
Involving care experienced people in policymaking: an exploratory research report

The Care Experienced Young People's Network



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Introduction

The Care Experienced Young People's Network (YPN) is a small group of care experienced (CEP) young people, campaigning for improved support for care leavers. The YPN have been supported by a care experienced project lead to develop and realise our own ideas since March 2020. The project is funded by the Esmée Fairbairn Foundation, who gave us the freedom to shape the YPN in a way that reflects our own interests. Following a series of podcasts and a research project about the impact of COVID-19 on care leavers in 2020, this 2-year project comes to a close by bringing together our key ideas and passions in three research projects.

The motivation behind this research project was to understand how much of a say CEP have on policies which affect our lives, and what impact our input has.

This short report presents the main findings from our research into the involvement of CEP in policymaking and concludes with our thoughts on what this means for professionals working with CEP in this space. We have not named our interviewees or the organisations they work for in this report but would like to extend our thanks for their time, honesty and interest in this work.



What did we do?

The research began with desk research exploring the extent to which care experienced people (CEP) are involved in policymaking that impacts the lives of CEP, and the impact that this involvement has when it takes place. The search terms and exclusion criteria were informed by what we already knew about the language used to describe the involvement of CEP in policymaking, and are at the end of this report in appendix A.

The relevant literature was summarised, then analysed to establish the key themes. This allowed us to create a set of questions which we then put to professionals who enable CEP to participate in policymaking in some capacity, and CEP who have been involved in enabling CEP to influence policy. We asked eight people to participate in a half-hour interview with us by reaching out to charities and projects that were also on the Esmée Fairbairn Leaving Care Funding Stream, or who we knew of as organisations or individuals actively involved in enabling CEP to influence policy.

You can find the key questions we asked in the interviews at the end of this report in appendix B.

This research is exploratory, and our sample of interviewees may not reflect the experiences and opinions of everyone working on involving people with lived experience of care in policymaking. We present the key findings from this work along with our recommendations and hope this report sparks discussions and fresh thinking around involving CEP in policymaking that affects us.

What did we find out?



First, we established through discussion that ‘co-production’ or ‘participation’ in policymaking is (to us, at least) the idea that service users and professionals work together to develop policy that informs services in a way that is most beneficial to the service user - in this case CEP. At its extremes, this can range from partnership working (co-production) to CEP simply sharing lived experiences with professionals to inform their decisions. In the context of our (UK-based) research, the professionals usually work for local or national government in some capacity, though charities are often involved in brokering relationships and supporting the work.

What drives professionals to involve CEP in policymaking?

When looking into why professionals involve CEP in policymaking the literature revealed that professionals want to use the lived experience of CEP to solve issues that they experience. Furthermore, there was support for the idea that CEP should take action and really change things that affect them. There was also a sense that professionals want to give CEP a stronger voice and for them to have the ability to help develop the services that they have used or currently use.

The literature gave a real sense that there was value in the lived experience that CEP have and that this is believed to be beneficial in the policymaking process. However, the amount that lived experience is used in policymaking may benefit from being reviewed in institutions such as local councils, due to the fact that the level of CEP involvement differs from council to council, along with the quality and effectiveness of that involvement.



Those we spoke to felt there was a variety of reasons that professionals involve CEP in policymaking. Some believed that care experienced involvement is not always meaningful and is more of a box ticking exercise to satisfy external pressure (e.g. from charities pushing for more CEP involvement in policymaking) or statutory requirements, than a desire to hear and act on the views of CEP. However, others thought that policymakers do see the value of using lived experience to inform policy and want to use it in order to help make positive changes in policy.

To what extent are CEP involved in policymaking?

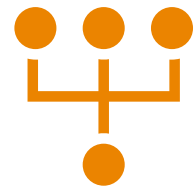
The literature we reviewed often detailed how research *about* CEP informs policymaking rather than CEP *directly informing* policymaking through participation. There was an overarching theme that CEP are not directly involved in policymaking a lot, although efforts to involve CEP do seem to be increasing. Literature also pointed to the fact that CEP are often consulted and asked to share personal stories, but this does not always result in changes in policy.



Our desk research also showed that those CEP who do get involved in policymaking are often over consulted which can lead to an imbalance within the policymaking process, with the same voices being heard over and over. Furthermore, research also showed that while CEP are asked more than other groups to tell professionals about their lived experience, they are often denied a voice when it comes to decision-making about their lives.

For some interviewees, there was a sense that CEP are not involved in policymaking enough. However, there was also a belief that this is changing, and that effort is being made to increase CEP participation in policymaking. Professionals also believed that there is disparity in terms of who is doing the policymaking, whether that be charities, government, or local government, and that this changes the extent to which CEP are involved in policymaking. Local and central government were seen as often not involving CEP in policymaking as much as the charity sector.

Some we spoke to did not believe that the lack of engagement with CEP in the policymaking process is a reflection of negative perceptions of CEP, rather it is simply easier for government to talk to professionals and advocates on behalf of CEP than engage CEP directly. These advocates tend to be seen as a quicker way to understand the range of care experience, where a small number of CEP would not cover enough ground. Advocates also tend to be seen as better equipped to engage with policymaking in a way that suits established processes. Some we spoke to felt that advocates disempower and discourage CEP from taking action themselves, where others felt it is right that someone other than CEP take on the burden of engaging with policy on their behalf.



Feedback from our interviews nodded to a widely held belief that there is a lack of diversity in the CEP who get involved in the policymaking process, stating that there tends to be an over representation of university educated or well-educated CEP who have had a relatively positive experience of care i.e. there is a lack of CEP who have had a negative experience of care getting involved in policymaking processes.

What stops or makes it difficult for CEP to be involved in policymaking?

In the literature we reviewed, there was a strong rhetoric that co-production is generally positive. However, it is also known to be time consuming and this is a key barrier for professionals when resources are limited. The literature noted that professionals sometimes have doubts about the ability of CEP to contribute effectively, particularly in terms of communicating in a way that professionals would be comfortable with. There literature also noted that professionals can be reluctant to engage CEP due to feeling protective over vulnerable young people.

For CEP themselves, the literature mentioned several practical barriers, like clashes with other commitments due to the timings of workshops or meetings, and a lack of payment leading to a lack of a level playing field. It was noted as difficult for CEP who have had a negative experience with adults to trust people and processes like these.

Interviewees also emphasised the importance of taking the time to build trust and to work with CEP to build skills so they can be involved effectively in policymaking, avoiding “participation without preparation”. The time-consuming nature (of reaching people after they have left care and are no

longer engaged with services, alongside planning, building skills and relationships) is the key barrier to involving CEP in policymaking from a professional perspective. This is particularly relevant for Ministers and those working on policy in government who have restricted timelines for developing policy and, due to lack of experience or embedded practices, do not plan to effectively involve those with lived experience.



Those we spoke to also emphasised the fear of getting it wrong and causing distress for CEP involved. For CEP, a lack of belief in the processes i.e. how their work will be used, and past experiences of being excessively probed on their lived experience while having their practical needs (like clashes with university lectures) ignored, were named as the key barriers.

What impact does involving CEP in policymaking have?

The literature pointed to several positive impacts of involving CEP in policymaking, including:

- professionals have an increased understanding of care experience
- CEP who participate develop skills
- CEP who participate benefit from connecting with other CEP, feeling heard and forming a stronger sense of identity
- relationships between professionals and CEP improve
- ideas and questioning of policy improve.

These are valuable benefits, however there was no clear evidence on the specific impact the projects had on policy itself. This does not necessarily mean there has been no impact but could mean that the impact is not being evidenced or that our search terms did not give us access to the full range of impactful (and well evidenced) projects that involve CEP in policymaking.



Professionals commented that impact can be very hard to measure or demonstrate, and that policymaking and legislation is a long process, so it is difficult to keep track of the impact. Some put significant value on the positive impact it has on the individuals that participate, where others felt it was vital to demonstrate an outcome in policy and service-design as a direct result of something that CEP have shared. It was also noted that feeding back to CEP about what was done with their input is often not prioritised.

As noted earlier, those we spoke to felt that the majority of CEP involved in policymaking tend to be female, white and are likely have done well in education (and therefore speak in a way that is comfortable for professionals). They also tend to be people who are passionate about making a difference in the world and are more likely to have had a relatively positive experience of being in care. This may mean that where CEP are being involved in policymaking, they are not providing a fair representation of the diverse and complex care experience, thus leading to policy decisions that do not serve the majority of CEP but are seen, on the surface, to be well informed by CEP.

Recommendations



We think these findings show a need for professionals seeking to involve CEP in policymaking to reflect on current practice. We hope to see:

- increased efforts in monitoring impact where CEP have been involved in policymaking, and demonstrating the value in involving CEP in policymaking that affects them
- improved communication to CEP who have been involved in policymaking about the impact their work has had, explaining why it's hard to measure but giving a sense of how things are going
- more focus on up-skilling CEP and informing CEP about the system they are giving feedback on (including upskilling professionals to better meet and improve standards for CEP participation)
- increased funding and effort into understanding and overcoming barriers to diversifying the demographics and experiences of CEP involved in policymaking.

Appendix A - search terms for desk research

We used the following search terms to seek publicly available literature through google, and academic articles through a university library. One word was used from each line in combination with one word from each of the other lines, and each combination was entered in turn.

Care Leaver / Care experienced
Policy / Legislation
Co-production / Participation / Consult / Engage
Co-produce / Participate

We excluded Children in Care/Looked After Children and principles or guidance on conducting co-production or participation. We then searched the above combinations, also with the word 'impact'.

Appendix B - key questions asked in interviews

1. Based on what you've seen, how usual or unusual is it for care experienced people to be involved in policymaking? Are there any trends in the demographics of CEP who get involved?
2. What are the motivations driving projects where CEP influence policy being set up?
3. What do you think stops more of these projects from happening?
4. How usual or unusual is it for advocates or other professionals who work closely with care experienced people to be involved in policymaking?
5. We've noticed that there's not much evidence of the impact on policy from these kind of projects. Why do you think these projects aren't translating into evidenced effective change?

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