

Title: A longitudinal qualitative study of facilitators and barriers to care-experienced children's wellbeing during the transition to secondary school

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assent to participation the study, with parental consent provided by adoptive parents or local authorities for children in care. Caregivers consented to their own involvement as participants. Informed consent included consent to participation and publication of data.

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Abstract:

While school transitions can be challenging for all children, those with experience of maltreatment, including care-experienced children, face additional complexities linked to poorer wellbeing outcomes. This study explored the barriers and facilitators influencing UK care-experienced children's wellbeing during the transition from primary to secondary school. Twenty-six care-experienced children and 25 caregivers from England and Wales participated through the ReThink Programme. Semi-structured interviews were conducted with both groups before and after the transition, one year apart, and analysed using a framework-based thematic approach. Three overarching themes were identified: children's sense of belonging, relationships and emotional support; the extent to which systemic support met individual needs; and children's personal resources, including coping strategies and self-perceptions. Findings highlight dynamic interactions between relational, systemic and individual factors shaping wellbeing for maltreatment-exposed children across this period. While some experiences mirror those of the general population, distinct challenges were identified requiring targeted policy and practice responses.

Keyword: school transitions; wellbeing; longitudinal; out-of-home care

Introduction

Educational transitions are a near-universal feature of schooling internationally (Jindal-Snape et al. 2020; 2009) and involve moving from one educational institution to another, normally at a specific age (Mumford & Birchwood, 2021). In the UK, the transition from primary to secondary school (at around age 11) is considered one of the most notable and potentially difficult in children's school lives, often involving a change of schools and navigating a new environment, teachers, peer groups, and rules (Donaldson et al., 2024; Mumford & Birchwood, 2010; West et al., 2010; Zeedyk et al., 2003). This transition can affect children's

identity, relationships, academic experience, and physical and psychological environment (Jindal-Snape et al. 2020; Mumford & Birchwood, 2020). Some studies suggest that increases in mental health difficulties may be linked to the transition or developmental stage (Donaldson et al. 2025; Evans et al. 2018) and to impacts on wellbeing outcomes (Jindal-Snape et al. 2020). Although transitions can be challenging for many young people, they are particularly difficult for groups at elevated risk of poor mental health and educational outcomes, such as those with care experience (Donaldson et al., 2025; Evans et al., 2018; Francis et al., 2021; Macdonald et al., 2025).

There are over 100,000 children currently living in local authority care (also referred to as 'out-of-home care', 'state care' or 'child welfare care') in the UK (NSPCC, 2024). Children in care have often experienced significant difficulties, with most entering care following experiences of abuse, neglect and/or family dysfunction, while living in their families of origin (DfE, 2024) as well as poverty (Bennett et al., 2024). Many care-experienced children (those who have spent any time in 'out-of-home care' before their 18th birthday) have poor academic outcomes, such as exam performance, attendance, high exclusion rates, and school quality (Jay & Grath-Lone, 2019; Jay et al., 2023; Sebba et al. 2015; Luke & O'Higgins, 2018; Ott & O'Higgins, 2019). This gap can be partly explained by pre-existing disadvantages outside the care system (Teyhan et al., 2019) and by the known impact of maltreatment and early adversity on school readiness (Bell et al., 2018) and school engagement (McDoniel & Bierman, 2023). While there is limited evidence for care-experienced children specifically, it is known that children from disadvantaged socioeconomic backgrounds have worse mental health during their transition to secondary school (Donaldson et al., 2024), indicating that they will be at an even greater risk of developing mental health difficulties and poor wellbeing.

There is a well-established literature demonstrating the impact of the transition from primary to secondary school on children's mental health and wellbeing (e.g., Zeedyk et al. 2003; Jindal-Snape et al., 2020; Mumford & Birchwood, 2020) with known facilitators and barriers to positive outcomes in these areas. Systematic reviews of international and England-based studies (e.g., Jindal-Snape et al., 2020; Mumford & Birchwood, 2020) identify various protective and risk factors across the individual pupil, relational, environmental, and support domains.

Care-experienced children may face both shared and unique barriers and facilitators compared with the general population, such as experiencing multiple aspects of change, instability, and loss in other areas of their lives (Francis et al., 2021). Understanding these factors can guide systemic support, such as provision from a 'Virtual School'— a non-physical entity, within an English local authority comprising of educational professionals focused on improving the educational attainment of care-experienced children (Rivers et al., 2018; Sebba & Berridge, 2019). Few studies have directly examined the factors that facilitate or hinder secondary school transition for care-experienced children in the UK, though some notable qualitative work has centred their perspectives (Dixon, Ward, & Blower, 2018). Using Bronfenbrenner's ecological model (1979), Brewin and Statham (2011) identified individual, relational, organisational and wider systemic factors influencing transition outcomes drawing on interviews with 13 children in care, and key adults, in a Welsh local authority. More recently, Francis and colleagues (2021) qualitatively explored children in care's worries and supports during the transition to secondary school in one English local authority, highlighting the importance of safety, belonging, positive relationships and stable routines. However, studies have often lacked a more national perspective, notable given differences in local provision, or have had limited exploration of longitudinal facilitators and barriers to transitions.

Although care-experienced children encounter distinct facilitators and barriers at key transitions, including school, they remain under-represented or excluded in most research on this topic (Smith & Gunning, 2025). Ensuring that their voices and perspectives are included is therefore crucial for shaping meaningful and responsive policy and practice. We used a longitudinal qualitative design to understand what can help or hinder the mental health and wellbeing of care-experienced children as they transition from primary to secondary school, centring the voices of children and their caregivers before and after this transition.

Methods

Design

This pre-registered (Hiller et al., 2023 <https://osf.io/kjcr4/overview>), longitudinal, qualitative study was a nested component of the ReThink Programme, a large mixed-methods investigation into the drivers of successful transitions for care-experienced young people. Drawing on interview data from care-experienced children at secondary school transition age, and from their carers or adoptive parents (henceforth ‘caregivers’), an inductive-deductive framework analysis identified key facilitators and barriers to children’s mental health and wellbeing during this transition.

Recruitment and Participants

Participants in this study were recruited from a larger longitudinal quantitative observational study of care-experienced children ($n = 288$, $M_{\text{age}} = 11.7$, $SD_{\text{age}} = 1.1$) moving into or through early secondary school (<https://osf.io/7qx54>). In this nested qualitative study, we recruited 26 children who were in their final year of primary school (aged 10-11 years) at baseline and in their first year of secondary school (aged 11-12 years) at follow-up. Most ($n = 25$) also had a caregiver participate (e.g., foster / kinship carer, keyworker, or an adoptive parent). All had experience of the UK care system (local authority care). 85% were currently in local

authority care, while 15% had been adopted from care. These children were purposively recruited from the larger sample to ensure diversity across local authority, gender (self-report), ethnicity (self-report), placement type and schooling. Twenty-six children and 24 caregivers completed baseline interviews, with 20 young people (80%) retained at follow-up and 19 caregivers (including two new caregivers) interviewed at follow-up. Full demographics are presented in Table 1.

[insert Table 1 here]

Data Collection

Researchers conducted semi-structured interviews with children and caregivers at baseline, when children were in primary school, and one year later, when children were at secondary school entry age. Of the 26 participants, 25 children were interviewed in person during a home visit, and one was interviewed online via Microsoft Teams. Interviews were recorded using an encrypted Dictaphone (or directly on Microsoft Teams). Children's interviews lasted between 10 minutes and one hour, and caregiver interviews lasted between 30 minutes and 1.5 hours. Interviews were transcribed verbatim by a transcription company approved by UCL.

A child-led approach was taken to increase the accessibility and acceptability of the interview process for children with diverse needs and preferences (Robinson et al., 2026). Children were supported in making decisions about interview length, breaks, warm-up games, and activities during the interview. Researchers brought activity options to support children in expressing their perspectives and ideas without relying solely on verbal methods. These included drawing and sandboxing, which have been used to support care-experienced children to engage with challenging or sensitive conversations (Watson et al., 2021).

Ethics

This study was granted ethical approval by UCL (ref: 22253/001). We gained local ethical approvals from recruitment sites (local authorities and adoption agencies) and approval from the Association of Directors of Children's Services (ref: RGE220322) given study scale. All children provided informed assent to participate in the study, with parental consent provided by adoptive parents or local authorities for children in care. Caregivers consented to their own involvement as participants.

Analysis

This study used Framework Analysis as a structured system for data management and thematic analysis (Richie & Spencer, 1994). This approach was selected as it facilitated a team-based analysis of the large volume of available interview data (89 interviews from 26 children and 26 caregivers – 24 caregivers at baseline, 2 new caregivers at follow-up). We followed the steps outlined by Ritchie and Spencer (1994), drawing on the approach used by Parkinson et al. (2016):

1. *Familiarization* was facilitated by members of the research team being involved in conducting interviews, the reading of transcripts alongside listening to interview audio recordings, and group case presentations.
2. *Framework development* was initially theoretically led and developed during whole-team research meetings. Individual, social and systemic factors deductively selected as domains into which potential facilitators or barriers to children's mental health and wellbeing could be categorised.
3. *Data indexing* was conducted on NVivo (Lumivero, 2025) using a Framework Matrix to code sections of interview transcripts and associated photographs into the pre-determined domains.

4. *Data charting* followed in which individual transcript summary codes were summarised into within-case categories under the broader pre-identified domains (individual, social, systemic) as supported by case presentations where themes were discussed case-by-case in detail.
5. *Mapping and interpretation* were conducted by research team members examining themes across cases arising within the individual, social and systemic categories, as well as inductively identifying facilitators and barriers falling across these domains outside the pre-determined framework.

Resonance checking was conducted with two advisory panels (facilitated by charities Coram BAAF and Adoption UK – meeting bi-annually) comprising care-experienced and adopted young people (aged 10-16 years). Member checking facilitated the final selection, naming, and refinement of themes. Furthermore, group case presentations were used throughout the analytic process to ensure clarity and transparency of final theme selection.

Positionality

This study was conducted by a multidisciplinary team of researchers from psychology, social care, and education, whose expertise informed the construction and framing of our analytic framework and the key themes identified. While the core research team members conducting the presented analysis do not identify as care-experienced, this ‘outsider’ researcher perspective was complemented by consultation and member checking with care-experienced advisors throughout the analytic process.

Findings

This study included 26 care-experienced children, including four adopted children, and 24 of their caregivers, including 4 adoptive parents (baseline demographics summarised in Table 1). While most of the sample ($n = 23$) attended a mainstream primary school, two attended a

specialist primary school, and one child was out-of-education at the time of the interview following a school exclusion. However, seven children had a known Educational Health Care Plan (EHCP) reflecting special educational needs, and over half the sample self-reported elevated mental health needs, with over 80% of caregivers reporting some concern about young people's mental health. Of the 26 original child participants, 20 completed follow-up interviews alongside 19 caregivers. Five children had moved placement before the 1-year follow-up, with two of these completing the follow-up interview.

1 'Everyone that you need by your side': Belonging, relationships and emotional support

1.1 Changes to relationships

Many children and caregivers described the move to secondary school as another experience of losing connections and relationships with important people in children's lives. Caregivers explained that care-experienced children have 'already had a lot of loss' and that moving schools and building new relationships with peers and professionals was made more difficult by their multiple previous experiences of loss and disrupted relationships:

"He struggled forming relationships with people because he's been in care and he's supposed to trust everybody. He trusts nobody. So, he struggled with that, forming relationships." kinship carer of child 19, follow-up

Children described the distress of losing contact with teachers and other school staff who had supported them during difficult periods and understood their needs, reinforcing their sense that 'again, life is unfair' [child 23, baseline]:

"Because you leave them, because like they become like your mum and dad don't they, like your foster mum and dad [...] And then you've got to leave them and obviously that's annoying." child 16, follow-up

“I’ll be quite sad because I have lovely teachers there, nice teachers and teachers that can look after me.” child 17, baseline

Before the transition to secondary school, many children were also worried about going to different schools from their friends and losing those important connections:

“I’ve already talked to them, and they’ve promised me they’re going to <school name> and if they don’t, I’m going to be in tears [...] I’ll be sending like a crying emoji every day [...] I’m just going to start sending them one with a massive tears coming out the eyes. I’m going to be like, I’m sad you’re not here, I’m dying without you.” child 6, baseline

Whilst changes in friendships are often an inevitable part of this transition for all children, many children in this care-experienced sample were also navigating other relational disruptions. This included changes to contact with their birth family as well as changes of placement, therapist or social worker:

“He’s had a change of social worker; he’s had a change of IRO [independent reviewing officer]. Me, I’m quite a fairly new foster carer to him, I’ve only been here less than a year.” foster carer of child 17, baseline

1.2 Relationships that last

Despite the difficulties of these losses and disruptions, caregivers and children reported that consistent relationships in other parts of children’s lives could provide stability and belonging during this difficult time. For example, one child reflected on the comfort of having a stable placement with their foster carer despite all the changes in their life:

“I think if I did have an option to go home, I think I’d stay there for weekends but then come back here, so I’d do it, like, alternatively, I wouldn’t just, like, go back full-time. My mum

would probably be upset, but like, if I went, I'd just lose everything, and I couldn't do that, because I love <FC name> as well, so she's like a second mum to me". child 14, follow-up

While the disruption of important relationships was widely felt to be an inevitable part of moving schools, caregivers explained that early opportunities for children to begin forming new connections with staff and students at their secondary school destination could provide reassurance and hope:

"There's a teacher that's been with them from when they started, I believe who is kind of just the equivalent of the wellbeing teacher but in primary school yeah, he said, 'Oh yes I miss her.' But then he had already met the one at the secondary school so I think he was kind of like, 'miss you but I know there's someone else who's going to listen to me'" foster carer of child 17, follow-up

Creating these reassuring connections early was facilitated by early opportunities to visit new schools, meet new teachers and key staff, as well as peers. Having a 'familiar face' [foster carer of child 17, baseline] was an important step in supporting children at the beginning of their secondary school journey.

Some caregivers and children spoke about making an extra effort to maintain relationships despite the disruption caused by moving to secondary school. Some children spoke about returning to visit their primary school or to see former teachers. Caregivers spoke about supporting children in staying connected to old friends and both children and caregivers spoke about technology facilitating this:

"We get friends, we lose friends. I've got my friends; I've got my phone. I'm not going to lose my friends" kinship carer quoting child 22, follow-up

1.3 People that help with feelings

Both caregivers and children emphasised the importance of children having relationships with adults who could help children manage difficult emotions. This support could come from specific mental health professionals or from professionals within the school context:

“That [receiving art therapy at school] has been really good, it’s really good, because <Name> didn’t know how to put her emotions into words and you could see the frustration in her sometimes but now, as you could see, <Name> has no problems with it” kinship carer of child 22, baseline

“They supported me a bunch more and their like, wellbeing team, or whatever it was, they were really nice, and they just helped a lot. I still had bad anger issues [...] but then eventually I got way better.” child 20, follow-up

Children and caregivers also spoke about the importance of more informal support. Having trusted adults that children felt they could ‘always talk to’ [child 10, follow-up] or ‘someone to turn to’ [foster carer of child 12, baseline] could help children feel calm, safe and supported.

2. ‘When his needs are met, he’s a great kid’: Systemic support across the move

2.1 Giving me the support I need

During the transition to secondary school, children and their caregivers spoke about the importance of support from schools, the local authority and other services in meeting children’s individual and often multi-layered needs. Caregivers explained that many children had specific additional learning requirements arising from the early trauma that led them to coming into care:

“He’s in a special unit which is really small compared to mainstream school but, yes, he still finds it too loud, too busy [...] He’s quite hyper-vigilant and I think it must be really stressful

for him if he's in a busy, crowded place because he can't keep track of everything easily"

adoptive parent of child 13, follow-up

Many caregivers specifically reflected on how children's additional needs, such as physical disabilities or special educational needs, intersected with their experiences of care shaping the support needed before, during and after the school transition. Caregivers strongly emphasised the importance of finding a secondary school to fit children's needs:

"Mainstream is too much, the special schools too much the other way. She's kind of in that middle, so that's what I'm really struggling with" adoptive parent of child 4, baseline

Some caregivers were aware of the government policy on school choice that looked after and adopted children had priority access when places were allocated to schools (Department for Education, 2014):

"The government policy is fantastic [...] You know, she's had a tough hand in life, this is going to make it easier" adoptive parent of child 3, baseline

However, in practice, the barriers to securing an optimal school place were numerous.

Caregivers identified barriers related to limited school places and a lack of local appropriate schools:

"We're completely oversubscribed. You need to lower your expectation of what you're going to get" kinship carer of child 17, follow-up

These challenges were felt especially profoundly for children living out-of-county or children with special educational needs. Caregivers described serious consequences for children's wellbeing of a school that did, or did not, meet their needs:

"What they're doing is wrong, and they haven't supported her in the way they were supposed to, and that was her worst fear" kinship carer of child 22, follow-up

While less involved in the school selection process, many children also acknowledged their need for different types of secondary school environments to support their wellbeing:

“I’ve been to a mainstream school before and they had- and it was really, really, really, really, really strict. But this school is really nice because like if I’m angry or stressed or something I can go and there’s something called the quiet corner, I can just sit in there for a bit and calm down.” child 11, baseline

2.2 Planning my move but not making me feel different

Both children and caregivers felt that not only was finding the right secondary school important, but so was having resources and time dedicated to a carefully planned transition process. Carers and children spoke about the importance of a gradual transition, allowing children to get used to life in secondary school:

“Slow it down [...] turn down the fast” child 25, follow-up

This could take the form of transition days when children spend time in their new secondary school during their final year of primary school, visits to secondary schools during open days, or stepped transitions:

“The transition week was helpful. She actually did enjoy that week and you could tell that they’d made a positive effect, because she’d been worrying for so long” foster carer of child 12, follow-up

“On your first day you might think, where am I going? But the visits were helpful that you know where you are going” child 2, baseline

Furthermore, caregivers explained that ensuring an active dialogue between primary and secondary staff could really allow schools to ensure children’s emotional needs were supported:

“The therapist has had sessions with the teachers so they can have an understanding of if he presents in a certain way in class, this is what it means [...] that has made such a big difference for <child’s> educational experience” foster carer of child 16, baseline

Many children and caregivers described extra support being offered during the move to secondary school because of their care experience. This included extra transition days before starting secondary school, or individual sessions with primary school staff to prepare for life at secondary - *“how to read a timetable, what the school will look like and all of that stuff”* [child 15, baseline].

Some caregivers and children found this extra support reassuring, including support specifically targeting children who were considered additionally “vulnerable” [foster carer of child 1, follow-up]. However, this extra support could sometimes stigmatise children, and it occasionally it had a detrimental effect, leaving children upset about missing out on activities that their peers were participating in. Caregivers explained that children did not want “to look different” [adoptive parent of child 4, baseline].

“I think in his mind it was just a bit too much for him. You know, he’d just left primary school and then he was still having an extra week in school where nobody else was having that” foster carer of child 2, baseline

While this support was often well meaning, it could take children in care away from other activities that their peers were doing or feel like an additional burden that was “probably too much” [adoptive parent of child 4, follow-up]. In addition, both children and caregivers reported educational experiences in which children were treated differently, not specific to the transition period, which increased children’s sense of alienation and feeling othered:

“One of them would like always announce me in front of the whole class. Like so, if I did something wrong, they’d sort of threaten me with my social worker” child 10, follow-up.

2.3 Gaps in support

While some children and caregivers reported feeling very satisfied with their experience of the transition to secondary school, others felt lost and let down by services that were meant to support them. Caregivers recognised that social care staff were “just so busy” [foster carer of child 5, follow-up], with frequent social workers changes further slowing decisions. Several caregivers described having “to really push” [foster carer of child 24, baseline] for necessary paperwork or permissions to avoid children missing out on support they really needed:

“In order for him to access everything he could on transition day, this form needed to be obviously complete. But I’m having to chase for it to be done” foster carer of child 1, follow-up

At times, caregivers described miscommunication about who held responsibility for which aspects of planning children’s moves, leading to children missing the chance to attend school open days or other activities:

“She [child’s social worker] had initially told me she was going to take care of the whole application process so for me not to do anything [...] So, I didn’t want to jump ahead and take him to an open day if she wasn’t in support” foster carer of child 17, follow-up

In many instances caregivers expressed feeling they had to step up to fill gaps in the social care or education system. For example, despite children having priority access to school places, many caregivers found themselves fighting for children to access schools they felt best fit their needs or to secure access to additional educational support:

“We’re trying to get the council to see this decision that they’ve made is wrong [...] we’re trying to gather as much evidence as possible for him to get the school he needs” kinship carer of child 19, follow-up

Sometimes, even these huge efforts didn't feel like enough and caregivers were left frustrated and concerned for the longer-term impact on children's education and wellbeing:

"Children are not getting what they're entitled to, how can they be blamed later on when they're in trouble [...] I will go out of my way to try and find a way of getting it for them"
foster carer of child 16, baseline

Some children, particularly those experiencing placement moves entered the transition without appropriate educational provision or support tailored to their needs:

"Four hours a week, I don't think that's enough for [...] me, and I have asked to get back into school. They are struggling to get me into a school" *child 5, baseline*

3. 'Giving them the tools': What children bring to the transition

3.1 How I cope when things are difficult

Many children and caregivers spoke about the difficulty children had in managing their emotions, particularly during stressful periods such as the move to secondary school:

"We've had a few incidents with him where he's absolutely zero to a hundred. You can't really see it coming, it just happens in the space of a minute. Even though he will actively say to you, like, 'I know what I'm doing is wrong'" *foster carer of child 17, baseline*

Difficulties in coping in challenging moments looked different for different children – some spoke about going into 'shutdown mode' or feeling 'not in control' [child 9, baseline].

Caregivers linked children's difficulties in managing emotions with experiences of trauma:

"Some of his behaviours are not [child] being naughty. It's the only way [child] can express his feelings and the trauma that's coming out at the same time" *foster carer of child 16, baseline*

Both children and caregivers spoke about the importance of developing coping skills for children to manage their emotions. While some children and caregivers spoke about breathing techniques, or the benefits of talking therapies, others spoke about hobbies or pass-times as giving children an outlet and way of building helpful self-esteem to cope better in difficult moments:

“There has been previously some quite significant incidents with him, but they’ve completely reduced [...] He does art, he does guitar, he’s part of a football club, he started horse riding, he does swimming. And I think those things really help him. I think they probably help the self-esteem side” keyworker of child 11, baseline

However, caregivers did raise the importance of having extra-curricular provision that was both accessible, affordable and local for children to participate in to for this reason.

Caregivers emphasised that children at this developmental stage, especially those with experiences of early adversity, could not be expected to already have these coping skills and that adults, as well as appropriate school facilities (e.g., calm spaces) were vital to helping children develop and use coping skills:

“The children who we look after don’t have that emotional or any type of maturity, nor would any other child, to be able to manage those situations. So, it’s about giving them the tools to be able to do that” foster carer of child 24, baseline

“If you feel sad you can go to what calm down corner, and then like a few minutes later you can calm down” child 26, baseline

3.2 How I see myself and the world

Both caregivers and children spoke about how children’s self-perception and their view of the world around them could affect their experience of moving to secondary school. Some

children expressed feeling ‘strong’ [child 25, baseline] and confident in their ability to manage the move to secondary school, drawing on their experience of managing other transitions in the past:

“Every single time I go and see a new year, in year five I was scared to go to year six, but year six is absolutely fine [...] If you can get through year six, you can get through years seven, eight, nine and ten, and eleven, and college or university like that.” child 6, baseline

A few children were able to reassure themselves about the move to secondary school, balancing natural worries with reasons to believe why things would probably work out for the best:

“Obviously at the start of it, it’s a bit worrying. But like, I thought about it and how fun it would be, it wasn’t really scary anymore” child 16, follow-up

Children described how this balanced view of the world, and their self-confidence, helped them manage worries, get to know new people (peers and staff) and generally start ‘opening up to something new’ [child 24, follow-up] at the start of secondary. However, other children felt that they were ‘not confident about anything’ [child 4, follow-up] – making the move to secondary school seem daunting. Caregivers made links between children’s lack of confidence and their lack of earlier life experiences:

“Most children have done lots of things in their life. [child] really didn’t do anything [...] so, it can be anything from as simple as a park climbing up something high, he would really struggle with confidence” foster carer of child 1, baseline

Caregivers also spoke about other long-lasting impacts of children’s early experiences on self-perceptions – with children feeling unloved, ‘too much to handle’ [keyworker of child 11, baseline], or undeserving of support. Caregivers felt that children’s difficult early

experiences also affected the way children saw the world. For example, some caregivers spoke about children tending to see other people as hostile or unfriendly:

“He says he hasn’t got any friends. And yet when we have parent’s evening [...] everyone is saying ‘Hi [child], are you all right [child]?’ [...] In his head he hasn’t got them, but he has”
foster carer of child 20, follow-up

This was indirectly supported by children who spoke about feeling that teachers or peers in secondary school felt hostile and unkind:

“You can tell that she’s [the teacher] actually really angry inside and wants to give me 1000 after school detentions” *child 24, follow-up*

By contrast, some caregivers commented on children having no apparent concerns moving into secondary school:

“My worry is, is the fact that she has no worries, if you know what I mean? Probably something should be niggling you” *foster carer of child 8, baseline*

Caregivers felt that while having too many worries was a barrier to children making connections and settling into secondary, not having any concerns could be a sign that children would struggle to keep themselves safe.

3.3 How adults see me

Caregivers and, more indirectly, children spoke about the influence of adults’ and peers’ views on children’s self-perceptions. These impacts could be both positive and negative.

Caregivers also described positive examples in which children were viewed as popular and successful, which appeared to bolster their self-esteem during transition:

“She’s very popular. And I think she’ll take that with her to [secondary school] as well. She’s that sort of person, outgoing and very sporty as well. Yes, those kinds of people tend to do okay at school” foster carer of child 14, baseline

Children and caregivers also spoke about detrimental impacts – for example, children seeing themselves negatively taking on other’s perceptions of themselves:

“I couldn’t even watch the play because I was naughty [...] but the teacher was just trying to protect all of the other kids from me being like rude and bad” child 5, baseline

Caregivers voiced concerns that the children they cared for were not offered the support they might need during transitions due to adults’ perceptions of them. Caregivers described children as going ‘under the radar’ [foster carer of child 6, baseline] or appearing older and more self-assured than they really are, or alternatively being labelled as overly complex and difficult to support:

“I think the most difficult thing is when you look at her sometimes you see a fifteen-year-old, and then it hits you, you are only eleven” foster carer of child 6, baseline

There was a concern that adults’ perceptions of children could compound existing inequalities, as children struggling more were less likely to have the opportunity to form supportive, positive connections with teachers or peers.

“He didn’t have any friends, and the Year 4 teacher that he had actually said to me one day, he said, ‘I was dreading having him.’ He said, ‘Because he like, you know, never got involved in anything, he was always on his own.’” foster carer of child 23, baseline

This illustrates that relational, systemic and individual factors were experienced as interacting to promote or hinder successful transitions to secondary school for care-experienced children. Caregiver and children’s experiences present educational transitions as more than a

developmental milestone, but reflective of an interaction between histories of adversity and disruption interacting with the systemic context of care.

Discussion

This longitudinal, multi-perspective qualitative study explored children's and caregivers' experiences of facilitators and barriers to the wellbeing and mental health of care-experienced children transitioning from primary to secondary school. There was notable variation in care-experienced children's transition experiences (*ref Lam et al., under review). Children and caregivers experienced relational, systemic, and individual factors both independently and interactively contributing to children's wellbeing and mental health during the transition to secondary school. Many of the facilitators and barriers to successful transitions (e.g., peer and staff relationships, school environment) mirrored those observed in the general population, especially those from marginalised groups, such as children with Education and Health Care Plans (for additional educational needs) (e.g., Jindal-Snape et al., 2020; Donaldson et al., 2024; 2025; Evans et al., 2018; Evangelou et al., 2008). However, other factors were unique to the context of children living in care (Brewin & Statham, 2011; Francis et al., 2021). For example, children's experience of moving schools, replicating previous loss and relational disruptions, or delays to transition planning due to limited social worker capacity.

Building on previous research using an ecological lens (Bronfenbrenner, 1979) to understand school transitions for care-experienced children (Brewin & Statham, 2011), we identified notable interactions across levels of influence on children's experiences of school moves. For example, while policy contexts (meso-system) may offer formal protections (e.g., priority school admissions), inconsistent implementation detrimentally affected the ability of adults in their lives to support their needs (exosystem / micro-system), or children

individually to cope – illustrating that outcomes are not shaped by the presence of policy alone but quality of interactions between policies and systems. Trickle-down effects were observed whereby systemic contexts and social responses affected children’s individual abilities to cope and their self-perceptions. For example, when children found themselves in school provision that did not fit their needs, or were labelled as ‘naughty’ by professionals, they felt less able to cope with the demands of secondary school. Trickle-up effects were also reported in which children’s individual characteristics affected the support and connections they received from their social networks or systems. For example, children who presented as more obedient or mature may ‘fall through the gaps’ and be offered less support, while children with additional needs intersecting with their care-experience (e.g., physical and/or learning disabilities) may struggle to have their needs met due to limited provision capacity. Findings that children in care with additional learning or physical needs are being underserved in educational provision replicate those of other research (e.g., Mires et al., 2018). These trickle-up and trickle-down findings align with work using ecological models in other areas to explain how interactions between factors on multiple levels (individual, social, systemic) may combine to reinforce existing inequalities for care-experienced children (e.g., Cooley et al., 2015).

Implications

Despite UK government policies stating that care-experienced children should receive priority access with regard to school choice (Department for Education, 2014), we identified numerous barriers to children accessing school provision that met their needs. Barriers appeared to include a lack of appropriate school choices for children with additional needs (e.g., physical and/or learning disabilities), lack of places in existing specialist schools, and administrative barriers to timely identification and selection of school choice linked to social worker turnover and capacity issues. Our findings reveal a substantial gap between statutory

policy guidance and its implementation in practice, a gap that requires urgent attention. This may be addressed by more integrated, multi-agency transition planning incorporating clear protocols for information sharing between primary and secondary schools, joint planning meetings between caregivers, social work and school professionals; and early initiation of transition planning (before final year of primary school).

A second implication is the importance of providing bespoke support to care-experienced children throughout the transition to secondary school, balancing the need for additional support with the need to avoid ‘othering’ or stigmatising children. Care-experienced children often face stigma linked to their time in care (Dansey et al., 2019) and it is vital that meaningful transition support is planned alongside children and carers to avoid reinforcing a sense of care-experienced children as ‘different’. Finally, school transitions for care-experienced children may replicate previous experiences of relational loss and instability as friendships or relationships with teachers are disrupted. Opportunities must be found to support and maintain important relationships for children from primary school, and support the establishment of new, trusted, supportive relationships as children enter secondary school.

Strengths and Limitations

This study is novel in providing a longitudinal exploration of facilitators and barriers to the wellbeing and mental health of care-experienced children across different regions in England and Wales. This study included children with a range of additional learning needs, schooling types, mental health and wellbeing needs, and transition profiles offering insight into diverse transition experiences. The inclusion of caregivers’ and children’s voices, facilitated in part by creative interview methods (e.g., sandboxing; Watson et al., 2021), allowed multi-perspective deep learning about transition experiences. Work with care-experienced advisors ensured the resonance of findings.

While qualitative research does not aim to be generalisable (Drisko et al., 2025), there are some limitations to this study which may affect the transferability of our findings. Limited ethnic diversity in this sample may mean factors specific to certain ethnic groups were not identified. 23% of children were lost to follow-up data collection, which may reflect some of the children experiencing more complex transitions (e.g., multiple moves, bereavements, school exclusions, geographically distant moves).

Conclusions

This qualitative study explored care-experienced children and their caregivers' experiences of the facilitators and barriers to good mental health and wellbeing over the transition to secondary school. Children and caregivers described systemic (e.g., transition planning), relational (e.g., sense of belonging), and individual (e.g., coping and self-perception) factors as each influencing - and interacting to shape - children's wellbeing during the move to secondary school. These findings highlight the need to strengthen support for children's relationships during school transitions, to give targeted transition assistance without othering or stigmatising care-experienced children, and to address the persistent gap between policy and practice in school transitions for this group.

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Table 1

Sample baseline demographics

		Children (n = 26)	Caregivers (n = 24)
		M (SD)	
Child Age		10.31 (0.47)	-
Caregiver Age		-	50.57 (9.06)
Years living in care (at baseline)		4.46 (2.17)	-
Placement length (at baseline)		4 years (4)	-
Number of placements (at baseline)		2.79 (1.89)	-
		N (%)	
Child gender (self-report)	Boy	14 (54%)	-
	Girl	12 (46%)	-
Caregiver gender (self-report)	Man	-	5 (27%)
	Woman	-	19 (73%)
Placement type	Foster care	17 (65%)	-

Ethnicity (self-report)	Kinship care	4 (15%)	-
	Residential	1 (4%)	-
	Adoption	4 (15%)	-
	Asian	0 (0%)	0 (0%)
	Black	1 (4%)	1 (4%)
	Mixed	3 (12%)	0 (0%)
	Other	0 (0%)	1 (4%)
	Unknown	0 (0%)	1 (4%)
School type at baseline	White	22 (85%)	21 (88%)
	Mainstream	23 (88%)	-
	Alternative provision	2 (8%)	-
	Out of education	1 (4%)	-
Education, Health and Care Plan (EHCP)	Yes	7 (27%)	-
	No	15 (58%)	-
	Not known	4 (15%)	-
Mental health status- caregiver-report (baseline)	No concern	5 (19%)	-
	A little concerned	12 (46%)	-
	Somewhat concerned	2 (8%)	-
	Moderately concerned	3 (12%)	-
	Very concerned	2 (8%)	-
	Unknown	2 (8%)	-
SDQ total score child-report (baseline)	Close to Average	13 (50%)	13 (54%)
	Slightly Raised	2 (8%)	3 (13%)
	High	5 (19%)	2 (8%)
	Very High	5 (19%)	3 (13%)
	Unknown	1 (4%)	3 (13%)
Maltreatment experience (social work report)	Physical Abuse	9 (35%)	-
	Sexual Abuse	8 (31%)	-
	Domestic Violence	14 (54%)	-
	Emotional Abuse	11 (42%)	-
	Neglect	21 (88%)	-
	Any Abuse or Neglect	25 (96%)	-
