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***“We need to understand what’s going on because it’s our life”*: using sandboxing to understand children and young people’s everyday conversations about care**

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### **Biographies**

**Debbie Watson** is Professor of Child and Family Welfare in the School for Policy Studies, University of Bristol and the lead project investigator for the ‘Difficult Conversations’ project. She has research expertise in creative methods with children and families and interests in life story work, the use of objects in reminiscence and understanding wellbeing and mental health of care-experienced children and young people.

**Eleanor Staples** is a post-doctoral Research Associate on the 'Difficult Conversations' project in the School for Policy Studies, University of Bristol whose academic background is Socio-Legal. She has interest and expertise in research with marginalised children, young people and families, creative and visual qualitative methods and social policy analysis.

**Katie Riches** is currently studying for her PhD and a Research Associate on the 'Difficult Conversations' project in the School for Policy Studies, University of Bristol. She has experience developing training for social workers and she brings practice knowledge to the project as an experienced children's social worker.

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**Abstract**

Children and young people who live away from birth families (through adoption or being in care) need an understanding of their life story, including reasons for removal from birth family to process what has happened to them and to develop a secure identity. We report data produced with care experienced children and young people using a creative sandboxing method capturing hopes and fears for conversations about care in sand scenes. The themes presented emphasise the need for care-experienced children and young people to be supported to engage in ‘difficult conversations’ about their lives in warm, open and responsive ways.

**Introduction**

There were 78,150 children and young people in care in England in 2019 (Department for Education [DfE], 2019)- making up around 1% of the population. Of these, in 2017/18, 63% were reportedly looked after due to abuse or neglect (National Society for the Prevention of Cruelty to Children [NSPCC], 2019). In 2019 the number of children who were adopted was 3,570 (DfE, 2019). Many care-experienced children and young people report gaps in biographical memory, which has been linked to poor mental health outcomes in adolescence (Selwyn et al., 2015). Having a coherent narrative of adverse experiences has been associated with recovery from trauma, particularly when there is disruption of the narrative (Jirek, 2017). Using life stories as part of identity formation is effective because people use narratives to present themselves as someone who remains the same yet is simultaneously always changing (Bamberg, 2011). For children in care or leaving care due to adoption, returning home or ‘aging out’, who may have experienced frequent change and limited opportunities to form enduring attachments, this can be challenging (Ward, 2011; Watson et al., 2018). Policy and law have responded to this need to some extent. For children permanently placed for adoption the *Adoption and Children Act* (DfE, 2002) mandates the production of a life story book by the placing authority. In 2015 the National Institute for Clinical Excellence (NICE) provided guidance that all children in care, adopted or in special guardianship had the right to access information about their past through life story work (NICE, 2015). Whilst there is a plethora of practice guidance around this (Hooley et al., 2016), especially the creation of life story books (Watson et al., 2015), there is little emphasis on the importance of conversations about past family life or the skills to do it effectively. There is recognition that it is a highly complex task (Coman et al., 2016) and one which is almost always driven by social workers or support workers, only sometimes with help from foster carers (Willis and Holland, 2009). Most of the direct work undertaken also focuses on the ‘big story’ which we suggest can memorialise the past in unhelpful ways. Instead we emphasise a focus on everyday life story conversations where it is possible to

slowly granulate a picture of the past. This requires parents/ carers and children to have the confidence to have these conversations and to enable reconciliation of truth and emotion (Baynes, 2008) which can hopefully lead to more positive outcomes.

In this paper we explore the experiences of care-experienced children and young people (aged 10-29 years) about the difficult conversations they have had and how these could be improved.

## **Background**

### *Children's perspectives on care conversations*

The 'Brightspots' survey of over 3,300 children in care in England and Wales aged 4-18, reported that the majority of its respondents had received an explanation about why they were in care, but roughly a quarter wanted to know more or felt they had not been given an explanation (Staines and Selwyn, 2020). Twenty nine percent of younger children (aged 4-7) felt that they had not been given an explanation at all and this is reflected in other studies (Mitchell et al., 2010; Buchanan, 2014).

Children and young people (herein CYP) who are not enabled to have these honest life story conversations are more likely to misunderstand reasons for being in care and misunderstand birth family relationships (Holland et al., 2010). In the absence of information, understandings may be supplemented with children's own stories which can be confused, centre on self-blame, and are likely to have a negative influence on their wellbeing (Coman et al., 2016; Winter, 2010; Staines and Selwyn, 2020). Care leavers have also expressed frustration that adults around them know more about their history and a desire to take back control of their information leads some young people to actively seek answers in the form of access to care files which does not always yield the information they yearned for (Buchanan, 2014; Hoyle et al., 2020).

Previous research incorporating the perspectives of CYP themselves has largely focussed on experiences of specific 'life story work' (Mitchell et al., 2010; Watson et al., 2015; Willis and Holland, 2009) rather than everyday conversations. In these studies, CYP identified key elements of life story work as learning about birth family's past and present, their pre-care history and reasons for their entry into care (Buchanan, 2014; Hadley Centre and Coram Voice, 2015). Personal stories about how or why their parents had chosen their names, photographs and material objects have been shown to be important for feeling a real connection to life histories (Willis and Holland, 2009; Watson et al., 2015). Further, reflections from young people reinforce the importance of life story conversations being an ongoing process, whereby topics can be returned to over time, and information can be absorbed gradually until understood by the child (Buchanan, 2014; Hadley Centre and Coram Voice, 2015).

### *Relationships matter*

Positive relationships with carers, birth families and professionals have been reported as precursors to CYP engaging in conversations about care (Selwyn et al, 2015; Bakketeig et al.,

2020). Indeed, CYP identify that relationship-building is essential preparatory work before discussing sensitive content, such as life story conversations (Buchanan, 2014) and they are more likely to feel that life story work is beneficial if they trust and feel emotionally supported by the adult with whom they are talking (Ibid.). Key building blocks for relationships with professionals identified by CYP are: time spent together doing activities together (Buchanan, 2014); responsiveness and availability, speaking respectfully about birth families and fewer staff changes (Hadley Centre and Coram Voice, 2015); genuine interest from social workers (Winter et al., 2016); and being enabled to be an active participant in conversations (Winter, 2010). Strong relationships can provide a scaffold for opportunities to have regular life story conversations (Bakketeig et al., 2020) but the act of holding the conversation itself can also enhance trust and build relationships between CYP and their carers or social workers (Atwool, 2017).

Birth families are undisputedly a rich source of life story information, but CYP report that neither maintaining contact throughout their care journey, nor re-starting contact as a care leaver necessarily provides clear or honest answers about their history or reasons for coming in to care (Willis and Holland, 2009; Buchanan, 2014; Selwyn and Staines, 2020). However, life story work that facilitated contact with birth family members to help children gain the information they sought was highly valued (Willis and Holland, 2009).

### *Agency*

For CYP in care and those adopted, learning about one's history is likely to be an emotional, scary and exciting process (Buchanan, 2014) and navigating this is smoother when they feel both supported and allowed some control and agency. Conceptualising CYP as right-bearers with autonomy is well established in sociological perspectives on childhood and has been applied to the experiences of children in care (Berridge, 2017). But as childhood scholars have warned, agency of children cannot be 'taken-for-granted, unproblematised or assumed to be inherently positive' (Tisdall and Punch, 2012, p.256). Indeed, children (like adults) may exercise agency which can result in detrimental ends: through independent searches for life story information by accessing case files (Hoyle et al, 2020) or using social media to establish contact with birth family members (Jones et al., 2015).

Further, an over-valorisation of freedom, agency and choice sets up a binary in which inter/dependence can be negatively understood. In an effort to unpick this, which seems particularly pertinent to CYP with experiences of care, Abebe proposes a model of children's agency which emphasises its graded nature, and its necessary interdependency:

*As children's lives are also intersected by such factors as maturity, gender, geography, experience, and livelihood circumstances, their agency, too, needs to be conceptualised from these vantage points as well as interdependent social relationships in which they find themselves (Abebe, 2019, p.10).*

Another attempt to theorise children's agency proposes the adoption of 'thickness' (Klocker, 2007); agency forms a continuum in terms of 'thickness' and 'thinness' where:

*'Thin' agency refers to decisions and everyday actions that are carried out within highly restrictive contexts, characterized by few viable alternatives. 'Thick' agency is having the latitude to act within a broad range of options (p.85)*

Both thick and thin agency depend upon children's position in a web of structural factors and relationships. In relation to children in the care of the state, whose lives are mediated by a 'corporate parent', both Klocker and Abebes distinctions are useful and raise important questions. How and where does the care 'system' act as a 'thickener' or 'thinner' of children's agency? Where is children's agency necessarily interdependent with adults? Where does (or could) the care system expand and contract children's choices, including in understanding their own life stories? In the context of child protection, Morrison et al., (2019) reflect that CYP's agency is often 'contained' (not given full expression) by social care systems and processes but that, because vulnerability and agency are often entangled it is the role of social work to help *'children navigate the power and powerlessness that they inevitably experience rather than to reverse it'* (p.106). As such, to deny a copy of a care file to a child who expresses a desire to know every detail of their life story is not necessarily a denial of their agency; rather parents, carers and social workers should be helped to navigate 'difficult conversations' in a way which respects children's interdependency, vulnerability *and* agency.

These themes within the literature on care experienced CYP (children's perspectives, relationships and agency) link with the methodology that sought to better understand CYP hopes and fears for care conversations and relate to our chosen method of sandboxing explored below.

## **Methodology**

### *Research design and participants*

Interviews with children and young people took place face-to-face early in 2020 (pre-COVID 19). The data collected was part of a larger project named 'Difficult Conversations' which explored ways in which care-experienced and adopted children and young people have, or would like to have, conversations about their care journeys with professionals, adoptive parents and carers. Eleven children and young people were interviewed: five adopted children (aged 10-12), one older adoptee (aged 29) and five care leavers (aged 18-20) (see table 1).

Participants were recruited and supported by two agencies in different areas. Adopted children were invited via their adoptive parents to attend a research workshop with other adopted children. Refreshments were provided and the workshop was designed to be fun and engaging. The care leavers were all part of an existing advisory group and were remunerated for their participation on the same terms as the advisory group.

Care-experienced CYP have all expressed a need for more peer support experiences so conducting individual interviews as part of a group workshop was designed to respond to this need (Rogers, 2017; Selwyn et al., 2009) while enabling a larger amount of data to be

collected efficiently. After an ice-breaker activity, participants were invited to engage in ‘sandboxing’: creating a scene representing hopes and fears about ‘difficult conversations’ in a miniature sandbox using a selection of figures and the sand. Participants then moved to a private space, with their sandbox, to be interviewed about what they had created, and explore aspects of having difficult conversations such as barriers, enablers, time, space, and relationships.

### *Ethical issues*

The project received ethical approval from the Social Sciences and Law Faculty Research Ethics Committee, University of Bristol. Written consent was gained from CYP and adoptive parents, all having received an information sheet and consent form prior to deciding whether to participate. Verbal assent was also sought from all CYP. None of the participants were in the care of the state, having either been adopted or ‘aged out’, however, all of them were care-experienced and likely to have multiple and overlapping vulnerabilities due to earlier adversities or trauma, experiencing instability or challenging circumstances at the time of the study, or both (Larkin, 2009). The three researchers are all experienced qualitative researchers with significant experience with marginalised CYP. The interview was guided by the experience of the researchers and support after the interview was offered by the agencies involved in the project. All names and other identifying features were removed from the data and pseudonyms used.

<b>Pseudonym</b>	<b>Age and gender</b>
Isla	29 (F)
Shaun	11 (F)
Hayley	11 (F)
Fred	12 (M)
Sammie	10 (F)
Bruce	12 (M)
Simon	19 (M)
Lily	20 (F)
Ashleigh	18 (F)
Sarah	20 (F)
Beth	19 (F)

**Table 1: Participant details**



### *Sandboxing*

In research with CYP in particular, arts-based or visual methods have been used to attempt to ‘flatten’ power dynamics (Holland et al., 2010) between the researcher/researched which are exacerbated by the pre-existing power imbalance inherent in the adult/child dyad. Arts-based and visual methods invite participation, and sometimes, co-creation, thus providing opportunities for participants to exercise more agency in the research encounter. There is an ethical imperative in attempting to facilitate care experienced CYP’s agency in research because of their particular lack of control and choice reported (McLeod, 2007; Leeson, 2007). Arts-based or visual methods provide a focal point or neutral space on which participants can concentrate if they do not wish, or are not able, to hold eye contact throughout an interview (Banks, 2001). This is particularly pertinent in the context of an interview exploring conversations about CYP’s life stories and care journeys, which may elicit painful or uncomfortable feelings.

Sandboxing as a method has been developed from child psychologist Margaret Lowenfeld’s psychotherapeutic ‘World Technique’ (1979). The origins of the technique were ‘*created by the children themselves*’ (Lowenfeld, 1979, p.281) when a set of toys, a tray and some sand and water were made available for patients in her clinic, and children combined these to create small worlds and sand scenes. The ‘World Technique’ centres the subjective views of the child, rendering the therapist as observer or facilitator rather than interpreter or meaning-maker. It allows children to reflect in a non-verbal way, accessing aspects of their ‘interior’ that they might not have otherwise been able to (Lowenfeld, 1979). The development and differentiation from ‘World Technique’ to Sandboxing has been discussed elsewhere (Mannay et al., 2017) and it is the focus on gaining the individual’s own personal meaning which has been central to the use of Sandboxing as a tool of qualitative research inquiry, in particular, though not exclusively, as a child-centric method (Punch, 2002). Sandboxing has been previously shown to be effective at generating rich qualitative data with children in state care (Mannay et al., 2015; Mannay et al., 2017).

Photos of the sandbox scenes were taken with participant’s permission, and though these have not been treated as data in themselves they are useful to illustrate some of the verbal narratives the activity generated. We used NVivo12 to support a thematic analysis of the data. Through a process of reading, coding, noting patterns, reviewing and defining themes (Braun and Clark, 2006) we developed five themes which are presented below.

### **Findings and Discussion**

The first theme epitomises one of the many metaphors that the CYP employed in describing their sandbox creations.

#### *Stuck in No Man’s Land*

This theme captures data from seven of the eleven participants, six of whom were the older young people interviewed. Having gaps in biographical histories became a barrier to many of the young people making sense of their lives. CYP reported feeling there were spaces and

times in their lives they could not explain, people who felt ‘*blocked out*’ (Ashleigh, 18) and fears of ‘*being judged*’ (Sarah, 20) because other people knew something about your life that you did not. and with some questions just too terrifying to ask:

*I never wanted to know that I wasn't wanted. I was always terrified of being told; you were removed from your family because you weren't wanted as a kid. It was always like a fear of being rejected, being resented, being unloved, I never wanted to hear that (Isla, 29)*

The sense of being in No Man’s Land, leaving your birth family home and yet not properly fitting in your foster home was described by all five of the young people. Their placement in care offered a ‘new life’ in front of them but feeling held by their old life constrained their ability to fully embrace what this entailed. Simply choosing this ‘new life’ was not straightforward and depended on the resolution and understanding of previous life experiences. This was exemplified by Sarah where sadly she had represented herself as a ‘caterpillar’ as it was ‘*the closest thing to a leech*’ in the resources available:

*That's no man's land, that's where I am. This side is my family life, it's very hectic, it's a war zone, there's crumbling – no stability in the buildings, [...] and the grass is always greener on the other side, this was my foster placement with, you know, big house, full of love all the time but I still don't feel like I fit in anywhere. You know, all the bad side, there's nowhere for me, I just sit on my own little island in the middle [...] I came from poor upbringing with you know, abusive environment [...] and it was always very hectic and I went into a placement with this massive house with very tight family connections, you know, dinner round the table [...] and it wasn't really spoke about - about the fact that going from somewhere where you have nothing and being shown all these things that you technically could have had, it's kind of like, well, you know – [...] it's hard – I feel like it's something not really spoke about (Sarah, 20).*



**Figure 1: Sarah's Sandbox**

For Sarah, having difficult conversations was also about adapting to new ways of living with her foster family and expectations that she felt ill-prepared for. So her difficult conversations continued into her new living context where she struggled to reconcile her past and present (Ward, 2011), felt shame about what was 'lacking' in her life with her birth family, and was not part of a dialogue about how (or who) she should 'be' in her foster home. Sarah entered care at 15, and felt she already knew the facts of her life; for her the significant gap in communication was around *'basically going from whole, one lifestyle completely up changing it and going, "well this is the lifestyle you should have had"'* (Sarah, 20). What was unspoken became more significant than what was spoken about. Isla also reflected on the challenges of different relational expectations *'being in that loving environment it was unfamiliar'* which impacted her ability to ask the questions she feared:

*I kind of closed the door on that element of my life when I took on my new name and I kind of feel like it would be an insult to the wonderful work that my family have put in to raise me as the individual I am today* (Isla, 29).

*Who, where and how?*

Who with, where and how difficult conversations occurred were clear concerns for all the CYP. Sarah noted that foster carers would not be the people she would talk to as she had moved placements too often and did not feel that they had the relevant information: *'Obviously a lot of young people don't have a solid foster placement that they stay in for years so a lot of the time they don't want to talk to them'* (Sarah, 20). This was echoed by Beth who commented that she had experienced multiple placements and that the information passed on by social workers to foster carers was often limited, outdated and only emphasised risks that she might pose.

For the younger children, having these conversations with their adoptive parents (usually mother) was the norm and they all confirmed that they would rather discuss difficult things at home or in the car, but ideally without siblings or other people present: *'I'd say don't do it in front of if you have other children don't do it in front of them, because it will be a bit weird'* (Shaun, 11). As Hayley (11) commented conversations were best with mum in: *'The car and maybe, when she's tucking me in at night'*.

The safety of talking to adoptive parents in the home was also something the older adoptee commented on. She explained that her parents had worked hard to help her remember aspects of her past by visiting places and sharing experiences that assisted her in working out unanswered questions such as: *'Why do I have a fear? Why am I afraid of this, why do I need a light on at night because I'm afraid of the dark?'*. She recalled her parents sharing an experience with her to help make better sense of this fear:

*In the holidays they might take me to places that might remind me of other events to then, kind of initiate. Like, we go to the caves and because it's a dark and enclosed space it would lead to triggers and memories and then in that evening we might go and have this conversation or I might have a nightmare and then that would be another bit of bonding* (Isla, 29).

Despite this being a very 'difficult conversation' to have, which elicited uncomfortable and distressing feelings, her adoptive parents were open to helping her face this fear and understand her past. Having control over who to have difficult conversations with was something also conveyed strongly by Ashleigh:

*So, in my sandbox: over here are all, like, the people in my life, that I don't actually really like - not now but possibly when I was younger: a snake, a crab, because they like, bite and then bugs- they sting and they're just not nice creatures. So those are the people I don't really get along with. And then those are the people that I have felt that I have to do certain life story work with [...]. And then on the other side I've kind of put like a love heart and these are the people that I do really kind of want to do certain bits of work with but they're kind of blocked out, if you like, that's the fence* (Ashleigh, 18).





**Figure 2: Ashleigh's Sandbox**

These identity metaphors are powerful (Gauntlett, 2007) and the ability to represent the different people in animals was helpful for her to convey who she wanted to talk to and who she felt she had to talk to but did not choose to: where her agency was 'thicker' and 'thinner' (Klocker, 2007). The metaphor of the fence was used to explain how she felt some people she wanted to talk to were inaccessible, such as schoolteachers as she said when she had tried to speak to them, she was told to speak to her social worker instead- who she might not be seeing *'for another four weeks!'*

### *Relationships with Social Workers*

Relationships with social workers were raised by all five care leavers and the older adoptee, who expressed a variety of experiences and perceptions about the role of social workers in having life story conversations with them.

Isla recognised she has been fortunate to have the same social worker since before she was removed from her birth family as a young child. This has meant she and her family have had continuity of information and that she was able to ask everyday questions about her pre-adoption life:

*'You're probably not going to understand what I'm talking about' and then they go 'I know exactly what you're talking about because I remember when you were that big, sat in a swing in a park' (Isla, 29).*

Isla can continue to meet her social worker and to ask questions about what she was like as a young child in the same ways as most birth children can ask their family members and is a fundamental requirement for narrative identity (McAdams and McLean, 2013).

The care leavers however, expressed mixed views about their relationships with social workers. Some had experienced what they described as 'bad relationships' with social workers; others were more positive:

*The social worker that I had when I was just transitioning from school to college, was brilliant. She helped me with accessing stuff, like laptops that I needed to be able to like focus on college work, and really just cared a lot and was really open and honest with us about everything (Simon, 19).*

Simon had been in kinship care with his grandmother but had retained contact with his mother and had his questions mostly answered by her whilst a positive experience with his social worker enabled him to have practical support in place. Both Simon and Isla could be said to have experienced: '*authentic (here defined as emotionally attuned and appropriate) child-centred communication*' (Hadfield et al., 2020, p.470) with their social workers. This was not the case for the four female care leavers who reported social workers who they saw sporadically, and some who never returned their calls or texts: '*I got forgotten about*' (Lily, 20). This apparent lack of long-term meaningful relationship with social workers is evidenced in many other studies where regular staff changes are noted as a significant barrier to relationships (Hadley Centre and Coram Voice, 2015). When she did ask questions, Lily reported that her social worker would respond with: "*I need to check with my manager*" or "*I'll get back to you*" and as she never did, this prevented her asking anymore and was a recurring theme for this group who reported the transitory nature of the relationships with multiple social workers:

*It's about the trust [...] because like, when you have loads of different social workers, you can't trust them that quick to do this and then in your head you're like, 'oh they're going to leave anyway.' So, if you're going to tell them something really personal, you're not going to if you know by the end of next week, they're not going to be there.... (Ashleigh, 18).*

The personalised nature of the interaction with the social worker was also something reflected upon:

*It's just all about listening and getting to know the young person and trying to make them as comfortable as possible really because that young person may have completely no idea what's going on, they may be really clued on to what's going on, it's your responsibility to find that out in a non-threatening or non-intimidating way (Sarah, 20).*

Whilst Beth appealed for social workers to not underestimate young people's abilities and to engage in more relationship building:

*Sometimes they're a lot like more capable than you think and a lot more grown up than you think, than you'd expect and you can have these conversations, you can tell them a bit about yourself. Because if you know nothing about a person, why do you want to tell them like everything about you? (Beth, 19)*

The partial nature of information that was conveyed represented a huge frustration and even when social workers did pass on factual information, this often left more unanswered questions:

*If a social worker just says what it is, like, you don't actually understand it and then you're left with the questions like, 'oh was that my fault or should I have done this?' (Ashleigh, 18).*

Having to repeat your story was equally frustrating and made more difficult by social workers who relied on the young person to instigate the conversation:

*When, like, you get a change of social workers they don't actually know if you spoke about things before and then they don't want to bring it up [...] it is just better to ask because sometimes I think it's harder for us to say, just because it's actually like very real for me. I think it's just best if they ask, and it can be frustrating telling your story over but I think if you say it in the right way it's like, there's no harm (Ashleigh, 18).*

Young people felt social workers could use their powerful position to be responsible for both talking to the young person, and ensuring foster carers knew enough to answer questions:

*I feel like social workers are a big part of it because they're the ones who have the most information, they're the ones who relay the information to foster carers, they're the ones who get the information back (Sarah, 20).*

But as Farmer and Lutman (2012) noted in their study of reunification of neglected children, social workers often did not know the history of children, so not passing this on to foster carers is understandable; although they also reported this was often because social workers had not read the details of the case file.

Sarah noted that: '*Anyone in authority*' that she had encountered had started with reading what was in her file, rather than talking to her and this made her sceptical about their motivations for talking to her:

*Because a lot of the time information about your past is put on a piece of paper. So, they read the information and if they have questions about it, they'd ask you but it's finding that line between asking because you're genuinely interested or asking because you're double-checking whether that information is right (Sarah, 20).*

Sarah had not managed to access her social work file despite requesting it and this seemed to exacerbate the power differential between her, whose story was in the file; and the authorities who she felt were writing things about her without her knowledge.

### *Good and Bad Conversations*

The sandbox activity enabled all the CYP to put into visual metaphors what was difficult to express in words. For two of the younger children this included difficulties encountered such as managing their anger and both Bruce (12) and Hayley (11) built volcanoes in the sand:

*I: The volcano is like my temper, like when I'm tired and that, because when it explodes it's all out of control and everything but when it calms down it's like...all the destruction it caused, every time it erupts it makes it bigger*

*R: OK, so it makes the volcano bigger?*

*I: Yeah because more rock when it cools down gets attached to side of the volcano which makes it higher and higher and higher and higher (Bruce, 12)*

Bruce expressed fears that if he did ask questions about his life, he would be unable to manage this ever-increasing mass of molten rock. Such intense emotions were reflected on by Isla who explained that her own defensiveness was often a feature of bad conversations: *'The bad conversation, that's where I'm, all defences up, all my hairs are up on end and yes, that would be a kind of negative resolution'*.

Most of the accounts of bad conversations occurred when information was confused, there was confusion over the information conveyed, where they felt adults were *'dancing around the issue'* (Isla, 29) or where young people were passed to other professionals to respond. For example, Beth tried to talk to her male support worker about sexual health concerns only to be bounced to a female worker as he wrongly felt she would be more comfortable talking to a woman- frustratingly she would have preferred to talk the man that she felt knew her better: *'Having difficult conversations -it's never straight to the point, it's always a long-winded process'* (Beth, 19).

Good conversations on the other hand were characterised as: *'I'd always come away with some kind of emotional understanding where we've explored a topic'* (Isla, 29) and this needs emotional presence and the *'sense of warmth and affection that comes with the conversation'* was a fundamental outcome for her and for other CYP:

*A good conversation kind of looks like where you feel like you're listened to, where you feel like supported, you feel like they kind of actually care about the small things you want to say and not just major things they think they need to get through (Beth, 19).*

The CYP were insightful about what they felt mattered in respect of adult's behaviour in enabling a good conversation. A range of adjectives were used such as the need to be honest, reflective and responsive to the young person's questions. Being genuine and taking



an interest in the young person rather than conversations *'just being a tick box exercise'* (Sarah, 20) was also mentioned, as has been noted in other studies (Winter *et al.*, 2016). The younger adopted children also said they wanted their parents to be confident when they talked to them because: *'Sometimes my dad hesitates a lot. So, it's like he doesn't know'* (Hayley, 11). When asked what advice she would give parents she said: *'Just do it with confidence because otherwise it will seem awkward'*. One of the older girls expressed concern that she had encountered professionals who lacked confidence in how to talk to her and whether they could share information. She had experienced professionals who seemed anxious about starting conversations and managing her reaction and she recommended: *'To anyone listening to those conversations don't be scared'* (Beth, 19). The awkwardness of adults is at odds with some young people's understanding and acceptance of their past:

*I grew up with a druggy stepdad and a depressed mum, you know? There's not much I haven't seen, so I'm not exactly scared of talking about anything, you know? (Lily, 20).*

This did not necessarily make life easier, it just meant there was more clarity and a level of resistance to the concept of a 'difficult conversation' as life had already been hard.

The discomfort of the social workers and a sense of 'containment' of children's agency in these relationships mirrors findings of the recent *Talking and Listening to Children* (TLC) study. Ethnographic observations of social workers meetings with children revealed that whilst children had space to express their agency this did not necessarily result in significant changes (Morrison *et al.*, 2019) as whilst they are given a platform to be heard, the social workers chose not to act as their view on best interest overruled the child's expressed needs or wants. The result is that children only every get to achieve 'thin' agency (Klocker, 2007).

### *Acceptance and Understanding*

Several of the young people talked about having questions answered and anxieties quelled, and feeling a sense of relief after engaging in life story conversations:

*... it's just a lot of relief. [...] even though you're a kid, you mature quite quickly in those sort of types of situations, so you're able to just be sort of like okay, well, that's the reality of it, I've just got to get on with it, you know? This is the best I can do at the moment, but at least I know what's going on in my own life now (Simon, 19).*

Access to information about their past was the biggest hurdle in being able to make sense of why they could no longer live with birth families. In Simon's case he and his younger siblings were placed with his grandmother, but he felt frustrated by the lack of information from social workers as the 'temporary' placement extended to several years:

*Like, what's going on? [...] I feel really bad, because even she didn't realise we were going to be with her for so long... as much as it affected us, it affected her as well, because all of a sudden she was having to go on courses to become a foster carer (Simon, 19).*

Information seemed difficult to access for all the CYP who were provided with partial insights: *'The little sprinkles, the little tidbits they're giving me, like, all this little information, but I want the rest of it'* (Lily, 20). She described social workers *'guarding'* her information particularly the reasons why she could not see her younger siblings and frustration that her foster carers knew no more than she did:

*Like, when I first went into care she told me I wasn't allowed to see my brothers unless I went through a contact centre, which I thought was absolutely stupid as I'd helped to raise them, do you know what I mean? Ten years wiping nappies and like, you know, walking up and down and stuff, and I wasn't even allowed to see them, I was like "What the hell?" (Lily, 20).*

This lack of explanation and the frustration she experienced compounded this forced and rapid change in her identity, which inhibited her *'moving forward'*.

For the young people who had been able to understand what had happened to them, a level of acceptance of the past was evident:

*It's not easy being someone from the care system or from a very difficult upbringing, it's not easy to embrace the idea that these things have happened to you but it's okay to do so and it's okay to let that sort of influence how you grow up (Isla, 29).*

But as Lily reminded us, life stories are not just rooted in the past, they are also about the present and future (Bamberg, 2011) and they incorporate experiences beyond the traumatic ones encountered in birth families:

*It's not just a conversation about the negative, it's a conversation about life in general, it's not, 'hey tell me about your bad experiences.' It's, 'hey tell me what makes you, what made you, how, what process of growing up turned you into the person you are now' (Lily, 20).*

## **Conclusion and implications**

The data presented here illustrates the value of the sandboxing method to enable children and young people to create visual metaphors that capture their thoughts, feelings and experiences that might otherwise be too difficult to articulate. This creative method provided a non-threatening, safe space for what were often traumatic or ambivalent memories and emotions, and this confirms the need for researchers, professionals and families to provide alternative, responsive approaches to communicating with care experienced CYP. This could be built into wider life story work using children's loved objects to help provoke memory and solidify a sense of the past (Watson et al., 2019).

Whilst recognising the limitations of a small and quite mixed set of data, it was important for us to represent those who were care experienced and remained in foster care as well as those who were adopted. But recruitment was challenging, particularly of the adopted children whose parents were concerned not to provoke traumatic memories in their child, so we only engaged those children whose parents were confident they would be able to deal with the content of the session and the focus on care experiences. There are implications for social workers and foster carers here who either due to staff turnover, lack of skill in direct work or lack of information being passed on are unable or unwilling to have conversations with CYP in the ways they need and value. Information about children's care journeys is recorded in social work case files. In the absence of carers or professionals who themselves possess this knowledge and have long-term and ongoing relationships with children, professionals whose responsibility it is to read and process this information need to understand the importance of passing information onto carers and young people in a timely fashion that is responsive to when and how a child or young person needs to know. Whilst we accept the shortcomings of case file information in (re)constructing life stories (Hoyle et al., 2020), returning to the title of this article, information held by professionals and agencies effectively belongs to the child or young person, it is their life. The unasked, unanswered questions and the unspoken answers became more salient for CYP than the information they were given. Our participants clearly articulated the importance of access to this knowledge as central to their ability to exert agency over their sense of self and be heard about life story questions and concerns which are fundamental to good identity outcomes.

For adoptive parents, the suggestion that 'difficult conversations' are about everyday interactions with children rather than one-off, static, 'big story' events is reiterated here. CYP who were adopted valued feeling safe and secure with their adoptive parents and sensed hesitation or awkwardness from adults, rather than feeling these things themselves, even when discussing topics that adults might assume children will find uncomfortable. Where adopted CYP were able to discuss their life stories with their parents in non-threatening, everyday ways, feelings of relief and connection with parents were expressed. Again, there is a role here for professionals and agencies in sharing complete information with adoptive parents in order for them to facilitate these 'difficult conversations' with their children and contribute to 'communicative openness' (Brodzinsky, 2006) which is linked to a range of positive subjective and objective outcomes for adopted people (Jones and Hackett, 2007). Overall, whilst we have characterised these conversations as difficult, it is important that adults in the lives of children adopted or in care appreciate that traumatic, disrupted or difficult events are still part of children's lives and cannot be erased or remain unspoken if they are to be supported to achieve a positive sense of self.

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