagining the care system. My practitioner identity is therefore not a limitation to objectivity, but an asset that enriches the research with contextually grounded knowledge and a strong ethical commitment.

This perspective also aligns with Freirean pedagogy (Freire, 1970), where critical reflection and action ('praxis') are central. I am not simply documenting problems; I am seeking to transform the systems that produce them. As a Black professional in a system that has historically marginalised Black lives, this work is a form of critical struggle and professional accountability.

Practitioner research of this kind resists neat separation between the personal, the political, and the academic. It demands that the researcher be self-aware, ethically engaged, and attuned to

the implications of knowledge creation. To this end, this thesis is both an act of scholarship and of solidarity's contribution to inclusive and care centred futures.

This thesis is organised into six chapters, each building a critical and layered understanding of how race, care, and systemic power intersect in the lives of Black and Global Majority care-experienced young people in the UK.

1.7 Structure of Research

Chapter Two: Literature Review
This chapter provides a critical examination of existing scholarship on the care experiences of children and young people, with a particular emphasis on racial disparities and the underrepresentation of Black and Global Majority voices in mainstream child welfare research. The review draws on empirical studies, theoretical frameworks such as Critical Race Theory, intersectionality, decolonial thought, and policy literature to identify key themes and significant gaps. It demonstrates how racialised narratives, institutional neglect, and cultural erasure are woven into the fabric of the English care system, justifying the need for this study.

Chapter Three: Methodology
This chapter outlines the qualitative, interpretive research design used to explore the lived experiences of Black and Global Majority care leavers. It details the use of semi-structured interviews and thematic analysis, while also engaging deeply with ethical considerations, issues of power and voice, and the role of reflexivity in insider research. Special attention is given to the researcher's positionality as a Black senior manager within the care system and the methodological implications of practitioner-led inquiry. The chapter also addresses the use of critical and decolonial methodologies and explores the emotional, political, and epistemic responsibilities of conducting research within one's own professional field.

Chapter Four: Findings
This chapter presents the empirical findings from the participant interviews, organised into overarching themes: everyday racism and structural inequality in the care system; identity, belonging, and cultural disconnect; power, voice, and the politics of care; lack of support in care and post-care transitions; interpersonal relationships and trust; mental health and support systems; and the interconnections and dynamics between these experiences. Rich qualitative data and participant quotations are used to centre lived experience and convey the emotional complexity, structural inequity, and resilience evident in their stories.

Chapter Five: Discussion
This chapter critically analyses the findings in relation to existing theories and bodies of literature, drawing on Critical Race Theory, Critical Realism and intersectionality. It explores how adultification, structural racism, institutional whiteness, and the failure of culturally responsive care are interwoven into participants' experiences. It also engages with broader debates about knowledge, resistance, and the politics of care, offering conceptual insights into how Black care-experienced young people navigate and challenge the systems meant to protect them.

Chapter Six: Conclusion and Recommendations

The final chapter provides a synthesis of the study's key findings and theoretical contributions. It reflects on the implications of the research for policy, practice, and future research, offering recommendations for more equitable, anti-racist, and culturally responsive approaches to care. The chapter also revisits the research questions, evaluates the limitations of the study, and offers critical and personal reflections on the research journey. It concludes by affirming the importance of centring Black and Global Majority voices in reimagining the future of child welfare.

Chapter Two: Literature Review

2.1 Literature Review Approach

This study adopts a scoping review methodology to map and synthesise the body of literature examining the experiences and outcomes of Black and Global Majority children within the English care system. Scoping reviews are particularly appropriate where a field of research is heterogeneous in terms of methodological approaches and where the aim is to explore the breadth, nature, and patterns within the available evidence rather than to assess the effectiveness of specific interventions.

The approach taken in this study is informed by the methodological framework developed by Arksey and O'Malley (2005) and Levac et al. (2019)**,** which outlines a systematic process for identifying, selecting, and synthesising relevant literature. This framework was later refined by Levac et al. (2019) to emphasise transparency and methodological clarity in the reporting of scoping reviews. The use of a scoping review methodology is appropriate for this study given the interdisciplinary nature of scholarship relating to children in care and racial inequality, which spans social work, sociology, psychology, and education.

Following these methodological guidelines, the review process consisted of five key stages, as set out below.

1. Identifying the research focus of the review.

2. Identifying relevant studies through systematic searches.

3. Applying inclusion and exclusion criteria to select relevant studies.

4. Charting and extracting key information from the studies.

5. Synthesising the findings through thematic analysis.

This structured approach enables the literature review to move beyond a narrative overview of individual studies and instead provide a systematic synthesis of existing research.

2.2 Search Strategy and Study Identification

Relevant studies were identified through structured searches of electronic academic databases commonly used within social science and social work research. The primary databases searched include Scopus, Web of Science, PsycINFO, and Social Care Online, which collectively provide comprehensive coverage of research relating to child welfare, social work practice, and educational outcomes.

Search terms were developed to capture literature relating to race, ethnicity, and the care system. These included combinations of the following key terms:

- “Black children in care”
- “racial disparities in child welfare”
- “ethnicity and looked after children”
- “care leavers and race”
- “racial inequality in child protection”
- “Black care leavers UK”.

In addition to database searches, relevant studies were also identified through reference list searches of key articles and frequently cited literature within the field.

2.3 Study Screening and Selection

The database searches initially generated a large number of potentially relevant records. After removing duplicate articles, titles and abstracts were screened to assess relevance to the research focus.

Studies were excluded where they:

- did not focus on children in care or care leavers
- did not include analysis relating to race or ethnicity
- were not empirical research (for example opinion pieces or policy commentary)
- focused on contexts not comparable to the UK care system.

Following this initial screening stage, full-text versions of the remaining articles were reviewed in order to determine their eligibility for inclusion in the review.

Studies were included if they:

- examined the experiences or outcomes of children in care or care leavers
- included analysis relating to race, ethnicity, or racial inequality
- were based on empirical research (quantitative, qualitative, or mixed methods).

Through this screening process, 80 studies were identified and included in the final literature review. A flow diagram illustrating the identification, screening, and selection of studies is presented in Figure 1.

This structured process ensured that the literature review was conducted in a transparent and systematic manner, enabling the identification and synthesis of 80 empirical studies examining racial inequalities within the care system.

2.4 Characteristics of Included Studies

Analysis of the methodological approaches used across the literature indicates that the field is dominated by quantitative research, particularly studies drawing on large administrative datasets examining outcomes for children in care.

Of the 80 studies included in this review, approximately 58% employed quantitative methodologies, frequently drawing on national datasets and longitudinal cohort studies to identify patterns in educational attainment, placement stability and contact with the criminal justice system. Around 28% of the studies adopted qualitative approaches, utilising interviews and narrative methods to explore the lived experiences of care leavers, children in care and practitioners, with particular attention to identity formation and the relational dynamics of care. The remaining 15% of studies employed mixed-methods designs, integrating statistical analysis with qualitative insights to provide a more comprehensive understanding of outcomes and experiences.

This methodological distribution reflects broader trends within child welfare research, where administrative and large-scale quantitative data are commonly used to identify structural inequalities, while qualitative approaches offer critical insight into the lived realities underpinning these patterns. The inclusion of mixed-methods studies further strengthens the review by bridging macro-level trends with micro-level experiences. This balance supports a more holistic and nuanced synthesis of the evidence base, consistent with the scoping review framework and PRISMA-informed approach adopted in this study.

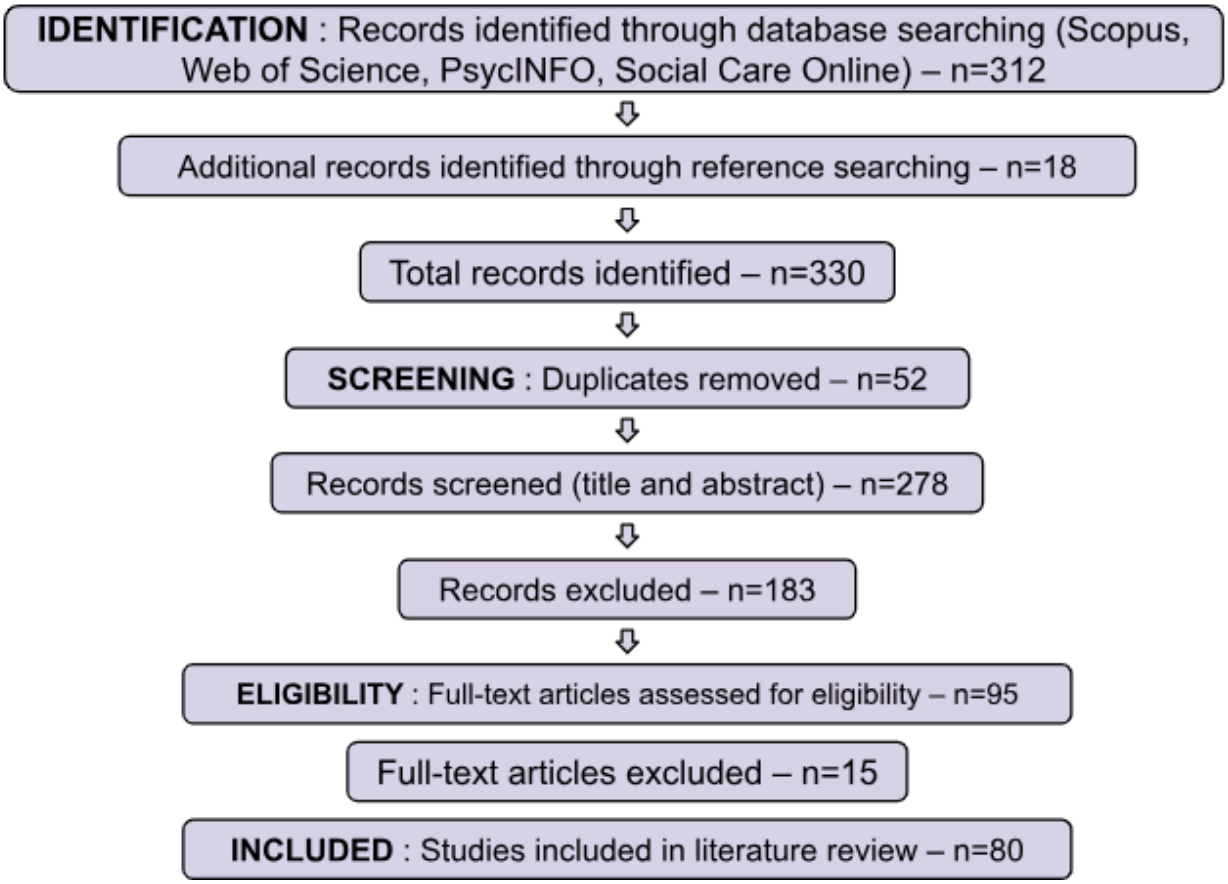


Figure 1. The Stages of Identification, Screening, Eligibility Assessment, and Inclusion.

This flow diagram illustrates the systematic process of study identification, screening, eligibility assessment, and inclusion, ensuring transparency in the selection of the 80 studies included in this review.

2.5 Thematic Synthesis of the Literature

Following study selection, the findings of the 80 included studies were analysed using a process of thematic synthesis. Key information from each study was extracted and recorded in a literature review matrix, including details relating to the author, year of publication, research design, sample characteristics, and principal findings.

Through an iterative process of reading and comparison, recurring patterns across the literature were identified. The final thematic structure of the literature review therefore reflects four key areas:

- entry into the care system

- experiences within care
- educational and developmental trajectories
- transitions from care and early adulthood.

This thematic synthesis enabled the review to move beyond a descriptive summary of individual studies and instead identify broader structural patterns in how racial inequalities manifest across the care system.

To enhance transparency, Appendix B provides a table listing all 80 studies included in the literature review, including details of the authors, methodology, and research focus.

2.6 Introduction

This literature review sets out to explore how the lived experiences of Black and Global Majority children and young people within the English care system have been represented, researched, and understood. The aim is to uncover what is already known about their pathways through care, their identity formation, their interactions with carers and professionals, and the outcomes they face post care. In doing so, I seek to critically examine whether the existing body of literature provides a sufficiently nuanced understanding of the intersection of race, care, and systemic inequality. While the review reveals valuable insights into themes such as racial disproportionality, cultural misrecognition, and institutional bias, it also exposes significant gaps particularly in capturing the lived, systemic perspectives of Black and Global Majority care-experienced individuals themselves. Much of the existing research focuses on quantitative trends or generalised outcomes, with limited attention given to the voices, stories, and emotional worlds of these young people. This realisation reinforced the importance of my study's qualitative focus, and the need to centre those who are too often spoken about but not listened to. As such, this literature review not only shaped the direction of my research question and methodology but also illuminated the critical space my findings aim to occupy, bringing forward the narratives that can drive more just, anti-racist, and culturally competent practices in the care system.

This chapter reviews the existing literature on the experiences of Black and Global Majority children and young people within the English care system. The review is guided by a desire to understand whether these groups face disproportionately negative outcomes and how race, identity, and structural inequalities intersect across different stages of care.

As I engaged with the literature, a clear thematic trajectory emerged that closely reflects the stages of a child's care journey from initial entry into care, to experiences within placements, through to transitions into adulthood. This observation has shaped the structure of the chapter, allowing the review to follow the flow of a typical care experience while critically examining how race and racism are present throughout. Organising the review in this way enables a holistic exploration of the cumulative effects of cultural misrecognition, institutional neglect, and systemic racism that shape the lives of Black and Global Majority care- experienced individuals.

In doing so, this chapter not only maps what is currently known but also identifies significant gaps, particularly the lack of studies that centre on the lived, emotional, and narrative experiences of care leavers themselves. These gaps directly inform the rationale for the current study and the choice to employ a qualitative and critically informed research approach. Some studies touch on outcomes but lack specific focus on racial or ethnic identity (Barn, Andrew, and Mantovani, 2005). Much of the broader research focuses on outcomes for children in care as a general category (e.g., Fortune and Smith, 2021; Barn, 1993; Bebbington and Miles, 1989; Barnardo's, 2023; DfE, 2022), without acknowledging the distinctive experiences of Black and Global Majority children.

This literature review critically examines the lived experiences of Black and Global Majority children in the English care system, drawing on the foundational theoretical insights of more recent UK scholarship that investigates racial disproportionality, cultural competence in placements, and the long-term outcomes for racially minoritised care leavers.

“What must Cultural Competency include? And what do we need to know when raising a Black child or young person in Children’s Social Care?” (*The Black Care Experience Conference,* 2023).

According to the Department of Health (2021), the number of children in care in the UK has risen significantly since 2009. In 2018–2019, nearly 106,000 children were in care, with Black children notably overrepresented compared to other ethnic groups (Owen and Statham, 2009). A qualitative study by Bywaters et al, (2018) confirmed that children from Black and Global Majority backgrounds are more likely to enter the care system than their white counterparts. For instance, among children aged 16–17, 3% of Black and Global Majority children were in care compared to just 1% of white children. These disparities raise important questions about the root causes and consequences of such overrepresentation.

A review by the What Works Centre for Children’s Social Care (WWCSC, 2022) stressed the urgent need for more robust research into the lived experiences of Black and Global Majority children in care. The report urged that renewed attention be paid to these experiences, especially considering the global Black Lives Matter movement and the murder of George Floyd. These events spotlighted institutional and structural racism, including within the UK social care system.

Existing literature remains limited and often assumes that race, racism, disproportionality, and adultification significantly disadvantage Black and Global Majority children. This framing may lead children to respond in ways they perceive as expected or desirable to researchers (Bryman, 2016). Furthermore, participants, many of whom may have experienced trauma, may exhibit over-compliance or emotional suppression in research contexts (Jee et al., 2010; van der Kolk, 2005).

2.6.1 Defining ‘Black and Global Majority’

The term *Black and Global Majority* was introduced in 2003 as a challenge to Eurocentric perspectives and the marginalising term ‘ethnic minority’. It seeks to honour the histories, knowledge, and identities of people from African, Asian, Indigenous, and dual-heritage backgrounds.

Campbell-Stephens (2021) critiques terms such as ‘BAME’ in the UK, ‘visible minorities’ in Canada, and ‘People of Color’ in the US, arguing that they reduce individuals to a label and disconnect them from cultural and historical contexts. These labels can leave people feeling confused, silenced, or disempowered. The term *Global Majority* emerged from her work on Black-led leadership programmes in the UK education sector (2003–2011) as an effort to create liberating and empowering language.

The term refers to individuals who are Black, Asian, Brown, dual-heritage, Indigenous to the Global South, or racialised as ethnic minorities. Globally, such populations make up approximately 80% of the world’s population. This demographic reality disrupts traditional Eurocentric narratives and works to reframe discussions on power and representation (Campbell-Stephens, 2020).

2.6.2 Understanding the Care System

Children enter the care system when their home environment is deemed unsafe or harmful, often due to abuse, neglect, or instability. Once taken into care, they are looked after by the local authority, typically through foster placements, residential homes, or secure units.

Looked after children are among the most vulnerable in society. Many have experienced trauma and loss and struggle with emotional regulation. According to Ford et al. (2007), such children face significantly poorer outcomes in areas such as education, employment, and mental health. Sebba and Berridge (2015) also note that these adverse childhood experiences (ACEs) often continue into adulthood, affecting physical and mental health. Sacker et al. (2021) also assert that ethnic inequalities impact the transition to adulthood.

Despite increasing attention to the challenges faced by children in care, little research exists on the distinct experiences and outcomes of Black and Global Majority children. Bywaters et al. (2016a) highlight key concerns including disparities in placement stability, health outcomes, and the likelihood of returning home, all of which show poorer outcomes for Black and Global Majority children.

2.6.3 Headlines, Facts, and Figures (2022)

According to Department for Education data (DfE, 2022), the number of children looked after in England reached 82,170 in 2022, a 2% increase from the previous year. Adoption numbers also rose by 2%, reversing an 18% decline during the pandemic. The number of unaccompanied asylum-seeking children (UASC) rose by 34% compared to pre-pandemic figures.

While routine health checks resumed post-pandemic, dental checks remained lower than pre-pandemic levels, though they improved from 40% in 2021 to 70% in 2022.

In 2019–20, nearly 19% of Black and Global Majority children entering care had previously been looked after, compared to 13% of all children. This disproportionate rate highlights persistent inequalities.

2.7 Racial Disproportionality in the Care System

A range of interrelated factors contribute to the overrepresentation of Black and Global Majority children in care:

- **Socioeconomic disadvantage**, including poverty and housing inequality (Bywaters and Sparks, 2017a; Webb et al., 2020).
- **Lack of cultural competence** among social workers (Gilligan and Akhtar, 2006).
- **Inequitable service provision**, with Black and Global Majority families receiving less early intervention and more statutory interventions (Ahmed, 1994; Barn, 1993; Williams and Soydan, 2005).
- **Cultural misunderstandings**, where protective practices are misinterpreted as safeguarding risks (Briggs and Whittaker, 2018; Tedam, 2014).
- **Higher rates of ACEs**, including exposure to domestic abuse and parental substance misuse (Bywaters et al., 2016a).
- **Special educational needs**, which are more frequently identified among Black children (Bernard and Harris 2019).

Webb et al. (2020) conducted a quantitative analysis of children's social care data and found that although children from Asian ethnic backgrounds often live in poverty, they are underrepresented in care. Conversely, Black children, despite similar socioeconomic disadvantages, are overrepresented. This suggests that structural and institutional factors play a significant role.

This literature review focuses specifically on looked after children and care leavers (defined as children who have been in care for at least 13 weeks after the age of 14 and remained in care past 16). As of March 2020, 80,080 children were in care in England, with 7% identifying as Black or Global Majority (DfE, 2020).

Research from SCIE (2021) also indicated that 17% of children in care were from Black and Global Majority backgrounds, compared to just 13% of the general under-16 population. Qualitative evidence underscores the importance of cultural identity: Black and Global Majority

children who maintained contact with family and community networks were better able to understand their history and identity (Sinclair et al., 2005).

Children placed with white carers often reported feelings of alienation, struggles with self-identity, and difficulties in social relationships and mental health. Foster children consistently expressed the desire for carers who respected their identity, history, and past experiences. Positive contact with siblings and birth families was viewed as vital in supporting identity development (Gilbertson and Barber, 2002).

Research consistently demonstrates racial disproportionality in children's social care. Bywaters et al. (2016a, 2018) show that poverty is the single strongest predictor of children's chances of entering care. Black and Global Majority children are more likely to live in areas of higher deprivation and are therefore disproportionately exposed to child protection intervention. The interaction between race, class, and poverty is critical in understanding disproportionality (Featherstone et al., 2018).

Broader socio-political factors also shape these experiences. Hostile environment policies, austerity measures, and the racialisation of Black children in political and media discourse contribute to surveillance, adultification, and racial bias in professional decision making (Williams and Parris, 2021). Studies highlight how Black families are more likely to be scrutinised and problematised, reinforcing systemic inequalities (Joseph-Salisbury, 2020).

2.8 Identity, Belonging, and Cultural Competence

This literature review explores the key concepts surrounding the experiences of Black and Global Majority children in care, particularly whether and how their experiences differ from their white counterparts. While some literature exists on this topic, research specifically focused on Black and Global Majority children in care remains limited. The available studies are often fragmented across themes such as socioeconomic factors, environment, caregiver relationships, and placement type though these are by no means exhaustive; they represent core areas of concern. What remains clear is that Black and Global Majority children are disproportionately represented in the care system.

Lensvelt, Hassett, and Colbridge (2021) highlight this overrepresentation, noting that Black and Global Majority children are more likely to enter foster care than white children. Their experiences and outcomes are shaped by a range of factors, including the relative scarcity of culturally appropriate foster placements, which increases their likelihood of being placed in residential care settings often with poorer outcomes (Ince, 1988). These children may miss opportunities for cultural integration and familial connection, leading to educational disadvantage and psychological or relational difficulties rooted in their racial and cultural identity (Coakley and Gruber, 2015). Butler-Sweet (2011) argues that these experiences can distort their sense of self and belonging, especially when compared to white children in care.

However, some evidence challenges this bleak picture. Hughes et al. (2006c) found that when cultural identity is appropriately acknowledged and supported, children in dual-heritage or

cross-cultural placements can achieve positive outcomes. Winter and Cohen (2005) also stress that knowledge and understanding of one's own identity and cultural heritage are critical for the development of a coherent sense of self among looked after children. Carlsson (2015) takes this further by asserting that for Black and Global Majority children, identity formation in care is not just important, it is imperative, shaping how they view themselves and the world around them.

The poorer outcomes experienced by Black and Global Majority children compared to their white peers are underpinned by a range of complex, intersecting factors. Children often describe additional hardship related to their ethnicity, including language barriers, cultural misunderstandings, and direct experiences of racism (Greeson, Jaffee, and Kim, 2021). Spinazzola, van der Kolk, and Ford (2018) identify early trauma as a foundational aspect of later psychological challenges, noting that early adverse experiences significantly influence identity development.

Despite these challenges, some care leavers view their identity development as a form of social competence. They describe themselves as resilient and capable of rewriting negative narratives, seeing themselves as survivors rather than victims. This aligns with Erikson's (1969) theory of identity as a lifelong process, suggesting that the identity development of Black and Global Majority children in care shaped by systemic disadvantage can contribute to the difficulties they face in adulthood.

Once in care, Black and global majority children face additional disadvantages. Research highlights that they are more likely to experience placement instability, be placed out of the area, or be matched with carers who lack cultural competence (Selwyn, Wijedasa and Meakings, 2020). Disruptions in placements weaken relational stability and exacerbate feelings of dislocation and loss of identity (Barn, 2010).

Studies of adultification demonstrate that Black children are frequently perceived as older and less vulnerable than their white peers, leading to harsher treatment and diminished safeguarding responses (Davis and Marsh, 2020). This bias intersects with their care status with compounding disadvantages.

2.9 Outcomes of Black and Global Majority Care Leavers

Outcomes for care leavers are often complex and varied. For Black and Global Majority care leavers, these outcomes are even more intricate and multifaceted. There is a significant lack of research focused specifically on the experiences and trajectories of Black and Global Majority children as they transition out of care.

In their qualitative study, Viner and Taylor (2005) found that being in care or looked after during childhood is associated with adverse adult outcomes particularly in relation to economic stability, educational achievement, and physical and mental health. Their findings highlight the importance of factors such as placement stability, the age at which a child enters care, ongoing parental contact, and emotional or behavioural difficulties, in shaping future outcomes.

More recently, Bywaters et al., (2016a) emphasise the persistent lack of evidence on the specific outcomes of Black and Global Majority children in care. Areas such as returning home from placements, stability, health outcomes, and school exclusions remain underexplored. Their work suggests that children from these backgrounds experience disproportionately negative outcomes, which are shaped by both systemic and interpersonal factors. While not exhaustive, the following key themes warrant further attention and discussion.

Despite this, there is little research into the *lived experiences* of Black and Global Majority care leavers themselves. Research has highlighted a persistent lack of robust evidence on the specific outcomes of Black and Global Majority children in care, particularly in relation to returning home, placement stability, health outcomes, and school exclusions (What Works Centre for Children's Social Care, 2022), despite wider evidence demonstrating structural inequalities within the child welfare system (Bywaters et al., 2016b). The 2022 WWCSC report highlights the urgent need for studies that move beyond statistical disproportionality to explore the everyday realities of navigating the care system for Black and Global Majority young people. This study directly responds to that call.

2.10 Mental Health and Emotional Wellbeing

Placement stability is defined as ensuring that every child in care is matched with the right placement as quickly as possible. In cases where this means placement with a foster family, both the child and carer must be supported to ensure the placement works for as long as necessary. It is widely recognised that frequent placement moves have a detrimental impact on a child's emotional wellbeing. Each change can heighten feelings of rejection, loss of belonging, and disrupt the ability to form stable, lasting relationships (Kadushin, 1980). Even in high-quality placements, such as with experienced foster carers or residential homes, children may still experience isolation or behavioural challenges (Proch and Taber,1985).

Placement stability aims to provide a consistent environment where children can build attachments and relationships with trusted caregivers. Research shows that many children, especially those in long-term foster care, are vulnerable to instability. Contributing factors include characteristics of the child and their family of origin, placement type, quality of care, and the support provided by services and agencies (Carnochan, Moore, and Austin, 2013).

Various studies have examined the influence of age, gender, race, and behavioural difficulties on placement outcomes. Findings regarding gender are mixed, with some studies indicating females are more at risk of instability (UC Davis Extension Center for Human Services, 2008). Older children, particularly adolescents, are more susceptible to placement disruptions than younger children and babies (Pardeck, 1984; Webster, Barth, and Needell, 2000). Additionally, Black and Global Majority adolescents are found to have a higher risk of placement breakdown (Pardeck, 1984; Webster et al., 2008).

Children with physical or mental health diagnoses also face increased instability (Eggertsen, 2008). Traumas, especially those related to abuse, further contribute to breakdown risk (Gilbertson and Barber, 2003; Newton, Litrownik, and Landsverk., 2000; Strijker, Knorth, and

Knot-Dickscheit, 2008). Children entering care due to sexual or physical abuse are particularly vulnerable to multiple moves when compared to those entering care due to neglect (Webster, Barth and Needell, 2000). Children whose birth parents do not have mental health issues often settle more easily, suggesting fewer pre-existing difficulties (Rubin et al., 2007). Moreover, children with siblings in care are at greater risk of experiencing placement breakdown (Osterling, D'Andrade and Hines, 2009).

Systemic factors in child social care also affect placement stability. One study found that 70% of placement moves were due to policy or systemic decisions such as transitioning to short- or long-term placements or funding constraints, rather than the child's needs (James, 2004). High staff turnover among practitioners is also linked to instability, with contributing factors including poor supervisory support, low pay, high caseloads, administrative burdens, and insufficient training (General Accounting Office, 2003, cited in Ryan et al., 2006).

Conversely, factors that promote stability include high-quality placements, adequate support for carers, and comprehensive training for practitioners (Berry and Barth,1990; Testa, 2002; Ryan et al., 2006).

In summary, the literature underscores the importance of reducing placement disruptions to support the emotional and psychological wellbeing of children in care. This necessitates asking critical questions: are foster carers adequately supported to sustain stable caregiving? Are kinship placements promoted as permanent solutions? Are interventions and resources readily available for children with behavioural difficulties or trauma? Is the care system sufficiently robust enough to support children through to reaching adulthood?

Critical Race Theory (CRT) provides a key theoretical lens for this study. CRT recognises that racism is ordinary and embedded within structures, not simply individual prejudice (Delgado and Stefancic, 2017). Central to CRT is counter-storytelling, which values the narratives of racially marginalised groups as vital sources of knowledge (Solórzano and Yosso, 2002). This aligns with the study's methodological focus on lived experience.

Decolonial thought complements this lens by challenging Eurocentric assumptions of knowledge production (Mignolo, 2011; Smith, 2012). Decolonial approaches emphasise 'other ways of knowing', recognising that knowledge generated from the margins is necessary to expose and resist racialised inequalities. In the context of children's social care, this perspective foregrounds Black care leavers' accounts as authoritative and necessary forms of knowledge.

2.11 Transitions from Care and Post-Care Outcomes

Many care leavers felt 'alone' or 'isolated' when they left care and did not know where to get help with their mental health or emotional wellbeing. Many care leavers had no one they could talk to about how they were feeling or who would look out for them. A third of care leavers noted they did not know where to get help and support. For many, no plans had been made to support their mental health or emotional wellbeing when they left care (DfE, 2022).

Local authorities have a statutory duty to prepare and support children in care for when they reach their independence. This includes developing life skills and allocating a Personal Advisor (PA) to each care leaver. The PA continues to support the young person post-care and offer a range of financial and practical assistance. However, the quality and extent of this support varies between local authorities. Despite existing frameworks, many care leavers report feeling as though they are expected to become fully independent adults overnight, often with minimal guidance (The Children's Society, 2016).

Research specifically examining how care leavers are prepared for independence is limited, particularly in relation to Black and Global Majority young people. Most existing studies focus on broader outcomes such as educational achievement, experiences of homelessness, and contact with the criminal justice system rather than on the support provided during the transition to independence (Stein, 2012; Harrison, Baker and Stevenson, 2020).

What is known is that looked after children often experience significant developmental trauma, making them especially vulnerable during the transition to independence. This trauma can impact identity development and a sense of self. Many care leavers view themselves as survivors. Cultural identity plays a critical role in psychological wellbeing, yet there is a notable lack of research into how Black and Global Majority care leavers experience identity development and navigate adulthood (Greeson, Jaffee and Kim, 2021).

The process of leaving care can be daunting, often involving relocation, living alone, and managing responsibilities like cooking, cleaning, and budgeting without sufficient support. Emotional wellbeing is not always considered in care plans. The transition out of care is widely recognised as a complex and often disconcerting process, involving relocation, independent living, and the management of daily responsibilities. For Black and Global Majority care leavers, these challenges are further compounded by structural inequalities and racialised experiences within the care system (Bywaters et al., 2016a; Bernard and Harris, 2018). Emotional wellbeing is frequently overlooked in care planning, despite evidence that Black and Global Majority young people often face additional barriers to accessing culturally appropriate mental health support (Selwyn, 2020). The literature underscores the need for professionals to adopt a bespoke, sustained approach that recognises the intersecting identities and needs of care leavers, rather than relying on generic, one-size-fits-all models (Harrison, Baker and Stevenson, 2020; Kearney, Glynn and Hyde, 2018).

Previous research has advocated for a more sustained and personalised transition process that reflects the unique needs of each care leaver (Stein and Carey, 1986; Biehal et al., 1995; Broad, 1998). Additionally, greater attention must be paid to issues of race and ethnicity during this phase (Barn, Andrew, and Mantovani, 2005).

2.12 Conclusion

This literature review highlights a significant gap in research concerning the experiences and outcomes of Black and Global Majority children in care. While general outcomes for children in

care are discussed broadly in existing literature, these often fail to consider the unique and intersectional experiences of Black and Global Majority children.

Key themes identified include:

- The enduring impact of prejudice, racism, and cultural misrecognition.
- A lack of culturally informed perspectives in practice, policy, and social care systems.
- The importance of placement stability, tailored transition planning, and culturally sensitive preparation for independence.

There remains an urgent need for targeted research, practice reform, and policy development that centre lived experiences of Black and Global Majority care leavers to address these disparities and improve long-term outcomes (Rylance and Sharry 2023).

However, a growing body of UK-based research highlights entrenched racial and ethnic disparities that affect the experiences and outcomes of children in care (Bywaters et al., 2016a; Selwyn, 2020). The UK care system is designed to protect and nurture children who are unable to live with their families due to a variety of reasons, including abuse, neglect, and parental incapacity. However, increasing academic and practitioner concern has highlighted the disparities experienced by children in care based on race and ethnicity. It focuses on key themes such as racial disproportionality, identity formation, cultural competence in care, and long-term outcomes post-care. The theoretical insights echoed in UK research reveals systemic inequalities in child protection and care decision making, such as the overrepresentation of Black and Global Majority children in the care system and their disproportionate experiences of criminalisation, exclusion from education, and poor transitions into adulthood (Bernard and Harris, 2019; Williams and Parris, 2021). This review focuses on key themes including disproportionality, racial identity formation, cultural competence, and the structural inequalities that impact long-term outcomes for care-experienced Black and Global Majority young people in England.

2.12.1 Racial Disproportionality in Care

Studies have consistently shown that Black and mixed-heritage children are overrepresented in the care system (DfE, 2023; Barn et al., 2012). This disproportionality raises important questions about institutional bias, structural inequalities, and the potential for racialised decision making within child protection services. While poverty and family breakdown are risk factors across all ethnicities, Barn (2010) and Bywaters et al.(2017b) argue that systemic racism and socioeconomic disadvantage disproportionately impact Black and Global Majority families, making children more likely to come into contact with social services.

2.12.2 Cultural Humility and Identity

Some literature has focused on the impact of care on the racial and cultural identity development of Black and Global Majority children. However, Bernard and Gupta (2008) emphasise that placements which fail to acknowledge a child's racial and cultural heritage can

result in confusion, low self-esteem, and identity fragmentation. Many Black and Global Majority children in care are placed with white foster carers, raising concerns about whether their cultural needs are being met. Selwyn, Saunders and Farmer (2010) found that over 70% of Black children in their study had been placed with carers of a different ethnic background, raising important questions about cultural matching and long-term identity outcomes. Similarly, Barn et al. (2012) observed that carers often lacked the training or cultural awareness to support Black and Global Majority children with essential aspects of daily life, including hair care, diet, language, and understanding racism. This is further supported by The Fostering Network (2019), which reported that only 39% of foster carers felt adequately trained to support children from ethnic backgrounds different to their own, and just one in five carers received any specific guidance on supporting Black children (Narey, 2016). Such gaps in cultural competence can hinder the development of a stable and affirming racial identity, which is particularly damaging given the overrepresentation of Black and Global Majority children in the care system. According to the DfE (2023), Black children account for approximately 7% of the care population in England, despite comprising only 5% of the national child population, highlighting the racial disproportionality that compounds these identity-based risks.

2.12.3 Experiences of Racism and Microaggressions

Several studies have highlighted that Black children in care often face direct and indirect racism from peers, carers, and professionals (Guthrie, 2021a; Wilson et al., 2019). These experiences are frequently minimised or ignored, leaving children without adequate emotional support. The theory of intersectionality (Crenshaw, 1991) is helpful in understanding how the interplay between race, care status, and often class, compounds disadvantages, leading to unique forms of marginalisation for Black and Global Majority children in care.

2.12.4 Mental Health and Emotional Wellbeing

Black and Global Majority care-experienced individuals are often at higher risk of poor mental health outcomes, not only because of the trauma that led to their entry into care but also due to continued racialised experiences within the system (Hughes et al., 2006b; van der Kolk, 2005). Studies suggest that professionals may misinterpret distress in Black and Global Majority children as behavioural issues rather than psychological symptoms, leading to under diagnosis and inappropriate responses (Goff et al., 2014). Culturally competent mental health support remains limited within the care system, further exacerbating these disparities.

2.12.5 Outcomes Post-Care

Outcomes for Black and Global Majority care leavers tend to be more negative in terms of housing, education, and employment compared to their white peers (Stein, 2012; Barn et al., 2012). The transition out of care is often abrupt and unsupported, with Black and Global Majority young people more likely to report feeling isolated, unprepared, and lacking in consistent adult relationships (Guthrie, 2021b). The concept of "social capital" (Bourdieu, 1986; Putnam, 2000, p.248) is relevant here, as it underscores how a lack of supportive networks can hinder care leavers' ability to thrive.

From entry into care through to independence, racialised dynamics influence every stage of their journey. This necessitates urgent systemic reform rooted in anti-racist, culturally competent, and trauma-informed practices to ensure equity and justice within the care system. These are often exacerbated by institutional practices that fail to recognise the intersection of race, care status, and socioeconomic marginalisation (Turney, 2021).

Having critically examined the existing literature on the experiences of Black and Global Majority children in the English care system, it is evident that structural inequalities, racial disproportionality, and culturally misaligned care practices persist across policy and practice landscapes. While previous studies have provided valuable statistical and theoretical insights, there remains a notable gap in capturing the lived experiences and personal narratives of Black and Global Majority care-experienced individuals themselves. To address this gap and explore these issues from an emic, experience driven perspective, the following chapter outlines the research methodology adopted for this study. It presents the epistemological framework, research design, and ethical considerations that shaped the inquiry, with a particular emphasis on centring marginalised voices through a qualitative approach (Silverman, 2013).

The literature clearly demonstrates that Black and Global Majority children in care face distinct and compounded challenges that differentiate their experiences from those of their white counterparts. From entry into care through to the transition to independence, racialised dynamics and systemic inequities shape every stage of their journey. These challenges are often exacerbated by institutional practices that fail to recognise the intersecting impacts of race, care status, and socioeconomic marginalisation (Turney, 2021). Such evidence underscores the urgent need for systemic reform rooted in anti-racist, culturally competent, and trauma informed approaches to ensure equity and justice within the care system.

This literature review has examined the racialised experiences of Black and Global Majority children and young people in the English care system. Across the stages of care from entry and placement through to transition and independence, clear patterns of disproportionality, cultural misrecognition, and institutional bias emerge. The literature consistently highlights the overrepresentation of Black and Global majority children in care, the lack of cultural competence among carers and professionals, and the long-term implications of unstable placements, misdiagnosed emotional distress, and inadequate support during the transition to adulthood.

While a growing body of UK-based research addresses racial disparities in care, significant gaps remain. Notably, the voices of Black and Global Majority care-experienced individuals are often absent, with most studies favouring quantitative outcomes over qualitative insight. Where identity development, wellbeing, and emotional resilience are discussed, they are frequently divorced from the lived experiences that shape them. Furthermore, the intersection of race, care status, and structural inequality is often acknowledged in theory but underexplored in empirical research.

This study addresses those silences by adopting a qualitative, critically informed approach that foregrounds the narratives and meaning-making of Black and Global majority care leavers. It

draws on Critical Race Theory, decolonial thought, and insider research methodologies to centre participants' perspectives and examine how race and care status are navigated in everyday life.

This chapter has reviewed research on disproportionality and outcomes for Black and Global Majority children in care, organised along the trajectory of the child's journey. It highlights how structural inequalities linked to poverty, race, and hostile socio-political environments shape entry into care, experiences within care, and post-care outcomes. Despite extensive quantitative evidence of disproportionality, there remains a striking gap in research centred on the voices of Black and Global majority care leavers themselves. While extensive quantitative research highlights disproportionality, there remains a striking gap in studies centred on the voices of Black and Global Majority care leavers themselves. This gap is examined in greater detail in the data chapter, where their lived experiences are brought to the forefront.

By drawing on CRT and decolonial thought, this study addresses this gap by foregrounding Black and Global Majority care leavers' lived experiences as crucial to understanding how racial inequality operates within the care system. The next chapter sets out the methodology used to explore these issues in depth.

Chapter Three: Methodology

3.1 Introduction

This chapter sets out the methodological approach adopted for the study, explaining what I did, how I did it, with whom, and how I analysed the data. It also outlines the philosophical and theoretical underpinnings that shaped the research design, the methods used for data collection and analysis, and the ethical considerations that informed the process.

The study explores the lived experiences of Black and Global Majority care-experienced young adults, with a particular focus on how they describe their interactions with the care system and the ways in which race and racism shaped those experiences. The purpose is not to provide statistical evidence of disproportionality in comparison to white care leavers, but rather to illuminate what it feels like to navigate the care system as a Black and Global Majority young person and It seeks to understand how participants interpret and make sense of those experiences.

This approach privileges participants' own accounts, recognising that traditional outcome-focused studies, often quantitative in nature, can demonstrate that inequalities exist but cannot capture *what those inequalities mean* for those who live them. By adopting qualitative methods grounded in lived experience, the study aims to provide other ways of knowing, namely, ways that centre the voices, interpretations, and subjectivities of those often marginalised in research and policy discourse (Smith, 2012; Harding, 1987; Chilisa, 2012).

The chapter begins by setting out the research questions that guided the study. It then outlines the research design and philosophical positioning, including the epistemological and ontological assumptions underpinning the work. Following this, the chapter describes the methods used for data collection and analysis, before turning to issues of sampling, ethics, reflexivity, and positionality. The chapter concludes by reflecting on how these methodological choices combine to form a coherent framework for answering the research questions.

3.2 Research Questions

The research was guided by the following overarching question: how do Black and Global Majority care leavers describe and make sense of their lived experiences of the English care system, and in what ways do they perceive these experiences as being shaped by race and racism?

The following supplementary questions supported the overarching enquiry:

1. How do Black and Global Majority care leavers reflect on the support and barriers they encountered within the care system, and what do these reflections reveal about systemic inequities?

2. In what ways do participants understand the role of race and racism in shaping their relationships, placements, and transitions to adulthood?

3. How do participants' accounts contribute to broader understandings of disadvantage, inequality, and resilience in the context of leaving care?

3.3 Research Design

3.3.1 Philosophical Positioning

The study adopts a qualitative design, underpinned by a critical realist paradigm with constructivist influences. Critical Realism assumes that there is a reality to be understood, in this case the structural and institutional features of the care system, but that our knowledge of that reality is always mediated through social, cultural, and individual interpretation (Bhaskar, 1975; Bhaskar, 2013). This position allows me to hold in mind both the systemic structures that shape care leavers' experiences and the deeply personal ways in which those experiences are felt and narrated.

This study is informed by Critical Race Theory (CRT) as a theoretical framework for understanding how structural racism shapes the experiences of Black and Global Majority children and young people within the English care system. CRT provides a lens through which racial inequalities within institutions can be examined, particularly where these inequalities are normalised or rendered invisible within policy and practice (Ladson-Billings, 1998).

Central to this study is the CRT concept of counter-storytelling, which challenges dominant narratives by centring the lived experiences and voices of marginalised groups. As articulated by Solórzano and Yosso (2002), counter-stories enable researchers to highlight experiences that are often marginalised within dominant institutional narratives.

Within this research, the narratives of Black and Global Majority care-experienced young people function as counter-narratives that challenge dominant assumptions about the neutrality of the care system and the universality of care experiences. By centring the voices of participants, the study aims to illuminate how structural inequalities and racialised experiences shape trajectories through care and transitions to adulthood.

In relation to the framework developed by Solórzano and Yosso (2002), this study primarily draws upon personal counter-stories. Personal counter-stories centre the lived experiences of individuals whose voices are often marginalised within dominant institutional narratives.

The accounts provided by Black and Global Majority care-experienced young people in this study therefore function as personal counter-stories, providing insight into how race and structural inequality shape experiences of the care system.

At the same time, my approach privileges lived experience as a legitimate and essential form of knowledge. Quantitative research can measure patterns of disproportionality, but it cannot capture the emotional, relational, and identity-based dimensions of being a Black and Global

Majority young person in care. Informed by decolonial and anti-racist scholarship, I recognise the need to value “other ways of knowing” that emerge from marginalised voices and embodied experiences (Harding, 1987; Smith, 2012, pp. 22-25). This stance reflects an epistemological commitment to centring the perspectives of those most affected by racialised oppression, rather than reproducing knowledge exclusively from the standpoint of institutions or dominant groups (Delgado and Stefancic, 2017).

Gunaratnam (2003, p .81) suggests that researchers can find objectivity in research by pursuing accuracy and reliability by starting from the premise that it is prudent to use our own view of the world and how we see the world as a tool for “‘knowing and that our knowledge is provisional”. Moving beyond traditional limitations, these methodologies allow researchers to capture deeper human complexities. As Chodorow (1999) suggests, one must understand how humans behave, interpret their world, and actively construct it. This includes their fears and worries, anxieties that intercede with their functioning, and their concept and view of the world. Given my years of experience of working with others, I believed I had a good grasp of how others see the world. However, after undertaking this research I was surprised at how I needed to relearn how I saw the world, particularly when listening to the interviews of the participants.

3.3.2 Epistemological Position

Epistemology refers to how knowledge is understood and validated. My epistemological position is shaped by Critical Realism, which accepts that while there is a reality beyond our perceptions, all accounts of that reality are partial and situated (Guba and Lincoln,1994). This means that the narratives of Black and Global Majority care-experienced young adults are not treated as ‘objective facts’ but as situated truths that reveal both their lived realities and the social structures within which those realities are produced.

This epistemology challenges positivist notions of neutral or value-free knowledge. It acknowledges instead that knowledge is relational, power-laden, and often contested. It also raises the question of whose knowledge is privileged in research. Outcome studies rooted in positivist traditions often centre professional or institutional perspectives, whereas this study deliberately centres the voices of care leavers themselves. In doing so, it seeks to generate knowledge that is both valid and politically significant in contesting dominant narratives (Delgado and Stefancic, 2017; Smith, 2012).

3.3.3 Ontological Position

Ontology concerns the nature of reality, what exists, and what can be known about it. Critical Realism asserts that reality is stratified: there is the empirical level (what we observe), the actual level (events whether observed or not), and the real level (underlying causal mechanisms) (Bhaskar, 1975; Houston, 2001). This is particularly relevant to my study: young people’s accounts reveal the *empirical* level of their lived experiences, while the analysis aims to consider the *real* mechanisms such as structural racism, adultification, or systemic inequality that shape those experiences.

By contrast, a positivist ontology would treat reality as objective and measurable, whereas a social constructionist ontology would emphasise that reality only exists through shared meanings (Snape and Spencer, 2003). My position sits between the two: I acknowledge that systemic racism and disproportionality have real effects on young people's lives, but also how those effects are experienced, narrated, and therefore mediated through meaning-making, culture, and subjectivity.

This ontological stance aligns with my choice of thematic analysis (TA). TA enables me to identify patterns across participants' accounts while also interpreting the deeper structures and social realities those accounts point towards (Braun and Clarke, 2006; Braun and Clarke, 2013, pp. 290–294). It allows me to attend both to 'what is said' and to 'what is unsaid', a critical realist approach that seeks to move beyond description to explanation.

3.4 Psychodynamically-Informed Approach

This study was informed by a psychodynamic lens, attending not only to the explicit narratives offered by participants but also to subjective and intersubjective communications. What is unsaid may be conveyed through tone, pauses, or shifts in body language. A psychodynamic perspective highlights that meaning is often communicated indirectly, and that these non-verbal dimensions can be as significant as spoken words (Hollway and Jefferson, 2013). Accordingly, during interviews I remained attentive to the emotional responses arising within each interaction, reflecting on how participants' narratives of care experience and racialised encounters could evoke powerful affective reactions. These reflections were not incidental to the analysis; they formed an integral part of it.

Central to this reflexive stance was attention to countertransference, the feelings evoked in the researcher by the participant, which, drawing on psychoanalytic traditions, can provide valuable insight into unconscious dynamics within the interview relationship (Frosh, 2010; Ladwig, 2017). Rather than treating such responses as distractions or sources of bias, I regarded them as potential data, signalling aspects of participants' experiences that were difficult to articulate directly. This approach is consistent with psychosocial and interpretive research traditions, which recognise the subjective and emotional life of both participant and researcher as integral to knowledge production (Hollway and Jefferson, 2013; Clarke and Hoggett, 2009)

These relational dynamics can be understood through two interconnected psychoanalytic concepts. Transference refers to the process by which participants may unconsciously project past relational experiences onto the researcher, and countertransference refers to the researcher's emotional responses to participants, used here as a source of analytic insight rather than an obstacle to it. In this study, neither was treated as methodological noise. Instead, both were understood as carrying significant meaning about the deeper layers of participants' experience of the broader social structures that surround them, particularly race and power, within which the research encounter was situated (Hollway and Jefferson, 2000).

The participants in this study, Black and Global Majority young people with experience of the care system, brought into the interview room accumulated relational histories with institutions,

authority figures, and adults who had, in many cases, failed them. Their responses to me as a researcher, whether characterised by warmth, guardedness, testing, over-disclosure, or silence, carried transferential weight that could not be reduced to individual personality. These were responses shaped by systemic experience, and they required a framework capable of holding that complexity.

My own countertransference responses were correspondingly layered. As a Black woman, I was aware of identificatory responses, solidarity, protectiveness, and at times grief, arising in relation to participants' accounts. Narratives of neglect, loss, and institutional failure evoked vicarious trauma responses that required ongoing reflection. I also noticed what might be understood, following Racker (1968), as complementary countertransference: a pull towards a rescuer or witness role that mirrored what participants had needed but had not received from the systems that were supposed to care for them. The impulse towards advocacy was present throughout, ethically significant, and itself analytically meaningful.

By remaining attentive to these dynamics and integrating them alongside thematic analysis, I was able to move beyond surface description of participants' narratives and attend to their deeper layers of meaning. The psychodynamic frame thus served not as a therapeutic intervention but as a methodological resource, one that supported a more honest, situated, and analytically rigorous account of the research encounter and its findings.

3.5 Overview of Methods

Data were generated through:

- Semi-structured interviews with Black and Global Majority care-experienced young adults aged 18 and over.

- A focus group with local authority social work practitioners from different service areas.

The interviews form the primary dataset, providing in-depth accounts of lived experience. The practitioner's focus group offered contextual insight into professional perspectives on disproportionality and informed the refinement of interview prompts but was not analysed as part of the main findings chapter.

3.6 Data Collection Methods

3.6.1 Semi-Structured Interviews

The primary data for this study came from semi-structured interviews with Black and Global Majority care- experienced young adults aged 18 and over. These participants had either recently left care or were in the process of leaving care within the same local authority area.

3.6.2 Recruitment

Participants were identified through existing forums where young people meet with local authority leaders to discuss issues affecting them, such as the Youth Forum and Youth Parliament. These forums provided access to individuals who had recent, direct experience of the care system and were willing to engage in reflective conversation about their experiences.

The recruitment of participants was challenging and complex. I knew that choosing vulnerable young people would present difficulties in terms of listening to their experiences and stories, which could be hard to hear, as well as understanding their journeys in care. (Strolin-Goltzman, Kollar, and Trinkle, 2010). The focus on race and inequality within the care system and how these factors have affected not only their mental health but also their emotional wellbeing made the interviews especially difficult. Some participants expressed anger and were visibly impacted, while others accepted that this is simply how the system operates and had no other expectations.

However the first hurdle was the recruitment itself. Some of the participants agreed to do the interview but didn't turn up, and some rescheduled several times citing reasons such as they had ‘lost their phone’ or ‘their friends had been involved in an accident’. In total, 10 participants failed to show up at the time agreed and after several attempts to chase them I had to give up and move on. I felt that this was part of the process of interviewing vulnerable young adults who bring their own ‘emotional baggage’ and adversities (Kvale and Brinkmann, 2009).

I found myself connected to the participants knowing we had shared similar experiences. I noted that I was considering the differences and the sameness I had with my participants (given the similarity of our race). Power and privilege were at the forefront of my thinking alongside how I interacted with my participants given this paradigm. I spent time primarily thinking about the different degrees to which a person can be marginalised or have power over others in society based on their characteristics. I also questioned using my power as a Director within an institution that has been racist for many years, marginalising the most vulnerable in society. I questioned whether my work was, in any way, condoning this narrative (Olson, Slaughter, and Negrin, 2017).

Over time, my positionality shifted, evolving past a single, fixed perspective. I noted the areas where my participants and I experienced oppression, reflecting the dynamics illustrated in Duckworth’s (2020) *Wheel of Power/Privilege* model, which visualises categories of social hierarchy such as "skin colour with dark on the margins, and white in the centre." This conceptual framing highlights how institutional power structures automatically place whiteness at the axis of privilege and security, while systematically pushing darker skin tones toward social, economic, and political vulnerability. From an intersectional perspective, these inequities are never the result of single, distinct factors; rather, they are the outcome of intersections of different social locations, power relations, and experiences (Bunjun, 2010; Collins, 1990; Valdes, 1997; van Herk, Smith and Andrew, 2011).

Semi-structured interviews were selected as the primary method of data collection. While narrative interviewing is often associated with CRT-informed research, semi-structured interviews were considered most appropriate for this study as they enabled participants to share their experiences while also ensuring that key topics relevant to the research questions were explored.

The flexible nature of semi-structured interviews allowed participants to reflect on their lived experiences of the care system while enabling the researcher to explore issues relating to race, identity, and institutional practice. In this way, the interviews still functioned as counter-narratives, enabling participants to articulate experiences that challenge dominant institutional understandings of the care system.

3.6.3 Inclusion Criteria

- Self-identification as Black and/or Global Majority heritage
- Aged 18 or above
- Current or former experience of being in local authority care.

Individuals from other ethnic backgrounds were excluded, as the study focuses specifically on the experiences of Black and Global Majority care leavers.

3.6.4 Sample Size

In total, 7 participants took part in interviews. Recruitment was challenging due to cancellations, rescheduling, and the life circumstances of young adults transitioning to independence. While I initially intended to recruit 10 participants, persistent non-attendance from some contacts meant the final number was slightly smaller.

3.6.5 Interview Process

I conducted the interviews myself, using a semi-structured schedule. This approach allowed me to ask consistent core questions while also following up on issues raised spontaneously by participants. The questions invited reflection on experiences in care, the transition to adulthood, and the role of race and racism in shaping those experiences.

Interviews were conversational and responsive. I attended to what participants said, as well as to how they expressed it, noting tone, body language, and moments of silence. This was consistent with the psychodynamically informed approach described earlier. All interviews were audio-recorded with consent and transcribed verbatim.

3.6.6 Focus Group with Practitioners

In addition to the interviews, I facilitated a single focus group with social work practitioners from the same local authority. The group included professionals from a range of service areas, from

‘front door’ child protection teams to corporate parenting teams. The focus group with professionals working within the care system was conducted during the early stages of the research. This discussion informed the development of the interview schedule by highlighting areas where professionals expressed uncertainty or discomfort when discussing race within practice. These insights helped shape interview questions that explored how young people experienced professional responses to race within the care system.

The purpose of the focus group was contextual rather than primary:

- It was held before the interviews with young people
- It explored practitioners’ perceptions of disproportionality and racialised experiences within the local care system
- It informed the development of my interview prompts by highlighting themes and language in current professional discourse.

The focus group was not designed as a pilot study in the formal sense, nor was its data analysed alongside the young people’s interviews in the Findings chapter. However, insights from the discussion helped refine my approach to the main interviews, particularly in framing questions around race, placement decisions, and perceived fairness in the system.

3.7 Sampling Strategy

The sampling strategy was purposive, selecting participants who could speak directly to the study’s focus on the lived experiences of Black and Global Majority care-experienced young adults. This approach ensured that the data would be relevant to the research questions and rich in detail.

3.7.1 Inclusion Criteria

- Aged 18 or over
- Current or former looked-after status within the same local authority
- Self-identification as Black or having Black heritage.

I recruited participants through youth engagement forums within the authority, such as the Youth Forum and Youth Parliament. These forums bring together young people with lived experience of care to meet with senior leaders, providing an existing point of contact and an environment where trust and familiarity with the council’s processes already exists.

While my initial aim was to interview 10 young people, the final sample was 7 participants. Recruitment challenges including last-minute cancellations, changes in availability, and personal crises were common, reflecting the realities of working with a group navigating significant life transitions. This smaller number of participants did not compromise the depth of the data, as

each interview yielded detailed accounts suitable for thematic analysis (Kristensen and Ravn, 2015).

I was aware of the potential emotional impact on participants given their vulnerability. The content of interviews had potential to evoke highly emotional responses and, given the vulnerable nature of this group, they may not readily understand the emotional impact of discussing these issues. I considered how I could mitigate any potential impact where appropriate by ensuring I could signpost participants to support services to protect them from adverse effects. This was considered prior to conducting all research interviews. Lowes and Gill (2006) found that participants interviewed about emotionally sensitive issues often reported feeling anxious at the outset of the interview process, although these feelings frequently diminished as rapport developed.

Although there did appear to be some benefits such as being able to express themselves and their opinions and discuss their challenges. Most felt the process of using their voice to express their views to the researcher was cathartic. McCoyd and Shdaimah (2007) assert that qualitative research interviews have personal advantages and disadvantages for participants, including validation from being understood, having their stories told, sharing experiences, and knowing they have contributed to findings that can be communicated to policy makers and change makers. Tillman (2009) concluded that, “The interviewee's experience of participating in a research study was, overall, a very positive one. The most difficult aspects of the study for him were following the exercise prescription when it became more challenging and sacrificing his time. However, in his view the rewards were worth the work” (p.127).

3.8 Data Analysis

Data from the semi-structured interviews were analysed using thematic analysis (TA) following the six-phase process outlined by Braun and Clarke (2006). This method was chosen for its flexibility, accessibility, and for its capacity to identify and interpret patterns across participants’ narratives while remaining grounded in the data. Thematic analysis provides a flexible approach for identifying patterns within qualitative data and is widely used within social research.

While more recent methodological discussions have distinguished between different forms of thematic analysis, including reflexive thematic analysis (Braun and Clarke, 2022), this study utilised a more structured thematic analytical approach focused on identifying recurring patterns within participant accounts.

The aim of the analysis was therefore to identify themes relating to participants’ experiences of care, institutional responses to race, and the ways in which identity shaped their experiences within the care system.

The steps are laid out below.

1. **Familiarisation:** I read and re-read each transcript in full, making preliminary notes and immersing myself in the language, tone, and pacing of participants' accounts.

2. **Initial coding:** using both manual annotation and a basic coding framework, I generated descriptive and interpretive codes that captured features of the data relevant to the research questions.

3. **Searching for themes**: I reviewed codes to identify broader patterns of meaning, grouping related codes into candidate themes.

4. **Reviewing themes**: I refined the themes by checking them against the coded extracts and the entire dataset, ensuring they accurately reflected the data.

5. **Defining and naming themes**: each theme was given a clear, concise name and definition, reflecting its scope and focus.

6. **Producing the report**: themes were organised into a coherent narrative that directly addressed the research questions, supported by illustrative quotes from participants.

While the thematic analysis was inductive in the sense that it was grounded in participants' accounts, my critical realist stance also meant that I interpreted these accounts with an awareness of the broader structural and institutional context. The psychodynamically informed approach influenced the analysis by prompting me to consider not only explicit statements but also what was unsaid, implied, or emotionally charged in the interviews.

The conceptual flexibility of thematic analysis (TA) provides an adaptable qualitative framework for identifying overarching patterns within text-based data. When executed via a latent approach, TA extends beyond surface-level descriptions to capture participants' underlying views and lived experiences, allowing researchers to interpret implicit meanings, unspoken assumptions, and unconscious cognitive patterns. Within the paradigm of positive psychology, a psychological branch focused on empirical study of human strengths, optimal functioning, and wellbeing rather than pathology, this method proves highly effective. By utilising TA through a positive psychology lens, researchers can systematically examine not only what participants think and do, but also the constructive cognitive frameworks and proactive behaviours that foster individual and collective flourishing (Akhtar and Boniwell, 2010). TA can be used with large and small datasets, suggesting that any data set can be analysed, from widely used qualitative approaches such as interviews and focus groups to emerging methods such as qualitative surveys and story completion (Braun and Clarke, 2022).

However, Thematic Analysis (TA) is not confined to the exploration of positive psychology. Rather, it is a widely used method of qualitative data analysis that offers considerable theoretical and methodological flexibility (Braun and Clarke, 2006, 2022). TA can be applied across a range of epistemological positions, making it particularly useful for exploring participants' lived experiences and the meanings they attribute to those

experiences. Unlike positivist approaches, which typically privilege quantitative methods and seek to establish cause-and-effect relationships or generate generalisable laws, TA is well suited to interpretive qualitative inquiry. Given the aims of this study, which sought to understand how Black and Global Majority care-experienced young people describe and make sense of their experiences, TA provided an appropriate analytical approach for examining complex, nuanced, and socially situated narratives.

3.9 Ethical Considerations

This study received ethical approval through the university's research ethics process. Given the vulnerability of the participant group and my dual role as both researcher and a Director of a children's social care department in the local authority, careful attention was paid to safeguarding participants' wellbeing, protecting confidentiality, and managing potential power imbalances.

I wanted to ensure that throughout interviewing the participants that no further distress was experienced. I was conscious that I needed to be empathic in researching young people who are in care or are formally care leavers. I found I agreed with Ellis (2007, p. 4), who notes that relational ethics are useful, and we should aim to understand from our "hearts and minds". I remained mindful throughout that I had a duty of care towards the participants.

3.9.1 Informed Consent and Confidentiality

Participants were provided with clear, accessible information about the study, including its aims, methods, potential risks, and how their data would be used. Written informed consent was obtained before any interview took place. All names and identifying details were removed from transcripts, and pseudonyms were used in all reporting.

I was particularly aware of the potential for participants to feel inhibited in speaking openly, given my senior role. I articulated at the outset that their involvement was voluntary, that they could withdraw at any time without consequence, and that nothing they said would be shared in a way that could identify them personally or affect any service they received.

3.9.2 Minimising Harm

The interview topics had the potential to evoke distress as they touched on participants' care histories and experiences of racism. I monitored participants' emotional states during the interviews, offering breaks or the option to stop at any time. Where distress was evident, I paused the conversation and checked whether they wished to continue. Participants were signposted to relevant support services if needed.

I was also mindful of the potential cumulative impact on myself as a researcher, given my own lived and professional experiences of race, racism, and the care system. I used supervision,

peer discussion, and reflective journaling to process these emotions and maintain professional boundaries.

3.10 Reflexivity and Positionality

Reflexivity was central to this research (Finlay, 2002a; Berger, 2015). My positionality as a Black woman, a senior leader in children's services, and someone with decades of professional experience working alongside care-experienced young people inevitably shaped the research process.

I recognised the duality of being both an 'insider' (sharing aspects of identity and lived experience with participants) and an 'outsider' (holding institutional authority). This dual position brought both advantages and challenges (Dwyer and Buckle, 2009):

- **advantages:** participants may have felt I could understand their perspectives and the subtleties of their experiences without lengthy explanation.

- **challenges**: my role could create an unspoken pressure to present themselves in certain ways or to avoid criticism of the system I lead.

The psychodynamically informed element of my approach required me to attend to my own emotional responses during interviews with moments of empathy, defensiveness, or resonance as potential data in themselves, rather than distractions. This is similar to the psychoanalytic concept of countertransference, where the researcher's feelings can be used as a tool for understanding the participant's experience.

I also drew on the Social GGRRAAACCEEESSS framework, developed progressively by Burnham and colleagues (Burnham, 1992; Burnham et al., 2002; Burnham, 2013) to reflect on how aspects of identity (e.g. gender, race, class, culture) were visible or invisible, namely, voiced or unvoiced, in the interview relationship. This helped me remain alert to the interplay between sameness and difference, and to the ways in which power, privilege, and marginalisation were operating in the research space.

Given the sensitive nature of this study and my own position as a Black researcher with professional experience in the care system, reflexivity formed an integral part of the research process. I remained attentive to the emotional and ethical complexities of interviewing participants about experiences of race and care, and I adopted a trauma-informed approach to ensure safety and minimise harm. As qualitative scholars emphasise, the researcher's positionality inevitably shapes both data collection and interpretation (Rapley, 2012; Shaw, 2021). In Chapter Four, I return to these issues in detail, reflecting on the emotional labour, trauma-informed practices, and Black feminist praxis that underpinned my engagement with participants (Lewis and Kerkhoff-Parnell, 2024).

3.11 Conclusion

This chapter has outlined the methodological foundations of the study and the processes through which the data were generated and analysed. Guided by a critical realist paradigm with constructivist influences, and informed by psychodynamic principles, the research privileges the voices of Black and Global Majority care- experienced young adults as a vital form of knowledge. By centring lived experience, the study seeks to offer insights that quantitative outcome studies alone cannot provide, namely, what it feels like to navigate care and leave care within a racialised system.

I have described the purposive sampling strategy, the semi-structured interview process, and the practitioner focus group that informed the interview design. Thematic analysis provided a systematic yet flexible approach to identifying and interpreting patterns across participants' narratives, while the psychodynamically informed lens supported attention to the unsaid, the emotional undercurrents, and my own reflexive engagement.

Ethical considerations were integral to every stage, with particular care taken to address potential power imbalances and to safeguard participants' wellbeing. Reflexivity was not an add-on but an embedded practice, enabling me to critically examine the interplay between my positionality, my professional role, and the research process.

Together, these methodological choices form a coherent approach that aligns with the study's research questions and overarching aim: to illuminate, through participants' own accounts, how race and racism shape the experiences of Black and Global Majority care leavers. The next chapter presents the analysis of the data, drawing out the key themes and insights that emerged from the interviews.

Chapter Four: Findings

4.1 Introduction

This chapter builds upon the methodology outlined in Chapter Three and presents the findings derived from the data collection and analysis process. The data is presented with the primary aim of giving voice to the participants, allowing their stories and lived experiences to take centre stage. I begin with a brief overview of participant profiles, before examining the thematic findings, which highlight how participants described their experiences within the care system and their subsequent journeys after leaving care.

Throughout the data collection process, I remained closely aligned with my core research question: how do Black and Global Majority care leavers describe and make sense of their lived experiences of the English care system, and in what ways do they perceive these experiences as being shaped by race and racism? This central question guided the interviews and the subsequent analysis, as I sought to understand whether the care system hinders or supports young Black adults upon leaving care, and how it has interacted with them over time.

The research was further shaped by the following sub-questions:

- Does the English care system support Black and Global Majority children as they prepare to leave care?

- Does the system provide sufficient care and stabilisation to ensure that outcomes for Black care- experienced young people are positive and sustainable?

- Are the outcomes for Black care leavers proportionate to those of their white counterparts?

As I conducted the interviews, I was struck by the vulnerability and strength of the participants. Their narratives were powerful, emotive, and thought-provoking. Some were clearly still carrying the trauma of their experiences, while others displayed remarkable resilience. A few had not yet fully processed the emotional weight of their pasts, and their struggles were evident in how they recounted their stories. As Salena Godden poignantly writes in the anthology's prologue: "In the world we live in today, self-image is important; it is armour and wings. What a gift to give your foster child: armour and wings to travel" (Godden, 2013, p. 104).

This chapter attempts to give voice to these young people, whose lived experiences reflect not only personal journeys but broader systemic issues within the care system. Rather than framing data gathering in general, it was the interview process itself that was explicitly shaped by a trauma-informed lens, with particular attention to minimising potential harm and creating conditions of safety and trust. In practice, this meant prioritising the safety of my participants by sharing control, power, and trust, while consciously avoiding re-traumatizing them. A trauma-informed approach in research requires thoughtful consideration of what this means for both those who access services (or participate in research) and those who provide them (or

conduct the research) (Isobel, 2021). While positivist paradigms seek generalisable truths through large sample sizes and quantifiable data, this research instead values depth, context, and the richness of individual experience (Park, Konge, and Artino, 2020).

While reflexivity was introduced in Chapter Three, it is briefly revisited here to acknowledge the emotional labour, trauma-informed practices, and positionality that influenced my engagement with participants and interpretation of their narratives.

4.2 Participant Profiles

Before exploring the thematic findings, it is essential to provide an overview of the participants to give context to their experiences. Below are the profiles of the 7 participants involved in the study:

Table 1: Participant Profiles

Pseudonym	Age	Gender	Current status	Present care status
Claire	23	Female	Working	Former looked after child
Laura	21	Female	Student nurse	Former looked after child
India	19	Female	University student	Former looked after child
Olivia	23	Female	University student	Former looked after child
Ava	23	Female	Unemployed	Former looked after child
Henry	24	Male	Student nurse	Former looked after child
Freya	18	Female	A level student	Former looked after child

In presenting the following findings, it is important to acknowledge that some of the material shared by participants is distressing and confronts uncomfortable truths about how Black and Global Majority children experience the care system. These stories are included with care and respect, and their emotional weight is central to the integrity of this research. My professional role as a director within children's services was occasionally raised by participants during interviews. In some cases, participants used this opportunity to reflect on their experiences of the services they had received. These moments required careful navigation to ensure that participants felt heard while maintaining the boundaries of the research interview. Reflecting on these encounters highlighted how participants positioned the researcher within existing power structures linked to the care system.

4.3 Cross-Case Themes

Pen Picture: Claire

Claire is a 23-year-old mother to a 3-year-old child, living outside of London. She identifies as Black and was in care from the age of 14. I interviewed Claire first, as she was eager to share her story after seeing my recruitment flyer. Claire expressed a strong desire to have her voice heard. She was very clear in articulating how her race and the label of being a 'looked after child' contributed to negative experiences throughout her time in care. According to Claire, being both Black and part of the care system led to her feeling treated differently and disadvantaged.

What was their care experience like?

From the outset of our interview, Claire was keen to share her experiences. Having been in care throughout most of her teenage years into adulthood, she felt ambivalent about the overall experience. While she ultimately viewed being in care as the right decision, she acknowledged the numerous challenges she faced. We established a strong rapport during our conversation, and Claire mentioned that she had seen me at several care-experienced children's forums, which motivated her to participate in the research.

During the interview, I found Claire to be open but also very angry and disillusioned with the care system. She openly discussed the ways in which the system had failed to support her and how she often had to fight for her rights. Persistence was key for Claire, and she worked hard to ensure that her voice was heard.

She shared an example of advocating for herself when transitioning to supported accommodation at 16 saying, "I was always really strong about advocating for myself. So, when it came to moving to supported accommodation at 16, social workers wanted me to stay in care, but I said no. This is what I want to do".

Being in care and being Black in care: was it a disadvantage?

Claire expressed the belief that the care system is institutionally racist, much like many other institutions. However, she noted that her personal experiences with social workers and personal advisors were generally positive. Despite this, she felt that, as a Black individual, she often had to advocate for herself more vigorously than her white peers to receive the same level of support and resources. She felt that her white counterparts had things handed to them more easily, while she had to prove herself to receive the same services or treatment.

Additionally, Claire shared the challenges she faced as a young mother, particularly how stereotypes about young Black mothers shaped the way she was treated. She felt judged not only by the care system but also by other institutions.

She recounted an incident when she went missing, reflecting on how her race influenced the way she was treated. Claire explained, "Although it wasn't something I discussed with my foster

carer or social worker, another situation stands out. When I went missing, I believe they responded in a certain way first, they grabbed me, assuming I was a runaway. They thought I would run, and that was partly because I was Black. They immediately assumed I would run. But other than that, it's just life as a Black person".

Did they experience racist approaches due to being in care?

Claire believed that her experiences of racism were not directly from the care system itself, but rather from external organisations such as the education system, the police, and healthcare providers. She felt that being a looked after child in combination with her race led to her being treated differently by these institutions.

What kind of support did they find useful or feel they needed more of?

Claire emphasized the importance of understanding cultural differences and recognizing that a 'one-size-fits-all' approach is inadequate. She advocated for more open conversations about race and racism within the care system, particularly regarding how care- experienced children are impacted by these issues. She stressed the need for more training for social workers, especially white social workers, to ensure they are culturally sensitive and appropriate in their practices.

My understanding of participant Claire

Although Claire was open and eager to share her story, there was an underlying sense of sadness and anger in her narrative. She wanted to be understood but, at times, seemed to feel misunderstood. While she exuded confidence and had a clear sense of direction now, it was clear that her past battles, particularly the struggle to be heard, had left her feeling deeply hurt.

As a researcher, I became acutely aware of the interpersonal, racialised, and emotional dynamics unfolding during my interview with Claire. These were not abstract theoretical forces but lived, embodied tensions that shaped the research encounter. Claire's comment, "It's just life as a Black person" carried with it a profound emotional weight. It was not merely descriptive, but resigned, weary, and reflective of a lifetime of systemic invalidation. Her words spoke to a deep-rooted understanding that being Black in Britain often means learning to expect and absorb being treated differently, even in a system that is meant to offer protection.

This moment revealed the subtle interplay of insider/outsider dynamics between us. On the surface, our shared racial identity might have suggested familiarity or mutual understanding. However, what emerged was a layered and ethically complex interaction, shaped by our different positions within the system: Claire as a care-experienced person, and me as a Black senior professional actively working within the care system. I found myself torn between solidarity and discomfort wanting to affirm her pain, while also holding back frustration and complicity.

Claire's resignation forced me to reflect on the internalised normalisation of racial injustice that often accompanies Black British identity. As Ahmed (2012) writes, "To be a complaint is to

become a burden; the one who speaks out becomes the one who disrupts". Claire's quiet submission to being unheard was, in and of itself, a powerful act of expression exposing how structural and institutional racism silences through exhaustion.

As a researcher, I had to confront how my presence, despite good intentions, could risk reinscribing some of these dynamics. I questioned whether she saw me as someone who could make her voice matter, or whether she assumed, like others, I would listen and then leave. In that moment, my own emotional vulnerability became part of the data. I recognised that my identification with Claire could enrich my interpretation, but also risk projecting my own narratives onto hers. To mitigate this, I engaged in reflexive journaling, returned to the transcript multiple times, and discussed my interpretation with trusted peers in research supervision to maintain analytic clarity and accountability.

This interaction embodies what Finlay (2002a, p. 215) refers to as "intersubjective reflection," a recognition that both researcher and participant co-create meaning through shared and divergent experiences. It also echoes Black feminist epistemology, which values lived experience, emotion, and embodied knowing as legitimate sources of insight (Collins, 2000). Claire's voice, and my emotional response to it, are not separate from the knowledge produced in this research; they are central to it.

This moment appeared to underscore the emotional labour of insider research and the moral imperative of bearing witness to racialised trauma. It reminded me that this work is not just analytical, it is effective, ethical, and deeply human. Claire's story, and my reaction to it, reaffirmed why this research matters and why it must be grounded in care, justice, and critical self-awareness.

Her story was both powerful and poignant, revealing the emotional cost of being continuously overlooked. As I reflected on the experience, I began to recognise the emotional dynamics between us, the way I was identifying with Claire, and how her story, in turn, resonated with me. This was a profound moment of learning about the subjectivity of anxiety and how interpersonal dynamics can influence understanding.

Throughout the research process, I reflected on how power, positionality, and systemic inequalities shaped participants' narratives and my interpretation of them. While intersectionality and critical race theory provided the primary framework for situating these dynamics within broader structures of race and care, insights from psychoanalytic theory also offered a way of understanding the psychological defences embedded in organisations. Mechanisms such as splitting and projection (Hollway and Jefferson, 2013; Fotaki and Hyde, 2015a) operate not only at an individual level but also within institutions. In racially unequal systems, these defences enable care institutions to appear benevolent ('we care') while enacting harm through exclusion or surveillance. Such mechanisms preserve systemic innocence and, as Ahmed (2012) observes, reinforce the 'non-performativity' of diversity.

While splitting can serve as a defence mechanism and be interpreted in various ways, I do not suggest that this is the sole explanation for Claire's experiences. Instead, I propose that we

consider psychoanalysis as a way to explore deeper meanings and emotional needs. Psychoanalysis reminds us that we are not always as rational as we may believe (e.g., Fotaki and Hyde, 2015b). Rather, our responses to painful experiences, such as splitting, are often unconscious processes that need to be considered for a fuller understanding. This echoes the psychoanalytic concept of projection, in which institutional actors unconsciously displace fear or threat onto the racialised child, misinterpreting distress as aggression (Klein, 1946; Fanon, 1967). In this way, emotional vulnerability is pathologised rather than supported. In the care system, splitting emerges not just in individual attitudes but in how children's behaviours, family dynamics, and even practitioner concerns are categorised and acted upon. These binaries obscure nuance and sustain a system that differentially allocates empathy, protection, and punishment along racial lines.

Pen Picture: Laura

Laura is a 21-year-old care leaver and an unaccompanied asylum seeker. She arrived in the UK in 2018 and identifies as Black. Having moved through several foster care homes, Laura eventually transitioned into semi-independent accommodation. She described her first foster care experience positively, though she expressed a preference for having a Black foster carer, as her foster carer was white. However, she reported that her subsequent foster carers exhibited racist attitudes, feeling that they discriminated against her based on her background. They insisted that she eat certain foods and dress in a particular way, which led to the breakdown of the foster carer relationship when Laura refused to comply.

What was their care experience like?

Laura felt that she had to constantly advocate for her rights, which ultimately made her care experience less positive. When she attempted to share concerns about her foster carers with her social worker, she felt dismissed and unheard. Her social worker responded by telling her that she was "lucky to have somewhere to live". When Laura moved into her own place, she experienced a sense of autonomy and was able to make her own decisions, which was empowering for her.

Being in care and being Black in care: was it a disadvantage?

Laura was unequivocal in her belief that being both in care and Black in care was a disadvantage. She felt that the care system, which is supposed to support, guide, and help young people, had failed her. She noted that being Black in care brought additional challenges, including discrimination and racism. Laura expressed a deep desire for her care experience to have been positive, but it was marked by hardship. She highlighted the difficulties she faced as an asylum seeker such as learning a new language, adjusting to a different culture, and dealing with the trauma of leaving a war-torn country and her family behind. These challenges, she said, are still difficult for her to process. Laura explained, "My social worker said you're not supposed to do these things but be happy where you are living".

Did they experience racist approaches due to being in care?

Laura shared an alarming story from her time at college when she was told by a teacher that she would not be allowed to sit an exam because she was both in care and Black. She recalled the teacher saying, “You’re not going to do the exam”. When Laura asked why, the teacher responded, “Because you are Black. You people never pass the exams anyway”. Laura was shocked by this blatant racism and complained to the teacher, but the response was dismissive. Laura explained, “I said to my teacher, they really said this to my face. I said, ‘Is it because I’m black?’ They replied ‘Yeah. They do this every year’”. Laura confronted the teacher, saying, “What the hell? This isn’t right”. Soon after this incident, she left the college.

What kind of support did they find useful or feel they needed more of?

Laura was clear about the support she needed. She emphasized the importance of education about working with Black children from different cultural backgrounds. She also advocated for the creation of a specialised group or space for care leavers from diverse cultural backgrounds, particularly those from outside the UK, where they could share their experiences and support each other.

My understanding of participant Laura

Laura was confident in her understanding that her experiences were unjust. She knew that the way she was treated by her foster carer, college teacher, and social worker was wrong, and she showed determination to challenge these injustices. However, her thought process seemed emotionally complex at times, as she shifted between various issues. She spoke with a slight accent and mentioned that people often had difficulty understanding her, which I interpreted as a result of English not being her first language. I felt that she should be proud of herself for learning a new language upon arriving in the UK.

Laura expressed deep sadness and anger about the way the education system treated her. She felt that being Black and in care had limited her opportunities to learn, and the system had failed to offer her the support she needed. I empathised with Laura, reflecting on my own experiences of being told by teachers that “I wouldn’t amount to anything”, possibly due to being one of only two Black students in a school of 1,500.

I was curious about how Laura had developed the resilience to continue studying despite the barriers she faced. Reflecting on her experience, I wondered how the combination of her status as an asylum seeker and her race might create ongoing challenges for her in navigating the systems around her. As a researcher, I found it difficult to maintain objectivity and not empathise with Laura’s trauma – not only in terms of her experience of coming to the UK but also in how she navigated a new culture and the systems within it.

Kohut (2020) suggests that empathy is crucial for effective communication and understanding in human interaction. Finlay (2002b) and Watts (2014) agree, acknowledging that empathy plays a significant role in conceptualizing the researcher's role. I feel aligned with Binder et al. (2016), who underline that empathy in qualitative research is vital for conveying the emotional meanings behind findings.

Pen Picture: India

India is 19 years old and identifies as part of the Global Majority. She described her identity as "messed up" because, although she is North African, she doesn't physically appear Black. However, her name often gives her identity away, and she frequently encounters the comment, "You can't be Black". India entered care at the age of 14, having come from an abusive household. She no longer has contact with her parents.

What was their care experience like?

India spoke positively about her experiences in care and expressed gratitude for being removed from her home, as she recognises that her home life was unsafe and dangerous. She knew that the way her parents treated her was not normal. India also had positive views about the social care system, citing the opportunity she had to grow up away from her parents. She appreciated having had good social workers and personal advisors who supported her. However, she did acknowledge that she has struggled with her identity and the overwhelming emotions tied to her experiences in care.

Being in care and being Black in care: was it a disadvantage?

India shared that she did not view her experience as particularly disadvantaged, as she felt that she was treated well by the care system and others. However, she did feel that her identity of being part of the global majority led to her being treated differently. She believed that her white peers would not have faced the same challenges because they wouldn't have had to navigate the complexities of her racial and cultural identity. India also mentioned that her mental health had been affected by these challenges, noting that mental health is a particularly significant issue for care leavers, more so than for the average person. She added, "Mental health is a real issue for care leavers, and not the average person. They are very traumatised people. And I think sometimes, having a therapist who isn't really equipped to handle it can be a little bit damaging".

Did they experience racist approaches due to being in care?

India felt that she had experienced some form of racism, but this was largely due to a lack of support when needed, requiring her to be assertive in voicing her needs to her social worker and personal advisor. She did not feel that her experiences of racism were directly tied to being a care leaver, but rather to being part of the care system itself. India believed that once others knew she was in care, she was often treated differently, which led to stigmatisation. This treatment contributed to her trauma, she explained. India stressed the importance of having the right people in her life, acknowledging that she needed support from those who could help her navigate her challenges. While she recognised that racism exists in the world, she felt her experience of it was not as harsh as others in the care

system, partly because she appeared white. However, once people learned her name, she felt she was often treated differently, which India described as unfair and unjust.

What kind of support did they find useful or feel they needed more of?

India was clear about the type of support she felt was necessary for care leavers, in particular therapy. She believed that mental health support should be routinely offered to all care leavers, not just a select few. She felt that, despite receiving support, there was an expectation that once a care leaver turns 18, they should automatically know how to navigate adulthood. This expectation felt overwhelming and frightening to India. She highlighted the need for continued support at this stage saying, “I’d probably say just more mental health support for care leavers, especially from social services. It should be more routine”.

My understanding of participant India

I was impressed by India’s focus on her needs and the clarity with which she expressed what she felt was necessary for care leavers. She demonstrated a realistic understanding of the limitations of the care system and the challenges she faced. India placed great emphasis on her education and was determined to do well. While reflective about why she came into care, she acknowledged that it was the best option for her and her siblings. However, I sensed a sadness in her when she spoke about missing out on living with her parents and experiencing a “normal” life. When she mentioned her siblings entering care, there was a clear sense of regret and unhappiness.

India’s identity and how others perceived her seemed to be a source of internal conflict. Though she appeared white, she did not identify as such and felt that her treatment was shaped by her appearance. There seemed to be a sense of guilt for not experiencing the same level of racism that other Black care leavers had encountered. This aligns with research by Brah and Phoenix (2004), which suggests that intersectionality plays a significant role when considering the experiences of Black and Global Majority care leavers. The concept of intersectionality provides a valuable framework for understanding how others perceive individuals based on their cultural background, as well as how individuals perceive themselves within society. Roberts (2017) highlights the importance of listening to children in care, particularly those from diverse cultural backgrounds, to gain a deeper understanding of their experiences. Furthermore, Miller and Butt (2019) point out the lack of research on multicultural children in the UK care system. Schmid and Sheikhzadegan (2022) emphasise the need for children to have secure, permanent homes that offer a sense of safety, continuity, stability, and belonging in environments that allow them to explore and develop their identities.

There is also something about proximity to whiteness and anti-Black racism. The concept of *proximity to whiteness* refers to how individuals who are closer culturally, phenotypically, or behaviourally to dominant white norms may be afforded more privileges, leniency, or acceptance. In contrast, those perceived as further from whiteness, particularly Black children and young people, may face more punitive or exclusionary treatment. This is closely linked to

anti-Black racism, which specifically targets Black individuals through systems, attitudes, and behaviours that devalue Blackness and perpetuate harm.

In the context of the English care system, research suggests that Black children often experience harsher interventions, increased surveillance, and are more likely to be placed in residential care or be criminalised than their white counterparts. These outcomes may stem from unconscious biases and racialised perceptions of Black children as 'older', 'less innocent', or more 'challenging', phenomena referred to as adultification bias. These racialised perceptions contribute to systemic anti-Blackness, where Black children are not given the same care, protection, or understanding as white children in similar circumstances.

Moreover, proximity to whiteness may play a role in differential treatment among ethnic minority groups. Those who are perceived as more culturally aligned with white British norms, or who have lighter skin or less visible cultural differences, may be treated more favourably within care settings, education, and the criminal justice system. Black children, particularly those of African or African-Caribbean descent, often fall furthest from this perceived 'norm', and thus face greater scrutiny, harsher disciplinary actions, and fewer opportunities for support.

This structural dynamic reinforces racial disparities in outcomes for care leavers, where Black young people are more likely to leave care with poorer education and employment outcomes, experience housing instability, and be overrepresented in the criminal justice system. Black children are perceived as more mature, less innocent, and more culpable than their white peers (Epstein, Blake, and González, 2017).

Pen Picture: Olivia

Olivia is 23 years old and has been in care from a young age due to her mother's mental health issues. It was deemed unsafe for her to live with her mother, who suffered from schizophrenia. Olivia was placed in care under a full care order and had no contact with her parents until she became an adult, when she gradually re-established contact with her mother. She has had several foster placements and later moved into semi-independent accommodation. Currently, she lives with her mother and now cares for her while also studying at university, aspiring to become a social worker.

What was their care experience like?

Olivia described her experience in care as chaotic. She had foster carers who were not supportive, and one foster carer in particular made her feel unwelcome, telling her, "It's my way or the highway. You can go anytime, I can just get another foster kid, it's not a problem". Olivia entered care at age six, and given her mother's schizophrenia, she felt that her life was entirely shaped by being in care. She also felt that she lacked the necessary support and was left feeling unprepared and confused about adult life.

Being in care and being Black in care: was it a disadvantage?

Olivia clearly believed that being Black in care puts her at a disadvantage. She felt that her foster carers treated her differently because of her cultural background. One example she gave was that her white foster carer objected to her wanting to eat culturally significant food. Olivia noted a common stereotype that Black people are expected to 'just get on with things' and are perceived as strong enough to cope without support. As a care leaver, Olivia felt that this expectation was placed on her, leaving her with little assistance when she needed it the most.

Did they experience racist approaches due to being in care?

Olivia shared that her experiences in the education system were particularly negative. She was treated poorly by teachers and others because of her race and her status as a care leaver. She stated, "Even in our communities, it's definitely harder for people from ethnic minorities, especially when they leave care. They already have so many challenges and not having that umbrella of support is just horrible". Olivia expressed that a lack of proper support left her to fend for herself, learning life skills the hard way.

What kind of support did they find useful or feel they needed more of?

Olivia felt strongly that social workers need to gain a deeper understanding of different cultures and races to work effectively with Black children in care. She believed that mental health support for care leavers should be a routine part of the care system, available to all rather than a select few. Additionally, Olivia felt that care leavers, particularly those from Black and Global majority backgrounds, should have a stronger voice. She wanted to see more national recognition of the issues Black care leavers face and for their voices to be heard nationally. Olivia pointed to the Local Authority efforts to recognise care leavers, but she envisioned a broader national platform for raising awareness about the unique challenges Black care leavers face.

My understanding of participant Olivia

Olivia presented as serious and somewhat reserved, with a sadness that seemed to be part of her arsenal. Although she didn't openly express it, I got the sense that she didn't want to be back at home with her mother but lacked the option of living independently. She seemed to prefer her own space but hadn't had the opportunity to live outside of semi-independent accommodation. I associated this sadness with the trauma of having a mother with long-term mental health challenges. Olivia spoke about her life philosophically, using phrases like: "It is what it is", and "My mum has been ill for some time and hasn't had the help she needed". What struck me most was how she described being removed from her mother with minimal emotion, recounting the experience with little affect.

Olivia was sincere when discussing her foster care experience, expressing frustration and anger that her foster carers did not understand her culture. She felt that the lack of a cultural match was a significant issue, more so than the reason for being removed from her family. Olivia described her foster carers as "racist" for not making any effort to understand and respect her

ethnicity and culture. Although she was complimentary about her social workers and personal advisors, she felt that they did not fully grasp her experience of living with white carers.

Research by Lewis and Awolaja (2013) suggests that it is crucial for white foster carers to be equipped with the skills and cultural awareness necessary to care for Black children effectively. McAuley and Davis (2009) highlights that children in care often experience delay, isolation, alienation, and instability. For Black children, the added challenge of racism forces them to confront complex issues of identity related to their ethnicity, culture, and language. This becomes even more difficult when they have lost contact with their birth families and communities, leading to struggles with forming lasting and safe relationships. These challenges can affect their ability to thrive in school and society.

Pen Picture: Ava

Ava is 23 years old and entered care at the age of 16 due to difficulties with her parents. She described herself as being "beyond parental control". She also described the traumatic experience of having her own child removed from her care and her determination to regain custody. Ava frequently ran away, often being brought back to foster care or semi-independent accommodation by the police. She experienced multiple placements including foster care, residential care, and semi-independent housing. Currently, Ava lives in her own flat, which she describes as the most secure she has ever felt.

What was their care experience like?

Ava shared that her experience in care was marked by constant movement, and that she never felt safe or secure in one place. She described it as a very traumatic experience because she did not know where or with whom she would be living next. Ava noted that she appeared older than her age, and people often treated her as such, which she found disadvantageous. She also recalled being placed with foster carers who were not of the same cultural background, which made adjusting difficult. She had to abide by their rules and eat food that wasn't familiar to her, with no acceptance of her Black culture. In one instance, Ava was placed in semi-independent accommodation with other children, and she was the only Black child there. After an incident with a white child, in which she was accused of grooming him, Ava was moved, while the white child was allowed to stay. She remembered her social worker calling her to inform her that she had to move that same day, giving her no time to pack. Ava said she had experienced about ten different moves since entering care at the age of 16, which she felt was excessive for someone so young.

Being in care and being Black in care: was it a disadvantage?

Ava felt that being Black in care put her at a disadvantage. She found the trauma of being removed from her parents at 16 particularly difficult and believed her social worker didn't do enough to prevent it. She also felt that the number of moves she experienced was excessive and not normal. Ava reflected that when things went wrong in foster homes, residential care, or semi-independent placements, she was not believed. She spoke passionately about how the

label of being both a care leaver and Black affected how she was perceived and treated. Ava discussed her school experiences, particularly how teachers and the police treated her when she went missing, and how this changed once they knew she was in the care system. She felt the professionals meant to protect her had failed, and she found their actions to be far from positive.

Did they experience racist approaches due to being in care?

Ava also discussed how the experiences of her white care- experienced peers differed from her own. She felt that white care leavers were not judged as harshly and believed that racism and adultification played a role. She noted that her peers, especially those from Black and Global Majority backgrounds, were often seen as older than they were and treated as adults while still children.

What kind of support did they find useful or feel they needed more of?

Ava emphasised the importance of social workers and personal advisors understanding Black culture and the specific challenges Black children face in care. She was very vocal about the need for better understanding of institutional racism, particularly in how children are treated in schools, by the police, and within the healthcare system. Ava also expressed concern about her housing situation, feeling that she had been left to manage it on her own, which had negatively affected her mental health. She felt alone because she believed no one was listening to her. She was critical of the care system for not being culturally sensitive, stating that while the system claims to be anti-racist, her personal experience told a different story.

My understanding of participant Ava

I found Ava's interview to be particularly challenging in terms of keeping her focused. Ava's account reflected the complexity of recalling experiences of care and trauma, with her narrative moving between different moments in her care journey. She frequently shifted between different topics, especially her current housing situation, which seemed to dominate her thoughts. Ava was clearly upset and angry about her experiences in care, feeling that she had been let down by the system. She expressed frustration over the multiple moves and being removed from her parents' care. While I sensed Ava's genuine need for support with her housing, it was apparent that her reflection on being in care was marked by anger, which made it difficult for her to reconcile with her current circumstances.

My reflections on Ava's situation led me to perceive her as confused, complicated, and scared. She seemed to have lost her sense of identity and wanted someone to listen to her. Despite the difficulty she had in talking about her experiences, Ava expressed that she felt relieved to be able to share them.

Out of concern for Ava's wellbeing, I reached out to her personal advisor to inquire about the support she was receiving regarding her housing. Her advisor confirmed they were aware of Ava's situation and were doing everything possible to assist her. This prompted me to consider

the potential ethical implications of my role as a researcher, as I felt empathy towards Ava in a way that I had not experienced with other participants. I reflected on the blurring of the researcher-participant boundary and questioned whether my empathy for Ava had influenced my objectivity.

As a researcher, reflexivity plays a crucial role in my analysis. According to Goldstein (2014), the extent to which researchers recognise their personal contributions to the research process can vary widely. Lincoln and Guba (2000) highlight the importance of reflexivity to establish the validity and reliability of qualitative research, though this may blur the line between real and contaminated data. Finlay (2002a) and Ortlipp (2008) argue that self-awareness is essential in qualitative research, as it provides unique insight into the researcher's mindset. In line with Probst and Berenson (2014) and Walsh (2015), I believe that being reflexive strengthens the overall interpretation of the data, improving transparency, and helping to create a cohesive narrative in the research findings.

Pen Picture: Henry

Henry is 24 years old and the only male I interviewed. He is an asylum seeker who arrived in the UK at the age of 17. Initially, he was placed in a foster care placement before moving to semi-independent accommodation. Henry described his experiences with the local authority as welcoming when he first arrived in the UK. He is a single parent to his daughter, something he never expected to be doing at 24 years old, but due to the circumstances around his daughter's mother, it became his responsibility to raise and care for her alone.

What was their care experience like?

Henry expressed a desire to talk about his experiences in care. He said, "I always wanted to speak about my experience a little. It was different; my life before coming to the UK was so different, and this life I've had to adjust to. It's so different from what I expected". He reflected on the reasons why his home country was no longer safe and how sad it was to leave his family behind. Henry had a strong focus on family and on being a good father, ensuring his daughter has a good role model. He reflected on his care experiences and how his original foster placement was not a good match. He felt that his foster carer, who had never cared for a Black child before, struggled to understand him and was somewhat unkind, often referring to his country of origin as a place he could return to.

Being in care and being Black in care: was it a disadvantage?

Henry did not feel that being Black and in care was a disadvantage. He believed that, considering his experiences in a war-torn country, the people in the UK were understanding and empathetic, despite being less educated about people who were different from them. However, he also reflected on how the staff at his semi-independent accommodation treated him, particularly the way they would make fun of his English when he was still learning the language.

Did they experience racist approaches due to being in care?

Despite the challenges, Henry felt that being in care had given him opportunities he wouldn't have had if he had stayed in his home country. He expressed appreciation for the support he received from social services, social workers, and personal advisors, especially when he took on the responsibility of caring for his daughter. Henry was particularly grateful for the guidance he received from his social worker, who helped him navigate the challenges of parenting, as he was new to it. However, he did mention that his social workers sometimes appeared judgmental about him becoming a father at a young age, remarking that, "Most Black men who are care leavers have children and don't end up looking after them".

What kind of support did they find useful or feel they needed more of?

Henry felt that he had received significant support, particularly from social services. He is currently studying nursing at college and felt that the support he received from social services, especially regarding childcare for his daughter, was good. However, he found that the support from the college was inconsistent. He felt that when he told college staff he was a care leaver, they treated him differently. For instance, when other students received extensions, his requests were often refused. He also had difficulty getting support from lecturers, particularly when he asked for flexibility with his work hours to care for his daughter. He noted an instance where he asked for flexibility with his shifts on the wards to accommodate his responsibilities as a single parent, but this was repeatedly denied. Eventually, Henry found a neighbour, also a single parent, who acted as a support system for him. He eventually changed universities, feeling that the experience was unsatisfactory, though he didn't attribute this to his race or care leaver status, but rather to the lack of support for nursing students. Interestingly, he noted that other Black students, also not from the UK, had left the course, though he did not view this as related to racism.

My understanding of participant Henry

Henry was very articulate and had a clear sense of direction in life. He expressed a strong desire to be the best father he could be for his daughter. There was an underlying sadness as he reflected on having to leave his home country and not knowing what had happened to some of his family members. While Henry appeared to be optimistic and hopeful about his new life in the UK, I sensed that he may have been somewhat naïve about the way he was treated. He didn't seem to label his experiences as racism as such, and he tended to make excuses for how he was treated by his foster carer, social workers, and lecturers. I questioned whether this was my interpretation, and if so, whether I was projecting my own perceptions onto his experiences.

Olukotun et al. (2021) highlight that reflexivity is essential for gaining insight into qualitative research. Lafrance and Wigginton (2019) argue that understanding the researcher's position helps navigate ethics while adding depth to the research. Lazard and McAvoy (2020) also emphasise that reflexivity can provide rich understanding by checking unconscious bias and encouraging transparency in the research process. While quantitative research is often considered the 'gold standard' for objectivity, qualitative research can greatly benefit from this self-awareness, especially when assessing complex human experiences.

Regarding Henry's experiences, I considered whether he had encountered what is often referred to as 'double racism' or 'double discrimination' (Hunter et al., 2023, p. 5),where Black children in care face compounding challenges due to both their racial identity and care-experienced status, which systematically creates additional barriers to support. As I grew more confident in my role as a researcher, I was conscious of not contradicting Henry's perception of his experiences. I refrained from labelling his treatment as racist, as Henry seemed more focused on appreciating the opportunities he had in the UK in comparison to the violence and instability of his home country. However, my emotional response left me uncomfortable as I felt that Henry's experiences had been shaped by both racism and his status as a care leaver. I wondered how these experiences might shape how he would raise his daughter. There was a sense that Henry was somewhat oblivious to the racism around him, or perhaps blissfully ignoring it, as he focused on progressing his life in his adopted country. His account suggested a relative silence around racism, which could be read less as obliviousness and more as a strategic form of endurance. In foregrounding his determination to progress and succeed in his adopted country, Henry appeared to align with the figure of the "good immigrant" (Yasmin, 2017), where recognition is earned through resilience, compliance, and the suppression of critique. Within this framing, to 'see' or call out racism would risk disrupting the fragile acceptance offered by institutions, leaving Henry with little choice but to focus on personal advancement rather than systemic critique.

Pen Picture: Freya

Freya, at 18 years old, was the youngest participant I interviewed. Still living with her foster carer while completing her A Levels. Freya came across as shy and reserved. She shared that she had experienced several foster placements before finding one that felt like home. She described her current foster carer as being like family, which provided a sense of stability she hadn't previously known. Freya explained that she came into care because her mother was unable to care for her due to mental health issues. Although this was difficult for Freya to talk about, she acknowledged that, as an adult, she understood that coming into care was the right decision. She recognised that her mother's frequent need for in-patient hospitalisations meant she could not provide an appropriate environment for a child.

What was their care experience like?

Freya described entering care as a teenager and experiencing multiple foster placements, none of which felt right. She was often placed with white carers, and those experiences were particularly difficult. Freya felt that her previous foster carers simply didn't understand her. She acknowledged that she had "issues" when she first came into care, and each move made it increasingly harder for her to adjust. She mentioned having been moved several times, which she believed was partly due to the way she looked. Freya felt that her darker complexion and her unique accent (which she developed from living in different parts of the country) may have contributed to these moves. Being asked repeatedly, "Where are you from?" was especially irritating for Freya, as she felt it singled her out in a way she couldn't control.

Being in care and being Black in care: was it a disadvantage?

Freya was clear in stating that being both Black and in care was a disadvantage. She felt that the repeated moves were because her foster carers were unwilling or unable to care for a Black child. Freya believed that her carers didn't understand her culture, which made it difficult for her to settle. Although she acknowledged her own behaviour sometimes contributed to the moves, such as running away and causing problems, she firmly felt that a key factor was her ethnicity.

Did they experience racist approaches due to being in care?

Freya reflected that if she had been white, she would not have been moved so many times. She noted that white children in care often engaged in similar behaviours but weren't subjected to the same treatment. She explained, "Sometimes I saw white kids in care doing the same things as me, and they would get away with it or wouldn't be moved to another placement".

What kind of support did they find useful or feel they needed more of?

Freya expressed that she wanted to feel seen and heard, but felt that, at 18, she was not getting enough of this. She said, "No one ever seemed to ask me what I wanted", and, "I'm a bit shy sometimes, so it's hard to ask for things. Like now, I get my foster carer to ask for things that I need from my social worker". Freya shared how difficult it was for her to communicate her needs and suggested that social services could do more to recognise her shyness and offer extra support to help her open up. She felt there should be support groups specifically for shy and reserved young people as while there are groups for care leavers those tend to cater to more outgoing individuals who can manage social situations better than she can.

My understanding of participant Freya

Freya was introverted and reserved, making it challenging to establish a rapport. Of all the care leavers I interviewed, this was perhaps the hardest interview I undertook. I had a strong sense that Freya was trying to justify her numerous moves and explain why things hadn't worked out. It was clear that her ethnicity played a significant role in her placement disruptions, especially with white foster carers who may not have understood or accepted her cultural background. I oscillated between feeling deep empathy for Freya and a sense of anger at how she had been treated. I found myself feeling more emotion for Freya than other participants, and I was aware of the countertransference this embodied. However, I was able to hold my emotions in during the interview, maintaining a focus on active listening. I was curious about the emotional turmoil Freya had difficulty articulating and sharing. I found myself wondering whether, as practitioners, we miss this level of emotional distress when working with children, especially in those who are Black. I felt upset, discomforted, and, at times, I felt the despair that Freya seemed to carry.

I was able to share these feelings with my research supervisor and peers, which helped me process and understand my emotional responses. This also highlighted the importance of reflexivity in qualitative research, as it enabled me to acknowledge and make sense of the emotions involved in this research process.

While individual stories highlight the richness of each participant's experience, the purpose of this chapter is to identify themes that cut across. The next section introduces the key themes that were generated through coding and analysis.

Table 2: Summary of Cross-Case Themes

Theme	Description	Illustrative Quote	Participants
Placement instability and disrupted continuity	Frequent moves, disrupted placements, inability to settle	*"I moved so many times, it felt like I couldn't settle anywhere"* (Laura)	Laura, Olivia Ava, Freya
Lack of voice, agency, and exclusion from planning	Young people sidelined or mediated out of decisions about their futures	*"No one ever seemed to ask me what I wanted… I got my foster carer to ask my social worker"* (Freya)	Claire, Laura, Freya,
Racialised treatment, adultification, and comparative disadvantage	Stricter standards and less support than white peers; conditional privilege via proximity to whiteness	*"My white counterparts had things handed to them more easily, while I had to prove myself"* (Claire)	Claire, India, Ava, Freya
Mistrust and fractured professional relationships	Lack of confidence in social workers and professionals due to dismissive or inconsistent practice	*"When I attempted to share concerns… I felt dismissed and unheard"* (Laura)	Laura, India, Olivia, Ava, Freya

Mental health, unmet therapeutic needs, and culturally inappropriate support	Inadequate or unsafe therapy and counselling; lack of cultural competence	*"Mental health is a real issue for care leavers… having a therapist who isn't really equipped can be damaging"* (India)	India (noted by others in general terms)
Cultural mismatch, identity struggles, and proximity to whiteness	Cultural needs dismissed; racial identity shaping treatment	*"My white foster carer objected to me wanting to eat culturally significant food"* (Olivia)	India, Olivia
Resilience, advocacy, and strategies of self-protection	Self-advocacy and peer support as survival strategies	*"I was always really strong about advocating for myself"* (Claire)	Claire, others (peer support)
Surveillance, criminalisation, and educational exclusion	Over-policing, harsh discipline, and exclusion from education	*"They treated it like I was a criminal. The police were involved straight away"* (Ava)	Laura, Ava, Freya
Protective relationships and positive stabilising experiences	Consistent support from carers/teachers that fostered trust	*"I felt lucky. I had a good carer who supported me and gave me stability"* (Henry)	Henry, isolated cases in others

4.4 Data Analysis

The purpose of this section is to outline how I approached the analysis of the interview data and to present the initial themes that emerged across participants. My aim was to convey and understand how participants narrated their experiences of being both Black and Global Majority

and being care- experienced, and to illustrate the shared concepts and codes that shaped these narratives.

Following the interviews, I engaged in a process of immersion in the data, which included multiple readings of transcripts, detailed note-taking, and the development of preliminary codes. This process allowed me to identify recurring patterns, such as experiences of instability, fractured trust, racialised stereotyping, resilience, and advocacy. These initial codes were then refined into broader thematic categories, which form the structure of the Findings chapter.

Reflexivity played a central role in my engagement with the data, particularly in recognising how my positionality and emotional responses influenced interpretation. What follows here is a focus on the thematic analysis itself, showing how the codes developed into concepts and themes that illuminate the collective experiences of Black and Global Majority care leavers.

The following sub-sections present the nine themes that were developed from the interview data. Each theme is illustrated with direct quotations and cross-case comparisons, allowing us to see both shared experiences and points of divergence. Reflexive notes are included to show how my positionality shaped the analytic process.

4.4.1 Placement Instability and Disrupted Continuity

A central theme across participants was the experience of instability within the care system. Frequent moves, sudden transitions, and disrupted placements created a sense of dislocation that profoundly shaped the young people's experiences of belonging and security. Laura described how repeated placement changes undermined her ability to settle, saying, "I moved so many times, it felt like I couldn't settle anywhere". Similarly, Ava expressed that the constant movement prevented her from developing a sense of belonging: "They kept moving me. I never felt like I belonged anywhere".

This instability extended beyond the home environment, spilling over into school life and relationships with professionals. Participants often described the way each move required them to "start again", eroding trust in carers and institutions. For some, the disruption compounded experiences of marginalisation already linked to race and care status.

Although most participants highlighted instability as a defining experience, Henry's account provided a notable contrast. He reported consistency in his placement and the positive influence of a supportive carer, stating, "I felt lucky. I had a good carer who supported me and gave me stability". His narrative, however, stands out as a deviant case, demonstrating the difference that stable placements can make in fostering trust and resilience. The comparison across participants underscores that while instability was a dominant pattern, it was not inevitable.

Reflexive note: During coding, I was struck by how strongly I resonated with participants' accounts of instability, reading them as markers of trauma. I was aware of my professional lens as a social worker and kept memo notes to check that my interpretations were grounded in the data rather than my own expectations.

4.4.2 Lack of Voice, Agency, and Exclusion from Planning

Another recurring theme was the limited role participants felt they played in decisions that shaped their lives. Across cases, young people described being sidelined in planning processes or having their voices mediated through others. Laura recalled, “I wasn’t really asked what I wanted. Things were just decided for me”. Freya similarly reported that she often relied on her foster carer to communicate her views: “No one ever seemed to ask me what I wanted… I got my foster carer to ask my social worker”. These accounts illustrate both outright exclusion and more subtle forms of silencing, where participants’ voices were filtered or reframed by intermediaries. The consequence was a sense of invisibility, reinforcing feelings of marginalisation already linked to being both Black and Global Majority and in care.

At the same time, some participants responded to this exclusion by actively asserting themselves. Claire recounted how she resisted professional advice when deciding to move into supported accommodation, saying, “I was always really strong about advocating for myself. So when it came to moving to supported accommodation at 16, social workers wanted me to stay in care, but I said no, this is what I want to do”. Her determination highlights the agency that young people exercise but also points to the systemic barriers that required her to fight for recognition. Advocacy in this context was not facilitated by the system but demanded opposition to it.

Reflexive note: I was alert to the ways in which advocacy and exclusion were described in the same breath. My own instinct was to interpret participants’ resilience as positive, but my notes noted the importance of not over-romanticising self-advocacy. For participants, the need to fight for basic recognition was a symptom of systemic failure, not simply evidence of strength.

4.4.3 Racialised Treatment and Adultification

Another strong theme across participants was the sense of being treated differently to white peers, particularly in ways that reflected racialised stereotypes and adultification. Participants described having to demonstrate greater maturity or self-reliance and receiving less leniency for behaviours that were tolerated in others.

Claire compared her experiences directly to those of her white counterparts: “My white counterparts had things handed to them more easily, while I had to prove myself”. Her reflection suggests a dynamic in which Black care leavers were held to stricter standards, reinforcing the expectation that they should be more resilient and self-sufficient. Ava expressed similar frustration, noting that disciplinary responses were harsher when applied to her than to her white peers. She said, “Sometimes I saw white kids in care doing the same things as me, and they would get away with it”.

These accounts illustrate the double burden of being both Black and Global Majority and in care, where participants experienced less support and greater scrutiny. This resonates with wider literature on adultification, where Black young people are frequently perceived as older, more culpable, and less in need of protection.

India's narrative, however, provided a different angle, drawing attention to the role of proximity to whiteness in shaping treatment. She reflected that her appearance sometimes insulated her from harsher stereotypes, saying, "I am North African, but I don't look Black. When they get my name they treat me differently". Her experience highlights how racialisation is complex and situational, mediated by appearance, names, and cultural identity.

Reflexive note: in analysing these accounts, I recognised my sensitivity to adultification as a racialised phenomenon. While coding, I noted a tendency to foreground these patterns quickly, and I deliberately checked for nuance, ensuring that participants' words, especially India's reflections on proximity to whiteness, were not forced into a single explanatory frame.

4.4.4 Mistrust and Fractured Professional Relationships

Participants frequently described difficulties in trusting social workers, teachers, and other professionals. Instability in placements contributed to this mistrust, as frequent turnover of carers and workers disrupted the possibility of sustained relationships.

Laura described the futility of confiding in her social worker, saying, "When I attempted to share concerns about my foster carers with my social worker, I felt dismissed and unheard". She also noted how constant changes undermined her willingness to form attachments: "Even when I started to get used to someone, they would leave, or I would be moved again". Freya offered a similar perspective, explaining her limited trust in professionals and reliance on her foster carer to act as mediator by saying, "No one ever seemed to ask me what I wanted… I got my foster carer to ask my social worker".

Such accounts underscore how fractured trust shaped participants' engagement with services. Mistrust was not only an emotional response but also a rational strategy, developed after repeated experiences of being overlooked, dismissed, or disrupted.

Reflexive note: during analysis, I initially read mistrust as an individual emotional state, but within my notes I came to see it as a collective survival strategy. This shift in perspective emerged through cross-case comparison: across participants, mistrust was not simply about a single relationship but about a broader pattern of systemic unreliability.

4.4.5 Mental Health, Unmet Therapeutic Needs, and Culturally Inappropriate Support

Several participants drew attention to the absence of effective and culturally sensitive mental health provision within the care system. Mental health difficulties were common, but the support offered was often described as inadequate, inappropriate, or even harmful.

India reflected on the risks posed by therapeutic relationships that failed to take account of cultural context, saying, "Mental health is a real issue for care leavers… having a therapist who isn't really equipped can be damaging". Her words emphasise not only the unmet need for support but also the harm caused when professionals lacked the cultural competence to

understand her background and experiences. This concern was echoed more broadly across participants, who described limited or inconsistent access to mental health provision. For some, the prospect of engaging with services felt unsafe, precisely because the professionals they encountered seemed unequipped to respond to their specific needs as Black and Global Majority young people.

The absence of adequate support left participants relying on personal resilience or peer networks rather than formal systems. While these strategies demonstrated resourcefulness, they also reinforced the perception that statutory services were unreliable or untrustworthy.

Reflexive note: as I coded these accounts, I was conscious of how strongly I wanted to see therapeutic provision framed as protective. My professional background inclined me to view therapy as an intervention that should help. Yet the data pushed me to sit with participants' critique: for them, therapy could reproduce harm if delivered without cultural competence. My notes captured the discomfort of this realisation, which ultimately sharpened my attentiveness to the importance of culturally safe practices.

4.4.6 Cultural Mismatch, Identity Struggles, and Proximity to Whiteness

Participants also described experiences of cultural dissonance in placements and services, which impacted their sense of identity and belonging. This mismatch often surfaced in seemingly everyday interactions, such as around food or cultural practices. Olivia recounted a striking example: "My white foster carer objected to me wanting to eat culturally significant food". Such incidents illustrate how cultural needs can be disregarded or invalidated, leaving young people feeling alienated within their own placements. The denial of cultural expression reinforced the perception that their identities were not fully accepted.

India added a different layer, reflecting on how her appearance and name affected how she was treated. She explained, "I am North African, but I don't look Black – when they get my name they treat me differently". Her account highlights the complexity of racialisation, where proximity to whiteness afforded moments of privilege or misrecognition. This underscores that cultural mismatch was not uniform but mediated by how participants were read within racialised social structures.

Collectively, these accounts illustrate how cultural identity was negotiated within care in ways that could both constrain and shape young people's self-understanding. The denial of cultural practices and the privilege of certain racialised appearances worked together to produce a sense of cultural marginalisation.

Reflexive note: in analysing these data, I was alert to the subtleties of cultural identity, particularly the role of proximity to whiteness. My own cultural background sensitised me to these nuances, but I was cautious not to overstate them. I checked my interpretations by returning to participants' exact words, ensuring that the complexity of their narratives including both exclusion and conditional privilege was preserved.

4.4.7 Resilience, Advocacy, and Strategies of Self-Protection

Alongside accounts of exclusion and marginalisation, participants also described the strategies they developed to assert themselves and navigate the care system. These acts of resilience were often necessary for securing basic recognition or support. Claire's narrative exemplified this determination when she explained, "I was always really strong about advocating for myself. So when it came to moving to supported accommodation at 16, social workers wanted me to stay in care, but I said no, this is what I want to do". Her persistence highlights how young people are required to self-advocate to overcome systemic resistance. What professionals might frame as a 'choice' was, for Claire, the outcome of a struggle to have her wishes respected.

For others, resilience took different forms. Some described drawing on peer networks or support groups, which provided both practical advice and emotional solidarity. These informal networks offered a sense of validation absent from statutory services.

At the same time, the need to be resilient underscored systemic failure: participants were forced to rely on self-advocacy and peer support precisely because the system often failed to listen or act on their behalf.

Reflexive note: my initial reading of resilience risked romanticising participants' strength. I reminded myself that resilience was frequently framed by participants as a necessity rather than a choice. This reflection helped me avoid over-celebrating what was, in fact, evidence of systemic neglect.

4.4.8 Surveillance, Criminalisation, and Educational Exclusion

Several participants recounted experiences of being over-policed or unfairly disciplined, often in comparison to their white peers. These accounts highlighted how racialised surveillance operates in both educational and care settings.

Ava reflected on the heightened scrutiny she faced when going missing, explaining, "They treated it like I was a criminal. The police were involved straight away". Her words suggest how behaviours common to many adolescents are interpreted as risks or offences when enacted by Black and Global Majority care leavers. This heightened surveillance aligns with broader patterns of racialised criminalisation.

Laura described her experience of exclusion at college after confronting a teacher who made a racist comment. She explained, "I said to my teacher, they really said this to my face… I said, 'What the hell, this isn't right'. Soon after this incident, I left the college". Her narrative illustrates how challenging racism could itself result in punishment, reinforcing the perception that institutions were not safe spaces for Black and Global Majority care leavers.

Similarly, Freya recalled that white peers were treated more leniently for similar behaviours, saying, "Sometimes I saw white kids in care doing the same things as me, and they would get away with it".

Together, these accounts suggest that Black and Global Majority care leavers are subjected to intensified scrutiny, exclusions, and disciplinary measures, often in ways that reinforce their marginalisation.

Reflexive note: in analysing these accounts, I found myself connecting them to wider patterns of institutional racism. While this framing is important, I kept my analysis descriptive here, noting in memos the importance of leaving fuller theoretical interpretation including links to adultification and systemic innocence to the Discussion chapter.

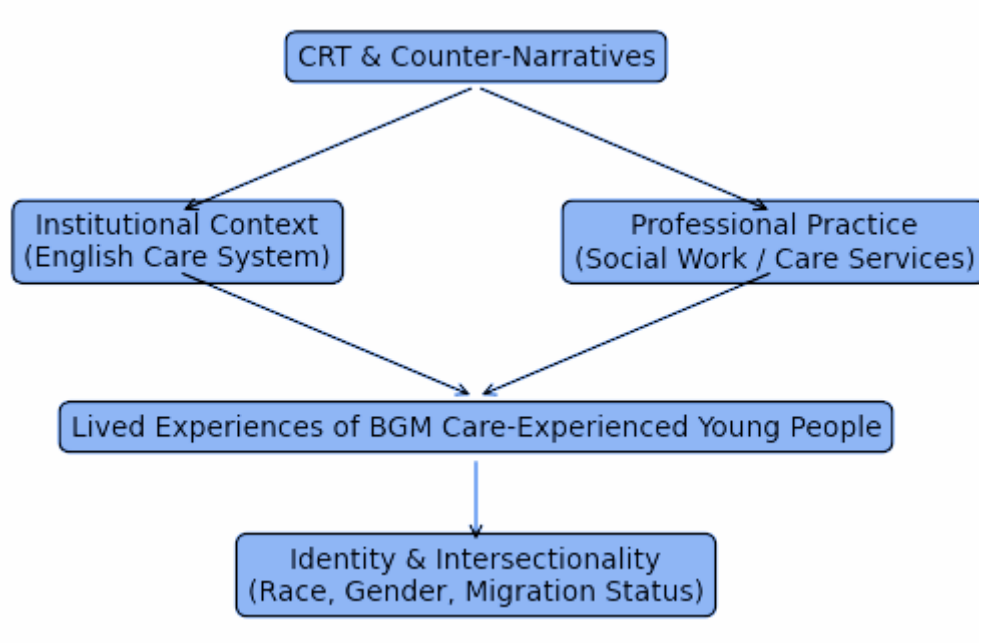


Figure 2. Conceptual Framework: Relationships Identified Through the Analysis Between Structural Context.

Informed by Critical Race Theory and the work of Solórzano and Yosso (2002), this framework illustrates how structural context and professional practice shape the lived experiences of Black and Global Majority care- experienced young people. It highlights how intersecting identities and counter-narratives reveal broader structural inequalities within the care system.

4.4.9 Protective Relationships and Positive Stabilising Experiences

Although the dominant pattern was one of instability, exclusion, and racialised inequality, some participants described positive and stabilising relationships within care. These accounts provide important counterpoints, illustrating what supportive practice can look like.

Henry's story was the clearest example. He said, "I felt lucky. I had a good carer who supported me and gave me stability". Unlike other participants, Henry emphasised consistency and trust,

which enabled him to focus on progressing his life rather than navigating repeated disruptions. His account shows how the presence of a reliable and caring adult could transform the experience of leaving care.

Other participants mentioned moments where advocacy by professionals or carers made a difference. While these examples were less frequent, they illustrate the potential of individual relationships to provide protection within otherwise unsupportive systems.

Reflexive note: including these positive accounts challenged my inclination to focus exclusively on structural harms. Memoing helped me recognise that, while systemic inequality was dominant, participants also valued moments of care and recognition. This balance was important in ensuring that the findings reflected the full range of participants' experiences.

4.5 Conceptual Framework: Interpersonal and Intrapersonal Dynamics

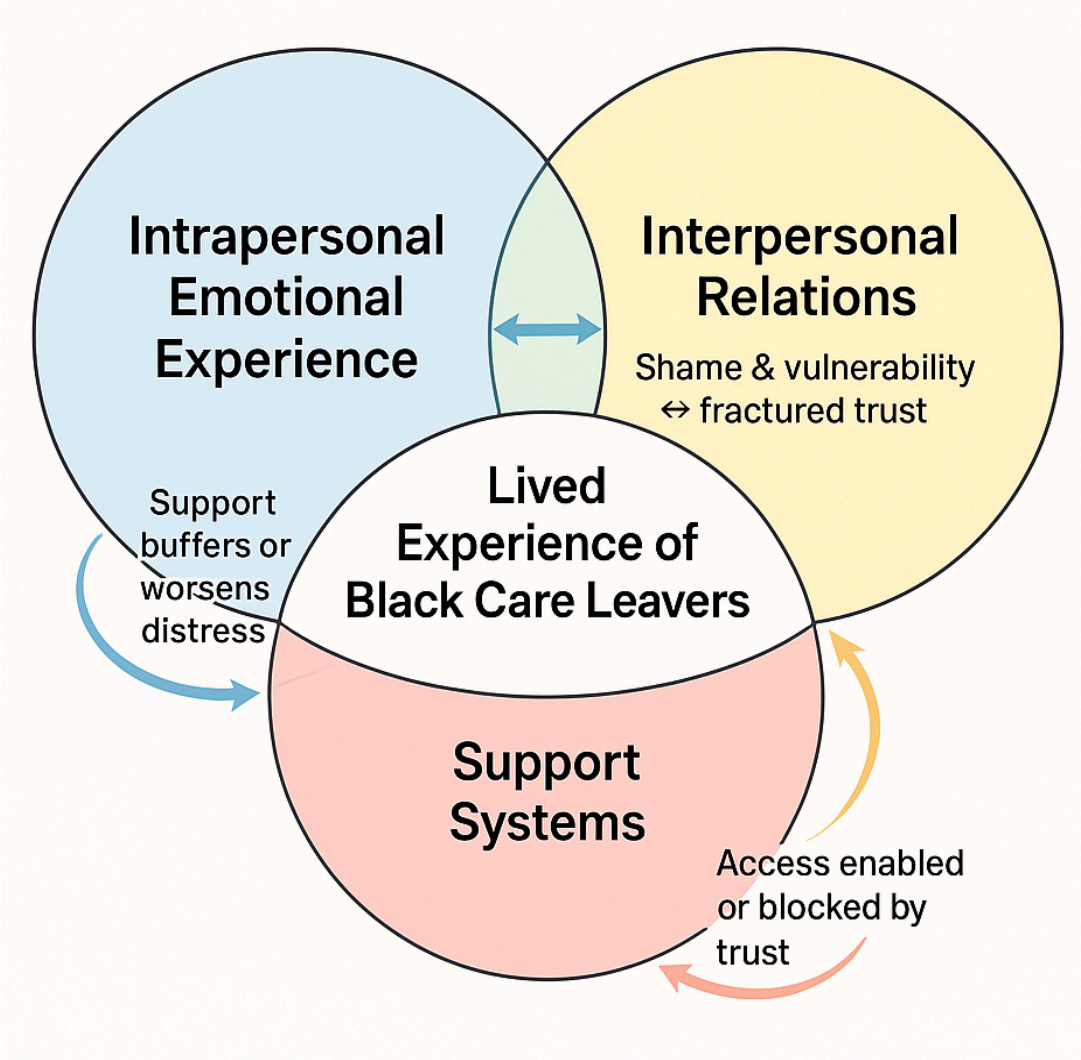


Figure 3. Conceptual Framework: Interpersonal and Intrapersonal Dynamics.

This framework depicts the reinforcing cycles between intrapersonal vulnerability, interpersonal trust and inequality, and support systems. Arrows indicate bidirectional influences, showing how individual vulnerabilities interact with relational dynamics and the availability or quality of support. These processes manifest in lived experiences, grounding the framework in empirical data.

4.5.1. Intrapersonal Emotional Experience

Themes:

- *Shame/guilt*: reflects internalised negative emotions and self-criticism that individuals may experience.

- *Feeling vulnerable*: captures a sense of emotional exposure or fragility, often rooted in uncertainty or past trauma.

These themes encapsulate the internal emotional landscape of participants. They highlight how individuals process and experience feelings such as shame, guilt, and vulnerability often shaped by personal history and internalised societal judgments.

4.5.2. Interpersonal Relations and Trust

Themes:

- *Trust*: indicates confidence in the reliability, honesty, and integrity of others.

- *Not being treated the same*: reflects perceptions of inequality or differential treatment in interpersonal environments.

These themes examine how trust is cultivated or eroded in relationships, particularly in the context of care. They also address how perceived discrimination or unequal treatment negatively impact the ability to form safe, supportive connections with others.

4.5.3. Support Systems and Mental Health

Themes:

- *Mental health*: encompasses overall psychological wellbeing and the presence or absence of distress, including dissociative responses.

- *Support systems*: refers to formal and informal support networks (e.g., therapy, peers, foster carers, social workers) that help individuals manage emotional and psychological challenges.

These themes explore both internal and external resources that contribute to wellbeing. They illustrate how effective support systems can act as a protective buffer against the detrimental effects of shame, low trust, and vulnerability.

4.6 Interconnections and Dynamics

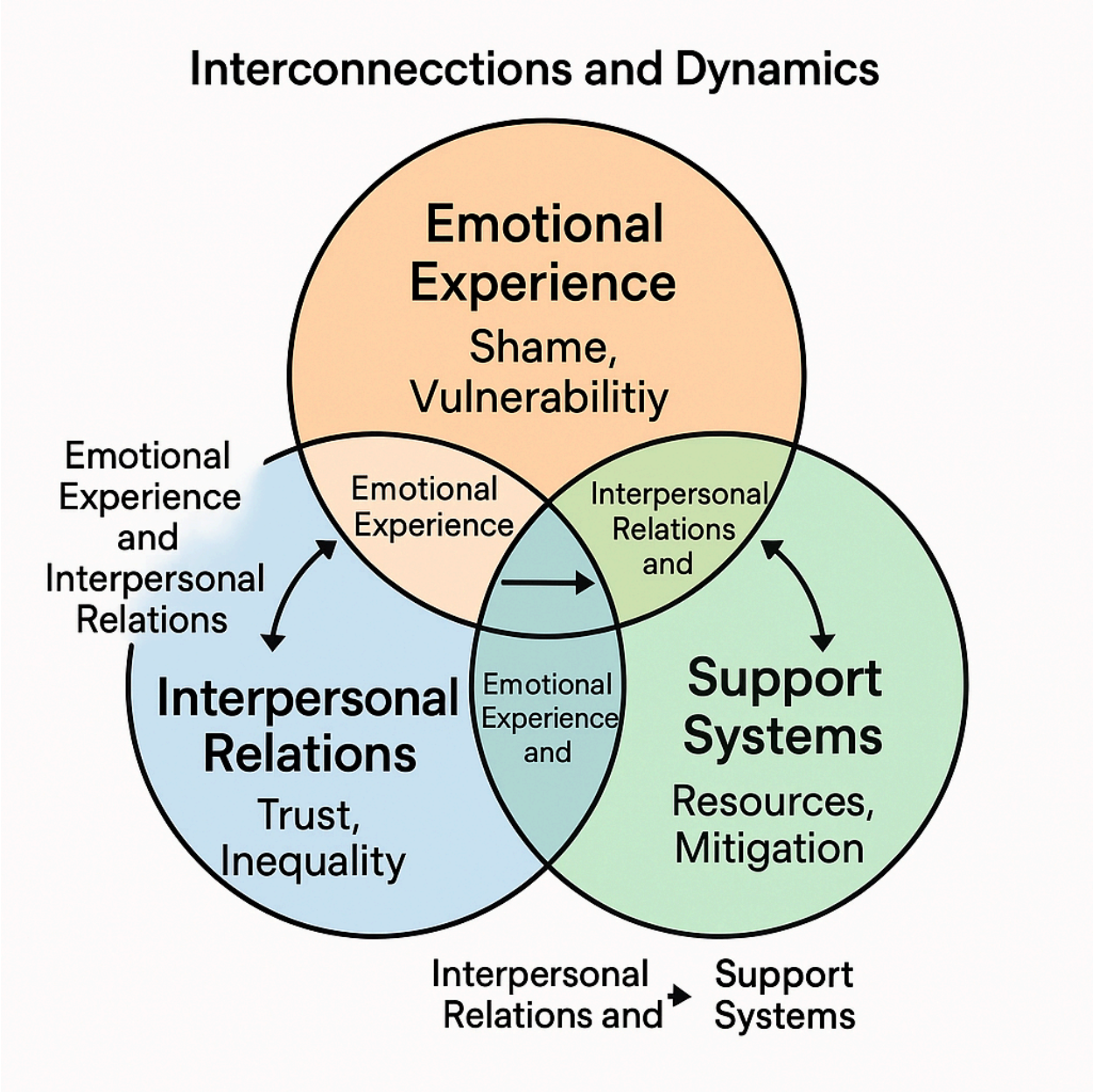


Figure 4. Interconnections and Dynamics.

This framework shows the interconnections among emotional experience, interpersonal relations, and support systems. Emotional experiences such as shame and vulnerability are influenced by and contribute to trust and inequality in relationships. These relationships affect access to support, while effective support systems can mitigate negative emotions and strengthen resilience. The arrows highlight the bidirectional nature of these dynamics, illustrating how internal feelings, social relations, and external supports interact to shape the experiences of Black and Global Majority care leavers.

Themes:

- *Emotional experience and interpersonal relations*: internal feelings such as shame and vulnerability can both result from and contribute to a lack of trust or perceived discrimination. For example, when individuals feel they are being treated unfairly, this can heighten their sense of vulnerability and shame.

- *Interpersonal relations and support systems*: the nature and quality of relationships (e.g., trust or perceived inequality) can influence whether individuals feel able or willing to seek support. Strong, positive relationships can facilitate access to resources, while fractured trust may create barriers.

- *Emotional experience and support systems*: effective support mechanisms can help mitigate feelings of shame and vulnerability, leading to improved emotional resilience and mental health outcomes.

While the previous sections have explored participants' experiences through a thematic and conceptual lens, it is also important to reflect on the affective dimensions of the research process itself. The following section turns inward to consider the psychosocial aspects of the study of how my own emotional responses and embodied reactions contributed to the production of knowledge.

4.7 The Emotional Landscape of Researching Black Care Leavers: a Psychosocial Reflection

Conducting this study brought into focus not only the emotional realities of participants but also my own affective responses as a researcher. Listening to the young people describe their encounters with racism, instability, and exclusion often evoked a mix of sadness, empathy, and at times anger. These feelings were not distractions from analysis but rather integral to it. As Ahmed (2004) argues in her book *The Cultural Politics of Emotion*, emotions circulate between bodies, shaping how we come to know and feel the social world. My responses were a mirror to participants' accounts, revealing the affective undercurrents of care, race, and institutional power that operate beyond words.

The psychosocial dimension of this research lies in recognising that meaning-making is not purely cognitive but deeply embodied. My position as a Black social work professional created both resonance and tension. I often felt the emotional weight of participants' stories as they echoed my own awareness of racialised systems. Feelings of frustration, protectiveness, and sorrow became analytic tools that helped me grasp the depth of trauma and resilience embedded in participants' narratives. This reflexive awareness enabled me to interpret the data through both a professional and a personal lens, situating emotion as a site of knowledge production rather than bias. In this sense, the research process itself became an act of psychosocial inquiry tracing how internal emotional responses are intertwined with external structures of inequality.

4.8 Summary of Key Findings

This chapter has presented the findings of the study in a systematic way, organised around the central research questions. Drawing on participants' narratives, the results have illuminated how Black and Global Majority care leavers experienced their transitions through the English care system.

Participants described the need to advocate strongly for themselves in order to secure desired outcomes, while also emphasising the limited opportunities they had to contribute meaningfully to decision-making processes. Their accounts suggest that the system did not consistently provide space for young people's voices to be heard during the transition to independence.

Participants highlighted the instability of placements and the fractured trust that resulted from repeated disruptions. These accounts underscored the challenges of forming sustained relationships with carers and professionals. However, positive contrasts, such as Henry's experience of consistent support, illustrated how stable placements could foster resilience and security.

Participants emphasised disparities between their experiences and those of their white peers. Themes of inequality, adultification, racial invisibility, and the lack of culturally competent mental health provision emerged strongly across interviews, pointing to systemic inequities in how support was distributed and experienced.

Finally, unexpected findings highlighted the variability of care experiences. Although structural inequalities were dominant, some participants described positive moments of recognition and stability, suggesting that supportive individual relationships could provide important protective factors within an otherwise unequal system. What was unexpected was the way such interpersonal relationships often acted as powerful protective factors within an otherwise unequal system. From a psychosocial perspective, these instances revealed how intrapersonal processes such as trust, hope, and belonging could be restored through consistent and affirming relationships, even in the context of systemic marginalisation. This challenged my initial assumption, drawn from the literature and professional experience, that participants' narratives would be primarily deficit-based. Instead, the findings demonstrated that within the same system that produces harm, participants could also locate moments of affirmation and agency. This complexity underscores the need to understand care not as uniformly oppressive or redemptive, but as an emotionally layered space shaped by both structural constraint and relational possibility.

Taken together, these findings highlight both the resilience and agency of Black and Global Majority care leavers, as well as the systemic inequities, instability, and unmet needs that shaped their experiences. Building on these insights, Chapter Five interprets the significance of these findings, exploring each theme in depth.

Chapter Five: Discussion

5.1 Introduction

This chapter presents a detailed discussion of the findings introduced in Chapter Four, interpreting participants' experiences through the lenses of Critical Race Theory and decolonial perspectives. The discussion is organised around the four overarching themes identified in the study: (1) **Intrapersonal Emotional Experience**, (2) **Interpersonal Relationships and Trust**, (3) **Support Systems and Mental Health**, and (4) **Lack of Support in Care and Post-Care Experiences**. Each theme will now be discussed in relation to the research question, informed by Critical Race Theory and decolonial perspectives.

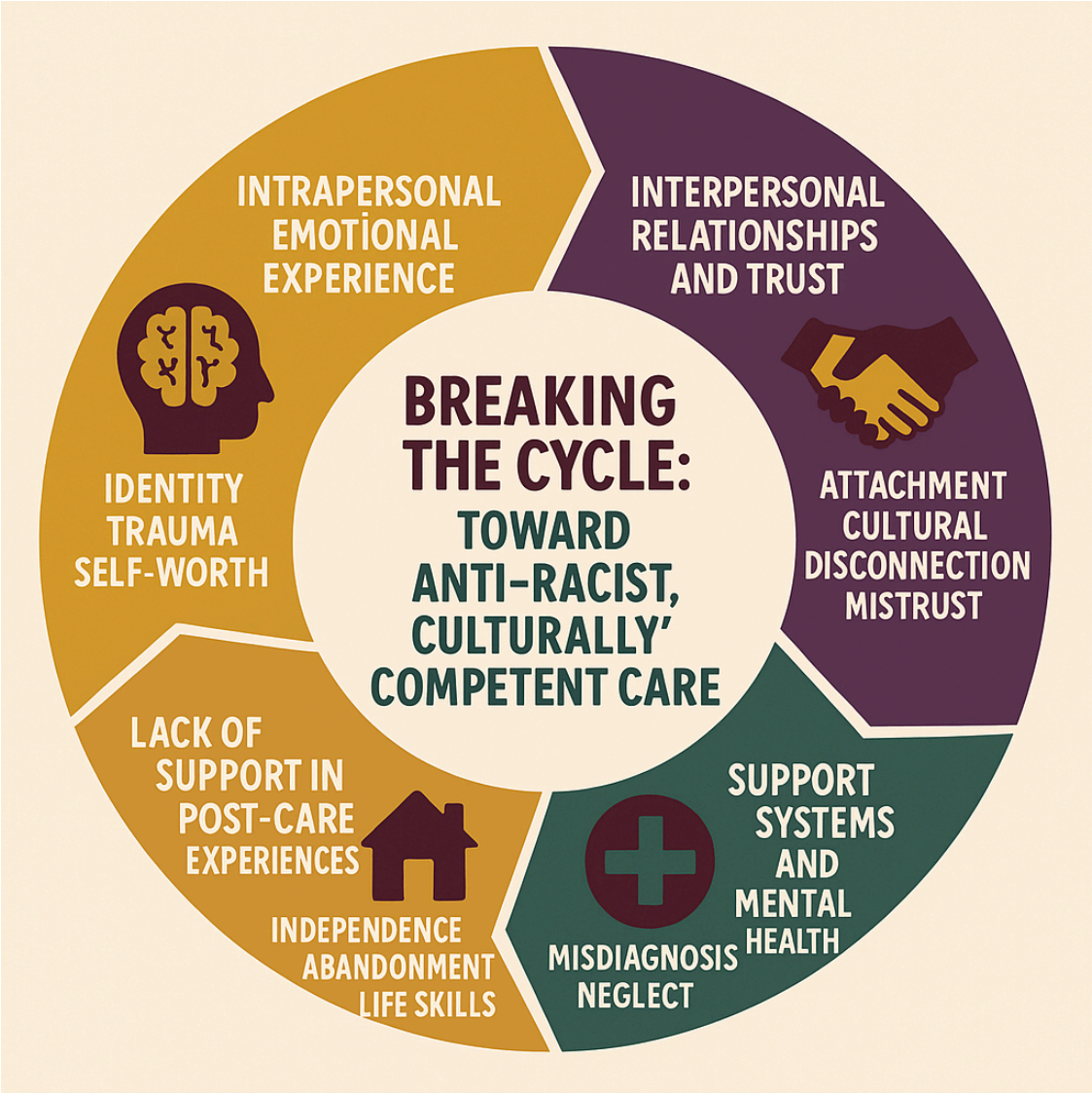


Figure 5. Breaking the Cycle: Towards Anti-Racist, Culturally Competent Care.

The image above is a circular infographic illustrating four interconnected areas necessary to break the cycle of inequitable care. At the centre, the text reads: ‘Breaking the Cycle: Towards Anti-Racist, Culturally Competent Care’. Surrounding the centre are four color-coded segments as described below.

1. Intrapersonal emotional experience (mustard yellow): includes ‘identity’, ‘trauma’, and ‘self-Worth’.

2. Interpersonal relationships and trust (dark purple): highlights issues of ‘attachment’, ‘cultural disconnection’, and ‘mistrust’.

3. Support systems and mental health (teal green): addresses ‘misdiagnosis’ and ‘neglect’.

4. Lack of support in post-care experiences (orange): focuses on ‘independence’, ‘Abandonment’, and ‘Life Skills’.

Each segment is visually represented with a relevant icon (e.g., brain, handshake, house, medical cross), and the circular layout suggests the systemic and interconnected nature of these challenges in achieving culturally competent and anti-racist care.

5.1.1 Data to Theme Mapping Table

Participant Code	Quote Summary	Theme	Interpretation
P1	“I didn’t feel like I belonged”	Intrapersonal emotional experience	Culture mismatch
P4	“They assumed I was aggressive”	Intrapersonal relationship and trust	Racialised behaviour
P7	“They made decisions about me”	Lack of support	Disempowerment
P2	“They never understood why I reacted the way I did”	Intrapersonal emotional experience	Emotional distress and misunderstanding

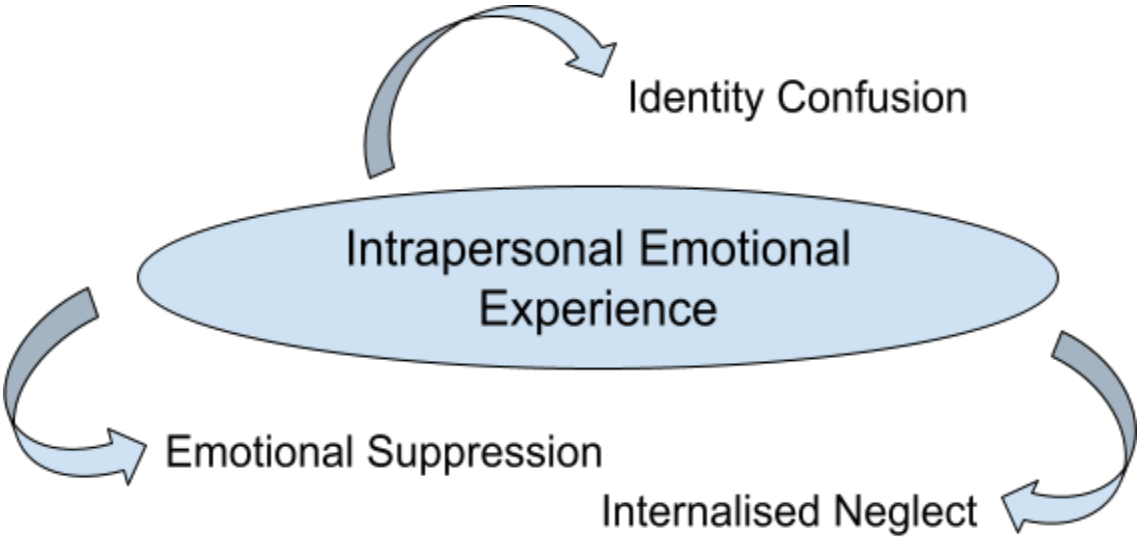


Figure 6. Complex and Interconnected Barriers Contributing to Adverse Outcomes for Black and Global Majority Children in Care.

This diagram illustrates the complex, interconnected barriers that contribute to the adverse outcomes experienced by Black and Global Majority children within the care system. It visually frames three key domains that perpetuate systemic inequities and emotional harm. This figure is significant to my findings as it synthesises and contextualises the broader structural and relational dynamics that shape care leavers' lived realities. It serves as a conceptual anchor for framing the need for systemic reform grounded in anti-racist and culturally affirming values.

5.2 Intrapersonal Emotional Experience

This finding refers to the experiences of participants who described the emotional processes and reactions that occur *within an individual,* namely, how one interprets, understands, and manages their own emotions. My findings suggest my participants felt the following:

- internalising racism or rejection (e.g., "I started to believe I wasn't good enough")
- struggling with identity confusion (e.g., "I didn't know where I belonged")
- coping with trauma or placement moves through suppression or dissociation
- experiencing shame, anger, fear, or resilience as an internalised response to care experiences.

These internal experiences can shape long-term wellbeing, mental health, and self-concept. Consequently, my approach allowed me to move beyond a basic chronicle of events, enabling me to analyse not only what my participants experienced, but how they emotionally processed

those events and constructed their inner worlds. Downey and Crummy (2022) theorise that childhood trauma within children can exhibit as low self-esteem, depression, and trauma. Furthermore, he says that when trauma history is not acknowledged it can manifest itself within adults in a variety of ways, including as the creation of a false self-image of oneself. Lilly and London (2015) suggest that emotional difficulties can result in interpersonal trauma and could result in emotional vulnerability as the feelings of violation and betrayal emerge. In addition, Barlow, Goldsmith-Turow and Gerhart (2017) assert that such feelings can interpret an individual's emotional response and manifest in internal regulation challenges.

Participants described complex emotional responses to their care experiences that were often internalised rather than expressed outwardly. Several young people spoke about feeling “misunderstood”, “watched”, or “judged” in school or foster placements, yet noted they rarely voiced these feelings. This internalised emotional regulation can be understood through Hochschild’s (1983) concept of emotional labour, which highlights how individuals manage their internal emotions to meet external expectations. In this context, participants seemed to self-regulate emotions like anger, sadness, or fear to avoid negative labelling, particularly stereotypes of Black and Global Majority children as ‘aggressive’ or ‘problematic’. One participant described learning to “keep everything inside” because “speaking up would make it worse”, illustrating the racialised nature of emotional suppression.

When drawing on Ahmed’s (2004) affect theory, it could be seen that these emotional experiences appeared to stick to social encounters, shaping participants’ sense of safety and belonging. The emotions themselves (anxiety, mistrust, and isolation) were not always clearly articulated, but emerged subtly through tone and silence. These findings point to the intrapersonal dimension of racialised care experiences, where children not only navigate external systems but also internalise emotional responses shaped by both trauma and social power dynamics.

5.3 Interpersonal Relationships and Trust

Trust in interpersonal relationships emerged as a fragile and negotiated aspect of participants’ care experiences. Several described difficulties forming authentic bonds with foster carers, social workers, or peers due to previous experiences of being let down, misjudged, or stereotyped. The fact that professionals interpreted the participant’s interaction as a reluctance to disclose speaks volumes about the emotional distance and lack of psychological safety in those relationships. This silence reflects what attachment theory describes as a coping strategy in the face of relational instability; however, in the social sciences, it also signals a socially embedded mistrust shaped by race and power.

There was a perception that professionals responded more harshly or suspiciously because of race, highlighting the role of racialised assumptions within professional decision making. This illustrates how trust is not only personal but racialised. The participant’s expectation of being misread and mistreated reflects a pattern of symbolic interaction, where repeated interactions shaped by implicit bias and institutional racism undermine emotional safety and connection. As a result, trust becomes not just emotionally difficult, but socially and politically fraught. For Black

and Global Majority children in care, then, interpersonal trust is not just about individual relationships; it reflects broader structural dynamics that inform who is seen as trustworthy, and who is not.

For Black and Global Majority children in care, trust in peer relationships was often shaped by shared experiences of marginalisation but also complicated by feelings of isolation and cultural disconnection. Some participants described seeking out other Black and Global Majority peers to feel seen and understood. These dynamics highlight how race and belonging intersect in the formation of interpersonal trust. Peer relationships that might otherwise provide emotional refuge were often fraught with unspoken tension, competition for limited cultural validation, or a fear of being stereotyped by association. Conversely, experiences of microaggressions or cultural ignorance by white carers or professionals eroded trust and reinforced feelings of otherness.

These findings suggest that meaningful, trusting relationships are not only vital but must be culturally attuned and consistent. Without this, Black and Global Majority children may continue to experience emotional isolation and relational instability across their time in care.

The intrapersonal emotional experiences of participants were deeply shaped by intersecting social identities, particularly race and care status. Many expressed feelings of invisibility or hyper-visibility in everyday interactions, such as being treated differently at school or feeling tokenised in foster homes. These experiences illustrate Crenshaw's (1991) framework of intersectionality, where multiple forms of marginalisation do not simply add up but interact to create distinct emotional burdens. For instance, a mixed-heritage female participant described "not fitting anywhere", a phrase loaded with emotional weight highlighting how identity confusion and emotional isolation were entangled. Without cultural attunement, Black and Global Majority children may not receive the necessary emotional or psychological support, as carers may not understand or validate their experiences. This lack of attunement can result in feelings of emotional isolation and instability in relationships. This aligns with research on racial microaggressions (Sue, 2001), which notes that carers need cultural awareness and competence to meet the specific needs of children from diverse backgrounds.

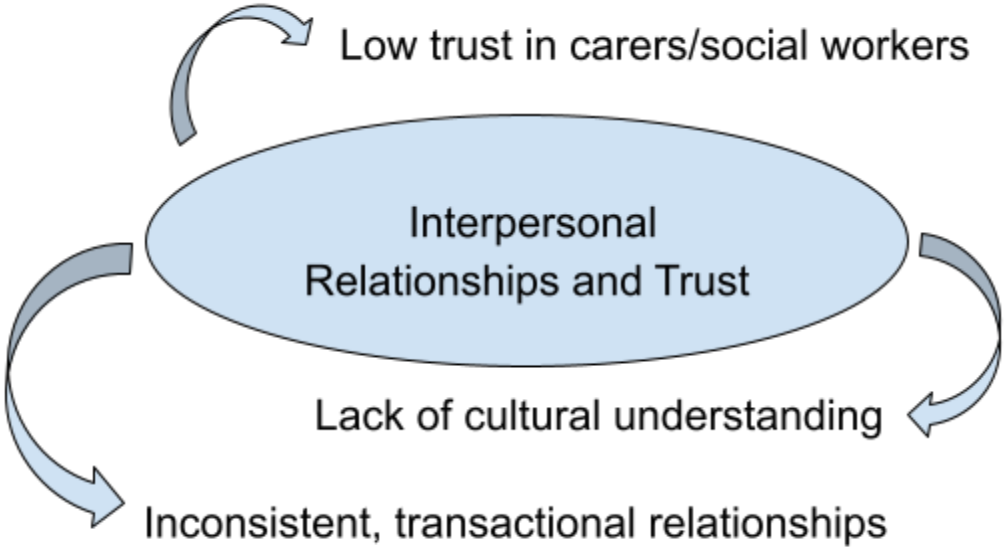


Figure 7. Systemic and Relational Failings Disproportionately Impacting Black and Global Majority Young People.

This diagram plays a crucial role in reinforcing the argument that systemic and relational failings disproportionately impact Black and Global Majority care- experienced young people.

From a symbolic interactionist perspective (Mead, 1934; Blumer, 1969), these feelings can be seen as the outcome of how participants interpret the social meanings attached to their identities. The young people in my research appeared to internalise societal judgments and expectations, which then influenced their intrapersonal emotional landscapes. One young person reflected on demonstrating how repeated social cues shape self-concept and emotional response. These findings are suggestive of how emotional experiences in care are not just psychological but also constructed through ongoing interactions, which are entangled with power, race, and stigma.

Additionally, attachment theory (Bowlby, 1969) offers insight into how participants' emotional experiences are linked to the quality of relationships within care. The lack of emotional investment in care relationships disrupts the development of secure attachment bonds, which are essential for mental health. The absence of these bonds exacerbates feelings of isolation and abandonment, making it more difficult for Black and Global Majority children in care to feel emotionally safe and supported.

These theoretical frameworks provide a deeper understanding of how support systems in care, when lacking cultural awareness or emotional engagement, fail to address the mental health needs of Black and Global Majority children. In turn, this neglect leads to a self-reinforcing cycle of emotional distress, where the lack of support compounds the difficulties Black and Global Majority children face in navigating care environments.

5.4 Attachment and Resilience

Attachment theory focuses on the importance of early emotional bonds between children and their primary caregivers for healthy emotional and psychological development. Secure attachments are crucial for the development of trust, emotional regulation, and identity. However, in the case of Black and Global Majority care leavers, disrupted attachments due to placement instability and institutional racism often lead to insecure attachments and long-term psychological challenges.

For Black and Global Majority children in the care system, the lack of consistent, emotionally responsive caregivers can lead to acute difficulties in developing secure attachments, which are fundamentally essential for their long-term psychological wellbeing (Shemmings and Shemmings, 2011). Moreover, racial discrimination within care settings may prevent Black and Global Majority children from feeling emotionally safe or understood by their carers, contributing to attachment insecurity and the long-term effects of emotional neglect. Children who experience attachment insecurity often face difficulties with emotional regulation, trust in others, and relationship-building later in life, leading to heightened vulnerability to mental health disorders such as anxiety, depression, and post-traumatic stress disorder (PTSD) (Harris, 2019).

Resilience theory focuses on the ability of individuals to adapt and thrive despite facing significant adversity. It suggests that protective factors such as supportive relationships, community involvement, and cultural identity can help individuals overcome trauma (Ungar, 2004, 2008). However, for Black and Global Majority care leavers, the lack of these protective factors (such as culturally competent carers or positive role models) can make the development of resilience much more difficult.

While many Black and Global Majority care leavers demonstrate considerable resilience in overcoming the challenges they face, the lack of culturally relevant support in care settings often undermines their ability to develop coping strategies. Black and Global Majority care leavers often rely on informal networks such as peers or extended family members for support, but without structured mental health services or career guidance that acknowledge their unique needs, their resilience is limited (Larkin and O'Connor, 2017). The absence of support systems that affirm their racial identity and cultural needs often exacerbates the emotional and psychological effects of their experiences, further hindering their ability to cope effectively.

Bronfenbrenner’s (1979) ecological systems theory emphasises the multiple layers of influence on an individual’s development, including the microsystem (family and peers), mesosystem (school and community), and macrosystem (cultural and societal influences). This theory is

particularly useful in understanding how various external systems shape the experiences of Black care leavers and the outcomes they face after leaving care.

The experiences of Black and Global Majority care leavers are shaped by both the microsystem (their individual relationships within the care system) and the macrosystem (the broader societal structures of racism and inequality). For example, within the microsystem, Black and Global Majority care leavers may face discrimination from individual carers or social workers, impacting their development. On the broader level, the macrosystem influences how Black and Global Majority individuals are perceived in society and how their needs are addressed (or ignored) within institutional settings.

The interaction between these systems including the lack of positive community engagement and the societal biases that affect Black and Global Majority children in care creates a cycle of disadvantage that limits the opportunities and support Black and Global Majority care leavers receive, perpetuating negative outcomes related to mental health, education, and employment (Ryan, 2019).

Considering Critical Race Theory, intersectionality, attachment theory, resilience theory, and ecological systems theory provides a comprehensive framework for understanding the disproportionately negative outcomes faced by Black and Global Majority care leavers. These theoretical perspectives illuminate how institutional racism, racial discrimination, and systemic neglect within the care system interact with care status to produce compounded challenges. Addressing these issues requires a shift toward culturally competent practices, equitable mental health support, and tailored educational and employment opportunities that consider the unique needs of Black and Global Majority care leavers.

5.5 Support Systems and Mental Health

This chapter draws connections between participants' experiences in the care system, emotional struggles, and the role of support systems, with a specific focus on Black and Global Majority children in care.

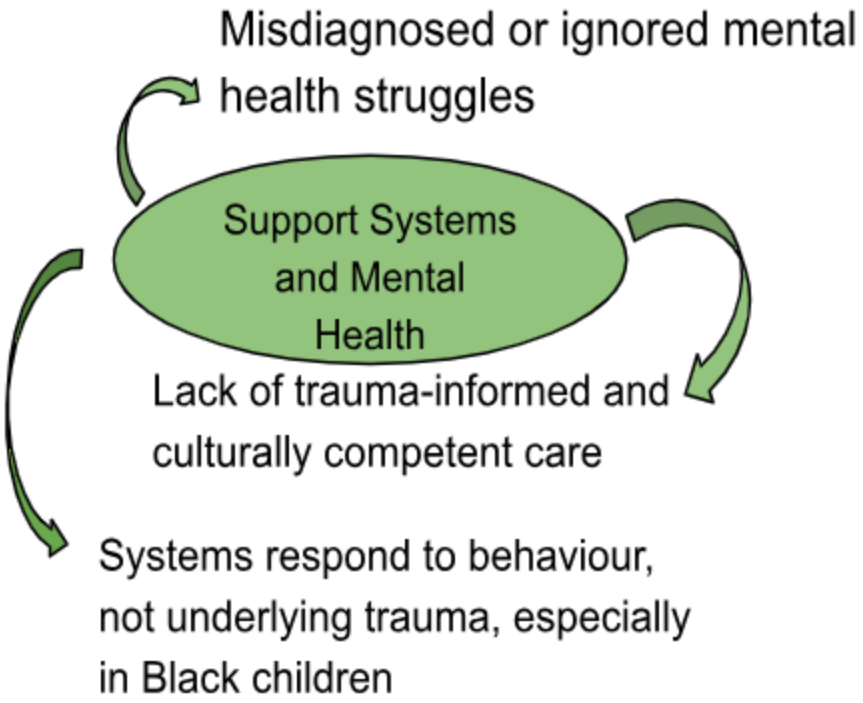


Figure 8. Misdiagnosis, Neglect of Mental Health Needs, and Systemic Racial Bias in Care and Mental Health Services.

Misdiagnosis, neglect of mental health needs, lack of trauma-informed and culturally competent care, especially for Black children. The system frequently pathologises behaviour rather than understanding it as trauma related. Black children are often misdiagnosed or receive inadequate support due to racial bias and cultural ignorance within mental health services.

The intersection of feelings of abandonment, inadequate life skills, and sudden independence creates a cycle where each domain feeds into and reinforces the others. This mutual reinforcement makes it clear that these are not isolated challenges but systemically linked vulnerabilities; consequently, without meaningful, anti-racist intervention, the cycle continues.

Support systems were a critical yet often inconsistent element in participants' mental health experiences. While some spoke positively of relationships with individual carers or social workers who provided emotional support, many others reported feeling unsupported, misunderstood, or even invalidated.

This sense of emotional neglect highlights the challenges Black and Global Majority children face in accessing meaningful support in care, where relationships are sometimes perceived as transactional rather than emotionally invested. This disconnect between intrapersonal emotional experience and the support provided by professionals can exacerbate mental health challenges, leading to feelings of isolation and disempowerment.

Mental health struggles were often intensified by racialised care experiences, where participants felt their needs were either dismissed or misunderstood by support professionals. Ava reflected on how they were treated when they went missing; this illustrates how mental health (especially anxiety or distress) is racialised, with Black and Global Majority children's emotional wellbeing often viewed through the lens of behaviour rather than genuine psychological need. In such cases, support systems not only failed to recognise the full scope of mental health concerns but also compounded them through institutional racism and implicit bias.

Furthermore, access to culturally competent mental health support was a significant issue. Several participants noted that their emotional struggles were often framed as 'acting out' rather than being understood as a response to complex trauma or racialised experiences. This lack of culturally sensitive care highlights the need for support systems that can address both the emotional and racialised dimensions of mental health. Mental health difficulties, therefore, were not simply the result of individual emotional experiences but were deeply entwined with how Black and Global Majority children in care are supported or unsupported by the systems meant to aid them. These findings point to a critical need for mental health services that are proactive, culturally competent, and fully integrated into the care experience. For Black and Global Majority children, support systems must acknowledge the psychological impact of racialised trauma and provide space for healing, expression, and resilience.

The challenges participants face in accessing and receiving support for their mental health can be understood through ecological systems theory (Bronfenbrenner, 1979), which posits that individual development is influenced by various overlapping systems, including family, community, and broader societal structures. In the case of Black and Global Majority children in care, the failure of support systems to address their emotional needs reflects the limitations of institutional structures in responding to their unique cultural and racial experiences. For example, Claire and Ava frequently described feelings of alienation from foster carers and social workers who, while well-meaning, lacked an understanding of the racial and cultural dynamics that influenced their mental health. The lack of culturally competent care resonates with the theory of intersectionality (Crenshaw, 1991), which highlights how multiple dimensions of identity (such as race and care status) intersect to create unique emotional and psychological burdens.

Furthermore, the stress-coping model (Lazarus and Folkman, 1984) helps explain the emotional toll of dealing with racial stereotyping and discrimination in care settings. When a participant described how their actions were immediately assumed to be linked to race, it became evident that this constant surveillance forced them into a state of hyper-vigilance**.**This exemplifies the chronic stress Black and Global Majority children may experience in environments that are shaped by racialised expectations. Such chronic stress erodes mental wellbeing over time, particularly when the care system fails to provide adequate emotional validation or support.

5.6 Lack of Support in Care and Post-Care Experiences

The participants frequently described feeling unsupported, misunderstood, and neglected by those meant to safeguard and guide them, including social workers, foster carers, and

the care system. This lack of support often manifests in unmet emotional, cultural, and practical needs during and after care.

Participants expressed that while practical needs were met (food, shelter), emotional support was often missing. There was a sense of being treated as a case, not as a person with feelings and identity struggles, especially in relation to race and trauma.

Black and Global Majority care leavers reported being encouraged or forced into independent living at earlier stages than they felt ready for. This premature transition highlights the critical need for a strong emotional safety net; however, participants noted that the efficacy of this support was heavily tied to racial and cultural connection. Several participants described how trust was easier to build with carers or workers who understood or shared their cultural background, making the daunting transition to independence feel far more secure.

Participants noted that being perceived as ‘resilient’ or ‘mature’ led to fewer support offers, suggesting racialised expectations of strength. Many did not feel culturally understood or supported by carers or social workers, leading to isolation and identity confusion. Carers often lacked training or awareness about how to support Black and Global Majority children with hair care, food, racial identity, or dealing with racism. Stein (2012) notes the systemic failure to emotionally prepare care leavers for independence, which is often intensified for Black and Global Majority children due to intersectional factors.

This is emblematic of what Guthrie (2021b, p. 304) describes as the “resilience myth”, namely, the assumption that Black and Global Majority children are inherently tougher, less emotionally vulnerable, and therefore require less support. These racialised narratives justify under-support and early transitions, effectively setting up young people to struggle post-care. Barn (2010) and Laming (2009) argue that racialised dynamics such as stereotyping or discomfort in discussing racism can further distance practitioners from engaging meaningfully. Ungar (2004), Gilligan (2009); Gilligan and Akhtar (2006) argue that systemic pressures often push young people to survive rather than thrive, and that resilience without support is not sustainable. When overlaid with race, this pressure becomes even more acute: Black children are seen as older, tougher, and more able to cope, reinforcing the idea that they are fine without interventions (Goff et al., 2014).

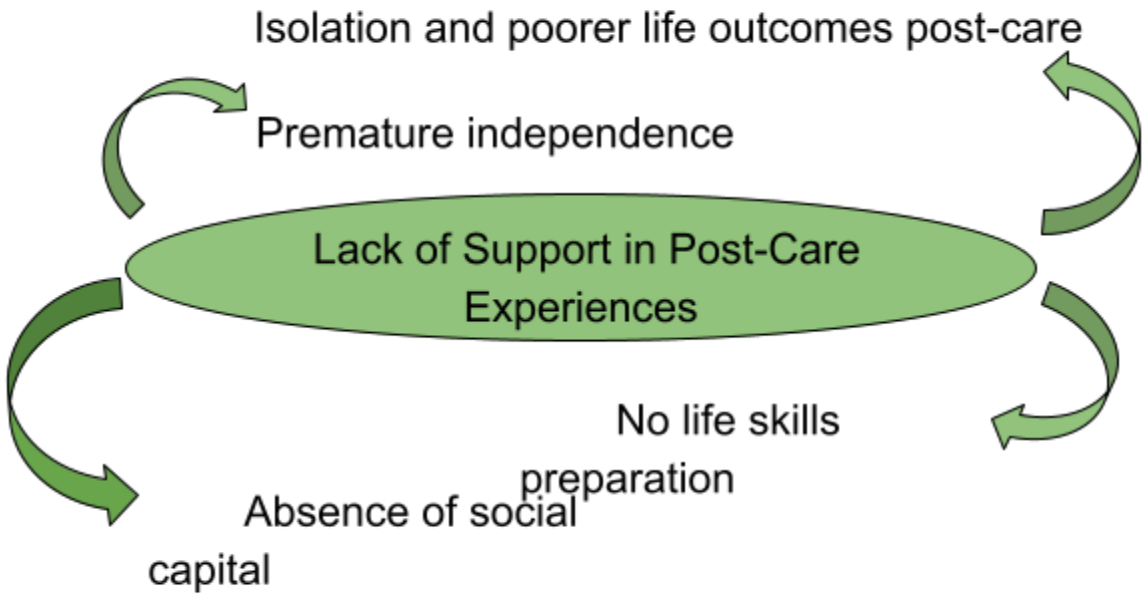
This sense of abandonment at the point of transition was widespread. Participants felt unprepared for independent living and emotionally unsupported. Many did not know how to access services or navigate adult responsibilities and felt that leaving care meant being forgotten.

This aligns with Stein (2012), who notes that transitions out of care are often abrupt and unsupported, particularly for care leavers from marginalised backgrounds. The lack of a ‘safety net’ contributes to poorer outcomes in housing, education, and mental health and is particularly acute for Black and Global Majority care leavers, whose needs may have been unmet throughout care.

Many participants spoke about the persistent lack of support during and after their time in care. This included insufficient emotional support, lack of consistent adult relationships, and the absence of meaningful preparation for independent living.

Several Black and Global Majority care leavers described feeling abandoned once they turned 18, with little follow-up from social workers or access to mental health resources. Bourdieu (1986) and Putnam (2000) both describe social capital theory, which emphasises the importance of networks, relationships, and community support in fostering individual wellbeing and resilience. Social capital is a key resource that helps individuals navigate life challenges. Care leavers who report a lack of support after leaving care are experiencing a significant deficit in social capital. The absence of ongoing relationships with social workers, mentors, or peers means they lack the networks necessary to support their emotional wellbeing and practical needs, like learning to cook or managing finances. The lack of social capital may make them feel disconnected and unsupported, contributing to feelings of abandonment.

Figure 9. Cyclical and Systemic Marginalisation of Black and Global Majority Care-Experienced Young People.



This figure distills complex qualitative findings into an accessible and structured visual model, helping to make sense of how multiple layers of disadvantage interact and reinforce one another. It challenges the care system's tendency to treat issues in isolation, instead demonstrating that the marginalisation of Black and Global Majority care-experienced young people is cyclical and systemic in nature. Rooted in the themes drawn from participants' narratives, the model foregrounds lived experience as a source of knowledge. It affirms that without addressing racism, cultural erasure, and neglect at every level from intrapersonal to systemic, positive change for care leavers cannot be achieved.

These findings suggest that meaningful, trusting relationships are not only vital but must be culturally attuned and consistent. Without this, Black and Global Majority children may continue to experience emotional isolation and relational instability across their time in care, a vulnerability that is heavily compounded by the structural failure to embed anti-racist practice meaningfully within everyday child protection and care planning. Participants described a system that privileges white normativity and marginalises racialised children through processes of cultural erasure and heightened surveillance.

Cultural misunderstanding further exacerbated this issue. Several participants noted that their emotional distress was misread or dismissed by professionals who lacked awareness of how trauma and race intersect. van der Kolk (2005) suggests that a lack of recognition of how trauma and race intersect in Black and Global Majority children leads to insufficient care that is not trauma-informed. Without understanding the racial dimensions of trauma (e.g., racial discrimination, historical trauma), professionals may misread emotional distress as something unrelated to trauma, further compounding the child's suffering. A trauma-informed perspective would require professionals to be aware of the emotional cues that are often tied to cultural and racial experiences of trauma. Hughes et al., (2006b) note that the lack of understanding of racial socialisation can result in their emotional responses being dismissed as overreactions or misbehaviour, rather than a response to genuine trauma or societal challenges.

These findings point to a critical need for mental health services that are proactive, culturally competent, and fully integrated into the care experience. For Black and Global Majority children, support systems must acknowledge the psychological impact of racialised trauma and provide space for healing, expression, and resilience.

Participants' experiences could not be neatly separated into isolated categories; rather, they revealed a complex web of interrelated themes.

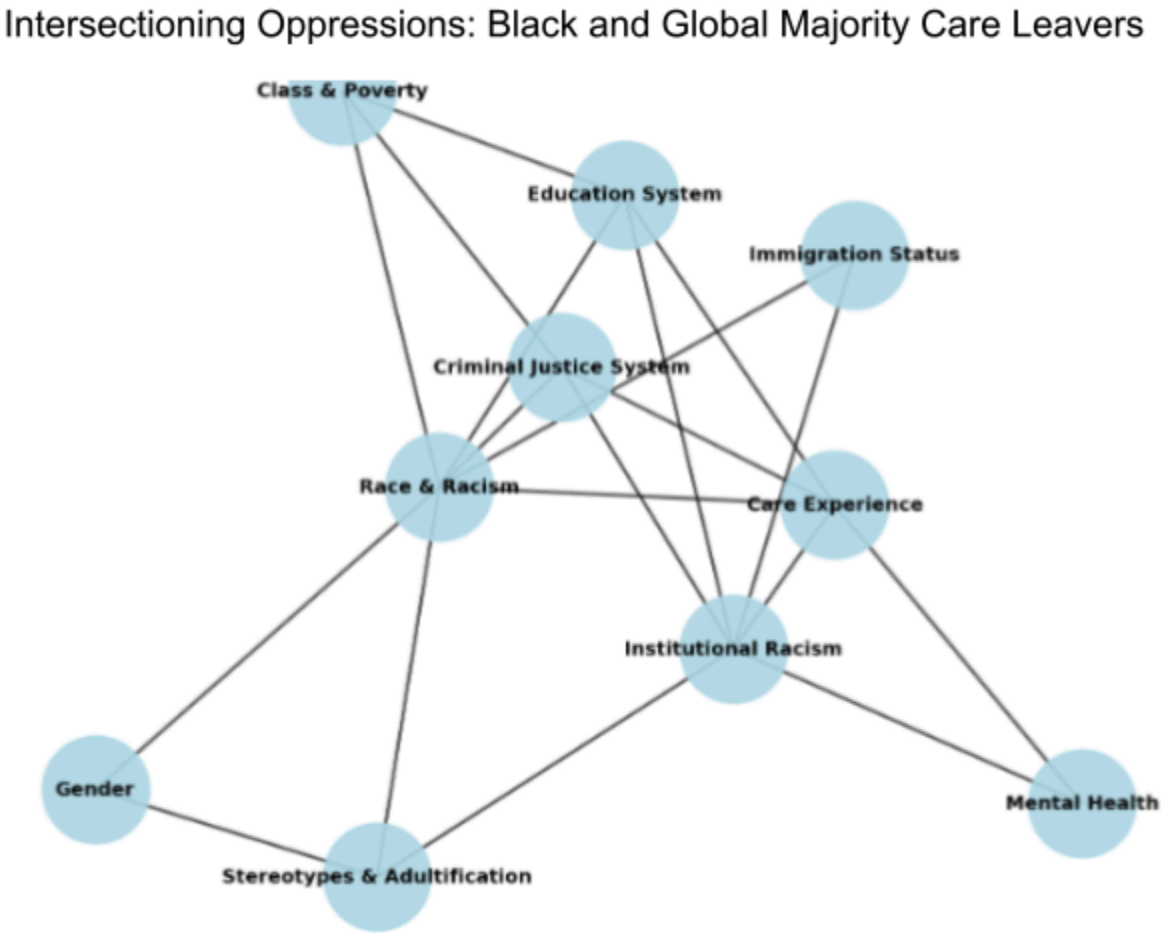


Figure 10. Intersectioning Oppressions: Black and Global Majority Care Leavers.

The diagram illustrates how race and institutional racism interconnect with care experience, class, immigration, gender, and systemic structures such as education and the criminal justice system. These overlapping dynamics create compounded vulnerabilities that frame participants' narratives.

Many participants described how racism, lack of support, mental health struggles, and fractured relationships were not experienced independently but were deeply interconnected. For example, feelings of cultural disconnection were often compounded by emotional neglect, leading to long-term issues with trust and identity formation. Similarly, the absence of consistent, culturally competent support exacerbated feelings of abandonment, making it difficult for young people to form secure attachments or develop a stable sense of self.

Having considered the broader structural and intersectional dimensions of the findings, the discussion now turns to the psychosocial aspects of the research process itself, reflecting on what my emotional engagement revealed about the inner worlds of participants and the wider affective politics of care.

5.7 Researcher Emotion, Reflexivity, and the Psychosocial Lens

Returning to my emotional responses as data, the psychosocial perspective illuminates how the boundaries between researcher and participant are fluid and relational. As Ahmed (2004) suggests, emotions do not belong to individuals but stick to bodies and circulate through histories of inequality. The discomfort, empathy, and anger I experienced during the interviews reflected not only my identification with participants but also the affective legacy of racialised care systems. This insight reinforces the value of psychosocial approaches, which bridge internal experience with external social structures.

These reflections also carry implications for practice. Acknowledging the emotional dimensions of professional encounters can deepen our understanding of trauma, trust, and resilience among care leavers. For those working within children's services, such awareness calls for trauma-informed, culturally attuned, and reflexive practice that recognises how structural inequalities are felt at the level of everyday relationships As a Director of Children's Services, I have already begun translating this awareness into organisational change facilitating reflective spaces for staff, embedding anti-racist supervision, and initiating conversations about decolonising service delivery. Through this, the research extends beyond individual understanding to collective transformation, positioning emotion not as vulnerability but as a catalyst for social justice in care. The experiences described by participants also highlight the importance of intersectionality in understanding care experiences. As argued by Crenshaw (1989), social identities intersect in ways that shape experiences of inequality.

Within this study, race intersected with other factors including gender, care status and, for some participants, experiences as unaccompanied asylum-seeking children. These intersecting identities shaped how participants were perceived and treated within institutional settings.

5.8 Conclusion

The findings reveal a care system shaped by racialised logic that continues to marginalise the identities, voices, and lived realities of Black and Global Majority children. Participants' narratives expose how institutional structures reproduce inequality through cultural erasure, exclusionary practices, and the silencing of dissent. These lived experiences underscore the urgent need to reimagine the child welfare system through an anti-racist, decolonial lens, one rooted in recognition, justice, and transformative care.

Drawing on anti-oppressive practice (Dominelli, 2002), the findings advocate for a paradigm shift where care extends beyond physical safety to embrace emotional wellbeing, cultural affirmation, and racial equity. The current model of child welfare too often reflects a colonial and racialised mindset, where the cultural identities and experiences of Black and Global Majority children are rendered invisible or treated as peripheral. A decolonial framework insists on a radical reorientation: one that recognises these children not as problems to be managed, but as agents of their own narratives worthy of dignity, representation, and holistic support.

This study calls for immediate and systemic change. It demands that the care system become a space of relational care, emotional safety, and cultural respect. This includes embedding anti-racist training across professional development, increasing the representation of Black and Global Majority carers and practitioners, and ensuring that these children are not only included, but *centred* in the design and delivery of care services. Care must go beyond survival; it must nurture identity, promote healing, and foster justice.

Black and Global Majority children carry not only the weight of personal adversity but also the burden of structural and historical injustice. As such, our responsibility is not merely to protect them, but to uplift them. We must ensure their cultural identities are validated, their emotional pain acknowledged, and their futures built on foundations of belonging, dignity, and hope. Anything less represents a continuation of the very harm the care system professes to challenge.

The next chapter reflects critically on the broader implications of these findings in relation to existing literature, theory, and practice. It offers a synthesis of key insights and discusses how these contribute to the ongoing debate on racial justice and equity within the English care system. The chapter also outlines the limitations of this study and makes recommendations for future research, policy, and practice anchored in the belief that transformation is both necessary and possible.

Chapter Six: Conclusion and Recommendations

6.1 Introduction

This chapter draws together the research aims and key findings of the study, reflecting on the central themes and their implications for policy, practice, and future research. It provides a critical overview of how the experiences of Black and Global Majority care-experienced young people are exposed to systemic inequalities within the UK care system. The chapter also offers recommendations grounded in participants' voices, aiming to inform culturally responsive and anti-racist approaches to the children's social care system.

This research has attempted to critically explore the lived experiences of Black and Global Majority care-experienced young people within the English care system. Drawing on qualitative interviews and underpinned by Critical Race Theory and Critical Realism, the findings reveal a care system that consistently marginalises, racialises, and silences the very children it purports to protect.

Thematic analysis has uncovered several interlinked areas of concern: pervasive everyday racism and structural inequality, the erasure of cultural identity, lack of support in transitions and emotional development, broken interpersonal trust, and inadequate mental health provision. Perhaps most significantly, the findings show that these challenges are not experienced in isolation but form a complex web of intersecting oppressions that reflect systemic and institutional failings.

Participants' narratives highlighted not only the gaps in practice and policy but also the emotional and psychological costs of being cared for within a system that often fails to see, hear, or support them. Despite these adversities, their stories also reflect resilience, resistance, and the critical importance of culturally informed relationship-based care.

Having undertaken this research from an insider-researcher perspective, I was profoundly impacted by the depth of reflection, resilience, and resourcefulness demonstrated by participants as they recounted their experiences in the care system. Many articulated complex emotional journeys navigating identity, trauma, and exclusion, yet they also displayed remarkable agency in making sense of their histories. Some participants, however, expressed a sense of resignation, describing the care system as immovable or indifferent, with one poignantly stating, "It's just the system". This echoes the concept of structural failures, where individuals internalise systemic barriers as inevitable, reflecting a form of what Freire (1970, p.51) described as "consciousness raising without action", namely, an awareness of oppression without the perceived power to challenge it.

As a professional researcher who shared a racial background with several of the participants, I was deeply aware of what Dwyer and Buckle (2009) refer to as a position both within and outside for the participant group. This insider positionality offered distinct advantages: it facilitated rapport, enabled culturally nuanced conversations, and allowed participants to speak

with authenticity and openness. The trust and intimacy that emerged from shared racialised experience created space for what Collins (1990) call “subjugated knowledge”, meaning the truths that often remain silenced in dominant discourses.

6.2 Theoretical and Conceptual Contributions

This study has made several theoretical and conceptual contributions by engaging critically with Critical Race Theory, Critical Realism, and theories of insider research and positionality, while also foregrounding Black epistemologies and decolonial critiques. These theoretical framings were not used in isolation but interwoven to provide a multi-layered lens for understanding the complex and racialised experiences of Black and Global Majority care-experienced young people.

At the heart of this study lies a Critical Race Theory informed analysis, which conceptualises racism not as an anomaly but as a permanent, normalised, and systemic feature of British institutions, including the children’s social care system (Delgado and Stefancic, 2012). The narratives shared by participants consistently demonstrated how racism functioned at structural, institutional, and interpersonal levels shaping care experiences through misrecognition, and pathologisation. CRT's emphasis on counter-storytelling provided a critical methodological and political tool within the research. By centring the lived experiences of Black and Global Majority young people, the study challenged dominant narratives of care neutrality and safety. Participants’ testimonies exposed how assumptions of whiteness as normative often went unchecked in placements, education, mental health support, and decision-making structures. This affirms CRT’s assertion that experiential knowledge of people who are Black and Global Majority is not just valid, but essential in understanding how oppression operates.
The concept of interest convergence, where gains for marginalised groups are only permitted when they align with the interests of dominant groups (Bell, 1980), was also evident. Some participants noted that racial or cultural needs were only accommodated when convenient, or when they did not disrupt institutional flow. This selective responsiveness reinforces CRT’s critique of reform that is superficial or performative rather than transformative.

The use of Critical Realism (Bhaskar, 1975, 1979) alongside CRT enabled a deeper interrogation into the causal mechanisms that underlie the observable patterns of disadvantage. While the narratives clearly illustrated disproportionality in experiences such as exclusion, poor mental health outcomes, and disrupted placements CRT allowed the research to probe beneath these surface manifestations to consider how systemic forces such as institutional racism, racialised surveillance, and socio-economic stratification operate beneath the empirical layer.

In addition, this insider role also brought ethical and emotional complexities. Drawing on positionality theory (Bourke, 2014), I remained critically aware that my perspective, while informed by shared identity, could not be assumed to be identical to those of my participants. My professional role and research lens risked introducing blind spots, over-identification, or assumptions of shared understanding. To navigate this, I engaged in continuous critical reflexivity (Finlay, 2002a), using reflexive journaling and peer support to interrogate my

reactions, assumptions, and emotional responses throughout the research process. This practice helped me to hold space for participants' truths without projecting my narratives onto their experiences.

Peer debriefing (Lincoln and Guba, 1985) was used to ensure analytic rigour and reduce bias. Engaging in regular dialogue with my peers enabled me to test interpretations, challenge assumptions, and remain accountable to the data rather than to any pre-existing theoretical or experiential positioning.

Overall, my position as an insider researcher enhanced the depth and authenticity of the data collected, while the use of reflexive and ethical strategies grounded the research in trustworthiness and integrity. This dual awareness of shared experience and critical distance, I believe, strengthened the methodological robustness and ethical sensitivity of the study.

However, insider research is not inherently more authentic or less problematic. As researchers such as Brannick and Coghlan (2007) argue, familiarity with the research context requires greater vigilance, not less. There is a risk of 'going native', or of overlooking latent tensions and contradictions due to assumed shared understanding. I actively countered this through structured reflexivity, which moved beyond personal reflection to include a continuous interrogation of how my positionality influenced data collection, interpretation, and representation. This included questioning not only what participants said but how I heard it, what I was drawn to, and where my own experience might be colouring the analysis.

Furthermore, the ethical sensitivity of the study was strengthened by this dual awareness of proximity and distance. I was aware that participants may have disclosed difficult truths precisely because they saw me as an ally or a 'safe other'. This placed an ethical responsibility on me to honour their stories with care and integrity avoiding both over-exposure and appropriation. The Critical Race Methodology I employed helped to guide this balance, emphasising the importance of elevating counter-narratives while also recognising the power inherent in interpreting and presenting others' lived experiences (Solórzano and Yosso, 2002).

6.3 Summary of Key Findings

This study set out to explore the lived experiences of Black and Global Majority care-experienced young people in the English care system. Through in-depth qualitative interviews and thematic analysis, several interconnected themes emerged, offering a nuanced picture of how race, identity, and systemic structures shape the realities of those in care and those who have left care. These findings not only confirm known disparities but deepen our understanding of the mechanisms behind them, shedding light on the emotional, relational, and institutional dimensions of care.

The everyday racism and structural inequality revealed that racism is not an isolated or episodic phenomenon but embedded in daily care practices, institutional policies, and interpersonal interactions. Participants described being racialised, misunderstood, or ignored within systems that normalised whiteness and failed to accommodate cultural differences. This theme

underscores how care is not experienced in a vacuum but is deeply shaped by the racial lens of wider society.

Belonging, identity, and cultural disconnect illustrate how placements that failed to consider cultural and ethnic identity led to long-lasting confusion, shame, and detachment. Participants reflected on growing up with little access to their heritage and community, resulting in identity fragmentation and feelings of not belonging. This supports wider literature on the importance of cultural continuity and challenges the assumption that stable placements alone ensure emotional wellbeing. Themes of power and voice highlighted the silencing and disempowerment of Black and Global Majority young people within decision-making processes. Participants described experiences of being spoken about rather than spoken with and of having their concerns minimised or pathologised. This aligns with Critical Race Theory's emphasis on the denial of voice and agency within systems that privilege dominant narratives and bureaucratic authority.

Lack of support in care and post care experiences, underscored the insufficiency of preparation for independence and the abrupt nature of transitions out of care. Participants often felt 'cut off' once they turned 18, with minimal emotional, practical, or cultural support. This discontinuity not only created a sense of abandonment but intensified feelings of vulnerability and isolation during an already precarious period of development.

Interpersonal relationships and trust focused on the relational dimensions of care. Many participants had experienced frequent placement changes and high staff turnover, which disrupted attachment and made trust difficult to build. Yet, where consistent and culturally affirming relationships were present, participants recalled transformative care experiences. This theme reinforces the argument that relationships are central, not peripheral to effective care.

Support systems and mental health revealed the long-term emotional toll of trauma, neglect, and exclusion. Participants described anxiety, depression, and emotional regulation issues that were often misunderstood or mislabelled particularly through racialised stereotypes (e.g., being described as 'older'). Mental health services were often reactive, delayed, or culturally ill-equipped, leaving many without adequate support.

Interconnections and dynamics highlighted the non-linear, overlapping nature of these experiences. Participants rarely described challenges as isolated events; instead, racism, identity confusion, lack of support, and emotional pain were described as part of an interconnected web. This finding affirms the importance of intersectional, holistic frameworks when analysing the experiences of Black and Global Majority care-experienced young people. Together, these themes offer an empirical contribution by centring marginalised voices and exposing how multiple forms of structural disadvantage converge within the care system. This research not only illuminates lived experiences that are often overlooked but also challenges dominant paradigms within the children's social care system by demanding a more anti-racist, relational, and culturally responsive approach to care.

I also assert that this research contributes to decolonial research by challenging Eurocentric assumptions embedded in our children's social care system practices and knowledge systems. It affirms the value of Black knowledge rooted in cultural experience, resistance, and collective memory as a legitimate and necessary counterweight to the dominant (white and western) constructions of care, identity, and wellbeing.

By privileging participants' perspectives and resisting the temptation to 'translate' them into dominant frameworks, the study aligns with decolonial theory's call to delink from colonial epistemologies (Mignolo, 2011) and instead reframe inquiry from the perspective of the marginalised. This approach not only amplifies historically silenced voices but also opens space for imagining radically different forms of care; ones rooted in justice, cultural safety, and collective accountability.

6.4 Implications for Future Research

While this study provides a critical and necessary exploration of the experiences of Black and Global Majority care-experienced young people within the English care system, it also raises important questions that remain underexplored. The findings have illuminated the deep entanglement of race, identity, power, and care, but they also point to further avenues for investigation that could broaden and deepen our understanding of inequality in the children's social care system. This kind of research would help policymakers and practitioners understand the full life course impact of care and highlight points for effective intervention. Several distinct pathways emerge as critical priorities for extending this scholarly work**.**

a) Intersectionality and compound inequality

A key area for future research lies in exploring how race intersects with other axes of identity, particularly gender, disability, class, and sexuality, to shape experiences within the care system. While this study centred racial identity as a primary lens, many participants also spoke about their experiences in gendered and classed terms. Yet these were not always explored in depth due to the scope of the study.

Drawing on Crenshaw's (1989) theory of intersectionality, future research could interrogate how overlapping systems of oppression function within the care experience. For example, Black boys in care may face a double burden of racialised adultification and gendered expectations of behaviour, while Black girls may face specific forms of hypersexualisation or invisibility. Similarly, care-experienced young people with disabilities or neurodivergence may encounter unique barriers in accessing support and advocacy. Exploring these compounded inequalities through an intersectional lens would offer a more granular and accurate representation of how the care system reproduces disadvantages for multiple marginalised individuals.

b) Longitudinal outcomes for Black and Global Majority care leavers

There is a pressing need for longitudinal research that traces the outcomes of Black and Global Majority care-experienced young people over time. Most current data provide a snapshot at the point of leaving care or shortly thereafter, but little is known about the long-term educational, emotional, economic, and relational trajectories of this population. Such research could provide critical insights into how early care experiences continue to shape adult identity, relationships, employment, housing, and mental health outcomes. A longitudinal lens would also allow for an exploration of resilience not only as a static trait but as a process that evolves over time and in response to shifting life contexts. This kind of research would help policymakers and practitioners understand the full life course impact of care and highlight points for effective intervention.

c) Lived experience-led and participatory methodologies

This study has shown the power of lived experience-led inquiry in uncovering truths that are often obscured in bureaucratic or policy-led research. Future research should build on this by embedding participatory, co-produced, and community-based approaches that position care-experienced young people as collaborators, not just subjects of study. There is growing recognition that lived experience holds epistemological value especially when researching systems that have historically marginalised particular communities. Embedding lived experience into the design, analysis, and dissemination of research not only democratises knowledge production but also ensures that findings are grounded in the realities of those most affected. Additionally, creative and narrative-based methods (e.g., storytelling, photovoice, digital diaries) could offer more accessible and empowering ways for participants to express their identities and experiences beyond traditional interview formats.

d) Comparative and transnational studies

While this study is grounded in the English context, its findings resonate with broader global patterns of racial disproportionality in children’s social care systems. Future research would benefit from comparative studies that explore similarities and differences across marginalised groups, geographic regions, and international systems. Such work could explore, for instance, how Black and Global Majority and Indigenous children are treated in different colonial states (e.g., Canada, Australia, and the USA) and how racialised care experiences differ across policy frameworks and cultural contexts. Comparative studies could also illuminate how different children's care system ideologies impact racialised children in care. Moreover, research comparing care experiences across marginalised groups within the UK could help identify both unique challenges and points of commonality, enriching our understanding of how ethnicity, culture, and systemic bias intersect in diverse ways.

6.5 Summary

Overall, future research must move beyond narrow metrics of outcomes and embrace holistic, intersectional, and participatory approaches. To truly address the entrenched inequalities within children's social care system, researchers must not only study the system but also work

alongside those who have experienced it, recognising them as knowledge holders, co-analysts, and agents of change. Engaging in this research has been both an intellectually rigorous and a deeply emotional journey. As a researcher, practitioner, and insider to many of the experiences shared, my understanding of the children's social care system and more importantly, the racialised lives within it, has transformed in profound ways. This study has not only sharpened my critical awareness of structural inequality but also deepened my commitment to justice, advocacy, and relational ethics in child welfare.

At the outset, I understood the disproportionality of Black and Global Majority children in care through statistical narratives and professional practice. However, it was through listening intently and often painfully to the stories of those who had lived through the system that the embodied and affective dimensions of care became real to me. The interviews revealed not just inequality, but injury: the psychological bruising of misrecognition, the hollowing out of identity, and the quiet trauma of being silenced or misread. These were not merely 'themes' but truths, etched into the lived experiences of people who had too often been left out and do not have a voice that was or is being heard.

The participants' reflections were not always linear or easy to articulate, but they carried immense depth, complexity, and insight. These moments challenged me to sit with discomfort, to resist the urge to find solutions for academic neatness, and instead to honour the contradictions and the messiness of lived experience. Positioning myself within anti-racist and decolonial traditions, I am committed to continuing work that centres lived experience, challenges systems of oppression, and reimagines care as a space of liberation rather than containment. I see my role as contributing not only to knowledge, but to repair through research, advocacy, and a refusal to accept inequality as inevitable.

Emotionally, this work matters because it reflects the pain, strength, and hope of real people, many of whom are still navigating the aftermath of the care system's failures. Politically, it matters because the care system remains a site of racial injustice, where the legacies of empire, whiteness, and racism are still felt in daily decisions. Structurally, it matters because until we address the systemic nature of these inequalities, reforms will remain superficial, and inequity will persist.

Ultimately, this thesis stands as a call to listen more deeply, to act more boldly, and to centre justice at the heart of care. It is a tribute to those who shared their stories with me, and to all who continue to survive, resist, and reimagine what care could and should be.

My racial identity both grants and denies me authority. While my professional expertise may be recognised, my critiques, particularly those grounded in race, are often met with discomfort or dismissal. This tension is emblematic of what Ahmed (2012) describes as the 'effect of diversity work', namely, the emotional burden of challenging the very institution I work within.

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Appendix A: List of Figures and Tables

Appendix B: Literature Review Evidence Table

No.	Author(s)	Year	Title	Methodology	Study Type	Focus
1	Bywaters, P. and Sparks, T.	2017	Child protection inequalities	Quantitative	Empirical	Child welfare inequalities
2	Bywaters, P. et al.	2018	Inequalities in Children's Social Care	Qualitative	Empirical	Structural overrepresentation of Black youth
3	Selwyn, J.	2010	Children placed for adoption: Pathways to permanency	Quantitative	Empirical	Cultural matching and placement demographics
4	Gilligan, R.	2009	Promoting resilience: a resource guide on working with children in the care system	Qualitative	Empirical	Resilience in care
5	Owen, C. and Statham, J.	2009	Disproportionality and disparity	Quantitative	Empirical	Racial disparities in care
6	Andrew, L. and	2005	Life after care	Mixed Methods	Empirical	Post-care experiences

	Mantovani, N.					
7	Barn, R.	2012	Child welfare systems and migrant children	Mixed Methods	Empirical	Migrant children in care
8	Fortune, Z. and Smith, N.	2021	Transition out of the care system in England	Qualitative	Empirical	Transition to adulthood
9	Bebbington, A. and Miles, J.	1989	The background of children who enter local authority care	Mixed Methods	Empirical	Social deprivation and care
10	Coakley, T.M. and Gruber, K.J.	2015	Quality and consistency of support	Quantitative	Empirical	Support for care leavers
11	UK Government	2021	Outcomes for care leavers	Quantitative	Policy	Statistical overview of national care leaving trends
12	Black Care Experience Conference	2023	Black Care Experience Conference	Qualitative	Policy	Cultural competency
13	Department of Health	2021	Social outcomes for children in	Mixed Methods	Policy	Care outcomes

	and Social Care		care and care leavers			
14	What Works for Children's Social Care	2022	Perspectives of children and young people	Quantitative	Policy / Review	Young people's experiences
15	Jee, S. H. et al.	2010	Interventions on learning	Quantitative	Empirical	Education outcomes
16	van der Kolk, B.	2005	Children with complex trauma histories	Theoretical	Theoretical	Trauma and development
17	Ford, T. et al.	2007	Foster and residential care	Quantitative	Empirical	Mental health in care
18	Bywaters, P. et al.	2020	Child welfare inequalities	Mixed Methods	Empirical	Structural inequalities
19	Sparks, T.	2017	Positive developmental outcomes	Qualitative	Empirical	Youth development
20	Webb, S. A. et al.	2020	Stigma, trust, motivations and the 'greater good'	Qualitative	Empirical	Trust and stigma in social work

21	Gilligan, R. and Akhtar, S.	2006	Lived experience	Qualitative	Empirical	Lived experience in care
22	Ahmed, S.	2004	The cultural politics of emotion	Theoretical	Theoretical	Race emotional affect in institutional spaces
23	Barn, R.	1993	Black families and children in the child welfare system	Qualitative	Empirical	Race and child welfare
24	Williams, C. and Soydan, H.	2005	Race and ethnicity in assessments	Mixed Methods	Empirical	Assessment and race
25	Briggs, S. and Whittaker, A.	2018	Effectiveness of policy frameworks	Qualitative	Empirical	Policy and practice
26	Tedam, P.	2014	Social work education	Qualitative	Empirical	Anti-racist social work education
27	Sinclair, I.	2007	Resolution of adolescent distress	Qualitative	Empirical	Adolescent outcomes in care

28	Gilbertson, R. and Barber, J.	2002	Post traumatic stress disorder	Quantitative	Empirical	Mental health in care
29	Featherstone, B. et al.	2018	Risk focused approaches in child protection	Qualitative	Empirical	Risk and social work practice
30	Williams, P. and Parris, D.	2021	Social exclusion	Qualitative	Empirical	Social exclusion and race
31	Joseph-Salisbury, R.	2020	Race and racism	Qualitative	Empirical	Structural racism
32	Bernard, C. and Harris, P.	2019	Special educational needs and Black families	Qualitative	Empirical	Intersection of race, social care, and education
33	Hughes, D. et al.	2006	Ethnicity and racial socialisation	Quantitative	Empirical	Racial socialisation
34	Winter, K. and Cohen, S.	2005	Identity and emotional well-being	Qualitative	Empirical	Identity and wellbeing
35	Ford, T. et al.	2018	Mental health of children and young people	Quantitative	Empirical	Child mental health

36	Erikson, E. H.	1969	Identity and development	Theoretical	Theoretical	Psychosocial development
37	Barn, R.	2010	Care leavers and social capital: Understanding identity	Qualitative	Empirical	Capital, race, and negotiation of identity
38	Selwyn, J. and Wijedasa, D.	2009	Evaluation of support services	Mixed Methods	Empirical	Care support services
39	Davis, J. and Marsh, R.	2020	Adultification	Qualitative	Empirical	Adultification and race
40	Viner, R. and Taylor, B.	2005	Long-term health and social outcomes	Quantitative	Empirical	Long-term outcomes
41	Kadushin, A.	1980	Supervision in social work	Qualitative	Theoretical	Social work supervision
42	Proch, K. and Taber, M.	1985	Placement disruption	Qualitative	Empirical	Placement instability
43	Carnochan, S., Moore,	2013	Achieving placement stability	Qualitative	Empirical	Placement stability

	M. and Austin, M.					
44	UC Davis Center for Human Services	2008	Impacts of multiple placement moves	Qualitative	Policy	Placement instability
45	Pardeck, J. T.	1984	Children with emotional problems	Quantitative	Empirical	Emotional and behavioural needs
46	Webster, D. et al.	2000	Placement stability for children in out-of-home care	Quantitative	Empirical	Longitudinal analysis of moves
47	Webster, D. et al.	2008	Maintaining sibling relationships in care	Quantitative	Empirical	Placement breakdowns among BGM adolescents
48	Eggertsen, L.	2008	Placement stability	Quantitative	Empirical	Placement stability
49	Gilbertson, R. and Barber, J.	2003	Needs, perceptions and satisfaction of foster parents	Mixed Methods	Empirical	Foster care experiences

50	Newton, R. et al.	2000	Lived experience	Mixed Methods	Empirical	Care experiences
51	Strijker, J. et al.	2008	Placement history and outcomes	Quantitative	Empirical	Placement outcomes
52	Rubin, D. et al.	2007	Impact of placement stability on behavioural wellbeing	Quantitative	Empirical	Placement stability and behaviour
53	Osterling, K., D'Andrade, A. and Hines, A.	2009	Child development and behaviour	Quantitative	Empirical	Developmental outcomes
54	James, A.	2004	Social construction of childhood	Theoretical	Theoretical	Childhood theory
55	Berry, M. and Barth, R.	1990	Older children and adolescents in care	Quantitative	Empirical	Older children in care
56	Testa, M.	2002	Cultural congruence	Quantitative	Empirical	Cultural matching in care

57	Ryan, J. et al.	2006	Qualitative analysis in child welfare	Qualitative	Empirical	Research methods
58	Mignolo, W.	2011	Decoloniality	Theoretical	Theoretical	Decolonial theory
59	Smith, M.	2012	Childhood development	Qualitative	Empirical	Child development
60	The Children's Society	2016	Children's wellbeing	Mixed Methods	Policy	Child wellbeing
61	Stein, M.	2019	Child development and care	Qualitative	Empirical	Care and development
62	Harrison, J., Baker, C. and Stevenson, O.	2020	Experiences of care-experienced young people	Mixed Methods	Empirical	Care experiences
63	Selwyn, J. and Das, C.	2021	Children in care and care leavers	Mixed Methods	Empirical	Care outcomes
64	Kearney, J. et al.	2018	Transitions of young people	Mixed Methods	Empirical	Transitions to adulthood

65	Stein, M. and Carey, K.	1986	Leaving care	Mixed Methods	Empirical	Care leavers
66	Biehal, N. et al.	1995	Young people leaving care	Mixed Methods	Empirical	Leaving care outcomes
67	Broad, B.	1998	Education and care	Mixed Methods	Empirical	Education in care
68	Bernard, C. and Harris, P.	2018	Lived experience of Black children in care	Qualitative	Empirical	Race and care experience
69	Greater London Authority (GLA)	2023	Outcomes of care leavers	Mixed Methods	Policy	Care leaver outcomes
70	Williams, P. and Parris, D.	2021	Critical and intersectional analysis	Qualitative	Empirical	Intersectionality
71	Gupta, A.	2008	Children and families	Qualitative	Empirical	Family and care
72	The Fostering Network	2019	Foster care	Mixed Methods	Policy	Foster care practice

73	Narey, M.	2016	Children's residential care in England	Mixed Methods	Policy	Residential care
74	Department for Education	2023	Outcomes for children looked after	Quantitative	Policy	Outcomes for looked after children
75	Guthrie, L.	2021 a	Outcomes for care leavers	Quantitative	Empirical	Care leaver outcomes
76	Wilson, H. et al.	2019	Care leavers	Quantitative	Empirical	Care leaver experiences
77	Crenshaw, K.	1991	Mapping the margins	Theoretical	Theoretical	Intersectionality
78	Goff, P. A. et al.	2014	Adultification bias	Quantitative	Empirical	Adultification and race
79	Turney, K.	2021	Lived experience of care	Quantitative	Empirical	Care leavers outcomes
80	Barnardo's	2023	Double Discrimination: The Experience of Black Children in Care	Qualitative / Mixed	Policy Report	Structural racism and outcomes in care

Appendix C: Participant Information Sheet

Are You Interested in Taking Part in Research?

AIMS OF THE RESEARCH:

I would like to capture your experiences of being a Black child who has been in the care system and to consider how these experiences can help us to develop better services for Black children. I would like to know 'what happens in the care system for Black children when they leave care with disproportionate outcomes to that of their white peers'.

ARE YOU HAPPY TO SHARE THE FOLLOWING?

- Have you been in care?
- Do you want to talk about your experience with being in care?
- Do you think you had a positive experience in care?
- Are you interested in sharing your experiences?

WHAT'S NEXT?

If you think that you might be interested in taking part in this research, please register your interest by clicking on the link below.

PLEASE CLICK HERE TO REGISTER YOUR INTEREST

ACADEMIC GOVERNANCE AND QUALITY ASSURANCE:

If you have any queries regarding the conduct of the programme in which you are being asked to participate, please contact: Simon Carrington, Head of Academic Governance and Quality Assurance (academicquality@tavi-port.nhs.uk) 120 Belsize Lane London, NW3 5BA.

THE PRINCIPLE INVESTIGATOR:

Diane Benjamin Children & Families Service | London Borough of Hackney, 1 Hillman Street, London, E8 1DY | Tel: 020 8356 2942.

CONSENT TO PARTICIPATE IN A RESEARCH STUDY:

The purpose of the below is to provide you with the information that you need to consider whether to participate in this study.

PROJECT TITLE:

What happens in the care system for Black children when they leave care with disproportionate outcomes to that of their white peers.

ETHICAL APPROVAL:

The research has received formal approval from TREC.

PROJECT DESCRIPTION:

To examine if the care system works for Black children as they prepare to leave: does it provide enough care/stabilisation to ensure their outcomes are good enough and are proportionate to white children.

Interviews with young adults will be completed with those who agree to take part using a semi-structured interview method (a type of interview in which the interviewer asks only a few predetermined questions while the rest of the questions are not planned in advance).

WHAT WILL YOU HAVE TO DO:

You will take part in a one-to-one interview. The interview will be digitally recorded to help the researcher collect an accurate account of your experience. Each interview will last approximately two hours but could be longer depending on the experiences you wish to share. During the interview the interviewer may want to clarify some of your questions to make sure that the interviewer understands your experience properly.

WHERE WILL THIS TAKE PLACE:

The location of the interview will take place at a place that is convenient for you, this could be at the interviewer's place of work, 1 Hillman Street, London, E8 1DY, or the local cafe Pierrette, 1 Reading London, E8 1GQ.

DO I HAVE TO TAKE PART?

No, it is up to you. You are free to change your mind at any time, and you do not

have to say why.

DISCLAIMER:

Your involvement in the project is voluntary, and you are not obliged to take part in this study and are free to withdraw at any time or to withdraw any unprocessed data previously supplied.

CONFIDENTIALITY:

Your confidentiality will be maintained, and no information will be shared with anyone that you are taking part in the project.

WHAT SHOULD I DO IF I HAVE A COMPLAINT ABOUT THE RESEARCH PROCESS?

If you have any complaints or concerns about the researcher or the research process you can contact (academicquality@tavi-port.nhs.uk) or Dr Tanya Moore, The Tavistock and Portman NHS Foundation Trust, Tavistock Centre, 120 Belsize Lane, NW35BA, 0208 938 2058.

CONSENT:

I have read the information above and have had an opportunity to ask questions about the research and how my information will be used. I understand the purpose of the research and what my participation involves.

I understand that my involvement in this study and particular data from this research will remain strictly confidential. Only the researchers involved in the study will have access to the data. It has been explained to me what will happen once the research has been completed.

I hereby freely and fully consent to participate in the study, which has been fully explained to me, and for the information obtained to be used in relevant research publications.

Having given this consent, I understand that I have the right to withdraw from the study at any time and without being obliged to give any reason.

I also understand that: (please tick each relevant box)

This research study is undertaken as part of a Doctoral Thesis registered with the Tavistock and Portman NHS Trust and the University of Essex.

Participation is voluntary and I can withdraw my consent at any time.

The interview will be digitally recorded, transcribed, stored, and deleted in accordance with the Data Protection Guidelines of the Tavistock and Portman NHS Trust and the University of Essex.

Participant's Name (BLOCK CAPITALS) .....

Participant's Signature .....

Investigator's Name (BLOCK CAPITALS) .....

Investigator's Signature .....

Appendix D: Interview Guide Table

Theme	Questions	Prompts/Follow-ups	Rationale/Link to Literature
Background and Context	Can you tell me about yourself, your family, and your community growing up?	Where were you born? What was your home life like?	Provides context on socioeconomic background, community, and early influences (Bywaters et al., 2016a; Webb et al., 2020).
Entry into Care	How and why did you first enter care?	How did you feel at that time? Did race or culture play a role?	Links to racial disproportionality and systemic factors in care entry (Bywaters et al, 2018; WWCSC, 2022).
Experiences in Care	Can you describe your placements and how you felt in them?	Did carers understand your cultural identity? Did you have any experiences of racism or discrimination?	Explores identity, belonging, and cultural competence in placements (Selwyn, 2010; Barn, 2010).
Identity and Belonging	How did being in care affect your sense of self and identity?	Were you connected to your cultural heritage or community? How did it shape your experience?	Aligns with CRT and decolonial thought; addresses cultural misrecognition (Carlsson, 2015; Solórzano and Yosso, 2002).
Mental Health and Emotional Wellbeing	How did being in care impact your emotional and psychological wellbeing?	Were supports available? Did professionals understand your needs?	Connects to trauma, adultification, and mental health disparities (van der Kolk, 2005; Hughes et al., 2006a).
Transition and Post-Care Experiences	How were you supported leaving care?	What challenges did you face? Did race or culture affect your experience of independence?	Focuses on post-care outcomes and structural inequalities (DfE, 2022)

Appendix E: Summary of Cross-Case Themes

Theme Codes	Definition	Exemplar Quote (Participant)	Theme Link
Placement instability	Frequent moves, disrupted placements, lack of continuity	*"I moved so many times, it felt like I couldn't settle anywhere."* (Laura)	Placement Instability
Belonging disrupted	Sense of not belonging due to moves or instability	*"They kept moving me. I never felt like I belonged anywhere."* (Ava)	Placement Instability
Lack voice agency	Decisions made without participant input	*"I wasn't really asked what I wanted. Things were just decided for me."* (Laura)	Lack of Voice
Mediated voice	Reliance on carers/others to speak on their behalf	*"No one ever seemed to ask me what I wanted… I got my foster carer to ask my social worker."* (Freya)	Lack of Voice
Self advocacy	Assertive actions to secure outcomes	*"I was always really strong about advocating for myself."* (Claire)	Resilience / Advocacy
Comparative disadvantage	Comparing treatment to white peers	*"My white counterparts had things handed to them more easily, while I had to prove myself."* (Claire)	Racialised Treatment
Adultification	Treated as older/more responsible than white peers	Ava and Claire's accounts of being judged more harshly	Racialised Treatment

Mistrust professionals	Lack of trust in social workers, teachers	*"When I attempted to share concerns… I felt dismissed and unheard."* (Laura)	Mistrust
Fractured relationships	Difficulty sustaining professional trust due to turnover	*"Even when I started to get used to someone, they would leave, or I would be moved again."* (Laura)	Mistrust
Mental health unmet	Lack of adequate therapy/mental health support	*"Mental health is a real issue for care leavers… having a therapist who isn't really equipped can be damaging."* (India)	Mental Health
Culturally inappropriate support	Therapy/support not culturally competent	Same as above	Mental Health
Cultural mismatch food	Carers dismiss cultural food/identity needs	*"My white foster carer objected to me wanting to eat culturally significant food."* (Olivia)	Cultural Mismatch
Cultural identity proximity	Experience of privilege/misrecognition due to "not looking Black"	*"I am North African but I don't look Black when they get my name they treat me differently."* (India)	Cultural Mismatch
Surveillance policing	Over-policing, exclusions, criminalisation	Ava's account of police involvement after going missing	Surveillance/Criminalisation
Educational exclusion	Being excluded or punished more harshly at school	Laura's college incident; Freya's reports of white peers escaping consequences	Surveillance/Criminalisation

Stabilising support	Presence of a consistent, supportive carer	*"I felt lucky. I had a good carer who supported me and gave me stability."* (Henry)	Protective Relationships
Protective relationship	Foster carers/teachers stepping in positively	Examples where advocacy worked in participants' favour	Protective Relationships

Appendix F: Ethical Approval Letter

Dear Jacquie Burke,

I'm a student at the Tavistock and Portman NHS foundation Trust where I intend to undertake research. I will be the principal researcher. This research is part of a Professional Doctorate in advanced practice and research: social work and social care.

I hereby request consent to undertake research within Hackney Children's Services. I would like to examine the following: *How do Black and Global Majority care leavers describe and make sense of their lived experiences of the English care system, and in what ways do they perceive these experiences as being shaped by race and racism?*

I intend to interview 10 participants about their experiences of being in the care system. These will be young adults 18+ who have experienced the care system, and some may still be actively receiving a service from Hackney Children's Services. I propose approaching young adults from Hackney of Tomorrow, Hackney Youth Parliament, and Young Hackney.

My proposed research aims to examine if the care system works for Black children as they prepare to leave, does it provide enough care/stabilisation to ensure their outcomes are good enough, and are they proportionate to white children.

I will undertake semi-structured interviews with participants seeking to determine the following;

1. What are the experiences of Black children in the care system?

2. What does leaving care for Black children mean, and what can this tell us about the disproportionate differences in their outcomes compared to white children?

3. What factors, processes, and structures of the Looked After children's system in the UK aid or hinder good enough outcomes for Black children in care?

4. In what ways does adultification and structural racism impact on the outcomes for Black children leaving care?

I would like to:

1. Understand in what ways does the care system work to support or undermine Black children who are looked after.

2. Understand if Local Authority care provides enough support to ensure Black children's outcomes are good enough.

3. Ascertain if the outcomes for Black children are disproportionately poorer than their white peers.

4. Capture the experiences of Black children who have been in the care system, and to consider how these experiences can help us to develop better services for Black children.

I, Jacquie Burke endorse the above research and give permission for Ms. Diane Benjamin to approach care-experienced young people within Hackney Children's Social Care.

Signed Date 20/09/22