Care-Experienced Young People's Perspectives on the Foster Home as a Therapeutic Environment

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Abstract

In the English local authority care system, the term 'therapeutic' has been increasingly used to describe the provision of foster care placements for young people. However, relatively little evidence exists outlining whether therapeutic foster care practice models are relevant to young people in foster care, specifically those in their teenage years. This gap in our understanding stems from the existing research focusing on the perspectives and experiences of professional clinicians, social workers, and foster carers rather than the perspectives and experiences of the young people themselves.

This qualitative research project explored teenagers' views and experiences of what makes a foster home a therapeutic environment and gathered their suggestions on the key ingredients of a therapeutic foster home. Ten young people aged between 13 and 19 who were currently in foster care placements or had recently left one in Southeast England participated in the research. Drawing on data created using collaborative visual methods, it examined whether the perspectives and experiences shared by the young people during the project coincided with or challenged the existing literature on therapeutic foster care provision. Data were analysed using a reflexive thematic analysis, and the therapeutic landscapes concept was integrated to provide a new framework for understanding the therapeutic constituents captured by the participants.

The research found that the young people's lived experience of a therapeutic foster home was a complex assemblage of physical and material spaces (bedrooms, gardens, the local area), relational encounters (pets and people) and symbolic dimensions (sunsets, food, religion, creativity). It showed how they actively engaged with therapeutic resources available to them in the foster home environment, while also independently creating others. The young people's portrayal of a multidimensional therapeutic environment differs from the existing literature that positions therapeutic parenting as the single dimension of a therapeutic foster home. These findings have practical implications for what we consider to be the key ingredients of therapeutic foster home provision for teenagers. Bridging a gap between existing 'adult' perspectives and the day-to-day lived experience of young people, particularly teenagers. Therefore, further research is needed to determine how we create

teenager-led therapeutic foster home environments that capture and promote the key therapeutic ingredients according to the young people within them.

Use of terminology

Teenager	Used as a culturally constructed term to describe individuals between the ages of 13 – 19, culturally known as a time for developing a sense of identity and belonging.
Therapeutic	Defined as something that helps you to relax and feel better about things, especially about a situation that made you unhappy.
Adolescence	Used as a biological term to describe individuals between the ages of approximately 10 – 24, often referred to as a time of increased physical and cognitive development.
Environment	Used to describe the surroundings or conditions in which a person lives or operates.
Space	Used to describe a location, often with fixed boundaries that can be mapped.
Place	Used to describe a space with meaning and embodied experience. Places are both real and imagined; the 'vibe' felt by an individual due to previous experience or their existing expectations of a space.
Landscape	Describes how a place is experienced in different ways by different people. Landscapes are "a metaphor for the integration between social and physical processes in specific places" (Taheri et al., 2021: 278).
Therapeutic Landscape	Describes where physical and built environments, social conditions and human perceptions combine to produce an atmosphere which is conducive to healing (Gesler, 1992).

List of Abbreviations

B	Boy
DDP	Dyadic Developmental Psychotherapy
DfE	Department for Education
G	Girl
IFA	Independent Fostering Agency
LA	Local Authority
PACE	Playfulness, Acceptance, Curiosity and Empathy
PO	Participation Officer
PTSD	Post-Traumatic Stress Disorder
R	Researcher
UK	United Kingdom
US	United States

Chapter 1 – Introduction

Preface

I arrived at this research space with both personal and academic interests in the topics to be explored. Within the personal realm, I have a teenage younger 'brother' who joined our family a decade ago and would have otherwise been in several foster care placements. The past decade has been both challenging and interesting. Challenging in that, as a family, we were not initially equipped with an understanding of how negative past experiences and separation can affect a young child, how the effects may become more apparent as they age into their teenage years, and how to best deal with these issues as they emerge. However, much has changed in our understanding of trauma and adolescent mental health over the past decade. There is now recognition within the local authority (LA) care system of the importance of equipping foster carers with an understanding of trauma and of creating and sustaining a 'therapeutic' environment for the young people in their care (Beyerlein and Bloch, 2014; UK Trauma Council, 2022).

Within the academic realm, my previous MPhil research allowed me to explore why time spent in LA care could be a stepping-stone to custody (Prison Reform Trust, 2011). During this research, I gained valuable insights into the significance that care-experienced young women placed on the LA environments they had spent time in during their teenage years. They highlighted how the negotiations that had occurred within these alternative home spaces were the 'thin blue line' between the care and criminal justice systems.

These experiences positioned me at an interesting intersection as I began to explore our current ways of understanding what constitutes a therapeutic foster home for teenagers. I had often wondered how my younger brother understood and continues to understand our home environment; what is it about the world we attempt to create for him that he believes is helping or hindering him? Are we providing him with the right environment for his perceptions of his needs? I could give you my version of events, but they might not correlate with his. As teenagers emerge from their childhoods and start to notice themselves, their perceptions, and their position within their wider context, they can be very astute. Much like

the young women I met during my MPhil research, I do not doubt that my younger brother has strong and valid opinions about the ingredients of our household and what parts have allowed him to feel secure or that he belongs within our 'complex family tree' – as he puts it. But the truth – and the problem – is that we rarely ever ask. Therefore, a research space needed to be created that could explore aspects of teenagers' own therapeutic experiences within foster home placements.

Finally, I would like to acknowledge my part in the Hazel Project research, funded by Diverse Care, an independent fostering agency[1] based in Southeast England. The Hazel Project research was a collaboration between Diverse Care and the Rees Centre, which aimed to explore the promises and constituents of effective specialist and therapeutic fostering for adolescents. Their commitment to foregrounding the perspectives and experiences of young people in care made my research possible, allowing me to understand this phenomenon through the lenses of young people.

Overview of the Research

The main aim of the research was to explore what makes a foster home a therapeutic environment from the perspectives and lived experiences of young people, specifically teenagers (13 – 19), who were in or had recently left a foster home. This was explored through the lens of four main research questions:

1. How did teenagers in foster care placements conceptualise, perceive, or experience foster home environments as therapeutic?

2. How did care-experienced young people reflect on their past experiences in foster home environments and conceptualise and perceive these past experiences as therapeutic?

[1] Independent fostering agencies are private, for-profit, and charitable organisations that recruit, train and support foster carers. They are commissioned by local authorities to provide placements for children and young people in care.

3. What did teenagers currently in foster care and care-experienced young people suggest were the key ingredients of a therapeutic foster home?

4. Does the lived experience of a foster home as 'therapeutic' coincide with or challenge the existing literature on therapeutic foster care?

In developing and addressing these research questions, I utilised Carnevale's (2020: 2) "thick" conceptualisation of youth voice, which is "rooted in an agential view" of youth. A thick conceptualisation of youth voices acknowledges children and young people as relationally embedded active agents whose voices are "morally meaningful expressions of their agency" (Carnevale, 2020: 8). By assuming a thick conceptualisation of youth voice, my methodological design aimed not to compound consistent research findings that care-experienced young people do not feel heard and acknowledged on issues that affect their lives.

Foster care experienced young people aged 13 – 19 were recruited to explore the research questions. The methods used were based on participatory visual frameworks of qualitative data generation with young people, comprising four stages: 1st, an introductory group workshop; 2nd, a period of participant-generated photo diary collection; 3rd, photo-elicited individual conversations; and lastly, a final group discussion and art workshop. The research design and use of these methodologies aimed to remedy the lack of voices and depth of data about young people's opinions and experiences on the topic of therapeutic foster care environments.

Data were analysed using a reflexive thematic analysis, with Gesler's (1992) concept of Therapeutic Landscapes providing the analytic framework. Although this framework was not part of the initial research design, its relevance became apparent while reviewing wider existing research that explored the experience of environments as therapeutic. The Therapeutic Landscapes framework categorises an 'environment' into three overarching elements an individual experiences while engaging with a particular place: the physical/material, the relational/social and the symbolic. The framework suggests that how

a person experiences and engages with these aspects of an environment can create a personalised therapeutic landscape, with the elements of this landscape able to provide therapeutic experiences in place (Taheri et al., 2021). The framework appeared very relevant for understanding the 'key ingredients' of a therapeutic foster home environment. Surprisingly, the framework had not been previously used to understand the therapeutic nature of foster home environments. Therefore, I used the framework as a scaffold to understand the variation of environmental elements the young people experienced as therapeutic.

Overview of Thesis Chapters

Chapter 2 defines what it means to be in LA care and outlines the current context and outcomes of LA care for teenagers. It includes an overview of the population characteristics, highlights the growth of the teenage population coming into LA care over the past decade, and offers an understanding of the reasons for this increase—both at practice and policy levels. It reviews the literature on the impact of childhood trauma and its relevance to the provision, experience, and outcomes of those in LA care, particularly for teenagers.

Chapter 3 offers an understanding of the current provision of therapeutic foster care in England. By outlining and distinguishing between the diverse types of therapeutic models currently used within foster care provision, it explores the nature, use, and increasing growth of the term 'therapeutic' in the provision of foster care placements in recent years. This section draws attention to the fluid and indexical nature of the term. It examines the currently undefined and unregulated world of its provision, as well as popular therapeutic parenting models and practices. This chapter highlights the existing research gaps, outlining the rationale for exploring this research context. Principally, it highlights that to understand the nature of a therapeutic foster home environment, it is essential and valuable to understand it from the perspectives and lived experiences of those for whom it is designed: the young people.

Chapter 4 outlines the methodological approach of the thesis. Specifically, this chapter explains how the research questions were addressed; highlights the processes and challenges during the recruitment of participants; outlines how the research data were generated; and how the data were analysed. This chapter also discusses how these methods worked together sequentially to answer the research questions, offering an in-depth description of how the methods were experienced (by the researcher) in practice. The chapter also describes how the young people member-checked the multi-model data as part of the project and how the data was analysed using reflexive thematic analysis (Braun and Clarke, 2019; 2021). The chapter also outlines the analytic framework employed after the data generation, which helped to categorise and make sense of the multi-modal data: The Therapeutic Landscapes framework (Gesler, 1992). Followed by the ethical considerations and the strengths and limitations of conducting collaborative research with young people in LA care.

Chapters 5 – 7 are findings chapters. In line with the therapeutic landscape framework as an analytical concept (Gesler, 2003; 2018), the findings chapters have been split into the three corresponding categories of therapeutic experiences: The Physical and Material Spaces, The Relational Encounters, and The Symbolic Dimensions. Each chapter category re-presents the key ingredients of a therapeutic foster home according to the participants' conceptualisations, perceptions, and experiences shared during the research project.

Chapter 5, The Physical and Material Elements, foregrounds the foster home as a physical and material setting. This chapter encapsulates and presents the young people's interactions with the physical and material surroundings that they identified as part of their foster home environment. The chapter focuses on the foster home's fundamental but often unacknowledged therapeutic aspect: the physical and material spaces that create and define it. The chapter thematically analyses how the young people interacted with and negotiated themselves within the physicality of the foster home. Based on the cohesion of experiences shared in their photo diaries and the collective consensus gathered, this chapter is split into three themes: the bedroom, the garden, and the local area around the foster home.

Starting with the bedroom, the chapter explores how the young people captured and unravelled the bedroom as an important space within the home, which hosts a variety of therapeutic activities, moments, and material belongings. The young people also captured moments and time spent in their gardens. The garden surfaced as an unrestricted space for personal activities, a space that could be used freely by the young people alongside and in addition to the bedroom. The garden was a crucial extra space, particularly when the bedroom was seen as being too small. The young people also expanded the boundary of the foster home to include their local area: the natural world and the public spaces surrounding it.

Chapter 6, The Relational Encounters, spotlights the relational encounters within the boundaries of the young people's foster homes that were experienced as part of their therapeutic environment. It foregrounds the relational experiences within the foster home, which the young people highlighted as being of therapeutic importance to them. This chapter is split into two sections.

The first section analyses the young people's interactions they captured, shared, and discussed during the research phases. There are two main themes: the pets and the people. Starting with the pets, the young people drew attention to the therapeutic importance of foster home pets. The chapter explores these captured encounters with pets and other animals in their foster homes and in their local area. The second theme explores the young people's therapeutic relational encounters with the people in the foster home, notably their foster carers.

The second section draws specifically on data created collaboratively during the final in-person workshop. The activity involved a group discussion of 12 keywords from three therapeutic parenting models based on relational experiences. This section presents the young people's opinions and perspectives on the relevance of these popular therapeutic parenting model keywords.

Chapter 7, The Symbolic Dimensions, foregrounds the symbolic meanings and representations embedded in aspects of the young people's experiences within the foster home, which they highlighted as being of therapeutic importance to them. In line with the third element of a therapeutic landscape, within the context of this thesis, the symbolic dimensions can be described as an individual's "mental activities in situations where healing can potentially take place" (Gesler, 2018: 1). This was conceptualised as the meanings embedded in certain symbolic activities that the young people captured and articulated.

Building on the previous two findings chapters, this chapter brings to light the symbolic dimensions of the young people's experiences that they described as making the foster home feel therapeutic for them, as well as their suggestions on how these key symbolic aspects can be included and accounted for in therapeutic foster home provision. This chapter is split into four main themes: sunsets, food, artwork, spirituality, and novel dimensions.

Chapters 8 and 9 are discussion chapters. *Chapter 8,* Aligning the Perspectives on Foster Homes as Therapeutic Environments, considers how the findings coincide with or challenge the current literature on what constitutes a therapeutic foster home. It reviews the findings in relation to the existing research and literature. Discussing, for instance, how and whether the findings align with existing research on the well-being and mental health benefits of nature connectedness, animal therapy, art therapy, and other key growing areas of therapeutic importance. In doing so, the chapter suggests the need for a broader understanding of the constituents of a therapeutic foster home environment for teenagers. By understanding the foster home as a multi-dimensional environment, the chapter suggests a re-imagining of our current and dominant conceptual boundaries of what makes a foster home therapeutic.

Chapter 9, Exploring the Foster Home as a Therapeutic Landscape, outlines how, based on the findings, the foster home can be understood as a therapeutic landscape. This chapter presents the findings in the context of broader health geographies and therapeutic

landscape literature. This research adds weight to the proposition that "conceptualisations of therapeutic landscapes are defined by temporally dynamic constellations of attributes rather than as inherently stable, intrinsically efficacious environments" (Trnka, 2021: 2).

Chapter 10 concludes the thesis by proposing a potential paradigm shift in our existing understandings and offers suggestions for future research and practice. By doing so, we may begin to broaden our lenses to capture and provide a therapeutic foster home as a multidimensional place, in line with young people's experiences of it. A place where all aspects of the landscape are considered and accounted for, particularly in relation to each young person's needs and preferences.

Chapter 2 The Background Context

To situate the research, this chapter outlines a brief history of foster care. By followed exploring the changing nature of foster care provision and purpose, it highlights the shift towards the need for therapeutic foster care. It then lays out an understanding of the young people in LA care, introducing the development of trauma-informed practice and its impact on foster care provision.

A brief history of foster care

The provision of foster care in England can be traced back to 1853, when children were first moved from a workhouse in Cheshire and placed with foster families (Drive Forward Foundation, 2021). The local authority took on legal responsibility for the children, paying the foster families the same sum as the cost of the child staying in the workhouse. Fifty-five years later, the introduction of The Children's Charter in 1908 signalled the beginning of foster care regulation, legislating the requirement for foster carers to be officially registered with a local authority. Foster care gained formal legal status in the UK in 1926 (Narey and Owers, 2018), and in 1945, the Curtis Report was released. The Curtis Report stated that foster care was the most preferential form of institutional care, with it further highlighting the need for more appropriately trained staff in out-of-home child-care settings (Lynch, 2020).

Since the 1970s, the preference for foster care over other forms of institutional care has risen. The rise in popularity partly stemmed from the influence of attachment theory (Bowlby, 1969), which suggested that family-based care provided better child outcomes than institutional care. Its rise in popularity can also, in part, be traced to changing political and public perceptions of group residential care due to publicised abuse scandals, which created a demand for the use of family-centred foster care placements, where possible (Berridge et al., 2012). The paradigm and political shift resulted in the use of group residential care placements only for those with the most complex emotional and behavioural needs. Fast-forward to the present day, more recent governmental reports have stated "the reality is that fostering is a success story" (Narey and Owens, 2018: 9).

Foster care continues to be the most popular choice of local authority care placement type for the majority of children and young people in care. On the 31st of March 2024, 56,390 children and young people were living in foster care in England, with 67% of all children and young people in LA care residing in foster care placements (DfE, 2024).

The Changing Nature of Foster Care

Since its inception, the foundational premise of foster care has remained the same. That is, a local authority registers non-relative carers to offer a safe family environment to a child or young person in need, and these carers are given a wage to cover their expenses and time. However, the recruitment and training of carers and what foster homes are required to provide to children and young people have changed and continue to change.

For instance, the "dry trickle of information and theory about how one may sensitively and intelligently guide the growth of children" noted by Trieschman and colleagues (1969: vi) has since seen a steady flow of theory building (Bowlby, 1969; Ainsworth, 1989; Smith et al., 2017). Research has been undertaken to understand childhood trauma, its effects on developmental growth and its significance across the lifespan of young people in LA care (Arvidson et al., 2011; Golding, 2020). Enabling the development of an understanding of the reasons for entry to care and the after-effects on children and young people in foster care environments (Fratto, 2016; Hiller et al., 2021; Engler et al., 2022). Notably, the need for a trauma-informed approach within the foster care system (Beyerlein and Bloch, 2014). Existing research has also investigated how trauma can impact the emotional and behavioural needs of children and young people (Bartlett and Rushovich, 2018) and, therefore, the different ways in which foster carers can "sensitively and intelligently guide" the positive growth of the young people in their care (Trieschman et al., 1969: vi).

In the early 2000s, the increased awareness of trauma and the theoretical influence of Bowlby and Ainsworth's attachment theories (Bowlby, 1978; Waters et al., 2002) started a new wave of conceptualising the role and nature of foster care (Schofield and Beek, 2005). This new wave of research based on these attachment models suggested their way forward for "effective" foster care (Wilson et al., 2003). The new wave aimed to change the existing

narratives and foster care practices, which previously had asked foster carers to treat a child or young person the same way they would treat their own children (Farmer et al., 2006).

Instead, the new wave of research and practice brought greater emphasis on treating children and young people entering foster homes notably different from a foster carer's own children. Since then, there has been increasing policy and practitioner pressure to change the nature of foster care provision, notably in the UK, the US and Australia. An increasing pressure aimed at strengthening the support around foster carers to enable them to provide children and young people with the most effective placements for their needs (Mitchell et al., 2020). There has also been growing importance placed on children and young people's perspectives of their subjective well-being during and after leaving foster homes (Zhang and Selwyn, 2019; McGrane et al., 2024). As well as a growing focus on trauma-informed organisational agendas (Bartlett and Steber., 2019) and more trauma awareness and support given to carers and childcare workers in foster family settings and residential care settings (Gilligan, 2015).

Simply put, there has been a notable shift towards the need for these alternative LA care home settings to be "more therapeutic in nature" in recognition of trauma and attachment theories (Mitchell et al., 2020: 4). As a result, the provision of foster care now has a bold aim. That is, to "reverse developmental damage" in children and young people with histories of maltreatment and "enable them to achieve good outcomes in adult life" (Schofield and Beek, 2005: 3). Yet, a paradox noted by Schofield and Beek in 2005 that "in spite of this undeniably challenging task, foster carers in the UK [...] continue to be ordinary families in the community with very variable levels of skill, training and support" (Schofield and Beek, 2005: 3). So, almost exactly 20 years on from their identification of the paradox between expectations and skills, exactly *how* is foster care provision in the UK attempting to answer this "undeniably challenging task", in light of the developing trauma-informed understanding of children and young people in foster care?

Introducing Therapeutic Foster Care

Foster care, instead of being simply an alternative safe environment for a child or young person to be placed, has been reconceptualised as a form of therapeutic resource (Mitchell, 2015). Foster carers are now understood to hold the potential to be key facilitators of therapeutic change for a traumatised child or young person who comes into their care. There is now greater emphasis on the importance of a "therapeutic relationship" between the foster carer and young person (Southerland et al., 2009). As such, the concept of 'therapeutic foster care' can be understood as the result of the progress in trauma research and practice. Therapeutic foster care rests on the premise that the relationship between the foster carer and young person "has the potential to be a therapeutic intervention" (By the Bridge, 2024: 3).

A growing number of foster care providers have begun to label the foster home placements they offer as therapeutic placements. These therapeutic placements are said to differ from conventional foster home placements as they aim to provide a young person with a therapeutic environment through enhanced therapeutic training and support provided to their foster carers. The therapeutic training that fostering providers offer carers is often based on popular therapeutic parenting models (e.g. Hughes et al., 2015; Golding, 2020; Mitchell and Naish, 2020). Many of these models were initially devised for young children based on attachment theory research (Bowlby, 1978).

However, the official distribution of therapeutic knowledge has not yet been evenly spread across all foster home providers, as not all foster homes are yet to be considered therapeutic foster homes. And, as the normative use of the term therapeutic within foster care provision proliferates across the sector, no official or standardised training model exists. The nuanced nature of therapeutic foster care provision is complicated even further with the increased rate of outsourcing of LA foster care placements to the independent sector. The independent sector is almost solely responsible for the provision of 'therapeutic' foster homes, and, in 2022, LAs accounted for only 58% of all fostering households, with Independent Fostering Agencies (IFA) offering the remaining 42% (DfE, 2022). Chapter 3 discusses these emerging issues in further detail.

Bringing Teenagers into Therapeutic Foster Care

The population of teenage foster care entrants has been growing steadily in recent years (DfE, 2024). Yet, many foster carers feel unequipped to address the specific issues of teenagers in care, and there has been a shortage of foster carers willing to foster teenagers (Shuker et al., 2019), alongside the ongoing need for thousands of new foster families in England (The Fostering Network, 2024). Research has shown that the environment young people experience during their teenage years can positively or negatively impact their ongoing development (Coleman et al., 2019). Within the context of therapeutic foster care, there is relatively little research as to whether foster carers enhanced training and learnt therapeutic practice models filter down into the lived experience of the teenagers in their care. Leading to calls for "evidence-informed tools and training to be developed" (Shuker et al., 2019). Notably, there is also a dearth of research into whether teenagers actually perceive and experience the popular therapeutic foster care models as therapeutic. This has led to a distinct gap in our understanding of whether the therapeutic training models outlined by clinicians and professionals are as relevant and significant to teenagers as suggested by the makers. This knowledge gap is perhaps due to a lack of research that elicits the views of teenagers in care about their perspectives and experiences of what constitutes a therapeutic foster home environment.

Research is a crucial step towards the improvement of systems of support for the positive mental health and well-being of young people in care (McGee et al., 2022). This is especially true if the research is conducted alongside young people themselves. Despite this, it is often difficult or challenging to undertake research projects alongside young people in care (Devaney et al., 2023), particularly about their perceptions of what sustains good mental health and how they feel about the support available. However, just because something is perceived as complex or challenging does not mean it should not be attempted. Exemplified by existing research that has collaborated with young people about their experiences of the mental health services they receive (Villagrana and Lee, 2020; Redhill et al., 2022).

Therefore, it was timely to contribute to and extend this existing base by exploring teenagers' perceptions and experiences of foster home environments as therapeutic. It was also important to consider if their conceptions, perspectives, and experiences coincided with or challenged existing 'adult' conceptions and experiences, as set out in the existing research, literature and popular practice models. By eliciting and foregrounding the experiences of teenagers in care and care-experienced teenagers, the research study aimed to present the voices currently missing from the debates and discussions of what constitutes a therapeutic foster home. Remedying the lack of research in this area was crucial, as existing research exploring care-experienced youths' perception of therapeutic foster home provision was scarce, paralleled with an expanding marketisation of therapeutic foster home provision for the growing number of teenagers coming into LA care.

The Teenagers in Local Authority Care

A young person in England is defined as being 'looked after' by a LA if they are subject to a care or placement order or provided with accommodation for a continuous period of more than 24 hours (The Children Act, 1989). On 31st March 2024, the Department for Education (DfE) (2024) reported that there were 83,630 children and young people being looked after by an LA in England, 57% of whom were male and 43% female. The majority were placed in foster care (68%), with around 17% placed in residential accommodations or secure units and the remainder in a variety of placements. The Department for Education (2024) also reported that the biggest proportion (64%) of those in care were aged between 10 and 18 years old, with 13 – 15-year-olds representing the largest growing population of care entrants in the last few years (Clarke and Penington, 2021). The national statistics also highlighted that children and young people from Mixed ethnic groups were overrepresented in LA care, with Asian young people under-represented. Highlighting that 71% of the population were White, 11% were Mixed or Multiple ethnic groups, with 7% being Black, African, Caribbean or Black British, 5% being Asian or Asian British, and the remainder listed as other ethnicities or ethnicity not known (DfE, 2024).

Change in Population

Since 2008, the overall rates of children and young people entering care have increased every year (Blue Cabin, 2024) and there has been a change in the care population since 2012, as those entering care are doing so at an older age than before (DfE, 2023a). The Children's Commissioner's Stability Index (2019) highlighted the 21% increase in the number of teenagers aged 13 and over in care between 2012/13 and 2017/18, with a significant increase in care entrants over 16. One report (Clarke and Penington, 2021) stated that in 2018/19, a third of all children entering care were between 13 and 15 years old. There also appeared to be regional differences, as those who entered care for the first time were more likely to be within London and the Southeast (Clarke and Penington, 2021). The main reason for this is thought to be due to the accommodation of unaccompanied asylum-seeking young people in those LAs (ADCS, 2020), many of whom tend to be older (aged 16 or over), entering care due to absent parenting (DfE, 2023). The increase of unaccompanied asylum-seeking young people can also account for the changing proportion of male entrants compared with females.

Another reason for the increase in teenagers entering care is due to Children's Service's attention to 'contextual safeguarding' factors. The government's safeguarding guidance, Working Together to Safeguard Children (HM Government, 2018), requires LAs to consider forms of significant harm that teenagers may experience outside of their families (Firmin and Knowles, 2020). Some, particularly those with histories of maltreatment, are "vulnerable to abuse beyond their front doors" (Firmin and Knowles, 2020: online) and at possible risk of criminal or sexual exploitation (Shuker and Pearce, 2019). These policy and practice changes signal a step towards designating "child protection as the model of responsive action rather than criminalisation" (Coy, 2008: 1409). Due to this shift, more teenagers are being dealt with within the care system rather than the youth justice system. Meaning that the care system must be adequately equipped to deal with a changing population, often with more complex needs.

Routes into Care

Many teenagers' legal routes into care differ from their younger counterparts. The most common legal route for those aged 13 and over is section 20 of the Children Act (1989) (voluntary agreement). Typically, younger children enter with a legal order, such as an Emergency Protection Order, often transitioning into a full Care Order. When looking at their reasons for entry into care, 72% of younger children enter care due to abuse and neglect, compared with only 56% of teenagers (Clarke and Penington, 2021). Instead, teenagers are five times more likely than younger children to enter care due to their own socially unacceptable behaviour (Clarke and Penington, 2021).

Despite some teenagers entering care at a later age and through different legal routes to younger children, many of them have been exposed to "disproportionately high levels of childhood trauma" (Rayburn et al., 2016: 332). These teenagers have often experienced family violence, poor parental mental health and substance misuse, poor quality housing, and poverty (ADCS, 2020). Many share "patterns of vulnerability despite wide diversity in their family circumstances that precipitated their entry into care" (Coy, 2008: 1409). The experience of entering care, having been exposed to adversity for many years, can lead some young people to be "angry, resentful or distressed" (Coleman et al., 2019: 6). There are also those who entered care as a young child and transition to adolescence and while many experience multiple placement moves whilst in care, some experience a more settled environment.

Adolescence

Adolescence also represents the developmental stage when many severe mental health conditions first start to appear or become apparent (Ogden and Hagen, 2018). By the age of 14, 50% of mental health conditions have been established, with 75% of mental health issues emerging by age 24 (Mental Health Foundation, 2021). However, while these figures represent the general population, research has shown that exposure to early abuse and neglect "is one of the more reliable predictors of developmental, behavioural, and health problems" (Joseph et al., 2014: 67). Therefore, teenagers in care have "complex and multi-system" negotiations to undertake during their adolescence (Curtis, 2015: 1). As the

negative mental health effects of previous adverse experiences are then often exacerbated by further disruptions that often occur for those who have the most complex behavioural and emotional needs (Kelly and Salmon, 2014). Although covered by the term adolescence the term teenager distinguishes a distinct period in a young person's life. Although the term adolescence is more commonly used in academic publications, the term teenager has been adopted for this project due to the distinct social and cultural changes that occur during this period for young people aged 13 to 19 years old.

Outcome Measures and Statistical Representations

While negotiating hurdles at the intersection of being in LA care and being an adolescent, the Department for Education paints a yearly statistical portrait of a care-experienced young person, which tends to consistently highlight adverse outcomes for these young people (Department for Education, 2022) – often focusing on the lack of involvement of care-experienced young people in particular (measured) aspects of social and civil life after leaving care. For instance, Oakley and colleagues (2018) note that young people in care are five times more likely to be excluded, with 2015 results finding that only 14 per cent of children in care achieved 5 A*-C GCSEs, compared to the 55 per cent national average. The DfE (2018) found that only 6 per cent of 19 to 21-year-old care leavers were in higher education, with 39 per cent not known to be in education, employment or training. However, the use of statistical comparisons between care-experienced young people's outcomes with those of the general population of young people is flawed due to the population of young people in care exhibiting higher rates of special educational needs than that of the general population. Research consistently highlights that care-experienced young people have disproportionally higher rates of neurodevelopmental disorders, such as Attention Deficit Hyperactivity Disorder (ADHD) or Autism Spectrum Disorder (ASD), than the general population of young people (Devaney et al., 2023). Instead, when care-experienced young people's outcomes are measured against an appropriate comparison group (i.e., non-care-experienced young people with special educational needs), the attainment gap is significantly reduced (Sebba et al., 2015).

These intersecting characteristics can often become more challenging to navigate for an individual during adolescence and may impact their possibility of engaging in higher education during their teenage years. Existing research highlights that care-experienced young people are "severely underrepresented" in higher education institutions, and most of those who engage in higher education do so later in adulthood (Harrison et al., 2022: 358). Around half of those entering higher education are over the age of 21 (Harrison, 2020). Harrison and colleague's recent research (2022: 358) has also highlighted how the "legacy of care can result in potentially unique disadvantages when transitioning out of higher education", including "an absence of informal support networks (or 'social capital'), unstable accommodation, financial difficulties, mental/physical health issues and societal stigma". This impacts both the readiness of young people to engage in higher education and their outcomes upon graduation.

However, in contrast to their underrepresentation in education and employment, care-experienced young people are overrepresented within every arm of the criminal justice system. Schofield and colleagues (2015: 125) found that in 2013, '6.2 per cent of looked after children aged 10-17 had been convicted or subject to a final warning or reprimand, compared to 1.5 per cent of all children'. The Prison Reform Trust (2014) noted that 61 per cent of girls and 33 per cent of boys in custody have been in care at some point, with Oakley and colleagues (2018) finding that in 2015-2016, 39 per cent of children in secure training centres had been in care. This intersection between local authority care and the criminal justice system has led the Prison Reform Trust (2014) to suggest that care is 'a stepping-stone to custody'. Care-experienced young people's overrepresentation in the criminal justice system, notably in custodial institutions, should be a cause for alarm. Particularly given the high levels of special educational needs and histories of adverse experiences – needs and experiences that the LA care system should exist to alleviate.

Understanding Childhood Trauma

Despite varying circumstances that can lead to entry into LA care, all young people in care have experienced adversity (Hiller et al., 2023). Therefore, existing research has attempted to understand the prevalence of trauma among care-experienced young people and the

impact that these negative past experiences can have on an individual's long-term well-being if left unaddressed. As a concept more broadly, trauma can be understood as the after-effect of one or several "severely disruptive experience[s] that profoundly impacts the self's emotional organisation and perception of the external world" (Mambrol, 2020: 1). The impact of these past experiences having the capacity to overwhelm the normative day-to-day functioning of the individual who has experienced them.

Although entry into foster care takes place in the best interest of the child or young person, the experience of separation from their birth family and previous home, as well as other known people and places, is inherently traumatic. Meaning that every young person in care will have experienced trauma due to the experience of "emotional, societal, and cultural detachment" created by a forced separation (Trivedi, 2019: 526). In addition to this, research suggests that approximately 90% of children and young people in foster care have experienced a traumatic event before entering care, "with nearly half reporting exposure to four or more types of trauma" (Fratto, 2016: 439). Therefore, foster care's redefined role and purpose is for those who enter to receive a level of care that "helps to address experiences of adversity and trauma and gives them the foundations of a healthy, happy life" (Department for Education, 2023: 50).

Although all young people in care experience some form of trauma, not all are traumatised, as each young person will react differently to traumatic experiences. What we do know, however, is that childhood "abuse and its effects will be profoundly damaging" (Pughe and Philpot, 2008: 15). Specifically, we know that trauma can have lasting effects on both the mind and body of a child or young person. For instance, Mersky and colleagues (2016) found that up to 80 per cent of children and young people in foster care exhibit emotional and behavioural problems. With a now "well-documented range of problems, including anxiety, aggression, developmental delays, difficulties in social and peer relationships, distrust of adults, poor emotional regulation, hyperactivity and trauma" (Dallos et al., 2015: 657). However, despite knowledge of these emotional and behavioural needs, it is important not to make "blanket assumptions" based solely on a young person's care status

about their behaviours or mental health needs, “as this might detract from a more comprehensive assessment of their situation and needs” (Devaney et al., 2023: 965).

In the broader trauma studies field, there are still ongoing debates surrounding trauma’s “definition, and appropriate models for understanding and addressing it … [and] this dynamic nature reflects the complexity of trauma as a phenomenon” (Zoromba et al., 2024: 9). A complexity that appears to be also reflected when trying to “intelligently and sensitively guide the growth” (Triecshman et al., 1969: vi) of teenagers in foster care. In attempts to understand and address the complex variation in the needs of care-experienced young people, there currently exist a few standpoints that suggest their way towards an understanding and resolution of the trauma experiences of young people in care, some psychological and some sociological. Three conceptual standpoints are common within the literature on young people in care, and these will be explored. First, the concept of Complex Post Traumatic Stress Disorder (Herman, 1992; Hiller et al., 2021; Hiller et al., 2023); second, the concept of developmental trauma (Van der Kolk, 2015); and third, the concept of psychological safety (Wanless, 2016).

Complex PTSD

Complex PTSD has been proposed as a lens through which to understand the symptoms and disorders of childhood maltreatment and trauma (Herman, 1992). Complex PTSD is recognised in the DSM-V, and despite it being a relatively new concept compared to ‘standard’ PTSD, “there is growing evidence that it forms a distinct diagnostic category from ‘standard’ PTSD” (Hiller et al., 2021: 49). Complex PTSD aims to include “difficulties in emotional regulation, a negative sense of self, and disturbances in relationships” alongside the traditional symptoms of PTSD (Frogley, 2018). The new diagnosis of complex PTSD includes symptom clusters reflecting “affect regulation, consciousness, self-perception, perception of the perpetrator, relations with others and systems of meaning” as the ‘chronic stress of child maltreatment has been associated with prolonged elevated levels of stress hormones resulting in dysregulation of neurobiological systems involving brain maturation cognitive development, and emotion/behaviour regulation (Ai, 2013: 652). The scope for diagnoses of complex PTSD acknowledges that these experiences can have

developmental consequences and comorbid symptoms such as (but not limited to) depression, ADHD, behaviour disorders (such as oppositional defiance disorder and conduct disorder), anxiety, substance abuse, and relational problems (Ai, 2013).

On the surface, this diagnosis appears to capture many of the issues facing young people with histories of childhood trauma exposure. However, this new diagnostic category is currently based on adult psychopathology and "still requires individuals to meet the PTSD criteria first, which was a key criticism of the existing classification system" (Frogley, 2018). The need to meet a diagnostic category can often represent a barrier for some young people in care to gain the help they need. Despite young people in care being "five times more likely to meet criteria for any psychiatric disorder compared to their peers" (Hiller et al., 2021: 48 – 50) and research showing that clinical treatments for complex PTSD are effective for care-experienced young people (Hiller et al., 2021; 2023), many young people with histories of maltreatment and trauma do not meet the diagnostic criteria for PTSD. These children and young people can "often [be perceived as] shut down, suspicious, or aggressive" (Van der Kolk, 2015), leading professionals to focus on attachment and conduct disorders, often missing or not looking for the signs of PTSD (Hiller et al., 2023). Consequently, many do not receive a formal PTSD diagnosis and, therefore, may have no access to specialised services (Frogley, 2018). The trauma experienced by maltreated children and young people is said to be "comparable, according to neuroscientists, to that suffered by war veterans with PTSD", yet "we expect traumatised children to survive with untrained strangers in unfamiliar establishments (often far from home)" (The Centre for Social Justice, 2021: 1).

Developmental trauma

The second conceptual standpoint is developmental trauma, which has been suggested as "best able to capture the diverse effects of complex trauma on a child's development" (Harkness, 2019: 67). Developmental trauma disorder proposes that exposure to complex childhood trauma within a caregiving relationship during a young person's most vulnerable developmental stages can cause the young person to develop adaptation responses to "self-regulate distress and control one's environment for a sense of protection" (Rayburn et al., 2016: 333). Van der Kolk (2015: 157-168) suggests that these adaptations mirror

post-traumatic-stress (PTS) symptoms that have been identified in adults, such as sleep disturbances, headaches, unexplained pain, over-sensitivity to sound or touch. This concept is said to offer new insights into trauma responses such as “attachment, biology, affect regulation, dissociation, behavioural control, cognition and self-concept” (Rayburn et al., 2016: 336).

Van der Kolk (2015) suggests that a misunderstanding of these symptomologies can also mean that young people receive pseudoscientific diagnoses, such as oppositional defiance disorder or disruptive mood dysregulation disorder. Often resulting in a multiplicity of diagnoses that can leave them with a wealth of “impressive but meaningless labels” (Van der Kolk, 2015: 91). In response to this, developmental trauma disorder is proposed as an alternative to comorbid diagnoses that Van der Kolk (2015) suggests as problematic within the treatment of childhood trauma. Comorbid diagnoses “unintentionally convey that different symptoms are independent of one another rather than interrelated”, as viewing these symptoms as “separate or distinct may limit our understanding of how symptoms are demonstrated among adolescents” (Rayburn et al., 2016: 332).

However, some proponents suggest that the application of the concept of developmental trauma can be helpful when compared to more rigid clinical diagnoses such as complex PTSD, as many of the difficulties young people face are not always diagnosable. Therefore, developmental trauma can be understood to function as a “shorthand” for these core difficulties (Hughes et al., 2015). Unlike complex PTSD, however, developmental trauma is not recognised in the DSM-V, despite propositions for its inclusion and scholars arguing for a more flexible diagnostic system (Bremness and Polzin, 2014). Many young people do not meet the DSM assessment criteria for diagnoses or are never assessed (Hiller et al., 2021). Therefore, there is a need for accessible support and resources that should be more individually tailored and targeted at their mental health and well-being (Redhill et al., 2022).

Psychological Safety

The third concept to consider is psychological safety when attempting to understand the responses to the manifestations and effects of childhood trauma. Understanding and

addressing the manifestations of trauma in young people from the perspective of psychological safety has been suggested to be useful as it "considers how individual and context characteristics work together to co-construct a moment that is perceived as psychologically safe or not" (Wanless, 2016: 12).

Although the concept of psychological safety is not as common within the literature as complex PTSD or developmental trauma and has been most commonly used in the literature relating to organisational change or workplace settings (Newman et al., 2017), it appears to be a relevant concept to apply to the foster home. Particularly as foster carers are the organisational leader of their own workplace setting. Therefore, fostering a sense of psychological safety is as important within the foster home as within a more institutionalised setting. In line with trauma-informed organisational change, addressing young people's sense of psychological safety when placed into care was highlighted as a key element to effective trauma-informed practice (Connell et al., 2019).

Often, "the journey toward safety and healthy development is complex and difficult, even when the original neglect and abuse have stopped" (Hughes, 2015: 149). Therefore, psychological safety suggests that allowing all aspects of a young person's experience to come into play "holistically: as the productive accumulation of many factors, generating a perception of safety that is qualitatively distinct from the sum of its parts" (Wanless, 2016: 10). However, the question of how to develop measures that are effectively able to capture this "productive accumulation of many factors" remains allusive.

Wellbeing

Over the last decade, the concept of wellbeing has become a familiar and widely used phrase in popular culture. There is "a loose consensus that wellbeing is fundamentally about 'being-well': content, healthy and in a good place in life" (Andrews et al., 2013: 212). Andrews and colleagues (2013: 212) argue that wellbeing "arises as a subject in the rhetoric of policymakers as something to be structurally provided, achieved and protected", working with the assumption that improving the services offered to individuals will enhance their wellbeing. The idea of wellbeing is a central concept in discussions on mental health

therapeutic outcomes of services, resources and interventions, including in the provision of foster care environments – evidenced by the extensive Bright Spots programme, which examines the subjective wellbeing of young people in care and care leavers (Selwyn and Briheim-Crookall, 2022).

Accessing Clinical Services and Resources

Due to multiple factors such as under funding, lack of resources, complex referral pathways, as well as uptake choices from the young people and their primary carers, only a minority, approximately 25 per cent, of young people with mental health needs are seen by child and adolescent mental health services (CAHMS) (Darlington, 2021). The national provision of resources has also been criticised, as “far too often [...] if and when a programme of prevention is delivered depends on a child’s postcode” (Centre for Social Justice, 2021: 18). Addressing this is important as if young people’s mental health needs go unmet, “untreated early disturbances forecast later disorders that tend to be more difficult and costly to remedy” (Mersky et al., 2016: 157).

Young people in care are also highly perceptive to the inadequacies in the provision of mental health services and resources. For instance, in a recent co-designed research study undertaken by the Nuffield Family Justice Observatory in the UK (Redhill et al., 2022), the young people who participated felt they had not been offered the mental health support they needed. They highlighted the high threshold for referral as a barrier, as “many spoke about needing to have a mental health diagnosis or to be in ‘crisis’ before receiving support”. The young people also felt that CAMHS “wasn’t very helpful”, with one young person expressing that it just “didn’t click”. There was also a feeling that it was too clinical and that “it [CAMHS] doesn’t make you want to open up at all”, as well as one young person’s experience evidencing that "the offer is so standardised, it doesn’t feel flexible or tailored at all” (Redhill et al., 2022: 22). The experiences of these young people are reflective of a struggling service that is unable to meet demand (NHS Confederation, 2021), and therefore currently unable to tailor its provision to meet the complex and varied needs of the care-experienced young people using the services.

Villagrana and Lee (2020: 576 - 578) asked care leavers what made mental health services a positive experience, focusing on sessions with therapists. They identified, principally, that positive experiences were felt when the young people led the direction of sessions, which allowed them to "feel confident with the content being discussed" (Villagrana and Lee, 2020: 576). Villagrana and Lee (2020: 577) highlighted that negative experiences were felt when they perceived the therapist as having "their own agenda", which left them feeling forced to share or talk through their traumatic past experiences. The care leavers also perceived a lack of confidentiality, highlighting that they were "hesitant to share any issues" due to the "fear that other people will know", such as social workers or other staff. One young woman in their study shared her discontent that her words had been used against her birth family in a court case. The young people's ideas of good characteristics in mental health service providers, such as therapists, involved a feeling of "genuineness." In contrast, a lack of empathy and being too opinionated were viewed as unfavourable.

Villagrana and Lee (2020: 580) note that these negative experiences with mental health services can further serve to "alienate youth as trust and safety has previously been comprised in their past relationships". They highlight the importance of trust within a therapeutic relationship as a key aspect in the successful treatment of a young person who has experienced trauma, highlighting improved outcomes when a mental health service provider has a "capacity for genuineness, empathy, and unconditional positive regard" (Villagrana and Lee, 2020: 580).

It is vital that young people in care not only have access to services but also perceive the mental health services encountered as beneficial. Although the availability of further service resources is not in the young person's control, the young person *is* in control of whether they accept and engage with these services.

Conclusion

With all this in mind, teenagers in LA care encompass a broad and diverse array of people. They vary, for example, in age, ethnicity, and gender. There is also great and complex variation within their early histories and pathways to care, as well as their experience once

in care. Of course, on paper, they share some superficial commonalities, such as the categorisation of being an 'adolescent' and that of being 'looked after'. More fundamentally, however, they share some experiential commonalities. That is, having experienced prior adverse and traumatic experiences, separation and loss from their birth family or primary carers, as well as experiencing displacement and upheaval from their original home. Therefore, however brief their time in care, there is a distinct need for these teenagers to experience "emotional first aid from the adult who is in charge of [their] life at that moment" (Trieschman et al., 1969: v). The next chapter highlights the ongoing attempts to provide the desired 'emotional first aid' for young people in care through the growth and expansion of therapeutic foster care provision.

Chapter 3 Therapeutic Foster Care for Teenagers

Aims and Scope

I began my literature review intending to map the landscape of therapeutic foster care, its concepts, and its provision for teenagers. Although a systematic review of the literature was not within the remit of my research praxis, I reviewed existing literature on 'therapeutic foster care [for teenagers/adolescents/young people]' in an attempt to first understand the meaning of the term therapeutic when applied to the foster home environment and the teenage population. After reviewing relevant academic and grey literature, which is not vast, I expanded my search to include 'therapeutic care' more broadly. A review of this broader literature highlighted ongoing debates surrounding the contested meanings of therapeutic in the context of these alternative LA home environments and, particularly, the need for more research into young people's experiences in therapeutic residential placements (see Bellonci and Holmes, 2021). Although more expansive, I made the decision to exclude literature that focused on therapeutic residential care (TRC) (see Whittaker et al., 2015) as these environments are both spatially and relationally different from foster homes, and, therefore, it could be argued that the TRC therapeutic ingredients are not necessarily transferable. In the following sections, I highlight my key findings from the literature I grappled with, which led me to identify key gaps and generate my research questions.

The Concept of Therapeutic Foster Care

While the concept of therapeutic foster care remains a relatively new practice within the provision of alternative care, the concept of therapy, more broadly, "is an age-old method of healing, the 'care of the soul' that harks back, at least [...] to ancient Greece" (Marks, 2017: 3). Although our understandings of the concept have shifted and been shaped throughout millennia and more recently have been "camouflaged by the language of medical science" (Marks, 2017: 3). There remains an understanding that therapy, principally psychotherapeutic practices, can create "fundamentally new ways of conceiving the self, or, indeed, of being" (Marks, 2017: 3, emphasis in original). Since the late 19th Century, psychotherapeutic practices have become a normative part of our lives.

So much so that many practices previously offered solely by qualified psychotherapists are now accessible for individuals to utilise without much formal training. Therefore, it was timely to consider if our current concepts of therapeutic foster care and the environments that sustain them do, in fact, create "fundamentally new ways of conceiving the self, or, indeed, of being" for the young people who experience them. This was particularly salient given the ongoing proliferation of claims to therapeutic care provision throughout the English care system – notably amongst independent fostering agencies (IFA).

Therapeutic vs. Treatment

The term treatment foster care and the term therapeutic foster care denote distinctly different concepts based on differing theoretical foundations, distinguished by their approaches and practices. There is a tendency for the terms to be used interchangeably within the literature, particularly within literature emanating from the US. In the UK, however, the two terms differ in that treatment is said to indicate the potential for a medical cure. In contrast, therapy is said to stipulate a sense of rehabilitation (Eskin, 2013). In other words, treatment implies a prescriptive manualised procedure, while therapeutic suggests a restorative process. It is also worth noting that how therapeutic foster care is conceptualised (such as what it includes and how it is provided) appears to differ in the UK compared to countries such as the US (Chamberlain, 2003) and Australia (Mitchell et al., 2020).

Treatment Foster Care

In the UK, treatment foster care is best understood as a specialised service within therapeutic foster care. In the English context, treatment foster care is said to provide an individually tailored program for a young person with complex needs within a family-based setting (Turner and Macdonald, 2011). It functions as a 'wraparound' service (Clark et al., 1998), utilising a multi-agency structure of adults (foster carers, agency staff, and clinical professionals) tasked with delivering specific clinical services to a young person during a specified period.

These manualised programmes are considered to be evidence-based and operate as a structured and effective alternative for youth who would otherwise be in a more restrictive residential setting (James and Meezan, 2002). Yet, much of the foundational evidence base appears to stem from the creators of the programmes (Biehal et al., 2010), and measures of effectiveness appear inconclusive (Whittaker et al., 2015). Moreover, the programmes are expensive to implement (Holmes et al., 2012), and many require young people to have clinically diagnosable needs (Frogley, 2018). However, these specialised placements, such as multidimensional foster care, are retracting (National Implementation Service, 2021) and only made up two per cent of foster placements in England (DfE, 2023) and were outside the remit of my research.

Therapeutic Foster Care

As the use of manualised treatment foster care approaches declines in England, the use of the term therapeutic in foster care placements is increasing across providers. However, the boundaries around the term therapeutic remain less defined. As a starting point, it is best to acknowledge therapeutic as an indexical term. In that, it cannot be defined without considering the context within which it is being used. This may be due to the apparent fluidity of the term within popular notions of the late 20th and early 21st century. Therefore, 'therapeutic' still requires a great deal of unpacking, unlike more manualised and measured treatment approaches.

Although difficult to define, the existing literature suggests that a therapeutic foster care placement is enacted when the foster carer assumes a therapist-caregiver role, with therapeutic practices understood as taking place within the foster home. It differs from treatment approaches that require the support of a professional clinician. Foster carer consciousness-raising about specific trauma-informed approaches (Konjin et al., 2020) and therapeutic parenting practices (Mitchell and Naish, 2020) are becoming a normative part of foster carer training. The training aims for foster carers to "develop increased competence in parenting maltreated children" (Dorsey et al., 2008: 1404). Particularly as formalised clinical resources are not always readily available (Fuggle et al., 2019). In many ways, the provision of therapeutic foster care bridges "the gap that exists between the

theoretical expertise of the professional clinician on the one hand, and the very practical, often mundane problems of those who live with the children for the other 23 hours" (Trieschman et al., 1969: v). Responding to the growing awareness that time spent in the foster home when a professional clinician is not present can be an important space for therapeutic intervention.

Therapeutic Foster Care Provision

Despite the abundance of references to therapeutic foster care provision across fostering home providers, attempts to identify and draw a conclusive outline of therapeutic foster care, as it currently stands in England, proved a more challenging task than anticipated. There are currently no data collected on how many young people are or have been placed in therapeutic foster care. The problematic nature of drawing conclusions about the prevalence of therapeutic foster care within fostering homes stems from three key issues. The first is the devolved nature of the provision; the second involves the theoretical and experiential evidence base for a variety of practices; and the third relates to the top-down directional flow of theorising, measuring, and evaluating the lived experience of these environments.

A devolved provision

The first key issue relates to the increase in the privatisation and outsourcing of foster placements by LAs in England. In 2020, 272 IFAs offered 15,300 foster placements, 34% of all fostering households (DfE, 2020). Within this increasingly privatised outsourcing of LA care, independent providers draw their practices from an array of available theoretical approaches and practice models. Across the 272 IFAs, each agency can apply its definition of therapeutic foster care and individualise its enhanced training. As a consequence, within a single LA, there could be multiple IFAs providing placements with no standardised mode or practice of therapeutic foster care – and no clear regulatory body for the definition, provision, and implementation of therapeutic foster care environments.

Many LAs have historically struggled to find suitable and/or sustainable placements for teenagers with behavioural and/or emotional needs (Hazel, 1990) and providing enhanced

training and support is understood to strengthen the capacities of foster carers. However, it is not always clear whether the enhanced training advertised by IFAs does, in fact, filter down into the lived experience of the teenagers within those placements. As such, Staines and colleagues (2011: 318) highlight that "there is some debate about whether the independent sector is in fact providing these [therapeutic] placements."

An Existing Evidence-Base

The second key issue relates to the theoretical foundations and experiential evidence base of the variety of practice models used in training foster carers to become therapeutic foster carers. Indeed, all the talk about the enhanced training for foster carers "often ignores the central question of *'training about what?'*" (Dorsey et al., 2008: 1410, my emphasis).

Within the broader LA care literature, scholars have suggested that a therapeutic environment should "provide [...] high-quality experiences of personal connection, agency and autonomy" (Chatfield et al., 2020: 133). A review of the existing literature and practitioner resources suggests that therapeutic foster care should encompass a range of behaviours and practices that, if used effectively by foster carers, should create environments to "bring about profound and positive changes that help [young people in care] flourish" (DfE, 2023b: 3). To this end, there are common threads throughout the literature, such as the need for foster carers to be perceived by the young person as safe (Golding, 2008), trustworthy and caring (Harkness, 2019), and communicative (Clarke et al., 2020). Many enhanced therapeutic parenting training programmes have emerged from these broader trauma-informed practice models underpinned by attachment theory (see Bowlby, 1979). Bowlby's (1969; 1979) influential attachment theory highlighted the importance of an attachment figure who can provide a secure base, suggesting that:

> *"Human beings of all ages are happiest to deploy their talents to their best advantage when they are confident that standing behind them, there are one or more trusted persons who will come to their aid should difficulties arise"* (Bowlby, 1979: 103).

Therapeutic foster care is premised on the notion that a young person can form secondary secure attachments to a professional caregiver, such as a foster carer. From this premise, the foster carer helps the young person form new 'road maps' of their internal perception of the world (Archer, 2003). Therefore, therapeutic foster carer training assumes that greater caregiver trauma awareness (Konjin et al., 2020) and greater parental sensitivity through behaviours such as playfulness, acceptance, curiosity and empathy (Hughes et al., 2015), as well as mentalisation techniques (Fonagy et al., 2004) can have lasting impacts on carers' attitudes and behaviours. These parenting skills are thought to develop healthy carer-child relationships to enhance the child's mental health and well-being (Dallos et al., 2015). These parenting skills can be understood as encompassing the concept of therapeutic parenting and are said to complement existing foster care practices such as honesty, clear routines, boundaries and the formation of a safe base.

An Existing Evidence Base: Therapeutic Parenting

Therapeutic parenting is currently at the heart of therapeutic foster care, with the evidence base for therapeutic parenting models functioning as the evidence base for therapeutic foster care across fostering providers in England. The term primarily represents a training toolkit that can enable a traditional foster carer to become a therapeutic foster carer. It appears to be one of the most crucial ingredients and is the most often cited aspect of therapeutic foster care provision in academic literature and practitioner resources. Therapeutic parenting aims "to dislodge set views that may have developed about how children should behave, what they need, how to respond to them and how children should respond in return" (Mitchell et al., 2020: 20). It focuses on the training of the foster carer to take on a therapeutic parenting role, in line with the new bold aim of foster care provision.

Depending on the fostering provider, the training toolkit can be one model or a mixture of therapeutic parenting models. At its core, therapeutic parenting aims to provide "a substitute environment which must be safe and which the child must be able to trust" (Pughe and Philpot, 2008: 34). According to the National Association of Therapeutic Parents (NAOTP, 2024: Online), therapeutic parenting can be understood as:

> *A nurturing parenting style developed from consistent, empathetic, insightful connected responses to a child's distress and behaviours, allowing the child to begin to self-regulate and develop an understanding of their behaviours, and ultimately form secure attachments and minimise the impact of childhood trauma*.

The NAOTP highlights the importance of a "nurturing parenting style". Therapeutic parenting has been suggested as being "very much about nurture" as it offers a traumatised child or young person actual and symbolic care and attention (Pughe and Philpot, 2008: 11). Care and attention that may have been non-existent or inconsistent before they came into foster care. The idea of nurture is said to "capture something of the idea of total care – physical and emotional – which the good parent offers [their] child" (Pughe and Philpot, 2008: 12).

The NAOTP (2024) also highlights that therapeutic parenting differs from traditional parenting as it does not expect the child to self-regulate, feel shame, empathy or remorse and, therefore, does not seek to punish the child for their behaviour(s). Of note, the NAOTP (2024) suggests that although therapeutic parenting was not explicitly designed for children who have suffered trauma, and can be used with all children, it is especially effective for those with neurodiversity or for those who have suffered past trauma.

Although therapeutic parenting should be "what a good parent does", the difference is that it is seen as "a professional skill", which is "practised in a total environment" including "physical and emotional, individual and group" challenging a young person's "inner working model" (Pughe and Philpot, 2008: 12). For instance, in acknowledging that professionally achieving "unconditional love" can be a challenge; Maginn (2006: 37) identified seven pillars of parenting to strive for to achieve "authentic warmth". These were: primary care and protection, secure attachment, positive self-perception, emotional competence, self-management skills, resilience, and a sense of belonging (Maginn, 2006).

DDP and PACE

A discussion on therapeutic parenting would not be complete without the inclusion of the theories and models of Dan Hughes (2014; 2015; 2018), a clinical psychologist and developer of Dyadic Developmental Psychotherapy (DDP). DDP is a clinical therapist-led intervention aimed at the child developing attachment security within the family. DDP differs from more traditional styles of therapy, as the sessions involve the child *and* their parent/caregiver. It aims to actively involve the parent/caregiver in the therapeutic process so that the parent/caregiver learns to be "emotionally available and intersubjectively connected" once the sessions are over and the therapist is no longer present (DDP Network, 2024: Online). In theory, the process of DDP creates a 'therapeutic parent', as Hughes (2015: 149) suggests that the goal for any traumatised child or young person is for them to "experience comfort and joy and self-discovery", and that is "best attained through relationships that are open and engaged for both child and adult".

DDP, as a therapeutic practice model, has garnered much attention from fostering providers. However, although it is applied to attachment-based trauma, it was not specially made for the needs of children or young people in care. It also falls prey to the issue of resource availability and access for the young people in care and their foster carers. Instead, Hughes also developed a more accessible model consisting of four key elements of a therapeutic relationship between a caregiver and a child: Playfulness, Acceptance, Curiosity and Empathy – the PACE model. In reviewing all the advertised provisions across LA and independent fostering providers, PACE is the most cited model in their advertised therapeutic foster carer training programmes. PACE – an open and engaging relationship – as a parenting strategy, aims to help children and young people establish positive and reciprocal relationships with their foster carers and experience relationships as 'safe' (Hughes, 2018).

Although PACE appears to be the most popular model most therapeutic fostering providers ascribe to, Jane Mitchell and Sarah Naish (2020) represent popular and well-cited voices within the therapeutic parenting resources and the training literature. Their work is also based on positive and therapeutic attachment relationships to the primary caregiver.

Although many of their resources are available to foster carers in the form of videos online, Mitchell and Naish's (2020) therapeutic parenting strategies can be summarised as consisting of the maintenance of firm boundaries and routines; finding an empathic response to the young person's behaviour; time in with the young person, not time out alone; no surprises or uncertainties; helping the young person to feel joy and laugh instead of feeling shame and guilt; being curious and detective work; naming the young person's need to help them understand their behaviour; acceptance of the young person despite their behaviour or actions; and allowing them to experience natural consequences of their behaviours so that they can begin to make sense of experiences (Mitchell and Naish, 2020).

In addition, the Secure Base Model is also popular and well-cited across providers of therapeutic foster home provision. With a similar theoretical foundation to PACE and Sarah Naish's models, it suggests five caregiving dimensions representing a positive strengths-based approach to parenting, focused on interactions between the caregiver and the child. These dimensions are availability (helping the child to trust), sensitivity (helping the child to manage feelings and behaviour), acceptance (building the child's self-esteem), cooperation (helping the child to feel effective) and family membership (helping the child to belong) (Schofield and Beek, 2005; 2023). The model, developed in the UK by Schofield and Beek, was founded on attachment theory literature and identifies five key dimensions of caregiving, four of which were derived from Ainsworth and colleagues' (1978) caregiving dimensions. That is, "availability helps a child to build trust, sensitivity helps a child to manage their feelings, acceptance builds a child's self-esteem, co-operation helps a child to feel effective" (Schofield et al., 2019: 373). The additional component, added by Schofield and Beek (2002), is family membership, which contributes to the child's secure base by helping a child achieve a sense of belonging". Family membership is considered particularly valuable for adolescents in foster care but potentially more challenging.

Overall, Hughes' PACE paradigm incorporates many of the elements of the other therapeutic parenting models, and perhaps this is why it lends itself to being the most popular and cited among fostering providers.

However, there have been critiques levelled at these models, due to the lack of a clear evidence base for their "effectiveness" and for utilising "poorly defined constructs" that can make the nature of the intervention unclear (Pignotto and Mercer, 2007: 517), particularly the Hughes model of Dyadic Developmental Psychotherapy (DDP). A 2018 report highlighted the need to build a more robust empirical evidence base for DDP (Gurney-Smith and Hudson, 2018), and, at the time of writing, there was an ongoing research study, the 'Relationships in Good Hands Trial' (DDP Network, 2024: Online) to understand the clinical and cost-effectiveness of DDP for abused and neglected young children. Yet, despite the growing emphasis on the implementation of evidence-based practice, there remains "remarkably little empirical evidence for the type of training that foster carers receive" (Kelly and Salmon, 2014: 527). Mersky and colleagues (2016: 157) found that "foster parents rarely receive experimental, applied training" but receive training that is typically "didactic, adult-centred, and lacking empirical support".

Yet, Hughes and colleagues (2015: 361) argue that therapeutic interventions have always been "vulnerable to criticisms from those demanding scientific evaluation". They suggest that the challenges with collecting 'evidence' through randomised controlled trials are not aligned with the wider context of helping people during their time of need. Contending that current methodologies for identifying evidence-based treatments overlook the complex reality of trauma, as many of the symptoms cannot be evaluated or addressed by using methodologies that investigate "unequivocal, easily measured and supra-contextual factors" (Hughes et al., 2015: 362). As running contrary to the "prevailing 'evidence-based practice movement'" is the feeling that "we know instinctively that some things cannot be measured or quantified" (Finlay, 2011: 8).

On one hand, Hughes and colleagues' (2015) rebuttal could be seen as an excuse for lacking an established evidence-base for their therapeutic model. On the other hand, however, it could be understood within the fluidity of therapeutic as an indexical term; a term inherently hard to pin down and measure, particularly when young people's well-being is at stake. Regardless of the standpoint taken, there remains a need for research to explore these 'poorly defined constructs' of therapeutic practices further. Notably, through

methodologies that seek aspects of the therapeutic phenomena that appear more ambiguous and, therefore, less easily quantified and measured in controlled trials. The question remains; "how do we replicate the vital ingredients amongst the beautifully human and idiosyncratic moments?" (Gurney-Smith, 2019: 2).

The need for more research to generate a greater understanding of whether these theoretically informed therapeutic models are actually implemented and experienced in practice within a fostering home is crucial. There is also a distinct need to for this information to help LA commissioners, who have the task of purchasing the most suitable placement for the needs of the young person. The existing research that has sought to identify if theory becomes foster care practice has been inconclusive. For instance, Murray and colleagues (2014: 847) interviewed foster carers on their experience of implementing therapeutic training, finding that "it is one thing to understand the intervention; it is another to possess the skills to implement the intervention in vivo". The research team found that, although "foster parents sometimes thought" they were implementing the approach highlighted in their training, based on their observation and assessments, this was not always the case (Murray et al., 2014: 848). Adding weight to this, Harkness (2019: 70) found that during interviews with therapeutic foster carers, many of them described a "needs-based approach" to the therapeutic care they offered, leading him to conclude that "the skills they use and how they interact with foster children are not well understood."

This gap in our knowledge base is most salient for the specific needs of teenagers in foster care, as many of the paradigms noted so far were developed for, and mostly trialled with, younger children (Mersky et al., 2016).

An Existing Evidence Base: Therapeutic Parenting for Teenagers

Therapeutic parenting models aim to recode a child's 'internal working model' (Bowlby, 1979). They involve 'recoding' from a complex attachment representational system to a secure attachment and positive constructions of adult behaviours and intentions. However, it is not always clear if these goals are significant for the teenage population. There is limited existing research into the importance of therapeutic parenting for the

teenage population in foster care. However, some existing research studies have investigated the significance of forming secure attachments with caregivers for teenagers.

For instance, Dallos and colleagues (2015) sought to investigate the significance of changes in attachment representations for teenagers in long-term therapeutic foster care in the UK. In a one-year follow-up study, during which they collected interview data at three time points, they found that a change in attachment security "appears to be a relatively slow process" for teenagers aged 14 – 17. Highlighting that change in attachment security appears to be a "very blunt overall measure" as it "conceals important features of more subtle changes" (Dallos et al., 2015: 670). Understanding the subtle changes in attachment security or representations is more challenging but important, as these will change alongside the developmental and social changes occurring during adolescence. Notably, the change towards interdependence and the shift in the significance of peer relationships over adult relationships raises more significant challenges for foster carers attempting to negotiate attachment representation changes. With this in mind, Dallos and colleagues (2015) suggest that it is vital for young people to "negotiate a balance between developing a secure attachment base with their foster carers in order to be able to use this to nurture their emerging independence" (Dallos et al., 2015: 671). Yet, the ways in which ways in which to negotiate this balance within the context of the foster home remain unclear within the research.

The extent to which attachment relationships can be formed later in life also remains unclear within the research and literature, particularly with teenagers. Some research suggests that the measure of secure attachment as a protective factor against the development of disruptive or anti-social behaviours is less for adolescents than for younger children. Therefore, to demystify the possibility of forming new secure attachments during adolescence, Joseph and colleagues (2013: 76) used an interview measure of attachment to indicate whether the young people had formed a secure attachment with their current foster carer. They found that nearly half of their sample had formed a secure attachment, which they concluded "means that the working models of attachment in adolescents who experienced severe maltreatment nonetheless remain open and responsive to day-to-day

caregiving experiences". They suggest their findings challenge the view that adolescents are less susceptible to caregiving than their younger counterparts, but more research is needed.

Therefore, new research praxis is needed that can explore and identify what specific strategies are utilised across therapeutic foster homes for teenagers. Strategies that can create a feeling of attachment and a sense of a secure base. Exploring these factors may produce insights that can identify the mechanisms and define the boundaries of therapeutic foster care provision (Chorpita and Daleiden, 2009). The lens currently used to understand these experiences and environments may need to change to do this.

An Adult Perspective

The third key issue is the top-down directional flow of our theorising, measuring and evaluation of the lived experience within foster homes. There is a distinct lack of research that elicits the views of teenagers in care about their perspectives and experiences of what constitutes a therapeutic foster home environment. A recent review of existing foster care models in the UK highlighted that it remains "unclear how much the young person's voice is taken into account for many models, particularly as several models are yet to have significant research into the impact on young people involved" (Cordis Bright, 2023: 21). With few exceptions (Selwyn et al., 2010; McKinney, 2011), the majority of the existing literature on therapeutic foster care is focused on the 'adults' (professional clinicians, social work practitioners, and foster carers) concepts, perspectives, and experiences, which are often foregrounded within the research process as "unquestionable legitimate and authoritative" (Polvere, 2011: 336).

Clinicians and practitioners almost entirely lead the dominant narrative surrounding the conceptualisation of therapeutic foster care environments. When experiences are elicited to evaluate and measure a particular therapeutic foster care practice, this is most often sought through foster carers' voices. Consequently, a growing body of literature highlights the 'complex needs' of therapeutic foster parents (Tullberg et al., 2019) and their experiences of training and implementing their role (Shealy, 1996; Jivanjee, 1999; Murray et

al., 2014; Hewitt et al., 2018). Although this 'adult' knowledge base has been invaluable in developing our understanding of therapeutic care practices over the last 30 years, there is a strong justification for research to now move forward to youth-led concepts and allow youth to have an active voice regarding the practices that involve them.

Although there is a recognition of the importance of listening to the perspectives of youth, there remains a lack of first-hand accounts and assessments by young recipients "when measuring programme quality" (Chatfield et al., 2020: 135). This is perhaps due to the systemic structures of power between adults and youth, as well as a historical omission in the importance of young people's experiences and voices to inform research or consultation processes. However, the social and political climate that facilitated The United Nations Charter on the Rights of the Child (1989) and The Children Act (1989) has established a school of scholars and practitioners in pursuit of the most effective ways to encourage these younger voices to be heard and acknowledged – such as the introduction of participation officers within LAs and 'Care Councils'[2] as participatory structures. Yet, despite these developments, childhood and youth remain sites of structural oppression (Frost and Hoggett, 2008), and there still appear to be large gaps. Gaps exist not only in the elicitation but also in acknowledging the significance of youth voices within localised and day-to-day evaluation platforms and the actualisation and implementation of their suggestions. Scholars have problematised assumptions that youth participation has "resolved the goal of 'giving voice'" as the issue remains of "whose voice is being spoken and, simultaneously, whose voice is being heard" (Mannay, 2013: 136). Existing literature also points to the possibility of, and the need to avoid, tokenism as "young people having a 'voice' within a particular initiative does not often translate into meaningful influence on service development or policy formation" (Ellis and Sen, 2024: 2). However, some scholars suggest that tokenism is misleading, as young people often benefit from their social involvement in political processes, even if there is no political outcome (Lundy, 2018).

[2] All LAs are required to establish a Children in Care Council or similar provision to provide those in care and care leavers with more opportunity to voice their views and increase their ability to influence and improve services.

Therefore, if the 'adult' perspective of a teenager's lived experience is consistently foregrounded – be it due to binary age-based conceptualisations of autonomous meaning-making capacities or due to access being limited by research ethics committees – then we cannot say with any confidence who has perceived or experienced foster home environments as therapeutic, or what a therapeutic foster home environment would look like if conceptualised by the teenagers within them. As there remains very little research which "can reveal the actual lived experience of these spaces of care" (Disney, 2013: 30). Existing research has also highlighted "a gulf between what professionals, providers and elected officials feel is most important and what those who experience the system feel would be most helpful" with these scholars calling for justice in child welfare system by listening to the voices of those living the system experience (Milner and Kelly, 2021: 1).

Young people are now, rightly, being understood as critical agents of change. Therefore, their perspectives and lived experiences should be understood as valid. This is salient as the recently published national framework for children's social care (DfE, 2024) identified child-led practice as a key priority. To date, although the research and literature on therapeutic foster care provision is not vast, most that exists on the topic has not sought to include teenagers' views on their foster placements. Therefore, it was timely to explore teenagers' concepts, perspectives, and lived experiences of foster home placements as therapeutic and consider if these coincided with or challenged our existing 'adult' concepts. Concepts that have so far been derived from the theoretical perspectives of clinicians and practitioners, as well as the perspectives and experiences of foster carers.

Conclusion

I began my literature review with the intention of mapping a structured provision of therapeutic foster care. However, therapeutic foster care in England is devolved and fluid, with a lack of definition and a variety of theoretical frameworks and practice models. So much so that existing therapeutic foster care providers could be accused of "magical thinking"; a phrase that has "come to be interpreted as the perception (typically by

politicians and senior managers) that simply by saying something is so, it will be manifest in doing and action" (Gaggiotti et al., 2024: 224).

The review of the background context and the literature reviewed on existing understandings of therapeutic foster care provision led me to develop the aims and key research questions that guided the research. Due to this uncertainty, and perhaps because of the nature of therapeutic as an indexical term and the propensity towards "magical thinking" within public services in the UK (Gaggiotti et al., 2024), it was important to understand how teenagers *themselves* perceived and experienced their placements. Therefore, there was a need to consider in more depth how these environments can provide "emotional first aid" for those entering them (Treischman et al., 1969: v). This was particularly salient due to the increasing numbers of teenagers with complex needs entering the care system and with the preference for them to live in family-based foster care environments.

Chapter 4 Methodology

Introduction

The previous chapters presented the landscape of foster care provision in England and the increasingly devolved nature of local authority care due to the growth of the independent private fostering sector. The literature review also highlighted the growing number of young people coming into care, the shortage of foster placements, and the resulting demand for private-sector placements by local authorities. During the literature review, however, it was noted that there is no agreed definition of the term 'therapeutic' within the foster care sector and that there are ongoing conceptual issues surrounding what it means to be a 'therapeutic foster care placement'. The review also highlighted the lack of research into the young people's understanding of and experience of these environments as 'therapeutic.' Therefore, this exploratory research aimed to better understand young people's views and experiences of foster care placements as therapeutic through participatory methods. This chapter outlines the research questions, followed by an in-depth understanding of the philosophical, theoretical and methodological foundations of the research. The method and data generation phases are outlined in detail, followed by a discussion of the data analysis process, introducing the Therapeutic Landscape framework as the analytic framework. Finally, the ethics of the research are highlighted and ethical issues raised and discussed in detail, including the limitations of the research approach.

Aims

The research explored:

1. How did teenagers in foster care placements conceptualise, perceive, or experience foster home environments as therapeutic?

2. How did care-experienced young people reflect on their past experiences in foster home environments and conceptualise and perceive these past experiences as therapeutic?

3. What did teenagers currently in foster care and care-experienced young people suggest were the key ingredients of a therapeutic foster home?

4. Does the lived experience of a foster home as 'therapeutic' coincide with or challenge the existing literature on therapeutic foster care?

To address these research questions, the methods used were based on collaborative frameworks of qualitative data generation with young people, comprising four stages: 1st, an introductory group workshop; 2nd, a period of participant-generated visual-diary collection; 3rd, visually aided individual conversations; and lastly, a final group discussion and art workshop. Before describing each of the methods, the philosophical foundations of the research project will be outlined.

Philosophical Foundations

While designing the research, I was mindful that (historically) the production of knowledge has not necessarily been an equitable endeavour, and I remained conscious of the substantial body of literature highlighting the history of epistemological injustices inherent in some traditional research praxis (Smith, 2021). I was influenced by literature from feminist and critical scholars who have challenged positivist ontological paradigms (Denzin, 2002) and called attention to the paternalistic and colonial legacies of traditional epistemologies that focused on the non-participatory observation and documentation of the 'other' (Bhattacharya, 2009). I was also aware of the theoretical contributions from the sociology of childhood, which have challenged the prevailing notions of children and young people as "immature becomings on their way to adulthood" (e.g., Brady et al., 2015: 174; James and Prout, 1997). The work of these scholars has highlighted how dominant 'adult' perspectives have often marginalised young voices and limited their influence in shaping knowledge about their own lived experiences.

By recognising these histories of methodological oppression that (consciously or unconsciously) silenced the voices of those with less structural power, it became clear that

this research should be approached from the perspective of the young people themselves. So, as I began my journey to gather and produce knowledge(s) about young people in care, I needed to remain conscious that many care-experienced young people inherit an unearned legacy of structural vulnerability and social exclusion, with their birth families often labelled within our social structures as lacking 'regimes of value' (Skeggs, 2004). I also remained vigilant of the stigmatised identity associated with being care-experienced, as research with these young people has highlighted the challenges of constantly having to negotiate this complex part of their identity, often choosing to keep it secret (Dansey and John, 2019).

Therefore, I had to acknowledge that the broader contextual landscape that surrounds an individual's perception and lived experiences can maintain visible or invisible structures of power or oppression, as there are tensions between the fluidity of individual perception and an individual's lived experience because of the weight of social structures (Fleetwood, 2016). Therefore, my understanding of how to approach the research context was intertwined with black feminist and intersectional approaches (Crenshaw, 1994; Alinia, 2015), which highlight the power that oppressive forces can have on "shap[ing] the collective and individual worldview, behaviours, and outcomes" (Lindsey-Dennis, 2015: 509).

I recognised that a researcher can never be "an objective, politically neutral observer who stands outside and above [...] circuits of culture" (Denzin, 2002: 29), as the generation of knowledge is historically, socially, and politically situated within its cultural contexts. The production of knowledge is, therefore, always a subjective, value-laden, and political process, and I came to the research space already with pre-existing notions and experiences that inevitably guided the research design. As a starting point, then, for this research, I engaged in critical self-reflection on the underlying assumptions I held about the nature of reality (ontology), how knowledge can be obtained (epistemology) and the role of my own values and personal position in shaping knowledge (axiology).

The research design aligns with an interpretivist-constructivist ontology, which acknowledges multiple ways to perceive and experience reality. An interpretivist-constructivist ontology stands in contrast to objectivist/positivist ways of seeing – an ontological position often taken for granted within the natural sciences – as our understandings of the world are subjective and constructed through interpretation. Therefore, to effectively research the social world, it was critical to explore the nuanced and interpersonal understandings of that world. This required acknowledging that individuals "construct knowledge as they interpret their experiences of and in the world" (Hiller, 2016: 103), as each person experiences the world in unique and fundamentally idiosyncratic ways (Peck and Mummery, 2018).

As a researcher working alongside marginalised youth whose voices have often been silenced or side-lined, I disagreed with the pragmatist approach that assumes researchers can operate independently of, and without any commitment to, a particular methodological praxis (Kaushik and Walsh, 2019). Method is the most important part of the knowledge generation process (Pink, 2012), and I was committed to an epistemology that demanded methods which enable youth voices to be heard. Therefore, I adopted a phenomenological epistemology (Heidegger, 1927; Healey-Ogden and Austin, 2020). In its broadest sense, phenomenology focuses on understanding the meanings individuals ascribe to their lived experiences. Phenomenology emphasises the importance of exploring experiences from the individual's perspective by foregrounding idiosyncratic and interpersonal attempts to understand an individual's 'real world' (Eberle, 2015). A phenomenological epistemological lens recognises knowledge production is possible by gathering subjective experience and insights. To gather these subjective experiences and insights (while also combatting oppressive methodologies), the research design was also grounded in the growing literature on co-creation and collaboration through the utilisation of participatory frameworks (Aldridge, 2015; Mannay, 2016).

Theoretical Framework: A 'Thick' Conception of Voice

To achieve the philosophical aims of the research, I adopted Carnevale's (2020: 2) "thick" conceptualisation of voice that is "rooted in an agential view" of youth. A thick conceptualisation of youth voice was an important starting point for two reasons. First, the recognition of youth voices as agential is an acknowledgement of Article 12 of the United Nations Convention on the Rights of the Child (UNCRC) (1989), which outlines the right for every young person to participate in discussions and express their opinions on all matters that may affect them, and for these views to be given due weight. The research design also acknowledges Article 13 of the UNCRC (1989), which outlines the right of young people to have freedom of expression, to receive and impart information and ideas through a medium of the young person's choice. Therefore, allowing youth to not only be heard but their opinions to be acknowledged as valid is an inherently political act, defining them as capable and responsible beings.

Second, by assuming a thick conceptualisation of voice, I aimed for the methodological design not to compound consistent research findings that looked after youth do not feel heard and acknowledged on issues that affect their lives (McLeod, 2007)—at the same time, remaining aware that participating in research can seem pointless for care-experienced youth (Wood and Selwyn, 2017). My research aimed to challenge epistemological oppression that occurs when we fail to recognise youth voices as morally meaningful (Carnevale, 2020). By utilising a thick conceptualisation of voice, one that recognises youth as active agents whose expressions are not simply "emotional expressions calling for adult compassion or celebration" but rather agential expressions generated from moral experiences that make them capable of sensing "that the values [they] deem important are being realised or thwarted in everyday life" (Carnevale, 2020: 3). From this standpoint, alternative discourses may be created "that challenge and re-imagine the social order" (O'Neill, 2016: 255), which in turn may foster responses to policies and practices that are transformative, from the bottom-up.

Therefore, the participants needed to have the opportunity to describe themselves, their opinions, and their experiences "in terms of desire and agency" (Moinian, 2006: 233). To

achieve this, I needed to provide the young people with a platform *and* the appropriate means to utilise that platform (Anderson and Mack, 2019). A platform and appropriate means can enable young people to be "engaged in an act of self-presentation" (Moinian, 2006: 233). So, based on my philosophical foundations and theoretical standpoints, the methodology I chose had to reflect the centrality and importance of young people's opinions, perspectives, and experiences.

Theoretical Framework: Participatory Methodologies

Participatory frameworks can be understood as a tangible outcome of the conceptual shift away from researchers taking a paternalistic role with their participants (Smith, 1995). Over the last two decades, there has been a change in research processes towards greater collaboration and co-production, particularly with participants who may be considered vulnerable or socially excluded. However, many traditional methods that (cl)aim to work collaboratively or inclusively with participants, most often by eliciting verbal storytelling through interviews or focus groups, sometimes fail to adequately elicit and capture their perceptions and experiences (Aldridge, 2015).

In answer to calls for alternative interpretations and manifestations of 'voice' within research (Aldridge 2015), the inclusion of visual methods has come to the forefront in participatory research with youth, as well as with vulnerable or marginalised populations (Mannay, 2016). The inclusion of visual methods into methodologies that seek to uncover perceptions and experiences is premised upon the notion that visual tools "can afford distance from a painful experience as well as providing metaphors and meaning that go beyond what might ordinarily be expressed through words alone" (Creighton et al., 2018: 446). This is particularly salient in research with teenagers in care, as researchers who elicit solely speech-based interviews could be confronted with a "distressed, emotional landscape" without giving the teenager the appropriate "tools to navigate through it" (Lobb, 2018: 1).

Visual data can take the form of photographs, videos, drawings, painting, mapping, or collaging with the most common integrations into research designs through photovoice (Wang and Redwood-Jones, 2001) or photo-elicitation interviews (PEI) (Harper, 2002). Yet, Harper (2005: 748) poses the question, "images put a face on statistical data, but what do they do beyond that?". Images are both empirical and constructed, and, as much as "works of art are ciphers of our social worlds," it is crucial to make sure these "ciphers" represent how the owners of that social world wish for them to be presented, produced, and disseminated (O'Neill, 2016: 222). Therefore, the young people who engaged in this research needed to be able to document their own social worlds by creating the visual data to be used within the research process. When mapping a practical design that fit with the theoretical foundations of the research project, I understood photography as an alternative medium to assume a "thick" experiential voice (Carnevale, 2020)—allowing the participants to produce personal reflective non-verbal narratives that could be shared within the context of the research (Allen, 2012). I also saw the use of participant-generated photography as a research tool that worked towards a realisation of Article 13 (UNCRC, 1989) within the research context, as it would give the participants the freedom to capture, reflect, and frame the important parts of their home environments, from their perspectives.

In previous research, utilising visual methods with teenagers was useful, especially for those who often find it difficult to articulate their feelings or emotions verbally (Wright et al., 2010). Moreover, including photography or video has been said to help teenagers feel confident enough to take part in research – due to their familiarity with the medium (Klein, 2020). While considering the research design, however, I also noted that an analysis based solely on a researcher interpreting the visual data may be inadequate. As I, the researcher, may fail to fully understand the intention of the content as "a photograph involves a decision the photographer makes before pressing the shutter release" (Klein, 2020: 13). Any visual data generated by the participants as part of this research would therefore require illumination by the creator (the young person) within the research process. Photo-elicited interviewing was consequently chosen to facilitate this, allowing participants to control the topics of discussion. Giving them the independence to decide what they share and what

parts they wish to elaborate on (Creighton et al., 2018) – and affording a "tool [with which] to break the directive nature of verbal questioning" (Lapenta, 2012: 13).

With all this in mind, when designing the research project, I integrated an initial introductory workshop with photo/video diaries and individual photo diary-elicited interviews, followed by a group art and discussion workshop. The multi-model approach and triangulation of these methods aimed to stimulate the young people to engage in reflection by becoming visual researchers within their own (foster) home landscape. They could then reflect and have control over what aspects of their collected visual diary they later shared in our conversations, both individually and as a group. These methods also allowed the young people to articulate themselves through visual and verbal mediums.

The Research Process

Bagnoli and Clark (2010) suggest that participatory research exists on a spectrum, from participants being brought in to take part in the research (contractual) to participants working alongside the researcher to create, execute and disseminate the project (collegiate). Collaborative research sits somewhere in the middle of this spectrum, as although the participants work with the researcher on the parts of the research, the control is ultimately with the researcher. Although the more immersive collegiate end of the spectrum may be preferable, due to the limited resources, timeframe, and the nature of the research involving teenagers and young adults who were trying to navigate their way through a variety of intersecting life obstacles, it was not possible to conduct a fully collegiate process. Therefore, the research I undertook can be understood as a collaborative process.

Gaining access to engage with young people in foster care and care-experienced young people was a complex process that required careful consideration. For this project, the recruitment process involved collaborating with adult gatekeepers at private and public fostering organisations to recruit young people known to the organisations. Once the University's ethics committee granted ethical approval, the recruitment process began. In total, throughout the recruitment and engagement phase, I reached out by email to four LAs, two IFAs, and three care-leaver organisations. I received responses from three LAs,

one IFA and two care leaver organisations. After further discussions, senior managers in one IFA and one LA agreed that young people could participate. In the following section, I will first outline the recruitment and engagement process at the field sites from which the young people were recruited. Then, I will highlight the inclusion and exclusion criteria and how the criteria changed and had to be adapted. Finally, I consider the challenges encountered during the recruitment process.

Recruitment and Engagement

To facilitate the recruitment process, the most appropriate adult gatekeepers in the agencies were identified as participation officers (POs). POs are employed to work directly with young people to ensure their views and experiences are gathered through meaningful and co-produced participation work (Become, 2022). Their role aligned well with the participatory nature of the project. The POs, owing to their position within children's services organisations, played a vital role in introducing the research and engaging the young people –acting as middle (wo)men throughout the research stages.

Recruitment through the IFA involved the initial gatekeeper introducing me (via email) to their PO. The research aims and the introductory information were shared with the PO, who then identified teenagers who fit the inclusion criteria. Before approaching any teenagers, the PO sent the research's information sheet and consent forms to the young people's social workers, as legal guardianship for these young people still resided with their local authority social worker. Additionally, the PO sought informal consent from the foster carers of potential participants to ensure young people participating had support. Once both formal and informal consent had been obtained, the PO shared the project's flyer and information leaflet with the young people. Interested individuals were then invited to the introductory group session held at the IFA offices. At the end of the session, young people who wanted to be involved in the research gave written assent.

The recruitment round through the LA followed a different process. The young people from this organisation were older, and the LA had already consented to their participation. Therefore, individual social workers' consent or informal foster carer support was not

required. The PO introduced the project to the young people, sharing the leaflet and information sheet with them directly. Those who expressed interest were invited to an introductory group session held in Oxford. At the end of the session, written consent was obtained from the young people.

The recruitment process ensured that the young people were approached through trusted intermediaries who could establish rapport and maintain a neutral relationship, separate from their foster carers or social workers. The involvement of POs and the adherence to ethical procedures aimed to safeguard the confidentiality of the young people throughout the recruitment process. Additionally, each participant group had the opportunity to visit Oxford for the day, have lunch in the St Edmund Hall college dining hall, and have a tour around Oxford (those from the IFA came for their final workshop, and those from the LA came for their introductory workshop). This tangible aspect of the project was consciously included as a way for the young people to feel actively part of the University research project, as well as an opportunity for them to have access to and the experience of a university while also being just a fun day out to connect with other young people participating.

Inclusion and Exclusion

Initially, I had aimed to recruit up to 20 young people aged 13 to 18 who were currently in foster care placements in Southeast England. The initial inclusion criteria sent to the potential organisations were that participants were: a) in a foster placement; b) aged 13 – 18 years old; c) on a Care Order (Section 31 Children Act 1989); d) were expected to remain in care for at least the next three months; and e) had the capacity to participate. The initial exclusion criteria were that the participants a) had severe mental health problems and/or learning disabilities; b) their social worker considered that participation was not in their best interests; c) were voluntarily accommodated (Section 20 Children Act 1989) due to difference in parental responsibility and shorter timespans spent in care.

However, due to difficulties encountered in recruiting sufficient numbers of young people, the participant age range was extended up to 26 years old. For the 16- to 26-year-olds, not

currently in foster placements, the extended inclusion criteria were that participants a) were in a Staying Put placement or had previous experience of a foster home placement; b) had the capacity to participate. The extended exclusion criteria replicated that of the younger group.

The change in participant recruitment criteria had two key benefits for the project. First, it increased recruitment opportunities and participation by including a (slightly) easier-to-reach population. Second, it expanded the scope of the research questions to encompass both the current experiences of those in care and the reflective experiences of older care leavers. Although I had initial methodological concerns that the inclusion of these 'grown up' voices may de-centre the role of or overshadow the younger voices, the practical recruitment considerations necessitated overriding these concerns. Consequently, I remained mindful of the ages of the contributions foregrounded and re-presented at later stages of the project.

Recruitment challenges

It is worth highlighting the difficulties and challenges that led up to the extension of the inclusion criteria. First, unfortunately, but inevitably, the impact of the pandemic. I have only been able to appreciate the full impact that the coronavirus pandemic had on the data generation with the benefit of hindsight. I began the DPhil in October 2020 and started to reach out to local authorities and agencies towards the end of 2021 and into early 2022. During this time, although life was starting to return to 'normal,' the pre-pandemic level frequency of meetings of participation groups, their structures of engagement, and PO's lines of communication with the young people were still very much impacted by the previous lockdowns. Many of the participation groups had not yet returned to in-person events and POs had struggled to engage people online. The reduction in contact had led to POs having lost touch with some of the young people who were previously engaged or had not been able to engage young people who had just become looked after. Within this post-covid contextual landscape of participation groups, a researcher turning up with an in-person, engaged, and slightly complex research project to pitch to young people was perhaps not the right thing, at the right time.

The second recruitment challenge was that the nature and 'ask' of the project may have been misunderstood by LAs. As part of the recruitment process, I pitched the project first to initial gatekeepers at three LAs and while every gatekeeper was initially keen (leading to various meetings with other stakeholders and project pitching to multiple members, multiple times throughout all three LAs), they were not in senior roles and could not give consent. Feedback from one of the LA POs, who had tentatively agreed to take part (but was unable to get go-ahead to participate) was that there was a feeling that the 'ask' of the project could appear to be an evaluation of the capabilities of their foster carers and the foster homes they were providing. In hindsight, although I did clarify that this was not the intention of the project in conversation with the gatekeeper(s) at each field site, it could have been clearer in the project information sheets that I distributed. However, it was only in conversation with the POs that I became aware that the project 'ask' could be misinterpreted in this way. The nature of the project – the use of photography within the foster home and for the young people to share these images – was also highlighted as a potential safeguarding issue and risk. However, when alternatives to photography were suggested, the gatekeepers still did not agree to reach out to young people about taking part in the research project.

The third issue encountered during the recruitment phase, even when the age range was extended, was the issue surrounding available funding and resources for the project to run. Although there were small grants available from the University department and college, these were not sufficient to cover all the project costs. Therefore, during the project pitch to organisations, I highlighted that they would need to cover the cost of cameras and travel expenses to Oxford for the young people. The PO also needed to have time and capacity to help liaise with the young people and attend the events. One of the care leaver organisations highlighted that they did not have the funding capacity to facilitate external projects. Although each LA approached initially said that they had the budget to cover the costs of the project when they sought to gain senior sign-off, there may have been restricted funding due to tighter budgets and increasing financial constraints.

Engagement

The young people who engaged in the project were recruited from two distinct communities. The first group comprised teenagers currently in foster placements with IFA carers in Kent, Southeast England, whose wider organisation were the funders of the research. The second group consisted of care-experienced young individuals who had recently transitioned from foster care to living semi-independently in North London.

In total, ten care experienced young people aged between 13 – 19 years old were purposively recruited and subsequently engaged in the research project. Eight teenagers currently in foster care placements aged between 13 to 17 were recruited from the IFA organisation. Two young people currently in semi-independent accommodation but who had recently moved out of foster homes and were aged between 18 - 19 were recruited via the LA. Table 1. shows the young people who participated in the research and which phases they completed.

Engagement	Introductory Workshop	Photo-diary Creation	Individual Conversation	Final Workshop
B13 (IFA)	✓	✓	✓	✓
G14 (IFA)	✓	✓	✓	✓
B14 (IFA)	✓	✓	✓	✓
G14 (IFA)	✓	✓	✓	✓
G15 (IFA)	✓	✓	✓	✓
G15 (IFA)	✓	✓	✓	✓
G16 (IFA)	✓	✓	✓	✓
G17 (IFA)	✓	✓	✓	✓
B18 (LA)	✓	✓	✓	
G19 (LA)	✓	✓	✓	✓
Total engagement	10	10	10	9

Table 1. Engagement table.

Data Generation

The data generation consisted of four stages:



1ST: INTRODUCTORY GROUP WORKSHOP



2ND: MONTH OF VISUAL-DIARY CREATION



3RD: PHOTO-ELICITED INDIVIDUAL CONVERSATION



4TH: FINAL GROUP WORKSHOP

Introductory Group Session

At the IFA, the research project commenced with an introductory session held at their offices. The young people's presence was coordinated by the PO, who liaised with both the young people and their foster carers. While ten young people had initially agreed to take part, only nine attended the session (and only eight engaged further in the project). During the session, which was held in a seated circle on a mixture of sofas and chairs, I led an ice-breaking activity for introductions.

This was followed by an introductory presentation about the project and visual ethics, which then structured an informal interactive discussion. Almost all the young people actively participated and contributed ideas about what they thought therapeutic meant and how they intended to be ethical visual researchers, except for the youngest boy, who took extensive notes throughout the session on the handout.

With the LA, the introductory workshop was held in Oxford and took the same format, however, only two young people attended, and each attended with their PO. As there were fewer young people present, after the initial introductory presentation, we engaged in a more in-depth informal discussion about the current therapeutic parenting models and their previous therapeutic (or not) experiences in foster homes.

During each workshop, I suggested a simple dictionary definition of therapeutic that states: “If something is therapeutic, it helps you to relax and feel better about things, especially about a situation that made you unhappy” (Collins Dictionary, 2022), and we discussed whether this definition was correct. There was a collective agreement at each workshop; therefore, this was the definition used during the project. At the end of each introductory session, once assent/consent forms had been discussed and signed (see appendix D and E), I gave out digital cameras for the IFA group and disposable cameras for the LA group, which the respective organisation had funded to enable the next stage of the project. Field notes were taken directly after each session.

Photo-Diary Creation

The second stage involved participants generating their photography diaries. By taking on their new role as visual researchers in their own landscape, young people were asked to ‘capture moments, experiences, or things in the (foster) home that help(ed) you to relax or made you feel better about things’. This was the simple way we agreed to define the feeling of therapeutic throughout the project.

Over four weeks for those from the IFA and two weeks for those from the LA, the participants created their photo diaries. The four-week timeframe was chosen to give the younger participants a long enough window to reflect on their perspectives based on experiences within that month, which brought more fruitful insights to the individual conversation and final workshop. The two-week window was chosen with the older participants as they were reflecting on prior experiences and capturing things to represent these experiences, and they felt that two weeks was enough for this. All participants were asked to reflect and visually document once a day, but if this was not possible, to collect at least seven to ten visual representations throughout their timeframe. The young people undertook this part independently, and we did not have contact throughout this period.

Photo-Diary Elicited Individual Conversations

After creating their photo diaries, each participant was invited to an individual photo-elicited conversation with me. These were held in person at the IFA offices in Kent for those participants and were held online for the LA participants. Although I had initially planned to meet the LA participants in person, closer to the date they requested online. This part of the project gave each participant the opportunity to 'show and tell their diary', providing an opportunity for the participants to interpret and define the experiences captured in their diary (Lindsay-Dennis, 2015). The approach was aligned with the PEI tradition (Harper, 2002) and included in order to minimise (mis)interpretations or (mis)understandings that I may have made, as a gazing researcher, onto their ambiguous visual diaries if I had collected them and reviewed them solo. This stage gave each participant the ability to show and tell their own lived experiences and subjective standpoints in a private space and without the pressure of directive questioning. The participant-led photo-elicited conversations lasted approximately 10 minutes to 1 hour, guided by each participant's preferences. I remained aware of both verbal and non-verbal cues during the conversations to cut it short or continue. These conversations were audio-recorded, transcribed, and initially coded to identify codes and provisional themes that I took to the final workshop and discussed in collaboration with the participants (Bagnoli and Clark, 2010). In total, 10 photo-diary elicited conversations took place.

The table (Table 2.) indicates the data generated by each participant at this phase of the research project.

Data Generation	Interview Length (minutes. seconds)	Transcribed Words	Number of Photographs
B13 (IFA)	15.04	579	14
G14 (IFA)	15:31	1509	20
B14 (IFA)	12.32	1285	12
G14 (IFA)	14.46	977	17

G15 (IFA)	12.02	607	23
G15 (IFA)	10.03	1070	15
G16 (IFA)	36.45	3078	67
G17 (IFA)	16.29	2033	22
B18 (LA)	17.31	1876	8
G19 (LA)	58.17	4709	32

Table 2. Data Generation Table.

Final Group Art and Discussion Workshop

As a blend of hermeneutic phenomenology and participatory praxis, the research design included a full-day final group workshop held in Oxford for those at the IFA and an online workshop for those at the LA. As the earlier individual stages explored the individual's subjective life worlds, the final group workshop aimed to "then ponder what is intersubjectively and collectively shared" (Eberle, 2015: 5).

Eight young people from the IFA attended the in-person group workshop, which was interactive and consisted of four main activities:

1. *Individual Structures of Importance;* Each participant was given a code card deck created from the initial codes I identified during the transcription of the individual photo-diary conversations (discussed on p. 38). Using the cards, the participants created pyramid/bubble/tree structures, placing the most relevant cards at the top to represent the most important aspects of a therapeutic home environment for them. Extra blank cards were available for the young people to write anything significant that was not already in the deck. However, none of the young people wrote any extra cards. This activity took about 15 minutes and I waited until all the young people had asked questions, negotiated, rearranged their shapes, and then settled on their hierarchy of importance before I photographed each shape with consent from each young person.

2. *Group Pyramid of Importance*; Following the individual structures, the concept of the group pyramid was introduced. The goal was to facilitate an interactive group discussion about the most important aspect and why. I explained this to the young people as "creating a majority wins pyramid." Each participant held up the card(s) at the top of their individual structure, and the other young people looked at each other's cards, counted the votes, and determined which card won each round. The cards that received the minority of each level were placed on the next level of the group pyramid. This activity stimulated engagement, discussion, and debate amongst the group. An informal moot-court system was introduced by the young people, defending their cards that had fallen into the minority by presenting arguments for why they were more important. This lasted approximately 25-30 minutes.

3. *Keywords Traffic Lights*: 12 A4 sheets of paper were placed around the room, each representing a therapeutic foster home 'keywords' from the literature and practitioner resources, along with its most clear definition found in the literature. These were: routines, clear boundaries, honesty, playfulness, acceptance, curiosity, empathy, a safe base, co-operation, sensitivity, availability, and family membership. The keywords and their definitions sparked extensive discussion as the young people negotiated with each other and with the POs who were present and me to determine the 'real' meaning of each term. The young people were provided with red, orange and green Post-it notes to assign a traffic light colour to the therapeutic relevance of each word. They also wrote short explanations on the Post-it notes to justify their colour assignment. This activity lasted around 30 minutes.

4. *The Key Ingredients of a Therapeutic Foster Home*: each young person designed a large A2 poster based on the questions written on the whiteboard at the front. The questions were: "What does the word 'therapeutic' mean to you?," "What do you suggest are the key ingredients of a therapeutic foster home environment?", and "If you could design an ideal therapeutic home environment, what would it look like?".

The participants' photo diaries, printed out by the PO, were brought to the workshop, and used in the poster creation. At the end of the session, I took pictures of the posters with their consent.

The workshop provided a space for participants to "define their own categories and labels and unmask opinions through dialogue and debate with others" (Bagnoli and Clark, 2010: 103). The workshop was audio-recorded and transcribed to retain all ideas and themes created by the participants for further analysis. The in-person Oxford workshop day ran from 10am – 4pm, however the workshop activities were split over two sessions over the day, with breaks in-between. The first session recording started after introductions and welcomes and lasted 1 hour, 8 minutes and 31 seconds (2643 words transcribed); the second session recording lasted 1 hour, 38 minutes and 59 seconds and continued into the poster making session (3631 words transcribed).

Only one participant from the LA attended the final online workshop, which lasted 45 minutes and 31 seconds (3442 words transcribed). While this made for a more reflective and fruitful conversation about the initial codes and the nature of therapeutic foster home environments, unfortunately, it did not have the interactive collaboration and discussion enabled at the IFA workshop.

Transcription

Within the qualitative research process, transcription is often overlooked and "is perhaps the most underacknowledged aspect" (McMillin, 2023: 7). It was important to acknowledge that researcher-led transcription is not an objective or value-neutral process, but a situated one, influenced by the politics of representation (Roberts, 1997). I aimed to ensure that my transcription decisions were not reductionist or stigmatising but instead allowed the "whole social person" (Bourdieu, 1991: 52) to be retained and represented in the cultural artefact created through transcription. While it may be challenging to represent a "whole social person" within a written text (or perhaps over any medium), efforts can be made toward this goal.

I transcribed the recordings without relying on software, based on the premise that it would allow me to become more familiar with the content and remember not only what was said but also understand contextually how the young participant intended to express it. Taking an interpretivist perspective on transcription, as suggested by McMillin (2023: 7), I approached it as a process that does not seek to create objective knowledge but rather involves interpretation throughout the hermeneutic circle. I took a naturalised approach to transcription, without a focus on analysing the language use or speech nuances but opting for a version of intelligent verbatim, presenting the spoken dialogue according to discursive conventions. Although there is a body of literature cautioning against using full verbatim when portraying disadvantaged groups, the participants' speech required minimal modification or editing – as they were articulate – making the decision to use intelligent verbatim easier while transcribing the individual conversations. Transcribing the workshop posed more of a challenge, but I made a record of when people were cut off from speaking or were spoken over and no longer intelligible.

Once I transcribed each conversation and workshop, the audio recordings were deleted. Although I had not previously considered the emotional impact of this process beyond the data protection guidelines, once the recordings were deleted, I became conscious that only an artefact remained. An artefact that represented a skeletal meaning of the encounters, as audio recordings represent "a form of collective memory, a way to re-present rather than represent" (Duranti, 2006: 307). Despite this, however, it would have been outside of the data protection guidelines and perhaps impractical to refer to the audio recordings throughout the post-data generation stage, rather than the transcriptions.

Data Analysis

A reflexive thematic approach was used to analyse the data (Braun and Clarke, 2019), emphasising the subjective nature of the coding process and recognising the involvement of the researcher in developing themes. However, considering the importance of including the participants' perspectives and avoiding the imposition of adult frameworks onto youth voices, I interwove the reflexive thematic analysis with a collaborative coding and theming process (Liebenberg et al., 2020) – in line with a thick conceptualisation of youth voice

(Carnevale, 2020). I remained aware of the ethical and practical limits of including participants in the data analysis process; as it can be exhausting, time-consuming, and emotionally tasking – even for an experienced researcher (Coad and Evans, 2008). Another prominent issue contended with was whether the young people actually wanted to be involved in the analysis process, as well as the participants and my own geographical and time constraints. Therefore, to reduce any pressure on the participants to conduct a complete thematic analysis, the final group workshop provided an opportunity for reflexive collaboration in the coding interpretation and theme creation. Interweaving these two typologies acknowledged the competencies of the young participants and recognised the active role they should play in defining and shaping my perceptions of their data. I did not use computer software such as NVivo or other forms of content analysis, as these tools and approaches hold the potential to remove the contextual elements of the data (Yates, 2010).

Collaborative Coding Stages

To appropriately interweave both the reflexive (Braun and Clarke, 2019) and the collaborative (Liebenberg et al, 2020) thematic analysis processes, the six stages of reflexive thematic analysis were followed. Firstly, by listening to and transcribing the audio recordings from the individual conversations, as well as reviewing field notes, I familiarised myself with the data. In the second phase, initial codes were generated from the young people's recurring words and phrases during the photo-elicited conversations. To create these initial codes, a colour-coded system was used to mark how their photo-diary entries were described and interpreted in conversation with the young person. In line with Liebenberg and colleagues' (2020) modifications, I used this initial mix of semantic and latent codes to create a deck of code cards for each participant. This code cark deck represented my "interpretations of patterns of meaning across the data set" (Byrne, 2022: 1393). During this phase, I noticed that almost all the initial codes overlapped across the young people's diaries (e.g., every participant had a green colour code for activity in garden/outdoors, a purple colour code for activity in the bedroom, a yellow colour code for sunsets, a pink colour code for activity with foster carer/family etc.). Therefore, rather than using individual quotes or experiences, I made a collective card deck, with each card representing one of the initial code categories (see appendix H). This approach meant that

each young person had the same selection of my initial code in their card deck for the activities while still allowing participants to select their own important codes from selection during the individual pyramid activity. The collective deck also helped with confidentiality during the final group workshop.

The code card deck was given to the participants at the final workshop enabling them to collaboratively review my initial codes for their significance. This collaborative review and refining process gave the opportunity for the participants to agree with or challenge my initial interpretations, whilst also allowing me to further explain my assumptions and interpretations of their data, further enabling a richer interpretation of their meanings (Byrne, 2022). For instance, the young people challenged the meaning of the 'spending time with family' code card, suggesting that my understanding of 'pets' and 'family' as separate code cards did not adequately capture their experience. Instead, through discussion, the young people agreed that pets are family and should, therefore, be represented in one code card, alongside family. Therefore, we then collectively changing the meaning represented in the 'spending time with family code card', allowing more consensus about what was at the top of the therapeutic pyramid of importance.

The workshop was recorded and transcribed so I could use our discussions and the participants' ideas to develop themes. In the final phases, I analysed the discussions and developed the final conceptual themes based on (my perception of) the shared interpretations of the data.

A Solo Multi-Modal Reflexive Thematic Analysis

Once all the workshop data was collected and transcribed, I began the task of incorporating the multi-methods into the reflexive thematic analysis. The initial plan was to have a sequential analysis process, where each stage built upon the previous one. While in some ways this was achieved, when faced with all the collected and created artefacts, I encountered challenges, as the linear nature that a sequential design evokes began to feel circular (Figure 3).

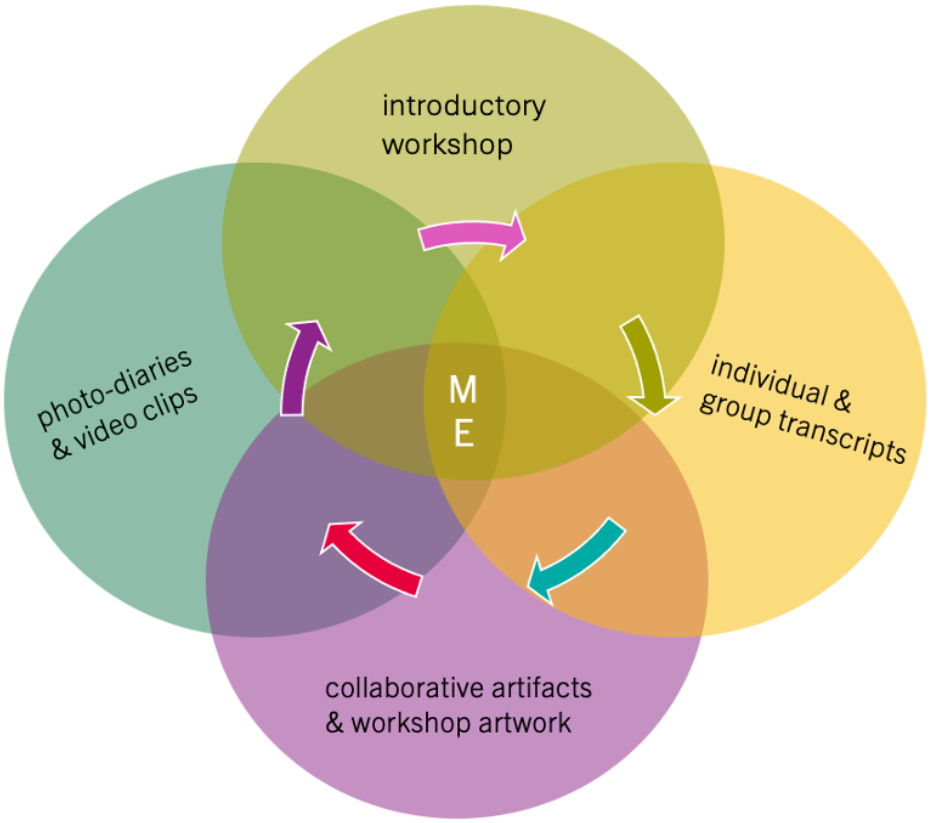


Figure 1. Multi-Modal Linear Circularity.

Perhaps this was because the observations from the introductory sessions informed my understanding of the young people's initial concepts of what constituted therapeutic. The introductory discussions also likely shaped the participants approach to their photo diaries and subsequently what was brought to be discussed and therefore to be analysed. Regarding the photo diaries, I did not want the visual contents of the images to be given weight within my final analysis, as they were a tool for participant reflection and the elicitation of storytelling. Therefore, although the photographs may have shaped the process (as they cannot be unseen and detached from my experience of the young people's spoken words), the images did not 'speak for themselves' within the analysis - only through the interpretations gained while in conversation with each young person. This was because the individual conversations and final workshops were to be foregrounded in the analysis and given equal weight, as each was used to confirm themes identified in the other.

The challenge, however, lay in separating and compartmentalising specific methods solely for analysis purposes. Although I did not initially start the analysis with the intention of using an existing analytic framework to organise the data, after collecting and coding the data, I learnt more about and applied the Therapeutic Landscapes framework (Gesler, 1992; 2018) as an organisational approach to the data. The Therapeutic Landscapes framework assisted me in creating a code-specific scaffold around the data, bringing together its multi-method nature. This helped to facilitate the conceptual integration of the data for analysis.

Analytic Framework – Therapeutic Landscapes

The therapeutic landscapes concept provides a framework for exploring the multi-faceted lived experience of health and wellbeing in place(s) (Gesler 1992; Williams, 2002; Kearns et al., 2014). The concept, initially developed by health geographer Gesler (1992; 1993), has been said to function as a "vehicle for exploring why certain environments seem to contribute to a 'healing sense of place'" (Bella et al., 2018: 123). At a practical level in this research, the framework became a conceptual and reflexive guide to analyse multi-model data. It provided a lens through which to make sense of the complex and interrelated elements that came out of the young people's perceptions and experiences and a framework for understanding the ways in which these experiences created a therapeutic relationship between the foster home and the individual. It also offered both a metaphor and an analytical framework to examine the environment's components and processes that created a sense of health and well-being, with the aim of improving them (Gesler, 2018).

Gesler (1996: 96) proposed that an environment can be defined as a therapeutic landscape when "the physical and built environments, social conditions, and human perceptions combine to produce an atmosphere which is conductive to healing". By defining therapeutic landscapes in this way, Gesler highlighted the importance of understanding not only the physical and social qualities of a given place but also "the subjective ways in which people might interpret and use" that place (Bella et al, 2018: 123). Since the conceptualisation, there has been a shift within the fields of health geography and environmental psychology away from "seeing a space as simply a backdrop or container"

and towards “recognising space as being an active agent in itself, capable of transforming and contributing to health experiences” (Gorman, 2017: 22).

Developed from his study of traditional healing places and sites of pilgrimage such as Lourdes in France (Gesler, 1996) and Epidauros in Greece, Gesler (1992: 186) proposed that “the natural surroundings, the built environment, symbol complexes, beliefs and expectations, sense of place, social relations and relative equality, everyday activities, and territoriality all influenced physical, mental, and spiritual well-being” for individuals in these places. Therefore, he suggested that understanding a place that has a reputation for therapeutic healing requires “an analysis of all these factors” (Gesler, 1992: 186), as “to understand therapeutic situations one must work both outward to context and inward to meaning” (Gesler, 1992: 172).

The therapeutic landscapes framework, as a metaphor, aims to encompass all the experiential aspects of a place that can contribute to a sense of healing: the physical, the material, the mental, the social, the emotional and the spiritual. As an analytic framework is encompasses three overarching components of an environment that Gesler (1992; 1993; 2018) identifies as: the physical/material environment, the social/relational environment, and the symbolic/spiritual environment. When applied, the therapeutic landscape framework allows for an exploration of how the three elements come together to create a ‘landscape’ of experiential healing. Understanding the significance of each element is important, as it allows examination of “the complex ways in which influence is transmitted through webs of connectivity” (Conradson, 2005: 340) – the psychic life of places.

There has been critique raised on the earlier case studies of the concept, which tended to focus on extraordinary environments or “singular, famous and/or one-off events or places such as spas, baths, national parks and hospitals” (Milligan et al., 2004: 1783). This focus on the ‘extraordinary’ ignored or overlooked ordinary everyday places that contribute to people’s physical and mental health and subjective well-being. Critics extended the focus of the concept by highlighting the importance of everyday, urban, and domestic environments as having the capacity to shape individuals’ therapeutic experiences, such

as the home (Williams, 2002). Williams (2002) highlighted the framework's usefulness in focusing on ordinary, everyday environments due to “its relational, experimental approach, and its attention to multidimensional interactions with vulnerability and recovery” (Valladares et al., 2022: 102903).

The concept is rooted within a “holistic, socio-ecological model of health that focuses on those complex interactions that include the physical, mental, emotional, spiritual, societal and environmental” (Milligan et al., 2004: 1783), elements that affect an individual's experience of place. Therefore, the Therapeutic Landscapes framework was uniquely positioned as an analytical tool for the content and context of this research project. Gesler (1992) notes that the task is to draw themes together in the study of a particular place, and scholars have proposed methods that create data that can adequately understand an individual’s experience of a therapeutic landscape, such as using in-depth qualitative methods, which also aligned with this research. The inclusion of the framework helped to structure the answers to the research questions uniquely, which asked how the everyday environment of the foster home can be experienced as therapeutic for teenagers who inhabit or have inhabited them. The framework had not been applied as a way to understand the therapeutic nature of the foster home, and, therefore, it appeared both an analytically helpful and insightful lens through which to view the data.

Gesler (2018:5) notes that in most “healing situations there will be synergistic interactions between the three environments.” Therefore, in each of the three findings chapters that follow, the multi-modal data contributions from the young participants are analysed through the scaffold of this framework to understand the home space at the physical, relational, and symbolic levels, which may come together to create a therapeutic landscape. Throughout the findings (re)presented across the next three chapters, each theme heading combines data from each of the methods used: the young people’s participant-generated photo diaries, their photo-elicited individual conversations, and the group workshop.

Ethical Considerations

Informed Consent and Assent

Teenagers in care and care-experienced young people are identified as a particularly vulnerable group. Informed consent and assent were obtained at different stages of the research. Before young people were approached, consent was sought from their LA social worker, who would be aware of any potential exclusion factors (e.g., upcoming court date), beyond those of the exclusion criteria. Where initial consent was gained, the young person was approached and invited to the introductory session. At the end of the workshop, informed assent/consent was required from the young person and recorded through signed assent/consent forms. The participants were informed of their right to opt out at any point during the data generation; that any responses suggesting potential harms would not be able to be held confidential; and that counselling services were available to them if needed, during and after the research.

Particular ethical dilemmas arose due to the nature of using participatory visual methods. Normative ethical practice highlights issues such as anonymity, confidentiality, ownership, display, and dissemination. To navigate these ethical issues, I aimed to raise participants' ethical consciousness during the introductory sessions (Smith et al, 2010). Raising their awareness when they became visual documenters of their home landscape, enabling them to become their own 'ethical mediators' to gain informed verbal consent from all those featured. While also finding creative ways to provide confidentiality for themselves and others who were featured in the visual diaries (Clark, 2012). Additionally, as owners of all the visual diaries, the participants had the right to decide if their images could be displayed and disseminated within research outputs – as was outlined on their informed assent form.

Safeguarding

Due to the potentially sensitive nature of the topics within this research and the vulnerability of the young people, a PO was present and/or aware of every interaction I had with participants. The PO presence was intended to ensure that any safeguarding issues were dealt with quickly and to offer support if a young person became distressed during the sessions or workshop. I also completed the 'An Introduction to Safeguarding' course

provided by the University of Oxford University and completed safeguarding training provided by an external charity. I prepared for the ethical issues that may have arisen from the group workshop, such as the possibility of over-disclosure and the reactions from other group members, which could not be predicted. The participants were informed at the beginning of the group workshop that the space was confidential, and the topics discussed should not be shared with others outside of the group but that "strict or absolute confidentiality" could not be guaranteed, as participants might share once they have left the space (Smith, 1995: 483). I included an introductory statement so that the participants acknowledged that the workshop was a safe space for discussion but that they should not share anything they did not feel comfortable with other people knowing. I also made them aware that they could leave at any point. At the IFA's Oxford workshop day, three POs were present to facilitate any help a participant might have needed. At the LA Oxford day, each young person's PO attended with them. In practice, the young people did not over-disclose and there was an authentic feeling of non-judgemental support amongst the young people in the room.

Anonymity and Confidentiality

In practice, almost all the young people followed the ethical photography guidelines that were discussed during the introductory sessions. Participants actively followed the ethical guidelines regarding the anonymity of identities in their diaries. They found creative ways to capture personal moments and experiences without including faces or other identifying features (having a hand over their face if they wanted to show their hair; only taking pictures of the shoes of a person they wanted to feature; purposefully blurry pictures of people). I took particular care to ensure no individual could be identified in any research outputs or in the thesis.

Becoming visual researchers and negotiated boundaries

In line with the theoretical aim of the research to acknowledge youth as 'active agents' (Carnevale, 2020), the methods aimed for the young people's experiences to be front and centre. The biggest part of this was their role as 'visual researchers' during the project. The part they played in 'becoming' visual researchers within their home environments enabled

all the other parts to commence. During the introductory workshops, the young people were introduced to the research as becoming part of a project. This understanding of their participation in a project, as opposed to subjects in research, appeared to me to shape how they created and shared their experiences. They were able to negotiate how they chose to further interpret their role and what was gathered as part of their photo diaries. The nature of the project left a space open to revision and reinterpretation by the young people in their process of taking ownership of their contributions.

With regards to the mode of photography, the IFA group were all given identical digital cameras for the project and each only contributed photographs which had been taken on these devices. Although initially when given their 'visual researcher project pack' at the introductory workshop some of the young people complained about the historicness of the camera and commented on the poor quality of the images compared to their phones, all the young people still used the cameras as their only means of documenting. The LA group, on the other hand, were given disposable cameras as part of their 'visual researcher project pack'. However, the photographs they presented during the photo-elicited conversations were taken on their smartphones, and no photographs ever surfaced from the disposable cameras that were given in the pack. During the individual conversations, one of the care leavers mentioned that it was just "easier to use my phone" and that using the phone allowed her to "have around 70 photos in here [an Oxford Project iPhone photo album] ... though they're not arranged in anyway ... I tried to put together things that make me feel alive" (P, 19).

This highlighted not only the negotiation of project tools used but also the young person's negotiated understanding of the project's purpose – which from her lens was to capture "things that make me feel alive" (P, 19). This negotiated understanding of the project's boundaries was also shown by some of the other young people, with one young woman opening her photo-elicited conversation by stating "I found it quite like ... exciting ... because I love taking photos anyway and I did it on what I love and what I can find happy ... and it wasn't just around my house it was the things I love doing" (P, 17)—highlighting a

renegotiation of wanting to show me where her everyday therapeutic moments were experienced.

During the introductory workshop, although I had suggested the project's focus (objects, moments and experiences within the foster home) and provided tools (the cameras) for the young people to engage with the project. I had also aimed for the project to be flexible regarding how the participants wished to take part and how they wanted to express and document themselves. Interestingly, I had not considered that the young people would change the focus of their lenses away from just the foster home. Yet, the autonomy exercised by the young people in choosing both the medium for their expression and their re-focus of the research questions suggested that they felt comfortable in their role as visual researchers and that they did not feel constrained by the forces of my power as 'researcher' within the project. Allowing them to change the tool suggested to one that suited how they wanted to portray their experiences and that they found easiest to use. As well as actively moving away from my narrow focus on the foster home as the site of their therapeutic experiences.

During the individual conversations with the 13 – 17-year-olds, who had used the digital cameras, I asked about their experiences of the process of becoming visual researchers and capturing the photographs over the month. All the young people said they had enjoyed it and when asked whether it was challenging to try and get all the pictures, one young person said, "Not really ... it was kinda hard sometimes because I didn't know what to take pictures of" (P, 14). Another young person said, "Yeah... [referring to the challenge of taking the photographs] ... I did actually take more but it all deleted so I had to redo them" (P, 16) – highlighting the young person's direct encounter with the age-old researcher struggle of lost data!

The photographic data contributions and photo-elicited reflections did differ between the groups. The second cohort, being care leavers, were asked to reflect both on what was therapeutic about their previous foster home environments, as well as their current home environment. This slight difference in their project aim saw them bring to the conversation

existing pictures they already had of their past experiences within their previous foster homes, as well as the new photographs they captured for the research project. The photographs presented by the young people from the IFA were all taken during the project period and for the purpose of the research project.

Limitations and Reflections

As with any research, my research is bound to its own limitations. For example, the epistemological nature of my research required an intimate exploration of lived experience. Therefore, the sample size was relatively small. Although bias is a term drawn from the quantitative paradigm (Galdas, 2017), it is still worth considering how the selection of participants might influence the knowledge generated. Due to the sampling technique used, there was a selection bias as participants were selectively approached and chosen based on a PO's and/or social worker's recommendations/consents. The participants, therefore, represented a particular 'engaged' group of teenagers within this population. The research also actively excluded certain voices, notably those with severe disabilities or mental health issues. Therefore, the lived experience documented only reflects the experience of those who have been chosen and agreed to take part. The findings are, therefore, not generalisable to the whole population of teenagers in foster care or care leavers.

Although the collaborative visual methods used represent an attempt to platform youth 'voice', there remain distinct limits of this approach. Using visual data created by youth to encourage a more active 'voice' within the research process "is not a panacea for addressing hierarchies in adult-child research relationships [... as] it does not fundamentally alter these hierarchies" (Raby et al., 2018: 3). There was also the reality that foster carers and others could have influenced the visual diaries and the representations within them. While this could not be controlled for within the research design, the information sheet for foster carers highlighted that this was the young person's project and should be left to navigate it themselves. However, the degree to which this was followed was uncertain. Although I, as the researcher, took a step back while they created their visual data in their home environments, as Mannay (2013: 137) notes, "this leaves a space that is

often filled by the intrusive presence of significant others". For instance, during the photo-elicited individual conversations, one young woman did highlight the 'intrusive presence' of her foster carer in one of her photos, immediately highlighting when she landed on one photo that "I didn't take this one, my [foster] mum took this one ... she wanted a go... so" (G, 15). Her honesty around the intrusions suggested that she had captured the other photographs independently and did not elaborate or find meaning in the photograph captured by the 'intruder'.

Additionally, while aiming for the young people to practice their agency through engagement with this project, the nature of the unequal consent hierarchy remained dominant over young people's wishes (including the need for the formal consent of social workers and informal consent of foster carers). For instance, there was an instance of 'intrusion', whereby adult parties could put an end to the young person's involvement as a form of punishment for bad behaviour at school, despite the young person wishing to participate. The event also led me to question the lived ethics of my research and how it had been taken out of both my and the participant's control and used as a vehicle of punishment rather than empowerment. There was also another occasion when the PO staff changed, and the new staff member did not continue the young person's involvement, and contact was lost. Throughout the project, I felt the emerging paradox between the need to recognise the young people's potential vulnerability "to exploitation, risk, harm, etc. that is assigned to them by dint of their age and status" while at the same time "acknowledging their competency as potentially active citizens" (Aldridge, 2015: 40). This duality posed philosophical and practical challenges, particularly when the young people's both gained consent and assent to inclusion could be undermined or overridden. Therefore, the ongoing tension between conceptions of youth agency and perceived vulnerabilities remained a limitation for the research, particularly during recruitment.

Moreover, while some young people found these methods enjoyable, others may not have felt comfortable engaging and may have turned down the participation opportunity. The methods were chosen for the young people to see it as a novel way to engage with research, compared to more standardised surveys or interviews, the methods used were also limited

in the amount of engagement and time commitment that they required compared to a survey or interview. While this could have alienated young people from participating, it also may have caused a barrier to the initial engagement of LAs, IFAs and other organisations. As Becker (1979: 7) notes, visual methodologies are "a field for people who tolerate disorder", and while I needed to adapt and deal with unforeseen issues as they emerged throughout the fieldwork, there were times when more orderly research methods may have been the preferred mode. When attempting to recruit, adaptations were sometimes not enough to engage gatekeepers to enable young people to take part.

It should also be noted that photography can be a meditative and expressive activity, one that allows individuals to focus on the beauty of their surroundings and capture moments that bring them joy or peace. During the project many of the young people used their participation as a means to showcase their creative expression. The participants often shared that photography was a therapeutic activity, and this included taking pictures for the research project.

Conclusion

The multi-modal data creation and collection process was sequential, with each stage functioning as a building block for the next. Integrating the photograph diaries into the research design facilitated a deeper understanding of how young individuals perceived and engaged with spaces in and around the foster home.

I acknowledge that this research is a collection of narratives, "subjectively constructed, potentially disputable across persons, and certainly heavily shaped by the life views of the storyteller" (Creighton et al., 2018: 450). Yet, this essence does not undermine their authenticity, as each represents a "valid slice of reality" (Hiller, 2016: 103). The choice of research methodology fosters certain subject positions. Yet, the fostering of subject positions was already weaved into the landscape of current concepts of therapeutic foster care, as it had been subjectively forged from practitioner anecdotes or therapeutic foster carers' accounts. Therefore, it was timely to collect the stories from the most significant party within the therapeutic landscape – the young people.

What follows are the findings from the analysis of young people's understandings and experiences of 'therapeutic'. It should be noted that although the young people's photographs appear in the chapters, the photographs were not subjected to visual content analysis. Instead, with consent from the young people, the photographs have been included for illustrative purposes. Their presence aims to harmoniously guide the reader through the words of the young people. They helped to re-present the way that the presence of their photographs guided the young people's words and reflections during the conversations we shared. The findings are presented in three chapters, with the Therapeutic Landscapes Framework used to analyse and structure the data. These chapters are about the physical and material spaces, the relational encounters, and the symbolic elements. Although the three frames provide a structure for the data, the themes within each frame were brought to life through the multi-method experiential contributions shared by the young people during the data generation.

Chapter 5 The Physical and Material Elements

Introduction

The main aim of this exploratory research was to better understand teenagers' views and experiences on what makes a foster home a therapeutic environment and to gather their suggestions on the key ingredients of a therapeutic foster home. The research also sought to understand if the ideas and experiences shared by the young people during the project coincided with or challenged the existing literature on therapeutic foster care provision.

By exploring what made their (foster) homes therapeutic to them, the participants also engaged in reflections on the word therapeutic itself, often grappling with the hidden complexity that surrounds its use and application, with one participant pointing out that:

> Therapeutic... the meaning in general is a bit difficult to pinpoint as everyone is their own individual person. So, that individuality for a start is one of the many things that stand in the way... because each and every different person finds different things therapeutic. (G, 16)

As highlighted, there exists an "individuality" embedded in the meaning and experience of therapeutic; therefore, what constitutes therapeutic can often be "a bit difficult to pinpoint". Yet during the research, instead of individuality standing in the way of exploring how the foster home can be(come) a therapeutic environment for teenagers, this embedded "individuality" opened the door to a more nuanced understanding of the foster home. The individualised nature of a therapeutic landscape represents a key element of Gesler's (1992; 2005) extended conceptualisation, often referred to as the personal aspect. This element was omnipresent within the young people's diaries and dialogues, and I have not, therefore, separated into its own chapter category.

A Therapeutic Landscape: The Physical Spaces and Material Objects

The physical and material elements of a Therapeutic Landscape are the tangible elements of a place, often understood as the built and natural environments that define its

boundaries. In the context of the foster home, the young people represented these elements as the physical spaces and the material objects that existed in *and around* the foster home. During the four stages of the research project, the young people illuminated the spatial interactions they engaged in daily, showing how they navigated within the physical territories and negotiated the materiality of their (foster) home spaces. Therefore, this chapter focuses on the physical and material elements of the participants' Therapeutic Landscapes within their (foster) homes.

The young people reflected on and documented their experiences of the physical spaces within the foster home, as well as their emotional connections to the material objects within it. In their photo diaries, the participants captured physical spaces *within* the home and widened their lenses to the physical spaces outside and around their foster home. Actively broadening the boundaries of what was considered to constitute the 'home'. By sharing and reflecting on their therapeutic experiences associated with, in, and around their foster home, the participants painted a portrait of the foster home as an intricate tapestry of significant spaces, allowing for a diverse range of therapeutic experiences. Physical spaces in and around the foster home emerged as a key component of what the participants perceived and experienced as therapeutic. These spaces were their bedrooms, their gardens, and their local areas around the foster home – such as blue, green, and the built environment.

The Bedroom

Every young person captured either a photograph of their bedroom or a photograph of themselves spending time in it. Through their use of language, many young people took ownership of their bedrooms, referring to the space as "my bedroom" or "my room". Due to the more permanent nature of many of the participants' foster home placements, this settled sense of ownership could perhaps have been expected. For example, in the following extract:

> B,13: This is a picture of our house.
>
> R: Oh wow, it's lovely, how long have you lived there?

B,13: I think four years now.

R: So, this is therapeutic for you? This space?

B,13: Uh... hmm ... my room is at the back of the house.

The bedroom emerged as a recurring theme individually and collectively amongst participants as a place of therapeutic importance to them. In their photo diaries, participants produced photographs of the activities they undertook while in their bedrooms. They captured moments while tidying or organising their bedrooms, as well as important objects that they kept in their bedrooms or objects acquired purposefully to decorate their bedrooms. Each of these aspects are described below.

A personal boundary and private domain

Participants spoke of their bedrooms as a private domain where they had some control, in contrast with other spaces in the wider foster home. There was a shared understanding amongst participants about the importance of establishing and maintaining the boundary, as it allowed therapeutic moments to take place if these physical boundaries were respected. During the group workshop, one young woman, after agreeing that 'clear boundaries' were a key component of a therapeutic foster home, shared an example as she reflected on existing negotiations with her foster family about her bedroom:

> And about mine, boundaries... they [foster family] never come into my room without permission and that's their choice ... they'd never just barge into my room, they'd knock. (G,15)

In sharing her experience, the young woman encapsulated a prominent theme that emerged throughout the project – the significance of personal boundaries and private domains within the foster home landscape. The bedroom emerged from the young people's narratives as the main physical space they could exert control over – a space seen as entirely their domain. Her emphasis on how important it was for her to be able to exercise autonomous control over the space was foregrounded by saying that her foster family needed her "permission" to enter, highlighting the importance of having a personal and

private domain that the foster family could not "just barge into". The privacy of the bedroom as a creating a space for therapeutic moments was also highlighted by another participant during our photo diary conversation:

> G,14: I did this one night... one because I was bored and two because I needed to do it ... so it was like a face mask and like all my face and nail stuff.
>
> R: You had a pamper evening?
>
> G,14: Yeah [LAUGHS] just for me ... yeah ... and when my sister knocked on the door, I was like go away, I'm busy!



Figure 2. 'Go away, I'm busy!' (G,14).

Her emphasis on having a space "just for me" suggested the taken-for-granted nature of her bedroom as a personal boundary and private domain, wherein she was able to assert her control when her "sister knocked on the door" and was confronted with an authoritative "go away!" The experience she captured during the month of photo diary reflection and collection raises another key element of the importance of the bedroom. That is, her bedroom represented a physical boundary made up of walls and a door which she could

close off to the rest of the household. The physical boundary afforded her the privacy to undertake self-care rituals, which she acknowledged as therapeutically important to her. Our exchange, particularly her enthusiastic acknowledgement of having a "pamper evening", highlighted the significance of these intentional self-care practices as moments of respite and rejuvenation – a moment that she "needed" and a moment that she captured as part of her day-to-day experiences within the foster home that helped her relax and feel better about things. The act of shutting out external disruptions during her self-care routine displayed how many teenagers may intentionally create a space for personal self-care and relaxation.

In conversations with the other young people, there was consensus about the therapeutic nature inherent in self-care and self-reflective practices that often occur in the bedroom's privacy. From simply having the space and privacy to try out "a really nice hairstyle" (P, 15),



Figure 3. 'A really nice hairstyle' (G, 15).

to the more complex task of actively creating therapeutic moments for themselves. One young woman highlighted that being alone in the bedroom allowed her to: “be like... you know... journaling, gratitude, speaking to yourself in the mirror” (G, 19).

By photographing and narrating their bedrooms as a personal boundary and private domain, the participants also captured how, for them, the bedroom could serve as a sanctuary to engage in self-reflection and introspection. One young man suggested that of particular therapeutic importance to him was: “having a place or base like my bedroom to think about things” (B, 14).

Taken together, these participants' reflections demonstrate how they were able to create personal and private time by harnessing the role that the bedroom played in their therapeutic foster home landscape. The bedroom was seen as an important element enabled by the physical layout of the foster home, which they understood and experienced as maintaining their subjective well-being. Time spent in the bedrooms reflected their conscious efforts to cultivate “needed” personal moments, which they were in control of and that they saw as positively impacting their ability to relax and feel better about things – therapeutic moments.

For these teenagers, the seemingly mundane and everyday space of the bedroom was transformed into a space of therapeutic importance. They highlighted how the bedroom contributed to the construction and reinforcement of positive self-care and self-reflective behaviours, a space where they could have “pamper” evenings, “think about things”, and “[speak] to yourself in the mirror”. In this way, the bedroom was not simply a functional domain but evolved as a place for intentional and varying forms of therapeutic moments. These active acts of self-care, self-reflection, and self-therapy appeared to be hidden within each individual’s private domain; the physical ‘backstage’ of their bedroom (Goffman, 1959). Important to consider is that these backstage therapeutic activities might have been invisible to the foster carer and wider foster family, who may not have realised that the young person was not simply isolating themselves in their bedrooms anti-socially. Rather,

they were actively engaged in self-therapy, which in turn contributed to their experience of the physical space of the bedroom as a therapeutic place.

Rituals and routines to clean and organise

Another noteworthy and surprising finding was the therapeutic significance the young people placed on cleaning, tidying, and organising their bedrooms. While these activities might traditionally be thought of as chores and cultural depictions exist of a teenage aversion towards them, interestingly, for these young people, organising their bedrooms was seen as a meaningful and therapeutic practice. This ritualised practice appeared to resonate with most of the participants:

> I like getting back to a clean room, it makes me feel sane. So, having a done bed and a clean room where there isn't clutter is something that makes me feel good as well (G,19).

The young woman articulated how the act of keeping her bedrooms clean and tidy made her feel comfortable and relaxed; it made her "feel sane". Additionally, the 13 – 17-year-old participants were almost in complete agreement that cleaning their bedrooms and keeping it neat and tidy was of key therapeutic importance to them. As evidenced during a collective discussion at the group workshop:

> R: So, what is it about bedrooms that makes them therapeutic?
> B,14: Cleaning them, honestly.
> G,14: Yeah!
> G,15: Ah I love cleaning.
> G,14: To be able to go into your bedroom and pull your bed down and just sleep on your bed.
> G,16: Cause it's all neat … cause it's all tidy
> [GROUP AGREEMENT]

The exchange shed light on the therapeutic potential embedded in the act of cleaning, maintaining, and organising bedrooms. Cleaning was framed as an essential aspect of what it was about a bedroom that turned it into a therapeutic space. The ability to exert autonomous control within your own space, both through creating a physical boundary and the materiality of cleaning it, arose across participants. This collective consensus reinforced the notion that the act of cleaning and organising can constitute a sense of personal control and well-being. The therapeutic nature of having a tidying ritual was also highlighted:

> I'll take you through my room now … so about the actual space … so keeping it clean, I usually have my bed made but I never got around to taking a picture of it… but I like to keep pillows and a teddy and a throw on my bed (G,19).

A ritual of making the bed and cleaning the bedroom allowed the young people to feel a sense of relief and relaxation when they entered their bedrooms. The therapeutic element of being able to return to their foster home with the certainty that "you can just go into your bedroom and pull your bed down and just sleep on your bed" (P,14) was highlighted. Their narratives also suggested the bedroom as a restorative space of perceived calm and rejuvenation. Another young person's experiences underscored the importance of this:



Figure 4. 'I've been sorting it out' (B, 14).

> B,14: So, this was last night...
>
> R: So, this is your bedroom?
>
> B,14: Yep ... all a mess cause I've been sorting it out ... it's still a mess now.
>
> R: How long have you been sorting it out for?
>
> B,14: Ages ... like, I sort it out all the time because I've got the smallest room in the house and I've got so much work, like from school I bring home ... it's just ... I'm not redecorating ... I'm reorganising ... cause my organisations are like 100%.

His reflection on the bedroom highlighted how if it were messy or unorganised, it could cause feelings of unease and a sense of restlessness to regain control of the space and (the self) through re-organisation. However, his ability to exert control over the adaptation of the bedroom space to fit his changing needs was what he defined as therapeutic, gaining comfort through his rituals of reorganising.

What became clear across these aspects of the young people's diaries was that part of what was important about cleaning their bedroom was not so much that it was clean but that it perhaps represented their agency and autonomy in crafting their own space. The feeling of taking care of and crafting your own space was able to turn cleaning and organising into a therapeutic experience. Interestingly, none of the young people spoke of the therapeutic joys of cleaning, tidying, or organising other spaces in the foster home. The opposite was true: in answer to a question about the therapeutic nature of cleaning at the group workshop, one young person candidly expressed her discontent about wider household tasks, such as having to do the washing up:

> R: So, being able to help out in the house too? Like cooking and cleaning?
> G,17: I hate doing it… I do my own washing, I do my own washing up.

Helping around the wider foster home with cleaning and other tasks did not appear in the photo diaries, which could explain why when prompted during the workshop the young people did not seem that interested in sharing therapeutic experiences of cleaning around the foster home. However, the experiences that were shared appeared to have negative associations bound up with the idea of cleaning, which differed from their previously shared feelings towards cleaning when directed at the bedroom space. Cleaning rituals in the foster home, outside of their bedrooms, were not seen as key therapeutic moments. Instead, they were interpreted by one young person as "chores" (P, 14), who had previously noted that, "Ah I love cleaning" (P, 14), when discussing the bedroom. These comments suggest that "chores" in the foster home may not be perceived and experienced as therapeutic, but the rituals of cleaning, tidying, and organising their bedrooms were understood as therapeutic.

(More than) Decorating

The significance of having independent control of bedroom design or redesign arose across many of the young people's diaries. The bedroom's significance extended beyond just a place to retreat to for privacy or to enact cleaning rituals. The bedroom became a symbol of empowerment and self-definition. Many teenagers coming into new foster homes often

move into bedrooms that have not been designed or decorated specifically for them. The importance of the wall design and decorations in the participants' bedrooms was raised both directly and indirectly throughout the photo-diary individual conversations. The discussion surrounding bedroom design and decoration differed from those about the cleaning and organising. For instance, one young person directly articulated the therapeutic importance of decorating for her:

> So, things that make a home therapeutic for me would be a form of expression, so through plants through flowers through words of affirmation everywhere … uhm being able to make that into my taste makes it home for me. So, I get to choose that the colour that the material how cosy I want it … those things… and that ability to express myself is therapeutic, as well as actually living in that environment that I cultivated (G,19).

Indirectly, two other young people commented briefly on their plans to redesign their bedroom while initially highlighting and discussing their bedroom photograph for other reasons. In conversation with one young woman:

> G,16: So, that's the first picture
> R: Is that your bedroom?
> G,16: Yeah … I'm redecorating it though so it's alright.

And in conversation with another participant:

> R: And that's in your bedroom?
> G,14: Yeah
> R: I love the wallpaper.
> G,14: Na, I'm getting it changed soon as it weren't me, it was my [foster] brother.
> R: Oh, so what are you going to change it to?

G,14: Just like a pink, grey and white triangle one.

Their sharing of plans to redecorate their bedrooms points to the importance of a feeling of permanence and how that can contribute to belonging within the foster home space. The permanent nature of wall paint and wallpaper allowed for a sense of ownership over the space they knew was not always theirs. A territory that is consciously marked, perhaps with the knowledge that other young people have inhabited it before, making visible to whoever walks into the space that they designed it and it is theirs.

Alongside the significance of bringing personal design elements such as paint colours and wallpaper, one of the participants also highlighted a strategy that she believed would be key if young people could not redecorate the bedroom walls immediately. This was:

> Bringing natural beauty and plants and greenery into a space can make it feel lively and at home for me (G,19).

By highlighting the importance of bringing "natural beauty and greenery" and parts of the natural world into her built environment, she emphasised their impact on how the bedroom space felt. Despite it not being 'home', adding this element could "make it feel" like home. While she reflected on what brought her to this suggestion during our conversation, the young woman also shared that:

> Actually, a plant was the first thing that I brought into my space, as the room was actually really dull and if I kept it like that it would've been really depressing, as it just looked like a little cell... so this was uhm I dunno ... it just makes it look nice and having a sense of greenery elevates the space (G,19).

Another young person shared a photograph as part of her diary of "the LED lights in my room" (G, 15) as something that made the bedroom space feel therapeutic to her:



Figure 5. "The LED lights in my room" (G,15).

Although she did not elaborate further during our conversation, the capturing of the photograph suggested that this aspect of the bedroom design and decoration was an important part of her everyday therapeutic experience within the foster home, as it appeared to create a calming atmosphere in her bedroom. Interestingly, the significance of being able to have the right type of artificial lighting in the bedroom arose in another young person's narrative too, as she had also "changed the lightbulb and added lights to my room so it's bright and not dull" (G, 19).

There is a hidden complexity in the act of designing and decorating a bedroom. For care-experienced teenagers, it is not always as simple as being granted the autonomy to find the right colours, plants, or lights for a bedroom. One of the care leavers highlighted that having a choice and being able to decorate a bedroom was a privilege that is not afforded to all care-experienced young people. The physical elements of a space are significant when a young person is first introduced to a new bedroom, which can create negative feelings and associations. Although none of the teenagers currently in foster home placements

reflected on their transition into that foster placement, one of the care leavers reflected on their experience of moving into a new bedroom after leaving a previous foster home. She expressed that she felt:

> Really humiliat[ed] in a way, it felt like a prison cell ... and a lot of people don't have the means to decorate it or to even think of that ... it isn't really a priority and to an extent it shouldn't be, but it's needed for our survival (G,19).

By elaborating on her experience, she encapsulated the ambivalence at the heart of the bedroom as a therapeutic place (Kearns and Milligan, 2020). While its existence can be therapeutic, as a personal boundary and private domain, as well as a place to enact organisational rituals and decorate, it can also be a "depressing" and "humiliating" place. By comparing her new bedroom space to a "prison cell", a place with boundaries within which individuals cannot exert control, she evoked a powerful metaphor. She conveys the emotive associations tied to her experience of a physical space. From her perspective, a new bedroom could and should be a space for rest and rejuvenation. A new bedroom in a foster home is a physical space that is important for care-experienced young people's "survival". Yet, as this young woman suggests, it can be a symbol of institutionalised punishment and confinement. Serving as a physical reminder that you are not the one in control of your physical geography or the materiality within it. She mentioned that she was aware that although, for many young people in care, decorating "isn't really a priority" and may often be seen as a luxury or even a reward – it should not be. Instead, it should be seen as a necessity, which is "needed for our survival".

Entering a new bedroom in a new home is a context where the reality of your current situation is laid physically bare in front of you. Continuing her reflection on the transition from her foster home into a bedroom at a sheltered accommodation and the shame she had felt when she first walked into her new bedroom. She had left her foster home out of necessity due to a relationship breakdown, and she noted that:

> Before I moved, I bought some new covers for myself, some pillows, I bought a plant and uhm the shelter actually donated cups for glasses, knife ware and the manager had actually gifted a Christmas present, and it was wrapped when I came into my room and … those things… I think those were moments when I actually shed some tears upon them because I was like … this is my reality now (G, 19).

Reflecting on a dark moment, she highlighted the significance of material objects for young people in care, particularly when transitioning out of a foster home and into independent living. How the nature and means of acquiring these items can add to feelings of stigmatised shame that "this is my reality now", adding to the feelings of "humiliation" about having to live in a shelter. She also articulated an interesting point and suggested a simple trick for young people moving into these spaces to create a sense of permanence:

> Having real plates and real cutlery so it's uhm a standard makes it feel like this is… I don't know what the word is … it makes it feel like this is grounded, this is rooted, this is not something I'm just going to pick up and throw away like there's something real about having a meal on a plate that's real (G, 19).

By suggesting that there should be "a standard" to the items given to young people to decorate their new space upon transitioning out of their foster homes into independent living, she highlighted that such a simple change in the material object could "make it feel like this is grounded, this is rooted". She narrated her search to find ways to understand a life that is meaningful and valued and not "something that I'm just going to pick up and throw away". This feeling of impermanence is often articulated by young people in care: of being constantly in flux, of being between bedrooms, of being between homes, of being between families, of being between social workers, of being between local authorities. The importance that she ascribed to having "real plates and real cutlery" and how this can begin the feeling of being "grounded" and "rooted" is a notable one, highlighting the meaning young people can find in small, everyday, and often taken-for-granted material objects.

From this perspective, then, it is more than decorating. G,19's direct words also allowed for an understanding of other participants' eagerness to change their bedroom decorations. Highlighting the importance of personalising their spaces as a means of not only asserting agency in an otherwise restrictive home environment but also aiding their well-being through the signification that they are worthy enough for permanent physical decorations and material objects.

A special place/objects of the utmost importance

Throughout the data generation, the young people directly and indirectly described the bedroom as a place where they could keep their precious objects safe and a place where they felt safe.

Standing alone as a physical space, the bedroom seemed to not initially resonate with the young people, suggesting that the therapeutic importance of the bedroom also lay in the meanings held within it for the young people. The importance of the personal meanings ascribed to the bedroom was highlighted when, as part of the code card deck, there were both the semantic code card of 'the bedroom' and the latent code card 'a special place to keep important things safe'. 'The bedroom' card itself was not ranked of high importance amongst group consensuses. Yet, the 'a special place to keep important things safe' card was ranked of higher importance. Interestingly, although the young people did not know which elements of their photo-diaries I had coded to create the 'important place to keep special things safe' card (which had been due to the photographs and their description of those spaces in their bedrooms), while we were coming to a collective consensus many of the participants suggested that this 'special place' was their bedroom:

> R: So, a special place to keep important things safe … what type of place do people mean by that?
> B,14: My bed
> G,15: The bedroom
> G,17: Yeah

G,14: My safe place is at home.

G,16: It's my bedroom.

Some of the young people had captured pictures of particular spaces, areas, or boxes in their bedrooms that they had expressed during our conversations as being of key therapeutic importance to them. For instance, one young person captured her "little collection of dolphins and seals" (P,16):

> R: Oh cool, are these things you've collected.
>
> G,16: Na, that was painted for me by someone ... someone who my old foster carer knew who paints and I've kept it ever since ... and that other little dolphin thing was actually a message on a birthday card and I decided to keep it and have it ... and my brother gave me an arble [sic] which is sitting on top the blue dolphin, which someone gave to me.



Figure 6. "My little collection of dolphins and seals" (G, 16)

The importance of certain physical objects, particularly gifts, and the importance of having a physical space deemed as being safe enough to store and display those special objects that held meaningful links to their pasts. Another young person also captured a similar place of importance in their photo diary:

> It's really hard to see but that's a little snow globe there … so my aunt and uncle got that for me in Italy and there's a little sign that says 'whatever you decide to do make sure that it makes you happy' my foster mum got that for me. And then a picture of my uncle and my grandad, they've passed away. And then something that says about dreams and then something that says about stuff and then … that's a little award I got for

performing … yeah this is all on my windowsill and that is my motivational place, so whenever I feel down or something I always look over there and read it and then it motivates me (G, 17).



Figure 7. "That is my motivational place" (G, 17)

The young person captured how having a physical space to display important material objects could allow a therapeutic moment. She highlighted this space as being of particular therapeutic significance to her, a "motivational place" that she could look to "whenever I feel down or something" (G, 17).

While showing their photographs, some of the young people often seemed to voice uncertainty about why they had initially taken a photograph. However, there was always a valued element of the image that emerged as they elaborated and began to open up about the reason for taking their photographs. This initial uncertainty was salient for photographs of and within the bedroom, particularly when capturing therapeutic 'special place' areas.

For instance, when a picture of one young person's bedroom came up on her photograph diary slideshow, she said: "I don't even know I just took a picture …" but, as she had rested on the photograph rather than tapping onto the next one, I embarked on a patient silence, and she followed with "…it's of my mum …. and she's not around anymore so I have that picture above my bed … so if I'm sleeping at night and I look up I see it" (G, 16).

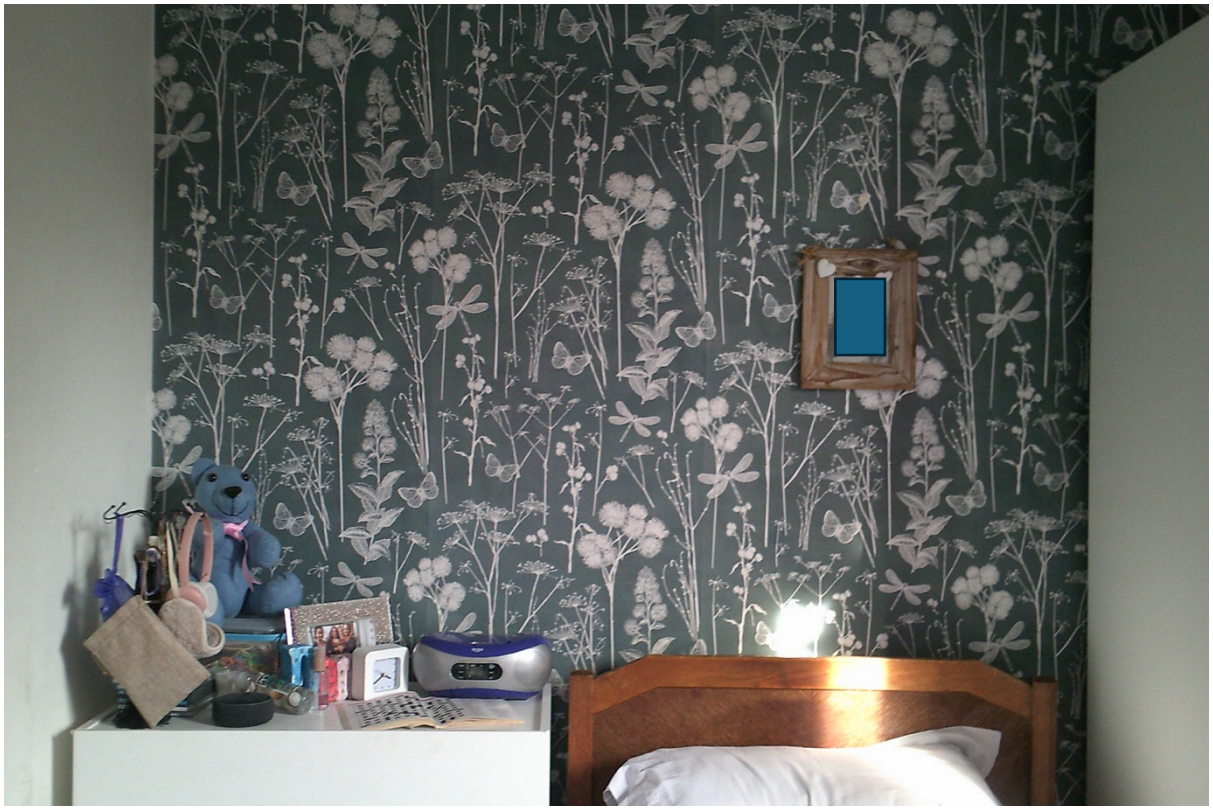


Figure 8. 'I have that picture above my bed' (G, 16).

So that's my bedroom and that's the picture … and this … (G, 16)



Figure 9. "So, it's even more nice" (G, 16)

> ... this is a bear and my [foster] mum got it made for me and it has my [birth] mum's ashes in it ... and it's actually made out of my mum's funeral dress that I wore ... so it's even more nice (G, 16).

This young woman made visible how her bedroom was home to material objects that were of special importance to her, highlighting these special things as the focal point of her bedroom. Both the framed photograph and the bear had a special place and were of key therapeutic importance as they served as a source of comfort, holding within them her life story, "so if I'm sleeping at night I can look up and see it". These objects of utmost importance held a tangible link to her past and, particularly, a tangible link to her birth mother.

In these young people's narration of their photo diaries, the bedroom arose as a physical space within the foster home where they could integrate their pasts into their present. In many foster home environments, young people are not able to display images of their birth

family on walls in the wider home. So, the bedroom appeared as a place where this material form of memory can exist – a special place. The bedroom then represents a physical space where these elements of their pasts can co-exist. These young people's special places to keep important things safe highlighted their negotiations of loss and the way in which the bedroom can serve as an archive of meaningful connections to their pasts. Instead of excluding or hiding the past, these young people actively incorporated memories into their bedrooms and as part of the therapeutic environment of their foster home. These material objects appeared as a tangible source of emotional support for the young people, contributing to a sense of place and continuity in their foster home experience. The bedroom as a special place to keep important things safe, as an archive, demonstrated the importance of the young people's sense of ownership over this space. It was important that these items were displayed, as, displaying them openly was part of what made these objects effective within the therapeutic landscape of the bedroom. Openly displayed, the young people were able to just "look over there" and "look and see it", providing them with a sense of comfort that was articulated as a key part of the therapeutic nature of the space.

A safe place

During the keyword activity, some young people highlighted the bedroom as their safe place. One young person wrote about the meaning of a safe place: "My bedroom snuggled with [both the dogs] when I am sad" (G, 16), and another young person suggested that: "when I am in my bedroom it feels like a safe place" (G, 13).

For some, the bedroom was a safe and special place, hosting many important personal and private activities, as well as being home to the young people's most important objects. However, some of the young people suggested that they spent a lot of time in their bedrooms for less therapeutically important reasons. For instance, one young person highlighted that although her bedroom was not her safe space, her bedroom was still important. She suggested that while it did not appear to hold as much emotional meaning for her, she still spent a lot of time in it. As she articulated:

> My safe space is the cadets and then my bedroom has a tv in and I'm always in that room (G, 15).

While the bedroom, as a special and potentially safe place, resonated with most of the younger participants, it was not a universal experience. For both those in foster care and the care leavers, some of the young people interpreted the idea of a special place to keep important things safe as a safe place where they felt safe to be themselves. Highlighting other places that they felt had this therapeutic element for them, such as the cadets. The two who did not agree during this part of the workshop suggested that their safe place was "at home" or in "my [dance] studio, I feel safe and not judged there".

In addition, the viewpoints expressed by the care leavers broke away from the overarching sentiment of the bedroom as a safe and special place. Instead, they highlighted how the bedroom can be a contested space. In touching upon this emotional aspect of the built environment, the care leavers highlighted the consequences of mental health and well-being that might go overlooked or not adequately understood when bedrooms are not made to feel like special places by those who provide them. Reflecting more broadly on how the environment affects the lived experiences of foster children, one young person noted:

> I feel like a lot of foster children have this deep-rooted hate within themselves from constantly feeling like a burden and being put in environments where it's very temporary and it's very generic … it's just a bed and a desk and you could be moved at any moment. It feels like it just fulfils a need that social services have … and that reflects on how we view ourselves (B,18).

The comment reflects how the bedroom can sometimes be a space that is temporary, having the capacity to reflect how you feel about yourself in that time and space—potentially exacerbating an already difficult experience. Building on the earlier points on the importance of decoration, here, the young person highlighted that simply having a physical space of the bedroom does not mean that it is, by default, perceived and experienced as 'a

special place'. They suggested that simply having a bedroom should not be understood as inherently therapeutic. In fact, quite the opposite. The physical make-up and décor of a bedroom has the potential to produce negative emotions. The young person, although reflecting on their experiences of transitioning out of a foster home bedroom into "a room" in independent living accommodation highlighted the often unseen but felt experience of turning a bedroom as a physical space into a bedroom as a safe place. Highlighting how an inability to transform physical space successfully can make a young person feel as if they are not worthy of a safe, special place.

Closing the bedroom door

While the bedroom was held as a positive experiential space by many participants, the care leavers' experiences and insights when elaborating on their photographs of the bedroom were not always positive. Instead, they reflected on and shared both negative and positive experiences related to the physical space of the bedroom. The younger teenagers illuminated important and often hidden aspects of what within the bedroom makes and creates a therapeutic space. The care leavers articulated sometimes overlooked elements of a bedroom that should be considered by those who intend to create a therapeutic space for teenagers in foster care.

The young people's shared perceptions of their bedrooms revealed how astute they were towards their experience of the physical and material environment as more than simply physical space. For the participants, the bedroom could function as a "safe place" but could also feel like "a prison cell" and be a source of "humiliation". They were the active agents in the creation of the therapeutic landscape of the bedroom, and the data they created displayed the conscious steps they actively took on a day-to-day basis to make sure that their bedrooms did not look and feel like "a little cell". Despite reflecting on the possible challenges that the physical and material elements of a bedroom can pose to the identity of young people in care, the care leavers still identified the bedroom as high on their hierarchy of therapeutic importance, and suggested key features of the bedroom that can make it or break it as part of a therapeutic foster home.

Making sure a bedroom does not feel “temporary” or “generic” emerged as being of high importance. Therefore, a deeper understanding how young people perceive bedrooms within the foster home and how this perception can impact the therapeutic potential of that space is essential in the creating and maintaining a therapeutic foster home. As it appears young people can be impacted negatively if they feel that the bedroom simply “fulfils a need that the social services have” – a noteworthy point captured during the research.

The findings point to the physical and material nature of the bedroom impacting how it is experienced by a young person and illuminate factors that contribute to how therapeutic the space is. From the experiences the young people shared, they often take it upon themselves to create their own sanctuary within their bedrooms with therapeutic objects of importance to them and enact their own therapeutic rituals, such as cleaning, tidying, organising, and decorating. The participants’ contributions highlighted the contested negotiations that young people in care often have alongside the traditional ‘teenage’ issues.

The insights into their engagement in curating their bedrooms to promote their well-being and the impact when this is not done or considered suggests that we need to stop thinking of the bedroom as just a place for young people to sleep. Instead, we should acknowledge it as an integral device used by young people in their perceived search for therapeutic well-being and, therefore, an essential element of a therapeutic foster home. Taken together, these young people’s shared perceptions and experiences of and in their bedrooms reflect the significance of the bedroom. For the young people, bedrooms not only represented a personal space for them to enact their autonomy and agency. Bedrooms also represent a special place where you can keep your most important belongings. Belongings that allow you to feel safe, motivated, comforted, and connected to your past. These were the material objects existing in the physical space that the young people understood as helping them relax and feel better about things within their foster home.

A key finding about the bedroom, therefore, emerged. The bedroom is an intentional landscape designed by young people and a core element of a therapeutic foster home landscape that works to nurture their mental health and well-being. Indeed, therapeutic

landscapes are not static. They are dynamic and shaped by the activities and interactions within them (Gesler, 1992). The portrait the young people painted of their experiences in the bedroom appeared to fit this description. Additionally, the strengths of using participant-generated photography as part of the research tools were amplified in this 'backstage' arena of their therapeutic importance (Goffman, 1959). The home is a complex space and identifying one aspect that is more important than the others may be considered an impossible task. However, when attempting to find favourite spaces, perhaps some might be identified over others. As was evidenced by one young person during a conversation:

> R: Where's your favourite place in the house?
>
> G,16: I don't know … I mean, I like my bedroom.

The Garden

Nine out of the ten young people took photographs of their garden as part of their diary. The young person who did not capture a picture of a garden highlighted that they did not currently have one. They captured moments spent in the garden of their foster home and described their experiences and emotions related to spending time out there. The young people's narratives, directly and indirectly, explored the multi-faceted therapeutic qualities of their gardens, pointing to the versatile nature of the garden. It was a space to be in, a space to look out at, and a view to enjoy from bedroom windows.



Figure 10. 'The view from my bedroom window of our garden' (G, 15).

The garden emerged as a key therapeutic space in the foster home environment that offered: an unrestricted space for personal activities; a space to play with and connect to the wider foster family; a space to unwind and relax; and a space to feel free.

An unrestricted space for personal activities

The importance of the bedroom was well acknowledged and a recurring theme in the photo-diaries and in discussions, it was also suggested that the bedroom could sometimes feel physically restrictive. For example, one young person stated that:

> I don't like my bedroom... I don't have enough room to dance ... but sometimes I can go out into the garden to do it (G, 17).

Moving away from the bedroom as an important therapeutic space, the young person recognised that the garden offered space that the bedroom could not. For her, dancing was not just a hobby but also an important therapeutic activity. Therefore, whether the foster

home provided space for this activity was central to how it was experienced by her as therapeutic. Her example illustrated how the therapeutic nature of the home space was perceived and experienced also depended on the young person's interests and how they wished to engage with the physical space available.

In many of the young people's dialogues about the garden, it appeared that spending time in the garden was an intentional choice, identifying the garden as a space for personal activities and emphasising the potential of the outdoor environment to give them this needed space. Although an open space and outdoors, the young people perceived the garden as a safe outdoor environment where they could engage in activities. During our conversation, the same young woman highlighted the therapeutic importance of the garden for her:

> Then my garden, in the summer sometimes I just go outside and lie down,
> do some revision out there, last year I did lots of revision out in the garden,
> did some dancing out there (G, 17).

She highlighted how the garden represented an accessible and available space to engage in a variety of experiences. Similar to the bedroom, the garden allowed the young people to undertake a variety of independent activities. From being able to "just go outside and lie down", to being able to use it as a productive and open space for schoolwork and physical activity. An unexpected finding was that many of the young people had the same sense of ownership over the garden space within their foster home as they did with their bedrooms. Many referred to the foster home's garden also as "my" or "our" garden. Whereas no other communal spaces within the foster home were referred to as "my". Perhaps this is due to the perceived nature of the garden as an unrestricted and teenager-friendly arena, unlike the more restrictive, adult-led atmospheres within the communal spaces of the foster home.

Furthering the sub-theme of the garden as a space enabled the participants to enact activities that were both productive and of therapeutic importance to them. One young person videoed themselves in their garden on the trampoline, saying:

> I find it very therapeutic when going on the trampoline because I can just bounce and let all my anger out … I used to have a social worker that could do backflips … she taught me and then I went [trampolining] after… (G, 15).



Figure 11. 'Just bounce and let all my anger out' (G, 15).

Within this teenager-friendly arena, having access to the trampoline allowed her to "let all my anger out". A place where she could shout aloud and not be told off. The trampoline gave her an unrestricted space to channel and release negative feelings and was a key therapeutic ingredient. Her experience showcased how access to independent activities in the garden could be an essential part of a therapeutic foster home environment for a teenager – promoting relaxation and stress reduction.

A space to play with and connect to the wider foster family

The garden also arose as a space where participants engaged in memorable and enjoyable activities with their foster family. Reflecting on a photograph of their previous foster carer's

garden, one care leaver shared that the garden was a space that had allowed her to feel connected to her foster family:

> We were all just sat outside having a conversation and just talking and I decided to take a picture of this after as it was just a space to connect, and it was perfect (G, 19).



Figure 12. 'Just a space to connect' (G, 19).

Her experience underscored the garden's role as a therapeutic physical environment, through the lens of connection. It was a space for connection that was physically separate from the experiences within the foster home and was understood to actively allow for more emotional connection with the foster family. Through their words, the young people highlighted how the garden transcends its mere physical nature, becoming a space where bonds between the foster family can potentially thrive, separate from the indoor boundaries. Although less directly, another young person also captured a photograph that suggested how their garden functioned as a space to connect and spend time with their wider foster family and birth family:

That's uhm the obstacle course and over there is a bouncy castle because our family comes over quite a lot (G, 15).



Figure 13. "Because our family comes over quite a lot" (G, 15).

Within this young person's foster home landscape, the garden became an unrestricted backdrop to their independent activities and a space for the wider family to gather and connect through leisure and play. The act of reflecting on and capturing this photograph too highlighted how these outdoor moments of play and engagement with the wider family were of therapeutic importance to the participant. The nature of this young person's foster home garden also showcased a conscious effort by the foster carers to create an environment that the young people could enjoy, which appeared to actively contribute to the young person's perception of the garden as a therapeutic space. Notably, however, only two of the gardens captured were traditionally 'child-centred' gardens (involving toys, equipment and activities). Not having play and leisure equipment in the garden did not stop the other young people from engaging with and capturing their garden as a therapeutic space.

On the other hand, spending time with their foster family in the garden was not always seen positively as an experience of 'connection'. For instance, during the group workshop, when discussing the importance of the 'garden' code card, some of the young people felt that being recruited by their foster carers to help out in the garden was a negative experience:

> R: So, you're not bothered about the garden?
> G,15: No, because we had to do our garden and it was horrible.
> B,14: Yeah [agreeing with P,15], I've had to lay Astroturf.
> R: But when the weathers nice and you're not at school, do you go into the garden much?
> G,14: Yeah.
> G,15: Yeah .... I was in the garden the whole weekend when I was isolating.

Their exchange added weight to the differential sentiment the young people held between doing something for themselves and being made to do something by others. Agency arose as a key feature in whether an activity within the foster home is perceived and experienced as therapeutic, echoing the finding that cleaning and tidying one's bedroom is therapeutic, but engaging in adult-chosen chores in the house is not perceived and experienced as therapeutic.

A space to relax

Alongside the space for activities and the connection that the garden offered, many of the young people suggested that their gardens offered a space for them to relax. The garden appeared to provide refuge from indoor environments, a neutral space where they could be alone without having to be in their bedrooms, and a space to "sit in my dressing gown and have a cup of tea" (G, 16). For this young person, the garden provided a wanted contrast to the indoor setting of the foster home, highlighting the garden's role in accommodating simple yet meaningful rituals that are culturally associated with relaxation. One participant photographed and shared many of their morning ventures into their garden, involving many

moments while they were out there to have a cup of tea, which was used as a time to enjoy the plants, trees, and nature around the garden. She noted that:

> G,16: These were the logs I sat on the other day and I got sap on my dressing gown … [NEXT PICTURE] … these are the trees and plants in [foster] mum's garden … [NEXT PICTURE] … garden again.
> R: So pretty, do you spend a lot of time in the garden?
> G,16: Yeah … I try to.
> R: That's nice, did you plant these?
> G,16: No, [foster carer] planted them but I got pictures when they were ready.

.



Figure 14. 'The trees and plants in [foster] mum's garden' (G, 16).

Through this glimpse into her subjective experience and how she engaged with the physical space, the garden also emerged as a physical space to engage in self-care practices, much

like the bedroom. The garden could play a role as a personal space for solitude. Even the act of sitting on the logs and getting sap on her dressing gown highlighted the personal memories formed from her alone time in the garden, identifying her engagements with the natural elements of the space. Through her photographs, she drew attention to her favourite areas of the garden, highlighting her appreciation of the aesthetic qualities of the physical landscape. Her attention to the growing cycle of the plants to get "pictures when they were ready" suggested her attachment and connection to the garden. She was aware of the potential therapeutic benefits associated with her frequent engagement with nature as she shared her active attempts to spend more time in the garden. While the photo focus was her time alone in the garden, the garden also appears to be a space for connection with her foster mum, whose gardening activities encouraged her to spend more time there and allowed her to enjoy her time out there, looking at all the interesting plants.

Although the garden can be understood as a communal space within the foster home, with some exceptions outlined above, many of the experiences that participants shared of their therapeutic experiences in the garden were solo activities. One participant encapsulated her personal relationship towards the garden as she documented the view of it from her bedroom window:

> So, that's my garden from my room … you can lay in that chair (G, 16).



Figure 15. 'My garden from my room' (G, 16).

What she drew attention to within the frame of the garden suggests her experience of this physical outdoor space as a place to relax, unwind and for personal solace. She referred to the garden as "my" - as a place of her own to "lay in that chair", suggesting a sense of comfort and ease within the space despite it being communally shared with the foster family.

A space to feel free

The garden was also revealed as being of therapeutic importance as it was identified as a personal space to feel free:

> For me, my garden's just a space for me to get away from my room. Sometimes in my room, I just feel so enclosed in it and with so much drama going on with all my classes and things, I just feel that the garden is somewhere where I can just let it all free and let it all go (G, 17).



Figure 16. 'Somewhere I can just let it all free and let it all go' (G, 17).

Through the narrative she shared of her experiences of being in the garden, the garden emerged as a sanctuary, providing needed respite from the challenges encountered within the boundary of her bedroom. She articulated a sense of liberation of being able to "let it all go and be free" in the garden, describing it as a space where the "enclosed" boundaries of the foster home and the complexities of academic pressure dissolve. Her experience highlighted the potential of the garden to function as a therapeutic outlet within the foster home environment, allowing individuals to navigate and process the intricate dynamics of their daily lives. The garden, as a physical element within the therapeutic landscape of the foster home can be seen as a tangible therapeutic mechanism employed by the young people.

For instance, one young person captured and expressed this contrast through her own lens:

> So, this is actually my caravan and outside of it is my bike ... it's really big ... that's where I go every weekend ... it's also a lot of freedom because I

don’t really get to go out here at home so it’s a lot of freedom down there (G, 15).



Figure 17. ‘It’s a lot of freedom down there’ (G, 15).

Many of the participants were very perceptive about the therapeutic limits of their indoor home spaces, with many capturing moments outdoors and often referring to the feelings that these moments gave them. A recurring theme emerged in their descriptions of gardens, with expressions such as feeling “free” and experiencing a sense of “freedom”. This finding suggested a contrast between the emotional experiences derived from their available outdoor space, the inherent constraints of their indoor living arrangements, and the urban settings of their foster homes. Additionally, one young person highlighted how they had not realised the significance of having a garden until it was taken away due to a foster placement breakdown. While reflecting on their move to independent sheltered accommodation, the young person noted that:

> At first, I really hated it cause I came from a place where we had a garden and a lot of natural light … we had space … so I just had to readjust my perspective and appreciate the little things (G, 18).

By sharing the initial struggle in the transition to a new living environment, she articulated a sense of cognitive dissonance in trying to mediate the nature of the displacement and the conflict between the new and the old home environment, with the new not reflecting what she was used to and enjoyed most about the previous foster home landscape. The excerpt offers a key insight into the role of the home environment in shaping the identity of teenagers in care. By simply reflecting on her previous garden and identifying her emotional experiences of this garden space being missing, she also highlights the garden as a key ingredient of a foster home that can be made to feel therapeutic, emphasising the therapeutic relationship between external spaces and a young person's internal well-being. Also, this finding highlights an often-overlooked element of transitioning into a different home space – the actual physical characteristics of that space. A transition may result in a taken-for-granted aspect of a place, such as a garden where you can unwind and relax, no longer available.

She also highlighted the emotional impact of an unavoidable landscape change that many teenagers in care may experience as they transition to independent living. She often could not actively choose the physical features of a new home, which cannot be changed by decorating, so she believed the best way was to "readjust my perspective". Expressed also was a feeling of the expectation that they should feel grateful to be offered anything at all, as she articulates:

> I think it's actually having something more sturdy in place, so for me my option was I had initially intended to stay in my care home for longer than 18 but it broke down. My two options were temporary accom that I visited … but a lot of people wouldn't have been given a choice of two places … or a homeless shelter and the homeless shelter had a nice room and a nice space. So, I put myself in a shelter but looking back, there should've

> been more options. A shelter is for the most vulnerable, the people who have no choice .... have no options ... but that's where I actually chose to go. And it's literally by law that you're going to go into this really crappy accommodation if you don't cultivate a good foster relationship or if they decide that they want you to move on. You kind of don't have a choice (G, 19).

Despite their lack of garden space, the young woman reflects on how she negotiated her preferences within the built environment options that were available to her. The therapeutic sentiment of enacting agency over the physical spaces that can be their safe place arose again, much like within the bedroom. However, during this conversation, it emerged as the type of accommodation available after leaving the foster home. She suggested that she felt lucky as "a lot of people wouldn't have been given a choice of two places". Despite this, she ruminated on the more complex feelings that the only place that "had a nice room and a nice space" was a homeless shelter. A physical space where she did not feel she belonged. A physical space that she identified as carrying a stigma, particularly with negative identity associations that she did not align with. Her experience also brought to the fore how different 'homes' are socially and culturally perceived, with negative cultural and social perceptions of what type of person lives in that space having the potential to undermine its therapeutic nature for the young person. The understanding that "it's literally by law that you're going to go into this really crappy accommodation if you don't cultivate a good foster relationship" also draws attention to a worrying aspect that may be present in the emotional landscape of young people's experiences in foster homes: that they are the ones responsible to "cultivate a good relationship" otherwise the foster family may "decide that they want you to move on".

Closing the garden gate

The experiences shared in and about the garden highlighted the therapeutic nature of gardens for these young people within the foster home. The garden was understood as a key component within the participants' therapeutic environment alongside and not necessarily counterposed to the bedroom. However, this therapeutic potential was only

possible if and when the young person had access to a garden and feelings of loss were felt when gardens were no longer an element of the young person's home environment.

For the young people, the garden represented a communal area for connection but also represented a personal sanctuary for them to retreat to when they needed time for personal solace and a freeing space to practice hobbies or get homework done. The participants highlighted how the garden can be a refuge. In this unrestricted space, they could employ personal tactics to improve their subjective well-being and dissolve personal stress and external challenges. The garden was seen as an available, safe, and alternative space to the landscape elements inside the walls of the foster home. The garden emerged as having a key role in the young people's therapeutic foster home environment by providing extra physical space and a therapeutic space for self-care and calmness.

The Local Area

The young people shared the importance of the local area and natural environment around the foster home. In their photo diaries, the young people produced photographs of their local natural landscapes that surrounded them and emphasised the importance of these spaces in their experience of a therapeutic foster home landscape. Led by their negotiated boundaries regarding the focus of their visual research projects, the participants' documentation of the 'outside' world effectively widened the horizon of what they (and later I) considered to be part of their foster home landscape. Alongside the bedroom and the garden, their local area was the third most photographed physical element within the young people's photo diaries and was narrated as playing a key part in the therapeutic experiences that they considered as part of the experience of their foster home.

The young people photographed their local public spaces, such as built shopping areas, green spaces such as parks and woodland, as well and blue spaces, such as local lakes, the beach and the ocean as places that made them feel particularly calm and relaxed. Although many of the young people had identified physical spaces within the foster home as offering therapeutic experiences, the therapeutic importance of having access to physical space away from the foster home was also felt, as one young person highlighted:

> I always tended to steer away from my foster home as I found it very stressful... there was loads of noise and it was very chaotic ... I was always shouted at ... so... I always drifted away, and I wanted to spend time away from there (G,19).

She revealed how the foster home can sometimes be a potentially distressing environment, perhaps prompting the teenagers to actively seek refuge in other outdoor environments. Additionally, her suggestion that she deliberately avoided the foster home due to its "stressful", "chaotic", and noisy nature highlighted the difficulty encountered in being able to relax and feel better about things within the space, limiting how the foster home was perceived and experienced as therapeutic to her. Her inclination to "drift away" implied a conscious effort to find key therapeutic spaces outside of the felt confines of the foster

home. Her experience illuminated why the local area around the foster home arose in the young people's therapeutic landscapes.

The importance of the wider natural landscape around and associated with their foster home boundaries was identified as a key ingredient of many of the young people's understanding of a therapeutic foster home landscape. Arising either in every participant's photo diary or through discussion. Negative experiences within the physical walls of the foster home suggest the importance of public spaces and natural spaces for these teenagers. Their interpretation of the wider boundaries of home started to unfold in conversation with the young people, with one young person stating as we sat down to begin her photo-diary slideshow that:

> I did it on what I love and what I find happy ... and it wasn't just around [in] my house ... it was the things I love doing (G, 17).

While this participant voiced her interpretation of the boundaries, many others extended the boundaries but did not openly say that this was an active decision. Their expansion of the concept of 'home' throughout their photograph collection also highlighted how individuals do not exist in a vacuum, with their perceptions and experiences focused only on one aspect of their lives.

When discussing the importance of the photographs of natural blue space as well as the importance of time spent in solitude within the natural landscape:

> I love going to the beach and the sun ... and even if it's raining or anything I love going to the beach to just listen to that ... the waves and everything ... so I took this picture because the tide was out (G, 15).



Figure 18. 'The beach and the sun' (G, 15).

Echoed by another one of the young people:

> I think the beach is my main therapeutic place ... that I can just go there and relax (G, 16).

When discussing other blue spaces that were therapeutic one young person noted that:

> Yeah ... and we've got a lake just around the corner so on some days I go over and take some photos of the lake (G, 14)

While this young person briefly highlighted that "on some days" they go down to the lake to take photographs, it suggests a routine or ritual of interacting with the natural environment and in this case routinely photographing a blue space. They acknowledge their use of their local natural spaces, such as the "lake just around the corner", as a therapeutic landscape and possible space of contemplation while taking the pictures. There were no pictures of

the lake in their diary for the project, suggesting that it was an activity of sufficient therapeutic importance to be recalled without the picture stimulus.

Another young person created a video of a walk he went on and captured a photograph of "finding a path behind the house" (B, 14). The sense of adventure and the therapeutic potential that young people experience from being out in nature arose across the diaries.



Figure 19. 'Finding a path behind the house' (B, 14).

Another young person reflected on a day during the photo diary collection period when she attended a funeral with her foster family:

> G,16: Ooh, we were at a funeral this day, it was quite sad but happy at the same time.
> R: Oh no I'm so sorry whose funeral was it?
> G,16: It was my [foster] mums friend's mum … so it was quite sad … but the lake was amazing.
> R: Aw, did you know them well?

G,16: Yeah, I think so … she had loads of friends there and there were loads of people and stuff … and I was like ugh anxiety… So, I took a wander away from the scene because parties and people aren't really my kind of place …. I love water and I love pebbles.



Figure 20. "I love water and I love pebbles" (G, 16).

The natural world, particularly engagement with water, can offer moments of calming refuge for young people with ADHD and ASD. Like this participant, another participant also highlighted her active engagement with the natural landscape, understanding it as reflective of her emotional landscape:

> This one was just of the tree I thought looked really pretty … it just reminded me of dancing sort of thing … because that's just a way of looking very elegant and very tall and very proud … cause that's what you have to be in dancing … you have to be very proud of yourself and act

confident even when you're not. So, I feel like that tree represented me as a person, very tall and very proud of myself … but not in a way (G, 17).



Figure 21. 'That tree represented me as a person' (G, 17).

Public places:

Public built spaces were also seen as offering spaces for personal activities that often the foster home could not offer, for instance, while showing her photo diary one young person highlighted a preference for public spaces:

> And I think a good study space for me … I notice that I don't like studying in my room because where I sleep is where I sleep … so this is Caffe Nero has been a place that I go to study (G, 19).

There appeared a sensitivity towards the functionality of physical space and the importance of spatial boundaries. Here, the bedroom was allocated for a specific purpose “because where I sleep is where I sleep” and the sense of ownership of the structure of personal space and what can take place within the space was seen as important for their sense of well-being. This young person’s search for study space also echoes another participant's preference for the garden as a place for schoolwork. The differentiation of the activities that can take place within particular physical spaces could help young people feel a sense of order and purpose within their living environments.

> So, this one is … I was in a village with my friend… that’s right near my house, so we just go there in the summer, so it’s like our place that we go (G, 17).



Figure 22. ‘Our place that we go’ (G, 17).

Public green space was first consciously designed for its potential mental health benefits in the 19th Century (Barton and Rogerson, 2017) and the awareness that G,17 held

surrounding her active use of public green space as a therapeutic tool demonstrated both her astute perception of the intended benefits of these spaces, as well as their lasting relevance for teenagers today and the importance they hold for young people seeking peace and refuge for themselves. She also captured the same green/built environment on a different day:



Figure 23. 'Go there to relax, mess around, just be me and [friends name]' (G,17).

> G,17: ... and that's the village where me and my friend go all the time ... that's like our place to hang out.
> R: Oh nice, so what do you guys do when you're there?
> G,17: We just go there to relax, mess around, just be me and [friend's name] ... and sometimes go to the park, sit on swings, look in the shops.

When there was no access to a garden or outdoor space within the home space, one participant, who did not have access to a garden, suggested the importance of seeing the park or natural environment from their windows for their perceived well-being. During our

introductory session, B,18, while reflecting negatively on how small their new home space was, highlighted how much joy he was able to get from being able to see the park from his bedroom window. This suggested that having this natural public green space visible, allowed him to forget the smaller boundaries of the bedroom and feel better about things.

The participants' experiences also call for a reimagining of our understanding of teenagers in public spaces. Often teenagers' presence in public spaces is contested, seen as anti-social and a nuisance. However, time spent in public space was articulated as being a place to "relax" to "just be me", a place they can go to when it is too chaotic within the home. A place for adventure and exploration as well as a place to reflect "even if it's raining or anything I love going to the beach to just listen to that ... the waves and everything", where they can actively observe ebbs and flows of the natural world and even find personal resemblances and self-understanding through natural objects such as trees, all key moments of therapeutic importance for these young people.

Closing off the local area

The local area, which included green and blue natural spaces and built public places were common themes across the teenagers' photo diaries. Public outdoor space is an interesting feature of these teenagers' lives, as indoor home space, apart from the bedroom, tended to not bnot to as autonomous space compared to the outdoors. Additionally, teenagers are sometimes stigmatised for using public indoor spaces that adults or younger children are allowed to exist in and use recreationally. A space where they can feel some autonomy within. This finding was a fascinating aspect of the data, as the introductory workshop and guidance given to the young people had asked them to capture 'moments, objects or experiences in the (foster) home' (emphasis added).

In their narrations and their photographs of public green and blue spaces, it became clear that the young people's feelings of what constitutes 'home' extended far beyond the walls of the house and out into frequently visited natural spaces, to green spaces where the young people would frequently spend time with friends, or local walking routes that they

were allowed to walk on, enabling them to spend time alone and find peace in their moments solitude - moments which they then captured on camera.

The presence of the natural landscape in the young people's perspectives and experiences of 'therapeutic' aligns with existing health geographies literature about the benefits of the natural world on mental health and well-being. Indeed, the therapeutic benefits of green space and the power of nature remain a consistent trope within the Therapeutic Landscapes literature and are central to initial understandings of a therapeutic physical landscape (Bell et al, 2018).

Final reflections

Navigating through these young people's reflections on their home space, their experiences guide us to further reflect on the therapeutic implications of autonomy and agency within and around the foster home. Specifically, how the physical and material elements of the landscape create restrictive or unrestrictive places to enact this.

Relational encounters are also experienced within the backdrop of the physical and material spaces. Therefore, Chapter 6 will explore the young people's portrayal of the relational aspects they deemed important to them in the foster home. Presenting how these encounters, as part of the therapeutic assemblage, turned the foster home into a therapeutic landscape for them.

Chapter 6 The Relational Encounters

Introduction

Understanding an individual's therapeutic landscape demands more than considering the physical and material spaces within which they exist. It also includes an analysis of the relationships embedded within these spaces and how individuals perceive and experience these encounters. The relational encounters within the foster home form an important part of a young person's landscape and can significantly influence how they feel and experience that landscape as therapeutic. Through their photo diaries, individual conversations and group discussions, the young people explored the therapeutic nature of their relationships within their current or previous foster homes.

The young people highlighted that their relational landscapes were split into two main types of relational encounters: with pets and with people. While some of the relational encounters shared were similar, much like the physical spaces in and around the foster home, many of the meanings and emotional stories shared by each young person were personal and, therefore, held a particular significance. For instance, each young person's foster home landscape had a different way in which identities were expressed, family values were negotiated, and practices were undertaken.

Pets (and other animals)

Pets, as an integral component of the participants' therapeutic landscapes, repeatedly emerged throughout the project. The therapeutic importance of these non-human members of their fostering households arose as a common theme, with special moments captured and discussed by almost all young people. Experiences shared with pet(s) in their foster homes were the most commonly photographed and highlighted therapeutic encounters. All but two young people had pets, ranging from more common household pets such as cats and dogs to less common pets such as goats, chickens, and lizards. Many of the young people, including the two who did not have pets at home, also shared photographs of encounters with animals outside and around their foster homes, such as

horses nearby that they visited regularly, passing birds in the garden or favourite animals spotted on days out with their foster family. All the young people enjoyed their interactions with animals. None of the young people expressed any discontent towards the presence of pets or other animals within their foster home environment. All those with pets highlighted the role that their pets played in defining and creating unique relational therapeutic experiences.

Through the data created and shared by the young people, pets within the lives of these young people were understood to be at the top of the therapeutic hierarchy; transcended boundaries of ownership; emerged as key members of the family; described as "the stars of everything"; understood as having a part of them only they know; as well as being companions for independent activities; and offering traditional and non-traditional life lessons. The participants' experiences illuminated the multi-faceted roles that their pets (and other animals) played in their lives.

Top of the Therapeutic Hierarchy

Pets were understood by the participants as the top key ingredient of a therapeutic foster home. Notably, during the final workshop with the 13 – 17-year-olds, there was a collective consensus that pets were very much a crucial part of the family. The overarching importance of pets was present not only in the individual photo diaries but confirmed later when the young people discussed and ranked the code cards individually and then collectively discussed their viewpoints to create a group hierarchy of therapeutic importance. During the group activity, it became clear to the young people almost immediately what lay at the top of their collective therapeutic hierarchy:

> B, 14: Shall we take the majority … so if we look…
>
> G, 16: And that's pets!
>
> B, 14: Looks like pets! So basically PETS!
>
> [GROUP AGREEMENT]

This immediate recognition happened as many of the young people had placed pets at the top of their pyramids of importance (created independently first). The shared experience of pets as the key ingredient in the foster home landscape began to centre the therapeutic role of pets in the foster home.

Key Members of the Family

During the group workshop, the young people deliberated about what was of more therapeutic importance within the foster home space. Through this we were able to delve deeper into the reason why pets were seen as such a key part of a therapeutic foster home. We explored why they were at the top of so many of the young people's hierarchies, as many described their feeling that their pets were key members of their foster family:

> R: So, mostly spending time with animals and pets cards ... is everyone agreed on that?
> [GROUP AGREEMENT]
> R: Oh, there's some spending time with family cards...
> G, 15: I think I know which one should go at the top.
> R: Which one should go at the top?
> B, 14: Family! I don't care, families more important than pets.
> G, 15: But pets, to be honest pets are your family as well ... so it's the same thing!
> [GROUP AGREEMENT]
> B, 14: But pets are replaceable you can't replace family.
> G, 17: You can't replace pets!
> G, 15: No, you can't!
> R: Actually, this means we've got a draw between spending time with pets and family...
> G, 16: I think you should join spending time with animals and family cause they're the same.
> R: That's a good point! Okay so let's vote ... we're voting on putting experiences and spending time with family on the same level as pets.

B, 14: We're putting them with them.

G, 14: It's not about how many we have, it's because pets and family are the same thing!

G, 15: Cause pets and family are together!

R: Okay, so does everyone agree?

[HANDS RAISE, GROUP AGREEMENT]

Although there had been previous majority agreement that pets were at the top of the therapeutic hierarchy, there was some debate about whether spending time with family or spending time with pets should come second in the hierarchy. After the discussion, it was agreed upon or perhaps just a collective acknowledgement that pets were central to young people's enjoyment of activities with the foster family and in the foster home. The suggestion that "pets and family are together" and to "join spending time with pets and family cause they're the same" made clear that their pets played an important role as key family members. This discussion during the workshop confirmed the experiences shared during the photo-diary conversations, during which the young people had positioned their pets as indispensable sources of therapeutic encounters because of the importance of spending time with them, adding to their sense of well-being within the space and creating therapeutic experiences.

The Stars of Everything

For some of the young people, the presence of pets elicited feelings of comfort, joy, and companionship. Many described the importance of the relationship with their pets, who were perceived and experienced by the participants as loyal friends, someone to be there for them in their time of need, and someone to hang out and play with. But, first and foremost, as "the star[s] of everything":

> I've got loads of [pictures of] my dog as well … my dog is like the star of everything (G, 16).

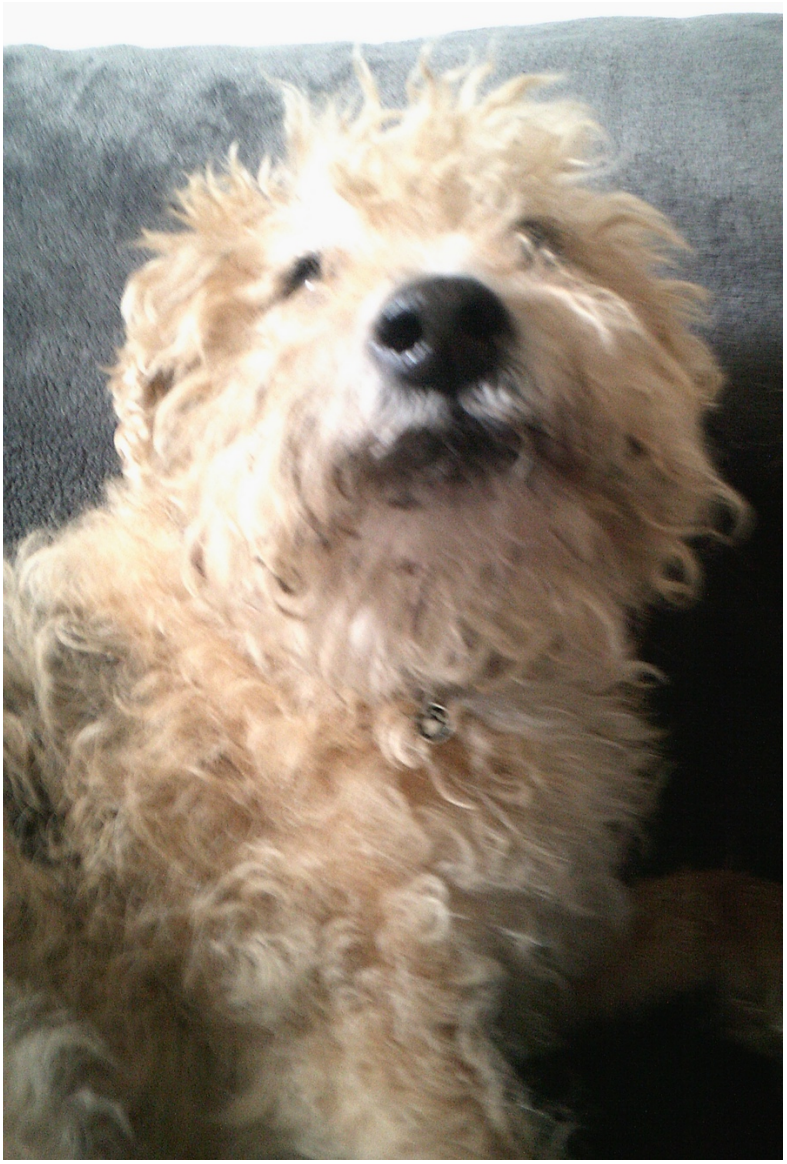


Figure 24. "The star of everything" (G, 16).

Interestingly, the experience of the foster home's dog being "everything" was a shared sentiment, as another young person also highlighted that:

> My dog and the beach are basically my therapeutic things ... especially my dog ... my dog is like everything (G, 15).

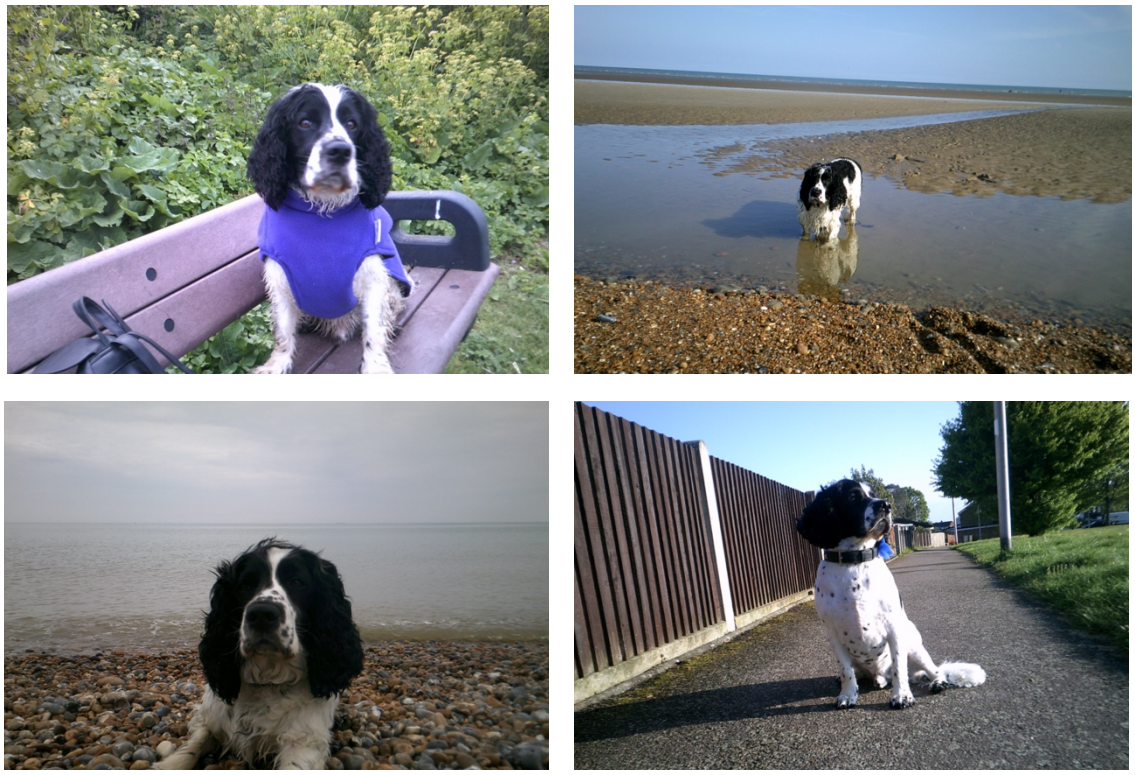


Figure 25. "My dog is like everything" (G, 15).

For this young woman, describing her dog as "like everything" helped her put into words the therapeutic solace she found in spending 'alone' time with her dog at their local beach. While she enjoyed her time at the beach, her foster family's dog served as a loyal – and photogenic – friend to enjoy these physical spaces. As their stars of everything, the young people's descriptions of "their" dogs highlighted the emotional attachments and companionship they shared with pets, to the point of feeling a sense of ownership.

The notion of pets being "everything" was also indirectly implied by the sheer number of photographs accumulated across the photo diary timeframes by the young people. Looking at and reflecting on their photographs brought joy, as all the young people became visibly happier when it was a photograph of their pet. They often talked about and more fully described the context of the photograph:

G, 16: Oh, and there's my dog.

R: What breed is he?

G, 16: She... is a ... well I think she's a lakeland cross [NEXT PICTURE] ... she's always asleep ... [NEXT PICTURE] .... She started running in her sleep ... I love her so much ... [LAUGHS WHILE PLAYING VIDEO OF DOG].

R: So, she brings you relax and calm?

G, 16: Yeah ... she barks in her sleep too ... and sleeps upside down.

During our exchange, the photographs of the foster home's dog visibly lifted the young person's mood and added ease and lightness to the rest of our conversation. Within her foster home landscape, the physical presence of the dog appeared to create an emotional geography for her. Watching the dog sleep brought her feelings of relaxation and calmness. Her special memories of the foster family's pet allowed her to laugh and feel good. In this way, her self-given task to capture her dog's idiosyncrasies illuminated the therapeutic importance of pets – even while they were sleeping!

A part of them only I know

The significance of the young people's emotional bonds with the foster home pet(s) was also revealed in how many described a perception or feeling that they could understand the pet on a deeper level of knowing. Or described their connection to their foster family's pet(s) through their ability to see a part of them only they knew. For instance, one young woman who had captured a picture of her dog every day of the photo-diary creation explained why she had felt it was important:

G, 16: I was like I've got to get pictures of my dog ... she just makes me smile!

R: So, is she what makes you happy and what you think of as therapeutic within your home?

G, 16: [NODS] I took them in moments where I was trying to capture her personality and her personality is happy-go-lucky. She proper smiles as well and it's just so sweet ... like I wanted to capture exactly what she

was and who she is. Which not many people can do and it's quite a difficult thing ... but I love it when she sticks her tongue out it's so cute.



Figure 26. "I wanted to capture exactly what she was and who she is" (G, 16).

For this young woman, her ability to capture the "happy-go-lucky" nature of her dog and document on camera "exactly what she was and who she is" drew attention to something more than simply enjoying the pet's presence. It suggested a deeper connection and a sense that a unique form of self-expression was shared between them. Through this, she highlighted the emotional attachment she had formed with the foster home's dog. She emphasised the therapeutic feeling the dog provided through the way "she just makes me smile".

As the young woman highlighted, the ability to see a pet's true side or capture something within or about their pets that they felt "not many people can do" was a sentiment shared by other participants. In their descriptions of their relationships with pets, young people saw and acknowledged their pets as complex emotional beings with unique needs that they

often felt more able to decipher compared with others living in the foster home. For instance, one of the care leavers expressed the perception of capturing a unique side of her foster home's cat. She noted that despite leaving the foster home placement, she was still able to visit the pet cat from her previous foster home. She shared that:

> R: So, do you cat-sit when they go away?
> G, 19: Yeah, I cat sit him. So, I see a really different side to him, his name is [cat's name].



Figure 27. "I see a really different side to him" (G, 19).

She also highlighted that she often felt more able and perhaps more comfortable to connect with him when left alone, without the presence of the wider foster family. The side she saw was perceived as different from when the other (human) members of her foster home were present.

Young people also spoke about the pets who had joined the foster family while the young person was already there. From the young people's experiences, the ability for pets to be added to the family after they themselves had joined the foster family allowed the young person to feel more comfortable around the newcomer. New pets also allowed the young person to have a shared experience with the family from the beginning and a new relationship they felt they could build without any prior expectations. For example, this young woman, whose foster family pet cat had featured heavily in her diary said:

> G, 17: Then my cat ...
>
> R: She's lovely, is she a tabby
>
> G, 17: Yeah, we don't know but we say she's like the whiskers cat.
>
> R: So cute, how old is she?
>
> G, 17: She's only a year and then ...
>
> R: Oh, did you get her as a kitten?
>
> G, 17: Yeah, we got her at 8 weeks.



Figure 28. "She's like the whiskers cat" (G, 17).

Perhaps due to the conceptualisation of the pets as key family members and feelings of a deeper connection and shared expression, participants often spoke of their pets in personified ways. For instance, one young person also expressed happily that her foster mum had found a likeness between her and their pet dog:

> G, 16: And that's out dog Lottie. Literally me in fur form, that's what my [foster] mum says.



Figure 29. "Literally me in fur form" (G, 16).

The comparison she shared offered an interesting insight into the opportunity for self-identification and belonging through foster home pets. For this young woman, this familial self-identification which was endorsed through a mutual understanding between her and her foster family. The way she had shared this comparison as part of her photo diary suggested that she found it therapeutic to be told that she was similar to someone she saw as a family member – offering her a deeper level of belonging to the foster family through a shared personality. The shared perception (between her and her foster mum) reinforced

their pet's integrative role in uniting this young person within their foster family unit. Acknowledging the similarity between her and the foster families' pets (as their shared non-human family member) offered a unique way for her to feel part of, and connected to, the human foster family. Her experience highlighted the therapeutic importance of pets in shaping young people's feelings of belonging.

Transcending Boundaries of Ownership

Although all the dogs and cats within the foster home often 'officially' belonged to the foster family, the young people understood these pets within the foster home as existing within a more complex network of relationships and attachments. Networks of relationships and attachments appeared (from the perspectives of the young people) to transcend traditional boundaries of ownership. Akin to their ownership over particular physical spaces within the foster home, such as the bedroom and garden, the young people's language also signified their sense of ownership over their foster family's pet(s). For instance, as this young woman expressed during our photo diary conversation:

> G, 15: That's my dog.
>
> R: Aw, do you have another dog?
>
> G, 15: Yeah, we have 3, I've taken pictures of all 3 and he's the biggest one.



Figure 30. "That's my dog" (G, 15).

By introducing the pet as "my dog", this young person suggested a sense of ownership over the dog. Her perception of ownership boundaries highlighted how a pet can serve as a signal of integration into a foster family household, as she also highlighted that "we have 3", suggesting that the ownership of the dogs was communally shared amongst the members of the household. During our conversation, the dogs were understood as "hers" or "ours", and she did not identify them as solely the foster parents' dogs.

Interestingly, this perception or feeling that ownership of the foster home's pets extended to the young people was highlighted more directed by another young woman, as she shared when discussing a photograph of her cat:

> G, 17: And another photo of my cat, she was just staring at me.
>
> R: So, she's just your cat?
>
> G, 17: Well... she's my [foster] sister's cat... but she's just everyone's'.



Figure 31. “She’s just everyone’s”.

Many of the young people perceived themselves as the joint owners of the foster homes’ dogs, cats, goats, sheep, and chickens. A shared sentiment among the participants' descriptions highlighted their belief that the wider foster family's pets belonged to “everyone”. However, shared ownership did not apply to all animals living within the foster home as smaller animals, such as the guinea pigs and even reptiles, often personally belonged to the young people. There was also a sense of pride during the individual conversations to showcase these personal pets. One young man was able to capture a picture of his own pet, posing with another of his prized possessions:

B, 13: And that’s a bearded dragon.

R: Oh cool, is it yours?

B, 13: Yeah.



Figure 32. "That's a bearded dragon" (B, 13).

And other young woman also showcased her own personal pet she kept in her bedroom:

"That's my guinea pig" (G, 15)



Figure 33. "That's my guinea pig" (G, 15).

Interestingly, these smaller personal pets were not described as owned by everyone. The smaller pets also highlighted that the therapeutic nature of the relational encounter with pets was found in the young person's feelings and emotions attached to the pet. Rather than simply, the pet was a source of affection because of how energetic and cuddly they were. The therapeutic nature of pets also appeared to stem from a sense of pride in their ownership, and this was a key part of these young people's experiences with the pets in the foster home.

Trusted Companions for Independent Activities

Pets, often dogs, also gave the young people a greater sense of responsibility, giving them space to enact their independence and a sense of agency. Many of the young people captured independent activities with their pets, such as taking them for walks:

> G, 15: Uh so this is [dogs name] and I normally take him on walks.
>
> R: Just the two of you?

G, 15: Yeah.



Figure 34. "This is [dogs name] and I normally take him on walks". (G, 15)

Taking their dogs for a solo walk was a favourite activity highlighted by almost all the young people with a dog within the foster home landscape.

The young people also shared their therapeutic moments of enjoyment when they were trusted to look after the pets themselves. Notably for one of the care leavers, whose previous foster home had a pet whom she loved. Her relationship with her pet had allowed her to stay connected to and return to the foster home, even being trusted to stay there when the foster family were not there:

G, 19: Spending time with the cat is really fun too... he comes with me sometimes.
R: Oh nice, is he your cat or where does he live full-time?

> G, 19: In my foster home, he's not affectionate... so [REFERING TO PICTURE] I had gone to visit when they went on holidays... taking care of him. So he's not a people person so when he's got one person he can get used to then he's okay. I really value being able to spend time with him and I really enjoy it, spending time with him when everyone else goes away is actually one of my highlights.

This sense of responsibility and relationship surrounding the foster home's pet was interesting. Despite moving out of the foster home, she was given a level of independence and responsibility by being trusted to look after the foster home pet alone, which brought her a sense of joy. Additionally, the foster home pet's presence allowed an easy way to maintain a continued connection to her previous foster family.

Another interesting experience was that of one participant who brought the dog from the foster home along with them when they visited their birth relative:

> G, 16: That's at my [birth] dads ... it's funny I took a picture of this because she [the dog] when my mum goes she's got really bad separation anxiety and she climbs up on the windowsill and waits for her to come back
> R: So, she comes with you on trips?
> G, 16: Yeah, she comes when I go [to birth dads].

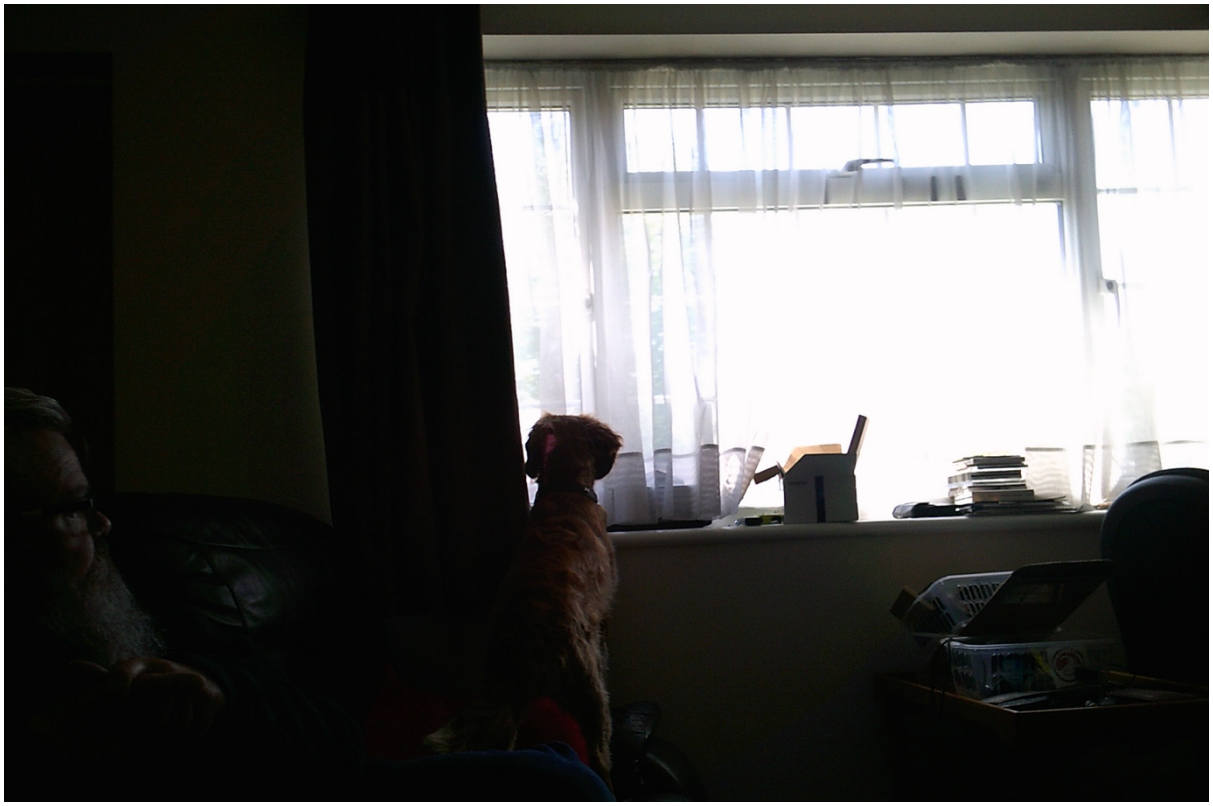


Figure 35. "She's got separation anxiety" (G, 16).

This was an interesting part of her experience, as it was an opportunity for her trusted companions and her perceived family member to go alongside her into a space where the foster carer was not present. The dog's attendance highlighted the potential role that pets can play in creating and allowing a therapeutic foster home landscape to become mobile. That is, a key therapeutic element has mobility to move with the young person outside the foster home. Her foster family's dogs were welcomed into birth family spaces, where other foster family members perhaps could not go. The young woman expressed how much she enjoyed having the pets there for these visits, their presence giving her a foundation of emotional support, potentially making the experience more comfortable and familiar. The dogs also helped alleviate tensions about visits, as she shared:

> G, 16: [NEXT PICTURE] So, this is a funny one so she knows she's not meant to be upstairs on my [birth] dad's bed but she sneaks up there and I caught her and she was like...



Figure 36. "I caught her, and she was like..." (G, 16).

The presence of the dogs also allowed her to have personal moments with them in a different home setting, with secrets kept between her and the dog about entering spaces they should not – like having a mischievous best friend come with her on these visits. The physical transition of an important relational part of her internal foster home landscape – her favourite pet dog – into a potentially emotionally complex external landscape – contact with her birth father highlighted the benefit of foster home pets for this young person. She also alluded to her sense of 'deeper knowing' of the pets' emotional world, who she suggested appeared to suffer from separation anxiety when her foster home left them at her birth dad's house. Her perception of the reasons for the dog's behaviour perhaps suggested a reflection of her emotional world, as she may also have felt anxious about these visits.

During our conversations, another young person highlighted the potential benefits of the mobile nature of dogs in spaces while also following on from the importance of the physical landscape, particularly the experience of being in nature, as the participant highlighted that:

G, 15: Nature is definitely my thing … but my dog … my dog's great.

R: Oh yes, so do you find in the moments where you feel calm that you're either outside or you're with your dog or…?

G, 15: I'm always with my dog I'm never far from her … unless I'm at school which I hate …

R: Yeah, it's a shame that they don't make dog-friendly school environments.

G, 15: I wish they would.

The young woman expressed that the school would have been a better environment if she could bring her pet dog, who offered her comfort. For her, being in the foster home always allowed her to be close to the foster home's dog, and she was grateful for that. However, her time at school meant she had to be away from the dog. The feeling that attending school disrupted her close relationship with the dog, as the dog was not allowed into that space, highlighted the therapeutic experience of the foster home as involving a key therapeutic component—the pet.

Life lessons, the traditional and non-traditional

Pets also emerged as playing a key role in facilitating life lessons through the young people learning how to take care of them. This aspect of their relational encounters with their pets and other animals helped to build the young people's sense of responsibility, competence and their understanding of the importance of nurturing. The participants described caring for their pets as part of their daily routine and that these routines were enjoyable.

The participants did not just capture encounters with traditional pets, such as dogs and cats; they also captured and shared their important encounters with other pets, such as goats and sheep, of all ages. These non-traditional pets enabled the young people within the foster home to enact nurturing roles themselves. They highlighted the important role pets can play for teenagers, offering tangible life lessons. For instance:

> Uh this is one of our baby goats … it's mother couldn't feed it milk so we had to feed it milk (B, 13).



Figure 37. "One of our baby goats" (B, 13).

The nurturing encounter between the young person and the baby goat seemed to positively impact the young person, as he captured it as a therapeutic moment of that day. It was one of the only photographs that he elaborated further on throughout his photo-diary presentation. Two of the young people in the project were siblings and living in the same foster home, and both captured multiple experiences with the goats. Suggesting it as an important aspect for them – an experience that was independently and collectively shared:

> And this is the new goats, she had a baby, and this is the mums of these ones … we still have the baby goats (G, 15).

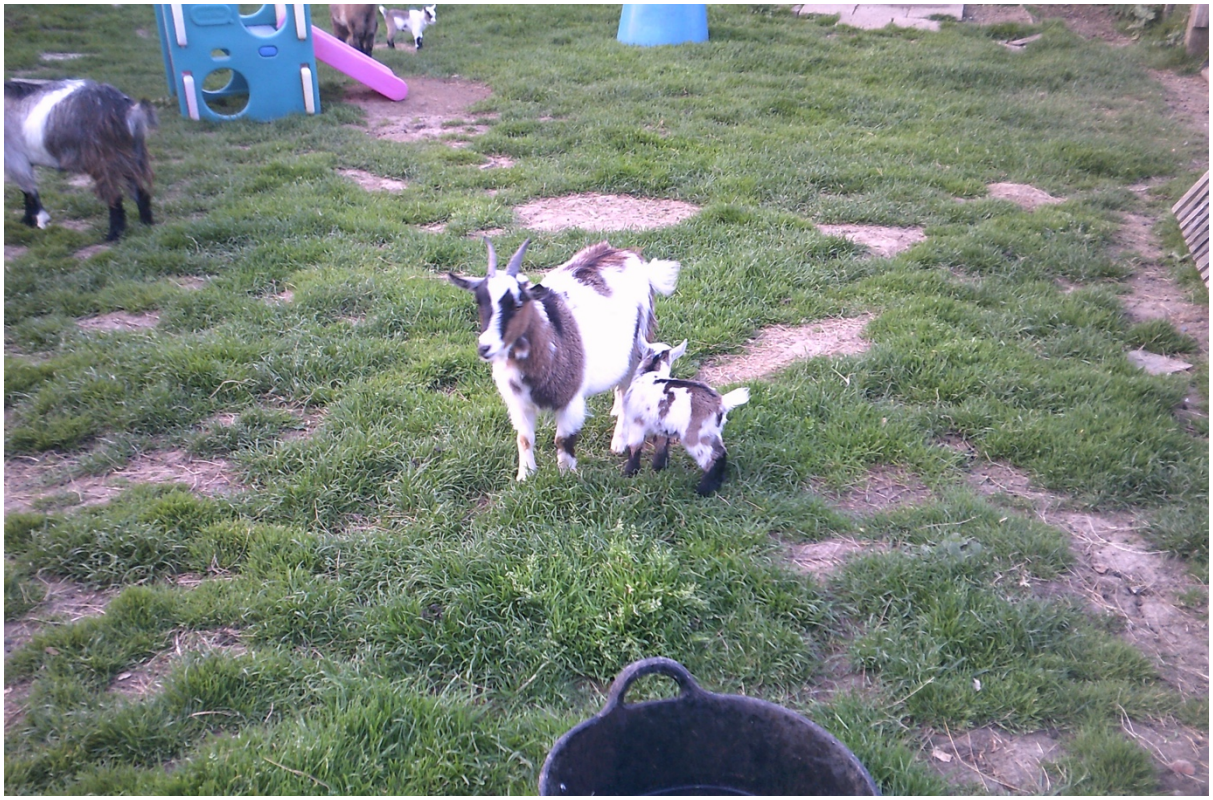


Figure 38. "We still have the baby goats" (G, 15).

These participants seemed to enjoy witnessing and being part of the birth, growth, and familial relationships amongst their goat and sheep families. The kids and lambs were a welcome addition to their foster home.

The act of caring for these pets gave the young people a valuable lesson in caregiving and responsibility. Learning to be patient around animals and the steps and routines needed for their growth. These young people also seemed particularly happy to have witnessed the birth of a lamb from their pet sheep:

> They're Angora sheep and they decided to have a child the very next day so … one of them had a baby (G,15).



Figure 39. "One of them had a baby" (G, 15).

There was also a sense of pride in the way they spoke about their new additions to their family, much like the pride in the way the other participants spoke of their pet dogs and cats. Notably, the participants' relationships and responsibilities with the pets were a focal point and a key part of their experiences within the foster home, around which they appeared to negotiate their other encounters.

Animal encounters outside of the foster home:

In addition to capturing important moments with their pets, some of the young people also captured special moments experienced with animals in the local area. For instance:

> So, this is a horse. They're horses down at the caravan, so we always go to stroke them and stuff (G, 14).



Figure 40. "We always go stroke them and stuff" (G, 14).

Capturing one of her encounters with the friendly horses nearby, she expressed how such a simple encounter with an animal was enjoyable and how she perceived this as having a beneficial therapeutic impact.

Other animals outside the foster home also allowed the young people to reflect on previous experiences with pets. As this young woman did:

> G, 16: I'm not great at photography but I'm trying to get into it. I love ducks, animals are just my thing really.
> R: Have you always been around animals?
> G, 16: I think yeah from young yeah … cause my grandad had a dog and my other set of grandparents had a dog … uhmm… everywhere I've been I've just been surrounded by animals really … I used to do horse riding as well, which was quite nice.



Figure 41. "Animals are just my thing really" (G, 16).

Through her experience, she also alluded to how her previous experiences with animals shaped her perception now of the pets and other animals within and around her foster home. Many of the young people spoke about their love of animals. For instance:

> I was trying to get close ups of the swans again … I love swans … I love most animals to be fair (G, 16).



Figure 42. "I love swans, I love most animals to be fair" (G, 16).

Another participant, who did not have a pet within their foster home, shared an important experience with her foster family. She expressed how memorable the day was and how excited she had been to be able to see, experience, and engage with some of her favourite animals while on a special day trip to a zoo safari:

> Yeah, it was for my [foster] brother's birthday. But they're so cute ... But my [foster] mum kept on winding down the windows and rocking a packet of crisps and we were like, "Oh no don't!! "[LAUGHING] (G, 14).



Figure 43. "But they're so cute" (G, 14).

G, 14: [NEXT PICTURE] And there's some of them that have babies in their pouches!



Figure 44. "Some of them that have babies in their pouches" (G, 14).

Her experience showed that relational encounters with animals could still be facilitated and appreciated even if pets and animals were not present within the foster home. Particularly for this young person, the encounters on the day were highly valued as one of her key therapeutic experiences during the photo diary month.

Concluding remarks

The young people verbalised a prevalent negotiation surrounding the blurred boundaries between who was considered part of the family. Shedding light onto the possible complexity in our traditional notions of therapeutic support systems within the foster home, which often focus on human-to-human interactions or professional human-human therapeutic interventions outside the foster home, led by adults. It was interesting to see in their diaries and hear during our conversations that pets were understood as having a key role in creating and maintaining therapeutic experiences for the participants. In the data produced by the young people, they captured the bonds between themselves and their pets, highlighting the therapeutic value that pets held within the foster home landscape.

By documenting so many photographs, the young people brought into the frame the simple yet often overlooked importance of pets and other animals in their day-to-day lives. Through the data created and shared by these young people, pets emerged as central figures in their relational encounters within and outside the foster home. Often depicted by the young people as therapeutic family members, they suggested how the presence of animals in the foster home elicited a sense of comfort and belonging, which, in turn, contributed to the experience of that landscape as therapeutic. Pets appeared to play an important role in facilitating the young people's emotional expression, both in the foster home and during our conversations, and the young people often felt more comfortable talking about emotions and family dynamics through the lens of their pets.

These young people's experiences highlighted the nuanced ways in which relationships with pets contributed a large part to their perceptions of therapeutic within the foster home landscape. These insights from the young people challenged more dominant frameworks of therapeutic practices within the foster home, showcasing the importance of incorporating non-human elements, such as pets, into a foster home landscape – if it is to be felt and experienced as therapeutic for certain young people.

The young people shed light on the often-underappreciated significance of pets. In many ways, "their" pets occupied a liminal space within the foster home, "their" pets represented fluidity within the foster home, and it appeared that spending time with "their" pets was key to a sense of familial support.

The People

Being part of the family

Being part of the family, feeling a sense of belonging and having things in common with the rest of the fostering household were important therapeutic ingredients identified by the young people in the project. Feeling they belonged within the foster family could be complex and often a constant ongoing negotiation. Finding a likeness seemed to be a key part of the

young people's negotiations to fit into and feel a part of their foster family. One young woman shared that:

> A couple of weeks ago we figured out that I did fit into their family tree because uhm... I'm very strange, like them (G, 15).

This lovely connection found by the participant and her foster family highlighted how important small comments could be for young people, who were often searching for points of similarity. The pride felt by the young person at finding the connection and feeling part of the family was an important way relational encounters became therapeutic. This young woman's experience was similar to another participant's experience mentioned in the previous section – who was proud of being compared with their foster family's pet.

While some of the young people were still negotiating how they fit into their foster families, others felt how special and therapeutic it was to finally feel completely part of the family. As one young woman shared as part of her photo diary:

> So, I drew this in the sand because my foster family is literally my whole lifenow. So, I'm really glad that I'm here, so I thought I'd put family in a heart (G, 15).



Figure 45. "I'm really glad that I'm here" (G, 15).

As this young woman reflected on what made her experience in her foster home therapeutic, she became aware of how much she was part of the family and how important this was for her. A few of the young people also shared precious moments with their extended foster family, which highlighted feeling accepted as part of the wider family. For instance, one young woman said when elaborating on a photograph:

> That's me and [foster carer's] granddaughter… so that would be my foster niece. We had just got two new onesies from John Lewis and she got this one and I got this other one (G, 16).

By identifying her foster carer's granddaughter as her "foster niece", she highlighted that she was sure of how she related to other family members. Speaking openly of her as her "niece" perhaps suggested that verbal negotiations had taken place between herself and her foster carer about how she fitted into the family and how to connect the relational dots. Additionally, her foster carer's actions, buying both the participant and the foster carer's

granddaughter similar onesies, although appearing as a small gesture, formed a large part of helping to signify and further build a relational space in which she felt part of the family.

Relationships with foster carers

Many of the young people captured meaningful small and simple experiences with their foster carers. For example, one young woman shared a photograph of a tin box and explained its importance:



Figure 46. "It just makes me very happy to have" (G, 17).

> G, 17: Then that's the tin [laughs] ... so my foster mum puts loads of sweets, biscuits in there like snacks, crisps for me ... so like when I come home from college and my dinners not ready straight away, I go in there and get a snack or during the day I go in there. So, it just makes me very happy to have.
>
> R: Oh nice, is it just your own tin?

G, 17: Yeah, it's just mine ... yeah, she just puts loads of random stuff in there and when I go in there I'm like ooo, yeah like yesterday she put shortbread in there for me ... so I took it to college with me. So, she just puts things in there.

R: Is it always a surprise?

G, 17: Yeah, so she just puts loads of different things in there.

R: Aw, so has she always done that?

G, 17: Yeah.

Although seemingly another small gesture, the young woman found this part of her foster home experience particularly therapeutic, having a special place only for her and the independence to decide when and where to snack. Another young person shared special moments that she found therapeutic with her foster mum, which she appreciated and wanted to capture for the project. She said:

G, 15: I was gonna watch a film with my [foster] mum so I set this up and I just wanted to take a picture of it [laughs].

R: It looks so comfy.

G, 15: Yeah, we put our feet up.



Figure 47. "We put our feet up" (G, 15).

Some young people also captured and highlighted the importance of days out with their foster carers and wider foster family. For one young woman, one key therapeutic moment was when she and her foster mum shared an important (foster) mother-and-daughter day, a day she found memorable and wanted to capture – shopping for prom dresses:

> G, 16: I was going to [shopping centre] and I was trying on prom dresses. This is me and my [foster] mum.



Figure 48. "This is me and my foster mum" (G, 16).

This young person took multiple photos and highlighted how important and therapeutic it was to share this culturally important mother-daughter moment, which may often be missed for young people in or transitioning through foster homes during this stage of their lives. Her experience also highlighted the therapeutic significance of these often-forgotten moments and the importance they hold in the lives of teenagers.

Therapeutic Key Words

In the context of the young people's foster home landscapes, an important element is young people's relationships with foster carers. However, young people captured fewer moments with their carers compared to other moments.

During the 13 – 17 group workshop, 12 therapeutic keywords relating to foster carers and their most simple existing definitions, which had been identified in the literature, were introduced to the participants. As a collective, we then discussed each keyword and whether they agreed with the existing definition of the word and whether they perceived and experienced the keyword in another way. The young people then shared their opinions, examples, or experiences about how they felt or experienced the words, focusing on their relationships with their foster carers. The keyword activity illuminated therapeutic moments the young people had shared with the foster carers and the behaviours they attributed to these keywords. They also spoke about sometimes perceiving these behaviours they associated with the keywords as sometimes harming or hindering their feelings of the foster home being therapeutic. The young people ranked the words as very therapeutic (green), maybe therapeutic/ not sure (orange) or not therapeutic (red).

Empathy

Empathy was introduced and defined by the researcher as 'when people show you compassion and understanding about how you feel and feeling understood about your emotions'.

Empathy drew a mixed reaction from the young people. The word, its definition, how it was felt in practice, and whether or not this was beneficial for the young people sparked some debate, however it appeared that the term remained elusive. Those who thought that empathy was an important part of what makes a foster home feel therapeutic said that:

> I get lots of empathy if I injure myself. For example, when I pulled ligaments in my knee and I got lots of empathy and support (G, 17).

> [Foster carer] is really understanding and whenever we talk, I always feel understood (G, 16).

> When you feel and understand how someone's feeling. For example, me when I think of my mum (G, 16).

Three young people put an orange card on the empathy, and the two others who put a red card shared that:

> I don't really need people to feel sorry for me (B, 13).

> I get no sympathy unless I'm dying (G, 14).

Some of the young people's responses also highlighted an embedded confusion between empathy and sympathy and the potential blurring of the two words, and therefore the felt experiences of the actions and emotions from their foster carers. It highlights also the complexity of these terms, not just in understanding their definition but also in understanding what actions align with the true meanings of these terms.

Acceptance

Acceptance was introduced and the existing definition shared as 'feeling that your wishes, thoughts, motives, perceptions and urges are accepted without judgement or evaluation'.

Overall, acceptance was understood by the young people as a positive aspect and key ingredient of a therapeutic foster home. Many of the young people shared experiences of when and how they felt accepted within their foster homes, with those who picked the green Post-It note writing that:

> They accept me for who I am (G, 14).

> Being accepted for who I am and my sexuality was a real comfort for me (G, 16).

> That's what makes a family (G, 14).

> You feel like you're being heard, so you feel better (G, 15)

The challenge that comes with creating a sense of 'acceptance' and the subjectivity of feeling accepted within your foster home as a teenager was also mentioned by one young person, who chose the red colour and noted that:

> Sometimes I don't feel like people like my choice of performing arts, as some people don't think I am good enough (G, 17).

Some of the young people also understood the term acceptance to mean their ability to accept their current situation or the things that have happened to them, This was highlighted when conceptualising acceptance, as one young person wrote:

> Some people don't like accepting what they have to accept, as they find it hard to deal with (G, 16).

Playfulness

Playfulness was introduced and defined as 'being in an environment where the adults express fun and joy over being stern or irritated… instead they show lightness and interest'. The young people were more receptive to the playfulness trait in their foster carers, with many sharing stories about what their foster carers do that makes their experience of the foster home feel better and more therapeutic for them. For instance:

> Playfulness helps but [foster carers] dad jokes are terrible (G, 16).

> [Foster carer] sometimes dances to the Alexa and makes me laugh (G, 14).

One young woman highlighted that without her foster carer's playfulness:

> "Life would be boring" (G, 14).

However, the other young people seemed indifferent about their foster carers' levels of playfulness, with the other five young people either choosing orange or red cards and leaving comments regarding how important this aspect of the foster home environment was, such as "Don't really know" (G, 16) or "I have no idea" (G, 17).

Curiosity

Curiosity was introduced and defined as 'when adults seem willing and try and understand you". However, this definition was met with uncertainty from the young people, as they felt it was not an accurate description of how curiosity felt and met this definition with rejection. Instead, the young people defined curiosity as the feeling that your foster carers are "being a bit too nosey".

Despite this initial feeling that the word should denote a feeling of unwanted nosiness, some of the young people were aware of and shared particular moments when they felt their foster carers were going the extra mile to find out what was happening with them, and they often appreciated this feeling. Some of the young people agreed that curiosity was a key ingredient of a therapeutic foster home and shared their experiences:

> [Foster carers] always ask me how my day is at school. They're interested (G,14).

> I love it when [foster carer] always check up on me when I come in from college or if she hasn't seen me all day (G, 17).

> Because you feel like you can talk to them about anything and feel less stressed and anxious (G, 15).

> I think that it helps as I do not talk so [foster carer's] questions get me to talk (G, 16).

Others, however, were not so sure and gave a slightly less positive reception to curiosity, even after we discussed further the meaning and behaviours associated with the word. The rest of the young people left orange and red cards, with one young person sharing their resentment about their foster carer's curiosity:

> Say I'm doing something safe then someone would just say to be careful even though they don't know what I'm doing (B, 13).

Co-operation

Co-operation was introduced and defined as 'being allowed to help around the house (with cooking etc) and working together with a carer to do things'.

The young people were quite positive about the opportunity to co-operate on activities with their foster families and felt that it was an important part of feeling responsible and trusted. Those that put green Post-It notes wrote:

> That we can work out things that are different (G, 17).

> Teamwork (G, 14).

> When you cooperate, it's like teamwork (B, 14).

However, in terms of being seen as therapeutic, this word did not resonate with all the young people as much as some of the other keywords.One young person stated:

> Co-operation is not really therapeutic because all working together is going to do is just get things off your chest (G, 15).

Her proposition was that co-operation was inherently not therapeutic and meant having to co-operate with an adult to get things off your chest. It suggested that she held a negative feeling towards perhaps constantly being asked to co-operate with sharing her emotions with adults and highlighted how this word may be commonly used in social work practices with teenagers. The other young people put orange colours for indifference and no other comments were made for this one, suggesting either their uncertainty or indifference towards the word.

Availability

Availability was introduced and defined as 'when a parent is available when you need them and easy to contact'.

All the young people agreed that the availability of their foster carer was important for them:

> Nice to come home and speak to your [foster] mum and dad when you need them (G, 14).

> [Foster carer] is always there in any situation if something bad happens (G, 17).

> Sometimes they don't answer the phone but I always know where they are if I really need them (G, 14).

However, one young person highlighted that although this was important for her, she did not think it was therapeutic and left an orange note saying:

> Because you know you can talk to them but also it is not therapeutic (G, 15).

It was also interesting to hear the young people differentiating between what they thought was beneficial overall versus what they thought was therapeutic. Availability was understood by most of the young people as key, but perhaps not a specifically therapeutic role of their foster carer. Those who did not leave comments left orange notes blank, perhaps in agreement with the young person who had also verbally highlighted that she did not think it was of particular therapeutic value.

Family membership

Family membership was introduced and defined as 'feeling like you belong and are part of the family'.

Family membership was one of the top key ingredients identified by the young people out of the keywords, as all of the young people agreed that this was an important part of what makes a foster home feel therapeutic. For instance, some of the young people said that:

> Family membership is therapeutic because you can feel comfortable around them and calm and feel like you belong (G, 15).
>
> My [foster] family are very family orientated and we look after each other (G, 16).
>
> Family is everything (G, 14).
> Very lucky to have a [foster] family that love me (G, 17).
>
> Good to have good family bonds (B, 14).
>
> Really important (G, 14).
>
> My [foster] mum always asks me if I'm okay (G, 16).

Sensitivity

Sensitivity was introduced and defined as 'when a parent is sensitive to how you feel and also shows emotions around you'. This was also a difficult one for the young people to grasp the true meaning of in order to highlight particular behaviours of their foster carers. Some young people said that:

> It is important to feel listened to (G, 16).

Whereas others simply said that they "don't know" (G, 14 and G, 15). Sensitivity also wasn't perceived as a wholly positive or therapeutic trait either, for instance some of the young people highlighted that:

> To know how I feel when I am sad. For example, [foster carer] can read me like a book sometimes it is a bit frustrating (G, 17).

Across the keywords, the young people highlighted their negotiation of the conflict between being seen, heard and listened to while living autonomously and independently and being able to keep their feelings, thoughts and emotions to themselves. As the young people were emerging into feelings of adulthood and, therefore, independence, there was a sense that the foster carers were sometimes a bit too interested in their lives. Still, overall, they did seemingly appear to be both appreciative and unappreciative of this.

In addition to the more ambiguous keywords, which appear on many therapeutic foster home providers' websites, the remaining four keywords were those associated with both therapeutic and traditional foster home environments, as these are understood to be the foundations of a therapeutic foster home environment. Interestingly, the young people agreed the most with these more conventional keywords.

Routines

Routines were introduced without a literature definition and were accepted quickly as a key ingredient of a therapeutic foster home environment by all the young people. The young people shared that:

> Routines are therapeutic because when you get things done in a certain order you feel more calm and satisfied (G, 15).

> Because it is nice to come home and do your night time routine and wake up in the morning (G, 14).

> Mornings I like to drink coffee in bed and then eat breakfast, drink a cup of tea, two biscuits and get ready (G, 16).

> I can't survive without a plan (G, 17).

> I always do the same thing during the week for school (G, 14).

With another young person sharing that routines just make it "easy to get things done" (B, 14).

This agreement with the therapeutic nature of routines aligned with our individual conversations and their photo-diary experiences shared on the importance of routines in their bedrooms, such as tidying and organising.

One young person highlighted how routines don't always have to be about keeping things ordered, tidy or on time, as he wrote that:

> We normally go out and do some fun stuff (B, 13).

Bringing attention to the importance of fun family routines too, with young people enjoying the routine of knowing that something fun was always on the horizon. This sheds light on the importance of not only having daily routines of personal care and organisation but also group and family based routines that give the young person something to look forward to.

Clear boundaries

Clear boundaries were also introduced without a particular definition, as the young people seemed to grasp the keyword immediately and have their own understandings already of the definition.

Overall, the young people were positive about how having boundaries that were clear and consistent helped them feel like the foster home made them relax and feel better about things:

> I am allowed to do what I want, within reason (G, 16).
>
> Clear boundaries are therapeutic so that you can feel safe in your space to calm down and think (G, 15).
>
> Makes everything clear (G, 17).
>
> Good to have discipline (G, 14).
>
> When you know you shouldn't do something because you have boundaries (G, 16).
>
> Good to have boundaries (B, 14).

They expressed the therapeutic signifance of the knowledge of what the foster home boundaries were, which one person directly identified as allowing her to "feel safe in your space and calm down and think". It also highlights a nuanced nature of balancing discipline

within the foster home. As it should not be too controlling but also it appears “good” have so that everyone knows where they stand. Clear boundaries, in some ways, the young people having their own feeling that they understand of the internal working model of their foster carer – by knowing their boundaries and knowing what will overstep these – and in this way it can become therapeutic and calming.

However, not all the young people were completely positive that boundaries should be defined as specifically therapeutic for them:

> They know my boundaries, but I wouldn’t say that is something I care about (G, 14).

> Clear boundaries to show what is expected of me but something people push me a bit more to do my best (B, 13).

Overall, clear boundaries were seen as a positive and mostly green card for their therapeutic quality for these young people.

Honesty

Honesty was also introduced without a particular definition and left for the young people to define. One young person reflected that:

> Honesty is therapeutic because being truthful is more understanding for others and you don’t feel bad for lying (G, 15).

The young people agreed that honesty was an important pillar of a therapeutic foster home. While one young person said that honesty was:

> “A good life skill” (B, 14).

While he was aware that honesty was a good life skill that the foster home could help to develop, others felt more strongly about it its importance, particularly in relation to other people's honesty towards them, saying that:

> Important. I can't stand people who LIE! (G, 16).
>
> Tell the truth, DON'T LIE. (G, 14).
>
> There is a rule where we do not lie! (G, 14).
>
> Just tell the truth (G, 17).

Lying was clearly not tolerated by the young people, highlighting the therapeutic importance they put on honesty amongst everyone. As, if they are not allowed to lie about anything, neither should the adults be allowed to do this.

A safe base/place/area

As has been suggested and discussed across the findings' chapters so far, the most important ingredient of a therapeutic foster home landscape is the feeling that was a safe base, place, or area - as one young person suggested during the workshop. One young person then defined the term for the group:

B, 14: A safe base … isn't that meant to be place?
R: A base… is somewhere that you can feel safe or that you're coming home to.
B, 14: …Shall we just say a safe area?

The young people's perceptions and experiences of the feeling of a safe place varied. While many of the young people wrote that they viewed the physical spaces within the foster home as a safe base:

> My bedroom snuggled with both my dogs when I am sad (G, 16).

> My house is my safe place because I know nothing bad will happen (G, 14).

> When I am in my bedroom it feels like a safe place (B, 13).

> Like having a place/base like my bedroom to think about things (B, 14).

While these comments confirmed the young people's high proportion of photo diary entries from their bedrooms, other young people identified the feeling of a safe base as a feeling:

> A safe base is when you feel scared or annoyed you can go to calm down (G, 15).

Suggesting the agency that comes with the freedom to choose where you perceive your safe base to be at that particular time. Another young person shared that:

> Actually, I would say home is my safe place but if I really want to feel safe I'll probably take my dog for a walk just to get some time alone (G, 14).

The intersection of the freedom to be trusted to have some alone time outside of the foster home with the trusted companion for independent activity – the foster home's pet. The young person identified the pet as being an important part of her ability to create a safe base whenever she needed, within the therapeutic landscape of the foster home.

The concept of safe bases also moved away from the physical spaces or relational encounters within the conventional boundaries of the foster home. For instance, a few of the participants highlighted that they felt their safe bases were attached to external places where they felt safe and where they undertook activities they loved, writing that their safe bases were:

> Army cadets because all my friends are there (G, 14).
>
> Army cadets because they make you feel part of the family, they look after you when you need looking after. They make you feel safe (G, 16).
>
> Dancing, because that is where I feel the most safe (G, 17).

Interestingly, perhaps due to the nature of adolescence and the wish to be increasingly independent or perhaps due to the conceptual idea of a base as a physical space, none of the young people said that their safe base was their foster carer. However, the safe dynamic of the foster home, the created boundary of the bedroom and the ability to take part in hobbies or activities can be attributed to the effort and support of the foster carer. This was indirectly highlighted by one of the young people said during our individual conversation when discussing her dancing:

> G, 17: Yeah, so like that place [photo of dance studio] is very special to me.
> R: So, does your foster mum drop you off and help you go to all these things?
> G, 17: Yeah, she drops me off to all my shows and things. She's very supportive of all my shows and things... she's like 'what do you need I'll buy it' and she'll be like where do you need to get it from, and I'll be like I dunno and she helps me find them. She'd be like 'have a look in a charity shop it'll be cheaper' and she finds different alternatives for me to get my costumes.

Concluding remarks

Building on the physical elements, the participants' therapeutic landscapes emerged as complex ecosystems within which they interacted and negotiated various relational encounters, which they understood as an important part of what made their foster homes feel therapeutic and as creating and contributing to their sense of place.

The young people highlighted the multifaceted nature of the foster home by highlighting their acute awareness of the importance of blending physical/material and relational environments into an effective therapeutic foster home environment. For many young people, the combination of the outdoors and their favourite animal and person encounters were highlighted as key therapeutic experiences. Their experiences suggested that nature, coupled with the companionship and unconditional love of their pets and animals and the support and nurture from their foster family, held the key to a therapeutic foster home environment. Yet, a therapeutic landscape also encompasses another dynamic and interacting element, the symbolic, which will be explored in the next chapter.

Chapter 7 The Symbolic Dimensions

Introduction

This chapter considers the symbolic dimensions of the participants' therapeutic foster home landscapes. The dimensions can be understood as the meanings attributed to activities that the young people captured through their photos and articulated during the project. It should also be noted that symbolic dimensions are interwoven into the fabric of the individual experience, often unconsciously existing to support, enhance and connect young people's physical, material and relational environments. Therefore, although symbolic dimensions may be present in the experiences shared in the previous two findings chapters, this chapter re-presents particular symbolic experiences interpreted as sharing culturally encoded symbolism between the young person and their landscape.

For instance, the symbolism of watching the sunset, making and sharing food, creating artwork (music, drawing, crafting), or participating in cultural and religious events. While most young people captured these dimensions, some were unique to individuals and were expressed as having a more than physical and material or more than relational therapeutic quality and rather as activities with culturally symbolic values and qualities.

Sunsets (to Soothe)

During their photo-diary creation, almost all the young people had taken a photograph (or many photographs) of sunsets they had witnessed during their data generation period. The collective significance of sunsets was a surprise, forming an interesting aspect of the participants' photographic data. Interestingly, the young people did not mention sunsets during the initial conversation at the introductory workshops. Yet, sunsets were present in each of the young people's photo diaries as an important therapeutic component of their everyday lives.

Much like spending time in their gardens and visiting the natural landscapes near their foster homes, the young people recognised and enjoyed the natural beauty of sunsets. They

documented and commented on how they loved the opportunity to pause and experience the setting sun:

> Uhm.. I love taking nice pictures of the sunset, I've got loads of my phone … I could've took better ones but I keep on forgetting to take my camera with me like everywhere. The next one is also another sunset picture (G, 15).

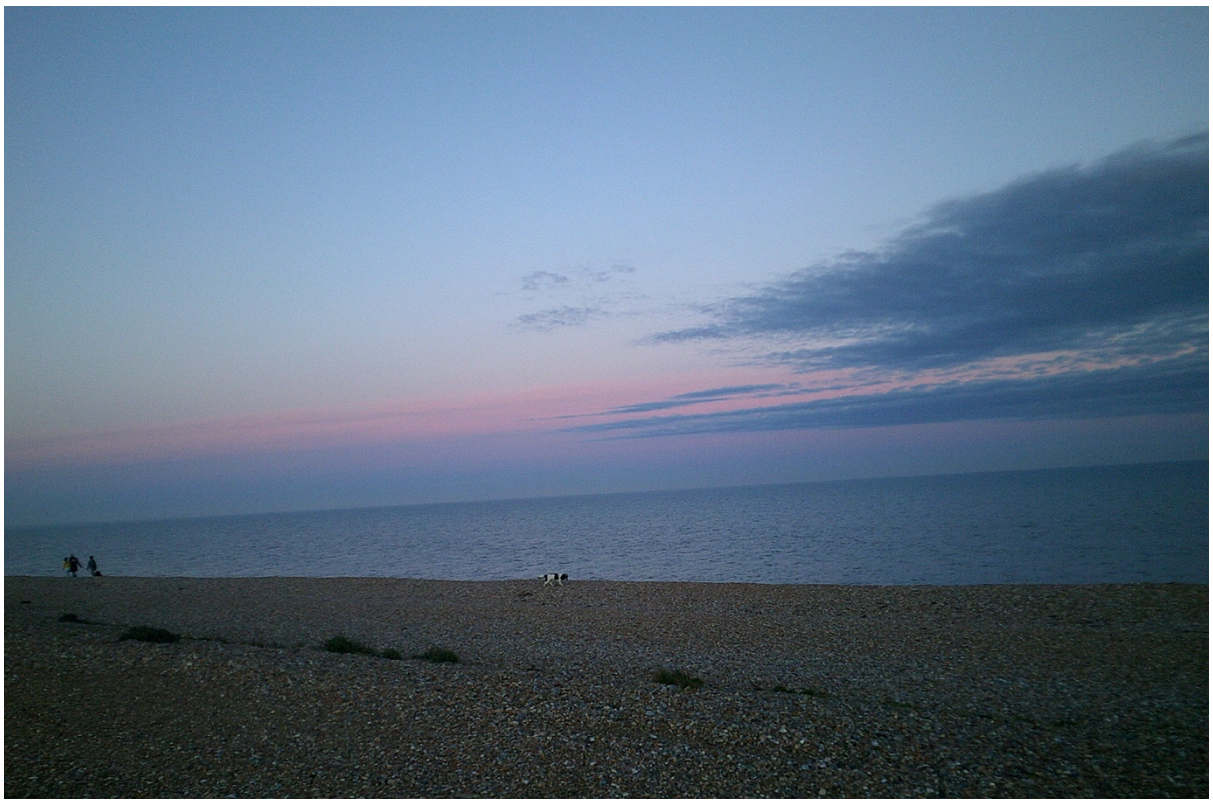


Figure 49. "I love taking nice pictures of the sunset" (G, 15).

The visual nature of the project enabled the young people to showcase these reflective moments, allowing them to self-define and capture moments of beauty. As the young woman highlighted, there would have been more sunset pictures if the young people's data generation tool had been their smartphones! Watching and capturing the sunset appeared to be an inspiring activity too, as one young person highlighted how she watched and captured the sunset with intention:

> G, 14: These are from my bedroom window.

R: Such a nice sunset, can you see the sunset every night from your bedroom?

G, 14: Yeah … [next picture] … and then this is another one and that's just like rain from outside as well … and I draw all of these too at home.



Figure 50. "These are from my bedroom window" (G, 14).

For this young woman, watching and documenting the variety of sunsets she saw from her bedroom window helped her creativity. The sunset provided a subject for her to draw; an activity she had noted during our conversations as being of therapeutic importance for her.

For other participants, the sunset offered a visual landscape to ponder and reflect on the nature of its beauty. For example, one participant described how she noticed the sunset on one of her photo diary days:

G, 16: I got off the bus and I saw the sunset. That was literally at the top of our road, and I was like I like that … very elegant.



Figure 51. "I like that … very elegant" (G, 16).

An important therapeutic component for this young woman was finding moments of "elegance" and grace in her everyday life. She often found elegance and grace in the natural world as these were the moments she captured over the photo diary time frame. Throughout our conversation, she often showcased her photographs of the natural world and explained the specific symbolic attributes they held for her in these moments of reflection and contemplation.

While some of the young people enjoyed and captured the sunset from their foster home (and particularly their bedroom) windows, others captured it from nearby:

G, 17: Then the next one is like the sunrise or set … sunset.

R: Is that from your bedroom window?

G, 17: That's from near my house, right near my house.

R: Very nice... were you going out for a walk?

G, 17: Yeah, I was just coming back from college. So, it was like two houses from my house.



Figure 52. "Right near my house" (G, 17).

For another young person, the sunset was not located in the most convenient place to view. Yet, she still found a way to enjoy it through her window, capturing it for her photo diary:

G, 16: I was trying to get pictures of the sunset

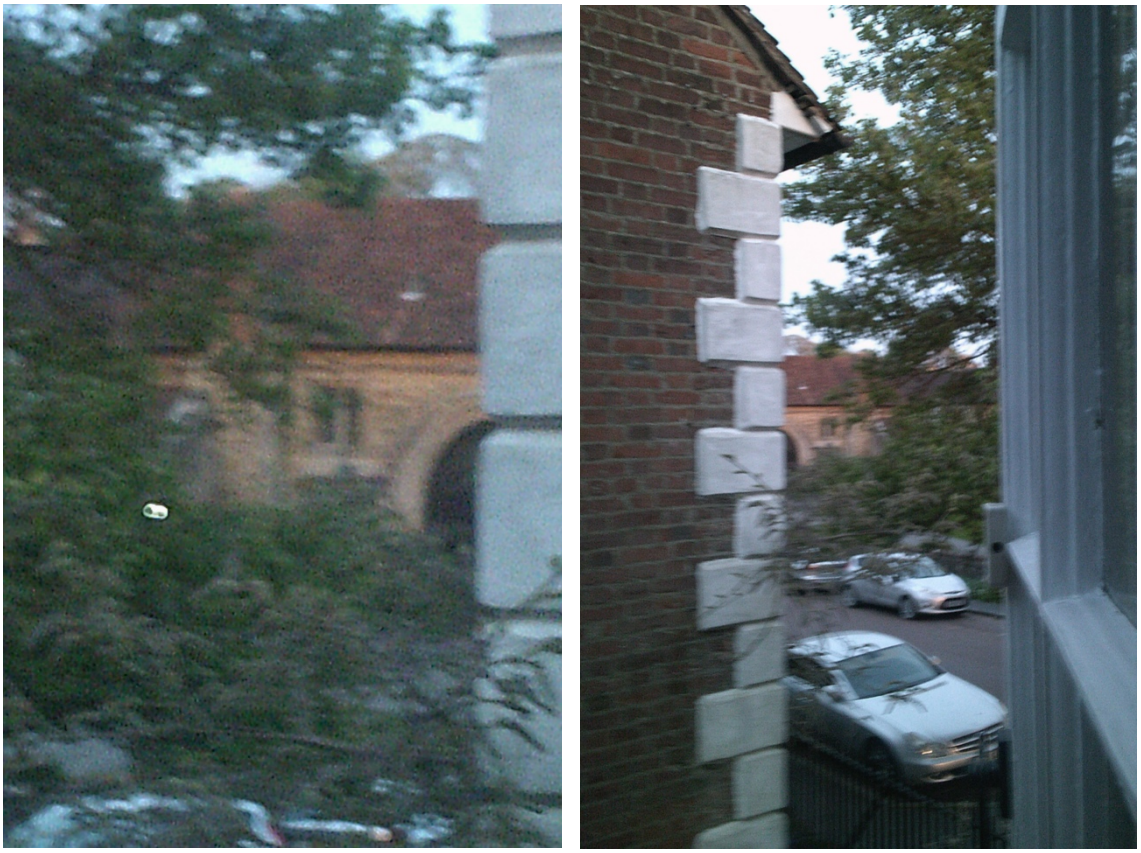


Figure 53. "Trying to get pictures of the sunset" (G, 16).

Although the foster carers did not actively draw young people's attention to the beauty in the natural world, it appeared that the sunset was an important part of what the young people considered important to capture about their therapeutic daily experiences. Indeed, for some of the young people, the importance of a soothing sunset did not need much more explanation:

> B, 14: Sunset!
>
> R: Wow that's such a nice picture, is that over your house?
>
> B, 14: Yeah [moves onto next picture].



Figure 54. "Sunset!" (B, 14).

All the young people thought the sunset was therapeutic for them. However, the young women tended to elaborate more on their reasons for taking sunset photography and their experiences and feelings. Yet, the young men captured and enjoyed the therapeutic nature of the sunset just as much. For instance:

> B, 13: And this is just the sun setting.
>
> R: Lovely, do you love sunsets?
>
> B, 13: Yeah [moves onto next picture].



Figure 55. "Just the setting sun" (B, 13).

Across genders and all ages, "just the setting sun" appeared to be enjoyed by all during the photo diary collection period. The younger participants' enjoyment of the sunset was an interesting finding, as the cultural significance of the therapeutic nature embedded in watching the sunset was not lost on them. Despite being in their earlier teens, these moments of pause and reflection were captured and shared at the same rate as their moments of play or other activities.

For the older teenagers, sunsets could also be experienced with others and make days out memorable. For instance, one of the care leavers shared a particular day:

> I actually went to visit a university and I bumped into some people and we ended up spending the whole day together and we got chips and we had sunset by the beach and it was literally that perfect day and I caught this picture of us on the way home (G, 19).

Although she had travelled to and visited the university alone, without the support of family or foster carers, she had been able to connect with other young people there. The sunset had closed the experience and made it “literally that perfect day”. Her experience of connecting with others at sunset highlighted the therapeutic significance of shared symbolic experiences.

Food (to Nourish)

Food was an important aspect for many, but not all of the young people. Those who captured pictures of food drew attention to the importance of food and their experiences of family meals in the foster home. The young people suggested that the therapeutic nature of food came from the activity of cooking; sharing takeaways with foster family members; coming home to favourite meals cooked by foster carers; and food’s ability to nourish the body and soul for physical health and wellbeing.

Reflecting on her inclusion of food in her photo diary and, particularly, the ritual of making meals as an important part of a therapeutic foster home, one of the care leavers highlighted:

> G, 19: Yeah, and making food is something that I find therapeutic as well.
> R: So, would you cook a lot at home then, you cook a lot for yourself?
> G, 19: Yeah, I do, I experiment here and there.
> R: And did your foster parents cook with you and teach you and stuff?
> G, 19: I mean not necessarily, I feel like it would’ve been beneficial, and I would’ve enjoyed it… but I always stayed away from my foster home as it was so chaotic… so, as much as I wish I’d kind of had the opportunity to learn things like biriyani, which is my favourite home meal, I just don’t get angry at myself because I knew why I didn’t stick around, you know?

As she reflected on how she felt about missed opportunities to learn how to cook she also highlighted a key message: whether or not meals in foster care became a symbolic therapeutic dimension depended on the relational landscape. The nature of food and its

ability to change from merely a form of unnoticed sustenance into a symbolic dimension of the foster home was also shared by another young person:

> So, that is chicken and vegetable couscous, something my foster mum makes... like, she makes her own food and everything! So, for me that's my favourite dish she makes. It's just so ... like whenever I come home to her having made something for me it's just very magical. Like after a long day it just makes me so happy. I always say your food makes my belly really warm because it's just so nice! (G, 17).



Figure 56. "It's just very magical" (G, 17).

Her experience of food in her foster home highlights how much such a small everyday part of a foster home landscape, which combines the physical (the home space), the relational (the foster carer) and the symbolic (the magical meals) can shape a young person's ideal of what makes them happy – coming home to a magically cooked meal. While some of the participants shared the importance of home-cooked meals, others shared moments of

them enjoying takeaway meals with their foster families, sharing photographs of their favourite ones:

> G, 16: Food … it was some really nice chicken and chips from the chip shop … and some coleslaw I'm not sure you can see it.



Figure 57. "From the chip shop" (G, 16).

Sweet treats bought by the foster family solely for the young person were also experienced as significant. For instance, for one young person:

> I didn't mean to take a picture of the food but basically our [foster] mum bought a slush puppy machine (G, 15).



Figure 58. "Our [foster] mum bought a slush puppy machine" (G, 15).

The experience of having a slush puppy machine at home was captured as a highlight for both her and her brother within their foster home:



Figure 59. "We also have a cotton candy machine and an ice cream machine (B, 13).

B, 13: Then this is homemade slushy.

R: Ooo, what were the ingredients?

B, 13: Orange, apple, and pineapple.

R: Do you guys usually do fun things like that?

B, 13: Uhm yeah … we also have a cotton candy machine and an ice cream machine.

R: what type of ice cream do you make?

B, 13: Like chocolate, strawberry and vanilla.

R: And did you make it?

B, 13: No I asked to help but they said no.

R: Would you like to help?

B, 13: Yeah … [NEXT PICTURE]

For these two young people, the inclusion of the fun food-creating devices as part of their foster home elevated their foster home food experience to something they saw collectively

as being an engaging way to spend time with their family. The young man also expressed wanting to help and participate in making the treats. This was interesting, as during the workshop many of the young people voted that 'co-operation' (defined as being allowed to help around the house (with cooking etc.) and working together with a carer to do things) as being of therapeutic importance to them.

Additionally, one participant showcased a haul of treats that she was very proud of, capturing one of her happiest moments that took place for her during the photo diary collection:

> G, 16: Ooo, this was easter! I captured easter ... and all the food that I got ... for easter!
> R: Wow that's so much, I don't even think I got an easter egg this year!
> G, 16: [Laughs] ... I think I ate a lot of this.
> R: Lovely, and where'd you get it all from?
> G, 16: I don't actually know where my [foster] mum got all this from.
> R: She got you it all?
> G, 16: I think ... I just had loads of food and I was like food yay!
> R: Oh nice, that's very lucky.
> G, 16: [Laughs] I had all sorts ... I loved it.



Figure 60. "All the food that I got … for Easter!" (G, 16).

Another young person also shared a special edible treat from her foster mum, while they were on a day trip together:

> G, 15: This is my favourite drink from Costa … it's a fostino.
>
> R: Nice, that was during your trip? You went for coffee together?
>
> G, 15: Yeah.



Figure 61. "My favourite drink from Costa" (G, 15).

While the gifting of these treats by their foster mums was very much welcomed and seen as an important part of their therapeutic experience, another young person also highlighted the therapeutic importance and well-being impacts of healthy, nourishing food:

> G, 19: I'd say uhm another therapeutic pinpoint is food and eating well. These are my more recent pictures. I do cook but in the last few weeks I've been cooking less but this is my favourite meal to cook, it's prawn curry.
> R: Wow, it looks delicious, where did you learn to cook it?
> G, 19: I think I just had a recipe, I got it from my [birth] mum. My [birth] mum used to make it for me and it progressed from that... feeling nourished is also something that makes me feel good. [NEXT PICTURE] So this is jollof rice... of arduous authenticity but it tasted good and it has colours in it and its nutritious.

For her, meals symbolised nourishment. She illuminated how meals from her perspective were not only nourishing for the body but were also nourishing for the soul. Nourishing for the body, as the food was healthy and home-cooked; nourishing for the soul as it offered her memories and a form of shared connection to her birth mum, even while she cooked and ate it from a distance.

The importance of having access to healthy food within the foster home was also a feeling shared by another participant. Who described making a conscious day-to-day effort to eat healthily by capturing two of her favourite breakfasts:

> R: Ooo … is that your breakfast?
> F16: [Clap hands with excitement] Weetabix with banana and honey!
> R: So healthy, do you make it yourself every morning?
> F16: Not every morning … I haven't done recently but I'm trying to.
> R: So, what would you have for breakfast usually?
> F16: I don't really know… it varies … sometimes I have toast [NEXT PICTURE] … or kiwi … so, this one was kiwi cause I found out if you leave it with the skin on it's supposed to have anti-cancer properties.



Figure 62. "Weetabix with banana and honey!" (G, 16).



Figure 63. "It's supposed to have anti-cancer properties" (G, 16).

It was interesting to hear some of the young people's mental and physical health concerns and, perhaps, anxieties about their meal choices. Particularly for this young woman, who "was trying to" remedy these concerns actively by learning about nutrition and shaping her diet accordingly. A sense of having control over the health of their mind and body through the food they consumed was perhaps what turned these eating rituals into therapeutic moments for these young people.

Spirituality, Religion and Culture (to Connect)

Although not all the young people highlighted a connection to something religious or spiritual, a few did. Those who captured this ingredient highlighted the importance of these culturally symbolic moments for these young people, allowing them to feel like they were connecting with others. Combining both the therapeutic significance of food for body and soul nourishment and religion and culture as a mode of connection, one of the care leavers shared an experience of a meal and the therapeutic significance it had for her:

> G, 19: This was my Eid meal, more traditional food from Pakistan. I really appreciate having meals like this because it makes me embrace my culture so much and now that I don't have it as often as I used to I'm really glad and really grateful to be able to eat homemade good food.
> R: Did you cook all the Eid food?
> G, 19: No, so as you can see it's in Luton, so we've got some chicken wings, two curries, they've all been cooked by individual people and we've all brought it together on one table and the collaboration and sitting together and connecting and sharing a meal is something that really helps in that position [being in care] as well.

Unlike younger children in foster care, teenagers in foster care were often caught in the process of negotiating their past cultures and the present cultures around them. The participants who spoke about their religious and spiritual cultures described having to actively negotiate ways to maintain or find ways to connect with their religion and culture.

One young woman had expressed during conversation how important it was for her to find the spaces where she could connect to other people who she could share these special cultural moments with. For both the care leavers during their time in foster homes, religious events had allowed them to connect with either birth family members or members from the wider community. For example, for one young person:

> G, 19: I went out on Eid and spending time with [birth] family and the little kids I find it really fulfilling, we went to a funfair.

She highlighted how the ability to spend time with her birth family for these important symbolic events had added to her therapeutic experiences during her time in foster care. For another who had no close family in the UK, the opportunity to connect with other members of the same religious community and celebrate through the medium of a shared meal was highlighted as a key therapeutic experience during the introductory workshop.

A sense of spirituality and the importance of connection to something symbolic – something embodied beyond the physical realm – also arose in one young woman's photo diary, when she explained a deeper reason as to why she loved taking pictures of the sunset:

> G, 14: That's another sunset picture that I like taking. I like taking really nice photos of them because especially when you have people up there [heaven]. Personally, I don't ... but my foster carers have people up there and it's a lot nicer when you have people up there.



Figure 64. "It's a lot nicer when you have people up there" (G, 14).

For this young person, the sunset also held collectively symbolic meanings, which extended beyond appreciating the sunset for its visual nature. Her understanding and appreciation of these sunset moments also shed light on the values and belief system connections she shared with her foster family.

Creativity (to Calm)

Creative expression formed a key part of many of the young people's photo diaries. Whether through drawing, painting, crafting, creating music or performing, almost all the young people had a creative outlet that they shared.

The process of creative artwork came up in a few of the young people's diaries as an important part of creating a calm and relaxing atmosphere for themselves.

> This is a diamond painting and I find these therapeutic because I literally just sit there … sit there all the time just doing it until my neck starts to hurt (G, 14).



Figure 65. "Just doing it until my neck starts to hurt" (G, 14).

Artwork was also used as a form of escapism. One young woman described her experience of creating diamond paintings, recounting the process of completely focusing on the artwork until she felt physical pain and could go on no longer. For this young woman, completely losing herself in the process of creating was an important therapeutic ingredient for her. This was coupled with the ability to have privacy to focus and create.

Colour by diamonds or numbers were popular creative activities amongst the participants. It appeared that this form of creativity offered a medium of expression without having to necessarily be 'good' or confident at drawing or painting. For instance, one young woman (who was still in the process of finishing one she was currently working on) highlighted that it was a popular activity for her too:

G, 14: That's my colour by number ... and now that I've done most of it all of this around here is all done .. so it's just the tiger I've got to do

R: Oh wow, what's the background?

G, 14: So, it's a tiger here, a little bird down here, a little pelican bird here, a lion there, and a bird over there but it's uhm when we went to Longleat that's where I got it from, so it's all the animals that we saw there is what that is ... so yeah.

R: Do you do a lot of colour by numbers?

G, 14: Yeah, I've got loads of them at home.

The accessibility of these art forms allowed these young women to spend large amounts of time on these projects, without having to think about anything else. Yet, other forms of painting were popular too. For instance, painting objects such as stones was also highlighted by one of the young people as a creative outlet:

> I usually paint a lot of stones at my caravan and decorate them to put on my caravan decking ... it says be happy and believe in yourself and never give up (G, 15).



Figure 66. "Be happy and believe in yourself and never give up" (G, 15).

This young woman highlighted the painting of natural stones with positive affirmations for her sense of resilience and well-being as a key therapeutic activity. She also shared that she placed her motivational artwork stones in places for others to benefit from the prettiness and motivational quotes.



Figure 67. "I usually paint a lot of stone" (G, 15).

Drawing and creating artworks were described by the young people as an activity they chose to take part in, and that they felt contributed to their therapeutic experiences in the foster home.

For instance, for this young man drawing was seen as a key and enjoyable activity that he could undertake on his own accord whenever he felt he needed or wanted to:



Figure 68. "Just some drawings" (B, 13)

B, 13: Then here's just some drawings that I done ... I usually get the drawing up on my iPad and then I put the iPad next to me to draw.

R: They're so good, do you find that drawing is therapeutic for you?

B, 13: Yeah.

Amanda: How often would you draw?

B, 13: Maybe like five times a week.

Interestingly, many of the young people engaged in artwork and creativity alone. None of the young people shared experiences of being creative with others. However, it was clear that their creative pursuits were supported by their foster carers and others around them, due to the carers providing the materials.

Additionally, and as surprising a finding as the importance for these teenagers of cleaning and organising, one young person highlighted that even revision could be made into a therapeutic event if it allowed her creativity to be involved:

> G, 17: Yeah so, my revision. So, like when I revise I make it all very colourful ... so I was doing descriptive writing for English and I got a picture and I was just describing it and I just find with colour when I revise it sticks into my brain more and it just helps me ... so that makes me happy just colour coding everything.
> R: Oh wow, that's so good. So, would you say the therapeutic aspect of that is being able to be creative with it?
> G, 17: Yeah ... it's like, I'm not a very academic person I'm more of a practical person so I find if I put creativity in something that I don't enjoy, it makes me enjoy it even more. Because I see it in a different way, not just the old boring way.

For another young person, playing and creating music was a significant therapeutic activity:

> G, 14: There's my piano, it's really dark uhm ...
> R: Do you play the piano and you have one in your bedroom?
> G, 14: Yeah ... Yeah.. well do you know Rihanna and Elvis Presley, I can play those.
> R: Oh nice, and how long have you been playing?
> G, 14: Well, sort of self-taught really ... but now I've got piano lessons in school so pretty much all my life I've been playing piano.



Figure 69. "There's my piano" (G, 14).

As she had been playing her whole life, owning her own keyboard, which she could keep in her bedroom, and being able to play whenever she wanted was a therapeutic highlight.

Another young woman highlighted the importance of her performing arts, whose significance had arisen over the course of the project in all elements of the foster home landscape, as she consistently highlighted the significance of having physical space and relational support to take part in this aspect of her creativity and expression:

> F, 17: So, I'm part of the ensemble and I'm a protester as well … so that's the bourbon room … it's rock of ages … we're protesting to save it and then in the end we're all happy … it's a musical … so that's my last photo.

Novel Symbolic Dimensions

Many of the young people's therapeutic experiences were also described by other young people. However, some of the symbolic dimensions that young people highlighted were not mentioned by others. Yet, these dimensions held important therapeutic significance for them and were important to share. That is not to say, however, that other participants might not share these similar experiences but, rather, that they did not feature them.

A housekey

For one young woman, during the photo-diary collection period, a key element of what made her foster home feel therapeutic was being given a key to the house. She expressed the importance of this moment for her. A moment she had been waiting for a while:

> G, 17: Then my key ... cause I got my housekey and I was so happy to get it
>
> R: Amazing and this is for your [foster] home now?
>
> F17: Yeah
>
> R: Oh wow, did you only just get it?
>
> G, 17: Yeah, well I got it on the 4th ... whenever that was... and I was just so excited to get it because my foster mum said she would get it for me, like for ages... and I was just like "Yay I got my house key!".

This seemingly small, yet highly impactful, moment gave her the autonomy to come and go freely, for the first time since moving there many years ago. Having been finally entrusted with the key she no longer needed to negotiate her entry and exit to her foster home. The key also signified an important moment of feeling that she belonged. Through the housekey, the young woman became aware of her foster mother's trust in her and her full membership as a trusted and autonomous member of the foster family.

The cadets

Although not all of the young people were members of the cadets, a few of them mentioned it in passing as something they were involved in. Being a cadet holds symbolic values and meanings, and appeared to provide those involved in it with a sense of belonging to a community, distinct from their other physical spaces and relational encounters. One young woman stated that the cadets were her "safe base" (G, 15), a place where she knew she belonged and where she felt safe and accepted. She described the physical ritual of cleaning and polishing her cadet boots:

> G, 15: This of me cleaning my boots ... these are my army boots and that's a picture of me cleaning it.



Figure 70. "Cleaning my boots" (G, 15).

The ritual of polishing the boots was a key therapeutic experience for her and was supported by her foster carers. She had a special box with many different polishes and equipment to make sure she could be proud of the state of her boots and the cultural symbolism associated with having clean and well-polished boots. A ritual that allowed her the opportunity to reflect and admire her boots a few days later:

F, 15: And they're my boots again.

R: How long have you been doing cadets?

F, 15: Two and a half years ...



Figure 71. "My boots again" (G, 15).

In the cadet community, clean, well-maintained and presentable boots symbolise pride in oneself. Being able to look at her cleaned boots whenever she wanted appeared to offer her solace, highlighting the therapeutic role that communities, such as the cadets, can play in developing a sense of self-pride and representing a place where the young person's physical efforts are acknowledged, valued and respected. So much so that the community space can grow to be therapeutically felt and experienced as a "safe base".

Concluding remarks

The young people, through the astute recognition of their symbolic worlds, expressed the importance of registering a moment of soothing natural beauty shared collectively by the whole world each day; they shared how important food was, not in its physical sense but in the symbolic practices of creating, sharing and connecting with others over food experiences and meals, highlighting how food both nourishes the body and soul; they also captured their spiritual and religious moments as connecting them culturally to those around them, giving them a higher meaning; as well as the importance of creativity as a calming outlet, serving as a focal point whereby they can forget about anything else and focus on producing creative artefacts. In addition, the novel symbolic importance of becoming an independent member of the foster home by being gifted your own housekey was highlighted, as well as the significance of belonging to communities with shared values and practices.

These symbolic dimensions emerged as key elements that aided in their sense of identity and their experience of connection and belonging to cultural aspects of their worlds, which the foster home enabled and promoted. By exploring the symbolic dimensions, additional layers of meaning were added to their experiences of the physical and relational environments in and around their foster homes, further illuminating important key ingredients of their therapeutic experiences and the multidimensional nature of the foster home.

Designing a Therapeutic Foster Home for Teenagers

As part of the workshop, the young people's final task was to create a poster to present their 'Key Ingredients of a Foster Home'. This brought together all their perspectives from their initial reflections, the visual data they created and the group discussions. These posters were focused on the questions raised in the discussion workshop, showcasing the young people's final thoughts on what creates a therapeutic environment.

This was the final part of the research project, and represents their expert advice formed after much reflection, consideration and discussion throughout the sequential research stages. As well as after having acquired the knowledge of the 'adult' theories of therapeutic foster home provision. This is what the young people suggested was key if they were to design therapeutic foster homes for teenagers.

In proposing a design, many of the young people's suggestions pointed to the importance of the blend of experiences, covering each of the landscape environments. Some of their responses directly reflected the multidimensional nature of the meaning of therapeutic and how to best design the foster home. For instance, by suggesting that in the context of a foster home therapeutic means "spending time with animals or people you live, safe spaces and hobbies (G, 16), as well as:

> Feeling relaxed and having a great time. I love spending time with my family, going on dog walks and taking nice trips to the beach. Family time means everything to me especially when it comes to taking my nieces out on my own. Also, getting really cute pictures of my dog (G, 14).

For others, a therapeutic foster home represented specific feelings, particularly for one young man, it meant "to be calm and relaxed and happy" (B, 14). For another young woman it meant "something that you find relaxing and you enjoy" (G, 15). As well as representing a place "to have some space and calm down time or activities when I need" (G, 14). Whereas

for another, therapeutic had one specific meaning that was: “my dog, she helps me. When I am sad I give her lots of cuddles” (G, 16).

When discussing which key ingredients need to be incorporated into the space for it to become therapeutic, they young people also gave clear suggestions. For instance, “the key ingredients are fun stuff and doing anything that you like”, again highlighting the significance of fun, independence and agency within the foster home. Another important key ingredient was the inclusion of “Nature!” (G, 16). Others took a more collaborative approach to their suggestions, combining their own experiences with their knowledge of the therapeutic keywords. For instance, one young woman expressed that:

> Playfulness is one of my main priorities because when I am spending time with family, they will always make me laugh no matter what. We dance, we play, we even have a good joke and that’s what I love about them (G, 14).

Another appeared to fully to fully take on the newly acquired lens of the ‘adult’ keywords by suggesting that the key ingredients were “routines, curiosity, honesty, availability, playfulness, empathy, a safe base, co-operation, sensitivity, acceptance, clear boundaries, family membership (G, 15).

In directly designing an ideal therapeutic foster homes for other young people, they captured that:

> It could involve pets, family, things you like, favourite food and objects, quiet spaces and even friends (G, 16).

Interweaving her personal experiences into the ideal, one young person highlighted that:

> Sunsets, the beach, my dog, the foster family and walking my dog on the beach (G, 14).

Another young person blended the physical and symbolic qualities of food, suggesting that an ideal therapeutic foster home would involve "comfort eating!" (G, 15). Others were more practical in their designs, suggesting that it "should contain rooms, a safe place somewhere for the family to gather" (B, 13), as well as a "TV etc, a comfy sofa, snacks, blankets" (G, 15).

These invaluable suggestions highlight the varied, multifaceted and interconnected nature of what is considered a constituent of a therapeutic foster home. This was compartmentalised throughout the findings chapters, and therefore, it felt suited to the therapeutic landscapes scaffold to finish the section by bringing these elements back together, showcased by the combined design efforts that the young people undertook at the end of the project.

Over the three findings chapters, the key therapeutic ingredients of a foster home identified by the young people in their data have been thematically re-presented and reflected on. Therefore, it is time to consider how these ingredients and elements coincide with or challenge our existing frameworks of understanding outlined in the existing literature and practice models on therapeutic foster home provision. While also considering whether these elements of the foster home do, in fact, effectively combine to be understood within Gesler's (1992; 1993; 2018) existing framework as transforming the foster home from a mundane, everyday space into a therapeutic landscape. Chapters 8 and 9 will discuss these issues.

Chapter 8 Aligning the Perspectives on Foster Homes as Therapeutic Environments

Introduction

The previous seven chapters laid out the background context, existing literature, methodology, and findings of an exploratory research project that sought to understand how ten teenagers currently in foster home placements or having recently left one conceptualised, perceived, and/or experienced foster homes as therapeutic environments, through collaborative visual data creation. The collaborative data generated showed that therapeutic experiences within the foster home were personal and subjective. It was also evident, however, that common threads ran through the data, such as the importance of their bedrooms, outdoor spaces, pets, foster families, safe spaces, shared meals, connecting to culture, being creative and, of course, watching the sunset.

The discussion draws on the key elements of the young people's shared experience, examines how this coincides with or challenges existing academic literature on therapeutic foster home environments, and reviews the young people's experiences with the existing practice models in mind. The three elements of the therapeutic landscape framework scaffold this first discussion, acknowledging the nuances of individual and collective knowledge and capturing the tangible and intangible therapeutic qualities of their foster homes.

Physical Spaces and Material Memories

Physical spaces and material memories were prominent aspects of the teenage experience of the foster home as a therapeutic environment. They captured the foster home as a space full of physical and material resources that they actively engaged with to create therapeutic experiences. They brought under the lens aspects of the spaces within the foster home that they perceived as having therapeutic qualities, such as their bedrooms, gardens and local areas, such as urban green spaces, woodlands or local parks, as well as lakes and the beach. The bedroom, as an indoor environment, was conceptualised as having the

therapeutic qualities of an autonomous, safe base and private haven for rest and restoration. The young people's outdoor environment experiences were expressed as having the therapeutic quality of freedom and providing ample unrestricted space for personal physical activities and a calming space for retreatism and reflection.

Since the 70s, environmental psychologists have studied the significance of the built and natural spaces people regularly inhabit and the impact this can have on their physical health and mental well-being (Gesler, 2018). Additionally, the consensus is growing on the positive benefits of the natural environment for the well-being of children and young people, contrasting with the built environment's negative impact on their mental health (Burton, 2011). In the child protection and welfare literature, there does exist a body of work that investigates how different built environments or neighbourhoods can be a risk factor for child maltreatment (Coulton, 2007; Green, 2021), with this research even exploring (perhaps questionably) the spatial proximity of alcohol outlets in neighbourhoods to the rates of child maltreatment (Freisthler et al., 2005). Relating to the therapeutic importance of the built and natural environments attributed to the foster home, there exists a growing body of research highlighting the importance of the outdoor and natural environment for young people in care (Gordan, 2019; Boddy et al., 2021; Hardy and Codling, 2023). This research extends this literature, as the young people touched on the importance and complexity of the natural environments in and around the foster home and its potential to "enhance or endanger health and well-being" of those in foster care (Gesler, 2018: 3). The physical and material environment one inhabits is therapeutically important and the young people in the project recognised, acknowledged and shared this.

Duff (2012: 1392) contends that the physicality and materiality of the home can be regarded as therapeutic "insofar as it afforded particularly activities, practices and/or feeling states". For many young people who took part in this project, the therapeutic role of the physical spaces of their foster homes rested on how it could facilitate their desires and practices, such as offering them the space to dance, to be creative, to pamper themselves or to enact routines of cleaning or organising. This aligned with Duff's contention, based on her research that explored the role of place in supporting and promoting individuals' recovery

from mental illness. Duff (2012) highlights a participant whose ability to do handstands was of therapeutic importance. Therefore, a therapeutic home environment for them emphasised the role of walls and clear spaces to move. The spaces that allowed these particular activities, practices, and/or feeling states for these young people were their bedrooms, their gardens, and public green and blue spaces.

The Bedroom

The bedroom is a salient therapeutic ingredient of a foster home. The bedroom, as the boundary of a teenager's material world, and not the general existence of bedrooms, was considered therapeutic. The bedroom was captured as the most central location for establishing a sense of comfort, relaxation and safety to be oneself. The young people also saw the bedroom as a physical space where they could express their identities and assert ownership. The bedroom also appeared as the only room in the house where each young person had the autonomy to close the door for peace and privacy and was identified as a place of retreatism. All these characteristics of the bedroom make it a key therapeutic ingredient in foster home environment. In theory, the bedroom is the first place a young person can begin to feel relaxed and comfortable in a foster home; therefore, it can be considered the physical foundation upon which a foster home's environment is built.

The importance of the bedroom was not a surprise, as there exists a steady flow of literature and practice guidance within field about the importance of bedrooms, and many fostering providers have some degree of guidance on bedroom provision for newly recruited foster carers (Capstone, 2024) and practical guidance exists on how to present the foster home's physical space, particularly the bedroom, like making sure it feels 'warm' (Foster Wales, 2024). On a legal level, a spare bedroom is the national minimum requirement for a potential foster carer to create their house into a foster home (Fostering Network, 2024). Guidelines restrict the sharing of bedrooms for non-siblings and those over the age of three, meaning that every teenager in foster care should have their own bedroom. Therefore, the significance of this space is already upheld in policy and practice, and the importance of privacy is also well documented across practice literature and guidelines (Coleman et al., 2019). Despite this, it has been reported that the most common question posed to fostering

agencies is, “does the young person need their own room?” (Fostering Wales, 2024). The findings from this research confirm the importance and significance of the need for every young person to have their own room, which they can create into a haven that they can personalise and be proud of. So, in answer to that question – yes, they most certainly do!

As the participants highlighted, safeguarding and privacy are not the only reasons every young person requires their own bedroom. There is also the therapeutic need for individual personalisation, design and decoration, as the bedroom is the physical space in which a teenager’s past and present identity is stored and, therefore, a central space of belonging. Managing a swift and timely personalisation is key, particularly if a bedroom holds the personalisation and memories of another foster child or young person who inhabited it or if the space “feels like a prison”. Therefore, the pro-activity and agentic ability to choose how to decorate the bedroom and being afforded the tools to do so is therapeutic, allowing the space to represent the young person’s identity and creating a space to belong (Marcus, 2006). Love (2014) highlighted this importance too, by specifically addressing the importance of “a room of one’s own” for transgender youth in foster care (Love, 2014)

The bedroom can be a taken-for-granted everyday space within the home. Yet, the physicality of the bedroom can carry ambivalent meanings for young people in foster care. On one hand, bedrooms were represented as places that felt safe and peaceful and were a source of comfort. On the other hand, however, bedrooms could also feel restrictive, isolating, and unwelcoming. One of the care leavers had only been able to realise the importance of a warm, family-based bedroom when her previous foster home bedroom had been juxtaposed with a bedroom in a semi-independent living accommodation, which was empty and isolated, exacerbating feelings of shame and confinement. The stark contrast experienced highlighted how important a welcoming bedroom can be for those coming into foster care. While there is no definitive rule on what a bedroom should look like for a young person to move into, recommendations generally advise keeping a room neutral and not ‘stark’ (Foster Wales, 2024). The young people’s experience adds weight to the importance of this practical bedroom guidance. But, as the care leaver’s experience highlighted, “a healing environment cannot be achieved by a set of design requirements or details you

need to meet" (Marques et al., 2021: 4). Therefore, guidance on the importance of bedrooms need to be further extending and a set allowances offered to bring their decorating and personalisation needs to life.

Many of the experiences aligned with the existing literature on the importance of bedrooms for teenagers (Coleman et al., 2019). While some of the therapeutic qualities attributed to the bedroom were less often found, particularly the importance of tidying and organising, adding a new depth to our understanding of the therapeutic need for personal time and the autonomous boundary of the bedroom – and the therapeutic importance of what goes on behind closed doors. Indeed, Wong (2020) proposes the idea of 'hidden youth' to counter the idea that young people who shut themselves in their rooms are socially withdrawn. This is relevant for some of the participants who were actively engaging in key therapeutic moments while hidden in their rooms. It was interesting to see and hear how much therapeutic emphasis the young people put on tidying and organising their bedrooms. Many aspects of the bedroom were therapeutic for young people, and, as suggested in the literature on therapeutic spaces, "it is not just the space that is healing but the intention of using the space" (Marques et al., 2021: 4).

It is also important to acknowledge the significance of purposeful isolation, or the 'hidden youth' (Wong, 2020) undertaken by young people within their bedrooms, particularly within the context of a foster home where they may not feel they belong entirely and feel completely comfortable in communal spaces. As Rees (2019: 86) points out, "it is taken for granted that the foster child can enter a family with relative ease and quickly come to understand the nuances of household relationships and negotiate the boundaries of interpersonal living in the confined space of the family home.". One communal space in which the participants felt comfortable inhabiting freely and belonging was the outdoors, in the garden, and in the local area. Some young people identified the lack of space in their bedrooms as contributing to their need to be outdoors, even choosing to complete homework outside. Existing research echoes and adds weight to this, with studies finding that a lack of space in the home can be a contributing factor to "a wide range of impacts, including poor social interaction, low educational achievement and cognitive development,

behaviour and socio-emotional problems and poor respiratory health" (Burton, 2011: 1). Therefore, the garden and the local area was also a key therapeutic ingredient for the teenagers.

The Garden and The Great Outdoors

The young people illuminated the therapeutic benefits of their experiences in nature, adding this vital aspect of their experiential expertise to our understanding of the therapeutic qualities of a foster home environment. They confirmed the therapeutic significance of the natural world and the importance of being in nature or simply being outdoors.

The importance of nature is well acknowledged and well documented in the literature, with some scholars suggesting that "simply being in nature can have a direct therapeutic effect" (Lea, 2008: 91). Indeed, the biophilia hypothesis proposes that humans have an innate affinity with nature (Wilson, 1986), meaning that connection with nature is physiologically and psychologically beneficial to all (Gaekwad et al., 2022). Yet, despite "a long history of removing oneself from everyday life in order to rest and recuperate" (Lea, 2008: 90) and the natural world having achieved a lasting reputation for healing (Gesler, 2003), the importance of connecting and spending time in nature is rarely discussed in existing literature and practice on therapeutic foster care provision.

An ever-growing body of existing research highlights the importance of the physical environment on mental health and well-being, (Ulrich et al., 1991; Kaplan and Kaplan, 2001; Fido et al., 2020) and there is now a good deal of evidence pointing to the importance of time spent in the natural world for the mental health and well-being of young people. However, there is often a sharp decline in access and connectedness to nature for young people aged 10 – 15, which does not recover until their 20s (Fido et al., 2020). Perhaps due to the urbanised nature of life and the lack of freedoms given to younger teenagers to be out in nature without adult supervision.

Kaplan (1995) posits that natural environments are particularly good for mental health and well-being if they include: "a feeling of 'being away' from routine thoughts and concerns; a

feeling of ‘extent’ to allow for full immersion; and compatibility between desired behaviour or individual goals and the appropriateness of the setting for achieving those goals” (Havlick et al., 2021: 2). Existing research with adults suggests that nature and its calming and regulating characteristics “seem to contribute to emotionally uplifting experiences” (English et al., 2008: 75). The findings from this research suggest the ability of the natural world to contribute to the “emotionally uplifting experiences” of teenagers in foster care (English et al., 2008: 75). Access to the outdoors and natural spaces was identified as integral to instilling a sense of calm and emotional regulation. Moments of calm were brought about through ‘freeing’ practices such as relaxing, walking, dancing, or playing and connecting with family members, particularly pets. The outdoors was also used as a space for emotional regulation with activities such as trampolining, which was actively identified and used as an anger-relieving activity by one young person.

The teenagers showcased the importance of their everyday, seemingly mundane, exposure to nature in their gardens and local area, whether actively spending time outdoors or by viewing nature through their windows. Richardson and colleagues (2016) argue that these non-exceptional encounters in “everyday nature” are becoming increasingly important interactions with nature in our “progressively urbanised world”. An urbanised world in which a glimpse of a sunset from a window was enough to be acknowledged as a therapeutic experience. Confirming the positive effect the teenagers reported during the project, Richard and colleagues (2016: 293) highlight that the “availability of green spaces in nearby areas, natural views from windows, and time spent in nature have all been demonstrated to increase well-being” and have “been shown to have a positive effect on mental health, vitality, mood, and emotional self-regulation.”

The young people also emphasised how being in green and blue spaces can make them feel alive, as well as become more aware of themselves. One young woman paralleled her own existence, strength, survival and resilience to the natural world: that of a tree. She highlighted that seeing the tree soar and stand tall helped her to understand her power, strength and capabilities. In the existing literature, English and colleagues (2008) also noted this strengthening experience of nature while exploring the therapeutic experiences in the

natural world for women recovering from breast cancer. The women in their study spoke of understanding their vulnerability and survival through their connection to and awareness of nature (English et al., 2008).

In this way, connection with the natural world can offer a healing power for those suffering from trauma, as in the natural environment, “the higher cognitive centres of the human brain can rest and reset” (Marques et al., 2021: 1). Natural environments have been found to be calming and restorative, creating positive emotional states and overriding negative ones that is understood to lead to a sense of healing (Ulrich, 1983). Milligan and colleagues (2004) note “how common, dispersed, everyday places such as domestic gardens and allotments can facilitate the maintenance of health and mental well-being amongst older people” (1783). Although they did not focus on the therapeutic relationship between youth and green space, the findings from this research showcase the relevance of these everyday outdoor spaces for young people, too, as the teenagers felt that spending time in everyday outdoor spaces facilitated and maintained their therapeutic well-being. Additionally, not only do the young people benefit from the mental health benefits, but they also benefit from the physical health benefits of their time spent in the garden, as this was a space they could be active in. With existing research highlighting the importance of exercise and activities for teenager’s mental health (Guo and Zhang, 2022), and particularly the benefits of dance for individuals with trauma (Levine and Hand, 2015).

The young people's engagement with their gardens was both active and passive. While some did activities and physically engaged with their gardens, some took on a more passive role of simply sitting, looking or spending time in it. The young people narrated the way that their love of spending time in certain parks and the beach as “a place providing space, freedom, and the ability to explore” (Lengen, 2015: 176). As well as spending time there being a key part of their own identities and contributing to their positive relationships with others, as Lengen (2015: 176) suggests, “it seems to be a deep-rooted desire to be related to an outdoor place.” Furthering this, Bryman and colleagues (2022: 19 - 22) argue that “children’s experiences with nature are sites of intersecting and unfinished stories

connected to larger societal narratives", highlighting "how places and the environment are always an entangled part of children's experiences.".

Despite almost all of the participants in the project emphasising the therapeutic role of nature and the outdoors, scholars have also highlighted that individuals can experience outdoor environments in different ways, "in terms of ranging from enjoyment through to ambivalence and even anxiety" (Lea, 2008: 91; Conradson, 2005). Additionally, although many of the young people who participated in the research had access to gardens or independent access to the great outdoors, it has to be acknowledged that many young people living in foster care may not have regular access to the natural world. Many foster homes, particularly in urban towns and cities, may not have gardens or with increasingly risk-averse parenting practices, youth may also not have the ability to visit public green and blue spaces freely.

A recent report published by the government, The Children's People and Nature Survey for England (Natural World, 2023), found that only 67 per cent of children and young people said they had visited a garden or natural space in the week prior to the survey, and only 52 per cent felt connected to nature – although 88 per cent agreed that nature made them very happy. Therefore, acknowledging the importance of a lack of nature in a therapeutic foster home should be recognised and addressed. The findings call for greater attention to be paid to the potential negative effects on mental health and well-being for those who may experience a "nature deficit" (Birch et al., 2020). Projects in certain parts of the UK are ongoing to address the deficit, and in recognition of the therapeutic effects of nature, such as the STAR project that emphasises 'space & place' as an important factor when bringing siblings, caregivers and birth parents together (Hardy and Codling, 2023). Further research is therefore warranted into the viability of natural world engagement for young people's therapeutic well-being.

Access to the natural world is rarely brought into discussions about the essential aspects of a foster care provision. Yet, these young people's experiences echoed the existing

research linking the natural environment with therapeutic experiences and call for more emphasis to be placed on this aspect of the foster home experience.

Material Memories

These young people confirmed the importance of material objects as anchors to their past histories. Research has highlighted the importance of ensuring young people entering care or moving between placements have their important items and belongings brought with them, as these can often be forgotten, left behind or lost in these transitions.

This is important as it helps to support their narrative identity throughout the time in care, linking themselves to their past and holding the evidence that places themselves within their life story, providing continuity despite dislocation and disruption. This is acknowledged in a body of existing research, suggesting the importance of a persistent sense of self (Ward, 2011) and a formation of a narrative identity (Jirek, 2017). The research also highlights the importance of material objects as part of a young person's life story, particularly memories boxes (Watson et al., 2019), or safe places to keep important things safe as was themed in this research. Therefore, these objects and the preservation, display and promotion of these material memories require acknowledgement for their contribution to the feeling of a therapeutic foster home environment.

The Relational Encounters

The teenagers' relational encounters were a significant aspect of their experiences of the foster home as a therapeutic environment. The relational encounters that the young people experienced as therapeutic represented the social resources available to them (Duff, 2012). Even when the encounters occurred outside the physical boundaries of the foster home, these social resources were directly linked to the foster home, as they were a product of it and simultaneously enabled the everyday experiences within it (Marques et al., 2021: 6).

The literature on foster care emphasises the centrality of relationship-based approaches to creating a therapeutic environment (Southerland et al., 2009; Linville et al., 2024).

Consistent with existing literature and practice models (Bowlby, 1978; Hughes, 2015; Golding, 2020; Mitchell and Naish, 2020), the young people showcased the importance of interpersonal skills and relationships in the foster home as creating and sustaining a therapeutic environment for them. Although many participants shared their perception of the physicality of their foster home as independent spaces and their material memories were personal objects, they shared many experiences that they understood as therapeutically connecting them to those around them. These relationships did not just have to be with the foster carer or wider foster family; they also included their relationships with pets and other animals in the foster home.

The Pets

The young people advocated for the importance of pets in the foster home. They highlighted these alternative family members' significant role in what they considered a therapeutic foster home environment. Although pets are not part of existing practice models of what makes therapeutic foster homes, existing research has highlighted the importance of a young person's relationship with the pets in the foster home and their experiences of loss from the pets in their birth homes or previous foster placements (Lewis and Selwyn, 2021). Animals can serve as "attachment figures and representation models, providing a secure base and offering the opportunity for emotional bonds" (Gorman, 2016: 324). The findings provide ample weight to existing research that suggests the significance of pets within the foster home and further expand the nature of the relationship to foster home pets as therapeutic.

The young people actively blossomed as they recounted their experiences of companionship with their foster home pets during our encounters, with this happiness being instigated purely by looking at photographs. The creation of love and connection, which can often be challenging in the young person-foster carer relationship, was easily and perhaps more quickly developed within the young person-pet relationship. This confirms existing research that suggests that "animals come to affect the emotional geographies of the space, giving participants something to nurture, something spontaneous to react to and interact with, for some people even triggering memories and a

sense of familiarity" (Gorman, 2016: 324). In addition to everyday encounters with pets, some of the young people's experiences also demonstrated the significance that encounters with animals outside of the foster home had on their perception of their well-being and happiness.

The young people's therapeutic experiences with their pets and other animals align with an existing body of research that "animal contact has significant health benefits and that it positively influences transient psychological states, morale, and feelings of self-worth" (Beck and Katcher, 2003: 87). As was illuminated in the findings, animals can "initiate a change from care recipient to caregiver", which can lead to enhanced "confidence and self-image, reframing them as capable" (Gorman, 2016: 325) and many of the young people spoke positively and proudly of the caregiving and nurturing activities they undertook for their foster home pets. Pets and animals provide young people with a focus outside of themselves, particularly by motivating them to undertake caring and nurturing activities. It was also evident from the findings that these activities could become routines and expectations that the young person can learn to be responsible for – and enjoy being responsible for. Additionally, distraction is a good intervention for anxiety, hyperactivity and attention deficit (Barba, 1995), with dogs and cats serving as a great distraction for young people within the home's everyday environment. The pets within the foster homes provided numerous points of reference for moments of love and care, as well as moments of humour and joy.

An existing and growing body of research explores animal-assisted therapies' positive benefits. Animal-assisted therapy is an intervention that brings animals to support an individual's particular physical or emotional needs (Barba, 1995). Without intention, the animals within these young people's foster homes brought about key therapeutic benefits, which echo those of stated animal-assisted therapy benefits such as "improved self-esteem, greater feelings of security, reduced stress and anxiety, improved social interactions and communications, and sensory stimulation" (Barba, 1995: 199). Illustrated in the data, animals can also be used as a point of focus for interactions and discussions

between young people and their foster carers and foster family, or even their birth family, as was evidenced by one young woman's experience.

The aftereffects of trauma can often leave young people with internalising symptoms of anxiety and depression, frequently manifesting in negative self-related thoughts and internal overfocus (Davey and Harrison, 2022). Research suggests that animal interaction can facilitate "self-efficacy and self-esteem [...] particularly through serving as attachment figures and offering an emotional bond, secure base and a representation model" (Gorman, 2016: 319). There is also a growing base of literature on the use of animal-assisted therapeutic interventions (both through structured therapy and less structured activities) as a treatment for trauma or PTSD symptoms, including the emerging approach of training PTSD service dogs that live in an individual's home (Hediger et al., 2021). One review of existing studies found that animal-assisted interventions lowered PTSD symptoms by between 13 and 80 per cent (O'Haire et al., 2015). Another review found animal-assisted interventions to be an effective treatment for trauma, although they suggested that more research is needed (Germain et al., 2018). The findings are promising, and the existing research confirms the sentiment shared by the participants about the therapeutic value of their foster home's pets. Therefore, more work is needed to fully grasp how animal-assisted interventions can be effectively implemented for teenagers in foster homes.

The young people's experiences of the therapeutic role of pets open an interesting avenue to explore how foster homes can be created into therapeutic environments. Animals that exist within foster homes can affect the social dynamic of the space and offer a third party for the young person to engage with on what was perceived as a transcendent level. Echoing the findings of Gorman (2016: 236) in his research on a therapeutic community farm project, as the animals were "very much important in the way in which participants [felt] comfortable with the space and [began] to develop a level of ownership of the environment too". As Gorman (2016: 316) argues, research on therapeutic environments has been "anthropocentric, ignoring and silencing the agency and experiences of non-humans." Indeed, a key finding in this research was that the unexpected "star of everything" in a therapeutic foster home environment was the pets. Therefore, the young people's

experiences confirmed his assertion on what can be discovered when we “de-centre humans in discussions of therapeutic spaces” and talk about “how non-human agency can create and facilitate therapeutic engagement with place.”

However, the inclusion of animals into foster home environments can be ambiguous and often contested as “not all interactions with animals [are] inherently positive” (Gorman, 2016: 320). The existing animal-assisted therapy literature identifies that “animals may represent behaviourally unpredictable, disease-spreading vectors with negative legal implications” and therefore “objections to animals cannot be ignored” (Barba, 1995: 200). Within LA foster care provision, the presence of animals within the home is not always viewed as a positive, and every animal within a foster home has to undergo an assessment (The Fostering Network, 2024). This is due to the potential for both harm to the young person by the animal and harm to the animal by the young person, as Gorman (2016: 320) highlights, “what a human experiences as a therapeutic space may be un-therapeutic for an animal”, and this is a worthy consideration. Allergies are also a limiting factor.

The People

In the existing literature, the relationship between the foster carer and the young person is at the heart of what is considered to be in a foster home placement and, therefore, what is said to create a therapeutic environment within a foster home. Clinical research suggests that the relational environment mediates the therapeutic experiences of a young person (Perry and Hambrick, 2008; Harkness, 2019), and it is well-acknowledged within the literature that relationships are the key to healing and recovery from childhood trauma (McCrory, 2022).

Although the young people exerted autonomy and ownership of the physical and material aspects of their environments, the relational encounters enabled a sense of placemaking that aided in the search for “social inclusion or home comfort and attachment that is often formed through activities and the communal associations made” (Marques et al., 2021: 6). The people and pets within the foster home helped the young people to form a social and emotional attachment to the physical place, as well as adding to a sense of comfort.

Therapeutic Parenting

From the experiences shared by the young people, it appeared that many of their foster carers practised therapeutic parenting skills daily. Some young people described their foster carers as attuned to their needs and feelings. However, others felt that their foster carers' ability to perceive their feelings was unwarranted and reflected a challenge to their independence and autonomy. Therefore, despite the subjectivity as to whether these skills were felt as therapeutic, these parenting skills were described as part of their foster home experiences and the reasons were unpacked during the group workshop. Overall, the young people agreed that the young people thought that the key behaviours taken from popular therapeutic foster home training models (PACE and the Secure Base model) were of therapeutic value, except for mixed reviews for curiosity, empathy and sensitivity. Interestingly, however, the elements of foster carer training and foster home provision that were identified as the most therapeutic were the core foster home foundations: honestly, routines, clear boundaries and the formation of a safe base.

The Foster Home Foundations

Honesty, clear boundaries, routines and the formation of a safe base are the foster home foundations found in much of the fostering literature and in almost all practice and training models, spanning across continents.

Hughes (2009) suggests that a child should acquire a sense of safety through a balance of structure, with the caregiver instilling routines and rituals". The young people in this study confirmed the importance of structure. This finding, therefore, coincided with existing literature and practices of foster care. Still, it should be noted that although these are foster care practices, they are not necessarily emphasised as specifically therapeutic. Yet, young people found these practices to be the most therapeutic, emphasising the therapeutic quality of these practices as more important than specific therapeutic models, such as the PACE behaviours and practices. The teenagers shared their appreciation and respect for clear boundaries, established routines and the importance of practising honesty (that needs to go both ways) in their foster homes.

PACE

Although designed from research with younger children, the principles of PACE (playfulness, acceptance, curiosity and empathy) are said to be adaptable to teenagers (Hughes, 2009). This is said to be due to the model's transferability in addressing the manifestations of childhood trauma in a caregiving relationship (Hughes and Golding, 2012). Yet, the existing research remained unclear as to whether this was significant for the teenage population.

The young people's perceptions and experiences of their relationships with their foster carers coincided with the guiding principles of PACE, such as developing attunement between the young person and foster carer by sharing feelings of joy, excitement and fun. Their experiences also highlighted the importance of some PACE components. Notably, some of the young people identified acts of playfulness and acceptance as core ingredients of a therapeutic foster home environment. Interestingly, however, the young people viewed curiosity and empathy with more complexity, eliciting mixed responses. While some young people expressed enjoying the effort made by their foster carers, others expressed a sense of wariness in foster carers who showed these behaviours. These mixed reviews appeared to stem from a sentiment that foster carers' curiosity was instead 'nosiness', and too much 'nosiness' was not considered therapeutic. Perhaps breaking an emotionally independent boundary that the young person was actively setting between themselves and their foster carers as they forged greater independence. Empathy, too, garnered mixed responses. Some of young people voiced being able to deal with their own issues themselves, and not needing empathetic responses or help with their issues. It appeared that, for some teenagers, too much curiosity and empathy were considered to potentially infringe on the young person's sense of an autonomous emotional world. This sentiment adds weight to the earlier acknowledgement that creating a feeling of independence and personal agency in both the physical environment and the emotional environment are key ingredients to delivering a therapeutic environment for a teenager in foster care.

Caution curiosity and evaluate empathy

Some the young people attributed the feeling of empathy and sensitivity to the feeling of being pitied or the sense that their foster carers or other people in the foster family felt sorry for them, which was perceived negatively by some and, therefore, not necessarily a key therapeutic ingredient. The discussion surrounding a dislike of empathy is an interesting one. Within the PACE model (Hughes, 2018), empathy is described as showing understanding and compassion for the child's inner life, which, in theory, should work to validate their experiences of distress. It appeared that some of the young people experienced this validation or compassion as therapeutic, while others did not. However, as noted in chapter 6, there was a degree of confusion between the actions and felt emotions of empathy verses sympathy. This confusion perhaps also highlights a potential challenge in understanding and portraying these behaviours by both young people and their foster carers.

More clarification would be needed to understand the blurring or slippage of the meanings of empathy and sympathy within therapeutic foster parent practice. When discussing sympathy as interpreted by some of the young people, the existing research would suggest that this reaction was due to empathetic responses igniting feelings of shame and, therefore, wanting to deal with their issues themselves to avoid having to confront these feelings (Dolezal and Gibson, 2022). Existing research also points to a tendency towards self-reliance through the lens of hyper-independence (Bath, 2015; van der Kolk, 1988). This possible trauma response highlights how traumatised young people can feel that they can effectively deal with their emotions, stresses and issues alone without the support of others.

Curiosity was also met with uncertain feelings due to a response that foster carers did not need to know every detail about their lives. The research highlights the importance of foster carers approaching empathy, curiosity and sensitivity in the ‘right’ way for each young person. This may look like focusing more on ways to offer validation but not appear to offer too much sympathy, pity or feel sorry for a young person.

Indeed, empathy and curiosity can also be understood as mentalising, often focused on the intended outcome of the child or young person developing their own "core sense of mental selfhood" (Fonagy, 2018), which is also seen as part of a therapeutic foster home. But, what can be overlooked is how the young person feels about being perceived to be 'mentalised', particularly teenagers. The imaginative quality of mentalisation is said to rely on perceptions and interpretations of a young person's mental states, such as their needs, feelings and reasons for certain behaviours (Harkness, 2019; Fonagy, 2018). While mentalisation can be seen to be a benefit for those whose thoughts and feelings may not necessarily be understood by them, for the teenagers in this project who had been in their foster home placements for a while, the feeling of being mentalised was not necessarily a good one. Some young people highlighted wanting the foster carer to be as involved in their internal thoughts and feelings by not wanting their foster carer to "see right through" them.

Secure Base Model

Availability, sensitivity, acceptance, cooperation, and family membership. The concept of a secure base underpins the role of a foster carer and is often part of foster carer training. The model is said to reduce anxiety and promote exploration within foster homes. It is said to apply from infants to adolescents, giving them the confidence to engage in playful or educational activities and explore their identity (Schofield et al., 2019). So much so that Schofield and colleagues (2019: 372). state that "the concept of a secure base can be helpful in defining therapeutic caregiving".

The ingredients of the secure base model resonated with the young people. As Schofield and Beek (2005: 10) highlight, every young person needs "to trust in the availability of a caregiver who is accessible but not intrusive" (my emphasis). The young people shared good examples from their experiences of how they perceived and experienced their foster carers' behaviours, such as offering them trust, acceptance, and availability.

They drew attention to the importance of their trust in the availability of their foster carer and in knowing that their foster carer(s) were available whenever they needed them. Even though it was articulated that many of them did not necessarily feel that they needed (or

wanted) the foster carers' help or empathy in certain situations, there was also an acknowledgement that their foster carer would be immediately available to call in an emergency or be there for them to speak to at home, which they appreciated. These findings align with existing research that has highlighted the paradox of the teenager-foster carer relationship and the complexities of navigating this contested space. The young people's perceived benefit of their foster carer's availability, presence and assurance ran parallel to their aversion to their foster carers' curiosity and empathy. This echoes the findings of Schofield and Beek (2005: 10), who found that those in middle childhood "simultaneously craved and resisted, needed and resented, demanded and rejected the care and concern of their foster parents". For the young people in this research, the feeling of being therapeutically cared for was best felt through the foster carers' actions. Quality time together was at the heart of the young people's therapeutic experiences with the foster carers. Quality time together involved indirect actions of care such as watching movies together, having favourite meals, receiving attuned gifts, and going on attuned trips to places of interest to the young person. The foster carers' acts of kindness and ability to carve out quality time with the young person appeared to have a distinct therapeutic quality.

The young people shared times when the foster carers' words were therapeutic, often reciting things linked to family membership, which the existing literature highlights as aiding in a sense of belonging (Biehal, 2014). Those therapeutic moments were felt when foster carers linked the young person into the family, whether through finding a likeness with a family pet or distinct personality traits that meant the young person was similar to the foster family. Young people in foster care can have a fragmented sense of family membership and belonging, both to their foster family and to their birth family (Gardner, 1996). A foster home that encourages a feeling of being a family member was identified as therapeutic for these young people. This included being a foster family member, validated through quality time activities, shared experiences, and verbal confirmations of family membership expressed by foster carers.

The young people in this research highlighted the importance of acceptance and family membership, notably the ability of the foster carer to nurture the young person's sense of

connectedness to their birth family, even if these birth family members were not present. Some of the young people shared the importance of the memorabilia they held from their membership to their birth families. The foster parent's willingness to display and treasure these items and for the young person to share these memories helped them build a bridge between the two distinct family memberships and initiated a stronger sense of connectedness across the two worlds. The young people who shared objects of their birth families felt secure and accepted by the foster families in being able to display these.

Schofield and Beek (2005: 19) suggest that "family membership provides a set of expectations, norms and values and it implies certain duties and responsibilities operating in both directions". The research supports the therapeutic importance of a young person's perception of their membership within a foster family and in the foster home. Pets were also essential allies in creating the experience of family membership, in their ability to make the young person feel accepted and comfortable. Pets also allowed for a sense of cooperation and shared ownership, with the young people working with their foster carer and other foster family members to look after and tend to the pet. The foster carers' willingness to share control and ownership of the pets was key, allowing the young people to achieve a sense of independence and autonomy in undertaking a role within the family. As highlighted in the attachment literature, the formation of a foster carer as the 'secure base' can be a challenge for a child or young person with trauma (Harkness, 2019). Still, the young people expanded the conception of a secure base to include the security of their relationship with the foster home pets. For these teenagers, a secure base was also interpreted as somewhere they felt understood and where they could be themselves without judgement. These manifested as their private spaces, such as their bedrooms, the foster home itself, as well as their pets.

However, for many of the same reasons for empathy and curiosity within the PACE model, the young people were mixed in their perceptions of the therapeutic benefit of the concept of sensitivity. Too much sensitivity could be experienced negatively or perceived as being pitied, undermining their sense of independence. In the literature, the term independence is most commonly used when discussing transitioning out of care and into 'independence'

(Cunningham and Diversi, 2013; Collins, 2020). In this study, a sense of autonomy and the ability to be independent were key themes across the young people's therapeutic experiences within their foster homes. In this way, the importance of transitioning to independence is reframed as something enjoyed when it occurs inside the foster home and alongside the foster carer. Independence inside the foster home was a treasured part of their everyday experiences. Independence outside the foster home was perceived as more complex and fraught with challenges, as expressed by the care leavers.

The struggle for autonomy will always be a central ingredient of the teenage years. The reality of a relationship between a foster carer and a teenager means finding ways in which to balance a teenager's struggle for independence and autonomy with the foster carer's responsibility and requirement to serve as "emotional first aid" (Treischman et al., 1969, v) for that young person. The findings from this research suggest that the cooperative delegation of family tasks, such as the responsibility of feeding or walking a pet, could help to strike this balance. Finding a therapeutic practice model balance for teenagers in foster care is a difficult task and one that future research needs to address fully. Relational encounters within a therapeutic foster care environment should help teenagers "build a positive social architecture" by providing young people with a supportive environment to enact their sense of agency (McCrory, 2022: 16). Therefore, the findings from this research agree with Dallos and colleagues (2015: 671) suggestion that as teenagers shift into independence, the aim for foster carers is to negotiate a balance by developing a secure attachment base with the young person "in order to be able to use this to nurture their emerging independence."

Symbolic Dimensions

The teenagers' experiences also included symbolic dimensions of particular therapeutic importance within their foster homes. These symbolic dimensions "are the fusion of collective feelings that define or restrict orientations or action" (Marques et al., 2021: 6). Gesler (2018: 5) suggests that "the landscapes humans create are expressions of symbolic values that can be read for their meaning as one reads a book". By employing this aspect of the concept to the data, it became clear that the young people and their foster carers were

able to “share culturally encoded symbols” (Gesler, 2018: 5), which included both physical objects, more abstract symbols and shared understandings.

The young people emphasised the therapeutic quality of particular foods they experienced in their foster homes, as well as the significance of mealtimes and, particularly, the importance of shared meals that not only nourish but benefit the soul through culture and community. The significance of food and shared meals has also been cited in existing research on the foster home. Rees (2019) suggests that a foster carer’s knowledge of a young person’s food preferences and their willingness to cater for these needs was an indicator of family inclusion and served as a form of affirmation for the young person. In addition, she also notes that “this idea of a ‘cooked dinner’ as a vehicle for family communication” was a particularly symbolic event for young people and their foster carers (Rees, 2019: 94). Food is a complex site of meaning for children and young people in foster care (Rees et al., 2012), who each come into the environment with different past histories and different experiences with, or without food (Casey et al., 2021). Therefore, creating a positive relationship with food is key in a therapeutic foster care environment, and, as research with asylum-seeking young people in foster care also found, “food is related to many aspects of finding sanctuary, negotiating belonging within the foster family, and can powerfully evoke being ‘home’ in a new land” (Kohli et al., 2010: 233).

Additionally, the experience of something as therapeutic does not necessarily mean it is beneficial for a young person’s health. One young person shared that she would completely engross herself in her artwork until her neck hurt, and only then would she stop. Contextualising this finding, Gesler (2018) highlighted that there can be disagreements between the individuals to be cared for and the stakeholders who provide the care about what activities constitutes something therapeutic for their well-being. In his research, Gesler (2018) notes the disconnect between individuals finding therapeutic solace from sunbathing on the beach versus the well-known health issues surrounding UV radiation. In another study, which sought to understand patients’ experiences of therapeutic landscapes within a hospital treatment centre, the researchers found that the residents described the smoker’s corner as a therapeutic landscape, as they felt that “is it there that

psychological and social wellbeing can be promoted" (Rathmann, 2021: 13) – albeit to the disagreement of their hospital caregivers.

This existing research suggests that the experience of an activity as therapeutic can override knowledge of the physical harm or future ill-health and the experience of pain or discomfort. In this research, the participant who experienced the therapeutic escapism of artwork as promoting her psychological well-being described this as outweighing the negative physical symptoms associated with it. Therefore, symbolic dimensions of therapeutic experiences can hold dualities. These dualities existed across their experiences, as was found again in one young person's therapeutic experiences of bouncing on the trampoline. Within the risk management of foster homes and young people in foster care, trampolines are sometimes met with caution, particularly the use of them without adult supervision.

Independence, agency and autonomy: A therapeutic locus of control

Acquiring independence and the ability to action agency was a key aspect of the teenager's therapeutic experiences in their foster home environments. The feeling of being in control of both self and the space through the respect of autonomy was a central theme running through the perceptions and experiences of the young people about what made particular things therapeutic within the foster home.

The young people highlighted negotiations centred around their independence within their foster homes. For instance, the boundary of the bedroom and time spent undertaking activities alone in the bedroom, gardens and in the local area. The examples and experiences they shared also showed the key role foster home pets played in allowing young people to achieve their goals of independence, affording them the opportunity to go on independent walks around the local area without adult supervision. This is significant as independently walking pets were seen as calming and restorative for the young people who could undertake this activity. The novel symbolic dimension of being gifted a house key to the foster home was also highlighted as quite literally a key to a feeling of freedom and autonomy.

The locus of control can be understood as a symbolic dimension of the foster home, which, depending on how the locus exists, can create or limit therapeutic experiences for the young person. I suggest that these positive perceptions and experiences of independence, agency and autonomy within the foster home environment can be understood as a 'therapeutic locus of control'. Within the context of social learning theory (Rotter, 1966), the term locus of control refers to the "differing types of control orientations that individuals hold", which are "formed through an individual's interaction with his or her environment" (Wijedasa, 2017: 6). There are two types of control: the first, an internal locus of control exists when a person perceives their own behaviours and efforts as leading to results and rewards; the second, an external locus of control, exists when an individual perceives that they are not in control of the results or outcomes of their efforts.

The concept of locus of control is relevant to the therapeutic experiences of the young people in the project. Both the civil categorisation of being a child and the legal categorisation of being looked-after mean that teenagers in foster care most often experience an external locus of control, whereby their autonomous control to make decisions about an outcome are restricted, resulting in a lack of feeling of control. Existing literature eliciting the perspectives of young people in care highlights this external locus of control, notably in experiences of clinical therapeutic settings, such as with therapists (Villagrana and Lee, 2020).

The findings from this research illustrated that these young people had reshaped and renegotiated independence and agency, highlighting the nuanced ways in which they were able to claim back their internal locus of control, actively making decisions about how they wanted to spend their time within the foster home and activities and routines they established in their day-to-day lives within the foster home that made them feel happier, calmer and more relaxed.

In this way, the young people balanced their internal locus of control, which existed within their own physical spaces, activities, and symbolic perceptions, alongside their external locus of control, which involved encounters with their foster home outside of these

internalised spaces. Promoting a sense of internal locus of control is also vital for young people with hyper-vigilance, a common trauma response, as the impact of a sense of an external locus of control can further exacerbate feelings that others may wish to cause them harm (McCrory, 2022).

Using Foucault's Panopticon to analyse institutional spaces of childhood, Disney (2013) highlights how alternative home environments can simultaneously be a space of surveillance and agency. The findings from this research evidenced Disney's (2013) suggestion, as the young people's perception of agency within their foster homes emerged as "complex and multi-directional, often horizontal processes, rather than vertical, uni-directional processes" (Disney, 2013: 34). The young people enjoyed their agency over particular spaces and objects of ownership, while also being aware of the limitations of their structural position in the foster home. Interestingly, the young people expressed being aware of their foster carers' modes and routines of control but appeared to consider these a beneficial part of their experience – but only when they felt they had actively chosen to engage with these controls. As Disney (2013: 34) argues, when discussing power and control within a therapeutic children's community, there is a tendency to "neglect the agency of the cared for by focusing too much on the carer".

Therefore, it appears crucial for provision of therapeutic foster carer for teenagers to facilitate their therapeutic locus of control, which effectively balances the forces of both an internal and external locus of control. As a perception of balanced locus of control is affected by dimensions of their environment and has the potential to positively impact young people's well-being (Wijedasa, 2017) and their sense of independence and agency. The findings suggest that having a greater sense of control and agency over their day-to-day experiences influenced their perception that the foster home offered a therapeutic environment.

A therapeutic internal locus of control also favours current wellbeing and wellness narratives that teenagers are exposed to, which suggests that self-care, gratitude and reflective mindsets are the key to therapeutic wellbeing. What is worth noting about these

narratives is that they are individualised and premised on an internal locus of control. Therefore, a therapeutic foster carer's key role is to support the agency and independence of teenagers foster care. These findings coincide with existing literature suggesting that autonomy is a key dimension of the relationship between a foster carer and a teenager. Yet, as highlighted in the literature, there is a difficulty in balancing safety and independence (Coleman et al., 2019).

Additionally, a third space, such as the cadets, can be of therapeutic value for teenagers. Third spaces allow often vulnerable, marginalised or underrepresented groups to feel secure (Bhabha, 1993). Third spaces are places outside the immediate network of the home or school. Third spaces can be understood by individuals and as restorative and offering psychological support, even if this is not the core aim of the space/community. These 'in-between spaces' can be a base for a young person's self-understanding and identity formation, a refuge.

Concluding remarks

Scaffolded by the three elements of the Therapeutic Landscapes framework, the chapter discussed the ways in which the young people's experiences aligned with the existing research and practice literature on each element. It highlighted how astute the young people were in identifying key therapeutic ingredients for them, which feature in existing literature on their importance – such as bedrooms, the natural environment, pets, quality time and positive relationships with foster carers, as well as the symbolic importance of food and treasured belongings. While further extending the existing research suggesting the importance of these elements, the chapter also highlighted the challenges associated with attributing actions to words that occurred during the research, such as differentiating sympathy and empathy. Following the therapeutic landscapes framework, the next chapter will explore how the research conceptualises the foster home as a therapeutic landscape.

Chapter 9 Exploring the Foster Home as a Therapeutic Landscape

Introduction

The first section of the discussion drew upon the data created and shared by the teenagers in answer to the four main research questions. This showed that the lived experience of a foster home as 'therapeutic' both coincides with and challenges the existing literature on therapeutic foster care provision. The young people identified an intricate tapestry of elements that they suggested contributed to the foster home experience as therapeutic, placing shared emphasis on a variety of elements within and around the foster home.

The second part discusses the findings in relation to the broader therapeutic landscape literature (Gesler, 1992), further analysing the therapeutic qualities of the foster home through this lens. It weaves together all the multidimensional elements highlighted in each findings chapter, arguing that the foster home should be further considered as a therapeutic landscape to "unpack the salient components of the therapeutic relationship in these complex settings" (Southerland et al., 2009: 61).

For Gesler (1992), a therapeutic landscape is a place that promotes a sense of healing and well-being through the interaction of the physical, relational, and symbolic environments. Before integrating Gesler's conceptualisation as an analytic scaffold for the data, the young people had captured and described the foster home as dynamic assemblage of elements that combined and complimented each other to create their therapeutic experiences. The advantage of using this framework to analyse the therapeutic foster home environment was its ability to "hold the natural and built environment alongside the symbolic and social in understanding what makes bodies 'heal'" (Emmerson, 2019: 596).

Creating a Therapeutic Landscape

The findings indicate that a foster home is not, by default, a therapeutic landscape. Instead, a foster home *becomes* a therapeutic landscape when the intended individual perceives it as facilitating therapeutic experiences through physical spaces, social interactions and symbolic attributes (Duff, 2012). In her research on the "relational self" in therapeutic landscapes, Conradson (2005: 338) critiqued the tendency to equate "physical presence within a landscape with the unproblematic receipt of its therapeutic influence". Therefore, we need to acknowledge that existing foster home "configurations are not guaranteed to be therapeutic" (Lea, 2008: 91). Rather, the provision of a successful therapeutic environment "is about working in connection with the place and the ways in which the fabric of the world and its making-sense architecture might support and enhance" the young people's therapeutic engagement with it (Lea, 2008: 91).

Existing research on therapeutic landscapes suggests that the home, as an everyday space, has the potential to be "shaped into a healing landscape [...] nurtured through the creation of individual spaces of comfort and family support" (English et al., 2008: 76). The foster home was revealed as a multidimensional concept, conceptualised by the young people as made up of various elements and key ingredients that are currently not emphasised in the existing models of therapeutic foster home provision. The therapeutic landscapes framework highlights the "relational and situated approach to well-being, which acknowledged the therapeutic nature of places in the context of these social, cultural, material, affectional and sensual aspects of human and non-human factors" (Marques et al., 2021: 1). This allows for a more thorough exploration of what within the foster home environment facilitated therapeutic experiences for teenagers.

The foster home is an incredibly complex setting; it is private and personal while simultaneously formalised and regulated. Although the home is already acknowledged as a "complex site for study" as it "not only designates a dwelling but represents a multitude of meanings" (Williams, 2002: 141), the foster home has further entanglements in complexity as "fostering reveals more sharply the boundaries and taboos that permeate the private lives of families who undertake this caring role" (Rees and Pithouse, 2008: 338).

Despite this multitude of entangled meanings, the young people in the study were able to navigate their way effectively around the "boundaries and taboos" (Rees and Pithouse, 2008: 338) of their foster homes to create therapeutic experiences and encounter therapeutic relationships. The young people's experiences offer a unique lens to understand the inner workings of a therapeutic landscape. Seen as an environment for care, safety and "emotional first aid" (Trieschman et al., 1969: vi), the foster home was unpacked as full of constituents of a therapeutic landscape.

Therefore, when exploring existing concepts of therapeutic foster care, the fundamental role of the home appears further complicated in attempts to deliver a previously assumed clinical role in a non-clinical environment. However, understanding the foster home as a therapeutic landscape means that the therapeutic intervention occurring within the foster home should not be conceptualised a lesser form of clinical intervention, when clinical services are not readily available. Instead, the foster home comes to be seen as a potent site of therapeutic intervention and healing – in its own right. Indeed, it highlights the power of "the other 23 hours when a professional clinician is not present" (Treischman et al., 1969: vi).

The participants' lived experiences support the concept of therapeutic landscapes, in that "having a sense of being, where one feels emotional attachment to a place, a sense of doing, where one feels able to enjoy control over one's activities in a place, a sense of becoming, where one feels a sense of hope and exploration, and a sense of belonging, where one feels a sense of affiliation and belonging in a place, are all important factors in mental health recovery" (Valladares et al., 2022: 7). Being able to control their engagement with the landscape and affective responses were certainly a powerful avenue of self-care (Doughty, 2023: 7).

For these elements of the foster home to be considered therapeutic, it appeared to require a voluntary engagement or retreat. Doughty (2023: 7) evokes the metaphor of the 'cocoon' in her work on therapeutic landscapes of stillness as 'affective sanctuaries'. The cocoon metaphor "implies that personal growth and transformation often require individuals to

retreat from the world temporarily to work on themselves, like a caterpillar inside its cocoon". Importantly, Doughty (2023: 7) suggests that for the cocoon to be a "therapeutic space requires that it is a voluntary action to retreat 'inside'". This voluntary action of retreat was highlighted in the findings and how they actively created their therapeutic spaces, even if this meant shutting out other members of their foster family for a short while. The creation of cocoons can be at once both defensive and generative" (Doughty, 2023: 7) and offers an alternative understanding to the teenage preoccupation with spending time in their bedrooms, highlighting that it is not always an anti-social gesture.

Gesler's (1992) initial suggestion of what constituted a therapeutic landscape was the creation of distance from an individual's everyday life. For teenagers, the agency to retreat from everyday life is often difficult, particularly for young people in care, whose active retreat, which can manifest in the form of running away, can be dangerous for the young person and is too readily criminalised (Prison Reform Trust, 2018). The act of retreating, or disconnecting from everyday life, has to take place within the boundaries of local safety, which, for these young people, took place within the limits of what they considered part of the foster home environment.

As was highlighted in the previous section, teenagers in care often do not have the locus of control when the decision is made for them to visit an exceptional therapeutic site, such as attending counselling or therapist appointments. These external locus of control experiences, often deemed as therapeutic by carers or other adult stakeholders can be considered to be untherapeutic by the young person and negative experiences felt when it appeared that the clinician had "their own agenda" (Villagrana and Lee, 2020: 577). Therefore, therapeutic moments have to come into being through the choice and agency of the young person.

A clinical intervention is an exceptional event, often offered in an exceptional landscape (Gesler, 2002). Alternatively, the foster home is an everyday landscape for these young people. The work of Gesler and scholars within the therapeutic landscape tradition give a lens to understand how both exceptional and everyday landscapes can come to be sites of

therapeutic experiences – or not. It shows the ways in which everyday landscapes, such as the foster home, can be transformed into prominent therapeutic landscapes for those within them. Given the ongoing challenges in providing these 'exceptional' support services for young people in care, this research calls us to consider new ways of thinking about young people's therapeutic relationships with foster homes. It suggests the importance of "scaffolding" young people's well-being by providing the tools for them to undertake intentional activities that support their mental health and subjective wellbeing in place, such as access to artistic and musical resources as well as activities in the natural world outside of the foster home. The foster home was a place of diverse spaces and encounters, and a sense of subjective well-being in this place was a complex embodied experience. Additionally, a sense of rootedness to place, which was also directly highlighted by one young person, expands the conception of belonging to include the experience of belonging also to the physical landscape and how the materiality of the environment enables a feeling of being rooted, of feeling grounded. Interestingly, Gesler (1992) also stressed "the potential of 'rootedness' as being a beneficial to health and wellbeing, assisting in enabling a therapeutic experience by creating identities, security and belonging" (Gorman, 2016: 323) and the ability of material objects to afford this was highlighted in the research.

Gesler highlights that "in many, if not most, healing situations, there will be synergistic interactions between the three environments" (2018: 5). However, often, particularly for policymakers and practitioners, each environment's role is considered in isolation. Therapeutic landscapes were physically safe and often quiet spaces, which the young people perceived as welcoming and accepting, and that included cultural norms that were attuned to them. Existing research proposes that "successful therapeutic landscapes address the social and cultural contexts of their location as well as respond to the environmental, mental and physical needs of each user" (Marques et al., 2021: 5), and it appears that the foster home can achieve this. The findings suggest the viability of further exploring the foster home as a therapeutic landscape. The findings also support the notion that therapeutic experiences are personal and not necessarily universal as "personal characteristics interact with specific landscapes" (Valladares et al., 2022: 6). Yet, although there are individualised experiences of landscapes, there remain patterns across those

experiences surrounding the type of landscapes and the type of action/activity that takes place in it.

What the practice of therapeutic foster care provision can learn from the lens of therapeutic landscapes is an added "attentiveness to how places are created via the bringing together of heterogenous elements" (Trnka, 2021: 2). In the health geography literature, it is accepted that the physical environment has the most significant role in creating and defining an individual's therapeutic experience in place (Gesler, 2018). Alternatively, within therapeutic foster care literature, the role of the relational environment and the relationship between the young person and the foster carer is most readily accepted in literature and practice models. We understand the importance of the change in physical location, the issues with proximity to known people and places, and changes in schools and communities. But we enquire a lot less about how young people interpret and experience the physical and material worlds of their new foster homes. This is an aspect of change that is often overlooked.

Conclusion: A new mantra

The foster home is a space where the physical and material environment, intertwined with both human and non-human relational encounters, as well as incorporating the symbolic dimensions that produced an atmosphere that was conducive to a sense of healing – the feeling of being able to relax and feel better about things. A therapeutic experience. The young people's experiential portrayal of a therapeutic foster home emerged as a complex assemblage of places, objects, and experiences through the data created. They actively reframed the foster home as a therapeutic environment made up of various elements, highlighting the importance of factoring in all aspects of a young person's experience within the foster home as being of therapeutic potential.

What the participants captured in their diaries and discussed in conversation(s) emphasised the therapeutic importance of their everyday activities and routines. They highlighted how these often "backstage" (Goffman, 1959) personal moments within the foster home contributed to the maintenance of their mental health and well-being.

The findings call for an integration of a deeper understanding of the foster home that meets at the intersection of all the multi-faceted dimensions identified. We need to look at and assess the therapeutic impact of the foster home as a holistic whole, which will help us to "move beyond static, universal and absolute conceptualisations of homogenous therapeutic spaces" (Gorman, 2016: 316). For the foster home to become a therapeutic landscape, particular elements have to occur within and relate to the space. This must be approached in a multidimensional way, as "specific combinations of people and place matter in the construction of therapeutic landscapes" (Havlick et al., 2021: 2).

The everyday interactions that occurred within the foster home can be understood as a "never-ending influx of material, emotional, and symbolic influence" which are "constantly changing and developing (being negotiated, contested, reopened, reworked), constantly 'coming into being'". These never-ending interactions shaped the lived experiences of the young people who took part in the project. The young people enacted various "worlds" within the foster home, from swapping between internal and external locus of control to building networks from the various objects, actors, intermediaries and mediators available within the environment (Andrews et al., 2013). This was seen in how they conceptualised, perceived and experienced the physical aspects of their foster homes, the social interactions within them, and the symbolic meanings they attached to these environments. Their use of photography allowed first-hand and 'backstage' (Goffman, 1959) insights into the complex inner workings of a foster home, allowing for an awareness of how everyday activities within the foster home can come to be perceived and experienced as therapeutic for young people, particularly teenagers.

Chapter 10 Conclusions

Taken together, this research found that, for these young people, a therapeutic foster home environment was perceived and experienced as an intricate tapestry of physical spaces, material objects, relational encounters and symbolic dimensions. While the importance of the role of the foster carer remains salient, the young people also suggested a wider myriad of important therapeutic influences in their experiences of the foster home as a therapeutic environment. The findings are a small step towards understanding the therapeutic nature of these spaces, encounters, and dimensions of the foster home. The findings suggest how these mundane, everyday activities, which occur during 'the other 23 hours' when a professional clinician is not present (Trieschman et al., 1969) hold the key to the provision of therapeutic foster care for young people, particularly teenagers.

The Key Ingredients of a Therapeutic Foster Home Environment

From the perspectives and lived experiences of the young people who participated in this research project, a foster home can claim to be therapeutic when:

1. There is the presence of a pet or, ideally, multiple pets.
    - The choice of pet can be varied, and there was a preference for more traditional pets such as cats and dogs. The young people also included pets that could be more easily incorporated into the home, such as reptiles, guinea pigs and rabbits. The presence of less conventional pets such as goats, sheep, chickens and ducks were also suggested. However, there was an appreciation that these less conventional pets could be less easily incorporated into all foster home families. In the case of pets not being suitable for the foster home environment, the importance of animal contact can be achieved with visits to local farms or trips to the zoo.
    - Quality time with pets was an essential part of their therapeutic role. This quality time was often achieved when the young person was alone with the pet. Although the nature of 'quality time' will look different to each young

person, there are some activities that the young people suggested could contribute to feelings of quality time, such as going for walks alone with the dog(s), having the role of feeding or cleaning pets, being given the responsibility of looking after a pet at home alone, or the pet chaperoning the young person on birth family visits.

2. There is autonomy and ownership of the bedroom.
    - The bedroom is the most central site in a teenager's life, offering peace and privacy. The opportunity to have greater responsibility and personalisation of the bedroom space, including the design of the walls, the arrangement of furniture, and the freedom to reorganise, clean and tidy when it feels right for the young person.

3. There is quality time and connection with the foster carer.
    - This involves one-to-one time between the foster carer and the young person. Most often, this could take the form of engaging in an activity in the home, such as cooking together, watching a film together or gardening together. The young people appreciated this time not only to connect but also to learn from their foster carers through activities rather than talking. Other times, this could look like going on a trip together to do something or visit somewhere that interests the young person.

4. There is access to outdoor green spaces and blue spaces.
    - Access to outdoor space can be in places such as a private garden or being allowed to use public green spaces, such as visiting local parks or going for walks in woodland. The opportunity to spend time in blue spaces like the beach and to visit local lakes. Activities outdoors that create a feeling of connectedness to nature. Activities outdoors were also a way to spend quality time with the foster family, pets, and friends.

5. There are clear routines, boundaries and expectations.

- Defining routines, boundaries, and expectations does not have to be disciplinary. Instead, these should express love and kindness from the foster carer, such as a young person knowing there will always be a snack in their biscuit tin to take to school, a clear routine. Routines regarding getting ready for school and bedtimes, as well as expectations to eat dinner together, were suggested by the young people to create this aspect.
- These ingredients were seen as therapeutic as they provide a sense of predictability and a feeling of fairness within the home.

6. There is acceptance, playfulness, openness and honesty but no 'nosiness'.
    - Feeling accepted about who you are, where you have come from and who you want to become is essential. This includes a feeling of acceptance and of sexuality and supported in religious beliefs. Pets can play a significant role in creating a feeling of acceptance within the foster home, and foster carers can, too, by creating an environment of playfulness, openness and honesty. However, they should avoid asking too many questions or thinking they know too much about a young person's feelings.

7. There is support and encouragement for hobbies and creative activities.
    - Hobbies and creative activities help young people turn off their everyday worries and engage entirely in something they enjoy. The young people suggested that hobbies can be supported by being dropped off for activities and that the foster carer should offer help to source the equipment needed for these hobbies and creative activities.
    - The young people benefited from foster carers showing enthusiasm and interest towards these hobbies and creative activities, giving the young person the encouragement needed to continue them even when they feel they are getting tough.

8. There is delicious food and shared meals.

- The availability of food that the young person liked was seen as a key, as well as having personal access to particular snacks and treats. The ritual of mealtimes and sharing meals together with family was also a key ingredient. This was experienced both as meals in the foster home and meal-based events outside of the foster home.

9. There is trust.
    - Trust can manifest in many ways whether this is being allowed to look after pets and take them for walks, as well as the young person being trusted to have their own key to the foster home. A perception of trust was essential for teenagers. Trust also trickled down into being allowed to spend time alone in your bedroom, which provided many different therapeutic opportunities if this was allowed.

10. There is a therapeutic locus of control
    - Finally, a therapeutic locus of control allows the young person to feel that their independence, agency and autonomy are acknowledged and respected within the foster home. A therapeutic locus of control balances the complex negotiations between an external and internal locus of control that should both protect and privilege the young person.

Practice Recommendation: Young Person-Led Provision

At the end of the project, all the young people expressed how much they enjoyed the project process. Becoming a photographer and visual researcher meant they actively reflected on their experiences of the foster home and their relationships with their foster carers, as well as bringing into their lens otherwise hidden or overlooked aspects of their foster home. The young people noticed these daily interactions and experiences as impacting their therapeutic well-being. Although these experiences were not a surprise to the young people, these varied experiences surprised the participating social workers who were present during the workshops. The participants exploration of their therapeutic worlds opened the social worker's eyes to the variety of places, objects and experiences that were

important in each young person's daily life. These were therapeutic places, belongings, experiences and activities that they may never have had a reason to share with anyone else outside the context of the research, as they were their personal areas and activities.

Therefore, a notable recommendation for practice is the incorporation of photo diary projects as part of a holistic approach to a young person's experience of settling into a new foster home. Doing so would enable a greater understanding of the perspectives and experiences of young people in new foster homes, which could help the foster carer understand key physical, relational, and symbolic aspects of the foster home that enable the young person to feel safe and encouraging their development of a feeling of attachment and belonging to place – without the young person having to fill in any forms or attend any review meetings. Uncovering these elements of the foster home can them enable the 'adults' to work together to ensure these key therapeutic elements are not disrupted or denied to each young person. Helping to foster understanding between young people, carers and the young person's social workers about what other aspects are important for them in the foster home, even when the foster carer-young person relationship feels strained, as can often happen during such a turbulent developmental time.

The young people highlighted that the therapeutic nature of a foster home was based on many multi-faceted aspects, suggesting the solace it offered them even when they did not want to be around or speak to their foster carer or foster family. Capturing these important ingredients at an early stage of a young person's journey in a foster home could allow the adults to understand what the young person appreciates about the foster home and why they may want to stay in the placement, even if they appear non-appreciative of the foster carer themselves, at that particular time. A deeper understanding of their individualised therapeutic landscape could promote increased placement stability by developing child-led knowledge about how well-matched all elements of foster homes are for every individual's personal needs and subjective well-being. Enabling foster carers who may be struggling in their one-to-one therapeutic relationship with the young person to focus on maintaining access to and promoting the other ingredients of most therapeutic importance to the young person.

Further Implications for Policy and Practice

Within the context of a trauma-informed and child-led children's social care system (DfE, 2024), the provision of therapeutic foster care placements needs to be perceived and experienced as such by the young people within them. The findings from this research highlight that creating and sustaining a therapeutic foster home environment can be achievable in every foster home – due to the everyday and seemingly mundane quality of therapeutic moments. Policies and guidelines for providing therapeutic foster care placements should reflect the promotion of care-experienced young people's sense of agency, independence and autonomy – their therapeutic locus of control. Existing policies and practices should also open the platform for young people to have their say in shaping the provision of therapeutic foster care and for any support and interventions to be done in collaboration with young people and not to them (McCrory, 2022).

The young people's experiences highlighted the potential to diversify the scope of the existing practice models regarding what constitutes a therapeutic foster home for teenagers. The research revealed opportunities to create new approaches towards therapeutic provision or to enhance the existing therapeutic foster carer learning and training models to include an emphasis on these multidimensional elements of the foster home experience.

Specifically, the provision of therapeutic foster home environments needs to recognise the importance of nature, activities in the garden and time spent outdoors for the mental health and wellbeing of young people in foster care placements. The policy agenda needs to "recognise the human need for nature", with more research needed as to whether the "emerging evidence that an affinity or connection to nature is good for well-being similar to established variables such as income and education" (Richardson et al., 2016: 292 - 293) is as relevant for the outcomes of young people in foster care. Despite a strong evidence base for the benefits of nature, there remains a lack of formal guidance (Richardson et al., 2016) and interventions within children's social care, with some exceptions (Hardy and Codling, 2023; Boddy, 2021). Lastly, the findings highlight the importance of approaching

young people's needs "in an age-appropriate way, with their personal histories kept in mind" (Steenbakkers et al., 2017: 2).

Key Contributions

The thesis explored how teenagers conceptualised the term therapeutic in the context of the foster home. It found how ten teenagers, who were currently in a foster care placement or had recently left one, perceived and experienced foster home environments as therapeutic. The young people captured and shared what they believed to be the key ingredients of a therapeutic foster home and by doing this they shed light onto what is therapeutically important within a foster home for the mental health and well-being of the teenagers within them. For many researchers and practitioners in the social work field, it is likely that this thesis will "language things we already know tactically but have not articulated in depth" (Finlay, 2011: 10).

The thesis addressed the lack of youth voices on the topic of therapeutic foster home provision. By analysing the data generated through visual and collaborative methods to explore the complex entanglement that is the foster home, the thesis laid out the key ingredients of a therapeutic foster home environment, as identified by the young people within them. Although, there are mixed reviews on how to best support the mental health and emotional well-being of young people in care (Hiller et al., 2020), the findings from this research may assist 'adult' stakeholders in supporting the therapeutic well-being of teenagers in foster care by suggesting key areas of focus.

The young people's experiences confirmed that therapeutic is an indexical concept. As everyone will have specific ideas, preferences and subjective experiences of what they consider to be therapeutic within their foster home environment. In the absence of randomised control trials or quantifiable aspects of experience, we are left with a challenge. The challenge, however, should not be to create a one-size-fits-all parenting model of what a therapeutic foster home looks like. Instead, the challenge lies in the ability to give the young people who enter foster homes the tools to show their foster carers and social

workers exactly what about their environment they find the most beneficial to their sense of subjective well-being. Only then can efforts be focused on creating and maintaining the physical spaces, relational encounters and symbolic dimensions, which lie at the heart of each young person's experience of their foster home as a therapeutic environment. This young person-led provision aligns with the Department of Education's (2024) stated aim of providing a child-led social care system.

By using the therapeutic landscapes framework as an analytic scaffold for the data, this thesis builds on Gesler's (1992) Therapeutic Landscapes concept by exploring how a place can come to be felt and experienced as therapeutic. It fills an existing gap by adding an exploration of the foster home to current research and literature on therapeutic landscapes, as the foster home had not yet been explored and acknowledged as a therapeutic landscape. The thesis also further builds our understanding of how everyday spaces can be transformed into therapeutic landscapes, highlighting how therapeutic landscapes do not only exist in extraordinary places such as Lordes (Gesler, 1993) and can instead be found in seemingly mundane moments in everyday, 'normal' environments, such as foster homes.

The thesis adds to ongoing debates within the health geographies field by contributing to an expansion in our understanding of therapeutic landscapes as relational (Conradson, 2005). The findings help to explain the ways in which individuals actively construct therapeutic landscapes (Milligan et al., 2004; Havlick et al., 2021), rather than the existence of physical spaces that are inherently therapeutic (Gesler, 1993). The experiences of the young people also highlight how these active constructions can shape every young person's response to the dynamic elements of a foster home environment. As what is consistent with the character of therapeutic landscapes is that they are "increasingly porous, hybrid and relational" (Bell et al., 2018: 125). Using the therapeutic landscapes framework as an analytic scaffold, this thesis has worked through the three key elements to explore and unpack what it is about the foster home that makes it a therapeutic environment for the young people who live in it.

The thesis suggests that therapeutic foster homes are not "magical thinking", that is, "that simply by saying something is so, it will be manifest in doing and action" (Gaggiotti et al., 2024: 224). While some magic may be present, the magic is brought about actively and consciously constructed by all within them. The young people created and shared their foster carers creating moments of magic, whereby "'magic' is used to describe a positive, energetic dynamism that can arise when certain conditions are met" (Gaggiotti et al., 2024: 2029), instead of policy makers and fostering providers assuming it is so. Refocusing the lens to "consider how therapeutic landscapes might be pro-actively constructed" (Milligan et al., 2004: 1783).

Limitations of the Study

Upon completing the research, a reflection on the limitations of the research is warranted. The research aimed to give the young people "an opportunity to be witnessed in their experience" (Finlay, 2011: 10), aiming to give visibility to their everyday therapeutic experiences, often invisible and therefore left unacknowledged – yet given visibility is a challenge in itself. For instance, when selecting what photographs were featured in the final thesis (and subsequent publications) there was a tension with wanting to maintain the agency of the young people who took the photographs and adhere to the photographs they felt were the most important representation of their experiences. However, the visibility of their daily lives and experiences had to be constrained within the greater need to consider the ethics of recognition and the need for anonymity, particularly due to their age and care status. Therefore, while many photographs were shown in the findings chapters, many of the young people's photographs were omitted due to anonymity concerns. Extending the methodological limitations highlighted in chapter 4, regarding the nature of the consent hierarchy in research with young people in care itself poses challenges, often leading to a questioning of the capacity for fully participatory research within these complex settings.

Additionally, despite meticulously planning within my research ethics that the young people will pick their own pseudonyms to be used in the purpose of the research, during our

interactions, this aspect of the project did not end up happening. Perhaps due to my status as a novice researcher, I had not organised a set moment in the research to negotiate or confirm this – only realising after the final workshop that I had missed this key part. Initially, although I felt that choosing pseudonyms for the young people without their agreement did not feel 'right', as I remained conscious of issues of power in the naming process (Lahman et al., 2022) Therefore, due to not having the means to contact the young people directly and time constraints of the PhD, I made the decision to not pick pseudonyms for them within the context of my thesis. However, in subsequent publications I will confirm pseudonyms with the young people before publication so that their voices are not dehumanised by the letter and number (e.g. G, 14).

While the young people agreed with the importance of many the therapeutic keywords identified from the existing literature and training models, it is important to remember that these were not organically shared experiences or ingredients identified and discussed by the young people. Their opinions and experiences were shared about these behaviours only when directly elicited during the workshop. In other words, this was not their 'go to' sense of what was therapeutic for them in the foster home.

Running contrary to the "prevailing 'evidence-based practice movement' [...] we know instinctively that some things cannot be measured or quantified" (Finlay, 2011: 8). And, as proposed by Hughes and colleagues (2015: 362), therapeutic interventions are not "unequivocal, easily measured and supra-contextual" and therefore, this research did not produce any 'evidence' for the provision of therapeutic foster home environments. Instead, the findings highlight key ingredients of the young people's experiences in their foster homes that should be understood as important areas for further acknowledgement, attention and research.

Another point to note is the cultural context of exploring the therapeutic nature of the foster home with teenagers. The young people who took part in the project and the provision of foster care cannot evade the "unprecedented intensification in the pursuit of wellness" (Lea, 2008: 90). The experiences shared, particularly those of sunsets, finding moments of

solitude, gratitude and other self-care practices, have to be grounded within the wider cultural landscape of wellness and well-being that feeds "transformational narratives and practices" (Lea, 2008: 90) and the importance of self-care to young people through social media and current consumer culture. This current moment of self-care and wellness practices can impact on how young people conceptualise and perceive 'therapeutic' experiences, moments and objects. Impacting upon how they believe therapeutic to look and feel like, connected to larger socio-cultural narratives, and reflected in their day-to-day perceptions and experiences. Further research could explore the influence and impact of the ever-expanding wellness industry on the therapeutic experiences of young people in foster care and care leavers and whether this offers expanding culture could offers beneficial self-engagements in these activities and practices.

Lastly, once the thesis is completed, I plan to disseminate the research in journal articles, as well as through accessible outputs for young people and stakeholders. The initial concept of the research included a participant-led creation of a guidebook entitled 'The Teenagers Guide to a Therapeutic Foster Home" as a research output. However, due to time and financial constraints, as well as the lack of capacity of the young people to further engage after the data-collected phase of the research project had ended, this was not possible within the context of the PhD. However, this collaborative guidebook will be created at a later stage and accessible as a therapeutic foster care resources, across both LAs and IFAs.

Suggestions for Future Research

More research could be undertaken to understand whether the therapeutic landscape elements identified are applicable for all groups of children and young people in foster care settings. As this research did specifically address these issues, further research could extend the conceptualisation of the foster home as a therapeutic landscapes by exploring whether different elements are more salient for the different needs of young people - varying in gender, ethnicity, and culture.

During the conversations with the young people, there was some confusion about what empathy and curiosity mean in practice, and what foster carer behaviours they attributed to these words and definitions. Future research could explore this in more depth, by examining the felt experiences of empathy and curiosity by the young person – while at the same time understanding the behaviour the foster carer believed to be undertaking. This would help us to further understand foster carers actions and behaviours that are directly attributed to these words by young people themselves. By using photography or other creative methods with both foster carers and young people in the same foster home, future research could uncover how a particular moment is perceived and experienced – from both lenses.

Final Reflections

I began this research with the ambition of understanding how we can provide teenagers in foster care with the most therapeutic environments for their perception of their needs. The literature pointed to the need to focus on the lived experiences of the young people themselves, as there existed a gap in the eliciting of youth voices about what constitutes a therapeutic foster home. I believed that the youth perspective should stand alone as a voice within a counter-narrative for its validity within the research, and therefore, conducting the research without the triangulation of other 'adult voices'. I am grateful to my funders for allowing me to explore this topic from this angle as it enabled such fruitful insights into the everyday world of young people in their foster homes, illuminating not only how they perceived and experienced these environments as therapeutic but also uncovering how they actively created and constructed therapeutic experiences in their foster homes.

Zooming out of each young person's lens, the foster carer role can be interpreted as the golden thread that effectively brought the elements together for each young person. Many experiences expressed in the micro-moments of the young people's days were connected to the experience of being secure, feeling assured and having the opportunity to not only be cared for but to care for oneself and care for others in the foster home.

While there is always much left to learn, this research aimed to contribute to our understanding of what makes a foster home a therapeutic environment from the perspectives and lived experiences of teenagers currently in a foster care placement or having recently left one. I hope it offers a brief but valuable insight into the everyday therapeutic worlds of teenagers in foster care, with the aim that insights like these will help to shape our current therapeutic models and therapeutic practices for the growing proportion of teenagers entering LA care.

To the wonderful young people who took the time and made the effort to help us to understand how these important therapeutic ingredients of “emotional first aid” (Treisman et al., 1969; vi) can be found in the plethora of physical, material, relational and symbolic dimensions within their foster home environment. I hope that their collective wisdoms about their everyday therapeutic worlds will propel future research and practice to ensure every young person coming into care has the appropriate therapeutic environment to heal and thrive – much like how the commitment and wisdom of the women who took part in my master’s research propelled me towards this research.

References

ADCS (2021) *Safeguarding Pressures Phase 7*. Manchester: ADCS.

Hardy and Codling (2023) *Process Evaluation of Siblings Reunited (STAR): Final Report*. AFKA Scotland: [Accessed 7/6/2024: https://afkascotland.org/wp-content/uploads/2024/01/Star-Report-Final.pdf].

Ai, A., Jackson Foster, L., Percora, P., Delaney, N. and Rodrigueiz, W. (2013) Reshaping Child Welfare's Response to Trauma: Assessment, Evidence-Based Intervention, and New Research Perspectives. *Research on Social Work Practice*, Volume 23, Issue 6, pp. 651 – 668.

Ainsworth, M. (1989) Attachments beyond infancy. American Psychologist, Volume 44, Issue 4, pp. 709–716. https://doi.org/10.1037/0003-066X.44.4.709.

Ainsworth, M., Blehar, M., Waters, E., and Wall, S. (1978) *Patterns of attachment: A psychological study of the strange situation*. Lawrence Erlbaum.

Ahmed, K., Windsor, L. and Scott, S. (2015) In their own words: abused children's perceptions of care provided by their birth parents and foster carers. *Adoption and Fostering*, Volume 39 (1), pp. 21–37. doi: 10.1177/0308575914565068.

Aldridge, J. (2015) *Participatory Research: Working with vulnerable groups in research and practice*. Bristol: Policy Press.

Alinia, M. (2015) On Black Feminist Thought: thinking oppression and resistance through intersectional paradigm. *Ethnic and Racial Studies*, Volume 38, Number 13, pp. 2334 – 2340.

Allen, Q. (2012). Photographs and stories: Ethics, benefits and dilemmas of using participant photography with Black middle-class male youth. *Qualitative Research*, Volume 12, Issue 4, pp. 443 – 438.

Anderson, K and Mack, R. (2019) Digital Storytelling: A narrative model for positive identity development in minority youth. *Social Work with Groups*, Volume 42, Issue 1, pp. 43-55.

Andrews, G. J., Evans, J. and McAlister, S. (2013) "Creating the right therapy vibe": Relational performances in holistic medicine. *Social Science & Medicine*, Volume 83, pp. 99–109. doi: 10.1016/J.SOCSCIMED.2013.01.008.

Archer, M. (2003) *Structure, Agency and the Internal Conversation*. Cambridge: Cambridge University Press. https://doi.org/10.1017/CBO9781139087315.

Arvidson, J., Kinniburgh, K., Howard, K., Spinazzola, J. (2011) Treatment of Complex Trauma in Young Children: Developmental and Cultural Considerations in Application of the ARC Intervention Model. *Journal of Child & Adolescent Trauma,* Volume 4, Issue 1, pp. 34 – 51.

Bagnoli, A. and Clark, A. (2010) Focus groups with young people: a participatory approach to research planning. *Journal of Youth Studies*, Volume 13, Number 1, pp. 101 – 119.

Barba, B. (1995) The positive influence of animals: animal-assisted therapy in acute care. Clinical Nurse Specialist, Volume 9, pp.199–202.

Balluerka, N. et al. (2014) Influence of animal-assisted therapy (AAT) on the attachment representations of youth in residential care. *Children and Youth Services Review*, Volume 42, pp. 103–109. doi: 10.1016/j.childyouth.2014.04.007.

Bath, H. (2015) The three pillars of traumaWise care: Healing in the other 23 hours. Reclaiming *children and youth*, Volume 23, Issue 4, pp. 5 - 11.

Barton, J. and Rogerson, M. (2017) The importance of greenspace for mental health. *BJ Psych International*, Volume 1 (14) pp. 79 – 81. doi: 10.1192/s2056474000002051.

Bartlett, J. and Steber, K. (2019) How to Implement Trauma-informed Care to Build Resilience to Childhood Trauma -Child Trends. *Child Trends*. DOI:10.13140/RG.2.2.11496.01284.

Bartlett, J. and Rushovich, B. (2018) Implementation of Trauma Systems Therapy-Foster Care in child welfare. Children and Youth Services Review, Volume 91, pp. 30 – 38.

Barton, J. and Rogerson, M. (2017) The importance of greenspace for mental health. *BJPsych International,* Volume 14, Number 4, pp. 79-81. doi: 10.1192/s2056474000002051.

Beck, A., and Katcher, A. (2003) Future Directions in Human-Animal Bond Research. *American Behavioural Scientist*, Volume 47, Issue 1, pp. 79 – 93.

Become (2022) *Who's in Children's Services: FACTSHEET 2*. [Accessed online 12/12/2023: https://www.becomecharity.org.uk/media/1413/factsheet2_whos_who_english.pdf]

Becker, H. (1982) *Art Worlds*. Berkley: University of California Press.

Becker, H. (1979) Preface. *In Images of information*. London: Sage

Beek, M., & Schofield, G. (2002). Foster carers' perspectives on permanence: a focus group study. *Adoption & fostering*, Volume *26*(2), pp. 14-27.

Bell, S. L. et al. (2017) From therapeutic landscapes to healthy spaces, places and practices: A scoping review. *Social Science & Medicine*, Volume 196, pp. 123 – 130. doi: 10.1016/j.socscimed.2017.11.035.

Bellonci, C. and Holmes, L. (2021) Debate: The greater the need the lesser the evidence – therapeutic residential care for young people. Child and Adolescent Mental Health, Volume 26, Issue 1. DOI:10.1111/camh.12448.

Berridge, D., Biehal, N. & Henry, L. (2012) *Living in Children's Residential Homes*. Research Report no. 201. Department for Education, London.

Beyerlein, B. and Bloch, E. (2014) Need for Trauma-Informed Care Within the Foster Care System. *Child Welfare*, Volume *93*(3), pp. 7–22. https://doi.org/10.2307/48623435.

Bhabha, H. (1994) *The Location of Culture*. Oxon: Routledge.

Bhattacharaya, K. (2009) Othering Research, Researching the Other: De/Colonizing Approaches to Qualitative Inquiry. In: Smart J. (eds) *Higher Education: Handbook of Theory and Research, Volume 24*. Dordrecht: Springer.

Biehal, N., Dixon, J., Parry, E. and Sinclair, I. (2010) *The Care Placements Evaluation (CaPE) Evaluation of Multidimensional Treatment Foster Care for Adolescents*. London: Department for Education.

Biehal, N. (2014) A sense of belonging: Meanings of family and home in long-term foster care. British Journal of Social Work, Volume 44, Issue 4, pp. 955-971.

Birch, J., Schnell, A., Clayton, N. (2020) Dimensions of Animal Consciousness. *Trends in Cognitive Science*, Volume 24, Issue 10, pp. 789 – 801.

Boddy, J. et al. (2021) Psychosocial Interventions Situated Within the Natural Environment with Young People Who Have Experienced Trauma: A Scoping Review. *The British Journal of Social Work*, Volume 51, Issue 3, pp. 1–23. doi: 10.1093/bjsw/bcaa093.

Bourdieu, P. (1991) *Language and Symbolic Power*. Cambridge: Polity Press.

Bowlby, J. (1969) Attachment and Loss. Basic Books: New York.

Bowlby, J. (1978) Attachment theory and its therapeutic implications. *Adolescent Psychiatry,* Volume 6, pp. 5 – 33.

Bowlby, J. (1979) The Making and Breaking of Affectional Bonds. London: Tavikok Publication

Brady, G., Lowe, P. and Lauritzen, S. (2015) Connecting a sociology of childhood perspective with the study of child health, illness and wellbeing: introduction. *Sociology of Health & Illness*, Volume 37, Issue 2, pp. 173 – 183.

Braun and Clarke (2013) *Successful Qualitative Research: A practical Guide for Beginners*. London: Sage.

Braun, V. and Clarke, V. (2019) Reflecting on reflexive thematic analysis. *Qualitative Research in Sport, Exercise and Health*, Volume 11 (4), pp. 589–597. doi: 10.1080/2159676X.2019.1628806.

Braun, V. and Clarke, V. (2021) Can I use TA? Should I use TA? Should I not use TA? Comparing reflexive thematic analysis and other pattern-based qualitative analytic approaches. *Counselling and Psychotherapy Research*, Volume 21 (1), pp. 37–47. doi: 10.1002/CAPR.12360.

Bryman, A., Bell, E., Reck, J., and Fields, J. (2022) Social Research Methods. Oxford University Press: Oxford.

Burton (2011) The importance of the built environment to children's well-being: What do we know? Cities, Health and Well-Being: LSE Cities. [Accessed online 23/8/2024: https://lsecities.net/wp-content/uploads/2011/11/2011_chw_4050_Burton.pdf].

By the Bridge (2024) What is Therapeutic Fostering? [Accessed Online 14/05/2024: https://www.bythebridge.co.uk/foster-with-us/therapeutic-fostering/].

Byrne, D. (2022) A worked example of Braun and Clarke's approach to reflexive thematic analysis. *Quality & Quantity*, Volume 56, pp. 1391 – 1412.

Carnevale, F. (2020) A "Thick" Conception of Children's Voices: A Hermeneutical Framework of Childhood Research. *International Journal of Qualitative Methods*, Volume 19, pp. 1 – 9.

Centre for Social Justice (2021) Trauma: The Long Term Impact. Accessed Online: https://www.centreforsocialjustice.org.uk/library/trauma-the-long-term-impact.

Chamberlain, P. (2003) Multidimensional Treatment Foster Care program components and principles of practice. In P. Chamberlain, Treating chronic juvenile offenders: Advances made through the Oregon multidimensional treatment foster care model (pp. 69–93). American Psychological Association. https://doi.org/10.1037/10596-005.

Chatfield, M., Diehl, D. Johns, T., Smith, S. And Galindo-Gonzelaz, S. (2020) Quality of experience in residential care programmes: Retrospective perspectives of former youth participants. *Child & Family Social Work*, Volume 26, pp. 132 – 143.

Children Act (1989) HM Government: accessed online 10/05/2021 https://www.legislation.gov.uk/ukpga/1989/41/contents].

Children's Commissioner (2019) *Stability Index 2019*. Children's Commissioner: accessed online 11/05/2021: https://www.childrenscommissioner.gov.uk/wp-content/uploads/2019/07/cco-stability-index-2019.pdf].

Chorpita, B. and Daleiden, E. (2009) Mapping Evidence-Based Treatments for Children and Adolescents. *Journal of Consulting and Clinical Psychology*, Volume 77, Number 3, pp. 566 – 579.

Carrabine, E. (2013) Just Images: Aesthetics, Ethics and Visual Criminology. *British Journal of Criminology*, Issue 52, pp. 463 – 489.

Casey, C. M., Cook-Cottone, C., & Beck-Joslyn, M. (2012) An overview of problematic eating and food-related behavior among foster children: Definitions, etiology, and intervention. Child and Adolescent Social Work Journal, Volume 29, pp. 307-322.

Cetinic, M. (2011) Sympathetic Conditions: Toward a New Ontology of Trauma. *Discourse*, Volume 32, No. 3, pp. 285 – 301.

Clark, A. (2012) Visual Ethics in a Contemporary Landscape', in A. Clark (eds) *Advances in Visual Methodology*. London: SAGE Publications Ltd.

Clark, H. B., Prange, M., Lee, B., Steward, E. S, McDonald, B. B. and Boyd, L. A. (1998). An individualized wraparound process for children in foster care with emotional / behavioral disturbances: Follow-up findings and implications from a controlled study. In M. H. Epstein, K. Kutash & A. Duchnowski (Eds), *Outcomes for children and youth with emotional and behavioral disorders and their families* pp. 513-542. Austin, TX: PRO-ED.

Clarke, A., Meredith, P. And Rose T. (2020) Exploring mentalization, trust, communication quality, and alienation in adolescents. *PLoS ONE*, Volume 15, Issue 6, pp. 1 – 21.

Clarke, T. and Penington, E. (2021) *Characteristics of children entering care for the first time as teenagers*. Children's Commissioner for England: London [Accessed 11/12/23: https://www.childrenscommissioner.gov.uk/wp-content/uploads/2021/02/cco-characteristics-of-children-entering-care-for-the-first-time-as-teenagers.pdf].

Coad, J. & Evans, R. (2008) Reflections of practical approaches to involving children and young people in the data analysis process. *Children & Society*, Volume 22, Issue 1, pp. 41 – 52.

Coleman, J., Vellacott, J., Solari, G. Solari, M., Luke, N. and Sebba, J. (2016) *Teenagers in Foster Care: A handbook for foster carers and those that support them.* Rees Centre, University of Oxford. [Accessed online 20/03/2021: http://www.education.ox.ac.uk/wp-content/uploads/2019/05/Teenagers-in-Foster-Care-Handbook-1.pdf].

Collins, M. E. (2020) Transitioning from Foster Care to Independence. Child Welfare, Volume 97(5), pp. 233-240.

Connell, C., Lang, J., Zorba, B., and Stevens, K. (2019) Enhancing the capacity for trauma-informed care in child welfare: Impact of a Statewide Systems Change Initiative. Am J Community Psychol, Volume 9, Issue 64, pp. 467 – 480.

Conradson, D. (2005) Landscape, care and the relational self: Therapeutic encounters in rural England. *Health & Place,* Volume 11 (4), pp. 337–348. doi: 10.1016/J.HEALTHPLACE.2005.02.004.

Cordis Bright (2023) Review Models of Foster Care. [Accessed online 4/07/2024: https://www.cordisbright.co.uk/admin/resources/models-of-foster-care-final.pdf].

Coulton, C., Crampton, D., Irwin, M., Spilsbury, J., and Korbin J. (2007) How neighbourhoods influence child maltreatment: a review of the literature and alternative pathways. Child Abuse & Neglect, Volume 31, pp. 1117 – 1142.

Coy, M. (2008) Young Women, Local Authority Care and Selling Sex: Findings from Research. *British Journal of Social Work*, Volume 38, pp. 1408 – 1424.

Creighton, G., Oliffe, J., Ferlatte, O., Bottorf, J., Broom, A. and Jenkins, E. (2018) Photovoice Ethics: Critical Reflections from Men's Mental Health Research. *Qualitative Health Research*, Volume 28, Issue, 3, pp. 446 – 455.

Crenshaw, K. (1994) Mapping the margins: Intersectionality, identity politics, and violence against women of colour. In M.A. Fineman & R. Mykitiuk (Eds.), *The public nature of private violence: The discovery of domestic abuse*, pp. 93 – 118. New York: Routledge.

Cunningham, M. and Diversi, M. (2013) Aging out: Youths' perspectives on foster care and the transition to independence. Qualitative Social Work, Volume 12(5), pp. 587-602.

Curtis, A. (2015) Defining Adolescence. *Journal of Adolescent and Family Health*, Volume 7, Issue 2, pp. 1 – 39.

Dallos, R., Morgan-West, K. and Denman, K. (2015) Changes in attachment representations for young people in long-term therapeutic foster care. *Clinical Child Psychology and Psychiatry*, Volume 20, Issue 4, pp. 657 – 676.

Dansey, D., Shbero, D. and John, M. (2019) Keeping secrets: how children in foster care manage stigma. *Adoption & Fostering*, Volume 43 (1), pp. 35–45. doi: 10.1177/0308575918823436.

Denzin, N. (2002) Social Work in the Seventh Moment. *Qualitative Social Work*, Volume 1, Issue 1, pp. 25 – 38.

Devaney, J., Power, L., Jacobs, P., Davidson, G., Hiller, R., Martin, J., McCartan, C., McCusker, P., McGuire, R., Phillips, A., Roesch-Marsh, A., & Thapar, A. (2023) An agenda for future research regarding the mental health of young people with care experience. *Child & Family Social Work*, Volume 28 (4), pp. 960–970.https://doi.org/10.1111/cfs.13015.

Department for Education (2020) *Fostering in England 2019 to 2020: main findings*. Department for Education: [accessed online 15/05/2021: https://www.gov.uk/government/statistics/fostering-in-england-1-april-2019-to-31-march-2020/fostering-in-england-2019-to-2020-main-findings].

Department for Education (2022) Fostering in England 2021 to 2022: main findings. [Accessed online 11/12/23: https://www.gov.uk/government/statistics/fostering-in-england-1-april-2021-to-31-march-2022/fostering-in-england-1-april-2021-to-31-march-2022].

Department for Education (2024) Children looked after in England including adoptions: 2023 to 2024. [Accessed 11/12/23: https://explore-education-statistics.service.gov.uk/find-statistics/children-looked-after-in-england-including-adoptions/2023].

Dorsey, S., Farmer, E. M. Z., Barth, R. P., Greene, K. M., Reid, J., & Landsverk, J. (2008). Current status and evidence base of training for foster and treatment foster parents. Children and Youth Services Review, Volume 30(12), pp. 1403-1416.

Doughty, K. (2023) Therapeutic landscapes of stillness: creating affective sanctuary through practices of cocooning and immersing, Geografiska Annaler: Series B, Human Geography, DOI: 10.1080/04353684.2023.2281558.

Drive Forward Foundation (2021) A brief history of the UK care system. [Accessed online: 18/10/2023 https://driveforwardfoundation.org/a-brief-history-of-the-uk-care-system/#:~:text=Foster%20care%20in%20the%20modern,placed%20them%20with%20foster%20families].

Duff, C. (2016) Atmospheres of Recovery: Assemblages of Health. Environment and Planning, Volume 48, Issue 1, pp. 58 – 74**.**

Dupont, I. (2008) 'Beyond Doing No Harm: A Call for Participatory Action Research with Marginalized Populations in Criminological Research'. *Critical Criminology*, Volume 16(3): 197-207.

Duranti, A. (2006) Transcripts, Like Shadows on A Wall. *Mind, Culture, and Activity*, Volume 12 (4), pp. 301 – 310.

Eberle, T. (2015) "Phenomenology as a Research Method.", in *The SAGE Handbook of Qualitative Data Analysis*, edited by Uwe Flick, pp. 184 – 202. London: Sage.

Ellis, K. and Sen, R. (2024) Meeting the challenges of participation? Care experienced people's involvement in social work practice and policy development. European Journal of Social Work, https://doi.org/10.1080/13691457.2024.2418874.

Emmerson, P. (2019) More-than-therapeutic landscapes. *Area*, Volume 51 (3), pp. 595–602. doi: 10.1111/AREA.12557.

Engler, A., Sarpong, K., Van Horne, B., Greely, C., and Keefe, R. (2022) A systematic review of mental health disorders of children in foster care. Trauma, Violence Abuse, Volume 23, Number 1, pp. 255 – 264.

English, J., Wilson, K., and Keller-Olaman, S. (2008) Health, healing and recovery: Therapeutic landscapes and the everyday lives of breast cancer survivors. Science & Medicine, Volume 67, pp. 68 – 78.

Eskin, M. (2013) *Problem Solving Therapy in the Clinical Practice*. London: Elsevier.

Farmer, E., Dorsey, S., Mustillo, S. (2006) Enhancing and adapting treatment foster care: lessons learned in trying to change practice. In: C.C. Newman, C.J. Liberton, K. Kutash, R.M. Friedman, eds. *The 18th Annual Research Conference Proceedings: A System of Care for Children's Mental Health: Expanding the Research Base*. Tampa: The Research and Training Center for Children's Mental Health, pp. 1–9.

Fido, D., Rees, A., Clarke, P., Petronzi, D., Richardson, M. (2020) Examining the connection between nature connectedness and dark personality. Journal of Environmental Psychology, Volume 72, p. 101499. https://doi.org/10.1016/j.jenvp.2020.101499.

Finlay, L., (2011) Phenomenology for Therapists: Researching the Lived World. Wiley Blackwell: United Kingdom.

Firmin, C. and Knowles, R. (2020) *The legal and policy framework for Contextual Safeguarding approaches*. Contextual Safeguarding Network: accessed online 10/05/2021: https://contextualsafeguarding.org.uk/wp-content/uploads/2020/10/CS-Legal-Briefing-2020-FINAL-1-1.pdf]**.**

Fleetwood, J. (2016) Narrative habitus: Thinking through structure/agency in the narratives of offenders. *Crime, Media, Culture: An International Journal,* Volume 12, Issue, 2, pp. 173 – 192

Fonagy, P., Gyorgy, G. Elliot, J., Targe, M. (2004) *Affect Regulation, Mentalisation, and the Development of the Self.* New York: Other Press.

Fostering Wales (2024) Blog: what are foster care bedroom requirements in the UK? [Accessed online: https://fosterwales.gov.wales/what-are-the-foster-care-bedroom-requirements-in-the-uk].

Fostering Network(2024) Advice and Information: Fostering Statistics. [Accessed online: https://www.thefosteringnetwork.org.uk/advice-information/all-about-fostering/fostering-statistics#:~:text=England,42%2C615%20foster%20families%20in%20England].

Fratto, C. (2016) Trauma-Informed Care for Youth in Foster Care. Archives of Psychiatric Nursing, Volume 30, pp. 439 – 446**.**

Frogley, C. (2018) Developmental Trauma: How useful is this framework? The Association for Child and Adolescent Mental *Health*: Accessed online 18/08/2021: https://www.acamh.org/blog/developmental-trauma-useful-framework/]**.**

Frost, L. and Hoggett, P. (2008) Human agency and social suffering. Critical Social Policy, Volume 28, Issue 4, https://doi.org/10.1177/0261018308095279.

Fuggle, P., Redfern, S. and Freud, A. (2019) Positive mental health and wellbeing in children and young people: Suggestions for practice. Research in Practice: [accessed online 08/05/2021: https://www.researchinpractice.org.uk/children/publications/2019/august/positive-mental-health-and-wellbeing-in-children-and-young-people-suggestions-for-practice-2019/].

Gaekwad, J., Sal Moslehian, A., Roös, P., and Walker, A. (2022) A Meta-Analysis of Emotional Evidence for the Biophilia Hypothesis and Implications for Biophilic Design. Front Psychol, doi: 10.3389/fpsyg.2022.750245.

Gaggiotti, H., Jarvis, C., von Bulow, C., Kars-Unuoglu, S., (2024) From magical thinking to being 'pragmatic': Narratives of wellbeing in health and care in England. In: Phillips, T., Araújo, N., Jones, T.W., Taylor, J. (eds) Narratives of Wellbeing. Palgrave Macmillan, Cham. https://doi.org/10.1007/978-3-031-59519-6_13.

Gardner, H. (1996) The concept of family: Perceptions of children in family foster care. *Child Welfare*, Volume 75, Number 2, pp. 161-182.

Galdas, P. (2017) Revisiting Bias in Qualitative Research: Reflections on Its Relationship with Funding and Impact. *International Journal of Qualitative Methods*, Volume 16, Issue 1, pp. 1 – 2 .

Germain, S., Wilkie, K., Virginia, M., and Theule, J. (2018) Animal-assisted Psychotherapy and Trauma: A meta-analysis. Anthroos, Volume 31, Issue, 2, pp. 141 – 164.

Gesler, W. (1992) Therapeutic landscapes, medical Issues in the light of the new cultural geography. *Social Science and Medicine*, Volume 34 (7), 735–746.

Gesler, W. (1993) Therapeutic Landscapes: Theory and a Case Study of Epidarous, Greece. Environmental Planning D: Society and Space, Volume 11, Issue 2, https://doi.org/10.1068/d110171.

Gesler, W. (2003) Healing Places. Rowman & Littlefield Publishers, Inc: Maryland.

Gesler, W. (2005) Therapeutic landscapes: An evolving theme. *Health & Place*, Volume 11 (4), pp. 295–297. doi: 10.1016/j.healthplace.2005.02.003.

Gesler, W. (2018) Therapeutic Landscapes. *The International Encyclopaedia of Anthropology*, pp. 1–9. doi: 10.1002/9781118924396.WBIEA1422.

Goffman, E. (1959) *The Presentation of Self in Everyday Life*. New York, Bantam.

Golding, K. (2008) *Nurturing Attachments: Supporting Children Who Are Fostered or Adopted*. London: Jessica Kingsley Publishers.

Golding, K. (2020) Understanding and helping children who have experienced maltreatment. *Paediatrics and Child Health,* Volume 30, Issue 11, pp. 371–377.

Gorman, R. (2016) Therapeutic landscapes and non-human animals: the roles and contested positions of animals within care farming assemblages. *Social & Cultural Geography*, Volume 18 (3), pp. 315–335. doi: 10.1080/14649365.2016.1180424.

Gorman, R. (2017) Smelling therapeutic landscapes: Embodied encounters within spaces of care farming. *Health & Place*, Volume 47, pp. 22 - 28 doi: 10.1016/j.healthplace.2017.06.005.

Gordon, H. (2019) The natural environment and its benefits for children and young people looked after. In: Mannay, D., Rees, A. and Roberts, L. eds. *Children and young people 'looked after'? Education, intervention and the everyday culture of care in Wales*. Cardiff: University of Wales Press, pp. 99-112.

Green, J. (2020) The Built Environment and Predicting Child Maltreatment: An Application of Random Forests to Risk Terrain Modelling. The Professional Geographer, Volume 74, Issue 1, pp. 67 – 78.

Gurney-Smith, B. (2019) DDP therapy: 'Does it do exactly what it says on the tin?'. [Accessed online: https://ddpnetwork.org/backend/wp-content/uploads/2019/06/DDP-Does-it-do-exactly-what-it-says-on-the-tin-Ben-Gurney-Smith-Apr-19-.pdf].

Gurney-Smith, B. and Hudson, M. (2018) DDP Research Survey Report 2018: [Accessed online: https://ddpnetwork.org/library/ddp-research-survey-report-2018/].

Harkness, C. (2018) Towards an understanding of the 'therapeutic' in foster care: an exploration of foster carers' capacities to help heal children with trauma. *Children Australia*, Volume 44, Issue 2, pp. 65 – 72.

Harper, D. (2002) Talking about pictures: a case for photo elicitation. *Visual Studies*, Volume 17, Number 1, pp. 13 – 26.

Harper, D. (2005) ' What's new visually?' in Denzin, N. and Lincoln, Y. (eds.) *Sage Handbook of Qualitative Research*. London: Sage.

Harrison, N. (2020) Patterns of participation in Higher Education for care-experienced students in England: Why has there not been more progress? Studies in Higher Education. https ://doi.org/10.1080/ 03075 079.2019.15820 14.

Harrison, N., Baker, Z., and Stevenson, J. (2022) Employment an further study outcomes for care-experienced graduates in the UK. Higher Education, Volume 83, pp. 357 – 378.

Havlick, D., Cerveny, L., and Derrin, M. (2021) Therapeutic Landscapes, outdoor programs for veterans, and public lands. Social Science & Medicine, Volume 268, 113540. https://doi.org/10.1016/j.socscimed.2020.113540.

Hazel, N. (1990) *Fostering Teenagers: Two Innovative schemes in Kent. London*: National Foster Care Association.

Healey-Ogden, M. and Austin, W. (2010) Uncovering the Lived Experience of Well-Being. *Qualitative Health Research*, Volume 21 (1), pp. 85–96. doi: 10.1177/1049732310379113.

Hediger, K., Wagner, J., Künzi, P., Haefeli, A., Theis, F., Grob, C., . . . Gerger, H. (2021). Effectiveness of animal-assisted interventions for children and adults with post-traumatic stress disorder symptoms: A systematic review and meta-analysis. European Journal of Psychotraumatology, Volume 12, Issue 1. https://doi.org/10.1080/20008198.2021.1879713

Heidegger, M. (1927) Being and Time. Blackwell Publishing: Oxford.

Hiller, J. (2016) *Epistemological Foundations of Objectivist and Interpretivist Research*. Barcelona Publishers: Dallas.

Hiller, R., Halligan, S., Meiser-Stedman, R., Elliott, E., and Rutter-Eley, E. (2020) Supporting the emotional needs of young people in care: a qualitative study of foster carer perspectives. BMJ Open, Volume 10, Issue 3, pp. 1 – 10.

Hiller, R., Meiser-Stedman, R., Elliott, E., Banting, R., and Halligan, S. (2021) A longitudinal study of cognitive predictors of (complex) post-traumatic stress in young people in out-of-home care." Journal of child psychology and psychiatry Volume 62.1, pp. 48-57.

Hiller, R, Lehmann, S., Lewis, S., Minnis, H., Shelton, K., Tarren-Sweeney, M., and Taussig, H. (2023) Accommodating Complexity: The Need for Evidence-Informed Mental Health Assessments for Children in Out-of-Home Care. Journal of the American Academy of Child & Adolescent Psychiatry, Volume 62, Issue 1, pp. 12 – 18.

HM Government (2018) Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children. HM Government: [accessed Online 05/03/2021: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/942454/Working_together_to_safeguard_children_inter_agency_guidance.pdf].

Holmes, L., Ward, H., McDermind, S. (2012) Calculating and comparing the costs of multidimensional treatment foster care in English local authorities. *Children and Youth Services Review*, Volume 34, Issue 11, pp. 2141 – 2146.

Howard League (2018) Ending the criminalisation of children in residential care: Briefing one. Howard League for Penal Reform: [accessed online 24/06/2021: https://howardleague.org/wp-content/uploads/2017/07/Ending-the-criminalisation-ofchildren-in-residential-care-Briefing-one.pdf].

Hughes, D. (2009) *Attachment-focused parenting: Effective strategies to care for children*. WW Norton & Company: New York.

Hughes, D., & Golding, K. (2012) *Creating loving attachments: Parenting with PACE to nurture confidence and security in the troubled child.* Jessica Kingsley Publishers.

Hughes, D., Golding, K. and Hudson, J. (2015) Dyadic Developmental Psychotherapy (DDP): the development of the theory, practice and research base. *Adoption & Fostering*, Volume 39, Issue 4, pp. 356 – 365.

Hughes, D. (2018) Dyadic Developmental Psychotherapy (DDP): An Attachment-focused Family Treatment for Developmental Trauma. Australian and New Zealand Journal of Family Therapy, Volume 28, pp. 595 – 605.

James, S. and Meezan, W. (2002) Refining the Evaluation of Treatment Foster Care. *Families in Society*, Volume 83, Number 3, pp. 233 – 244.

James, A. and Prout, A. (1997) *Constructing and Reconstructing Childhood: Contemporary Issues in the Sociological Study of Childhood*. London: Routledge Falmer: London.

Jirek, SL. (2017) Narrative reconstruction and post-traumatic growth among trauma survivors: The importance of narrative in social work research and practice. *Qualitative Social Work Volume* 16, pp. 166-188.

Joseph, M., O'Connor, T., Briskman, J., Maughan, B. and Scott, S. (2014) The formation of secure new attachments by children who were maltreated: An observational study of adolescents in foster care. *Development and Psychopathology*, Volume 26, Issue 1, pp. 67 – 80.

Kaplan, R., and S. Kaplan. (1989) The Experience of Nature. a Psychological Perspective. Cambridge: Cambridge University Press.

Kearns, R. A. and Collins, D. C. A. (2000) New Zealand children's health camps: therapeutic landscapes meet the contract state. *Social Science & Medicine*, Volume 51, Issue 7, pp. 1047 – 1059.

Kearns, R. and Milligan, C. (2020) Placing therapeutic landscape as theoretical development in Health & Place. *Health & Place,* Volume 61, pp. 1353–8292. doi: 10.1016/j.healthplace.2019.102224.

Kaushik, V. and Walsh, A. (2019) Pragmatism as a Research Paradigm and Its Implications for Social Work Research. *Social Sciences*, Volume8, Issue, 9, p. 255. https://doi.org/10.3390/socsci8090255.

Kelly, W. And Salmon, K. (2014) Helping foster parents understand the foster child's perspective: A relational learning framework for foster care. *Clinical Child Psychology*. Volume 19, Issue 4, pp. 535 – 547.

Klein, U. (2020) Seeing and communicating: photography and young male adults with Autism Spectrum Disorder. *Visual Communication*, Volume 0, Issue 0, pp. 1 – 26.

Kohli, R. K., Connolly, H., & Warman, A. (2010). Food and its meaning for asylum seeking children and young people in foster care. *Children's Geographies*, Volume *8*(3), pp. 233-245.

Konijn, C., Colonnesi, C., Kroneman, L., Liefferink, N., Lindauer, R. and Stams, G. (2020) 'Caring for children who have experienced trauma' – an evaluation of a training for foster parents. *European Journal of Psychotraumatology*, Volume 11, Issue 1, pp. 1 – 13.

Lahman, M., Thomas, R. and Teman, E. (2022) A Good Name: Pseudonyms in Research. *Qualitative Inquiry*, Volume 29, Issue 6, pp. 678 - 685

Lapenta F. (2012) 'Some Theoretical and Methodological Views on Photo Elicitation', in Margolid, E. and Pauwels, L. (eds) *The Sage Handbook of Visual Research Methods*. London: SAGE Publications Ltd.

Lea, J. (2008) Retreating to nature: Rethinking 'therapeutic landscapes'. Area, Volume 40, Issue 1, pp. 90 – 98.

Lengen, C. (2015) The effects of colours, shapes and boundaries of landscapes on perception, emotion and mentalising processes promoting health and well-being. Health & Place, Volume 35, pp. 166 – 177.

Levine, B., & Land, H. M. (2015). A meta-synthesis of qualitative findings about Dance/Movement Therapy for individuals with trauma. *Qualitative Health Research*, 26, 330-344. Http://dx.doi.org/10.1177/1049732315589920.

Lewis, S. and Selwyn, J. (2021) An Evaluation of the Brights Spots Programme. 10 000 Voices: The Rees Centre. Accessed 30/04/2023: https://www.education.ox.ac.uk/wp-content/uploads/2024/07/An-Evaluation-of-the-Bright-Spots-Programme.pdf .

Liebenberg, L., Jamal, A., Ikeda, J. (2020) Extending Youth Voices in a Participatory Thematic Analysis Approach. *International Journal of Qualitative Methods*, Volume 19, pp. 1 – 13.

Lindsay-Dennis, L. (2015) Black Feminist-Womanist Research Paradigm: Toward a Culturally Relevant Research Model Focused on African American Girls. *Journal of Black Studies*, Volume 46, Issue 5, pp. 506 – 520.

Linville, D., Ruff, S., Morgan, K., & Zilberstein, K. (2024) Ingredients of successful therapeutic relationships with foster youth according to key stakeholders in child welfare: A grounded theory analysis. *Journal of Marital and Family Therapy*, Volume 50, Issue 4, pp. 975–1004. https://doi.org/10.1111/jmft.12731.

Lloyd, S. (2023) An innovative approach to working with children who have experienced developmental trauma: An introduction to the Building Underdeveloped Sensorimotor Systems (BUSS®) model. *Adoption and Fostering*. Volume 47, Issue 2. doi: 10.1177/03085759231174902.

Lobb, A. (2018) Lemn Sissay: "Why does society hate young people in care?". *The Big Issue*: accessed online on 01/06/2021: https://www.bigissue.com/culture/lemnsissay-why-does-society-hate-young-people-in-care.

Lundy, L. (2018) In defence of tokenism? Children's right to participate in collective decision-making. Childhood, Volume 25(3), pp. 340 – 354 .

Lynch, G. (2020) Pathways to the 1946 Curtis Report and the post-war reconstruction of children's out-of-home care. Contemporary British History, 34 (1). pp. 22-43. ISSN 1361-9462.

Cameron, R. and Maginn, C. (2008) The Authentic Warmth Dimension of Professional Childcare. British Journal of Social Work, Volume 38, Number 6, pp. 1151 – 1172.

Mambrol, N. (2020) Trauma studies. [Accessed Online 11/12/23: https://literariness.org/2018/12/19/trauma-studies/]

Mannay, D. (2013). 'Who put that on there… why why why?'Power games and participatory techniques of visual data production. *visual studies*, Volume *28*(2), pp. 136-146.

Mannay, D. (2015). *Visual, narrative and creative research methods: Application, reflection and ethics*. Routledge.

Marks, S. (2017) Psychotherapy in historical perspective**.** *History of the Human Sciences*, Volume 30, Issue 2, pp. 3 – 16.

Marques, B., McIntosh, J. and Webber, H. (2021) Therapeutic Landscapes: A Natural Weaving of Culture, Health and Land. In Eds, Ergen, M. and Ergen, Y. Landscape Architecture Framed from an Environmental and Ecological Perspective. DOI: 10.5772/intechopen.99272.

Maruna, S. (2015) Narrative Criminology as the New Mainstream. In Presser, L. and Sandberg, S. (eds) *Narrative Criminology: Understanding Stories of Crime*. New York: NYU Press.

McConnell, A. R., Paige Lloyd, E. and Humphrey, B. T. (2019) We Are Family: Viewing Pets as Family Members Improves Wellbeing. *Anthrozoos*, Volume 32 (4), pp. 459–470. doi: 10.1080/08927936.2019.1621516.

McGrane, J., Selwyn, J., & Baker, C. (2024) The development and psychometric validation of a survey to measure the subjective well-being of care leavers. *Children and Youth Services Review,* 158, 107462. https://doi.org/10.1016/j.childyouth.2024.107462.

McKinney, J. (2011) The situated self and the negotiations of a "bad" identity in therapeutic foster care. *Children and Youth Services Review*, Volume 33, pp. 84 – 90.

McLeod, A. (2007) Whose agenda? Issues of power and relationship when listening to looked-after young people. Child & Family Social Work, Volume 12, Issue 3, pp. 278 – 386.

McMullin, C. (2023) Transcription and Qualitative Methods: Implications for Third Sector Research. *Voluntas*, Volume 34 (1), pp. 140–153. doi: 10.1007/S11266-021-00400-3/TABLES/1.

Mental Health Foundation (2021) Children and Young People. Mental Health Foundation: [accessed 23/06/2021: https://www.mentalhealth.org.uk/a-to-z/c/children-and-young-people].

Mersky, J., Topitzes, J., Grant-Savela, S., Brondino, M. and Mcneil, C. (2016) Adapting Parent-child Interaction Therapy to Foster Care: Outcomes from a Randomized Trial. *Research on Social Work Practice*, Volume 26, Issue 2, pp. 157 – 67.

Milligan, C., Gatrell, A., & Bingley, A. (2004) 'Cultivating health': therapeutic landscapes and older people in northern England. *Social science & medicine*, Volume *58*(9), pp. 1781-1793.

Milner, J., & Kelly, D. (2021). The need for justice in child welfare. *Child Welfare*, Volume *99*(3), pp. 1-30.

Mitchell, J. and Naish, S. (2020) *The Complete Guide to Therapeutic Parenting: A Helpful Guide to the Theory, Research and What it Means for Everyday Life*. London: Jessica Kingsley Publishers.

Moinian, F. (2006) I can tell it as it is! Exploring how children write and talk about themselves in school. *Ethnography and Education*, Volume 1, Issue 2, pp. 231 – 246.

Murray, M., Culver, T., Farmer, E., Jackson, L., Rixon, B. (2014) From Theory to Practice: One Agency's Experience with Implementing an Evidence-Based Model. *Journal of Child and Family Studies*, Volume 23, pp. 844 – 853.

National Implementation Service (2021) National Implementation Service: Multidimensional Foster Care. *National Implementation Service*, [accessed online 11/10/2021: https://www.evidencebasedinterventions.org.uk/about/national-implementation-service].

Natural World (2023) The Children's People and Nature Survery for England: 2023 update. HM Government [Accessed 20/11/2024: https://www.gov.uk/government/statistics/the-childrens-people-and-nature-survey-for-england-2023-update/the-childrens-people-and-nature-survey-for-england-2023-update#summary].

Nagib, W. and Williams, A. (2018) Creating "therapeutic landscapes" at home: The experiences of families of children with autism. *Health & Place*, Volume 52, pp. 46 – 54 doi: 10.1016/j.healthplace.2018.05.001.

Naray, M. and Owers, M. (2018) Foster Care in England. Department for Education: London, [accessed online: https://assets.publishing.service.gov.uk/media/5a7885aa40f0b62e286ad7ec/Foster_Care_in_England_Review.pdf].

Newman, A., Donohue, R., & Eva, N. (2017) Psychological safety: A systematic review of the literature. *Human resource management review*, Volume *27*(3), pp. 521-535.

Ogden, T. and Hagen, K. (2018) *Adolescent Mental Health: Prevention and Intervention*. Oxon: Routledge.

O'Haire, M. E., Guérin, N. A., & Kirkham, A. C. (2015) Animal-assisted intervention for trauma: A systematic literature review. *Frontiers in psychology*, *6*, p. 1121. p.1121. doi:10.3389/fpsyg.2015.01121.

O'Neill, M. (2016) Methods of Cultural Sociology. In: Moebuis, S., Nungesser, F. and Scherke, K. (eds) *Handbuch Kultursoziologie*. Wiesbaden: Springer.

Oakley, M., Miscampbell, G., & Gregorian, R. (2018). Looked-after children: The silent crisis. London: Social Market Foundation. [Accessed online: https://www.smf.co.uk/wp-content/uploads/2018/08/Silent-Crisis-PDF.pdf].

Ogden, T., & Hagen, K. A. (2018) *Adolescent mental health: Prevention and intervention*. Routledge.

Pascale, C. (2011) *Cartographies of knowledge: Exploring qualitative epistemologies*. Thousand Oaks, CA: Sage.

Peck, B. and Mummery, K. (2018) Hermeneutic Constructivism: An Ontology for Qualitative Research. *Qualitative Health Research*, Volume 28, Issue 3, pp. 389 – 407.

Perry, B. D., & Hambrick, E. P. (2008) The neurosequential model of therapeutics. *Reclaiming children and youth*, Volume *17*(3), pp. 38-43.

Pignotti, M. And Mercer, J. (2007) Holding Therapy and Dyadic Developmental Psychotherapy Are Not Supported and Acceptable Social Work Interventions: A Systematic Research Synthesis Revisited. *Research on Social Work Practice*, Volume 17, Number 4, pp. 513 – 519.

Pink, S. (2012) 'Visual Ethics in a Contemporary Landscape', in A. Clark (eds) *Advances in Visual Methodology*. London: SAGE Publications Ltd.

Polvere, L. (2011) Youth perspectives on restrictive mental health placement: Unearthing a counter narrative. *Journal of Adolescent Research*, Volume 26, Issue 3, pp. 318–343.

Pughe, B., & Philpot, T. (2006) *Living alongside a child's recovery: Therapeutic parenting with traumatized children*. Jessica Kingsley Publishers.

Raby, R., Lehmann, W., Helleiner, J. and Easterbrook, R. (2018) Reflections on Using Participant-Generated, Digital Photo-Elicitation in Research with Young Canadians About Their First Part-Time Jobs. International Journal of Qualitative Methods, Volume 17, Issue 1, pp. 1 – 10.

Rathmann, J. (2021) *Therapeutic Landscapes: An Interdisciplinary Perspective on Landscape and Health*. Springer Nature.

Rayburn, A., McWey, L. and Cui, M. (2016) The interrelationships between trauma and internalizing symptom trajectories among adolescents in foster care. *Children and Youth Services Review*, Volume 61, pp. 332 – 336.

Rehill, J., Nuffield Family Justice Observatory, Oliver., S., Films, F., Barnett-Jones, B. (2022) The care files: Exploring the experiences of teenagers entering the care system. Nuffield Family Justice Observatory. https://www.nuffieldfjo.org.uk/ resource/the-care-files-exploring-the-experiences-ofteenagers-entering-the-care-system [Accessed 05.04.2023].

Rees, A., Holland, S., & Pithouse, A. (2012). Food in foster families: Care, communication and conflict. *Children & Society*, *26*(2), pp. 100-111.

Rees, A. (2019) The daily lived experiences of foster care. In: D. Mannay, A. Rees & L. Roberts, eds. *Children and Young People 'Looked After'?: Education, Intervention and the Everyday Culture of Care in Wales*. Cardiff: University of Wales Press, pp. 85–103.

Richardson, M., McEwan, K., Maratos, F., & Sheffield, D. (2016) Joy and calm: How an evolutionary functional model of affect regulation informs positive emotions in nature. *Evolutionary Psychological Science*, Volume *2*, pp. 308-320.

Roberts, C. (1997) Transcribing Talk: Issues of Representation. *TESOL Quarterly,* Volume 31 (1), pp. 167–172.

Schofield, G., & Beek, M. (2005) Risk and resilience in long-term foster-care. *British Journal of Social Work*, Volume *35*(8), pp. 1283-1301.

Schofield, G., Biggart, L., Ward, E., & Larsson, B. (2015) Looked after children and offending: An exploration of risk, resilience and the role of social cognition. *Children and youth services review*, Volume *51*, pp. 125-133.

Schofield, G., Cossar, J., Ward, E., Larsson, B., & Belderson, P. (2019) Providing a secure base for LGBTQ young people in foster care: The role of foster carers. *Child & Family Social Work*, Volume *24*(3), pp. 372-381.

Sebba, J., & Luke, N. (2019). The educational progress and outcomes of children in care. *Oxford Review of Education*, Volume *45*(4), pp. 435-442.

Selwyn J, Briheim-Crookall L (2022) *10,000 Voices: The views of children in care on their well-being*. Coram Voice. Available at: coramvoice.org.uk/wp-content/uploads/2022/11/2410-CV-YLYC-2021-Report-new3-lo-10.10.10.pdf.

Selwyn, J., Saunders, H., and Farmer. E. (2010) The Views of Children and Young People on Being Cared For by an Independent Foster-Care Provider. *British Journal of Social Work*, Volume 40, Issue 3, pp. 696 – 713.

Shuker, L. and Pearce, J. (2019) Could I do something like that? Recruiting and training foster carers for teenagers "at risk" of or experiencing child sexual exploitation. *Child and Family Social Work*, Volume 23, Issue 3, pp. 361 – 369.

Skeggs, B. (2004) Exchange, value and affect: Bourdieu and 'the self', in L. Adkins and B. Skeggs (eds) *Feminism after Bourdieu*. Oxford: Blackwell.

Smith, L., Davis, K. and Bhowmik, M. (2010) Youth Participatory Action Research Groups as School Counselling Interventions. *ASCA*, Volume 14, Issue 2, pp. 174 – 181.

Smith, M. (1995) Ethics in focus groups: a few concerns. *Qualitative Health Research* Volume 5, Issue 4, pp. 478 – 486.

Smith, L. T. (2021) *Decolonizing Methodologies: Research and Indigenous Peoples. Third edition.* London: Bloomsbury Publishing**.**

Smith, S. L., Buschang, P. H., & Dechow, P. C. (2017). Growth of the maxillary sinus in children and adolescents: A longitudinal study. *Homo*, Volume *68*(1), pp. 51-62.

Southerland, D. G., Mustillo, S. A., Farmer, E. M., Stambaugh, L. F., & Murray, M. (2009) What's the relationship got to do with it? Understanding the therapeutic relationship in therapeutic foster care. *Child and Adolescent Social Work Journal*, Volume *26*, pp. 49-63.

Staines, J., Farmer, E., & Selwyn, J. (2011). Implementing a Therapeutic Team Parenting Approach to Fostering: The Experiences of One Independent Foster-Care Agency. *The British Journal of Social Work*, Volume *41*(2), pp. 314–332. http://www.jstor.org/stable/43771415.

Taheri, S., Sichani, M. G., & Shabani, A. (2021) Evaluating the literature of therapeutic landscapes with an emphasis on the search for the dimensions of health: A systematic review. *Social Science & Medicine*, Volume *275*, 113820. doi:10.1016/j.socscimed.2021.113820.

Trieschman, A., Whittaker, J.un and Brendtro, L. (1969) *The Other 23 Hours: Child Care Work with Emotionally Disturbed Children in a Therapeutic Milieu.* Oxon: Routledge.

Trivedi, S. (2019). The harm of child removal. *NYU Rev. L. & Soc. Change*, Volume *43*, pp. 523 - 578.

Trnka, S. (2021) Multi-sited therapeutic assemblages: Virtual and real-life emplacement of youth mental health support. *Social Science & Medicine*, Volume 278, p. 113960. doi: 10.1016/j.socscimed.2021.113960.

Tullberg, E., Vaughon, W., Muradwij, N. and Breker, B. (2019) Unpacking "support": Understanding the complex needs of therapeutic foster parents. *Children and youth services review*. Volume 105, p. 104420. doi:10.1016/j.childyouth.2019.104420.

Turner, W. And Macdonald, G. (2011) Treatment Foster Care for Improving Outcomes in Children and Young People: A Systematic Review. *Research on Social Work Practice*, Volume 21, Issue 5, pp. 501 – 527.

UK Trauma Council (2022) Complex trauma: evidence-based principles for the reform of children's social care. [Accessed on 11/12/23: https://uktraumacouncil.link/documents/UKTC-ComplexTrauma-Principles.pdf].

Ulrich, R. S. (1983). Aesthetic and affective response to natural environment.

Ulrich, R. S., Simons, R. F., Losito, B. D., Fiorito, E., Miles, M. A., & Zelson, M. (1991). Stress recovery during exposure to natural and urban environments. *Journal of environmental psychology*, Volume *11*(3), pp. 201-230.

Valladares, A., Bornstein, L., Botero, N., Gold, I., Sayanvala, F., Weinstock, D. (2022) From scary places to therapeutic landscapes: Voices from the community of people living with schizophrenia, *Health & Place*, Volume 78, p. 102903. doi: 10.1016/J.HEALTHPLACE.2022.102903.

Van Deurzen, E. (2010) *Everyday Mysteries: A handbook of existential psychotherapy*. London: Routledge.

Van der Kolk, B. (1988) The trauma spectrum: The interaction of biological and social events in the genesis of the trauma response. *Journal of Traumatic Stress*, Volume *1*(3), pp. 273-290.

Van der Kolk, B. (2015) *The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma.* New York: Penguin Random House.

Villagrana, M., & Lee, S. Y. (2020) Foster care alumni's perception of mental health services while in foster care: A focus on the mental health provider and therapeutic process. *Journal of Public Child Welfare*, Volume *14*(5), pp. 570-586.

Wang, C. and Redwood-Jones, Y. (2001) Photovoice Ethics: Perspectives from Flint Photovoice. *Heath Education & Behaviour*, Volume 28, Issue 5, pp. 560 – 572.

Watts, M. (2008) Narrative Research, Narrative Capital, Narrative Capability. In J. Satterthwaite, M. Watts, and H. Piper (eds) *Talking Truth, Confronting Power*. London: Trentham Books.

Wanless, S. B. (2016). The role of psychological safety in human development. *Research in human development*, Volume *13*(1), 6-14.

Waters, E., Crowell, J., Elliott, M., Corcoran, D., & Treboux, D. (2002). Bowlby's secure base theory and the social/personality psychology of attachment styles: Work (s) in progress. *Attachment & human development*, Volume *4*(2), pp. 230-242.

Watson, D., Hahn, R., & Staines, J. (2019) Storying special objects: Material culture, narrative identity and life story work for children in care. *Qualitative Social Work*, Volume 19(4), pp. 701 - 718. doi: 10.1177/1473325019850616.

Watson, J. C. and Sharbanee, J. M. (2022) Emotion Focused Therapy – Case Conceptualization and Treatment: Adults. *Comprehensive Clinical Psychology, Second Edition*, Volume 6, pp. 105–128. doi: 10.1016/B978-0-12-818697-8.00210-7.

Ward H. (2011) Continuities and discontinuities: Issues concerning the establishment of a persistent sense of self amongst care leavers. *Children and Youth Services Review, Volume* 33, pp. 2512-2518.

Whittaker, J., de Valle, J. and Lisa Holmes (2015) *Therapeutic residential care with children and youth: developing evidence-based international practice*. London: Jessica Kingsley Publishers.

Wijedasa, D. (2017). 'People like me don't have much of a chance in life': comparing the locus of control of young people in foster care with that of adoptees, children from disadvantaged backgrounds and children in the general population. *Adoption & Fostering*, Volume *41*(1), pp. 5-19.

Williams, A. (2002) Changing geographies of care: Employing the concept of therapeutic landscapes as a framework in examining home space', *Social Science and Medicine*, Volume 55 (1), pp. 141–154. doi: 10.1016/S0277-9536(01)00209-X.

Wilson, E. O. (1986). *Biophilia*. Harvard university press.

Wilson, K., Petrie, S., & Sinclair, I. (2003). A kind of loving: A model of effective foster care. *British Journal of Social Work*, Volume *33*, Issue 8, pp. 991-1003.

Winchester, M. and McGrath, J. (2017) Therapeutic landscapes: anthropological perspectives on health and place. *Medicine Anthropology Theory*, Volume 4 (1), pp. i–x.

Wood, M. and Selwyn, J. (2017) Looked after children and young people's views on what matters to their subjective well-being. *Adoption & Fostering*, Volume 41, Issue 1, pp. 20 – 34.

Wright, C., Darko, N., Standen, P.J. and Patel, T. (2010) Visual Research Methods: Using Cameras to Empower Socially Excluded Black Youth. *Sociology*, Volume 44, Issue 3, pp. 541-558.

Yates, L. (2010) The story they want to tell, and the visual story as evidence: Young people, research authority and research purposes in the education and health domains. *Visual Studies*, Volume 25, Issue 3, pp. 80 – 91.

Zhang, M. F., and Selwyn, J. (2020). The subjective well-being of children and young people in out of home care: Psychometric analyses of the "Your Life, your Care" survey. *Child Indicators Research*, Volume *13,* Issue 5, pp. 1549-1572.

Zoromba, M. A., Selim, A., Ibrahim, A. M., Elsehrawy, M. G., Alkubati, S. A., Abousoliman, A. D., and El-Gazar, H. E. (2024). Advancing trauma studies: a narrative literature review embracing a holistic perspective and critiquing traditional models. *Heliyon*, Volume 10, Issue 16, p.e36257. doi:10.1016/j.heliyon.2024.e36257.

Appendices

Appendix A: Young Person Information Sheet

INFORMATION SHEET FOR YOUNG PEOPLE

Therapeutic? The Young Person's Perspective

CUREC Approval Reference: **R79284/RE001**

I'd like to invite you to take part in a research project.
My name is Amanda, and I am a research student at the University of Oxford in the Department for Education.

Before you decide whether to take part, it is important that you understand what this project is about, why it is being done and what taking part would involve for you.

Please read and think about this information sheet and discuss with other people, if you like. If anything isn't clear or you have more questions you can ask your participation officer or carer
or you can send me an email and I can discuss it with you!

Why am I doing this research?

Understanding the word *therapeutic* can be hard. The dictionary says that "if something is *therapeutic,* it can help you to relax or to feel better about things, especially about a situation that made you unhappy".

The word therapeutic can be used a lot. So, it is important we learn how to understand it properly.

We are often told that that therapeutic foster homes should have 'four pillars': safety, consistency, connection and choice. I am doing this project because, for adults, understanding if young people also think that these things help them to relax and feel better about things can sometimes be difficult. I would like you to share your opinions and experiences to help me understand a bit more about what these 'pillars' look like to you, in your day to day reality.

The main aim of this project is to explore what teenagers currently in foster care and young adults with care-experience think should be the key ingredients of a therapeutic foster home. I am especially interested in how you experience or have experienced things within a home environment that helped you to relax and feel better about things and also how you would design your own home environment to make sure that it feels therapeutic for you.

You can get more information about the project by contacting me using the details at the end of this sheet.

Why have I been invited to take part?

You have been invited to take part because you are between 13 and 26 years old and currently within a foster home placement or have care-experience. I would like to know what you think can make foster homes therapeutic places for young people because your ideas can help us to learn how to best provide therapeutic environments.

Do I have to take part?

No – it is up to you. After you have attended the introductory workshop to hear more about the project, I will ask you if you still like the sound of the project and if you want to take part, if you do I'll ask you to sign a form to say that you agree to take part. If you do decide to take part, you are free to stop at any time during the project without giving a reason, by telling the researcher (Amanda). If you decide to stop, I will not use any information already collected from you.

What are the advantages / disadvantages of taking part?

If you decide to take part in this study, you may see an advantage in being able to share your opinions and experiences on this topic that can help to inform service practice for young people in foster home placements. You may also enjoy meeting other young people, visiting the University of Oxford, and being part of the creation of a published guidebook called 'The Young Person's Guide to a Therapeutic Foster Home Environment' - aimed at adults.

There should not be any disadvantages involved in the study. But there could be a chance you find these topics uncomfortable to speak about. If so, there will be a social worker present at every meeting to help you if you feel uncomfortable or you want to leave the situation and speak to someone. The support you receive will not be affected by whether or not you chose to take part in the project.

What will happen if I take part?

If you decide to take part, the project has 4 stages, and will last for around 8 weeks.

Over the project, you will:

- Attend an introductory group workshop
    - During this workshop we will meet with other young people your age taking part in the project to discuss the project in more detail

You will be asked at the end of this workshop whether you agree to take part in the project.

- If you agree to take part, create a 3-week visual diary at home, starting after the introductory workshop.
    - You will have the choice to use a disposable camera, or you could use your smartphone or create artwork a day.
    - The aim is to capture moments, experiences, spaces, or objects around foster home environment that you feel have helped you to relax or make you feel better about things during each day. You can also capture things you serve as a memory of previous therapeutic experiences.
    - In a perfect world, you'd capture something every-day… but sometimes you might forget or be too busy, which is fine! But try to capture at least 7 images during the period.

- Once completed, you will be invited to a 15 – 60-minute individual conversation.
    - You will be asked to bring your visual diary to show and tell all the interesting things you captured during the month that represent your concept of therapeutic, using the photos to guide the conversation with me.
    - This can be held online or at the LA offices and at a time that suits you. It could last between 15 – 60 minutes but can last for as long as you feel comfortable.
    - With consent from you, this conversation will be audio-recorded so that I can remember what we talked about.
- A week after the conversation, you will be invited to a group art and discussion workshop.
    - This will be with the other young people your age on the project, who you might have already met at the introductory workshop.
    - At the workshop we will bring together ideas and map the 'key ingredients' that arose across all your visual diaries.
    - We'll use card decks inspired by what you found during your diary making and collage these ideas to help us create themes of the 'key ingredients' we discuss together
    - This will be held at St Edmunds Hall, University of Oxford. There will be a lunch break in the college's dining hall, and you'll be able to spend time in Oxford with the other young people once the workshop has finished.
    - With consent from you too, this workshop will be audio-recorded.

You'll also have the option for your *'pseudonymised'* ideas and unidentifiable images or artworks about the 'key ingredients' to form part of a magazine, entitled a "The Young Person's Guide to a Therapeutic Foster Home" aimed at adults. You don't have to be involved with this bit if you don't want to and have up until the last workshop to decide whether you want your ideas to form part of this additional part. Whether or not you agree for your images and ideas to be included will not affect your involvement in the research project.

You might be wondering what pseudonymised means. 'Pseudonymisation' is a fancy word for the process of using a made-up character's name in all the recorded data instead of your real name so that no one will know that it is you. You'll be able to pick your own character name for the project.

What happens to the information that is collected?

The information you provide during the study is the research data. Any research data from which you can be identified, such as your name, your personal photographs, and audio recordings are known as personal data.

Personal data will be *encrypted* and stored on a password protected University of Oxford storage server. This data will only be stored until the research project has ended, with the exception of the forms you signed to agree to take part, which will be stored securely for at least 3 years.

Other research data will be stored *encrypted* and password protected on the University's secure severs for at least 3 years after publication or public release of the work of the research.

You might be wondering what ***'encrypted'*** means. Encryption is a fancy computer process that scrambles the readable words so that only the person with the secret password can read it.

During this research, the researcher (Amanda) will be the only one to have the secret password to the data. However, responsible members of the University of Oxford may also be given access to the pseudonymised research data to monitor the study. As it is pseudonymised, this means that they would not know that it is your data they are looking at as it will have your character's name and not yours. During the research, whatever you share with the researcher about your opinions and experiences will be kept confidential. However, if anything comes up that suggests you might be in harm or there is a concern about your safety or the safety of others, then the researcher will have to highlight this with the social worker present in order to help safeguard you.

The group workshops will be a collective discussion and you or the other participants may share personal stories, which they may not want to be shared outside of the group workshop. Unfortunately, I cannot control what you or other participants may share outside of the group workshop. So, I can only ask that the things that others share during the workshops are kept confidential, and that you only share things that you would be comfortable with other people knowing. You'll be able to share more personal stories during the individual conversation, which will be kept confidential from all other participants.

This research project will be written up as part of my PhD. I may also aim to publish the pseudonymised findings in scientific journals, but this may be two to three years from the end of the study. It will be your choice whether I can use any of the photographs you create or direct quotes from conversations we have during the research and I will ask you for your permission to use any of this data in any publications. If you give permission, all your data will be pseudonymised using a made-up character and no identifiable photographs will be published.

Even though the research project findings will be pseudonymised with a random character, there still remains a risk that the stories or information you share may identify you for readers that may know you. However, I will attempt to limit this as much as possible when writing up the findings and I will double check with you after we finish the data collection to make sure you're still happy for me to include certain quotes, stories or images.

Will anyone else know I'm taking part?

I will keep your information private. This means I will only tell those who have a need or right to know. So, if you agree to take part, your participation officer, and if relevant your social worker or your foster carer will know you are taking part. No one else will know that you have taken part - unless, of course, you tell them yourself!

What if I don't want to take part in the research anymore?

If you feel that you no longer wish to take part at any time during the project stages, just tell your participation officer that you don't want to take part, or you can email me to let me know. You don't have to give a reason and no one will be annoyed with you. **It is your choice.**

Two weeks after we have finished the project, I will contact you to double check that you are still happy for me to share selected quotes, stories or visual diary inclusions that you have contributed – all will be pseudonymised of course! This is so that you are aware of what is being shared in the researcher, and the two-week window means that you have some time to reflect on what you've shared and decide whether you are happy for it to be published still. This will also be the final point that you can request for any of the quotes, stories or visual images you shared to not be included in the research publications.

Who is organising and funding this research?

The research is organised by the researcher (Amanda) through Oxford University, and I am a research student. The research is funded by through an ongoing project with an independent fostering agency.

Who has reviewed the study?

Before any study involving people can start, it has to be checked by a Research Ethics Committee to make sure that it is OK for it to go ahead. This study has been approved by the University of Oxford Central University Research Ethics Committee.

What if there is a problem or something goes wrong?

Please tell us if you are worried about any part of this project. You can also talk to your foster carer, social worker, or to your participation officer, who will let me know. If you are still unhappy or wish to make a formal complaint about this project, either you or your foster carer, participation lead or social worker can contact the Department of Education Research Ethics Committee at the University of Oxford:

- E-mail: research.office@education.ox.ac.uk
- Address: 15 Norham Gardens, Oxford, OX2 6PY.

Data Protection

The University of Oxford is responsible for looking after the information we're collecting about you. Further information about your rights with respect to your personal data is available from https://compliance.web.ox.ac.uk/individual-rights.

What should I do next?

If you are interested in taking part, you will be invited to the introductory workshop where we will discuss the project further. Only at the end of this workshop will you be asked to sign an agreement (consent/assent) form to take part. Please remember, if you change your mind about taking part later on, you can stop the project at any time, without giving a reason, by telling your participation lead or me. If you stop, the information you shared will not be used within the research and will be securely deleted - unless you still agree to the information being used as part of the research.

Contact details

If you would like to discuss anything about the research beforehand or if you have any questions, please contact:

Amanda Lyons
Email: Amanda.Lyons@education.ox.ac.uk
Rees Centre, Department of Education
University of Oxford, 15 Norham Gardens, Oxford OX2 6PY.
http://reescentre.education.ox.ac.uk

Thank you for reading this – please ask any questions if you need to.

Appendix B: Adult Information Sheet

Therapeutic? The Teenagers Perspective

INFORMATION SHEET FOR CARERS / GUARDIANS

Ethics Approval Reference: **R79284/RE001**

I would like to invite the young person to be part of this research project. I very much hope you would like the young person to take part, so it is important that you understand why the research project is being done and what it will involve.

What are we trying to find out?

The main aim of this research project is to explore teenagers in foster homes and young people with care-experience's ideas and opinions about what can make a foster home into a therapeutic environment for those aged 13 plus (a.k.a., teenagers), and how they suggest these foster homes should be created to include the key ingredients they discover throughout the project. I am especially interested in young people's perceptions and experiences about the things within a home that help them to relax and feel better about things. We are often told that that therapeutic foster homes should have 'four pillars': safety, consistency, connection and choice. But it is sometimes unclear how teenagers perceive these pillars during their day-to-day experiences within a foster home and how important these pillars are to them. This study will help us to understand the relevance of certain frameworks of therapeutic foster care for teenagers. I hope that the findings will allow us to identify the frameworks - or pillars - that suit the particular needs and lifestyles of teenagers.

More information about the project can be obtained by contacting the researcher using the details at the end of this sheet.

Why has the young person been invited to take part?

We are inviting the young person to take part because they are a teenager, aged between 13 – 18 years, currently in a foster care placement.

Does the young person have to take part?

No. You can ask questions about the project before deciding whether or not to allow the young person to participate. If you do agree to their participation, you may withdraw the young person and their data from the project at any time, without giving a reason and without penalty, by advising the researchers of this decision. If you provide consent for the young person to take part, they will be invited to an introductory group workshop to be given more information about the project before deciding whether or not they wish to take part.

What will happen if the young person takes part?

If you do provide consent to the young person taking part, they will be invited to an introductory group workshop to gain more information. If they agree to attend and also agree to take part, they will be involved in the research project for around 8 weeks. Over the 8 weeks, the young person will be asked to:

- Create a month-long visual diary at home, starting after the introductory workshop
    - The young person will have a choice to use their smartphone or be given a disposable camera or create an artwork.
    - They will be asked to capture moments, experiences or things around the foster home that help them to relax or make them feel better about things.
    - During the introductory workshop, the young person will be given advice on how to provide confidentiality in the visual diaries and to ask for consent before including other people or others personal items in their visual diaries.
    - It is important that the young person is allowed to take ownership of this diary in order for them to capture what they personally think is relevant.
- In the week after completing the visual diaries, they will be invited to a 20 – 60-minute individual conversation with the researcher
    - The young person will be asked to bring their visual diary to show and tell, using the photos to guide conversation about 'what the key therapeutic moments, experiences or things were for them over the month'.
    - This will be held at the relevant agency/local authority offices at a time that suits the young person.
    - With consent from both you and the young person, this conversation will be audio-recorded
- About a week after the conversation, the young person will be invited to a 2-hour group art and discussion workshop with other young people on the project
    - This is in order to bring together ideas and map the 'key ingredients' that arose across all young people's visual diaries
    - This will be held at the agency/local authority offices.

- With consent from the young people, this workshop will be audio-recorded

Once these research processes are completed, the young people will have the option for their pseudonymised ideas and unidentifiable images or artworks about the 'key ingredients' of a therapeutic foster home to form part of a publication, entitled a "The Teenagers guidebook to a Therapeutic Foster Home". Involvement in the publication is optional for each young person, and not wanting to be involved or having images and ideas published in this additional creation will not affect their involvement in the research project.

What are the advantages / disadvantages of taking part?

There should not be any direct disadvantages of being involved in the project. If being involved makes the young person feel uncomfortable at any point in the research, they are allowed to withdraw at any time.

The support you and the young person receive from your fostering service will not be affected by whether or not you allow the young person to take part in the project. If the young person decides to take part, they may see an advantage in being able to share their opinions and ideas on this current topic. They may also enjoy meeting other young people and being able to be part of the creation and publication of the guidebook.

The young person's safety during this research is of paramount importance. Therefore, the young person's participation officer or another social worker from the agency will be present for each research stage with the researcher. This is so that the young person has a friendly face within the group and the social worker will also be there in case of any safeguarding concerns. If the young person discloses any potential harms, or other information concerning their safety or the safety of others, this will not be able to be held confidential and either the researcher or social worker will report the concern to the agencies Designated Safeguarding Lead. Additionally, privacy during the group workshops cannot be guaranteed due to the collective nature of the workshop and any information shared by participants cannot be controlled.

What happens to the data provided?

The information you or the young person provide during the study is the research data. Any research data from which you or the young person can be identified such their name, personal photographs, or audio recordings is known as personal data.

Personal data will be encrypted and stored on a protected University of Oxford storage server. This data will only be stored until the research project has ended, with the exception of consent forms that will be stored securely for at least 3 years.

Other research data will be stored encrypted on the University's secure severs for at least 3 years after publication or public release of the work of the research.

The researcher (Amanda) will have access to the research data. Responsible members of the University of Oxford may be given access to data for monitoring and/or audit of the research. All information that the young people provide will be confidential. It will not be shared with anyone else, unless I think that the young person or someone else might be at risk of harm. All personal information that could identify the young person will be removed or changed if the information is shared with other researchers or the findings are made public.

Will the research be published?

The research will be written up as part of the researchers PhD thesis. On successful submission of the thesis, it will be deposited both in print and online in the University archives, to facilitate its use in future research. If so, the thesis will be openly accessible. The researcher may also aim to publish the findings in scientific journals, but this may be two to three years from the end of the study. It will be the young person's choice whether their images from their visual diaries or their direct quotes from conversations had during the research can be used. I will ask them for their permission to use any of this data in my thesis and subsequent publications. If agreed to be used, all data will be pseudonymised using a pseudonym and no identifiable images will be published. The pseudonymised research may be published in academic publications and in edited formats available to local authority care stakeholders (i.e., the form of the guidebook).

What if the young person doesn't want to take part in the research anymore?

If the young person feels that they no longer wish to take part at any time during the project stages or you feel that involvement in the research project is no longer in the best interests of the young person, they are free to stop, by just informing their participation officer or the researcher.

If the young people do take part in the full research project, the researcher will contact them two weeks after the final workshop to make sure they are still happy to have their quotes, stories, or visual images included in the research outputs. This will be the final opportunity for the young people to opt-out of having any of their pseudonymised data included in research publications.

Who is conducting this research?

The research project is organised by Amanda Lyons of Oxford University, who is a DPhil (PhD) Student and has DBS clearance. The research is funded by an Independent Fostering Agency in Southeast England. This study has been approved by University of Oxford's Central University Research Ethics Committee, **R79284/RE001**

What if there is a problem?

If you or the young person have a concern about any part of this research project, please contact the Director of the Rees Centre, Dr Leon Feinstein by email (Leon.feinstein@education.ox.ac.uk) or phone (01865 274050). A member of the team should get back to you within 10 working days and explain how they intend to deal with your concern. If you or the young person are still unhappy or wish to

make a formal complaint about this research project, please contact the Department of Education Research Ethics Committee at the University of Oxford who will try to sort out the matter:

- E-mail: research.office@education.ox.ac.uk
- Address: 15 Norham Gardens, Oxford, OX2 6PY.

Data Protection

The University of Oxford is the data controller with respect to the young person's personal data and, as such, will determine how your child's personal data is used in the research project.

The University will process your child's personal data for the purpose of the research outlined above. Research is a task that we perform in the public interest. Further information about your rights with respect to your child's personal data is available from https://compliance.web.ox.ac.uk/individual-rights.

What should I do next?

Please fill in the enclosed form and return it by email to amanda.lyons@education.ox.ac.uk, if you would like the young person to take part in this research project. Please remember that you or the young person may withdraw at any time, without penalty and without giving a reason, by notifying the researcher.

If you would like to discuss the research with someone beforehand (or if you have questions afterwards), please contact:

Amanda Lyons
Email: Amanda.Lyons@education.ox.ac.uk
Rees Centre, Department of Education
University of Oxford, 15 Norham Gardens, Oxford OX2 6PY

Appendix C: Young Person Assent Form

ASSENT FORM FOR YOUNG PERSON

Therapeutic? The Teenagers Perspective

Young Person to circle all they agree with:

- Has somebody else explained this project to you? Yes / No
- Do you understand what this project is about? Yes / No

- Have you asked all the questions you want? Yes / No
- Have you had your questions answered in a way you understand? Yes / No
- Do you understand it's OK to stop taking part at any time? Yes / No
- Are you happy for your voice to be recorded? Yes / No
- Are you happy for the image you create to be included in the research? Yes / No
- Are you happy to take part? Yes / No
- Are you happy to be part of the creation of the Teenagers Guidebook? Yes / No
- Do you understand that up to two weeks after the research project has finished you will be able to opt-out of having any direct quotes, stories or images

included in publications? Yes / No

If <u>any</u> answers are "no" or you don't want to take part, that's OK! No one will be cross with you.

The researcher who explained this project to you needs to sign too:

Print Name

Sign

Date

Thank you! ☺

Appendix D: Young Person Consent Form

CONSENT FORM FOR YOUNG PERSON

Therapeutic? The Young People's Perspective

Central University Research Ethics Committee (CUREC) approval reference: **R79284/R001**

Young Person to circle all they agree with:

- Has somebody else explained this project to you? Yes / No
- Do you understand what this project is about? Yes / No
- Have you asked all the questions you want? Yes / No
- Have you had your questions answered in a way you understand? Yes / No
- Do you understand it's OK to stop taking part at any time? Yes / No
- Are you happy for your voice to be recorded? Yes / No
- Are you happy for the image you create to be included in the research? Yes / No
- Are you happy to take part? Yes / No
- Are you happy to be part of the creation of the Young Person Guidebook? Yes / No
- Do you understand that up to two weeks after the research project has finished you will be able to opt-out of having any direct quotes, stories or images

included in publications? Yes / No

If <u>any</u> answers are "no" or you don't want to take part, that's OK! No one will be cross with you.

The researcher who explained this project to you needs to sign too:

Print Name

Sign

Date

Thank you! ☺

Appendix E: Adult Consent Form

CONSENT FORM FOR LEGAL GUARDIAN OF PARTICIPANT

Therapeutic? The Teenagers Perspective

Central University Research Ethics Committee (CUREC) approval reference: **R79284/R001**

Purpose of Study: This research project aims to explore concepts of a therapeutic foster home environment from the perspectives and experiences of teenagers currently in foster care. This is in order for us to understand the relevance of current models of therapeutic foster care for the emerging needs of teenagers.

	Please initial each box if you agree with the statement
I confirm that I have read and understand the information sheet for the above research. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.	
I understand that the young person's participation is voluntary and that the young person is free to withdraw at any point during the data collection stages without giving any reason and that the young person will have a two week window after the project has finished to opt-out of having their data published.	
I understand who will have access to the personal data provided, how the data will be stored and what will happen to the data at the end of the project.	
I understand that the young person will not be identifiable in any publications or outputs.	
I consent to the young person being audio recorded.	
I consent to the young person creating a visual diary for the research project.	
I understand how visual diaries and audio-recordings will be used in the research data collection.	
Use of quotations: Please indicate your preference (select *one* option):	
a) I do not wish for the young person to be quoted. **or**	
b) I agree to the use of quotations in research outputs if the young person is not identifiable.	
I agree for non-identifiable still images from the visual diaries to be used in publications or outputs.	
I understand how to raise a concern or make a complaint.	
I agree for the young person to take part.	

I agree for the young person to be part of the creation of the Teenager's Guidebook. ☐

_____	dd / mm / yyyy	_____
Name of participant's legal guardian	Date	Signature

_____	dd / mm / yyyy	_____
Name of person taking consent	Date[1]	Signature

[1] *To be signed and dated in the presence of the participant. Once this has been signed by both parties the participant should receive a copy of the signed and dated participant consent form. The original signed and dated consent form should be kept with the project's main documents, which must be kept in a secure location.

Appendix F: Letter of Ethics Approval

SOCIAL SCIENCES & HUMANITIES
INTERDIVISIONAL RESEARCH ETHICS COMMITTEE

Research Governance, Ethics & Assurance Team, Research Services, University of Oxford,
Boundary Brook House, Churchill Drive, Headington, Oxford OX3 7GB, UK
Tel: +44(0)1865 289881 Email: ethics@socsci.ox.ac.uk



Amanda Lyons
Department of Education
University of Oxford

3 March 2022

Dear Amanda,

Research ethics approval

Research title: Exploring Concepts of Foster Homes as 'Therapeutic Environments' from the Perspectives and Lived Experiences of Teenagers Currently in Foster Care Placements

Research ethics reference: R79284/RE001

The above application has been considered by the Social Sciences and Humanities Interdivisional Research Ethics Committee (SSH IDREC) in accordance with the University's procedures for ethical approval of all research involving human participants.

I am pleased to confirm that, on the basis of the information provided to the IDREC, ethics approval has now been granted for this study.

Please note the following:

Personal data: It is the responsibility of the PI to ensure that all personal data collected during the project is managed in accordance with the University's guidance and legal requirements.

In-person activities: Any data collection involving in-person interactions with participants must have an up-to-date Covid-19 fieldwork risk assessment in place; further guidance is available from the Safety Office's website.

Amendments: Please notify the committee if you intend to make any amendments to the information in your ethics application as submitted at date of this approval, as all changes must receive ethical approval prior to implementation. The amendment form is available on the SSH IDREC webpage.

Adverse events: The SSH IDRECs must be notified within seven days of any unexpected adverse consequences to the research participants or other people involved in this research project.

Audit: The SSH IDREC audits a sample of projects each year to enable the Committee to monitor the ethical aspects of research in progress.

Appendix G: IFA Introductory Workshop Slides



WHY?

- As grown ups, we often think we know what is best for young people … but this isn't always the case!
- We have several models and theories about what a 'therapeutic foster home' should look like for a young person, but … we're not sure whether teenagers' perspectives and experiences align with these…
- So, that's why I'm doing this project, and I need your help to find out what 'therapeutic means to teenagers and what this looks and feels like in a foster home.
- This will help grown ups to understand what is actually important to you!



MAIN AIMS

1. Explore what teenagers suggest are the key ingredients of a therapeutic foster care environment.
2. Understand whether these align with the 'adult' perspective.
3. Have fun doing this!

PROJECT PLAN

1ST: INTRODUCTORY GROUP WORKSHOP

2ND: MONTH OF VISUAL-DIARY CREATION

3RD: VISUALLY-AIDED INDIVIDUAL CONVERSATION

4TH: FINAL GROUP ART & DISCUSSION WORKSHOP

PROJECT 'GUIDEBOOK' CREATION





THERAPEUTIC?

- What is therapeutic?

The dictionary says:

> **"if something is therapeutic, it helps you to relax or to feel better about things, especially about a situation that made you unhappy"**



NEXT STEP – PHOTO DIARY

TASK:

Take a daily photograph(s) of key moments, experiences or objects (or anything) in the foster home that represents something about that day that made you relax and feel better about things.



TIMELINE:

You have a month to create your photo diary.

Don't worry if you can't capture something everyday – that's life!

But try to capture between at least 10 images during the month.

ETHICS THE PHOTO DIARIES

Ask for Consent!

- We always need to ask people's permission to share any photographs taken of them in our photo diaries. Especially if you want to share these as part of the research…
    - How would you go about this..?

Keeping your Privacy

- If the research is made available to the public, all photographs that identify you or other people will need to be made anonymous.
    - Can you think of creative ways of capturing photographs…?





Appendix H: LA Introductory Workshop Slides

THERAPEUTIC?

Exploring the (foster) home
as a therapeutic environment

Rees Centre | Department of Education | University of Oxford



THE PROJECT

The main aim of this collaborative photography research project is to explore what care-experienced young people say should be the key ingredients of a therapeutic foster home.

We are often told that that therapeutic foster homes should have 'four pillars': *safety, consistency, connection and choice.* But it is sometimes unclear if and how young people experience these four pillars during their day-to-day at home lives and how important these pillars are to them.

This project will help us to creatively and collectively understand the relevance of certain frameworks of therapeutic foster care for teenagers currently in those placements. I hope that the findings generated by the project will allow us to identify the frameworks - or pillars - that suit the needs and lifestyles of teenagers.

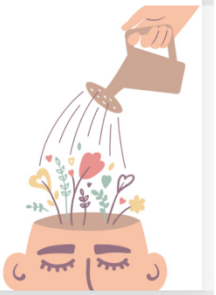


THERAPEUTIC?

The dictionary says that "if something is *therapeutic,* it can help you to relax or to feel better about things, especially about a situation that made you unhappy".

But what does that definition look like in practice?

A home is made up of lots of things that mean something to you and that contribute to the sense and feeling of home.



THE PROJECT STAGES

1ST: INTRODUCTORY GROUP WORKSHOP

2ND: MONTH OF VISUAL-DIARY CREATION

3RD: PHOTO-ELICITED INDIVIDUAL CONVERSATION

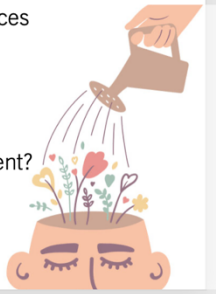
4TH: FINAL GROUP ART & DISCUSSION WORKSHOP

RESEARCH QUESTIONS I NEED YOUR HELP WITH

1. How do young people currently in foster care or care-experienced young people conceptualise, and experience a (foster) home environment as 'therapeutic'?

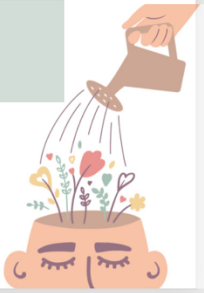
2. Do young people's idea, opinions and lived experiences of (foster) homes as therapeutic spaces coincide with or challenge our 'adult' perspectives?

3. What do young people suggest are the key ingredients of a therapeutic foster care environment?



AIMS AND GOALS

Inform	Inform therapeutic foster carer training and home provision for the teenage population
Platform	Platform youth voice and expertise into this area while the field is still developing
Create	Create a 'Young People's Guidebook to Therapeutic Home Environments' • A published booklet outlining findings from the research, accessible to key stakeholders across public and independent sector.



FIRST STEP – INTRODUCTORY SESSION

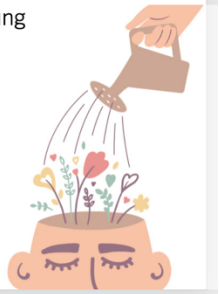
Come along to get an introduction to the project! If you decide to take part, you'll be given a goodie bag with all the tools you'll need for the project!

TASK:

This is an informal space for you to find out more, ask and questions and also meet the other young people from your organisation taking part!

TIMELINE:

The next one is taking place St St Edmund Hall, University of Oxford on the 7th July 2034



NEXT STEP – PHOTO-DIARY

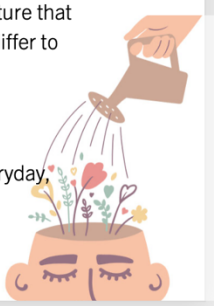
Over to you! You're now a visual researcher! Can you reflect on things that made your previous foster home feel therapeutic? Can you explore your daily home environment now, does this foster reflection?

TASK:

Take a daily photograph(s) of key moments, objects, experiences or whatever it is that you want to capture that represents something about that made you relax and feel better about things that day. How does this differ to your previous foster home?

TIMELINE:

You have two-three weeks to capture your photo-diary. Don't worry if you can't capture something everyday, that's life! But try to use up all the images on the camera over this time. GOOD LUCK!



NEXT STEP – INDIVIDUAL CONVERSATION

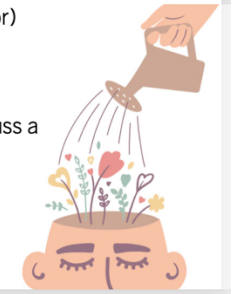
Now you've captured your reflective visual data, it's now time for us to discuss what you found throughout your time and why it's important!

TASK:

You and I meet online (zoom or teams) for approx. 30 mins (or as long as you want to discuss for)

TIMELINE:

This will happen two-three weeks after you get your visual researcher goodie bag, we can discuss a date and time that suits you and put it in the diary



NEXT STEP – FINAL WORKSHOP DAY

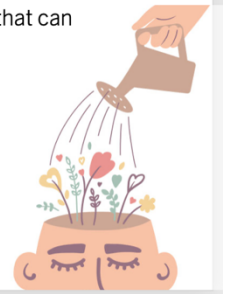
This will be the last step in the process, and we'll meet as a group again to discuss what you found and how we can use your findings to help create foster homes into therapeutic environments for teenagers.

TASK:

Attend the workshop (either in London or Oxford) and help generate ideas and create artworks that can be added to the guidebook.

TIMELINE:

By the end of August



Appendix I: Example of Code Card Deck


BEING MOTIVATED AT HOME TO ACHIEVE AND DO WELL
FEELING TRUSTED WITH THINGS
ACTIVITES + EXPERIENCES WITH FAMILY
A SPECIAL PLACE TO KEEP YOUR IMPORTANT THINGS SAFE
HAVING TIME TO YOURSELF TO PAMPER OR ORGANISE
NOT BEING TOLD OFF
SOPPORT TO DO HOBBIES; music, drawing, crafting, dancing, sports, artwork
TIME WITH FRIENDS
Getting a surprise GIFT OR TREAT
COOKED MEALS AT HOME
SPENDING TIME WITH ANIMALS
PETS
NATURE being outdoors, trees, water, blue skies, beach, ocean
YOUR BEDROOM
SUNSETS
YOUR GARDEN