

Children and Young People with Experience of Care

By The Churchill Fellowship, a registered charity



In 2023, the Churchill Fellowship launched a three-year programme of Fellowships focused on Children and Young People with Experience of Care. This Fellowship theme is focused on improving the lives and outcomes of children and young people with experience of care. This programme offers individuals the opportunity to discover new ideas and best practice from around the world and will support them to apply that learning and inspire change in children’s social care in the UK.

Coram is acting as a knowledge partner, supporting the Fellows’ research and its dissemination, and the programme is co-funded by the Hadley Trust.

For more information about the Children and Young People with Experience of Care Fellowships, please visit: <https://www.churchillfellowship.org/become-a-fellow/our-current-programmes/children-and-young-people-with-experience-of-care/>



Niketa Sanderson-Gillard: How WhyCare is transforming the foster care journey



Niketa is the Founder and CEO of *Why Care*, a fostering social enterprise focused on improving the assessment, preparation and support of foster carers.

The UK foster care system is in crisis, with too few carers to meet the growing need for stable, loving fostering homes. *Why Care* is a social enterprise tackling this challenge by integrating the voices of those with lived experience—ensuring that the insights of foster carers and care-experienced individuals shape better outcomes for both children and carers. By combining advanced assessment techniques, targeted training, and ongoing peer support, *Why Care* makes the fostering journey more intuitive and effective. This approach not only improves recruitment and retention but also provides Local Authorities with a sustainable solution to foster care shortages.

The Churchill Fellowship has been instrumental in refining and building *Why Care*’s model, drawing on global best practices to create a more holistic, data-driven approach. Understanding the similarities and differences with systems in Canada and Nigeria has allowed us to further develop our approach and think more boldly about what different groups of carers and the children placed with them need.

For more information, visit: whycare.org.uk

Esme Miller: Meeting the distinct needs of UK LGBTQ+ children in care

Esme Miller (she/her) is a qualified children and adolescent CBT therapist and Social Worker. She currently works as a CAMHS Clinical Specialist in South London, delivering therapy and care coordination to young people experiencing mental health difficulties and emotional distress.

What am I researching and why did I choose the topic?
My research has focused on investigating how organizations in the USA and Canada are supporting and addressing the specific challenges experienced by LGBTQ+ young people in care, and what changes can be made in the UK, to enhance support systems for LGBTQ+ young people in care.

Over the years, and as a queer person myself, I have become increasingly aware of the disproportionate representation of LGBTQ+ youth among those in care and those receiving social care intervention. That said, I have also felt that within CAMHS and CSC (Children’s Social Care), we continue to lack understanding of the specific challenges faced by this group of young people. Whilst working directly with LGBTQ+ youth has brought some of these challenges to light for me, a growing body of research illuminates the experiences of a far wider sample of LGBTQ+ young people in care, highlighting the widespread and unique difficulties faced by this group.

How did I conduct my study?
I interviewed organizers and practitioners leading or working within organizations that support LGBTQ+ youth in care. Through these conversations, I identified five key themes, from which I drew recommendations to improve support for LGBTQ+ youth in care within the UK

What are my key findings?
Collaboration among professionals was identified as key to supporting LGBTQ+ youth in care and positively influencing their self-identity. Key findings include the success of ongoing training programs, such as those from the Ackerman Institute, which help practitioners create safe, affirming spaces, foster gender inclusivity, and address gender bias within their workspaces. Similarly, 1:1 consultation, like those offered by Out and Proud, provide practitioners opportunities to reflect on biases and deepen their understanding of the unique challenges LGBTQ+ youth face. Finally, the development of comprehensive SOGI guidelines is essential for ensuring best practices and creating a non-discriminatory environment for these youth.

My research emphasizes the importance and benefits of tailored, group support for LGBTQ+ youth, both in and out of care. Such support focuses on building coping strategies, enhancing self-esteem, and understanding their distress as a valid response to systemic factors like discrimination and stigma. Programs like AFFIRM, with an emerging evidence base, offer effective interventions to help LGBTQ+ youth in care improve their well-being, and can be used here in the UK.

Data collection emerged as a crucial element in understanding the experiences of LGBTQ+ youth in care. I observed that, similar to the UK, there is strong advocacy for comprehensive and trauma-informed data collection in both the US and Canada. Such data could play a vital role in shaping policy and securing funding to improve support systems for LGBTQ+ youth in care.

Family support, especially for trans and gender-diverse youth, plays a significant role in improving well-being. Research shows that strong parental support leads to better mental health and life outcomes for gender-diverse youth. Programs like AFFIRM and Ten Oaks support caregivers to develop a better understanding of their LGBTQ+ youth and be supported to foster a more supportive and safer environment at home.

Finally, intersectionality emerged as a key theme, illustrating how factors like race, gender, and socio-economic status intersect to shape the experiences of LGBTQ+ youth in care. These overlapping identities create unique challenges, especially for those who may face compounded forms of discrimination. It’s crucial to create more inclusive, intersectional support systems to better address the diverse needs of LGBTQ+ youth in care.

To strengthen support for LGBTQ+ youth in care, I recommend several initiatives: updating NHS CAMHS and Children’s Social Care databases to collect gender and sexuality data, piloting the AFFIRM and AFFIRM Caregiver programs, and implementing mandatory training to address LGBTQ+ discrimination while learning how to actively dismantle heterosexism and cisgenderism. Additional recommendations include creating supportive, reflective groups for parents and carers of gender-diverse youth, improving accessibility to LGBTQ+ youth spaces, developing SOGI guidelines with a dedicated lead, and offering 1:1 consultation for practitioners. Lastly, reviewing physical and digital spaces in CAMHS and CSC to ensure they are inclusive will improve the overall safety, support, and inclusivity for LGBTQ+ youth in care.

What are my next steps and ongoing challenges?
I plan to share my findings within my NHS foundation and pursue additional funding opportunities to advance my recommendations. To implement some of these ideas as pilot projects, I will seek support from LGBTQ+ networks within my organization and explore grants from programs like Change Makers. Additionally, I will engage with the Children’s Social Care service in my borough, with our Children Looked After team within CAMHS, and continue to advocate for these changes and increased awareness within my own team. What will be particularly important, and something that is a shortcoming of my research, is for these ideas to be taken forward with feedback, scrutiny and input of LGBTQ+ young people in care, who are the experts by experience.

Sharon McPherson: Reimagining kinship care through cultural curiosity



Sharon McPherson is a kinship carer and Co-Founder of Families In Harmony (FIH), a black led, lived experienced social enterprise offering family support services to African, Caribbean and Black Mixed Heritage kinship care families. FIH is also a racial justice campaigning organisation operating as a critical friend to improve racial equity across research, policy, practice and service development in children’s social care. Sharon chairs the Kinship Care Alliance Race Equality subgroup. FIH have recently been recognised as one of the Big Issue top 100 Change Makers for 2025.

What am I researching and why did I choose the topic?

My research into understanding the cultural and family dynamics context of kinship care came about initially due to ongoing dearth in knowledge relating to the assessment, engagement and support needs of African and Caribbean kinship care families. The need for such cultural context knowledge was further compounded by the death of my grandson Ryan aged 14 in 2022, as he experienced as a black boy adultification by professionals which led to his mental health vulnerabilities as a child going unseen.

What are my key findings?

Caregiver Findings Summary

- Trust was more easily gained when lived experience and shared identity was present through the use of peer research approach.
- The female headed kinship care households dominated the landscape, similar to that in England, and possible links to gender role expectations.
- Socio-economic mobility through economic migration still dominates the kinship care landscape in Jamaica.
- Traditional parenting practices trump therapeutic parenting practice which meant adverse childhood experiences weren’t considered in children perceived poor behaviour.
- Intergenerational conflict present due to expectations of traditional respect and moral values versus digital technology influences and usage.
- Jamaica operates a state provision equivalent to UK Universal Credit to prevent families falling into absolute poverty. Contradicted informal caregivers lacking appropriate support to meet the basic needs of food, shelter and education. Just like in the UK, informal caregivers make up the majority population of kinship care.

Professionals Findings Summary

- The importance of trauma informed practice and teaching staff acting as first responders to home and community linked safeguarding issues was universal across teaching staff interviews. Although many spoke of using ‘common sense’ and a safeguarding approach rather than actually being trained in this area.
- The stretch on resources leading to multiple roles converged into one.

My research country choice came about because the largest population of ‘Windrush’ migrants came from Jamaica. My interest in the correlation between the adverse childhood experiences (ACE’s) of the Windrush migration ‘Barrel Children’ (those left behind in with relatives) and ACE’s of Caribbean heritage Kinship Care children in England. This was coupled with exploring if living in a predominately black populated country verses living in a host predominately white populated country had any bearing on the cultural practices and support needs of kinship families.

How did I conduct my study?

I used a narrative research approach to explore my research questions. 10 kinship caregivers and 20 professional’s representatives from state agencies including child protection, social work, education, family courts and social security, alongside faith leaders, ward councillors and community workers participated. Their lived experience narratives was gathered using semi-structured 1-2-1 interviews and focus groups whilst in Jamaica, alongside 1-2-1 online meetings pre and post field research visit. The key findings offer a summary of the themes generated from these discussions.

- School is the ‘safe place’ for many children who exposed to exploitation by gangs, peers and familial abuse.
- The practice of ‘child shifting’ – this is where a child or children are placed by parents or other relatives with a family member, then that child is moved around relatives’ homes.
- Behaviour management within schools was administered from an inclusion rather than exclusion perspective.
- Professionals and caregivers stated that state assistance to address childhood poverty had to high a threshold.
- Workforce capacity and development and large caseloads creating further risks.
- Jamaica’s lack of Kinship Care legislation or strategy possibly putting children in informal and formal arrangements at risk.

My research creates insight into whether regulation through court orders of informal kinship care should be the primary focus or improving visibility of children in these arrangements and extending existing formal support provisions should be the kinship care strategy focus. My research also raises questions as to the hidden impact and legacy of Windrush on the Caribbean communities in England, particularly in relation to generational trauma, family fragmentation and reunification.

Families In Harmony will build on this research through the launch of its #SeeEveryChild Campaign, recognising that it is the poor visibility of children in informal kinship care arrangements, and the racial disparities in assessments and support service provision for black kinship carers within formal arrangements that is stemming the progression of racial equity. We will have a greater focus on utilising this campaign to improve kinship care local offer and lobby for research funding and the greater use of racialised lens in policy, practice and service development.

Lauren Page-Hammick: Supporting care leavers’ safe transitions to adulthood and preventing homelessness



Lauren has worked across voluntary and community sector organisations for more than 10 years. She has had a range of roles focussed on improving supports and systems around people experiencing disadvantage, including violence, homelessness, and care experience. This has included developing and delivering a housing pathway for individuals and families fleeing domestic abuse and other forms of violence in London and more recently, practice, policy and advocacy work to improve system and service responses to young people experiencing homelessness. Lauren currently works at Research in Practice as Research and Development Manager (Children & Families).

What am I researching and why did I choose this topic?

At the end of 2023 I started my Churchill Fellowship, for which I researched homelessness prevention interventions that could meet the needs of the growing group of young people who enter care at an older age. This group often enter care with complex risks and vulnerabilities. I wanted to identify interventions that were responsive to the specific risks, and challenges experienced by this group of young people. This included interventions that address the cumulative impact of harm on young people and the extra risks posed by the coping behaviours young people may use that bring further risk. While young people leaving care face unique disadvantages, I wanted to situate their experiences of housing stability within the growing injustice of youth homelessness, and my Fellowship explored what a youth housing offer could look like, and strategic approaches that were being taken at national and regional levels to address youth homelessness.

What are my key findings?

A number of interrelated variables affect a young person’s experience of transitioning into adulthood including housing, employment, relational safety and connection and mental health/emotional wellbeing. For young people leaving care there is a huge risk that one or more of these factors will not be sufficiently attended to, and as a result the risk of homelessness is increased.

Too often support for young people leaving care focuses on ‘independent living’ skills at the cost of attending to the emotional and relational support needs of young people. My report spotlights housing and support models that prioritise stabilisation and safety for young people as they transition into adulthood, alongside work to foster meaningful relationships between young people, their communities and the significant people in their lives.

My findings are organised under five themes: Building and sustaining meaningful relationships and networks, Housing Models, Decolonising care and support, strategy, leaving care and youth support.



I visited Helsinki in Finland; Vancouver, Kelowna, Calgary and Toronto in Canada; and New York City in the US to learn about approaches and interventions being used to prevent young people from becoming homeless.

How did I conduct my study?

In approaching this Fellowship, I was keen to draw learning from both child welfare and youth homelessness perspectives and interventions. Through online scoping I identified approaches to supporting young people exiting care and/or that focussed on preventing young people from becoming homeless in Finland, Canada and New York.

I collected information from the services and professionals and young people I visited through semi- structured one-to-one and group interviews. The majority of these interviews were recorded, which I later reviewed to identify key themes, and the quotes. While in British Columbia I was lucky to attend a Symposium on International Transitions from Child Protection which brought together researchers, policymakers, service providers, and advocates speaking with lived experience of the child welfare system, homelessness, or both.

For me, one of the most significant elements was visiting services who approached relationships as a basic need, reprioritising what is seen as fundamental support in the transition away from children’s social services and what should be delivered within housing interventions. Similarly to the Lifelong Links programme delivered by the Family Rights Group, these interventions sought to connect young people to networks of people who were significant to them and provided support to young people and their chosen networks to explore, build and maintain these relationships in healthy and safe ways.

I hope my report will stimulate discussion, broaden understanding and provide insight into how post-care support for young people could be improved to prevent homelessness. Many of the approaches and interventions I discuss in my report resonate culturally with changes proposed under the Children’s Wellbeing Bill, including the involvement and participation of a child’s family network through Family Group Decision Making and greater emphasis on Kinship Care.