

Navigating Complex Social Landscapes: Examining Care Experienced Young People's Engagements with Sport and Physical Activity

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Abstract

Internationally, there has been growing interest in the experiences of care experienced youth and their engagements with activities that can support positive development. Despite the acknowledged potential of sport/physical activity (PA) to act as a vehicle for positive development, there remain concerns about the piecemeal nature of sport/PA opportunities for care experienced youth at a local level and their capacity to access these. To date, relatively few studies have considered the role of sport/PA within the day-to-day lives of care experienced young people and, furthermore, these have often drawn more on the voices of adults than care experienced youth themselves. In response, the 'Right to be Active' (R2BA) project was developed to examine care experienced youth's perspectives on/experiences of sport/PA. This paper seeks to provide a broad overview of the study and discusses key empirical findings. Adopting a predominantly qualitative, participatory approach, R2BA comprised four interconnected phases: (1) a rapid review of policy documents; (2) the distribution of adult and young people surveys; (3) focus group interviews with 63 care experienced youth; and (4) repeat focus groups with 40 care experienced youth. Informed by Bourdieu's theoretical concepts and his perspectives regarding the multi-dimensional nature of social life, the analysis of data highlights the complex social landscapes that care experienced youth navigate on a day-to-day basis. Moreover, it demonstrates how the configuration of key factors (activities, places and people) can be influential in shaping care experienced youths' attitudes towards, participation in and experiences of sport/PA within the broader field of the care context. It is argued that the study points to the need for a more holistic understanding of care experienced young people's lives and for more thought to be given as to how different stakeholder groups can work in partnership to facilitate this population's access to/engagements in sport/PA.

25 Keywords: Care experienced young people; sport; physical activity; social capital; field;
26 hysteresis

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Introduction

Internationally, there has been growing interest in the lives of care experienced youth and much literature has highlighted the more significant needs and vulnerabilities of this population (Sebba et al., 2015; Mannay et al., 2017). Such interest is timely, given that the number of young people being removed from their families and placed in the care of the state is increasing both within the UK and internationally. Within England, specifically, the number of children in the care system has seen an increase of 4% over the last year (Department for Education [DfE], 2019). As of March 31st, 2018, there were 75,420 children and young people in the care of local authorities in England, including 73% living in foster-care (with an increasing proportion of these being placed with relatives or friends) and 11% in secure residential settings (DfE, 2019). Elsewhere, in the US, the number of young people entering care rose by 6,444 between 2016 and 2017 to 442,995 (US Department of Health and Human Services, 2018) and the figures for Australia show a year-on-year increase since 2013, rising by 18% to 47,915 as of June 2017 (Australian Institute of Family Studies, 2019). While there are many similarities between the experiences of this global population of young people, the terminology used to identify them differs internationally. For example, terms such as ‘looked-after children’ or ‘children in care’ are applied in England, while ‘foster youth’ is prevalent in America and ‘children in out-of-home care’ is used in Australia. For the purpose of this paper, we adopt the term ‘care experienced’ to better encapsulate the experience of being in care and the impact it can have on young people’s present and future lives (Quarmby, Sandford & Elliot, 2018). It should also be noted that this was the term of choice for the young people participating in this research.

Regardless of the term used to label this particular population, there is agreement that care experienced young people represent one of the most vulnerable and marginalised groups in society. Indeed, they are generally seen as being at risk of a range of adverse social,

educational and health outcomes (DfE, 2019; Mannay et al., 2017) and concerns have been noted with regard to the over-representation of care leavers within the criminal justice system (DfE, 2018). Oakley, Miscampbell and Gregorian (2018) suggest that most children in care experience more positive outcomes by being in the care system than they otherwise would have done and, moreover, often achieve better outcomes than peers in the wider population of ‘children in need’¹. Nonetheless, they argue that the extent to which care experienced youth continue to fall behind their peers – across a range of outcomes (e.g. education, health, employment) – renders the situation something of a ‘silent crisis’ in need of further attention. Certainly, within the UK and beyond, concerns abound regarding the systemic underachievement of this group and efforts have been directed at narrowing the ‘outcomes gap’ by promoting involvement in activities that support physical, social and psychological development. Following a substantial body of research highlighting the potential of sport/physical activity (PA) (and related activities) to act as a vehicle for facilitating young people’s positive development (e.g. Armour, Sandford & Duncombe, 2013; Holt, 2016; Morgan et al., 2019), there is mounting support for the view that such activities could play a particularly important role in the lives of care experienced youth. For example, it has been argued that facilitating care experienced youths’ participation in sport/PA may enhance both their physical and psychological wellbeing (Murray, 2013), as well as support the development of social capital, resilience and identity (Hollingworth, 2012; O’Donnell et al., 2019).

However, despite the potential of sport/PA to act as a vehicle for care experienced young people’s positive development, and arguments put forward within policy debates that this group should have access to activities that is ‘equal to their peers’ (DfES, 2007 p.10), there

¹ ‘Children in need’ are defined as either those needing the provision of services to achieve or maintain a reasonable standard of health or development, or those who are disabled.

remain concerns about the piecemeal nature of sport/PA opportunities for care experienced youth at a local level and their capacity to access them. To date, relatively few studies have considered the role of sport/PA within the day-to-day lives of care experienced young people. Some studies within and outside of the UK have provided a more generalised account of leisure provision (e.g. Säfvenbom & Sarndahl, 2000) and extra-curricular activities (e.g. Farineau & McWey, 2011), and while there is an increasing evidence-base in this area (e.g. Quarmby, 2014; Quarmby, Sandford and Pickering, 2019; O'Donnell et al., 2019), it can be argued that further work is needed to explore and exemplify care experienced young people's own lived experiences of sport/PA. In addition, a scoping review of research relating to care experienced youth and sport/PA undertaken by Quarmby and Pickering (2016) noted the lack of young people's voices (and the dominance of adult voices) in the few studies that had been identified. Researchers have also argued that there is often a lack of awareness, amongst both professionals and peers, of the issues that care experienced young people face in various aspects of their day-to-day lives (Selwyn, 2015; O'Donnell et al., 2019). Such a situation led Quarmby (2014) to assert that care experienced young people were something of a 'hidden group' in relation to sport/PA research, policy and practice, leading to a call for more concerted work in this area. It was as a result of this call that the Right to Be Active (R2BA) project was conceived.

This paper seeks to provide a broad overview of the R2BA project and briefly outlines the research framework before discussing key empirical findings relating to care experienced youths' perspectives on, and experiences of, sport/PA. Specifically, it highlights findings which indicate that the complex landscapes care experienced youth navigate on a day-to-day basis can be influential in shaping their attitudes towards and participation in sport/PA.

Overview of the Study

Acknowledging the significance of social landscapes (i.e. spaces and places) in shaping the day-to-day experiences of young people (Sandford & Quarmby, 2019) and noting the complex contexts in which care experienced young people live, R2BA was underpinned by an interpretivist approach and designed to explore a range of factors that could influence care experienced youths' attitudes towards, participation in and experiences of sport/PA. As noted by Macdonald et al., (2009) an interpretivist approach allows participants to be viewed both as individuals and as members of a larger social organisation, in this instance the care system. As such, a deliberate effort was made to focus on both policy and practice as well as to seek the perspectives of different individuals, to examine both official structures/processes and individuals' own lived experiences of these. In line with an interpretivist approach, the theoretical concepts of Bourdieu were also considered to be particularly relevant for this study, given their focus on both dualisms (the micro/macro, structure/agency) and the multidimensional nature of social life. Consequently, as noted below, the key concepts of habitus, field, capital and hysteresis were also drawn upon within the analysis to help make sense of the data.

Once institutional ethical clearance was granted, the project was undertaken over a period of 34 months (January 2016 – October 2018) and comprised four related phases:

During *phase one* (Jan-Jun 2016), a rapid review² of relevant policy documents specific to children in care was undertaken to identify how care experienced young people's access to sport/PA was situated within them. The review was divided broadly into two sections – policies related to health and policies related to education (although it should be noted that

² Rapid reviews are a simplified approach to synthesising research evidence and are typically used when there is a tight timeframe for study. While not as rigorous as full systematic reviews, they do share many of the same features and have been shown to provide valuable evidence that can usefully inform decision making processes (see Khangura et al., 2012).

there was some overlap between the two). This review of policy documents was used to inform the second phase of the study, by identifying key issues, ideas or questions for further discussion.

In *phase two* (Oct 2016-Apr 2017), online surveys were distributed nationally to both care experienced young people and adult stakeholders to provide contextual information about care experienced youths' perspectives on, experiences of, and access to sport/PA. The adult survey was intended for anyone working with/for care experienced youth and, informed by the findings from phase one, it sought to explore (among other things): what policies underpinned practice relating to the provision of sport/PA opportunities; the perceived importance of sport/PA for care experienced young people; and the potential facilitators and challenges associated with access to sport/PA opportunities. This survey – hosted on SurveyMonkey – was disseminated via Twitter, through various care organisations and by mobilising existing networks with Local Authority³ staff. A total of 19 responses were received (13 complete responses). The youth survey was intended for any care experienced young person in England between the ages of 8 and 25 years. It was developed in conjunction with a national charity working with/for care experienced youth and included questions which focused on (among other things): the perceived value of sport/PA for care experienced youth; current and previous sport/PA engagement; and perceived opportunities to participate in sport/PA. As with the adult version, a link to the survey was disseminated via Twitter, through care organisations, and through the aforementioned networks with local authorities. In total, 70 young people responded to the survey with 48 providing complete responses (aged 7–22 years, 21 male, 26 female and one preferring not to disclose their gender)⁴. The

³ In the UK, a local authority is an organization that is officially responsible for all the public services and facilities in a particular area.

⁴ While the number of responses received for the youth survey are low, it should be noted that the response rate is comparable to other studies in this area (e.g. Timpson, Eckley & Lavin, 2014; Quarmby et al., 2019). Low

majority of respondents (69%) had spent between 2 and 10 years in care and, following broader patterns, the largest percentage were (or had been) placed in foster care (75%).

After this, *phase three* (May 2017 – Apr 2018) involved a period of prolonged fieldwork, drawing on qualitative methods to collect data from various stakeholder groups. Semi-structured interviews were conducted with adults working with/for care experienced young people in local authority contexts (n = 4) and focus groups were conducted with care experienced young people in six different geographical contexts across England - the North, East Midlands, West Midlands and three different London regions (n = 63, aged 8-21 years, 26 males and 37 females). In addition, narrative interviews were conducted with care leavers – individuals who had experienced care at some stage but who had now left the care system (n=4, aged 23-32 years, two males and two females) – to explore their reflective perspectives and experiences. Noting the acknowledged difficulties of gaining access to care experienced youth (see also O'Donnell et al., 2019; Quarmby et al., 2019) the identification of individuals and contexts to be included in the study relied heavily on existing connections, although an effort was also made to ensure a geographical spread and a representative demographic based on factors such as age, gender and care context. Recognising the value of centralising youth voices in research with vulnerable groups (Sandford, Armour & Duncombe, 2010), and reflecting the interpretivist nature of the study, phase three adopted a participatory approach within the focus groups. Semi-structured discussions were intended to build on the survey data from care experienced youth and used several task-based activities to stimulate further discussion around young people's engagements with and experiences of sport/PA (see also Gorely et al., 2011; Hooper, 2018). These included mind-mapping perceptions of sport/PA

numbers are thus relatively common and perhaps reflect the challenges of accessing the perspectives of this hard-to-reach population (O'Donnell et al., 2019).

(e.g. listing key words associated with sport/PA, drawing maps of where individuals engaged in sport/PA or writing about personal positive or challenging experiences); ranking and debating quotes drawn from the open-ended survey questions; and creating pictorial representations of ‘positive’ and ‘negative’ experiences of accessing sport/PA as a care experienced young person [INSERT FIGURES 1 and 2]. It is argued that these kinds of participatory methods can facilitate young people’s meaningful engagement in research and lead to more detailed, ‘authentic’ responses (Heath, Brooks, Cleaver & Ireland, 2009; Groundwater-Smith, Dockett & Bottrell, 2015). Moreover, by allowing for conversation to build slowly and for individuals to work independently while engaging in informal conversation, they were perceived to be valuable with regard to developing some form of rapport between researcher and participant; countering, to some extent, the acknowledged challenge of researchers ‘parachuting’ in to generate data with young people (e.g. Alderson et al., 2018).

Following the three planned stages outlined above, *phase four* (May-Aug 2018) was added to capitalise on the rich qualitative data generated in phase three. The significance of young people’s stories - generated through both the focus groups and care leaver interviews – led to the generation of a series of ‘concept cartoons’ (Hooper, 2018). Following the construction of these cartoons, it was deemed necessary to conduct repeat focus groups with the young people to share these images and check/refine our interpretations of the stories they (and their peers) had told. These repeat focus groups took place within four of the six contexts (again, based on a convenience sample) and involved many (although not all) of those young people who participated in phase 3 (n= 40, aged 8-21 years, 16 male and 24 female).

Data Analysis

The project adopted an iterative approach, with each phase of data collection informing the next. As noted above, a rapid review of policy documents (Phase 1) was undertaken to help identify key issues, ideas and questions for the adult and young people surveys (Phase 2). Survey data was then drawn upon to identify areas for discussion in the focus groups and interviews (Phase 3), with the data resulting from this being used to generate concept cartoons that became the focus of further group discussions (Phase 4). The quantitative data generated from the surveys (i.e. resulting from closed questions) were collated and used to generate descriptive statistics. Qualitative data (i.e. the review of policy texts, open-ended survey responses and interview/focus group discussions) were collated and analysed thematically, using a constructivist grounded theory approach (see Charmaz, 2014). In this respect, the raw data were read and re-read by each of the authors independently, with codes being assigned to identify areas of interest and commonalities across the data sets. Following this, the authors met to compare their analyses and to identify and develop core themes. As noted above, throughout the analysis of data, a theoretical framework informed by the conceptual tools of Bourdieu (e.g. Bourdieu, 1985, 1986) facilitated an understanding of the complex lived experiences of care experienced youth and the structures/resources that both shaped, and allowed them to shape, their sport/PA practices.

Discussion of Findings

Although the R2BA project sought to access the voices of numerous stakeholders, this paper focuses primarily on data generated with and by care experienced young people concerning their own experiences/perceptions. Thus, the findings below draw primarily from the youth survey and the focus groups and interviews from phases three and four. That said, the following discussion will be supported (where relevant) with comments from wider research

participants such as youth workers, carers and local authority staff. As noted, a key aim of the R2BA project was to explore care experienced young people's engagements with and perceptions of sport/PA. It was apparent from the data that sport/PA was considered important by many participants, with 83% of youth survey respondents noting that these activities were either 'a little important' or 'very important' to them. However, while many respondents valued sport/PA, it was concerning that only 40% felt they had the 'same chances' to participate in sport/PA as their non-care experienced peers, suggesting that a considerable number of care experienced youth may be facing significant challenges in accessing sport/PA and therefore missing out on their right (and desire) to be active. Indeed, it was evident that whilst some participants recognised clear benefits from participating in sport/PA (e.g. positive health outcomes, skill development and enjoyment) and factors that could facilitate participation (e.g. helpful carers, access to information and available resources) they also identified some notable challenges (e.g. logistics, cost and low self-confidence). These issues are now explored in more detail in the following discussion, which seeks to illustrate how care experienced youths' sport/PA experiences are shaped by the environments in which they live. Moreover, it draws on some conceptual ideas from the work of Bourdieu to examine how this serves to afford differential access to resources or opportunities, leading to the accumulation of particular resources (capital) and, ultimately, influencing individuals' practices and dispositions (habitus).

Mapping care experienced young people's sport/PA landscapes

The analysis of the qualitative data highlighted three interconnecting factors that seemed highly influential in shaping care experienced youths' participation in sport/PA: (1) *activities* (e.g. a range of types, formats and levels); (2) *places* (e.g. homes, schools and leisure

centres); and (3) *people* (e.g. carers, social workers and teachers). These factors could be seen to intersect at different times (and in diverse ways) for different individuals. Moreover, the nature and configuration of these factors, and the structure of relationships/resources they may or may not afford - what we might refer to as social capital (Bourdieu, 1985; 1986) – ultimately served to shape care experienced youths’ engagements with sport/PA either positively (facilitating their access to benefits) or negatively (increasing the likelihood of challenges). These intersections – and subsequent actions – were, in turn, mediated by the overarching structures of the broader field, or rather, the care context in which young people resided (see Sandford et al., 2019 for more information).

The use of field, described by Bourdieu as a structured social space in which social interactions occur, draws attention to the relationships between various social agents occupying different positions of the field (Bourdieu, 1985; 1986). Here, the broader care context, as a field that is organised around different types of capital, positions care-experienced youth with relatively little power to enact agency. That said, this particular field is malleable and differently defined depending on the particular ‘type’ of care young people are in at any point in time (e.g. foster care, residential care, kinship care), making for a complex (and often shifting) landscape that care experienced youth must navigate. In the following sections, we seek to unpack this further, beginning with an exploration of the activities that care experienced youth engage with, before moving on to consider the varied places in which these activities take place and, finally, discussing the individuals who facilitate (or not) their participation. However, while each of these factors are discussed individually, it is important to reiterate the intersections between them. Thus, at times, although one factor may be the focus, there can be significant reference to the other two.

(i) Activities

The data reveal that, like their non-care-experienced peers, care experienced youth engage in a wide range of activities, both structured and unstructured and across different levels. The most frequently mentioned activities were recreational ones, undertaken in leisure time and often with family (both foster family and biological family) or friends. Examples were cycling, walking (sometimes with pets), scooting, roller-skating or the use of parks/playgrounds. Within the interviews, comments from participants suggested that such activities were often perceived by carers as being a form of ‘productive busyness’ or, rather, a means of keeping young people occupied whilst also reaping the potential benefits of being active or engaging in developmental activities.

‘Our aunty ... she doesn’t force us, but... yes, she encourages us (to do sport/PA) ... because it stops us being idle, gives us skills (and) it keeps you healthy’ (participant, female, FG2⁵)

In addition to this, several young people spoke about being involved in organised or structured activities, citing examples such as the uniformed services (St John’s Ambulance, Air Cadets or Scouts) and the Duke of Edinburgh’s Award scheme. These activities are traditionally underpinned by notions of ‘citizenship’ (Mills, 2013) and certainly within this study they were often articulated as a means of personal development (e.g. gaining ‘life skills’) and enhancing an individual’s CV. This, to some extent, mirrors findings by Gibson and Edwards (2016) who discuss the notion of facilitated engagement, whereby activities are organised by carers for young people on the basis of the purported benefits and future gains.

⁵ In order to preserve anonymity, the focus group contexts are not named here but are instead referred to by an allocated number, context 1 being FG1, context 2 being FG2, etc.

284 In this way, we perhaps see opportunities to gain capital that may, subsequently, be translated
285 into other forms (social or physical capital to economic capital, for example).

286 ‘Mainstream’ sports (e.g. football, rugby, table tennis) were another key form of activities,
287 perhaps due to them being more easily recognised and readily available through local offers,
288 with various examples mentioned within survey responses and focus group discussions.

289 Interestingly, there was a sense that younger males were more likely to identify mainstream
290 sport as their core means of accessing sport/PA. For those who did participate, it was
291 perceived as positive and, again, valued for the development of skills (physical capital).

292 However, there were fewer references to participation in mainstream sport by older
293 participants, with a number of specific challenges noted in this respect, many of which
294 echoed findings from previous research; for example, with regard to time, funding and
295 frequent placement moves, as well as individual motivation (Selwyn, 2015; Quarmby and
296 Pickering, 2016; O’Donnell et al., 2019). Certainly, when asked for the reasons they no
297 longer took part in sport/PA, the most common responses from survey respondents were ‘it
298 costs too much money’ (42.1%), ‘I wasn’t interested anymore’ (42.1%) and ‘it was too
299 difficult to travel there’ (10.5%).

300 It was interesting to note that through the data analysis it became apparent that many of the
301 facilitators and barriers to engagement identified by care experienced young people were the
302 same (e.g. time, money, capacity to travel). Whether they were a barrier or facilitator simply
303 depended on whether or not young people had access to the types of capital required to
304 engage. Indeed, it was clear that among participants there was significant variance in
305 experience, despite individuals often living in similar contexts:

306 *‘I think the reason why there’s such disparity across the London area, and*
307 *even the UK, is because, although there is money available for sport... it*

308 *differs how it's distributed between borough to borough and how they use that*
309 *money'* (youth worker, male, FG2)

310 Such comments are valuable in reminding us about the significance of context in shaping
311 individuals' practices and how the complexity of care experienced young people's lives can
312 often make the task of navigating the landscape more difficult (Sandford & Quarmby, 2019).
313 They also serve to indicate, once again, the intersections between these key factors;
314 illustrating how discussions around activities were inherently bound up with both places and
315 people.

316

317 (ii) Places

318 Another key factor identified through the data was the range of places in which care
319 experienced youth engaged (or otherwise) in sport/PA. These included some of those core
320 spaces (fields) that commonly comprise young people's landscapes such as home, school and
321 playgrounds, as well as places that would perhaps be expected with regard to facilitating
322 engagements in sport/PA (e.g. leisure centres, gyms and other recreation facilities). Several
323 young people spoke of liking to (and being encouraged to) make use of 'free' spaces such as
324 parks and gardens. However, one of the most frequently mentioned spaces in which to engage
325 with sport/PA was leisure centres and, more specifically, gyms. Indeed, 'gym' was identified
326 by young people in all of the focus group discussions and also featured heavily in responses
327 to open-ended survey questions related to spaces in which young people were (or would like
328 to be) active. It was evident from some of the discussions with adult stakeholders that gym
329 memberships were something of an 'easy win', being popular with young people and
330 relatively easy to pay for through local authority funding. However, there were challenges in
331 relation to the variable and context-specific nature of provision (and funding) here, with

332 placement moves making it difficult at times for young people to retain membership if they
333 moved to a different geographic region/location in which funding was not provided. One
334 young person commented, for example, that ‘sometimes things are not available in your
335 locality’ (male, FG1). Moreover, the comments below from adult support workers illustrate
336 something of this challenge:

337 *‘That’s a negative... because what it is for Aldworth young people is that*
338 *Aldworth only pay for activities in Aldworth, and a lot of young people are not*
339 *placed in Aldworth, they are placed in other boroughs’* (adult support worker,
340 FG1)

341 Interestingly, the analysis of data also identified several ‘missing’ spaces – that is places that
342 were somewhat conspicuous by their absence. Examples here included extra-curricular
343 school sport, wild spaces (e.g. mountains, rivers and rural environments) and, most
344 significantly, sport clubs. With regard to the former, despite there being a strong belief
345 among adults involved in the study that education/schooling plays a key role in the providing
346 sport/PA opportunities - 92.3% of adult survey respondents identified school as being
347 responsible for such opportunities - there were remarkably few references to extra-curricular
348 school sport among care experienced participants (for a further discussion of these issues see
349 Sandford et al., 2019). Moreover, where such activities were mentioned, it was often because
350 accessing them had been problematic due to after-school travel arrangements (e.g. taking a
351 taxi home) or the need to attend official meetings during school time. Similarly, there were
352 few mentions of care experienced young people having access to wild spaces, other than
353 through structured residential activities organised via the local authority; activities which
354 were often derided for being ‘official’ and buying into the narrative (also inferred above) of
355 personal development through outdoor education (see Armour & Sandford, 2013).

The main ‘missing space’ for R2BA participants, however, was sports clubs. While 42% of survey respondents identified ‘clubs’ as being a place in which they had engaged with sport/PA, it was evident that not all individuals found access to such spaces easy. As one respondent noted, *‘I’ve been looking at joining a (football) club... but I’ve not had any luck so far’* (male, 10, FG4). In addition, references to ‘being a member’ of sport clubs – or playing for specific teams – were relatively sparse within focus group discussions. Comments from both young people and adult stakeholders identified some difficulties in relation to clubs, specifically with regard to cost, travel and accessibility. Placement moves again appeared to be an influential factor, limiting the capacity for sustained engagement with the same organisation/ club and forcing individuals to constantly renegotiate their space within the field due to shifting levels of social capital (Bourdieu, 1985). One survey respondent raised this as an issue when asked about potential barriers to engagement, noting that *‘due to moving around a lot, it was hard to stay with clubs’* (female, 16 years, FC⁶). There is perhaps an issue with regard to perceived stigma here, as some young people spoke about not wanting to be identified as care-experienced within organised sport settings, suggesting that they (or others) might choose to avoid contexts in which their care status might be ‘exposed’ and, thus, mark them as being ‘different’ (Mannay et al., 2017). As one survey respondent suggested:

‘They may never have had anyone to take them, or they may feel embarrassed if their social worker or foster carers took them as they didn’t want people to know they are in care’ (survey respondent, female, 21, FC)

⁶ In order to indicate the known care contexts in which respondents lived, the following key is used: FC (Foster Care), KC (Kinship Care), CH (Children’s Home), IL (independent living). NB. This information was only available for survey respondents.

There were some challenges, therefore, with regard to care experienced youth developing positive relationships with others (adults and peers) and establishing a sense of belonging within sports clubs, limiting their capacity to accumulate social capital and consolidate their position; something that has been identified within the literature as key to positive youth development through sport/PA (e.g. Armour et al., 2013; Holt, 2016; Quarmby et al., 2019).

People

One of the most common themes evident within survey responses and focus groups discussions was the social relationships that comprised individuals' day-to-day social practices. With regard to *people*, a number of individuals were identified as being particularly significant in facilitating access to different forms of valued capital, including: carers (defined broadly), key workers, social workers, teachers, friends and family. The most commonly cited companions for sport/PA participation among care-experienced youth were their peers, with 68.4% of survey respondents identifying 'friends' as individuals that they like to engage in sport/PA with, aligning with research more broadly (e.g. Gorely et al., 2011). Conversation among focus group participants also highlighted the significance of peers in this way, for example:

'My friends went to a dodgeball centre and they said, 'do you want to come with us?' And I just went with them and then I actually enjoyed it' (male, 11, FG5)

After friends, foster parents/carers were those most likely to be cited (39.5%) as those who supported sport/PA participation, followed by siblings (23.7%) and foster siblings (18.4%).

400 Some of the qualitative comments also identified individuals who were seen as being key to
401 facilitating access to/engagements with sport/PA:

402 *'I depend on foster family if I need to travel' (survey respondent, male, 15,*
403 *FC/CH)*

404 *'My positive experiences always came from coaches and friends' parents'*
405 *(survey respondent, male, 22 FC)*

406 Unlike their non-care experienced peers, care experienced youth can perhaps be seen
407 to have access to a wider range of social capital, simply by virtue of the number of
408 different people they are 'required' to engage with. These networks of individuals
409 provided support in several ways, including through driving individuals to different
410 locations, funding relevant kit/equipment, encouraging activity and identifying
411 relevant sporting opportunities. These forms of support can be seen to provide
412 relevant capital (social, economic, even cultural) required to facilitate care
413 experienced youths' involvement in different sport/PA practices (Bourdieu, 1986).
414 For young people in care, they may have someone, for instance an independent
415 visitor⁷, whose role specifically involves helping the young person develop new
416 interests. However, although care experienced youth may appear on the surface to
417 have a wide network to draw from in this respect, the reality is that, often, the
418 superficial nature of many of these relationship renders them a more 'manufactured'
419 (and somewhat unreliable) form of social capital.

420 Moreover, there were numerous tales with the data of carers who were unable (and
421 even unwilling) to support their young person's engagements with physical activity.
422 For example, one survey respondent noted *'some carers don't bother'* (male, 12

⁷ Independent visitors are volunteer adults who befriend and spend time with a child who is in care.

423 years, FC) while another commented *‘as a child in care, my previous foster lady*
424 *never gave me any money’* (male, 17 years, FC/CH). There was also some indication
425 that the issue of carer support was magnified in children’s residential homes, where a
426 lack of staff was perceived to further limit sport/PA opportunities:

427 *‘In residential, there isn’t always enough staffing for young people to take part*
428 *in these activities (and) not enough encouragement’* (survey respondent,
429 female, 19 years, CH)

430 Interestingly, a number of negative experiences also included a reference to
431 placement moves and/or changes in allocated social workers. While some individuals
432 noted the positive contribution of such official adults, others noted that they did not
433 receive relevant information and had their social worker changed so many times that
434 they could not build any kind of meaningful connection:

435 *‘Lots of social workers do support young people when it comes to activities’*
436 (female, FG1)

437 *‘I had so many changes of social worker that none of the information was*
438 *being... passed on. I didn’t know what was available to me’* (female, FG1)

439 It was certainly clear that, at times, the number of different individuals (with
440 differing roles) perceived as being accountable for care experienced youth, created a
441 real lack of clarity with regard to just whose responsibility it was to facilitate/support
442 their participation in sport/PA.

443 It has been noted within broader research that ‘official’ adults can play a significant
444 role in supporting care experienced young people’s engagements in sport/PA and
445 securing positive outcomes from participation (Hollingworth, 2012; Quarmby et al.,
446 2019). By connecting individuals with relevant information and contacts, they can be

447 seen to afford young people capital that might not otherwise have been available to
448 them (Frønes, 2009). However, there is often disparity here and carers who perhaps
449 lack personal experience of regular engagement in sport/PA (what we might refer to
450 as a 'sporting habitus') and who are not disposed to see value in such activities, may
451 not be best placed to support care experienced young people's engagement. This may
452 be particularly evident when these young people experience a change in field (care
453 context) and move from one placement to another, such as from one foster carer to
454 another, or from foster care to residential care. In such instances, changes in field not
455 only alter stocks of capital but also introduce young people to new agents with
456 different tastes and values. Bourdieu's (1990) concept of hysteresis is useful here in
457 helping to understand the disconnect and mismatch between the young people's
458 habitus and the changing practices of the field, particularly when the new agents in
459 the field (e.g. foster carers or residential staff) do not value (or have experience of)
460 sport/PA in the same way the young person does. As McDonough and Polzer (2012)
461 contend, the notion of hysteresis 'highlights the disparity between the new
462 opportunities associated with field change and agents whose habitus leaves them
463 unable (temporarily, at least) to recognize the value of new positions' (p.362).
464 Indeed, when we consider that habitus helps to give a sense of what actions are
465 possible (and impossible) for agents variously positioned within a field, we can
466 perhaps understand how changes within care experienced youths' landscapes can
467 result in a significant sense of discomfort. There are implications here with regard to
468 notions of stability for care experienced youth, as well as their capacity to build
469 meaningful connections and, thereby, accumulate relevant social capital to secure
470 their place within a given field (Bourdieu, 1986).

471

Concluding Thoughts

As has been noted, the voices of care experienced young people have been largely muted in previous studies relating to their engagements with/participation in sport/PA (Quarmby & Pickering, 2016). Through its explicit youth voice focus and the inclusion of various participatory approaches, the R2BA project has facilitated the inclusion of over 120 care experienced youth, exemplifying their perspectives on/experiences of sport/PA. To our knowledge, it is the largest, most in-depth study of care-experienced young people's experiences of sport/PA to date, drawing on novel and engaging methods to elicit voice and deepen our understanding of their experiences (Sandford et al., 2019). As such, it serves to go some way to addressing the perceived dearth of young people's voices in this kind of work and has the potential to shape future research agendas. A particularly interesting finding from the R2BA study is the realisation that much of the data generated with care-experienced youth mirrors that collated from studies with a wider youth population; for example, we see similar comments made regarding the potential benefits arising from sport/PA participation, the significance of choice in determining more meaningful engagements and the importance of positive relationships with peers and adults (e.g. Gorely et al., 2011; Armour et al., 2013; Quarmby et al., 2019). As such, it is evident that, in many ways, care-experienced youth are not so 'different' from their non-care experienced peers. Indeed, as with the wider research literature, many of the participant responses in this study also serve to reinforce the view that sport/PA can be a vehicle for developing pertinent 'life skills' such as confidence, communication, leadership skills (e.g. McCuaig et al., 2015) and contribute to a wider citizenship agenda (Morgan et al., 2019). While this helps to provide further backing to already well-established beliefs regarding the 'power' of sport to aid positive development, it is also important to note that it supports the more specific assertion that the development of

496 such skills/attributes might aid the development of resilience among care experienced youth,
497 in particular, through the acquisition of relevant capital (see also Quarmby et al., 2019).

498 However, there are also some notable (and important) points of difference. Care experienced
499 youth also identify significant challenges in accessing sport/PA and often point to the narrow
500 range of opportunities they perceive to be open to them. Moreover, they note some challenges
501 in maintaining their participation over time and the degree of agency afforded to them in this
502 respect. As discussed above, such challenges are often influenced by the ‘official’, external
503 structures that shape their lived experiences, for example: processes of monitoring,
504 safeguarding and consent; issues of logistics, equipment and funding; requirements for
505 official meetings and documentation; and the transient nature of care contexts (e.g. placement
506 moves, transitions in and out of care and the frequent changes in assigned key workers).
507 These challenges are not insurmountable, but they do require collaborative action in order to
508 help address them and limit their impact. As one survey respondent suggested, *‘it’s definitely*
509 *more difficult (to engage with sport/PA in the care system) but not impossible with the right*
510 *encouragement and support’* (female, 19 years, CH). In this respect, it is also important to
511 recognise the joint responsibility of different stakeholders in supporting access to and
512 participation in sport/PA for care experienced youth.

513 This leads us to another key finding of the study; the identification of key factors (activities,
514 places and people) that configure in different ways to shape care experienced young people’s
515 engagements with sport/PA in the broader field of the care context. The data generated with
516 the young people in this project indicate that, to some extent, there needed to be an alignment
517 of all three key factors for an individual to have a positive experience of sport/PA while in
518 care. For example, in response to the character creation task in one focus group discussion,
519 the following perspective was given:

520 *[INT: What would a care experienced young person need to have a ‘good’*
 521 *experience with sport/PA?] ‘She’s positive and she gets support from school*
 522 *and home... She has loads of friends and she’s a nice person... she has money*
 523 *(but) she spends it at the right time.’ (group discussion, FG5)*

524 There is a clear recognition in the quote above that if the context is ‘right’ then there can be
 525 positive outcomes for young people. Drawing on the Bourdieusian framework adopted within
 526 the analysis, this can be understood, perhaps, as a context in which individuals have access to
 527 relevant capital, are positioned with some degree of agency and where there is an alignment
 528 between habitus and the broader conditions of the field. While there were some negative
 529 perspectives here, there was also agreement among many participants that the system *should*
 530 (in principle) allow for care experienced youth to have the same experiences and
 531 opportunities as their non-cared for peers. As one focus group participant noted, ‘*all kids [in*
 532 *care] should have the same, basically*’ (female, FG5). However, it was evident that the reality
 533 of the situation – and the ultimate lived experience of the care system for young people – was
 534 very much individualised and context-specific.

535 There is growing recognition within the physical education field that the spaces and places in
 536 which young people spend time are important in shaping their attitudes and dispositions
 537 towards participation in sport/PA (Sandford and Quarmby, 2019). The data from the R2BA
 538 study reinforce this and serve to further evidence the interconnectedness of social life,
 539 confirming the need for care experienced young people’s sport/PA experiences to be viewed
 540 in relation to their broader landscapes and day-to-day practices (see also O’Donnell et al.,
 541 2019). While some positive stories were shared in this respect, it was clear that the shifting
 542 landscape in which care experienced young people lived – with its associated placement
 543 moves and changes of social workers – could also create real barriers to engagement;

particularly, for those leaving care and moving into a context of independent living. As one individual noted:

‘When you are younger you have all the resources and all that. The social workers provide for everything, so travel money and everything basically, and when you get older, like when you’re 18, you have to do everything yourself financially... you have to support yourself, do the research yourself or choose events yourself’ (focus group, male, IL, CS1)

This again indicates the complex, shifting contexts in which care experienced youth live, but also hints at the tendency for the system to view young people’s experiences in a more compartmentalised way – one which does not take into account the fluid, transient ways in which different fields can intersect. So while there are structures in place to help support care experienced youth financially, to help find them a place to live, to remove them from harm, to educate them and to (broadly) facilitate their healthy development (DfE, 2014; DfE & Department of Health [DoH], 2015), the piecemeal nature of these structures tends to result in a ‘clunky’ experience; one in which individuals’ broader interests, engagements and connections perhaps fall by the wayside. Again, the capacity for Bourdieu’s theory to facilitate a perspective of the relationships between structure and agency is valuable here and deserving of further attention.

We would argue that in seeking to examine care experienced young people’s landscapes and considering the place of sport/PA within this broader context, the R2BA project has offered a valuable new perspective on this area of study. In particular, it has identified the need for a more holistic understanding of care experienced young people’s lives and the requirement for further consideration as to how different stakeholder groups (including young people themselves) can work in partnership to facilitate care experienced young people’s access

to/engagements with sport/PA. The inclusion of a Bourdieusian lens has also served to identify the broader structures, resources and conditions that shape social practices and, ultimately, impact individual agency. There is clearly more work to be done here, but we would argue that the findings of the R2BA study raise important implications for policy and practice and identify key points for consideration that can usefully inform this process moving forward.

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