

Identifying Perspectives on Life Story Work with Looked-after and Adopted Children

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Abstract

This thesis identifies the key elements of life story work that make it an effective intervention for looked-after and adopted children and their families. The first part of the thesis provides a review of the literature of life story work with looked-after and adopted populations. Eleven papers were critically appraised and found that the way life story work was done varied, with three emerging types: 1) direct therapeutic one-to-one work with a professional, 2) carer-child collaborative reminiscence and 3) life story books. Conclusions drawn from the review highlighted the need for further research to identify the key features of life story work that make it a successful therapeutic approach. Based on these recommendations, the second paper describes a novel Q-methodology study. Twenty-nine participants took part consisting of Clinical Psychologists, therapists, social care practitioners, foster carers, adopters and care leavers. Participants sorted 57 statements related to life story work based on their importance. The results indicated one shared viewpoint for all participants; a child should be helped to manage feelings that arise from exploring their life story. Three differing viewpoints also emerged indicating that for life story work to be effective there needs to be: 1) a safe and supportive exploration of a coherent life narrative; 2) a child-led, on-going approach based on here-and-now relationships and 3) a comprehensive and adaptable record. Differences in these viewpoints are discussed in relation to participant experience, attachment theory and existing models of life story work. Clinical and research implications highlight a role for Clinical Psychologists and carers and the need for further research into the outcomes of life story work. The third part of the thesis is a reflective account of the research process, using life story work exercises to aid reflection and illustrate the process.

Preface

Both the literature review and main research papers have been written for submission to the journal Adoption and Fostering, published by the British Association of Adoption and Fostering. This journal was chosen because the recent literature on life story work was published in this journal. Adoption and Fostering accepts both literature reviews and original research and are open to papers from multi-disciplinary contexts. As the main publication from the BAAF, it is widely read and respected by practitioners in the adoption and fostering field leading to wider dissemination to the professionals who work with these children. The word limit for submissions to this journal is between 5,000-7,000 words excluding references and appendices. Sage Harvard Style is followed throughout the papers as requested by the journal (Appendix B).

Keywords:

Life story work, life story books, direct work, life history, looked-after children, fostering, adoption, reminiscence

Processes in life story work: A critical review of the current research in adoption and fostering

Literature Review

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Abstract

Life story work is a widely used intervention in adoption and fostering. Despite being recommended for use with all children in the care system, the outcomes are under-researched. This review systematically evaluates the scope of the current research into life story work in the looked-after population, investigating the processes used in practice and the benefits and limitations of these approaches. The findings of this review suggest that life story books are a predominant tool within the process of life story work alongside direct work with social care professionals, foster carers and adoptive parents. Although qualitative studies have found many benefits to these varied approaches to life story work, there are limitations to these studies. The findings do not directly correspond with the findings of quantitative studies that have evaluated life story work and have indicated little benefit. Life story work varies in how it is conducted and further research is needed to examine the key components of effective life story work.

Introduction

Outcomes for looked-after children

Children in care are more likely to have: poorer educational achievements, a mental health problem and greater levels of unemployment than children in the general population (Meltzer et al., 2003). Recent estimates found approximately 45% of children in local authority care have a diagnosable mental health problem (Ford et al., 2007). This is unsurprising given that 62% of these children go into care due to abuse or neglect (Harker, 2012). Given these poor outcomes, the National Institute for Health and Care Excellence [NICE] and Social Care Institute for Excellence [SCIE] have published guidance on promoting the quality of life of looked after children and young people (NICE and SCIE, 2010). One of the key recommendations is to help children in the looked-after system develop a positive personal identity and sense of personal history, which are believed to be associated with high self-esteem and emotional well-being (NICE and SCIE, 2010).

Psychological theory of life stories

Stories can be powerful therapeutic tools and are often used in psychological therapies with children (Golding, 2014). An example is Narrative Therapy, which explores ‘problem-saturated’ stories that families or individuals hold about their lives and seeks to discover and strengthen alternative positive stories (White and Epston, 1990). Storytelling can be particularly useful with children who are no longer with their birth families, as the stories can help a child and the new family to understand their past experiences, whilst placing their new experiences within the new family’s story (Golding, 2014). By providing a space for children to explore their feelings, providing alternative narratives and helping to build new relationships, storytelling can help to improve mental health and wellbeing (Golding, 2014).

McAdams (2001) theorized that all individuals create a life story, which is a selective autobiographical narrative of how life events shape a sense of self. Remembering and reminiscing about life events by children and adults together, helps children develop their personal narratives. By creating a life story, an individual can explain who they are, why they make certain decisions and come to an understanding of personal identity (Pasupathi et al., 2007). Children in the looked-after population may not have access to these stories from their early childhood, or access to adults with whom they can reminisce. They may also have lost, or never had, items such as personal belongings and photographs, which

help strengthen these stories (Melville, 2005). In addition to the lack of life stories, they may have experienced trauma, rejection, loss, separation and poor attachment relationships. The child may hold different ideas about why they have moved families, internalise the rejection and think of themselves as “bad” and fear further rejection. Life story work can provide some alternative stories that can help the child feel less confused and fearful and develop a sense of belonging within their new family (Golding, 2014) .

Life story work and life story books

Life story work [LSW] became popular in the 1960s within social care practice (Backhaus, 1984) and is now a widely used intervention in social care for children in the looked-after and adopted population, often completed during the adoption process. LSW usually incorporates direct work with the child along with the creation of a life story book or memory box and involves some discussion or description of the past, usually in chronological order (Aust, 1981; Beste and Richardson, 1981). The guidance from NICE and SCIE (2010) focusses on the potential for good life story work to enhance identity development and improve relationships, rather than being seen solely as an information giving exercise. The guidance also extends the scope of LSW to all children who are looked-after or leaving care, not just those who are adopted.

McInturf (1986) presents an account of LSW in order to prepare a child for transition/adoption, with five stages of the work taking place. These include:

- a) Presenting the child with facts about their early life and helping them understand their past,
- b) Replacing a child’s fantasised story with alternative, more realistic perspectives,
- c) Focussing on the child’s emotional response to their life story,
- d) Saying goodbye to their birth family,
- e) Looking to the future and goals the child may have.

Life story books [LSB] are specific tools used during the life story work, or given to a child for the adoptive or foster parent to use with the child to reminisce. McInturf (1986) suggests that the life story work should take place before a LSB is written by the person working with the child. Other practitioners see LSBs as a key tool, used to focus the life story work and are worked on throughout the direct work (Fraser, 2014; Rose, 2012).

LSBs feature within the Adoption and Children's Act (2002) and the Adoption National Minimum Standards (Department of Education, 2014) as documents that should be coordinated by the child's social worker and present a realistic, honest account of the reasons for the child's adoption. The format should be appropriate to the child's age and should not include details which could be distressing for the child. The Adoption and Children's Act (2002) instructs social workers that the information should be given to the child when they are able to cope emotionally with the information, however the recent National Minimum Standards (2014) for adoption places strict timeframes on the completion of the life story book, at the latest by the second statutory review of the child's placement and within 10 working days of the adoption ceremony. The reason for this is that children moving into adoption and their new adoptive parents have knowledge of their past.

Many professionals have offered a clinical description of how LSW should be carried out and several books and training courses offer activities and tips on how to complete the work (Philpot and Rose, 2004; Rees, 2009; Ryan and Walker, 1999; Wrench and Naylor, 2013). However, a recent systematic review into life story work in health and social care settings did not include any papers focussing on children in the looked-after or adopted population, mainly finding studies reporting life story work with older adults with dementia (McKeown et al., 2006).

Aims of this literature review

This paper provides a review of the research and literature into life story work with children who have been through the looked-after system. It will address two questions:

1. What is the standard and scope of the research into LSW with looked-after and adopted children?
2. How is LSW conducted with looked-after and adopted children and what are the benefits and limitations of these approaches?

Method

Search strategy

A systematic search included the main health and social sciences databases. These were: Academic Search Complete, AMED, Child Development & Adolescent Studies, CINAHL Plus with Full Text, MEDLINE, PsycINFO.

Keywords:

The following search using BOOLEAN operators was inputted into the search engines on 3/10/14: (adopt* OR foster* OR looked after OR looked-after OR residential care) AND (child* OR "young person" OR adolescen* OR you* OR "care leaver") AND (lifebook OR life-book OR "life book" OR life narrative OR "memory box" OR "life stor*" OR "memory store"). No restrictions were placed for full text, peer reviewed or English Language as these excluded key articles that were referenced in papers and books about LSW.

Inclusion and exclusion criteria

Inclusion criteria:

- An account of a type of life story work as an intervention was given in the article
- The population related to children (0-18 years) that were in the care system or adopted

Exclusion criteria:

- Life story work was not explicitly mentioned as an intervention
- Life stories were the method of research rather than an intervention
- Article mainly considered other populations (e.g. Older Adults, Learning Disabilities)
- Book and Book Reviews (the review was concerned with studies evaluating practice)

Search results:

The search on 3/10/14 produced 17 papers after removing duplicates and sorting for relevance. An additional seven were added from a hand search of the reference lists and citations. See Figure 1 for a flow diagram of the number of articles returned and retained at each stage.

A search of grey literature using OpenGrey (<http://www.opengrey.eu/>) with the search terms “Life Story Work” did not produce any additional relevant articles. Theses were also

searched using EThOS (<http://ethos.bl.uk/>) using the search term “Life Story Work”. This produced one additional, unpublished relevant article.

The full text of these 25 papers was reviewed and the research classified into the type of evidence provided (adapted from Colling (2003) (Appendix H). This resulted in 11 papers meeting the criteria for primary empirical sources or evaluations and these were included in the review.

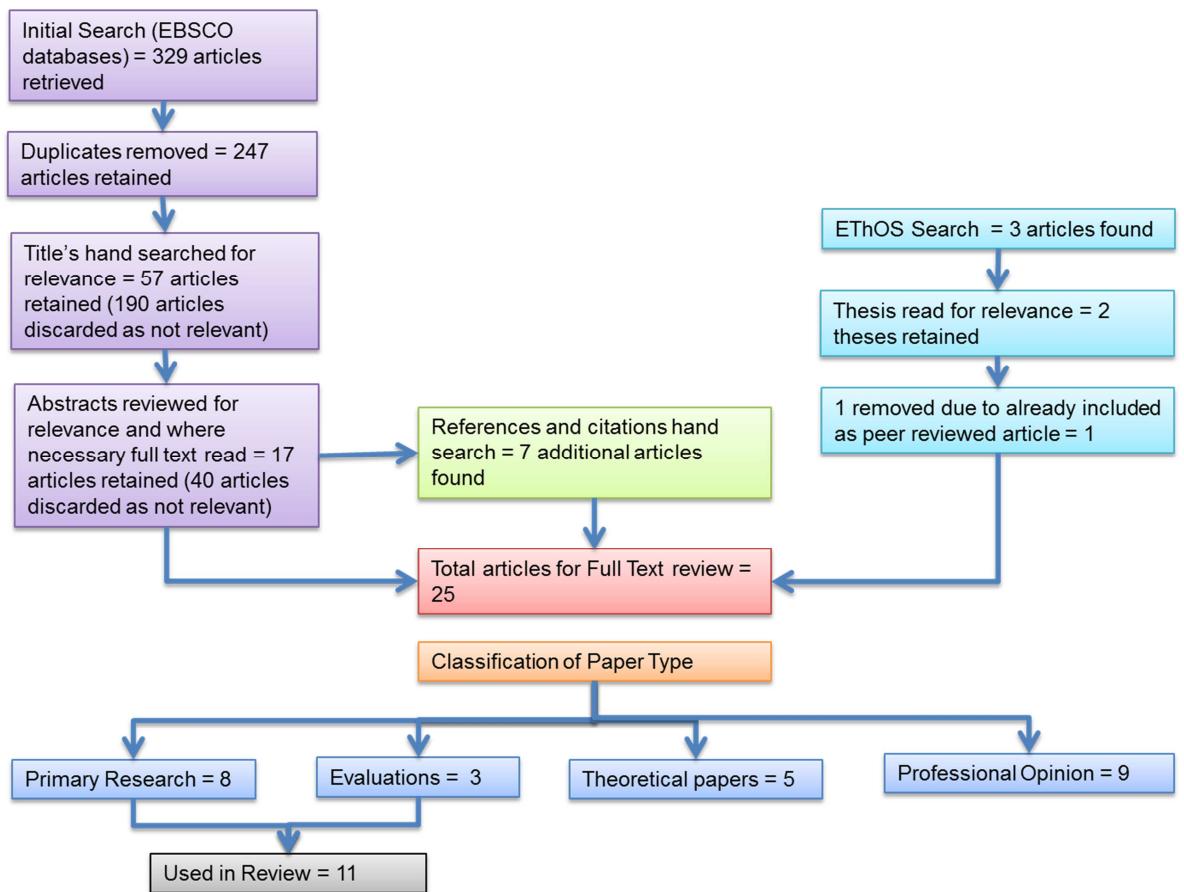


Figure 1: Search Procedure

Critical appraisal tool

Each of the primary research and evaluation papers were critiqued using the Critical Appraisal Skills Programme checklists, either for qualitative research or for randomised controlled trials, when the study employed quantitative methods (CASP, 2014). The CASP checklists provide a systematic way of evaluating the validity and applicability of the literature, by asking questions related to three main areas; Is the study valid? What are the results? Are the results useful? Each paper was read through once, then again alongside the CASP tool in order to address the questions. A summary table of the main findings and strengths and weaknesses of each research paper can be found in Appendix I.

Results

What is the scope and standard of research into life story work?

Critical review of the studies

Eleven articles were retrieved from the search. Two of the early studies used quantitative methods to evaluate the impact of LSW on outcomes for children (Davis, 1997; Rushton et al., 1997), all of the other studies used qualitative methods. Of the 11 papers, four were unpublished theses (Buchanan, 2014; Campbell, 2011; Davis, 1997; Hammond, 2012) and the remaining seven were published in peer-reviewed journals, most commonly *Adoption & Fostering*. Three of the papers studied LSW in the USA (Backhaus, 1984; Campbell, 2011; Davis, 1997) whilst the others were based on services within the UK.

The earliest attempt to evaluate LSW in the articles reviewed was Backhaus (1984), which described the use of LSW with adopted children focusing on life story books [LSBs]. Backhaus used a questionnaire and interviews in this exploratory study to collect information of social workers' views on LSW. Backhaus does not describe the method of data analysis for either the questionnaire or the interviews, weakening the rigour of the study because the reader is unsure of how researcher bias may have impacted on their interpretation. Benefits described by the social workers included: helping children to understand their past and answer questions, helping the children to express their feelings, decrease their anxiety and resolve anger, guilt and self-blame. The participants also thought life story work helped children feel more in control of their past and future and improved success in future placements. In addition social workers thought they had more awareness of the child's needs and a greater understanding of their past.

Two papers used mixed quantitative and qualitative methods to empirically evaluate LSW (Davis, 1997; Rushton et al., 1997). Rushton et al. (1997) investigated outcomes of direct preparation work with looked-after children. The outcomes investigated, via structured interviews with the child's social worker and new parents, were; 1) improvement or deterioration in problems as rated by new parents and 2) the degree of attachment to new parents. Participants were grouped into one of three groups, based on the level of direct work they had received as reported by the worker, post intervention. These levels are

defined in the article as; 1) low level, where there was limited direct contact between the social worker and child, 2) moderate level, involving more frequent contact with the child exploring their past and starting LSBs, 3) high level, where time was taken to develop trusting relationship with the child, the LSB was completed and children were helped express their emotions. The study found no relationship between level of direct work and whether the child made a satisfactory attachment to the new mother or new father, or between the level of direct work and an improvement or deterioration in problem levels, however no statistics were given to support this so it is unclear whether there were non-significant positive or negative correlations. Higher level direct work with children was only related to improvement in problem levels, as defined by interview with new parents, after 12 months, when the children were not rated as overactive at one month (Fisher's exact test $p=0.007$, $n=34$). All levels of input showed a small decrease in the number of children experiencing many problems after 12 months, but no statistical analysis was presented (low input = 3/24 children improved, moderate input = 2/24 children improved, high input = 1/10 children improved). This indicated that the intensity of input had little effect on outcomes. The paper concluded that direct work, including LSW needed standardisation to improve outcomes.

Davis (1997) compared three groups of school children receiving either; LSW, counselling or no treatment. Davis recruited from a population of "children who have experienced loss", which would have included children with similar experiences to those in the looked-after system. Davis used two standardised and validated outcome measures including locus of control and coping resources to measure resilience (Children's Nowicki-Strickland Internal-External Locus of Control Scale [CNSIE] (Nowicki and Strickland, 1973) and The Coping Resources Inventory Scales for Educational Enhancement [CRISEE] (Matheny et al., 1994)). All participants were randomly assigned to the three groups, however group sizes were small for a randomised controlled trial ($n=18$, 17 and 15) which may have increased the likelihood of making a Type II error and not detecting a true effect (Fox et al., 2007). A power calculation for the study was not provided which would have helped the reader to assess whether the sample size was adequate. Davis concluded the LSW was no more effective than either counselling or no treatment at improving children's locus of control (CNISE score ANOVA $F=0.75$, $df=2,p=0.48$) or coping resources (CRISEE score ANOVA $F=0.13$, $df=2$, $p=0.88$) after 6 weeks of intervention. Qualitative reflections from participants however indicated positive evaluations of the life story work. Davis (1997) was the only study to attempt to compare LSW with other treatments and a control group. She

presented a one-way analysis of variance of the difference score pre- and post-intervention, rather than a two-way mixed analysis of variance, leaving the reader unsure of the main effect of time or intervention group on the outcome measures. The session by session account of the life story approach was useful, but there was no discussion of how this differed from the 'counselling as normal' sessions.

Despite the widespread adoption of LSW in practice, there has been little research to evaluate outcomes since 1997. Recent qualitative studies have begun to focus on the experiences of children, foster or adoptive parents and workers undertaking LSW.

Foster/adoptive parent experiences of life story work

Brookfield et al. (2008) investigated the role of photos in the process of LSW and how adoptive parents use these to reconstruct a child's history. Data was collected using two focus groups of six adoptive parents (12 in total). They used discourse analysis to analyse group discussions and looked at examples of the LSW the adopters had done with the children. The main findings showed that photos were widely used in LSW, but when these were lacking or there was a gap in the information the parent held, the parents tried to fill this with fictional stories or pictures of what life might have been like for the child.

Shotton (2010) investigated the experiences of foster and adoptive parents when carrying out a specific form of LSW with their children, the 'memory store approach'. Foster and adoptive parents participated in training about the memory store approach, which is a record the foster carers and child makes together recording activities of their time in care, such as day trips or significant events. After the training, interviews were conducted with five out of 12 of these foster and adoptive parents. Interpretative phenomenological analysis [IPA] was used to analyse the interviews. Three main themes were identified: a) impact; carers commented on the impact of the approach on their relationship with the child, mood, opening up conversations and development of the child's thinking b) motivation; finding that children were motivated to be active participants in LSW, c) practical aspects; ways to store memories and difficulties carrying out the approach. They concluded that foster carers and adopters valued the approach and saw the benefit of LSW for the children and their relationships. They did not find much support for improvements in identity formation.

Shotton (2013) further investigated the memory store approach to LSW, combining the views of five carers with that of four children receiving the LSW. She conducted semi-

structured interviews with carers. The method of data collection involved designing a board game that included questions about the memory store approach, to open up discussions about how the children had experienced the work. Data was analysed using IPA. Results indicated a number of benefits for the child and foster parents from this approach including benefits for; child-carer relationship, child's self-perception, emotions and learning. Figure 2 shows the relationship between the themes that emerged from the research.

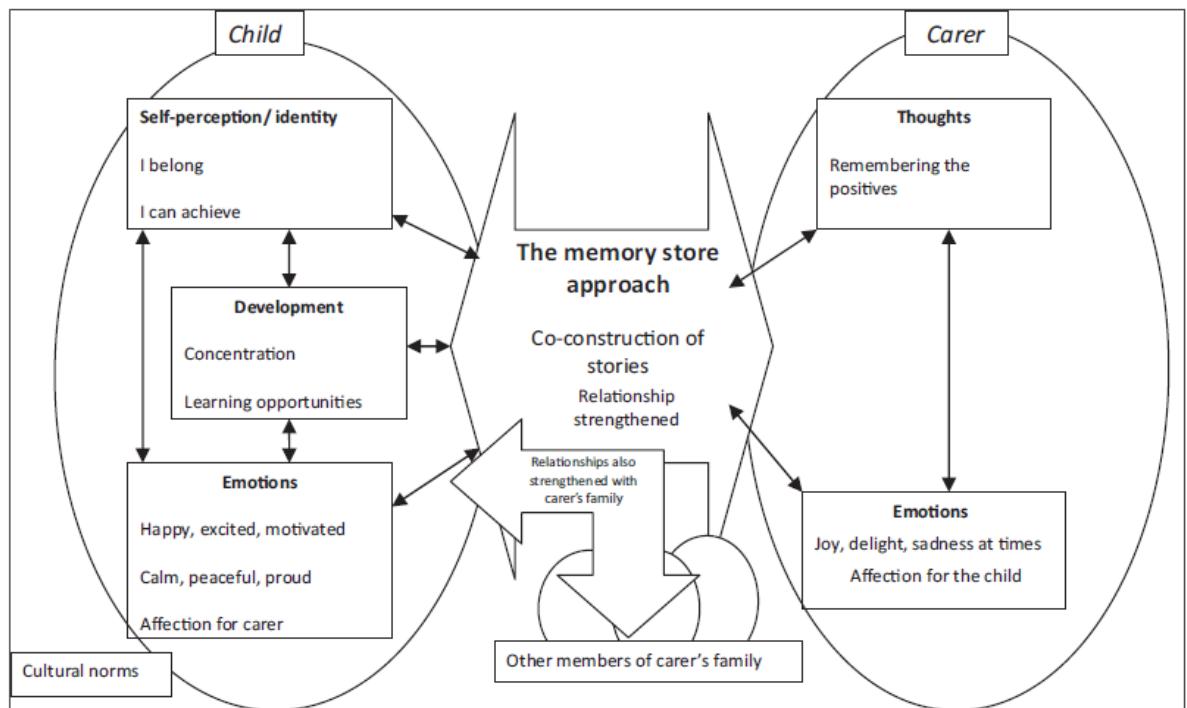


Figure 2: Memory Store Approach Model (Shotton, 2013)

Child experiences of life story work

Several studies have investigated the experiences of children undertaking LSW. Willis and Holland (2009) used interviews with 12 young people, who were in care and who had received LSW from social workers or support workers, to explore their experience of LSW. Willis and Holland do not specify the method of analysis used and as such it is difficult for the reader to assess the influence of the researcher on the interpretation of the data and for the study to be replicated. They found the children experienced a range of emotions as they gained new information about themselves, such as knowing where they have come from and who their birth family was. The authors concluded that both the process and the material record were important to the children because of the importance to them of holding a record of their life as well as being able to spend time finding out about their life with the support of someone.

Campbell (2011) presented an account of the experiences of social workers, carers and young people together. Unspecified qualitative methods were used to analyse both interview notes and correspondence with five foster/adoptive parents, two care leavers and two social work specialists. Again, a lack of description of the method of analysis weakened the rigour of the study as there is a lack of detail of the author's interpretative choices (Yardley, 2000). The main findings were: the goals and purposes of LSW were clear to all groups, children should be included in LSW, and it should be tailored individually to each child. All participants saw the benefit of LSW but there was a concern that LSBs may cause children to relive past trauma.

Hammond (2012) presented an action research study in two innovative types of digital life story work, '*bebook*' and '*podwalking*', conducted within residential care homes. These methods used videos, photos and webcam diaries to capture what was important to the young person and open a discussion about their life story. The study was aimed at finding novel ways of approaching a potentially missed population, adolescents within care. Ten 14-18 years olds were recruited to the study and Hammond himself completed the LSW with the young people. Discourse analysis discovered emerging discourses in the young people's experiences of these two technologies. Hammond suggested that digitised methods such as those created through the project offered a way of engaging adolescents in LSW. The *bebook* gave the adolescents more power over how they produced representations of themselves and the relationship they developed with the facilitator of the approach helped them to develop a structured narrative.

Gallagher and Green (2012) interviewed 16 young adults who had left care. Using template analysis they identified young people's experiences of LSW as part of an integrated model of care offered to children in therapeutic residential homes. The young people reported valuing the LSW and finding it helpful, with some looking after and returning to their LSB. Benefits of the LSW in particular included: a) acquiring a more accurate story of their life before care, b) facilitating relationships both in that home and subsequent placements, c) dealing with emotional and behavioural challenges and d) triggering positive memories.

Buchanan (2014) also studied care leavers experiences of life story work. Buchanan first conducted a survey of 38 care leavers and then interviewed nine of these for the main analysis. IPA was used as the method of data analysis and resulted in four themes. These were; a) the need to know, b) getting LSW right, c) an emotional journey and d) LSW and the concept of family. Some young people reported that LSW was a positive process, although this was not the case for all participants. All of the young people indicated it could be useful if improvements were made to how it was conducted.

Summary of critique

There has been limited research into the process, experience and outcome of LSW within the looked-after population. The papers all gave a historical account of LSW and its use with children in care. The theses (Buchanan, 2014; Hammond and Cooper, 2013) provided a more thorough review of the literature and rationale for conducting their research than the published papers, but this is likely to be due to the extended word counts they had. These theses provide valuable contributions to the evidence base for life story work. Although three of the papers were based on practice in the USA and service provision and policy may be different to the UK, descriptively the LSW undertaken in these studies appears similar to current UK practice (Backhaus, 1984; Campbell, 2011; Davis, 1997).

Only two studies to date attempted to quantify the impact of life story approaches, one of which did not use a looked-after population specifically (Davis, 1997) and the other did not solely focus on life story work (Rushton et al., 1997). Neither of these papers gave effect sizes and both showed limitations in the statistical analysis presented, limiting generalizability and replicability of the findings. Both these papers, whilst detailing the quantitative data analysis, did not describe the method of qualitative analysis. The remaining nine papers used qualitative methods to investigate the experiences of staff, parents and children of different types of life story work. Six of these provided detailed and rigorous methodologies and analysis. All of the qualitative studies offered some case

extracts to illustrate themes and conclusions which was helpful for the reader. The next section will provide a synthesis of the findings of these studies.

Synthesis

How is life story work conducted in looked-after populations and what are the benefits and limitations of these approaches?

The studies in this review suggest that LSW is conducted in many different ways, including life story books, direct therapeutic work and carer-child reminiscence. This section will describe these approaches and consider the benefits and limitations found in the studies.

Life story books

All of the LSW reported in the articles involved the use of life story books in some form, either as the main focus of the LSW or as a therapeutic tool. Three of the papers focused specifically on the creation of LSBs (Backhaus, 1984; Campbell, 2011; Willis and Holland, 2009). Backhaus (1984) found that all the workers interviewed used LSBs with children preparing for adoption, but some also used them for children in foster and residential care. Backhaus (1984) described the format of the books as a photo album or scrapbook, holding important documents and photos from the child's life and providing a chronological narrative, from birth to present. Willis and Holland's (2009) accounts of LSW described many different methods for creating life story books, from pre-printed resources, to computer packages, scrapbooks and photo albums. The foster and adoptive parents in Campbell's (2011) study described taking a 'scrapbook like approach', including pictures and keepsakes. Sometimes the books were written with the child in sessions, but often they were prepared by the worker (Backhaus, 1984) and occasionally the child was given a pre-printed book where they had to fill in the gaps (Willis and Holland, 2009). Campbell (2011) found that workers had different ways of starting the books, some preferring to work chronologically from birth and some using a 'here and now' approach, dependent upon identified risks. For example if the worker had fears the work would re-traumatise the child, a here-and-now approach was taken, reducing the exploration into the traumatic past.

Benefits and limitations:

Seven of the papers highlighted that the books and photos provided an important memory storehouse for the child, giving them a physical object that could help the child remember

experiences and reconstruct the past in a more accurate way (Backhaus, 1984; Brookfield et al., 2008; Buchanan, 2014; Campbell, 2011; Davis, 1997; Shotton, 2013; Willis and Holland, 2009). Photos or videos of birth parents provided opportunities for a child to understand their similarities to, and differences from, birth parents. (Backhaus, 1984; Buchanan, 2014; Campbell, 2011; Willis and Holland, 2009). By giving the child access to their past, answering questions and filling in gaps in information, children were able to make sense of what had happened to them (Backhaus, 1984; Buchanan, 2014; Campbell, 2011; Gallagher and Green, 2012; Hammond, 2012; Shotton, 2013; Willis and Holland, 2009). Many of the authors argued that this understanding and integration of the past, present and future would help to develop a child's identity (Backhaus, 1984; Buchanan, 2014; Campbell, 2011; Hammond, 2012; Willis and Holland, 2009). Two articles found that LSBs offered the opportunity to bring truth to a child's story, helping the child produce a more realistic, less fantasized picture of their past (Backhaus, 1984; Campbell, 2011). However some adopters felt that the information they received was insufficient to piece together a meaningful narrative (Brookfield et al., 2008). Some attempted to fill this gap by using other picture materials to represent childhood in general. This differed from the guidance about LSW (McInturf, 1986; Ryan and Walker, 1999), which expresses a strict rule for making sure the stories represent a "truth" about the child's life.

Campbell (2011) believed that too much emphasis was put on LSBs, noting that they were often incomplete or inadequate and that for some children they may be unnecessary, as some children have gone on to develop and succeed without LSBs. Some care leavers also said that they did not appreciate the life story book until late adolescence (Campbell, 2011). Participants in one study described the pre-printed books as overly prescriptive (Willis and Holland, 2009). In addition, the provision of the work seemed sporadic and often driven by mandated policy, as opposed to the needs of the young people (Campbell, 2011; Hammond, 2012). Two articles found that some aspects of LSBs such as writing, or making stories might activate feelings of inadequacy or seem childish to older children (Buchanan, 2014; Hammond, 2012). For other children who may have been through several placements, the life story book could start to look like a list of failures, as opposed to highlighting the resilience the child has shown in making such transitions (Campbell, 2011).

Direct work: the child as an active participant

The intensity and duration of one-to-one work between the child and worker varied greatly (Buchanan, 2014) from two sessions (Willis and Holland, 2009) to many sessions over several months (Gallagher and Green, 2012). In two studies, one-to-one work included

some practitioners taking the children on trips to significant places or sitting with the child to complete sections of the book together, but did not indicate more in-depth work than this (Backhaus, 1984; Willis and Holland, 2009). In another study, half of the workers using LSW said they did not use any particular resources or structure for the work (Ruston et al, 1997).

Davis (1997) described the six session LSW process involved in her research in detail. This process involved direct involvement of the child, starting with a timeline of significant life events, followed by a focus on the child's coping resources and strengths. The focus of the work then went on to describe the child's present life, with the child taking photographs between sessions. Future goals were incorporated into the life book by the child in the final session. The worker's main role involved asking questions about the meaning of events and significant people, helping to highlight the child's strengths and resources. Although this approach involved the child's input into the process, it followed a structured session plan which seemed to have left little room for the child to direct the content or pace of the work. Hammond (2012) presented a different approach to LSW using digital technologies and argued that LSW should be centred around the young person, following their pace and direction. The digital methods he developed allowed the child to record those memories they found important. This was possible within the scope of the research study, but Hammond recognised that workers may have many more pressures on them in terms of outcomes or time, restricting flexibility.

Benefits and limitations:

Five of the papers found that children enjoyed the LSW sessions, and found them rewarding, calming and led to an improvement in both carer and child mood as reported by the participants (Buchanan, 2014; Davis, 1997; Shotton, 2010; Shotton, 2013; Willis and Holland, 2009). However, some children reported finding the LSW a chore and said it was "boring" or "childish" (Hammond, 2012; Willis and Holland, 2009).

Six of the authors argued that LSW could open up new perspectives for the child, helping the child understand that separations and events that they may have blamed themselves for were not within their control. Simultaneously, the work served as a reminder of the progress the young person had made and their achievements and thus increased self-esteem (Backhaus, 1984; Buchanan, 2014; Campbell, 2011; Shotton, 2010; Shotton, 2013; Willis and Holland, 2009).

LSW also helped the child both express and manage difficult feelings towards themselves and others, such as anger, grief, loss, worthlessness and anxiety by exposing the child to those memories which may have been difficult whilst providing a supportive environment for processing and normalising those emotions (Backhaus, 1984; Campbell, 2011; Shotton, 2010; Shotton, 2013; Willis and Holland, 2009). One participant in Willis and Holland (2009) described how writing down the memories helped him to not cry every time he felt upset. Two studies, however, found that young people and carers often reported difficulty with accessing distressing information in their care files, with some information evoking negative emotions of sadness and uncertainty. Sometimes LSW brought back memories of traumatic events that the young person did not wish to remember (Buchanan, 2014; Campbell, 2011).

Five papers indicated that LSW helped the child feel more in control of the past and their own futures and gave them more power over how they told their stories (Backhaus, 1984; Buchanan, 2014; Campbell, 2011; Hammond, 2012; Shotton, 2013). However, as Buchanan (2014) notes, many young people found it difficult to take control of their information because they felt that others knew more about their life and background than they did. Hammond (2012) highlighted that workers held much of the power in taking an editorial role with the stories. In some cases the one-to-one LSW provided a window for the worker to understand the child's difficulties and highlighted their unmet needs (Backhaus, 1984).

Buchanan (2014) found that most of the young people in her study said LSW did not provide everything they would have hoped for. The two quantitative studies found a lack of effect on behavioural outcomes, attachment to new parents, child's locus of control and perceived coping resources (Davis, 1997; Rushton et al., 1997). Whilst these studies were conducted 17 years ago and life story work practice may have changed and improved since then, it is worrying that the life story processes involved in these studies did not appear to be measurably effective in these areas.

Carer - child collaborative reminiscence

Four studies looked specifically at how adoptive and foster parents used life story processes (Brookfield et al., 2008; Campbell, 2011; Shotton, 2010; Shotton, 2013) while other studies acknowledged that carers were often involved in the creation of the books (Backhaus, 1984) but did not interview them. Backhaus (1984) also mentioned the potential for involvement of the birth family in providing information, pictures and letters for the life story work.

Shotton (2010; 2013) presented a specific method of life story work focussed on facilitating carer and child reminiscence. In this approach the carer and child together collected memories of the child's time in the care of that person, utilising tools such as a scrapbook or memory box. Similar to the life story books, events and significant memorabilia were collected and recorded. The focus therefore of this approach was not to actively delve into the child's past, but rather to provide a record of the current part of the child's story. The memory store approach also involved the carer actively engaging the child in revisiting the record/box and reflecting on their feelings about the events.

Benefits and limitations

Four articles found that LSW helped the child build relationships with new families and created opportunities for carers to engage with children, often enabling openings for shared experiences and fun activities (Campbell, 2011; Hammond, 2012; Shotton, 2010; Shotton, 2013). Involving carers in the LSW processes helped the new parent understand what challenges the child had faced and fostered empathy (Shotton, 2013). Three studies found that LSW increased feelings of safety and security, highlighting for the child that they were special, loved and wanted and created a sense of belonging in the new family (Davis, 1997; Shotton, 2013; Willis and Holland, 2009). Backhaus (1984) also argued that if birth parents were included in the LSW it might go some way to reducing some of the guilt they may feel towards the child. Campbell (2011) found that LSW helped a child make contact with birth families later on if desired as it provided dates and memories about them that could help them reconnect in the future.

What would make life story work more effective?

Buchanan (2014) discussed the need for a strong and trusting relationship to develop between child and worker prior to attempting to revisit the past. Hammond (2012) also emphasized the relationship with the worker as an essential feature to effective life story work. Safe and secure relationships take time to develop and it seems unlikely that LSW involving a few sessions of direct work with the child would be sufficient for this to happen. Several of the young people in Buchanan's study found LSW most helpful if they returned to it over time and reported that it took time to process all the information and make sense of it (Buchanan, 2014). As Willis and Holland (2009) highlighted, it is perhaps more important that the work focus on the individual interests and needs of the child, rather than taking a specific form. This is an advantage of longer term direct work rather than just presenting the child with a book containing all of their past in one go. Backhaus (1984)

however, also found sufficient time was needed for workers to get the information and documents that they wanted to include the books.

Backhaus (1984) found that carers needed to value the life story books in order for them to be used effectively in the child's life. One way of getting carers to value them was to involve them in the process. Some studies found that adoptive/foster parents felt unsupported and overwhelmed when carrying out the LSW and that it created a lot of extra work (Brookfield et al., 2008; Campbell, 2011). Two studies highlighted that a lack of training for workers or carers may have prevented more positive outcomes (Hammond, 2012; Rushton et al., 1997). Practitioner confidence in completing some of the psychological tasks involved in LSW was often lacking and in some cases the work that social workers must do, such as managing risk and child protection impacted on the type of relationship that could be created with a child (Hammond, 2012; Rushton et al., 1997). If carers are making life story books for their children then it is likely that similar difficulties workers face when completing the work will arise for them, but they may have even less support or training. Certainly, in one study, there appeared to be an avoidance of disclosing potentially upsetting information by the foster and adoptive parents, as parents stated they would withhold information until they felt the child was mature enough to deal with it (Campbell, 2011). Shotton's approach involved training for the foster and adoptive carers in an attempt to provide this support (Shotton, 2013).

Conclusions

The potential psychological and social benefits of life story work, listed in this review, are numerous including;

- the integration of past, present and future leading to a coherent sense of self and a developing identity,
- the provision of new perspectives based on reality leading to a reduction in self-blame and increasing self-esteem,
- improved mood and the provision of opportunities for emotional expression
- improved relationships between the child, carers and workers.

As described in the introduction there are many approaches people have suggested for how to conduct life story work and this was reflected in the research literature. The LSB appears prominently in most of the articles either as the sole focus of the work or as a tool

for more in-depth work. This was interesting as many of the theoretical papers and practice guides suggest the process is of more importance than the end product of the book or memory box (Philpot and Rose, 2004). Two articles in this review found that while the process was important, the physical manifestation of the work was very valuable to the children (Buchanan, 2014; Willis and Holland, 2009). However there is an argument that concentrating on the end product, or using this to evaluate whether the work has been completed, could lead to a lack of depth within the work and the therapeutic nature of the work being missed (Baynes, 2008). This poses a risk for children who may have experienced trauma and could potentially be left with distressing information but with little guidance on how to process and understand this information (James, 2007). However, there were mixed reviews of the benefits of one-to-one therapeutic life story work, with two studies reporting little efficacy. Carer-child reminiscence was also suggested as a way of building new relationships through life story work. Several dilemmas appeared to face professionals and carers carrying out life story work including;

- a) how much involvement the child or carer has in the process,
- b) how much time is needed to develop relationships and gather information,
- c) whether to concentrate on direct work or indirect work such as books,
- d) what to do when information is missing,
- e) how to help the child process distressing information
- f) whether to focus on a here-and-now or chronological approach.

Clinical Implications

The findings from this review suggest that children and carers do value life story work. Different approaches to the work seem to produce different benefits and it seems essential that whatever the approach, it is tailored to meet the needs of the child and their new family. These needs may change over the child's life and therefore a flexible approach to how life story work is viewed may be necessary, as opposed to framing it as a defined number of sessions. There seems to be potential for more creative approaches such as using digital techniques to improve engagement with the child. Life story work also draws ideas from psychological concepts such as narrative therapy and attachment theory, which Clinical Psychologists may be able to offer consultation on. This however raises further questions about how life story work can fit alongside therapy and how these two processes may conflict or overlap.

Research implications

There is a clear lack of good quality systematic research into the outcomes of LSW for children who are no longer with their birth families. Although individual experiences in the reviewed studies appear on the whole to be positive and beneficial, there needs to be further research into the effectiveness of this work. As life story work is likely to take place over a long period of time, rather than limited to a short term piece of work, large longitudinal studies may be necessary to measure change. It seems important for National guidelines to be based on both qualitative accounts and quantitative measures of change as a result of this intervention. There is uncertainty about the best way to carry out LSW in a way that is safe and therapeutic for the child. Willis and Holland (2009) suggest there is a lack of evidence for the effectiveness of LSW because of the differences in the way it is done. Although the process is highlighted as crucial, there is little empirical research into what makes this process more or less successful with some people. As Gallagher and Green (2012) pointed out, research is needed to clarify the extent to which people agree on the key components of the process of life story work. Future research could then build on measuring the employment of these key components within practice, against desired outcomes.

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Capturing Views of Life Story Work with Looked-after and Adopted Children

Research Paper

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Abstract

This Q-methodology study identified the features of successful life story work with children who are looked-after and adopted. Twenty-nine participants, from professional and service user backgrounds sorted 57 statements related to key aspects of the life story work process. This provided their viewpoints on what features were most important for effective life story work. Inter-respondent correlations revealed one shared viewpoint and three distinct viewpoints. All participants indicated that life story work should involve helping a child express and manage emotions that come up during the work. The three distinct viewpoints that emerged indicated that effective life story work also provides: a safe and supportive exploration of a coherent life narrative; a child-led, on-going approach based on here-and-now relationships; and a comprehensive and adaptable record. Differences in these viewpoints were related to participants' experiences, with professionals, carers and care leavers showing differences in what they thought made life story work most effective. Links are made with attachment theory and existing models of life story work. Clinical and research implications are provided with an emphasis on the role for Clinical Psychologists in supporting life story work.

Introduction

Looked-after and adopted children and the role of life story work

The development of life stories are an important process in identity development in all children (Pasupathi et al., 2007). Parents and children reminisce together in a way that builds autobiographical memories and begins to create a sense of who one is (McAdams, 2001). Children who are looked-after and adopted often come into care with portions of these stories missing (Melville, 2005). While the stories may not be captured and passed onto new parents or professionals, the young person may have memories and ideas about their life prior to entering the care system (Ryan and Walker, 1999). Often these memories and experiences will have been traumatic because approximately 62% of children who enter care have suffered abuse or neglect (Harker, 2012).

How professionals and carers share information and help children to understand some of their life experiences, before entering, and during care can be a challenge, leading to uncertainty. Life story work [LSW] is one intervention that endeavours to bridge this gap and help a looked-after or adopted child build or repair a coherent life narrative (Department of Education, 2002; Department of Education, 2014; National Institute for Health and Care Excellence and Social Care Institute for Excellence, 2010). However, LSW can take a variety of forms, from a short book of a child's history before care, to in-depth individual therapeutic work (Rose, 2012). Several authors suggest that LSW might start with the creation of a life story book, but should extend beyond this as an ongoing process of reminiscence and storytelling throughout a child's life. It should change and adapt as the child becomes more curious or is able to emotionally process different information (Golding, 2014; Ryan and Walker, 1999).

A model offered by Holody and Maher (1996) highlights a "here and now" approach to LSW, suggesting that the intervention should start where the child is currently, focussing on strengths, interests and current relationships to establish coping strategies and recognise supportive relationships. There is no explicit focus within the work to go over the past, but this will often be explored as the relationship between child and worker strengthens. More recently, Cook-Cottone and Beck (2007) and Shotton (2013) have presented models of LSW that emphasise a secure attachment with a care-giver or worker in order for the child to reminisce and integrate their experiences. They both stress that LSW involves the co-

construction of life narratives with this key other person. The record, such as the life story book or “memory store” (Shotton, 2013) are tools within this work.

Attachment theory (Bowlby et al., 1965) is drawn upon in these models as a key focus of the work. A secure attachment relationship is formed between a child and primary caregiver who provides a secure base from which the child can explore the world. The child will also develop an ‘Internal Working Model’ which is a model the child uses to understand and develop subsequent relationships throughout their life (Hughes and Golding, 2012). Children who have experienced insecure or disorganized attachments in early life, may not be able to get their need met by a caregiver in predictable ways and use a variety of different approaches to elicit care. Sometimes these can be very challenging and unpredictable for carers and building a secure and predictable relationship will take considerable time and effort (Rose, 2012). Facilitating and building secure attachments for children who may not have experienced these and may be struggling to process some traumatic life events will be an essential focus of any intervention designed to meet a child’s psychological needs (Rose, 2012).

A role for Clinical Psychology

LSW approaches are sometimes used within therapies such as art therapy (Robertson, 2001), family therapy (Hanney and Kozlowska, 2002) and psychotherapy (Harper, 1996), especially with looked-after children who have experienced trauma or significant loss. However, many practitioners argue that LSW should never replace psychological therapy (James, 2007; Ryan and Walker, 1999). Whilst psychological therapy for children who have suffered trauma and abuse may be essential, some children may not be in a settled placement and may therefore lack safe relationships from which to draw support whilst accessing therapy (Dent and Golding, 2006). Clinical psychologists are often in an excellent position to improve child and carer well-being by offering consultation and training, drawing on psychological theories and models using a process of collaborative formulation to understand the current needs and challenges of caring for a child based on their past experiences and psychological development (Dent and Golding, 2006). This could include consultation with professionals and carers who are carrying out LSW, with a focus on facilitating understanding of the importance of the attachment relationship for a child exploring their life story. Different approaches might be recommended in order to develop these relationships, alongside or prior to life story work that takes place, such as Dyadic Developmental Parenting (Hughes and Golding, 2012)

Dilemmas when doing life story work and rationale for the research

Several dilemmas faced by practitioners and carers when doing LSW include; a) the level of involvement the child and/or carer has within the process of LSW, b) the time taken to complete the work, c) the emphasis placed on the process of the work rather than the life story book, d) what to include when information may be missing and the role for ‘fantasy’, e) how to help the child to process potentially distressing information and f) where and when to start this kind of work with a child (Paper 1). Undoubtedly, there will not be clear answers to these dilemmas, because the individual needs of the child and family will shape the work professionals do. In addition, the lack of research and training in LSW is likely to maintain uncertainty and inconsistency in how best to carry out this intervention.

This research sought to ask those involved in LSW, either as individuals implementing or receiving the work, what they thought were the most important elements in the process of LSW. The aim was to capture a wide range of views from individuals with different experiences of the work and to see if they shared an idea of how to do effective life story work or if their views differed. As there appeared to be different ways LSW was conducted (Paper 1), a preliminary hypothesis was that there would be some difference in the views of the best way to carry it out. Identifying these views and who might hold them could help guide training, consultation and improve practice.

Overview of Q-methodology

The methodology chosen needed the ability to reduce and quantify qualitative information in a way that preserved the individual differences between participants. Q-methodology is an approach that allows the subjective views of each participant to be captured whilst using a quantitative form of analysis to illustrate where these views are shared and differ among participants (Brown, 1980). Wallis, Burns & Capdevila (2011) carried out a similar Q-method study, seeking to gain a clearer definition of what Narrative Therapy was in order to provide a basis for future empirical research. They asked ‘experts’ in Narrative Therapy to sort cards related to how narrative therapists carried out the approach, based on what they thought was important for the approach they used. They found that Q-method was a useful technique for developing a definition of an intervention as it provided a shared understanding and allowed for participants’ individual and subjective differences to be quantified.

Q-methodology involves many phases in the design and analysis of the data. The first phase involves the selection of statements (Q-set) which attempts to be broadly representative of

the ‘concourse’, which is defined as the views and opinions about a subject matter (Brown, 1980). The participant sorts these statements along a subjective dimension, such as “most agree” to “least agree”. The final sort represents their views about the subject matter along this continuum (Van Exel and de Graaf, 2005). By sorting in this way the relationship between statements is identified (Brown, 1980). These individual viewpoints from participants are then collectively analysed via a form of inter-correlation and factor analysis to identify shared viewpoints (Watts and Stenner, 2012).

Research aims

The aim of this study was to find out what features in the process of life story work make it an effective approach for those carrying out, receiving and consulting on the work. The secondary objective was to find out if there were different viewpoints about what was important in LSW and if so who held these viewpoints.

Method

Concourse and Q-set design

The concourse was developed via a thematic analysis (Braun and Clarke, 2006) of all the available literature on LSW. A systematic literature review found 25 articles. Line by line coding was used across all 25 articles to synthesise the discussion regarding current practice and key dilemmas within LSW. These were then extracted to Excel and codes were sorted into groups and a thematic map was produced (Appendix J). The initial statement set was created using these themes and codes (Appendix K). These statements were then checked against text books on LSW for further validation and to check for saturation of themes. A list of articles and books that were coded is included in Appendix L. A focus group of two professionals who carried out LSW was conducted to check the face validity of these themes and to ensure all concepts had been captured. The initial Q-set was then revised through supervision and simplified for readability. Finally the Q-set was piloted with 8 individuals, including health and social care professionals as well as Clinical Psychology trainees with experience of Q-methodology. The final Q-set comprised 57 statements (Appendix M).

Participants

Participants all had experience of LSW, either from the perspective of carrying it out, consulting on it or receiving it. To ensure a range of experiences and viewpoints were captured, purposive sampling was used to recruit participants from four groups:

- a) Care leavers or adopted adults (aged 18-25) who had received some form of LSW or life story book. This age range was decided so that the young adult is likely to have had some time since completing the life story work to reflect on the process over their childhood and limited to 25 so that the life story work they had received is likely to be most similar to current practice.
- b) Foster carers or adopters who had experience of a child in their care receiving LSW, or had delivered the work
- c) Social care professionals, such as family support workers or social workers, who had carried out the LSW
- d) Psychologists and therapists who had either used LSW as part of therapy or who had consulted on it to other professionals.

See Appendix N for the full inclusion and exclusion criteria for the study.

Q-sort procedure

Participants were contacted through a service they received by a professional or manager and given the information sheets and link to the online sort. Care leavers were initially given information by a professional they knew and then contacted the researcher if they were interested in taking part. The researcher then ensured they understood the study and did not feel coerced by their professional and were given access to the weblink. Minimal personal information was required, and was held securely by the researcher. All quotes and information have been anonymised to protect participant confidentiality. Participants accessed the Q-sort and demographic questions online using the PoetQ package (Jeffares et al., 2014) or via a postal copy (See Appendix O for the paper copy of the online sort). Consent was granted by the participant continuing with the study online or posting the paper copy back. Participants filled in some brief questions about their demographics and their experience of LSW. They then completed the Q sort, sorting the statements on a fixed distribution ranging from +5 “Most important” to -5 “Least important”. Figure 3 shows the fixed distribution, where each empty box represents a space for one statement.

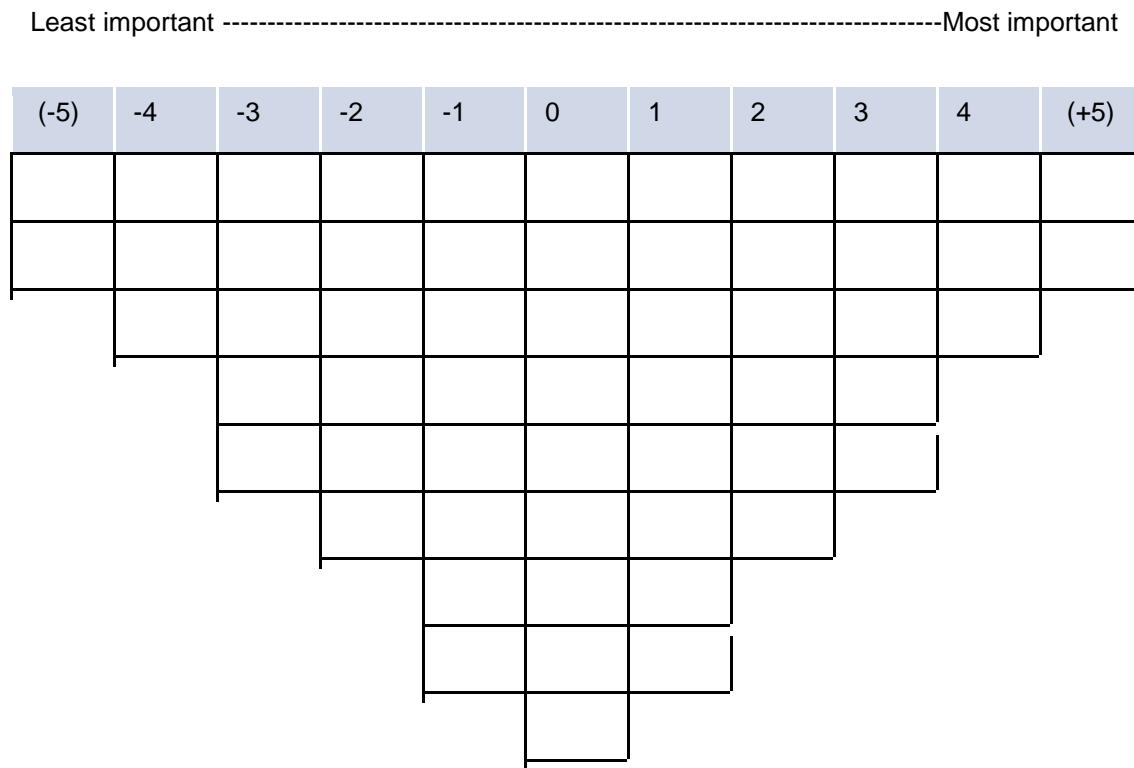


Figure 3: Q-sort distribution grid

Following completion of the Q-sort, participants were asked to comment on why they had sorted in the way they had, by asking them to explain their most and least important rankings. This information was used to help interpret the different viewpoints.

Independent scientific review and ethics

The project was independently peer reviewed for scientific rigour by Staffordshire University and received ethical approval from Leeds East NHS REC, local R&D approval from NHS Trusts and Research Governance Approval from the local council (Appendices C-G). The project adhered to the BPS ethical guidelines (BPS, 2009; 2013; 2014).

Results

Demographics

Twenty-nine participants took part in the study. Twenty-five of the responses were completed online and an additional four were completed by post. Table 1 shows the breakdown of the demographics of participants by stakeholder grouping. Further demographic information is presented with the factor interpretations. In addition to standard demographic information, participants indicated how useful they thought LSW was for a child. On a scale of 0-1, the average rating for all participants was 0.84, suggesting that most found it a very useful approach.

Table 1: Demographic Information of Participants

		Number of Participants
Total		29
Gender / Number	Male	7
	Female	22
Age	Range	20-62
	Average	39
Ethnicity	White/British	27
	White/Gypsy or Irish	1
	Traveller/ European	
	Arab	1
Stakeholder group *	Clinical Psychologist	7
	Other Therapist	2
	Social Work Professional	6
	Foster Carer	11
	Adoptive Parent	5
	Care Leaver	4

1 *some individuals associated themselves with more than one stakeholder group – this is reflected in this table

Statistical analysis

The Q-methodology analysis involved inter-respondent correlations. Individuals who sorted the statements in a similar way correlated highly. A form of factor analysis was then performed which grouped participants with high pairwise correlations. Three “factors” or components were extracted using Principal Components Analysis and were rotated using Varimax rotation, using the statistical package PQMethod (Schmolck, 2014). These factors accounted for 60% variance and all had eigenvalues greater than one meaning that each factor accounted for more of the total variance than a single sort (Guttman, 1954; Kaiser, 1960; Kaiser, 1970). Each factor contained more than two sorts loading significantly

($p=0.001$)¹. All factors met Humphrey's rule, namely that a factor is significant if the cross-product of its two highest loadings exceeds twice the standard error² (Brown, 1980). Two additional factors also had eigenvalues greater than one, however they did not contain two or more purely significant loading sorts and so were not included in the final factor solution. Defining sorts were hand flagged if they significantly loaded onto only one factor ($p=0.001$) which resulted in 21 out of 29 sorts flagged, with a further six sorts confounded (i.e. significantly loading onto more than one factor) and two sorts not loading onto any factor significantly (Table 2). All three factor arrays correlated significantly, and Factors 1 and 3 correlated highly ($r=0.64$).

Table 2: Rotated Factor Matrix showing factor loadings

Participant	Factor 1	Factor 2	Factor3
1	0.7446X	0.3624	0.1785
2	0.5898	0.1691	0.5901
3	0.6342X	0.0962	0.3746
4	0.7570X	0.2153	0.1233
5	0.7618X	0.1417	0.3720
6	0.7680X	0.2715	0.2327
7	0.5782	0.5701	0.1631
8	0.7601X	0.2146	0.1729
9	0.6425X	0.4140	0.2441
10	0.6716X	0.3765	0.2968
11	0.2635	0.5281X	0.1792
12	0.3937	0.6540X	-0.2021
13	-0.1444	0.7962X	-0.0335
14	0.2256	0.2850	0.1308
15	0.4475	-0.0915	0.6183
16	0.3495	0.1406	0.7242X
17	0.3751	0.2883	0.6850X
18	0.5567	0.2204	0.4535
19	0.3487	-0.0366	0.6825X

¹ Significant factor loading at $p=0.001$ level = $0.329/\sqrt{\text{number of statements}} (57) = 0.44$. This was calculated using the equation given in Brown (1980) and Van Exel et al. (2011).

² Twice standard error = $2 \times 1/\sqrt{\text{number of statements}} = 0.264$

20	-0.0446	0.3460	0.6984X
21	0.2151	0.6945X	0.3697
22	0.3043	0.2053	0.5301X
23	0.4613	0.4583	0.4377
24	0.3230	0.5838X	0.4293
25	0.2577	0.6596X	0.2872
26	0.3919	0.3712	0.3860
27	0.5945	0.0056	0.4989
28	0.1089	0.2319	0.7513X
29	0.6694X	0.1129	0.4340

1 Extraction method: Principal Component Analysis, **Rotation method:** Varimax. Loadings with an X indicate significant loadings ($p<0.001$, +0.44) on only one factor

Factor interpretation

Defining sorts were used to calculate factor estimates based on weighted averages. Higher factor loadings had a greater influence on the factor estimates. From these factor estimates a factor array was made to illustrate the viewpoint of each factor. A quick reference table (Table 8), full factor Q-sort arrays for each factor and crib sheets have been included in Appendices P-R. The factor interpretations below used the qualitative information provided by participants as well as the statement ranking. Statement rankings for each factor are indicated by the statement number and ranking for that factor, for example (34:+5) indicates that statement 34 was ranked at position +5 for that factor and thus indication a high importance placed on that statement. Q-methodology searches for shared viewpoints as well as differences in views. The factor interpretations below highlighted differences in viewpoints between participants, however a shared viewpoint also emerged.

Shared viewpoint

Managing feelings

A high importance for all factors was placed on LSW allowing feelings to be shown, managed (34: F1,+5; F2, +3; F3, +3) and normalised (36: F1, +3; F2, +5; F3, +4). Participants disagreed that work should be stopped if difficult feelings come up (35: F1, -3; F2, -2; F3, -3) and that upsetting or traumatic experiences should not be explored (38: F1, -5; F2, -5; F3, -4). Participants indicated a balance needed to be made that included happy memories as well as difficult ones (14: F1, -4; F2, -4; F3, -5).

One participant described how:

"if the worker prevented the child from expressing and discussing their feelings...they are in danger of replicating unhelpful parenting patterns which might perpetuate any existing emotional difficulties". (P1)

Others explained:

"everyone has a history we can't control and we need to learn how to handle the feelings and emotions that come to the fore when we try to learn about it and understand it, that's all we can control about it" (P28)

"assisting children with appropriate ways of dealing with their emotions may be necessary". (P13)

Differing viewpoints

Factor 1: Safe and supportive exploration of a coherent life narrative

Factor 1 had an eigenvalue of 7.54 and explained 26% of the study variance. Nine participants loaded significantly onto Factor 1. They were all either health or social care professionals, five being clinical psychologists or other therapists and four social workers or family support workers. One participant associated with both social work and clinical psychology roles. A range of types of LSW had been completed or consulted on by these participants and the experience ranged from not completing any LSW to producing over 50 life story books. Seven of the participants supported a child receiving one-to-one direct LSW and two mainly had experiences of completing life story books.

Safe and secure relationship is key

A high importance was placed on the child needing to feel safe and secure with an adult before starting LSW (45: +5, 21:0) with the work taking the child's pace (40:+3). Participants described an "attuned" and "safe" relationship with a worker as an essential pre-requisite of LSW and linked this to needing to go at the child's pace as opposed to being driven by other agendas:

"LSW can sometimes be a tick box exercise to appease the system rather than for the benefit of the child". (P1)

There was less importance placed on specific timing of the LSW relying on cognitive skills (19:-3), reaching adolescence (16:-5) and readiness to move placement (20:-4). Qualitative

reports showed that LSW could be helpful for younger children as long as they had support around them:

"LSW can be helpful for younger children as well" (P8)

"children can make meaning from their story at any stage in their life, with the right support and carers around them". (P3)

Answering questions whilst exploring meaning

Four of the most important statements in Factor 1 related to the information that needs to be shared with the child (8:+4), answering questions for the child about their birth family (10: +4), the reasons for care (15:+4) and their background and culture (9:+3). A thorough history needs to be obtained before starting to work with the child in order to provide a coherent and accurate narrative (43:+2). One participant noted:

"I have worked with children where a placement turned out to be abusive yet the life story book suggested it was a happy placement. A thorough history needs to be understood before making assumptions about a child's life." (P3)

As well as giving the child information, participants loading on this factor also highlighted the importance of finding out what the events mean to the child (28:+3) and offering alternative narratives(4:0). There was less emphasis on needing to get the "facts" (1:-2) and on the specifics of how LSW should be done, such as including important milestones or photos. (7:+1, 5:+1). Participants noted:

"we cannot assume meaning for the child. The child may have a very different experience of an event than the professional who put the story together" (P3)

"facts are often hard to establish...and it depends on a person's viewpoint – a social worker's view of the 'facts' will be different from a birth parents".(P8)

Training and support

Training and support for workers and carers was more important for Factor 1 (50:+3, 49:+2, 53: +1), with one participant commenting:

"workers are under great pressure to do work in less time with less support". (P4)

Although not rated amongst the most important features of successful LSW, one-to-one sessions with a worker were ranked as more important by this group (27: -1) than the other factor groups and it was indicated that specific skills and expertise were needed when

carrying out the work (46: -3). The idea that carers or parents should carry out the LSW was ranked as less important than by other factors (52:-2). Participants in this group also thought that LSW could not take the place of therapy (33:-3). One participant commented on the specific skills required for a worker as:

"[an] ability to take the child's perspective, attunement to the child's needs during the session (e.g. recognising signs of distress and helping to co-regulate these in situ, basic knowledge of attachment theory in relation to the need to provide a secure base)".(P1)

Factor 2: A child-led, on-going approach based on here-and-now relationships

Factor 2 had an eigenvalue of 4.35 and explained 15% of the study variance. Six participants associated significantly with this factor. One participant was a family support worker, two were care leavers and three were foster carers. A range of types of LSW had been completed with care leavers receiving one-to-one sessions and foster carers supporting children who had been given a life story book. The family support worker mostly had experience of completing life story books. The amount of experience of LSW was from once to over 30 times.

Child taking the lead

There was importance placed on the child's input in the process of the LSW, in particular on the pacing (40: +4) and direction the work takes (42: +2), and for the work to be interesting and fun for the child (24: +2). Participants in this factor ranked these statements higher than the other two factors. One participant commented:

"the child always needs to have input into their life stories". (P25)

A here and now approach was advocated by Factor 2 with the child determining when they are ready to look back (22:+4, 39:-3). LSW should not be done without input from the child (54: -4) with one participant suggesting an important role for carer and child finding information out together:

"[LSW] could be more effective if it is discovered when appropriate by the child and the worker/foster carers together". (P21)

Specific ways of carrying out the work were given less importance, such as a life story book (26: -3) or visual methods (30:-3). Qualitative answers explained that the life story needed

to remain focussed on the child and that the child needed to have a role in how, when and what was done:

"the child should decide how it is done – time – speed – understanding". (P21)

Secure base and attunement

There was a great importance placed on the child feeling safe (45: +3) and settled (21: +3) before starting the work, with the relationship between the child and carer or worker needing to be strong. Time (47:+2), predictability and structure (25:+1) and empathy (48:+2) seemed to be key components of achieving this. Qualitative information suggested that showing empathy and understanding would help a child engage and feel able to express themselves more freely:

"this helps the child to engage in conversation about their past, problems...the adults cannot easily help the child if they have no understanding of them".(P12)

Carers can do the work

There was less of an emphasis placed on the importance of formal one-to-one work with a trained professional in Factor 2 (27:-3, 46: +1), with carer involvement given more importance (51:+1, 52: 0). These statements emphasised the need for carers to be included in the work, interested and supported (44: +3, 55: +1). Qualitative information suggested that more importance needed to be placed on the carers and adopters who provided the main support to the child:

"There are no skills needed, only a bond between the child and the adult that ensures the child is comfortable to share with this person important events in their life" (P13)

"children should see everyone working together"(P11)

Collecting an ongoing story

Within Factor 2, a high importance was placed on items that should be included within the LSW, such as important events and milestones (7:+5), photos and memorabilia (5: +4). Participants on this factor highlighted the importance of the ongoing nature of LSW (31: +3, 56:+2). Qualitative reports suggested that:

"adding memories is important and allows the child to understand they can have good memories as well as bad ones". (P25)

Participants on this factor disagreed strongly with the use of fantasy when information was not available (57: -5). Qualitative information focused on the need for the story to reflect what was important to the child and what they wanted to know about rather than a full chronology that might not reflect the actual details accurately.

Factor 3: A comprehensive and adaptable record

Factor 3 had an eigenvalue of 5.51 and explained 19% of the study variance. Six participants associated significantly with this factor, and were all carers. Three participants were adoptive parents and three were foster carers. Five participants mainly had experience of receiving life story books and supporting children with these. Two foster carers had experience of completing direct work with their children. All participants in this factor had one or two experiences of LSW.

Providing a record

The most important statements for participants on Factor 3 related to providing the child with information (8:+5), answering questions and recording important information (15:+3, 7:+5). Links to the birth family, such as names, looks and cultural background were highlighted as important (10:+3, 11:+4, 9:+3). An emphasis on collecting items and photos (5: +4) was stronger for this factor than for Factor 1. Facts and detailed information were also more important to participants for Factor 3 (2: +1, 1:+2). Qualitative reports indicated an importance for the provision of information for future use:

"book that tells the baby/child of his/her life with me. It...will hopefully answer the questions of what did I do, when did I do it, how did I do it, who did I do it with"
(P20)

"the child, a future adult, may not have contact with birth family members who can tell them anecdotal stories or anything about their past".(P19)

Completeness

Importance was placed on full and complete LSW (2:+1) with statements relating to missing information (57:-5), leaving out information (38: -4, 14: -5) and providing a variety of stories ranked as least important (4: -4). Qualitative accounts referred to the importance of including both good and bad memories:

"good memories are as important as bad"(P22)

"all memories are important both happy and difficult as they have helped shape the child's life".(P17)

A changing record started as soon as possible

Importance was placed on the ongoing nature of LSW (56: +3, 31:+2), but with an emphasis on the usefulness of giving information to a child when they are young (18: +2) and providing more information as the child gets older (17: +1). The life story book was seen as a method of providing this information (6: +1, 26:+2) and should contain information about the whole of a child's life (23: +2), but should not be made solely by a worker (54: -3). Slightly more emphasis, than other factors, was on the work starting as soon as possible (20: -3). Qualitative information suggested that it was very important for participants loading on Factor 3 that any work and information was age appropriate:

"you can't bring children up with lies, but decide which age throughout the life is appropriate" (P22)

"the child will get different things at different age/times from the book. It is important that it is looked at as and when the child wants to". (P16)

Qualitative reports also suggested that collecting of information should start from the day the child entered care:

"the memory box and book starts from the day the child came into foster care not at the end of that part of their life"(P20)

Confounded and non-significant sorts

Six participants loaded significantly onto more than one factor and were therefore excluded from defining the viewpoints above. These participants consisted of two clinical psychologists, one adoptive parent, two foster carers and one care leaver. Four of these loaded significantly onto both Factors 1 and 3 demonstrating the similarities of these viewpoints. The other two participants loaded onto both Factors 1 and 2. One care leaver and one foster carer did not load significantly onto any of the viewpoints. This foster carer reported finding some statements not applicable to her role which may explain a lack of a clear viewpoint. The two care leavers not chosen as defining sorts shared some of their most and least important statements, both disagreeing strongly (-5) to statements 14 and 54 and both agreeing strongly (+5) with statement 5, indicating a strong preference for the inclusion of photos, happy memories and child participation.

Factor Summaries

Factor 1: A safe and supportive exploration of a coherent life narrative

For factor 1, it was important to provide information to create a coherent life narrative whilst also exploring the meaning for the child. All participants were professionals. Training and support for workers and carers was also of higher importance for factor 1, in addition to making the work engaging for the child. Specific ages or times for doing LSW were less important with the emphasis instead on needing secure structures around the child before LSW was done.

Factor 2: A child-led, on-going approach based on here-and-now relationships

For Factor 2, the main emphasis of importance was placed on the need for the child to hold a key part in the process of LSW. In order to do this a secure and trusting relationship needed to be developed prior to work taking place. Carers and adopters could take a key role in the LSW, improving and strengthening the relationship that was built between them as they explored the life story. There was importance placed on photos and items of significance to the child as well as the need for the process to be ongoing and revisited. Less importance in this factor was placed on finding out the past history of the child's life with a stronger focus on their current life in care or adoption. Participants defining this factor were care leavers, foster carers and one family support worker.

Factor 3: A comprehensive and adaptable record

Factor 3 emphasised the record of the child's life, focussing on compiling and maintaining a complete record for the child from before and during their time in care. Participants of this factor were either adopters or foster carers and mainly had experiences of life story books. They emphasised the need for the record to be continually updated and for information to be given to the child in age appropriate formats when the child requested it. As more focus was placed on the use of life story books, items relating to relationship building and the child's input into the process were ranked as less important. Training and support was also less important.

Discussion

This study aimed to discover what features make LSW an effective approach for looked-after and adopted children. A shared viewpoint of exploring and managing emotions emerged from the data, clearly suggesting the importance of helping children to identify, express and regulate emotions through the LSW process. In addition to this shared viewpoint, three distinct viewpoints emerged.

Factor 1 focussed on direct one-to-one work with a professional, using this work to process and explore the meaning of the child's past and emotions that may be expressed throughout this process. All participants identifying with this factor were professionals and the majority were clinical psychologists. There was less importance placed on the specifics of how this information should be given and this may be related to the way that clinical psychologists approach intervention. At the core of clinical psychology are the foundations of assessment and formulation for driving intervention (Johnstone, 2011). It may be that this factor is suggesting a formulation driven approach for LSW, rather than specifying a certain way of conducting the work. This would involve explaining how the child's current needs may have developed and be maintained and suggesting how the LSW would help facilitate processing based on psychological theories (Johnstone, 2011). Training and support was also important to these participants, reflecting the importance the Clinical Psychology profession places on training and supervision (BPS, 2009; Health and Care Profession's Council, 2012).

The importance participants loading on Factor 1 placed on the need for a secure base and attunement between the worker and child, prior to and throughout the work taking place, draws on attachment theory. This is in line with many of the books on LSW (Golding, 2014; Rose, 2012; Wrench and Naylor, 2013) and suggests a secure foundation needs to be in place before more in-depth work about traumas or losses can be completed (Hughes and Golding, 2012). This view also resonates with the model of LSW proposed by Cook-Cottone and Beck (2007), which emphasises attunement with the care-giver as the method by which a young person begins to co-construct a personal narrative. In this model the key aims of the work are to integrate a child's internal and external experiences by collaboratively constructing a coherent narrative. That attachment theory plays a strong role for Factor 1 is not surprising given that the majority of participants loading onto this

factor were trained professionals who are likely to hold this model at the forefront of their work with looked-after children (Dent and Golding, 2006).

Factor 2 highlighted the importance of placing the child at the heart of the work and involving carers in the process of LSW. This factor highlighted the use of the life story as a tool for building new attachment relationships rather than placing as much importance on processing information about their past. This could be seen as aligning with the “here-and-now” approach (Holody and Maher, 1996). Attachment needs were also highlighted by Factor 2 with more of an emphasis on how this might be achieved by using carer involvement, building relationships, displaying empathy to the child and providing structure and support. Golding and Hughes (2012) have developed a pyramid of attachment needs, based on Maslow’s hierarchy of needs (Maslow, 1943). This puts developing safety and security, relationships with caregivers and security of placements as basic needs that should be addressed before any therapy for trauma is completed (Figure 4).

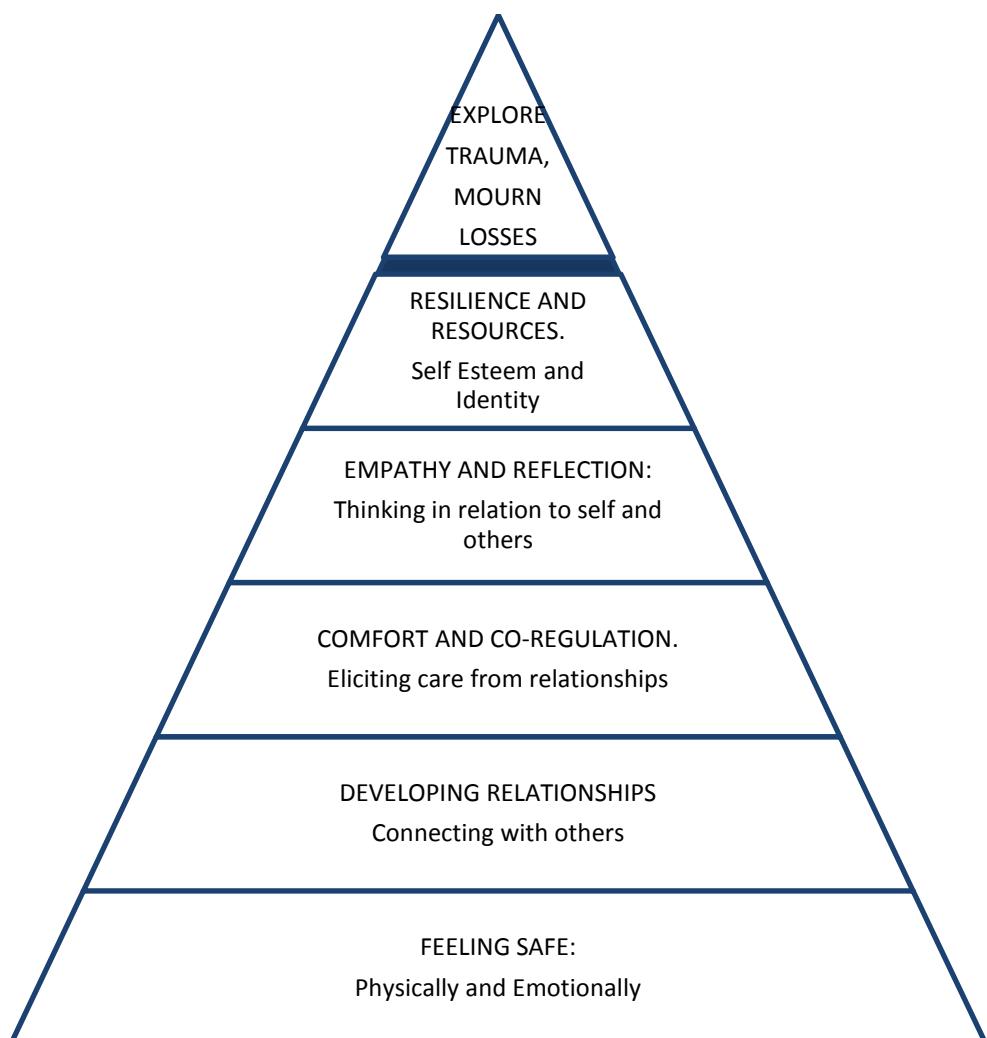


Figure 4: Pyramid of Attachment Need (Hughes and Golding, 2012)

Factor 2 relates to the concepts in the lower tiers of this pyramid and does not venture into exploring trauma and losses. Factor 2 also links with Shotton's memory store approach, which is a form of life story work completed by the carer and child together and uses the relationship between the child and carer to explore the past, whilst focussing on recording and forming new, more positive, stories (Shotton, 2013). Her model suggests that this carer-child relationship is key within LSW with a child's sense of self and identity developing through the process, at the same time as the relationship between carer and child is strengthened. Although it is not possible to generalise from the few participants in this study, this factor may describe more of the view of the child as a participant in LSW as two of the defining participants were care leavers.

Although highly correlated with Factor 1, Factor 3 differed on statements that were related to providing the child with a comprehensive and on-going record. The experience of participants also differed as Factor 3 was composed of carers and parents receiving and making life story books, as opposed to professionals. For the adopters this was likely to have been whilst the child was very young and this might explain less importance being placed on the child's input into the process. Key photos and important milestones were very important to Factor 3 as well as providing an on-going and age-appropriate story. This is congruent with the statutory literature and guidance on producing life story books (Department of Education, 2014; NICE & SCIE, 2010). Willis and Holland (2009) highlighted the importance of the record as well as the process of LSW and Factors 1 and 3 seem to make this distinction too. This may indicate that for carers and parents who work with very young children, having a record that they can use as and when they want to is more important than in-depth individual work. This idea also emerged from discussions with adopters who wanted to be given the information, but felt that it was part of their role as parents to decide how and when this information was shared with their child.

Limitations of the study

Sampling

Some participant groups may have demonstrated more bias than others. For example, some care leavers related to both care leaver and social care roles, suggesting that they may have gone on to have additional training or interest in this area. Several other participants also related to more than one group, suggesting overlap of experiences. Additionally, although adoption teams were approached, no adopted young adults took part in the research, so their voice was missing from the research.

Participants volunteered to take part in the research and as such may have had more of an interest in life story work, either because they had found it useful or not useful or had particularly strong views about it. This may mean that there are some views from people who did not take part that were not voiced in this project. These might align with some of the participants who did not load significantly onto any factor.

Researcher influence

As with any research which involves an interpretation of other's viewpoints, there will be an element of researcher bias. The researcher completed the Q-sort prior to analysing the results as a way of reflecting on her own position relative to that of the participants. The researcher found that she aligned most closely with the viewpoint of Factor 1, which is likely to be due to her training in Clinical Psychology and attachment theory as playing an essential role in the formulation and intervention with looked-after and adopted children. This may have led to the researcher placing a high importance on those views that highlighted the importance of the attachment relationship. This was mediated by the researcher keeping a reflective journal throughout the interpretation process, grounding her interpretation in the qualitative accounts gathered and discussing the interpretations with research supervisors throughout the process.

Clinical implications

The results indicated that helping a child to express and manage emotions was seen by most participants as particularly important throughout the LSW process. It was also important for all groups that life story work should never replace therapy. Services should continue to provide specialist psychological therapy for children who need it, in addition to any LSW that takes place. It is important to ask carers and workers, what support they feel they need in relation to how to support the child, however Clinical Psychologists working with these families could offer specialist training, supervision and consultation to workers and carers to help them feel more confident in working with emotions, including helping children to express, regulate and normalise emotions relating to distressing and traumatic experiences if this is something that carers and workers request.

Features of LSW considered important by this study drew strongly from attachment theory. Clinical Psychologists and Social Workers with specialist knowledge and training on attachment theory could share this knowledge in training and consultation if this is requested by carers or family support workers. A particular strength that Clinical Psychologists can bring would be to help workers and carers develop individual

formulations with a child, based on their specific attachment and trauma needs, prior to LSW being completed. This might guide the type of approach that might be best suited for a child, such as in-depth one-to-one therapeutic work, carer-based collaborative work, or a life story record. As carer and professional views, although strongly linked, appear to differ subtly, it is highly important for these formulations to create a *shared* understanding of the child and their needs.

The second viewpoint highlighted the potential for LSW to strengthen the carer and child relationship. An assessment of the child's needs may indicate that there would be advantages to LSW being carried out by the foster carer or adopter to help strengthen the child-carer relationship. Qualitative responses suggested that foster carers and adopters already carry out this work with and without formal support and training. Specific approaches such as the memory store approach (Shotton, 2013) could be used to train foster carers in recording memories throughout the child's time in care.

The third viewpoint placed importance on an appropriate and comprehensive record. Training and support for worker and carers needs to be provided to help them to decide on what information is appropriate at different stages in the child's life and how best to share it with the child. Again, Clinical Psychologists are in an excellent position to offer this advice based on their training in psychological and cognitive development across the lifespan which may help them suggest ways of explaining to the child that are concordant with the child's cognitive abilities.

Research implications

There appears to be three broad types of LSW emerging from both the literature review and this research: therapeutic one-to-one work, child-carer work and life story books. As acknowledged by previous research, there are no rigorous studies into the outcomes of LSW (Gallagher and Green, 2012; Willis and Holland, 2009). Further research could investigate important outcomes for children in care across these different interventions. Future research could map the quality of LSW, using the features deemed as important in this study against desired outcomes for the child (e.g. measures of identity development, attachment relationships). Specifically future research could focus on psychological outcomes for traumatised children as they may need a different type of approach that is more trauma and attachment focussed (Rose, 2012).

Future research could also focus on developing a greater understanding of how some of the important features can be improved, such as how workers and carers share information

appropriately with children. Limitations of this study could be addressed in future research, such as gaining adopted adults views of LSW, as this appears to be an unexplored area of research in LSW so far. There is some indication in this research that there may be some difference in viewpoints of adopters and foster carers, perhaps due to the level and duration of support they receive from the system, the different roles they hold in the child's life, and the different ages of children they may care for. These elements also warrant further research.

Conclusion

This research illustrated that, while there are aspects of LSW that are seen as important by all groups, there are also differences in viewpoints, suggesting that there may be different roles that LSW can play in the lives of looked-after children. Clear areas for support and consultation that could be provided by Clinical Psychologists and Social Care professionals have been highlighted together with areas for future research concentrating on investigating outcomes for children. Q-methodology was an effective way of gathering a range of views from different groups of people and was a useful tool for investigating the different perspectives these groups held.

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My Thesis Story

"You may say
I'm a dreamer
But I'm not the only one
I hope some day
You'll join us
And the world will be as one."



Imagine - John Lennon

Reflective Paper

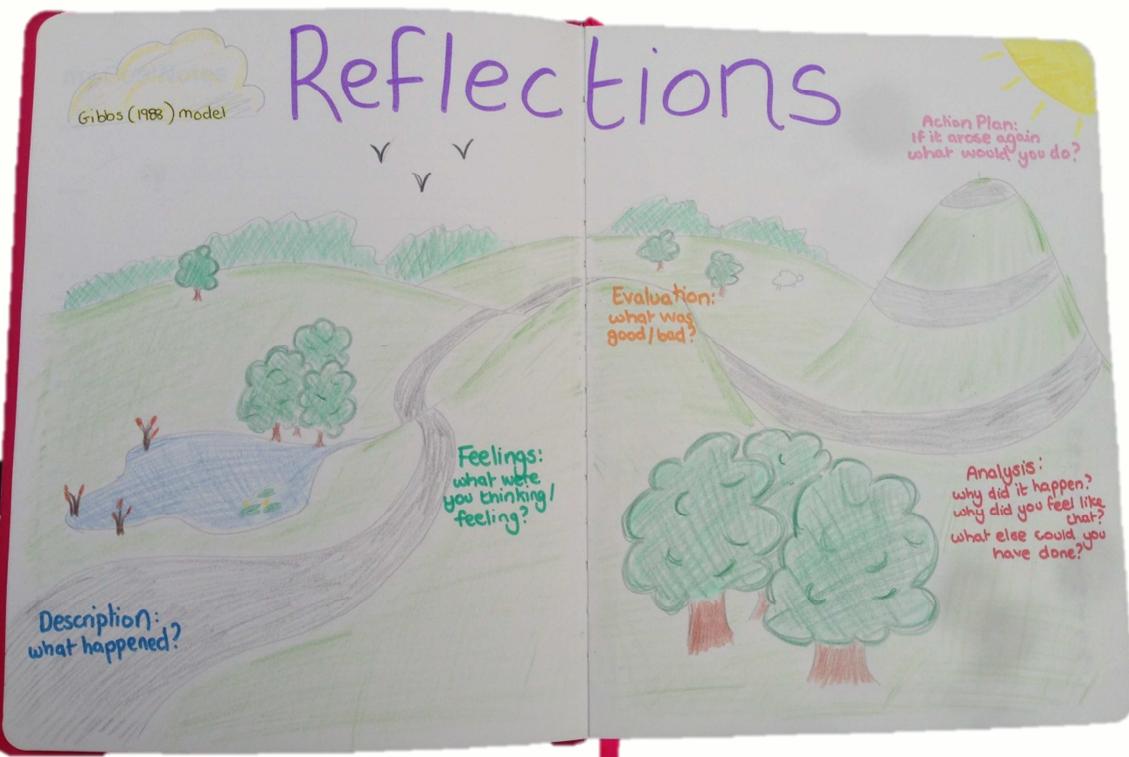
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Abstract

The research thesis represents a significant part of Clinical Psychology training. Life story work was a new concept to me at the beginning of the project and as I read more about the process of mapping, collecting and combining a coherent narrative of a child's experiences, I decided to use some of the techniques and exercises from life story work to help me reflect on and illustrate my thesis journey. This reflective piece will take the form of a traditional life story book, starting from the beginning of the journey and using photos and diagrams to capture the narrative. I have used an informal first person style similar to many life story books. Some pictures are taken from my research diary. I hope you enjoy it.



The Beginning – 24th September 2012

My first day on the Clinical Psychology Doctorate. I had finally made it. I approached the day with excitement, anticipation and just a little bit of trepidation. In the first week we spent time thinking about the sort of a Clinical Psychologist we wanted to be throughout our training and when we qualified. The picture below was my interpretation.

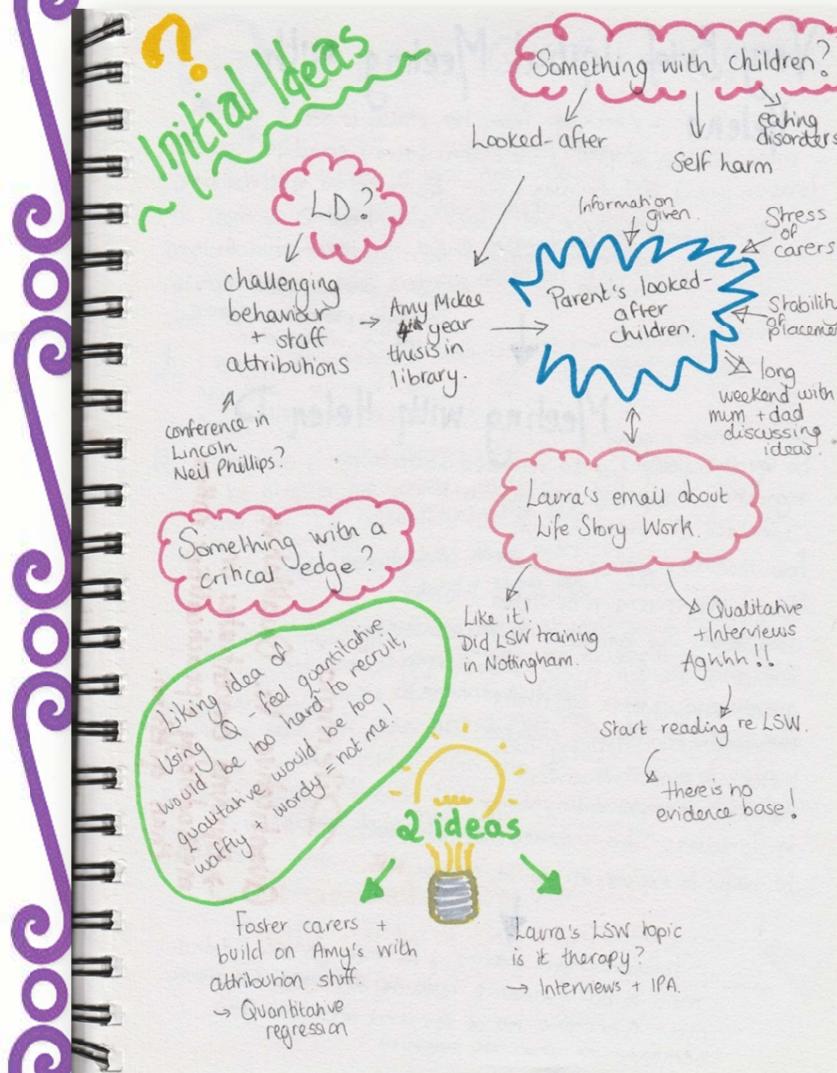
The feathers represented the different psychological models I would learn and hold in mind when working with someone. The big heart indicated the importance I placed on compassion, unconditional positive regard and love as core qualities I needed to bring to any relationship. The glitter represented a drive to be creative and engaging in my approach. This picture also reminded me of something a previous supervisor and friend told me before starting the course – “Never forget you are a shiny and sparkly person”. I have held this with me when I have felt far from shiny, on days when tasks felt mountainous and the end seemed a long way off. It has helped!



Development of the Research Idea

The development of the research idea started early on. I was influenced by thinking about topics and areas I was already familiar with from my previous jobs and I was

also interested in attachment theory and following a really inspirational lecture by Kim Golding, started to think about potentially doing a project within the looked-after and adopted population. I discovered a previous thesis (McKee, 2008) which had studied foster carer attributions to behaviour that challenges. I began to research more



about looked-after children and thought about ideas related to carer stress and burnout and the understanding and attributions carers make about the child. This made me think about how carers start to make sense of what a child might have experienced before coming into care.

It was at this point that my clinical supervisor, Laura, made contact to express her interest in supporting a project about life story work. This seemed to fit perfectly with the issues I had been thinking about and meeting with Laura really emphasised the clinical importance of researching this area. Laura explained to me the high amount of consultation she was being asked for in regard to how, often untrained, family-support workers carry out the work and the anxieties that this brings for them. The more I read about life story work, the more complex I realised this intervention was and how little research had been done into how and why it is used. Although I had no experience at this stage with looked-after children, I had received some training in my previous job on life story work and had thought about the application of this for some of the adults with learning disabilities who I worked with, whom had disrupted lives in and out of care.

The initial ideas Laura and I discussed involved interviewing social work practitioners about their experiences of doing life story work. However, while this might have provided an in-depth social work perspective, I felt this missed other views about life story work. I wanted to ensure that the research was clinically useful to clinical psychologists but also to social work practitioners, parents and carers and to the young people that this work centres around. The research idea was starting to take shape....



Literature Review

My initial searches of life story work literature had revealed many articles about life story work with older adults who had dementia. There was a systematic literature review from 2004 (McKeown et al., 2006) which did not include any studies from the looked-after or adopted population. As I searched further I realised that there were several articles based on professional opinion but only a few recent primary research articles (Colling, 2003). Searching for e-theses led me to discover some recent unpublished theses about life story work. I also noticed that the professional opinion papers did not link practice to theory apart from occasionally mentioning attachment theory.

Through my reading I discovered a theoretical paper by McAdams (2001) which discussed the development of psychological identity based on life narrative development through childhood and adolescence. This seemed to be a highly



relevant paper, but I was surprised to find that none of the main published life story work papers or books made reference to McAdams (2001). I wondered if the lack of grounding of life story work in theory and empirical research could be one reason why practitioners carrying out the work were so uncertain about how to carry it out. In clinical psychology, there is a high value placed on making theory to practice links and using interventions with a strong evidence base. Basing our interventions on theory and knowledge of what has been helpful before is how we make clinical decisions.

Following these discoveries I decided to conduct a full systematic review of the current literature on life story work within the looked-after and adopted population, with the focus on primary research findings. I was interested in the outcomes for children and carers reported in these papers and also on what these papers found worked well for children in care. There were many different questions I thought would be interesting to answer but I realised I needed to start at the beginning with a strong review of life story work research.

Throughout the searching process, several decisions needed to be made. I decided to include unpublished theses as these appeared to be well-written pieces of research. Where these theses had been published, the published paper was used in the review, although the thesis was also read (Shotton, 2010). I also decided to include three papers from the USA as one of these was Backhaus (1984) which was a seminal piece on LSW with children in care. To help me critically evaluate the research papers I decided to use the CASP tools (Critical Appraisal Skills Programme, 2014). Although other tools were available, these were easy to use, thorough and allowed me to critique both qualitative and quantitative literature.

Epistemological Position

Determining my ontological and epistemological position was difficult. It seemed as if there were all sorts of “isms” and “ists” to consider – where to start? Beliefs I developed as a child from my family were very scientific and logical. I always liked subjects such as maths which involved working out solutions to problems. I was also brought up with quite idealist and socialist views of the world. Over the years of studying psychology, especially the last five years working in learning disabilities and then studying on a course focussed on critical and social ideas, my beliefs have been shaped and changed. Some musings:

We cannot know if the reality each of us sees is the same because we cannot see through another's eyes and use their brain to interpret what we see (Solipsism)

Even though I cannot “know” for certain, in order to function within the reality I see, I must make some assumptions about the world around me:

I believe humans have both genetic (biological) and social drivers that shape our behaviour and understanding of the world.

It seems likely that we will all interpret the world in slightly different ways based on our experiences and genetics (Subjectivist). We use language to describe the reality we see and to create a shared understanding of the world (Social Constructionist). Some concepts are more socially constructed than others (e.g. disability) (Critical)

Research will always be conducted within this shared reality and for some areas of research, such as those attempting to understand people's viewpoints and experiences, conclusions will be more influenced by the language that is used and the researcher's interpretations (Interpretivist). Whatever conclusions are drawn from the research they need to help explain that shared reality in order to be useful to others. (Pragmatist)

To be a good Psychologist - both in practice and research – I need to hold in mind:

- The social influence and position of power I hold
- The language I use which might help to understand and share another's reality or might alienate or stigmatise another
- The influence of my experiences and knowledge on the hypotheses I hold about others

(Reflectivism)



The footprint is taken from an activity in Wrench and Naylor (2013) used to build a child's sense of self as a unique and individual person which I thought linked well with thinking about my beliefs and ideas. So have I come to any conclusions? While I believe we cannot ever answer some questions about our realities, we can come up with theories and hypotheses and we can build evidence to help us to support or contradict our beliefs. Research is important if it serves to help us understand how we can as practitioners be of more help than we already are. I believe that both quantitative and qualitative research are important for us working out how to be more effective and help more people in better ways. This belief led me towards both my research question and Q-methodology, which serves to mix both qualitative and quantitative methodologies, studying the subjective experiences of each person within a constructed concept and then reducing this in the analysis to discover the shared and diverging viewpoints.

An exploration into Q

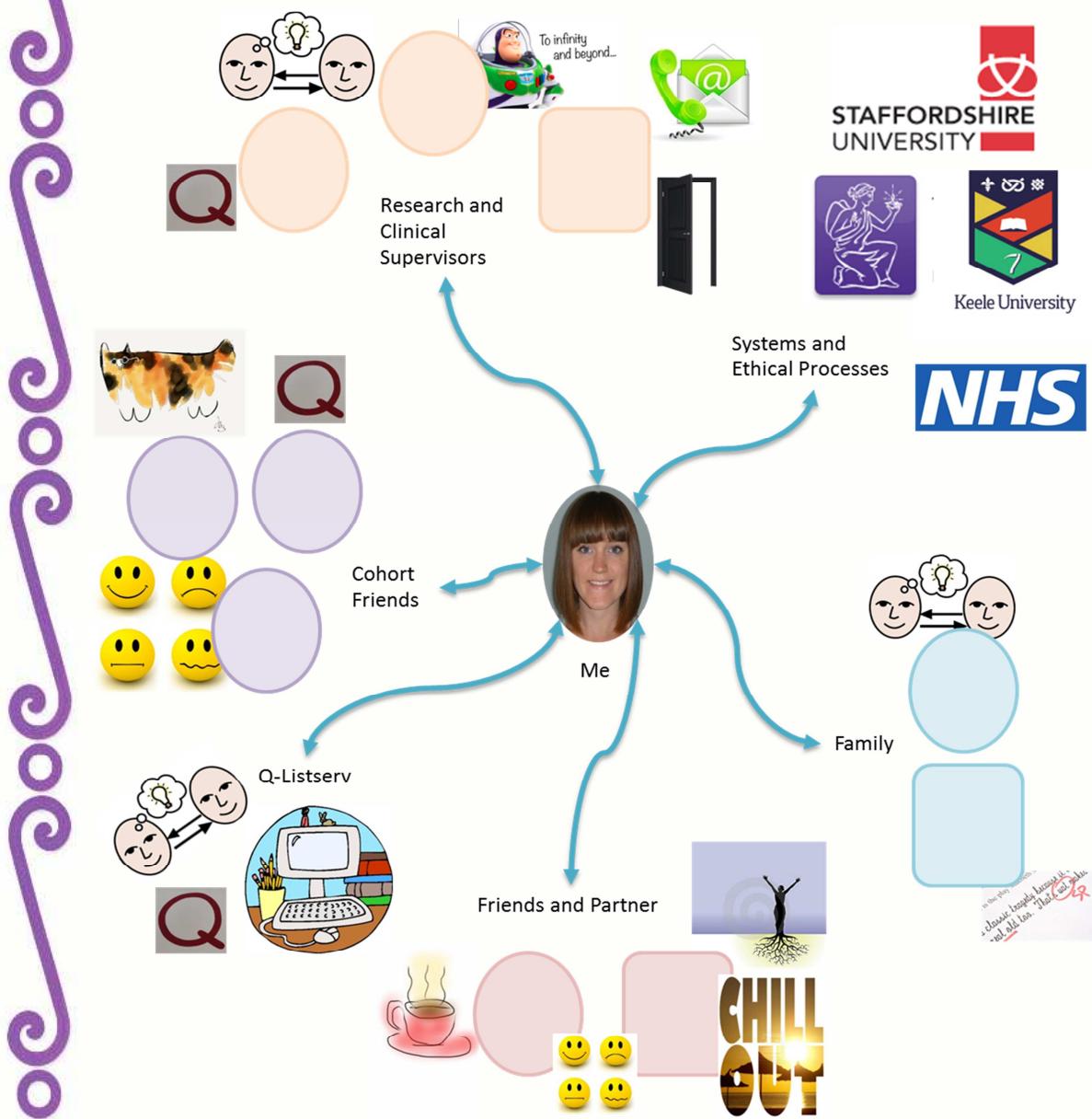
Prior to this thesis, I had used Q-methodology in my undergraduate research project. I studied food preferences, asking participants to sort pictures of food and then looking at these sorts in the context of traits related to eating disorders. The analysis was conducted very differently to the current research as it grouped participants and then compared their average sorts. This time I wanted to take a more exploratory and qualitative position. This was not something I had done before and not an area I felt familiar with, so it presented a challenge!



William Stephenson – the “Q-father”

The literature review revealed several recent qualitative projects, but no studies on outcomes or effectiveness. This, in part, appeared to be due to the individual nature of the work and the different ways that practitioners or carers conducted the work. I discovered an article on Narrative Therapy which used Q-methodology to study the key concepts of the approach using experts from the field (Wallis et al., 2011). This seemed to fit well with the ideas I had about life story work about how to start to identify key aspects of the approach whilst maintaining the individual nature of people’s experiences. The research question and proposal then began to take shape.

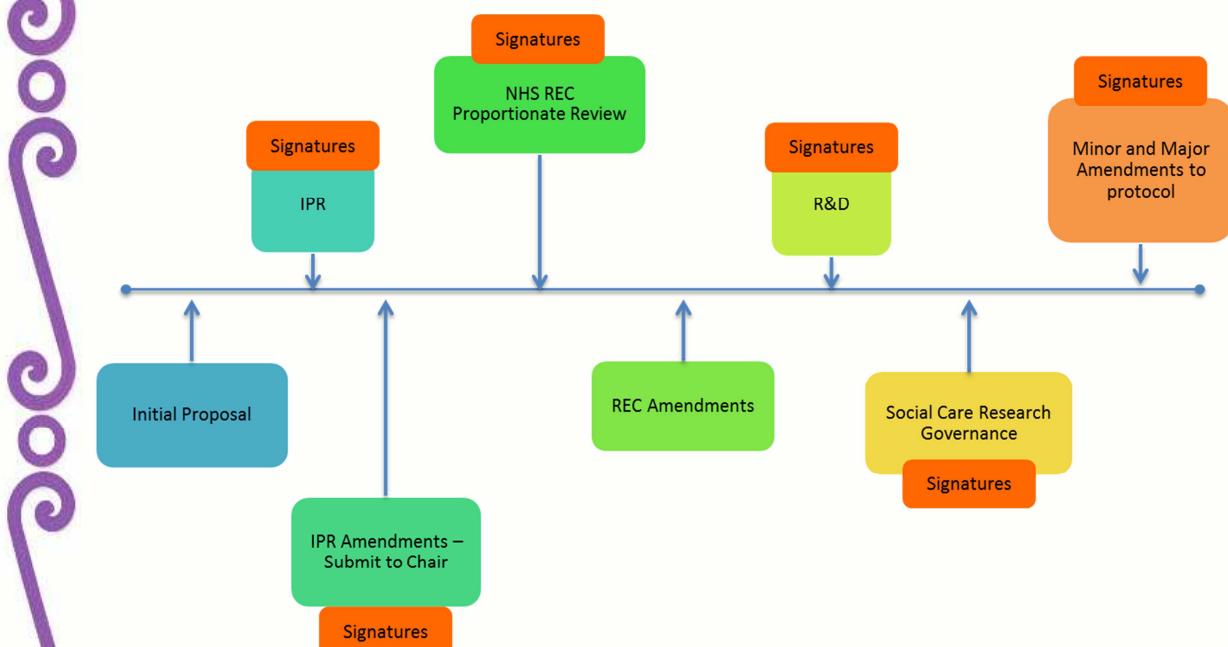
Ecomap of my “thesis family”



The family tree or ecomap element of the life story book is designed to explore family relationships and dynamics (Wrench and Naylor, 2013). I decided it would be a good way of reflecting on the network that has supported me throughout the thesis process. As illustrated by the ecomap above, different people have supported me in different ways, from providing emotional support, light relief and coffee to discussing ideas and technical details to providing practical solutions and opening doors to contacts and resources. Each part of the network was essential and shaped the decisions I made over the course of the thesis.

Developing the Proposal and the Ethical Review Process

Timelines are often used in life story work to provide a visual representation of the stages in a child's life. They can help to demonstrate how events fit together but also can show the child how they have made it through difficult times in the past (Wrench and Naylor, 2013). I have used a timeline here to illustrate the ethical review processes.



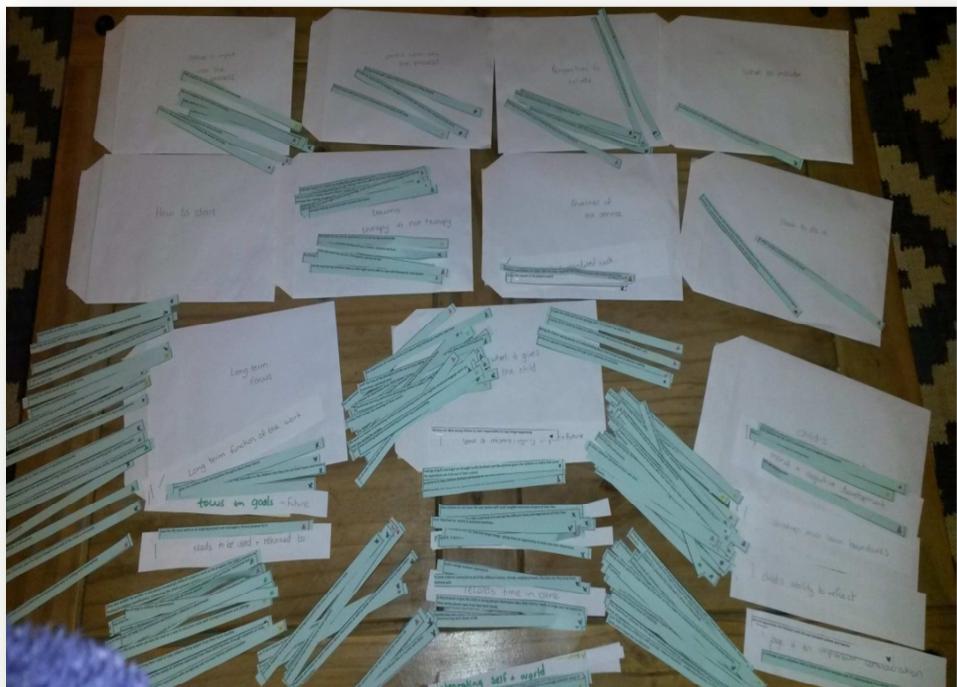
The research proposal went through several revisions and changes before its final approvals over a year later. The initial proposal was developed through supervision and was assessed as an assignment for the University in June/July 2013. Following this I submitted it for Independent Peer Review at Staffordshire University. Unfortunately the panel was full for the month I submitted and as they only met every two months, my proposal did not get reviewed till November 2013. I attended the panel and a few issues were discussed. In particular the panel wanted to ensure that care leavers did not feel coerced into taking part. In order to ensure this the panel asked me to include a step which involved care leavers contacting me if interested in the project, prior to them being given the web link. In hindsight, I think this decision made it harder for care leavers and adopted young adults to take

part and led to the small number of this group taking part. I made some small changes to the proposal, got new signatures from the Trust and resubmitted. IPR was finally granted and then onto IRAS to do the NHS Research Ethics Committee. I managed to submit for Proportionate Review which (once I had obtained signatures, again) was really quick. After some comments and suggestions approval was granted.

The next stage in the process was the R&D approval from two NHS Trusts and a different form to obtain Research Governance approval from The County Council. Final approvals were received in July 2014, a year after the initial proposal was developed. I was surprised that, contrary to what I had been told by previous trainees, the NHS Ethical Review was actually the quickest part of the whole process. It took less than a week to get approved. The longest and most frustrating part was waiting at each stage for signatures and authorisation. Completing the proposals was also long winded and repetitive. It was hard to know at the beginning how specific to be in the proposals. The more specific I was, the more rigorous the proposal, however this was been restrictive later on, when small changes needed to be made. I believe I have a greater understanding now of what reviewers are looking for in the research proposal and the parts which need to be more rigorous and those which need more flexibility, such as recruitment. I think developing a proposal would be easier next time with this knowledge.

Developing the concourse and statement set

Many articles using Q-methodology do not go into detail about the development of the concourse and statement set. This did not sit well with me, perhaps due to my limited experience of qualitative research. As participants taking part in the Q-sort could only sort the statements I provided them with, it seemed highly important for me to make sure the development of these was rigorous and did not miss any key ideas. I decided to conduct a thematic analysis of the current literature (according to Braun and Clarke (2006)) as well as conduct a small focus group of practitioners who carry out life story work both one-to-one and in book format. The analysis of the literature took into account all articles found in the systematic literature review, including those professional opinion and theoretical papers. Each paper was coded line by line, using initial categories related to how the concept of life story work was defined, such as, descriptors of life story work, how to do it, what to include, benefits and limitations. This resulted in over 1130 codes. These codes were then grouped into themes and continually revised and refined. The picture below illustrates the process of grouping codes into themes.



A thematic map (see Appendix J) helped to combine themes further and provided a structure to the concourse. All books on life story work were then reviewed with this thematic structure in mind and any additional themes or codes were included. The small focus group expanded on some of these themes and highlighted ideas that were missing. No further themes emerged and I felt I could be confident that the concourse was saturated. The statements were then developed from the themes. I wanted to make sure that they were as closely linked to the initial codes as possible and so I constantly referred back to the initial codes when making the statements. This resulted in 124 statements, which was refined, removing duplicates and those which were likely to get a high consensus from everyone. This was done with support from supervisors and peers who were using Q-methodology in their research. A meeting with a social work professional highlighted that the statements needed to be made more straight forward for care leavers. I decided to use readability statistics to help me to make them easier to understand, although this was challenging for some of the psychological concepts, for example trauma and attachment.

Finally my statement set was ready to be piloted by my supervisors and peers which was the final step before starting to recruit. I made a further cut to reduce the time the sort took as I was worried about participants dropping out. The final set consisted of 57 statements, refined from the original 1130 codes! Although there is always room for omission within the concourse development, no participants commented on any omissions during the study. It was important for me to be rigorous in my concourse development and it has given me both greater confidence in my findings, and a greater understanding of the literature and discussions about the topic. I believe this is a great strength of Q-methodology. Looking back on the process I went through I realise I spent some time at the beginning of the coding without a clear structure, which meant that some of the articles needed re-reading several times as my approach to the themes became clearer. In hindsight, a clearer approach at the beginning might have been more efficient.

Recruiting Participants

There is no consensus on participant numbers within the Q-community. As Q-method seeks to establish the existence of particular viewpoints and is interested in the exploration of meaning and quality, a statistical power calculation to determine the sample size is not applicable. The number of participants in a Q-methodology study can be seen as the number of variables within the study, so the usual calculations for participant numbers did not apply (Watts and Stenner, 2012). The aim of data collection was to get consensus and diverging positions from participants, therefore it was more important to obtain participants that were likely to have differing viewpoints than to have a large amount of participants.



Participant numbers in Q-studies range from around 10 to over 100, but can also be applied to single participants. Brown (1980) suggested applying Fisher's experimental design to the design of the P-set as the most effective way of gaining a representative sample, which involves balancing the sample based on the hypotheses about the factors that will emerge. The most relevant variables to my question were 1) stakeholder status (i.e. service user, carer, professional carrying out LSW, professional consulting on LSW) and 2) type of LSW most experienced (i.e. direct 1:1 work, indirect work such as a book). This could be seen as a 4x2 factorial design producing 8 combinations of these variables. I wanted to recruit at least

three repetitions of the combinations in order to increase the reliability of factors that might emerge, so I aimed for approximately 24 participants in total.

Recruitment of participants was initially slow. My clinical supervisor was able to put me in contact with local teams. I attended team meetings, carer support groups and sent dozens of emails to team managers. Although teams appeared enthusiastic when I met with them and thought the research was important, they struggled to find the time to take part or contact potential carers or young adults on my behalf. Adding Staffordshire University to my ethical approvals as a research site at the suggestion of my supervisor was invaluable as all of my care leaver participants were recruited via this route, despite having meetings with the local organisation who supports care leavers. I was also unable to recruit any adopted young adults. Unfortunately the manager who had initially suggested including adopted adults in the study had left the post a few months into the project and this contact was lost.

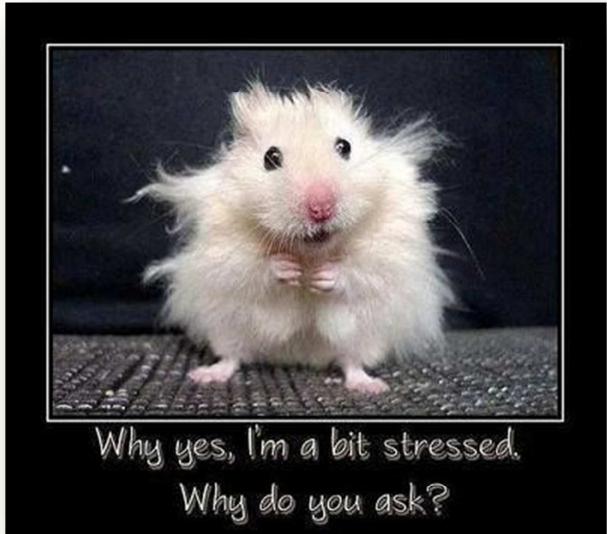
As I did not have a placement in the field I was studying during my final year, finding the best people to contact to distribute my research was really hard. Occasionally I would stumble on a key person and overnight I would have several respondents complete my survey. After a final push, I managed to recruit 29 participants with several from each participant group, which exceeded my original aim. The recruitment process has made me more aware of the difficulties of recruiting from a clinical and staff population. Time pressures appeared to be the biggest barrier. Building relationships with key staff who had direct contact with the participant groups seemed the most effective way of reaching participants. What struck me most was that once reached, the carers and care leavers were really keen to take part but that getting the information to them in the first place was the challenge. For example one email to a particular staff member managed to recruit eight foster carers practically overnight. It is likely that future research I do will be in an area I am working in, making building relationships for recruitment much easier.

When times are tough...

As with any journey, there were some more stressful moments than others. There were times when the placements I was currently on demanded more attention or

when personal events injected themselves into my thesis flow. Almost as soon as I started the push for recruitment to the study, my family required more attention and I had some physical health problems. I was expecting the final year to be tough after speaking to previous trainees, but I think I had a

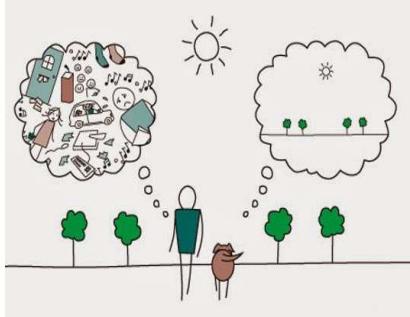
few more sprinkles of toughness on top. It was this point when I realised what “being compassionate to yourself” meant. My placement supervisor at the time was so supportive and compassionate which allowed me to be that way towards myself. I realised I needed to take a few weekends “off” and have some time over Christmas for myself and my family. To be honest I think this is the most important thing I learnt through my thesis. I have used an activity from Wrench and Naylor (2013) called How I make myself Feel Better and Finding the Hero in the Child to illustrate what I’ve learnt about my own resilience and strengths over the course of the journey. This exercise aims to help the child discover coping skills they already have, increase this repertoire of skills and help the child feel less powerless.



Why yes, I'm a bit stressed.
Why do you ask?



Remembering how I
can help



Mindfulness Practice



Compassion
for myself



Remembering my
strengths:
Hard working
Methodical
Conscientious
Caring



Support from Friends and
Family

When all else fails... watch
some cat videos!



Reading a non-
psychology book

KEEP
CALM
AND
**TIME TO
RELAX !!**

Time out

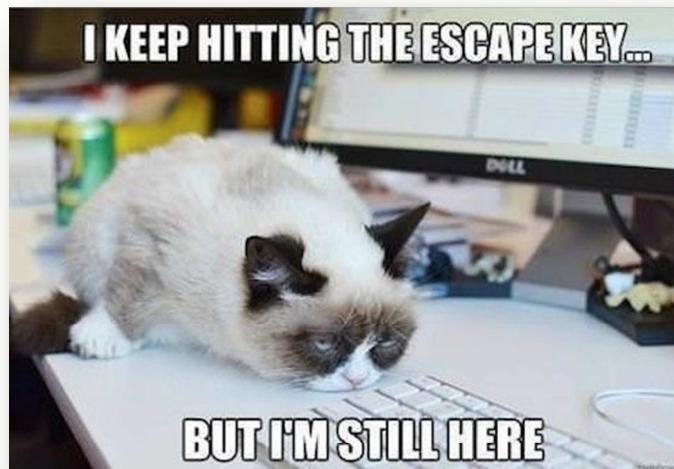


Physical exercise

Collecting data – the technical age

Finally recruitment started to take shape after Christmas. I had set up the study online as I had hoped this method of data collection would mean that it was easier for participants to take part, required me to hold less personal information and would mean that individuals might be more willing to share honest views. Unfortunately however I met some technical difficulties. I realised that the particular internet package with the problem happened to be the version all health and social care computers seemed to be running! I was able to help those participants that contacted me to let me know they had trouble by suggesting internet packages that worked or finally by sending out paper versions of the online sort. I replicated the instructions and questions from the online sort exactly to ensure consistency. I also made a YouTube video for those participants to demonstrate how to do the paper copy:

https://www.youtube.com/watch?v=pOLbpv8rul4&feature=youtube_gdata



Although there were difficulties, I think the online sorting was a good way to capture the views efficiently. The online method allowed me to capture a wide variety of participants easily. It was quicker for professionals and carers as they could do it when they had some spare time rather than need to book in appointments to visit the researcher.

Data analysis – believing in myself

Data analysis involved more decision making. Which extraction method to use? How many factors to extract? How to decide which sorts were defining for a factor? And finally what information to use to interpret the factors? Throughout this decision making process the Q-Listserv (an online forum of Q-methodologists), my Q-study peers and Watts and Stenner (2012) were essential.

Once the data was collected, I attempted several factor solutions, using different extraction methods, such as centroid and principal components analysis. I also tried with different numbers of factors extracted and rotated, varimax and hand rotation, and different criteria for defining sorts. Conducting these different analyses helped me to understand fully what difference each decision made to the final factor interpretation. I concluded that PCA analysis was better for my data than centroid analysis as it resulted in a solution which accounted for more variance and was more inclusive of sorts (participants).



A significance level of 0.001 was chosen to indicate a significantly loading sort. This meant that there was a 99.9% chance it was not due to random error. Often a higher significance level is chosen (e.g. 0.01), however in my study this resulted in a

higher number of confounding sorts. The sorts that you flag as defining are used to create the factor array and all other sorts are not used in the creation of that factor. Although at this point I was looking for difference in views, I realised that most of my sorts were correlated quite highly, indicating shared views and hence the high number of confounding sorts. I was interested in the subtle differences in views as well as this consensus and therefore decided to include more defining sorts for each factor to include more voices in my analysis and increase the factor reliability. Increasing the factor loading at which a sort would be excluded from a factor was suggested by Watts and Stenner (2012, p. 131) and other researchers (e.g. (Van Exel and de Graaf, 2005). My three factor solution allowed me to tease out the subtle differences in views which seemed to be explained by different participant experiences and allowed the life-story-book/adopter view (Factor 3) to emerge.

Researcher Influence

Prior to undertaking the data analysis, I completed the sort myself as a way of understanding my views of the topic and to enable me to be more reflexive in my interpretations. My sort is illustrated on the next page (Figure 5). I also inputted my data into the analysis to see which factors, if any, I most closely aligned with. I found I loaded significantly and highly onto Factor 1 (0.78), which was the factor most other clinical psychologists also associated with. I did not load significantly onto the other two factors (0.28 and 0.1 respectively). I appeared to place slightly more importance on the role of the carer relationship and input into the process than Factor 1's viewpoint and I think this has emerged from my conversations with foster carers and adoptive parents throughout the project. I have found that these carers are often the ones answering the questions the child brings and working out for themselves the best way to answer them. What struck me most through these conversations was how little training these carers get on interventions such as life story work, but how they hold the safety, development and future of the child in their hands.

Throughout my training and clinical work I have realised the huge impact that attachment plays in everyone's lives, from the beliefs individuals hold about themselves and others, to the way we build our own families as we grow older. For those children who may not have had the most successful attachment experience early on in life, I believe the way to support and attempt to remedy that is through nourishing, secure attachments from loving caregivers. I believe these relationships to be key and I think all work within this population needs to hold this as a key focus, including and perhaps most especially life story work. These views will have influenced my interpretation of the results, in particular may have drawn me to interpret the importance of attachment relationships within the viewpoints in Factors 1 and 2.

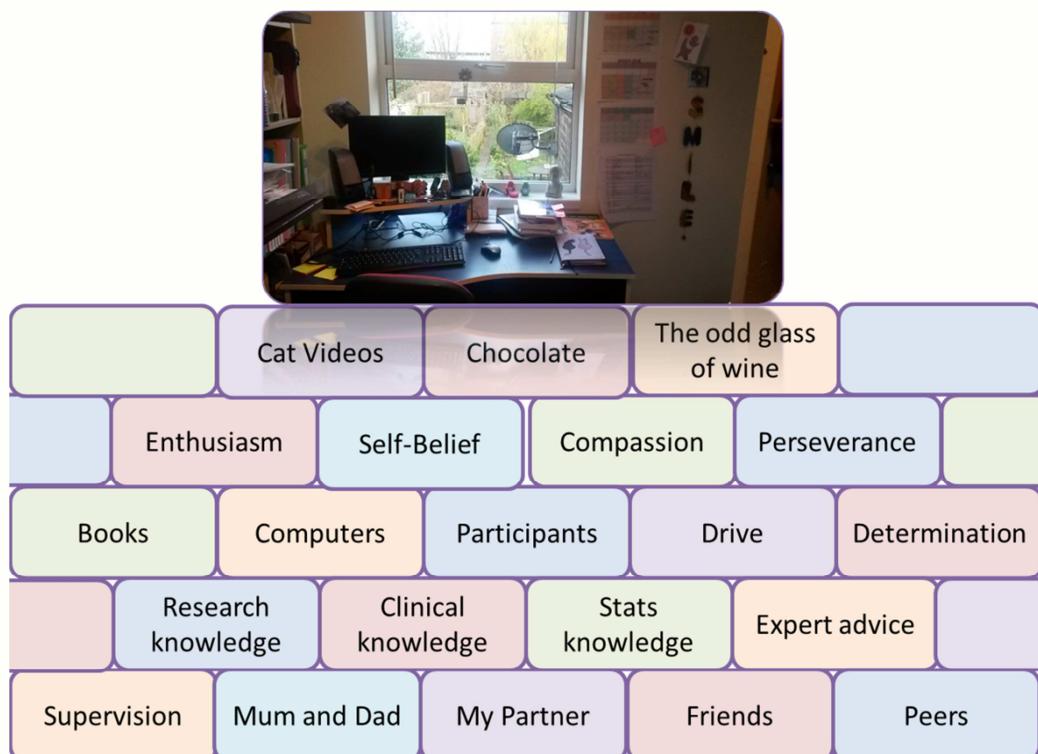
-5	-4	-3	-2	-1	0
14.Life story work should only focus on the difficult memories, happy memories do not need to be included	33.Life story work can take the place of therapy	27.One to one sessions with a family support worker or social worker are essential	6.A written story should always be given	22.Life story work should start with thinking about the present day, until the child is ready to look back	51.Carers/adoptive parents should be in the life story sessions to support the child
38.Upsetting or difficult stories should be kept hidden from the child	35.If upsetting feelings come up, the work should be stopped	3.If a child's memories are different from what really happened they should be corrected	20.Life story work should start when the child is getting ready to move to a new family	16.Life story work is more helpful when the child is a teenager	25.Life story work should be regular and structured, so the child knows what to expect
	54.The worker should make the life story book without input from the child or carers	1.Life story work should be about getting the facts	7. Important events and milestones, such as first day at school or riding a bike should be included	11.Links to the birth family, such as names and looks are important	. 5 Photos, pictures and items important to the child should be used
	46.Anyone can do life story work, there are no specific skills or expertise needed	2.Information should be as detailed as possible	42.The child should decide how life story work is done	32.Life story work should be used to plan goals and wishes for the future	
	26.All life story work should involve making a life story book	39.Life story work might need to be done even if the child does not feel ready	31.The life story book should be updated and added to over the child's life	17.As the child gets older they should be told more about the past	
		23.Life story work should always look back over the child's whole life	53.Carers/adoptive parents will need extra support whilst the child is having life story work	37.Life story work should help the child deal with bad events from the past	
			19.children can get the best out of life story work when they have the thinking skills to look back on their lives	21.The child needs to be settled before the life story work can start	
			57.When photos are missing, made up pictures of what life might have been like should be used to fill in the gaps.	56. Life story work should be returned to over the child's life	
				10. A child's birth family and other important people from the child's life should be in the story	

Figure 5: The researcher's sort highlighted in comparison to Factor 1

1	2	3	4	5
29.Different ways to make the work interesting for the child should be tried, such as using computers or going on visits	43.The child's history needs to be found out before starting to work with the child	24.How the work is done doesn't matter as long as it is interesting and fun for the child	52.Carers/adoptive parents should be the ones who do the life story work with the child	48.The adult needs to show they understand and care about the child
34. Life story work should allow feelings to be shown, talked about and managed	44.It is important to include adoptive parents and foster carers in making the life story book	55.Carers need to be interested in the life story work and want to keep the process going after formal work has stopped	50. Training for workers and carers in how to do life story work is needed	45. The child will first need to feel safe and secure with the adult, before the life story can be explored
9. Life story work should include an understanding of the child's background and culture	40.The work needs to go at the child's pace	36.Children should be helped to understand that the feelings that come up when doing the work are normal things for someone to feel	47.There needs to be enough time to allow the child and adult to build a good relationship	
12.Life story work should highlight strengths of the child	49.Anyone carrying out life story work should get support	4.Life story work should offer different views about a child's life		
15. The work should explain to a child the reason why they are no longer with their birth family	8. Life story work should answer the what, when and why questions about a child's life	28.Life story work should find out what events mean to the child		
13.Life story work should help the child see the times they have coped well	41.The story is easier to understand when it is written using the child's own words		Ranked higher by me than Factor 1	
18.It is easier for the child to get used to information if they are told about it when they are young			Ranked lower by me than Factor 1	
30.Visual ways of showing the child the reasons they are not with their birth family are useful, such as timelines or games			Ranked the same as Factor 1	

Building strong walls

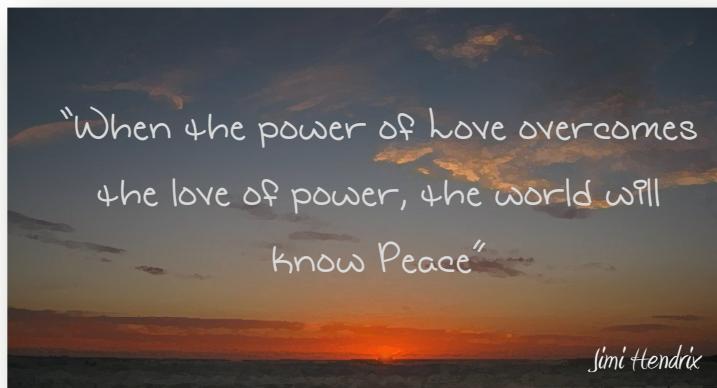
This is an exercise taken from Joy Rees (2009) that I have seen demonstrated by a Clinical Psychologist with a staff team. The staff team or carers start by generating a list of all the things a child needs in order to survive and grow. These are placed on cards that represent building blocks and a wall is built representing the strong foundations and walls needed for a child to develop. The carers then take away the blocks that were not provided for that child and it shows how unstable the wall now is, how any growth demanded of the child or adult now is starting on top of a shaky foundation. The session then turns to what the carers can do to fill in and strengthen some of those gaps in order to create stronger walls. I found it a really powerful exercise. I have adapted this for my story to think about what I have needed to complete the thesis. Some of these blocks have been more constant and solid than others but I believe all have been essential to my journey.



Power

I have thought about the issue of power throughout my research. One paper that has helped me reflect on where power may be unequal and unchallenged has been Rogers (2012). From the very start of the project I wanted to make sure the research was grounded in clinical need and designed the project around a topic that appeared to cause uncertainty and anxiety in professionals and carers and was provided inconsistently to children. I was keen to be as inclusive as possible with participant recruitment too as I was aware that often the child's voice is missed in research. I wanted to expand the definition of "experts" in Wallis et al's (2011) study about Narrative Therapy, to include experts by experience. There was a concern that asking children about their life story work might cause distress so a compromise was made to ask care leavers who had more time to reflect on the processes and their life experiences. I would have liked more input from service users groups in the design part of the project but this was limited due to practical constraints.

Over the course of the project I had many informal conversations with foster carers, adopters and



care leavers about the life story work they had been involved in. These conversations were brilliant for helping me to understand some of the challenges and frustrations people faced. What appears to have emerged from the data is voices of care leavers and carers that differs from professionals, particularly advocating a greater input of the child in the process and for a detailed record. I feel it is important that this study gives a voice to these viewpoints.

A hope for the future

Nearly at the end of my thesis journey (hopefully!). I am hoping the papers get published and I am also hoping to present the findings to local services as well as at wider events. I have picked another exercise from Wrench and Naylor (2013) to end with that looks forward to the child's hopes and wishes for the future. I have included my hopes for my research as well as for my career as a clinical psychologist.



Final thoughts and Unanswered Questions

I have enjoyed this piece of research. I believe I have grown in knowledge and developed personal strengths through the process. My main hope for this research is that it will be useful for the children whose life stories are not as complete as others and who might need a helping hand from carers or professionals to piece their story together. There are many unanswered questions about life story work with this population. How do the life stories and identities of children in care differ from those not in care? Do children's narrative identities change through the process of life story work and if so how do they change? How does narrative identity development link with psychological well-being? Do children who have had life story work have better psychological well-being and more cohesive identities? Are some forms of life story work better than others? Are some forms of life story work more effective for children who have experienced trauma? Hopefully this piece of research will help to continue the developing research interest in this topic in the future.

I'll finish with a final picture just because I liked it.



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Thesis Appendices

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Appendix A – Glossary

Life Story Work

In this paper many levels of life story work is conducted with children, including direct work and life story books. Life Story Work for the purpose of this study is meant in a very general form as work undertaken by a care professional or parent with a child that provides a chronological history of the child's life.

Life Story Book

A life story book is a book detailing the chronological history of the child's life. It may include stories, pictures, photographs but is not limited by these approaches.

Looked-after Children

For the purposes of this study, looked-after children includes those children in foster care, residential care and those who have been through the adoption process.

Carer

In this study the term "carer" is used generally to describe foster carers, adoptive parents, birth parents or other family members.

Worker

In this study the term "worker" is used generally to describe a professional within looked-after services, which may include social workers, family support workers, care workers, residential staff and therapists.

Appendix B - Journal of Adoption and Fostering Guidelines

(Taken from their website www.aaf.sagepub.com/)

Aims and scope

Edited by Roger Bullock (Fellow, Centre for Social Policy, The Social Research Unit at Dartington, UK) and managed by Miranda Davies, ***Adoption & Fostering*** is a quarterly peer reviewed journal which has been at the cutting edge of debate on childcare issues for over 50 years. It is the only UK journal dedicated to adoption and fostering issues, providing an international forum for a wide range of professionals: academics and practitioners in social work, psychology, law, medicine, education, training and caring for children and young people. As the official journal of BAAF (British Association for Adoption and Fostering), the UK's leading adoption and fostering charity, the journal supports BAAF's aims of promoting the highest standards of practice in adoption, fostering and childcare services, to increase public understanding of the issues and to provide an independent voice for children and families, disseminating new research and practice developments, informing and influencing policy-makers, all those responsible for children and young people, and public opinion at large.

Articles may cover any of the following: analyses of policies or the law; accounts of practice innovations and developments; findings of research and evaluations; discussions of issues relevant to fostering and adoption; critical reviews of relevant literature, theories or concepts; case studies.

All research-based articles should include brief accounts of the design, sample characteristics and data-gathering methods. Any article should clearly identify its sources and refer to previous writings where relevant. The preferred length of articles is 5,000-7,000 words excluding references.

Journal and Reference Style

Adoption & Fostering conforms to the SAGE house style and the SAGE Harvard reference style.

Keywords and Abstracts

The title, keywords and abstract are key to ensuring readers find your article online through online search engines such as Google.

Avoid confusion between ambiguous characters and take care to ensure that subscripts and superscripts are clear. Numbers below 11 should be written out in the text unless used in conjunction with units (e.g. three apples, 4 kg). Full points (not commas) should be used for decimals. For numbers less than one, a nought should be inserted before the decimal point. Use commas within numbers (e.g. 10,000).

Appendix C - Independent Peer Review Approval



Faculty of Health Sciences

The Science Centre

Staffordshire University
Leek Road
Stoke-on-Trent ST4 2DF
United Kingdom

Date: 4th March 2014

+44 (0) 1782 294000 (enquiries)
+44 (0) 1782 294643 (direct)

To whom it may concern

www.staffs.ac.uk

Application for Independent Peer Review Approval

Researcher: Kate Hooley

Study Title: The Process, Product and Meaning of Life Story Work in the Looked-After-Children Population

I can confirm that Staffordshire University supports this research project proposal being put forward by the above research project applicant, and that the University is willing to act as sponsor of the project if it received LREC approval.

Our support for this project takes account of the outcome of an independent peer review of its scientific merit undertaking within the University.

I can also confirm that the University has generic indemnity/insurance arrangements in place as stated on the attachment to this letter, that arrangements will be in place before the study starts for the research team to access resources and support to deliver the research as proposed, that arrangements to allocate responsibilities for the management, monitoring and reporting of the research will be in place before the research starts and that the duties of sponsors set out in the NHS Research Governance Framework for Health and Social Care will be undertaken in relation to this research.

A handwritten signature in blue ink.

Professor Nachiappan Chockalingam
Chair,
University Academic Ethics Sub-Committee

Faculty of Health Sciences

INDEPENDENT PEER REVIEW APPROVAL FEEDBACK

Researcher Name Kate Hooley

Title of Study The Process, Product and Meaning of Life Story Work in the Looked-After Children Population

Award Pathway DClinPsy

Status of approval: Approved

Action now needed:

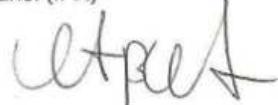
You must now apply to the Local Research Ethics Committee (which serves the Trust within which you intend to complete your study) for approval to conduct your study. You must not commence the study without this second approval. To seek approval you will need to complete the application form for the committee and forward copies of your proposal.

Please forward a copy of the letter you receive from the L.R.E.C. to Helen Sutton at Blackheath Lane as soon as possible after you have received approval. Once you have received L.R.E.C. approval you can commence the implementation phase of your study. You should note that any divergence from the approved procedures and research method will invalidate any insurance and liability cover from the University. You should, therefore, notify the Panel of any significant divergence from this approved proposal.

It is now possible to begin writing your dissertation and you may wish to consult with your supervisor on this matter.

Comments for your consideration:

Thank you for forwarding the amendments requested by the Independent Peer Review Panel (IPR)



Signed: Professor V. Unnithan
Vice-Chair of the Faculty of Health Sciences IPR Panel

Date: 26 February 2014



STAFFORDSHIRE
UNIVERSITY

FACULTY OF HEALTH/FACULTY OF SCIENCES
INDEPENDENT PEER REVIEWER REPORT
(SCIENTIFIC MERIT)

Project title	The Process, Product and Meaning of Life Story Work in the Looked-After Children Population		
Name of principal Investigator/researcher	Kate Hooley		

ISSUES FOR CONSIDERATION

This report should review the research proposal with reference to its importance and the appropriateness of the research methodology. Particular emphasis should be placed on scientific merit and respond to the following issues:

- 1) The Importance of the Problem to be Addressed including its consequences for practice where relevant.
Fully addressed Partially Addressed Not Addressed
and substantiated
- 2) The depth of analysis of the theoretical/background information supporting the project.
Fully addressed Partially Addressed Not Addressed
- 3) Research design and appropriateness of methodology as a means to answering the research question (including hypotheses where identified).
Fully addressed Partially Addressed Not Addressed
- 4) The appropriateness and quality of design including statistical power or qualitative method.
Fully addressed Partially Addressed Not Addressed
- 5) Research capacity of the individual or research team to fulfil the aims and objectives of the proposal.
Fully addressed Partially Addressed Not Addressed
- 6) Adequacy of the resources identified for implementation of the proposal.
Fully addressed Partially Addressed Not Addressed

Please use the following space to provide a more detailed assessment of the proposal.

The rationale for the study is very clear, and the decision to use adults who have been through the care system as participants is appropriate both from a theoretical point of view (because the research is focusing on reflections on the process of LSH later in life) and is appropriate for the level of academic study the research will support.

IPR Rapporteur's form
Helen Sutton
16/12/08

The methodological process is clearly explained, in terms of what participants will be required to do and how the Q-Sort statements will be produced. However there are a couple of clarifications needed:

1. How will the 'service users, carers and professionals' be consulted to gain their views on the appropriate Q-sort statements? This is essentially data collection, albeit pilot data which will inform the main study, and should be described fully.

Recommendation: Under Summary of Study, the process described in Stage one should be described in more detail, specifically step 2 'Expert opinion from service users, carers and professionals' to include how these will be recruited, how many will be consulted and how their opinion will be sought.

2. The participant numbers under Data Analysis should be justified in more detail. Although the researcher is correct in that traditional sample size calculations are not appropriate for Q-Methodology, I would expect estimated sample size to be based on other published studies which utilise the method in a similar topic area, rather than what previous students on the same course has used.

Recommendation: To consult the literature and provide an estimation of expected sample size based on past research in a similar topic area.

3. There isn't any direct justification of why Q-Methodology was chosen for the study. 'Views' of participants can be gained with a range of qualitative (and quantitative methods.).

Recommendation: Under Scientific Background, justification needs to be made for Q-Methodology over other qualitative methods of analysis.

There is an issue which does not necessarily apply to an IPR assessment, but the researcher might want to keep in mind when applying for ethical approval; the care leavers/adopted young people will be recruited by the professionals responsible for their care, which represents a potential conflict of interest. The young people may feel obliged to take part as they may think it will affect their care (even if it expressly says it will not on any letter of invitation, and actually the researcher doesn't clarify this in the service user information). There is not recommendation related to this from an IPR point of view, however.

Your report should include a recommendation as well as a detailed assessment of the above issues. This assessment should be in the following terms (Please tick appropriate box)

Approval Subject to Amendments
Amendments required. Revise project and resubmit for Chair's action.

**PLEASE NOTE THAT THIS REPORT WILL BE INCLUDED WITH THE FORMAL
LREC/MREC ETHIC PROPOSAL WHERE APPROPRIATE**

IPR Rapporteur's form
Helen Sutton
16/12/08

FACULTY OF HEALTH/FACULTY OF SCIENCES
INDEPENDENT PEER REVIEWER REPORT
(SCIENTIFIC MERIT)

Project title	The Process, Product and Meaning of Life Story Work in the Looked-After Children Population
Name of principal Investigator/researcher	Kate Hooley

ISSUES FOR CONSIDERATION

This report should review the research proposal with reference to its importance and the appropriateness of the research methodology. Particular emphasis should be placed on scientific merit and respond to the following issues:

- 1) The Importance of the Problem to be Addressed including its consequences for practice where relevant.
 Fully addressed Partially Addressed Not Addressed
 and substantiated
- 2) The depth of analysis of the theoretical/background information supporting the project.
 Fully addressed Partially Addressed Not Addressed
- 3) Research design and appropriateness of methodology as a means to answering the research question (including hypotheses where identified).
 Fully addressed Partially Addressed Not Addressed
- 4) The appropriateness and quality of design including statistical power or qualitative method.
 Fully addressed Partially Addressed Not Addressed
- 5) Research capacity of the individual or research team to fulfil the aims and objectives of the proposal.
 Fully addressed Partially Addressed Not Addressed
- 6) Adequacy of the resources identified for implementation of the proposal.
 Fully addressed Partially Addressed Not Addressed

Please use the following space to provide a more detailed assessment of the proposal.

In general the proposed research appears to be well focused with satisfactory level of Utility. There is/are useful explanations regarding the content and rationale of the study in the application, however as a minor point these issues are not as well clear as they might be in the information sheets being given to those involved. Could you provide more information about what 'Life Story Work' is and what it might do?

IPR Rapporteur's form
Helen Sutton
16/12/08

You really should inform participants of 10 year rule of data retention

Please do not use etc in information sheets

Your report should include a recommendation as well as a detailed assessment of the above issues. This assessment should be in the following terms (Please tick appropriate box)

- Approval Subject to Amendments**
Amendments required. Revise project and resubmit for Chair's action.

**PLEASE NOTE THAT THIS REPORT WILL BE INCLUDED WITH THE FORMAL
LREC/MREC ETHIC PROPOSAL WHERE APPROPRIATE**

Appendix D - Ethical Approval Letters



NRES Committee Yorkshire & The Humber - Leeds East

Jarrow REC Centre
Room 002
Jarrow Business Centre
Rolling Mill Road
Jarrow
Tyne and Wear
NE32 3DT

Telephone: 0191 428 3387

30 April 2014

Miss Katherine Hooley
Staffordshire University
Department of Clinical Psychology
Faculty of Health Sciences Science Centre
Leek Road
Stoke-on-Trent
ST42DF

Dear Miss Hooley

Study title:	The Process, Product and Meaning of Life Story Work in the Looked-After and Adopted Children Population
REC reference:	14/YH/0154
Protocol number:	N/A
IRAS project ID:	134418

The Proportionate Review Sub-Committee of the NRES Committee Yorkshire & The Humber - Leeds East reviewed the above application on 30 April 2014.

Provisional opinion

It was questioned what the minimum time was to have elapsed between completing life story work (for care leavers or adopted young adults) and becoming a participant in the study.

You responded to confirm that there was no minimum time needed to have elapsed between completing the life story work and becoming a participant; however participants needed to have completed the life story work prior to becoming a participant and prior to becoming 18 (i.e. as a child in the looked-after system). Most participants were likely to have received life story work as younger children, but some may have experienced it as older children.

The Committee considered that if there had been a traumatic experience, the memory of this would decay over time. To ensure that enough time had elapsed the REC required that the only patients who were recruited were those who had had a traumatic experience more than one year ago.

Members also queried how you could be sure that these participants were definitely still not undergoing any emotional trauma related to their past at the time of the invitation to participate in the study.

You replied that the rationale behind this exclusion criterion was that if potential participants were currently experiencing high levels of emotional trauma or were in psychological crisis, then asking them to think about life story work in general could potentially lead to them remembering some traumas and past events that were incorporated into their own life story work and therefore potentially lead to further emotional distress. You could not be definitely sure that the participants were not still experiencing emotional trauma related to their past at the time of participation and it would be impossible to eliminate this entirely. You realised this statement was somewhat subjective and therefore it was hard to define.

Currently the way this would be assessed was via the professional passing the information over to the young adult and via self-assessment by the participant. The professionals who passed on the information about taking part in the study were instructed in the recruitment pack to judge whether potential participants met the requirements of the study – including whether they were currently experiencing emotional distress. In addition the participant would be asked to judge for themselves whether they met the inclusion criteria. You realised after reviewing the 'Phase 2 - Letter of Invitation for Service Users' that you had missed out "must not currently be experiencing emotional distress in relation to past events" from the list of inclusion criteria which was an error and should be included; the revised document was submitted. You went on to say that you also had contact with the participant prior to taking part in the study either by email or by phone and would again at this point ask them if they met the inclusion criteria. You queried whether this might be better phrased as "currently experiencing high levels of emotional distress in relation to past events" – although you acknowledged that this was still subjective.

You had thought about different ways you might be able to find out about this in a more objective way, such as the researcher using a screening tool for emotional health, such as the CORE-GP, on initial contact with the participant. However, the study did not have the capacity to provide therapeutic intervention if an individual was found to be distressed and could only refer to generic services such as helplines and General Practitioner. This would also be conducted over the phone with no prior knowledge of the individual by the researcher or any direct support available to the individual. It was also asking the participant for personal information that was not necessary for the outcomes of the study. Therefore you were not sure how ethical it would be to screen in this way. This method may also exclude potential participants who could be experiencing other mental health issues, such as anxiety or depression, but who may have a valid contribution to make to the study and who might not be any more distressed by taking part. You requested any advice or suggestions the REC might be able to make about how you could resolve this issue further.

The Committee appreciated the thorough response it received to the difficult query. It acknowledged that the young person involved would still have an associated care professional, concluding that there must be ongoing concern for their welfare, and also that this care professional should be able to judge whether distress was likely to occur; it was felt that the researchers had included adequate safeguards. The addition of the extra inclusion criterion on the letter of invitation was found to be helpful, however, the original wording (i.e. "must not currently be experiencing emotional distress in relation to past events") was preferred to the amended wording (i.e. "currently experiencing high levels of emotional distress in relation to past events"), and it was requested that the Letter of Invitation was further amended to use the original wording.

Members requested confirmation that you would be trying to ensure some representation of each stakeholder status variable among the 20 participants, as referenced in the response to question A60 of the IRAS form where it was stated that the P-set did not need to be completely balanced.

You clarified that you would be attempting to recruit from each stakeholder group and were aiming for a fairly balanced representation of each stakeholder group, however achieving full balance was not necessary for a successful analysis. The analysis involved looking for clusters and grouping within the sorts and whilst hypothesised that these clusters might be differentiated by stakeholder status, this was not necessarily going to be the outcome and therefore an equal representation was not needed. You acknowledged that this was useful as a guide for determining sample size.

Members requested that the Participant Information Sheet for Phase 2 was amended to clarify that the decision to participate or not would not affect the care or services participants received.

You confirmed that there was now a new subheading entitled 'Will taking part in the study affect the care or service I receive?'

The REC requested that the Phase 1 Consent Form was revised to mention audio recording of the group discussion and to provide an option for participants to consent to this.

You confirmed that an additional box had been added to the consent form detailing the audio recording which required initialling by the participant in agreement and submitted the revised document for review.

The Committee requested that participants had the option to receive the results of the study by post, as not everyone had e-mail.

You confirmed that this had been amended on the Phase 2 Participant Information Sheet under heading 'How can you find out about the results of the study' and submitted the revised document for review.

The Sub-Committee would be content to give a favourable ethical opinion of the research, subject to the following changes being made to the documentation for study participants:

1. Confirmation that patients will only be informed of the study and consented to inclusion if a minimum period of one year has passed from their emotional trauma.
2. Amendment of the wording in the Letter of Invitation for Service Users for Phase 2 from "currently experiencing *high* levels of emotional distress in relation to past events" to "must not currently be experiencing emotional distress in relation to past events".

When submitting your response, please send the revised documentation underlining or otherwise **highlighting** the changes you have made and giving revised version numbers and dates.

Authority to consider your response and to confirm the final opinion on behalf of the Committee has been delegated to Mrs Alison Barraclough.

Please let me know if you need any further clarification or would find it helpful to discuss the changes required with the lead reviewer.

The Committee will confirm the final ethical opinion within 7 days of receiving a full response.

Documents reviewed

The documents reviewed were:

<i>Document</i>	<i>Version</i>	<i>Date</i>
Evidence of insurance or indemnity	Zurich Municipal Policy No NHE-02CA03-0013	16 July 2013
Interview Schedules/Topic Guides	Phase 1: Focus Group, Version 1.0	20 March 2014
Investigator CV	Helen Combes	07 February 2012
Investigator CV	Katherine Hooley	30 March 2014
Letter from Sponsor	Nachioappan Chockalingam	04 March 2014
Letter of invitation to participant	Phase 2: Carers, Version 1.0	20 March 2014
Letter of invitation to participant	Phase 2: Professionals, Version 1.0	20 March 2014
Letter of invitation to participant	Phase 2: Professionals - Recruiting Carers, Version 1.0	20 March 2014
Letter of invitation to participant	Phase 2: Professionals - Recruiting Care Leavers/Adopted young Adults, Version 1.0	20 March 2014
Letter of invitation to participant	Phase 2: Service Users, Version 2	29 April 2014
Participant Consent Form: Phase 2	1.0	20 March 2014
Participant Consent Form: Phase 1	2	29 April 2014
Participant Information Sheet: Phase 1	1.0	20 March 2014
Participant Information Sheet: Phase 2	2	29 April 2014
Protocol	1.0	20 March 2014
REC application	IRAS Version 3.5, 134418/598201/1/720	22 April 2014
Referees or other scientific critique report	Prof V Unnithan	26 February 2014
Summary/Synopsis	1.0	20 March 2014

Membership of the Committee

The members of the Committee who were present at the meeting are listed on the attached sheet.

Statement of compliance

The Committee is constituted in accordance with the Governance Arrangements for Research Ethics Committees and complies fully with the Standard Operating Procedures for Research Ethics Committees in the UK.

14/YH/0154

Please quote this number on all correspondence

Yours sincerely


pp
Mrs Alison Barraclough
Chair

Email: nrescommittee.yorkandhumber-leedseast@nhs.net

Enclosures: *List of names and professions of members who took part in the review*

NRES Committee Yorkshire & The Humber - Leeds East
Attendance at PRS Sub-Committee of the REC meeting on 30 April 2014

Committee Members:

Name	Profession	Present	Notes
Mrs Alison Barraclough	Clinical Studies Officer	Yes	
Professor Kenneth Brodie	Retired Professor of Visualization	Yes	
Dr Stuart Jamieson	Consultant Neurologist	Yes	

Also in attendance:

Name	Position (or reason for attending)
Miss Sarah Grimshaw	REC Manager



NRES Committee Yorkshire & The Humber - Leeds East

Jarrow REC Centre
Room 002
Jarrow Business Centre
Rolling Mill Road
Jarrow
Tyne and Wear
NE32 3DT

Telephone: 0191 428 3387

02 May 2014

Miss Katherine Hooley
Staffordshire University
Department of Clinical Psychology
Faculty of Health Sciences Science Centre
Leek Road
Stoke-on-Trent
ST42DF

Dear Miss Hooley

Study title: The Process, Product and Meaning of Life Story Work in the Looked-After and Adopted Children Population
REC reference: 14/YH/0154
IRAS project ID: 134418

Thank you for your email of 01 May 2014, responding to the Proportionate Review Sub-Committee's request for changes to the documentation for the above study.

The revised documentation has been reviewed and approved by the sub-committee.

We plan to publish your research summary wording for the above study on the NRES website, together with your contact details, unless you expressly withhold permission to do so. Publication will be no earlier than three months from the date of this favourable opinion letter. Should you wish to provide a substitute contact point, require further information, or wish to withhold permission to publish, please contact the REC Manager Miss Sarah Grimshaw, nrescommittee.yorkandhumber-leedseast@nhs.net.

Confirmation of ethical opinion

On behalf of the Committee, I am pleased to confirm a favourable ethical opinion for the above research on the basis described in the application form, protocol and supporting documentation as revised.

Ethical review of research sites

The favourable opinion applies to all NHS sites taking part in the study, subject to management permission being obtained from the NHS/HSC R&D office prior to the start of the study (see "Conditions of the favourable opinion" below).

Conditions of the favourable opinion

The favourable opinion is subject to the following conditions being met prior to the start of the study.

A Research Ethics Committee established by the Health Research Authority

Management permission or approval must be obtained from each host organisation prior to the start of the study at the site concerned.

Management permission ("R&D approval") should be sought from all NHS organisations involved in the study in accordance with NHS research governance arrangements.

Guidance on applying for NHS permission for research is available in the Integrated Research Application System or at <http://www.rforum.nhs.uk>.

Where a NHS organisation's role in the study is limited to identifying and referring potential participants to research sites ("participant identification centre"), guidance should be sought from the R&D office on the information it requires to give permission for this activity.

For non-NHS sites, site management permission should be obtained in accordance with the procedures of the relevant host organisation.

Sponsors are not required to notify the Committee of approvals from host organisations.

Registration of Clinical Trials

All clinical trials (defined as the first four categories on the IRAS filter page) must be registered on a publicly accessible database within 6 weeks of recruitment of the first participant (for medical device studies, within the timeline determined by the current registration and publication trees).

There is no requirement to separately notify the REC but you should do so at the earliest opportunity e.g. when submitting an amendment. We will audit the registration details as part of the annual progress reporting process.

To ensure transparency in research, we strongly recommend that all research is registered but for non-clinical trials this is not currently mandatory.

If a sponsor wishes to contest the need for registration they should contact Catherine Blewett (catherineblewett@nhs.net), the HRA does not, however, expect exceptions to be made. Guidance on where to register is provided within IRAS.

It is the responsibility of the sponsor to ensure that all the conditions are complied with before the start of the study or its initiation at a particular site (as applicable).

Approved documents

The documents reviewed and approved by the Committee are:

Document	Version	Date
Evidence of insurance or indemnity	Zurich Municipal Policy No NHE-02CA03-0013	16 July 2013
Interview Schedules/Topic Guides	Phase 1: Focus Group, Version 1.0	20 March 2014
Investigator CV	Helen Combes	07 February 2012
Investigator CV	Katherine Hooley	30 March 2014
Letter from Sponsor	Nachioappan Chockalingam	04 March 2014
Letter of invitation to participant	Phase 2: Carers, Version 1.0	20 March 2014
Letter of invitation to participant	Phase 2: Professionals, Version 1.0	20 March 2014
Letter of invitation to participant	Phase 2: Professionals - Recruiting Carers, Version 1.0	20 March 2014
Letter of invitation to participant	Phase 2: Service Users, Version 3.0	01 May 2014
Letter of invitation to participant	Phase 2: Professionals - Recruiting Care Leavers/Adopted Young Adults, Version	01 May 2014

	2.0	
Participant Consent Form: Phase 2	1.0	20 March 2014
Participant Consent Form: Phase 1	2	29 April 2014
Participant Information Sheet: Phase 1	1.0	20 March 2014
Participant Information Sheet: Phase 2	2	29 April 2014
Protocol	2.0	01 May 2014
REC application	IRAS Version 3.5, 134418/598201/1/720	22 April 2014
Referees or other scientific critique report	Prof V Unnithan	26 February 2014
Response to Request for Further Information	Kate Hooley	01 May 2014
Summary/Synopsis	1.0	20 March 2014

Statement of compliance

The Committee is constituted in accordance with the Governance Arrangements for Research Ethics Committees and complies fully with the Standard Operating Procedures for Research Ethics Committees in the UK.

After ethical review

Reporting requirements

The attached document "After ethical review – guidance for researchers" gives detailed guidance on reporting requirements for studies with a favourable opinion, including:

- Notifying substantial amendments
- Adding new sites and investigators
- Notification of serious breaches of the protocol
- Progress and safety reports
- Notifying the end of the study

The NRES website also provides guidance on these topics, which is updated in the light of changes in reporting requirements or procedures.

Feedback

You are invited to give your view of the service that you have received from the National Research Ethics Service and the application procedure. If you wish to make your views known please use the feedback form available on the website.

Further information is available at National Research Ethics Service website > After Review

14/YH/0154

Please quote this number on all correspondence

We are pleased to welcome researchers and R & D staff at our NRES committee members' training days – see details at <http://www.hra.nhs.uk/hra-training/>

With the Committee's best wishes for the success of this project.

Yours sincerely

pp
Mrs Alison Barraclough
Chair

A Research Ethics Committee established by the Health Research Authority

Email: nrescommittee.yorkandhumber-leedseast@nhs.net

Enclosures: "After ethical review – guidance for researchers" SL-AR2

Copy to: *Dr Helen Combes, Staffordshire University
Ms Audrey Bright, South Staffordshire and Shropshire Healthcare
NHS Foundation Trust*

**NRES Committee Yorkshire & The Humber - Leeds East**

Room 001
Jarrow Business Centre
Rolling Mill Road
Jarrow
Tyne and Wear
NE32 3DT

Tel: 0191 428 3387

22 December 2014

Miss Katherine Hooley
Staffordshire University
Department of Clinical Psychology
Faculty of Health Sciences Science Centre
Leek Road
Stoke-on-Trent
ST4 2DF

Dear Miss Hooley

Study title: The Process, Product and Meaning of Life Story Work in the Looked-After and Adopted Children Population
REC reference: 14/YH/0154
Amendment number: 1
Amendment date: 09 December 2014
IRAS project ID: 134418

The above amendment was reviewed by the Sub-Committee in correspondence.

This amendment has been submitted to inform the Committee of the intention to recruit participants from Staffordshire and Keele Universities. The idea behind this is to recruit care leavers and adopted adults who may be students at the University, along with student social workers, trainee psychologists and staff who work in these areas.

Ethical opinion

The members of the Committee taking part in the review gave a favourable ethical opinion of the amendment on the basis described in the notice of amendment form and supporting documentation.

Approved documents

The documents reviewed and approved at the meeting were:

Document	Version	Date
Notice of Substantial Amendment (non-CTIMP)	1	09 December 2014

Membership of the Committee

The members of the Committee who took part in the review are listed on the attached sheet.

R&D approval

All investigators and research collaborators in the NHS should notify the R&D office for the relevant NHS care organisation of this amendment and check whether it affects R&D approval of the research.

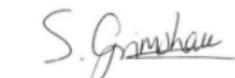
Statement of compliance

The Committee is constituted in accordance with the Governance Arrangements for Research Ethics Committees and complies fully with the Standard Operating Procedures for Research Ethics Committees in the UK.

We are pleased to welcome researchers and R & D staff at our NRES committee members' training days – see details at <http://www.hra.nhs.uk/hra-training/>

14/YH/0154:	Please quote this number on all correspondence
-------------	--

Yours sincerely



pp
Dr Deborah Jane Fox
Chair

E-mail: nrescommittee.yorkandhumber-leedseast@nhs.net

Enclosures: *List of names and professions of members who took part in the review*

Copy to: *Ms Audrey Bright, South Staffordshire and Shropshire Healthcare NHS Foundation Trust
Dr Helen Combes, Staffordshire University*

NRES Committee Yorkshire & The Humber - Leeds East
Attendance at Sub-Committee of the REC meeting by correspondence

Committee Members:

Name	Profession	Present	Notes
Dr Rhona Bratt	Retired Multimedia Project Manager	Yes	
Dr Deborah Jane Fox	Senior Lecturer in Nursing	Yes	

Also in attendance:

Name	Position (or reason for attending)
Miss Sarah Grimshaw	REC Manager

Appendix E - R&D Approval Letters

South Staffordshire and Shropshire Healthcare NHS Foundation Trust

Our Ref: AB/R278

7 July 2014

A Keele University Teaching Trust
R&D Department
Block 7
St George's Hospital
Corporation Street
STAFFORD ST16 3AG

Telephone: 01785 221168

Ms Katherine Hooley
Trainee Clinical Psychologist
Faculty of Health Sciences, Science Centre
Staffordshire University
Leek Road
Stoke on Trent ST4 2 DF

Dear Kate

Study title

We have considered your application for access to patients and staff from within this Trust in connection with the above study.

On behalf of the Trust and the Responsible Care Professionals within the Psychology Directorate have now satisfied themselves that the requirements for Research Governance, both Nationally and Locally, have been met and are happy to give approval for this study to take place in the Trust, with the following provisos:

- That all researchers coming into the Trust have been issued with either a letter of access or honorary contract by ourselves
- That you conform to the requirements laid out in the letters from the REC dated 2 May 2014, which prohibits any changes to the agreed protocol
- That you keep the Trust informed about the progress of the project at 6 monthly intervals
- If at any time details relating to the research project or researcher change, the R&D department must be informed.

Your research has been entered into the Trust database and will appear on the Trust website.

As part of the Research Governance framework it is important that the Trust are notified as to the outcome of your research and as such we will request feedback once the research has finished along with details of dissemination of your findings. You will be asked to provide a copy of the final report and receive an invitation to present final feedback via our research seminar series. To aid dissemination of findings, copies of final reports are placed on our Trust Website. To this end, please contact me towards the completion of the project to discuss the dissemination of findings across the Trust and a possible implementation plan.

If I can help in any other way please do not hesitate to contact me.

Yours sincerely

Ruth Lambley-Burke
R&D Manager

Cc Dr Rachel Lucas, Director of Psychological Services, Trust HQ, Stafford

RESEARCH AND DEVELOPMENT DEPARTMENT
 Trust Headquarters
 Bellringer Road
 Trentham
 Stoke-on-Trent, ST4 8HH
 Telephone: 01782 441687/651 : Fax: 01782 441637/624
 Email: r&d@northstiffs.nhs.uk

30 July 2014
 R&D Ref: CHC0098/RD

Miss Katherine Hooley
 Trainee Clinical Psychologist
 South Staffordshire & Shropshire Healthcare NHS Trust
 Department of Clinical Psychology, Faculty of Health Sciences Science Centre
 Staffordshire University, Leek Road, Stoke-on-Trent, ST4 2DF

Dear Katherine

Study Title: Life story work in the looked after children population
Chief Investigator: Miss Katherine Hooley
Sponsor: Staffordshire University

I can confirm that the above project (R&D application) has been reviewed and given NHS Permission for Research by the Research & Development Department for North Staffordshire Combined Healthcare NHS Trust, and the details have been entered onto the R&D database.

I note that this research project has been approved by Yorkshire & Humber – Leeds East Research Ethics Committee [ref. 14/YH/0154].

NHS permission for the above research has been granted on the basis described in the application and supporting documentation. The documents reviewed were:

Document	Version Number	Date
Protocol	2.0	01.05.2014
Summary	1.0	20.03.2014
Patient Information Sheet – Phase 1 Focus Group	1.0	20.03.2014
Patient Information Sheet – Phase 2 Questionnaire	2.0	29.04.2014
Consent Form – Phase 1 Focus Group	2.0	29.04.2014
Consent Form – Phase 2 Questionnaire	1.0	20.03.2014
Letter of Invitation for Professionals – Phase 2	1.0	20.03.2014
Letter of Invitation for Service Users – Phase 2	3.0	01.05.2014
Letter of Invitation for Carers – Phase 2	1.0	20.03.2014
Recruitment Information for Professionals Recruiting Care Leavers / Adopted Young Adults – Phase 2	2.0	01.05.2014

Chairman: Mr.K. Jarrold Acting Chief Executive: C. Donovan
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Document	Version Number	Date
Recruitment Letter for Professionals Recruiting Carers	1.0	20.03.2014
Interview Schedule – Focus Group	1.0	20.03.2014

The research Sponsor, Chief Investigator, or the local Principal Investigator at a research site, may take appropriate urgent safety measures in order to protect research participants against any immediate hazard to their health or safety. The R&D Office should be notified of any such measures, the reasons for the action and any further action required. The R&D Office should also be notified within the same time-frame as that of the research ethics committee and other regulatory bodies.

Approval by the R&D Department therefore assumes that you have read, understand and agree to comply with the following:-

- ❖ Research Governance Framework (www.doh.gov.uk/research)
- ❖ ICH Guidelines on Good Clinical Practice
- ❖ Data Protection Act 1998
- ❖ Mental Capacity Act 2007
- ❖ Medicines for Human Use (Clinical Trials) Regulations 2004
- ❖ Human Tissue Act 2004
- ❖ All applicable Trust policies & procedures

In line with these requirements, may I draw your attention to the need for you to provide the following documentation/notifications to the R&D Office throughout the course of the study, and that all amendments (including changes to the local research team) need to be submitted to, and approved by R&D, in accordance with IRAS guidance:-

- ❖ Annual Progress Report (form sent by this R&D Office)
- ❖ End of Study Declaration Form (available via IRAS)
- ❖ End of Study Report (produced by the Chief Investigator)
- ❖ Changes to study start and end dates
- ❖ Changes in study personnel

Please note that this NHS organisation is required to monitor research to ensure compliance with the Research Governance Framework, and other legal and regulatory requirements. This will be achieved by random audit conducted by this department.

I would like to take this opportunity to wish you well with your research. If you need any further advice or guidance please do not hesitate to contact us.

Yours sincerely

Dr Richard Hodgson
Associate Director of R&D

Chairman: Mr.K. Jarrold Acting Chief Executive: C. Donovan
Working to improve the health and welfare of local communities

Appendix F - Letter of Access

North Staffordshire Combined Healthcare **NHS**
NHS Trust

RESEARCH AND DEVELOPMENT DEPARTMENT

Trust Headquarters
Bellringer Road
Trentham
Stoke-on-Trent ST4 8HH
Telephone: 01782 441687/651
Fax: 01782 441637

Email: r&d@northstiffs.nhs.uk

30 July 2014

Katherine Hooley
Trainee Clinical Psychologist
South Staffordshire & Shropshire NHS Foundation Trust
Clinical Psychology Department
St George's Hospital
Stafford ST16 3AG

Dear Katherine

Letter of access for research
Study: Life story work in the looked-after children population

This letter should be presented to each participating organisation before you commence your research at that site. The participating organisation is North Staffordshire Combined Healthcare NHS Trust.

In accepting this letter, each participating organisation confirms your right of access to conduct research through their organisation for the purpose and on the terms and conditions set out below. This right of access commences on **30/07/2014** and ends on **21/09/2015** unless terminated earlier in accordance with the clauses below.

As an existing NHS employee you do not require an additional honorary research contract with North Staffordshire Combined Healthcare NHS Trust. This organisation is satisfied that the research activities you will undertake are commensurate with the activities you undertake for your employer. Your employer is fully responsible for ensuring such checks as necessary have been carried out. Your employer has confirmed in writing to this organisation that the necessary pre-engagement checks are in place in accordance with the role you plan to carry out in this organisation. Evidence of checks should be available on request to this organisation.

You have a right of access to conduct such research as confirmed in writing in the letter of permission for research from North Staffordshire Combined Healthcare NHS Trust. Please note that you cannot start the research until the Principal Investigator for the research project has received a letter from us giving our permission to conduct the project.

Chairman: Mr. K. Jarrold Acting Chief Executive: C. Donovan
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R&D-TMP-006 Version 2.3 (01/08/2013) Page 1 of 3
L003 – NHS Letter of Access for NHS Researchers who have a substantive contract
Research in the NHS: HR Good Practice Resource Pack



INVESTOR IN PEOPLE

You are considered to be a legal visitor to North Staffordshire Combined Healthcare NHS Trust premises. You are not entitled to any form of payment or access to other benefits provided by this organisation or to its employees, and this letter does not give rise to any other relationship between you and this organisation, in particular that of an employee.

While undertaking research through North Staffordshire Combined Healthcare NHS Trust, you will remain accountable to your employer but you are required to follow the reasonable instructions of your nominated manager, Mrs Laurie Wrench, within this organisation or those given on her behalf in relation to the terms of this right of access.

Where any third party claim is made, whether or not legal proceedings are issued, arising out of or in connection with your right of access, you are required to co-operate fully with any investigation by North Staffordshire Combined Healthcare NHS Trust in connection with any such claim and to give all such assistance as may reasonably be required regarding the conduct of any legal proceedings.

You must act in accordance with North Staffordshire Combined Healthcare NHS Trust policies and procedures, which are available to you upon request, and the Research Governance Framework.

You are required to co-operate with North Staffordshire Combined Healthcare NHS Trust in discharging its duties under the Health and Safety at Work Act 1974, other health and safety legislation, and to take reasonable care for the health and safety of yourself and others while on this organisation's premises. Although you are not a contract holder, you must observe the same standards of care and propriety in dealing with patients, staff, visitors, equipment and premises as is expected of a contract holder and you must act appropriately, responsibly and professionally at all times.

If you have a physical or mental health condition or disability which may affect your research role and which might require special adjustments to your role, if you have not already done so, you must notify your employer and this organisation prior to commencing your research role.

You are required to ensure that all information regarding patients or staff remains secure and *strictly confidential* at all times. You must ensure that you understand and comply with the requirements of the NHS Confidentiality Code of Practice and the Data Protection Act 1998. Furthermore you should be aware that under the Act, unauthorised disclosure of information is an offence and such disclosures may lead to prosecution.

North Staffordshire Combined Healthcare NHS Trust will not indemnify you against any liability incurred as a result of any breach of confidentiality or breach of the Data Protection Act 1998. Any breach of the Data Protection Act 1998 may result in legal action against you and/or your substantive employer.

You should ensure that, where you are issued with an identity or security card, a bleep number, email or library account, keys or protective clothing, these are returned upon termination of this arrangement. Please also ensure that while on the premises you wear your ID badge at all times, or are able to prove your identity if challenged. Please note that this organisation accept no responsibility for damage to or loss of personal property.

Chairman: Mr. K. Jarrold Acting Chief Executive: C. Donovan
Working to improve the health and welfare of local communities

R&D-TMP-006 Version 2.3 (01/08/2013) Page 2 of 3
L003 – NHS Letter of Access for NHS Researchers who have a substantive contract
Research in the NHS: HR Good Practice Resource Pack



This letter may be revoked and your right to attend this organisation terminated at any time either by giving seven days' written notice to you or immediately without any notice if you are in breach of any of the terms or conditions described in this letter or if you commit any act that we reasonably consider to amount to serious misconduct or to be disruptive and/or prejudicial to the interests and/or business of this organisation or if you are convicted of any criminal offence. You must not undertake regulated activity if you are barred from such work. If you are barred from working with adults or children this letter of access is immediately terminated. Your employer will immediately withdraw you from undertaking this or any other regulated activity and you MUST stop undertaking any regulated activity immediately.

Your substantive employer is responsible for your conduct during this research project and may in the circumstances described above instigate disciplinary action against you.

If your circumstances change in relation to your health, criminal record, professional registration or suitability to work with adults or children, or any other aspect that may impact on your suitability to conduct research, or your role in research changes, you must inform the organisation that employs you through its normal procedures. You must also inform the R&D office in this organisation.

Yours sincerely

L. Wrench

Laurie Wrench
Head of Clinical Audit and R&D

cc: **HR Directorate at North Staffordshire Combined Healthcare NHS Trust**
Alexa Lloyd, HR Advisor, Trust HQ, Bellringer Road, Trentham, Stoke-on-Trent, ST4 8HH

HR Department of the Substantive Employer:
Audrey Bright, RGF, South Staffordshire & Shropshire NHSFT, St George's Hospital, Stafford, ST16 3AG

Chairman: Mr. K. Jarrold Acting Chief Executive: C. Donovan
Working to improve the health and welfare of local communities

R&D-TMP-006 Version 2.3 (01/08/2013) Page 3 of 3
L003 – NHS Letter of Access for NHS Researchers who have a substantive contract
Research in the NHS: HR Good Practice Resource Pack



Appendix G - Staffordshire County Council Approvals



Kate Waterhouse
Head of Insight and Research
Strategy and Customer Services
Staffordshire County Council
Tipping Street
Stafford
ST16 2DH

Tel: 01785 277893

E-mail: kate.waterhouse@staffordshire.gov.uk

Website: www.staffordshire.gov.uk

Date: 9th June 2014

Dear Ms Hooley,

Many thanks for your recent Research Governance Application to carry out life story research involving Staffordshire County Council care leavers. The application has been processed and I am pleased to confirm that we have approved your project. However, the Panel would like to raise the following observation on your plan:

- The Panel would recommend the researcher works alongside Staffordshire County Council workers to develop methods of disseminating the findings and recommendations within the County Council to ensure learning can be taken forward to improve service delivery.

Your project sponsor is Laura Stokes who will act as your single point of contact throughout the life of the project. The Research Governance Panel will work with Laura to ensure that there is ongoing monitoring of the project. If you require any support from the Panel during the project please do not hesitate to get in contact.

Yours sincerely

A handwritten signature in blue ink that reads "Kate Waterhouse".

Kate Waterhouse
Head of Insight and Research

Appendix H - Literature Review Paper Classifications

Table 3: Classification of Full Text Papers (based on Colling, 2003).

Classification	Description	Papers retrieved
Primary Research	These are primary sources that have attempted to provide research evidence through data collection, analysis and interpretation. This may include published papers or theses. The research process was explicit.	(Brookfield et al., 2008; Buchanan, 2014; Davis, 1997; Gallagher and Green, 2012; Hammond, 2012; Rushton et al., 1997; Shotton, 2010; Shotton, 2013)
Evaluation	The evidence is collected systematically and may describe the research process, but does not adhere to a particular research method	(Backhaus, 1984; Campbell, 2011; Willis and Holland, 2009)
Theoretical	Theories and concepts of LSW were discussed but not attempt at research to evaluate these was given	(Baynes, 2008; Cook-Cottone and Beck, 2007; Holody and Maher, 1996; James, 2007; Treacher, A. & Katz, I., 2001)
Clinical descriptions	Where the accounts of the LSW are based on clinical practice without attempt at evaluation. Case Studies may be used to illustrate but no thorough case study research is provided.	(Aust, 1981; Beste and Richardson, 1981; Clegg and Toll, 1996; Connor et al., 1985; Fraser, 2014; Hanney and Kozlowska, 2002; Harper, 1996; McInturf, 1986; Robertson, 2001)

Appendix I - Summary of Reviewed Papers

Table 4: Summary of Reviewed Papers

Reference	Database	Research setting	Data collection and analysis	Summary of main findings	Strengths and Limitations
Backhaus, K. A. (1984)	PsycINFO	Social Care, USA	Qualitative Interviews: analysis not described	Many benefits were mentioned by the social workers including helping children understand their past and answer questions, which in turn is suggested to help them develop a sense of identity. They also described helping the children to express their feelings, and also decreasing anxiety, resolving anger, guilt and self blame, thereby increasing self-esteem. They talked about benefits of helping children feel more in control of their past and future and improve success in future placements. It also has a role for increasing worker and carer awareness of the child's needs and a greater understanding of their past. Social workers within the study highlighted the need for sufficient time for the worker to build a trusting relationship with the child and to gather the relevant information. At the end she discusses the therapeutic aspect of LSW, describing how defences may need to be worked with during the work. She advocates that life books can be very useful to all children in need of help	<p><i>Strengths:</i> The method of data collection is briefly described. Some small case examples are provided to highlight the potential benefits.</p> <p><i>Limitations:</i> No questionnaire is available. There is no discussion of the analysis of the data or any indication in the results of how many respondents agreed with each point. Dated account from American services and therefore may not be as relevant to UK services today</p>

Reference	Database	Research setting	Data collection and analysis	Summary of main findings	Strengths and Limitations
Brookfield, H., Brown, S. D., & Reavey, P. (2008)	PsycINFO	Support Group, Social Care, UK	Qualitative two focus groups; discourse analysis	Examines how adoptive parents view the LSB process and how they make use of visual information to help reconstruct memories for their children. In particular the focus is on photographs. Discussion highlights that photos are widely used in LSW, but where these are lacking or there is a gap, parents have to try and fill this with some kind of narrative. There needs to be a story that goes with the pictures. When the past is patchy and fragmented then the parents may have to invent some aspects of the history in what they termed "powers of fiction" in order to try and fill in these gaps. The authors debate whether ethically this is the right thing to do and how necessary it may be for children with pressures from society to know who they are. They highlight therefore the need for developing an ethical framework for adoptive parents doing this work.	<p><i>Strengths:</i> The recruitment, methodology and analysis was described in good detail and the results section contains extracts from the data to illustrate themes.</p> <p><i>Limitations:</i> There is little information about the potential biases from researchers</p>

Reference	Database	Research setting	Data collection and analysis	Summary of main findings	Strengths and Limitations
Buchanan, A (2014)	thesis - citation search from Willis and Holland (2009)	Social Care, UK	Qualitative Survey and Interviews; IPA	Investigated care leaver's experiences of doing LSW. It involved all forms of LSW and discovered that the quality and content of LSW differed amongst participants. The young people mainly reported that LSW was a positive process although this was not the case for all participants. All felt it could be useful if improvements were made to how it is conducted. Four themes were identified as "the need to know, getting LSW right, An emotional journey and LSW and the concept of family.	<p><i>Strengths:</i></p> <p>Thorough background literature review</p> <p>The data collection and analysis are very well reported and critiqued and a very thorough description of the methodology is given, including demographic information about the participants and the researcher. Themes were cross-validated and the interpretation explained and critiqued. The researcher position statement is thorough and critiqued</p> <p><i>Limitations:</i></p> <p>At present unpublished thesis</p> <p>Lacks in-depth description of the methods of LSW</p>

Reference	Database	Research setting	Data collection and analysis	Summary of main findings	Strengths and Limitations
Campbell, J (2011)	citation from Willis and Holland (2009)	Social Care, USA	Qualitative in-depth interviews; analysis not specified	This paper is an unpublished Sociology thesis. It presents a research study using qualitative methods of interview and correspondence with 5 foster/adoptive parents, 2 care leavers and 2 social work specialists. The main messages are that the goals and purposes of LSW are clear to all groups, children should be included in LSW and it should be tailored individually to each child. All participant's saw the benefit of LSW and agreed they should be individual to the child. Comment is made about a concern that LSBs may cause children to relive past trauma.	<p>Strengths: The aims of the paper are based in a literature review and gap in research. Attempts to link the results to theories is good.</p> <p>Limitations: USA study Small sample sizes The interviews were not recorded No account of the data analysis is given. Little interpretation appears to have been made The main conclusions are quite reductionist to the depth on information gathered</p>

Reference	Database	Research setting	Data collection and analysis	Summary of main findings	Strengths and Limitations
Davis, T (1997)	PsycInfo	School, USA	Mixed Quantitative and Qualitative pre and post measures of two constructs of resilience in children (1) internal/external locus of control (Children's Nowicki-Strickland Internal-External Locus of Control Scale) and (2) perceived coping resources (Coping Resources Inventory Scales for Educational Enhancement); analysis ANOVA	The only study to attempt to quantitatively explore the effectiveness of LSW for improving resilience. Participants were randomly assigned to either receive LSW (in the form of LSBs), counselling or no treatment. which is very useful, but there is. The LSW approach was no more effective than either counselling or no treatment at improving children's locus of control or coping resources after 6 weeks of intervention. Qualitative reflections from participants however indicated they felt there was positive change from the LSW.	<p>Strengths:</p> <p>RCT design used standardised pre and post measures of two different constructs of resilience in children.</p> <p>The design and method are well described and rationale clearly given for the measures of resilience used. A session by session account of the LS approach is given</p> <p>Qualitative analysis also given</p> <p>Limitations acknowledged</p> <p>Limitations:</p> <p>Old unpublished study from USA not strictly within the looked-after population, but her criteria is children who have experienced loss</p> <p>Small sample size (n=18, 17 and 15</p> <p>no discussion of how LSW differed from the 'counselling as normal' sessions</p> <p>a mixed ANOVA design has not been used so it is not possible to judge within subject changes or effect sizes.</p> <p>Qualitative analysis lacks description</p>

Reference	Database	Research setting	Data collection and analysis	Summary of main findings	Strengths and Limitations
Gallagher & Green (2012)	Academic Search Complete	Therapeutic residential home UK	Qualitative semi-structured interviews; template analysis	<p>Gallagher and Green provide a study looking at the process of an integrated model of care. The LSW undertaken is described a "deep, rich and detailed" and described as an additional therapeutic tool to help children deal with the trauma they experienced. LSBs was highlighted as a key part of the work. Relationships were found to be highly important for these children. The young people reported valuing the LSW and finding it helpful. Some young adults reported looking after and returning to their LSBs. benefits included: acquiring a more accurate story of before care, facilitating relationships both in that home and subsequent placements, dealing with emotional and behavioural challenges, triggered positive memories. LSW was emotionally challenging for some young people and they did not wish to recall upsetting experiences. The commitment of the staff in the LSW process seemed important . Some young people criticised the approach feeling they did not like the way the LSW was organised and they did not have sufficient input into the process.</p>	<p><i>Strengths:</i> In the LSW section quotes are used to illustrate points and connections are made with other studies and literature. The conclusions drawn from these quotes appear logical.</p> <p><i>Limitations:</i> very limited description of the analysis method surface level account of each theme only from homes in one organisation, therefore may be likely to present an account of the specific work undertaken at these homes. The relationship of one of the researchers to the homes researched is unclear and could present a bias that has not been addressed in the paper No ethical approval or peer review was sought and the position statement of the authors was not given.</p>

Reference	Database	Research setting	Data collection and analysis	Summary of main findings	Strengths and Limitations
Hammond, S (2012)	Thesis - EThOS	residential care homes UK	Qualitative action research; discourse analysis	Hammond (2012) presents an action research study into two innovative types of digital life story work, ' <i>bebook</i> ' and 'podwalking', also conducted within residential care homes. The study was aimed at finding novel ways of approaching a potentially missed population, adolescents within care. From the findings, Hammond suggests that digitised methods such as those he created through the project offer a way of engaging adolescents. He argues that the <i>bebook</i> gave the adolescents more power over how they produced representations of themselves. He reflects that the relationship developed with the facilitator of the approach and the children was essential for the adolescents developing a structured narrative. The use of the approaches within residential care was restricted by fears of increased risk from digital media.	<p><i>Strengths:</i> Data collected is diverse He uses a thorough transcription method which incorporates visual cues as well as auditory features. Discussion around how and why he has chosen different methodologies is given in detail. The analysis appears very thorough with examples of extracts given.</p> <p><i>Limitations:</i> Researcher impacts on implementation of techniques and interpretation It is a complicated analysis with multilayers of results and discourses occasionally making it hard to follow the main thesis, however sections do provide summaries.</p>

Reference	Database	Research setting	Data collection and analysis	Summary of main findings	Strengths and Limitations
Rushton et al (1997)	reference s list	Social Care UK	Mixed Methods: Quantitative and Qualitative interviews with CSWs and parents: IV - level of input from child social worker; DV - extent of behavioural and emotional problems in the children after one year in placement, improvement or deterioration in problems as rated by new parents, degree of attachment to new parents: ANOVA	Intensity of direct work for preparation, including completing LSW, does not have a relationship with level of emotional and behavioural problems or attachment to new parents with children one year after placement. More intense work was usually given to those children who were older or who had suffered more abuse, but not necessarily those with a greater number of behavioural or emotional problems at the start. limitations for the lack of result are discussed in the paper, and include a critique of practitioners' skill and confidence in carrying out decent in depth work with children. They highlight the need to assess the psychological needs of the children and use of this as a target for the work, combined with more standardisation , training and increasing the skill level of workers.	<p><i>Strengths:</i> The sample is reasonable (58). Limitations in design are acknowledged. Case studies provide further illustration.</p> <p><i>Limitations:</i> The definition of direct work was not limited to LSW Reliance on reports from parents and child workers to classify independent and dependent variables, as opposed to standard and objective outcome measures. The description of how variables were classified is not clear enough for replication.</p>

Reference	Database	Research setting	Data collection and analysis	Summary of main findings	Strengths and Limitations
Shotton, G (2013)	CINAHL Plus with Full Text	Social Care UK	Qualitative semi-structured interviews and a board game for the children: IPA	Memory store approach has benefits for child-carer relationship, child's self-perception, emotions and learning. It also acts as a store for memories that may be lost. It is more of a here/now approach to collaborative reminiscence of current events, rather than exploring the past, with an aim to eventually provide a store of memories as the child moves through care. It is a child/carer intervention as opposed to LSW by a practitioner.	<p>Strengths: Creative data collection with children. Analysis appears well described and illustrated with quotes. A model is provided to explain the links between the themes.</p> <p>Limitations: Main themes however fit with initial question areas so it is questionable about the level of interpretation given.</p>
Shotton, G. (2010).	CINAHL Plus with Full Text	Social Care UK	Qualitative Semi-structured interviews: IPA	The main themes to arise from the study are a) Impact; where carers commented on the impact of the approach on relationship with the child, mood, opening up conversations and development of child's thinking b) motivation; finding that children were motivated to be active participants in the LSW, c) practical aspects; including ways to store memories and difficulties carrying out the approach. Overall conclusions were that carers valued the approach and saw benefits for the children and their relationships, they did not however find support for improvement in identity formation.	<p>Strengths: Themes are explained in more detail with quotations to back up the themes. Interpretation lacks depth.</p> <p>Limitations: Small sample size The interviews seem to have been conducted by the facilitator of the training and therefore may have impacted on how carers felt they could talk and critique the approach. There is no critique on the author's bias within the interpretation of the data.</p>

Reference	Database	Research setting	Data collection and analysis	Summary of main findings	Strengths and Limitations
Willis, R., & Holland, S. (2009)	CINAHL Plus with Full Text	Social Care UK	Qualitative Semi-structured interviews; analysis not explicitly mentioned	Willis and Holland present a research paper detailing young people's experiences of LSW. The main themes to arise from the research were the range of emotions the children experienced by doing the work, and also the new information they had gained about themselves. They conclude that both the process and the material record appeared to be important to the children.	<p><i>Strengths:</i> Adequate sample size (12) Quotes are utilised throughout to illustrate the themes and appear well related to the concepts discussed.</p> <p><i>Limitations:</i> Limitations of recruitment are discussed – potential for bias. There is no detail in the method section of the analysis used and therefore it is difficult to ascertain the rigour of the analysis.</p>

Appendix J - Theme Map

The next page has a map of the main themes, sub themes and example codes from the literature. The numbers represent the frequency of these sub themes in the literature.



Appendix K - Statement Development

Table 5: Statement Development

Step	Details
Literature search	Search terms from lit review document. 25 papers returned from this search that relate to how LSW should be completed and common difficulties
Coded all articles	All 25 articles coded line by line. Added to database
Themed codes	Codes then group into themes. Dilemmas when conducting LSW defined.
Statements created from themes	Created statements relevant to themes. Then cross check back with extracts from the literature – 124 statements
Initial statement set reviewed	Duplicates removed and some combined. Three removed because they had low frequency count– 98 statements
Checked for saturation	Checked themes and statements against books and other grey material No statements added
Focus Group	7 statements added
Refined	Discussion with supervisors 27 statements revised, 36 statements deleted Rewrote statements to make easier to read
Pilot	Piloted on the online system to check for faults or difficulties with sorting with trainee psychologists and professionals 2 statements added, 16 statements deleted
Final Q-Set	57 Statements

Appendix L - Coded literature

A list of articles and books that were coded for development of the concourse

(Aust, 1981; Backhaus, 1984; Baynes, 2008; Beste and Richardson, 1981; Brookfield et al., 2008; Buchanan, 2014; Campbell, 2011; Clegg and Toll, 1996; Connor et al., 1985; Cook-Cottone and Beck, 2007; Davis, 1997; Department of Education, 2014; Fitzhardinge, 2008; Fraser, 2014; Gallagher and Green, 2012; Golding, 2014; Hammond, 2012; Hanney and Kozlowska, 2002; Harper, 1996; Holody and Maher, 1996; James, 2007; McInturf, 1986; Nicholls, 2005; Philpot and Rose, 2004; Rees, 2009; Robertson, 2001; Rose, 2012; Rushton et al., 1997; Ryan and Walker, 1999; Shotton, 2010; Shotton, 2013; Treacher, A. & Katz, I., 2001; Willis and Holland, 2009; Wrench and Naylor, 2013)

Appendix M - Final Q-set

1	Life story work should be about getting the facts
2	Information should be as detailed as possible
3	If a child's memories are different from what really happened they should be corrected
4	Life story work should offer different views about a child's life
5	Photos, pictures and items important to the child should be used
6	A written story should always be given
7	Important events and milestones, such as first day at school or riding a bike should be included
8	Life story work should answer the what, when and why questions about a child's life
9	Life story work should include an understanding of the child's background and culture
10	A child's birth family and other important people from the child's life should be in the story
11	Links to the birth family, such as names and looks are important
12	Life story work should highlight strengths of the child
13	Life story work should help the child see the times they have coped well
14	Life story work should only focus on the difficult memories, happy memories do not need to be included
15	The work should explain to a child the reason why they are no longer with their birth family
16	Life story work is more helpful when the child is a teenager
17	As the child gets older they should be told more about the past
18	It is easier for the child to get used to information if they are told about it when they are young
19	children can get the best out of life story work when they have the thinking skills to look back on their lives
20	Life story work should start when the child is getting ready to move to a new family
21	The child needs to be settled before the life story work can start
22	Life story work should start with thinking about the present day, until the child is ready to look back
23	Life story work should always look back over the child's whole life
24	How the work is done doesn't matter as long as it is interesting and fun for the child
25	Life story work should be regular and structured, so the child knows what to expect
26	All life story work should involve making a life story book
27	One to one sessions with a family support worker or social worker are essential
28	Life story work should find out what events mean to the child
29	Different ways to make the work interesting for the child should be tried, such as using computers or going on visits
30	Visual ways of showing the child the reasons they are not with their birth family are useful, such as timelines or games
31	The life story book should be updated and added to over the child's life
32	Life story work should be used to plan goals and wishes for the future
33	Life story work can take the place of therapy
34	Life story work should allow feelings to be shown, talked about and managed
35	If upsetting feelings come up, the work should be stopped
36	Children should be helped to understand that the feelings that come up when doing the work are normal things for someone to feel
37	Life story work should help the child deal with bad events from the past
38	Upsetting or difficult stories should be kept hidden from the child
39	Life story work might need to be done even if the child does not feel ready
40	The work needs to go at the child's pace
41	The story is easier to understand when it is written using the child's own words
42	The child should decide how life story work is done
43	The child's history needs to be found out before starting to work with the child

44	It is important to include adoptive parents and foster carers in making the life story book
45	The child will first need to feel safe and secure with the adult, before the life story can be explored
46	Anyone can do life story work, there are no specific skills or expertise needed
47	There needs to be enough time to allow the child and adult to build a good relationship
48	The adult needs to show they understand and care about the child
49	Anyone carrying out life story work should get support
50	Training for workers and carers in how to do life story work is needed
51	Carers/adoptive parents should be in the life story sessions to support the child
52	Carers/adoptive parents should be the ones who do the life story work with the child
53	Carers/adoptive parents will need extra support whilst the child is having life story work
54	The worker should make the life story book without input from the child or carers
55	Carers need to be interested in the life story work and want to keep the process going after formal work has stopped
56	Life story work should be returned to over the child's life
57	When photos are missing, made up pictures of what life might have been like should be used to fill in the gaps.

Appendix N - Inclusion and Exclusion Criteria

Table 6: Inclusion Criteria

General Inclusion Criteria (all groups)	<ul style="list-style-type: none"> • Must have had experience of being involved in some form of LSW <ul style="list-style-type: none"> – Research aims to get the views of those who have completed LSW. • The LSW must have been used with service users from the looked-after/adopted/fostering population
Specific Inclusion Criteria	
Care Leavers/ Adopted young adults	<ul style="list-style-type: none"> • Adults (aged between 18 and 25) who have been looked after children or adopted. The rationale for only including adults is that children may still be going through the LSW process or the traumas they may have experienced are likely to be more recent. It was felt that care leavers post 18 may be able to reflect on their experience of LSW better. The restriction on age up to 25 years is to ensure that the LSW that has taken place will be similar to current practice. • Must have had some LSW completed in childhood (prior to 18 years of age)
Carers	<ul style="list-style-type: none"> • Foster parents or adoptive parents • A child they have fostered or adopted has had LSW completed
Social Care Professionals	<ul style="list-style-type: none"> • Professionals who use LSW in their practice with looked after children
Healthcare Professionals	<ul style="list-style-type: none"> • Professionals who have had experience of completing or consulting for those completing LSW with looked after children

Table 7: Exclusion Criteria

General Exclusion Criteria (all groups)	<ul style="list-style-type: none"> • Must be fluent in English – there is not enough funding within this project to allow translation services, therefore individuals must be able to read, write and speak in English.
Specific Exclusion Criteria	

Care Leavers/ adopted young adults	<ul style="list-style-type: none">• If care leavers/ adopted young people are currently going through difficult emotional issues regarding the past or there is a risk the questionnaire may create secondary trauma they should be excluded• If care leavers/adopted young adults have experienced traumatic events in their past, these must not have occurred within the last one year. There must be a minimum of one year between latest traumatic event and being informed of the study.
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Appendix O - Paper Copy of the Online Q-study

Life Story Work Q-Sort

Manual Copy

You have been sent this pack because you have expressed an interest in completing the Life Story Work project but have been having trouble with the online programme. I am really sorry about this, it is something I have had no control over! I have attempted to make these instructions as clear as possible so that the sorting process is easy and quick to do. I hope this is the case.

The pack includes:

- a) Information sheets about the research
- b) Brief Questionnaire about you
- c) Instructions about the sorting procedure
- d) A Large Q grid for sticking cards to
- e) A set of statement cards
- f) Final question sheet about your sort
- g) Freepost envelope for sending the paperwork and grid back

Thank you for taking part!

To watch a short video of the process visit:

https://www.youtube.com/watch?v=pOLbvp8ruI4&feature=youtube_gdata

Information Sheet

Welcome to the Life Story Work Q-sort and thank you for agreeing to take part in this study exploring the important features of life story work with looked-after and adopted children. This is a hard copy of the online Q-sort package. There are instructions throughout to help you to complete the sort manually. However, if you are having any problems please contact me and I'd be happy to help or visit you to help you complete it.

Information about the Study:

I am interested in the views different people have about life story work that is carried out with children who have been fostered or adopted.

Some people do life story work with a family support worker or social worker and will have individual sessions. Others might be given a life story book which they talk through with parents or foster carers. Life story work involves some talking about what has happened in the child's past and looks back over the child's life story from birth to now. We want to know about all experiences of life story work.

Rather than lots of tick-box questions, the second half of the survey involves sorting sentences about what you think is important for good life story work. The sorting leads to the production of a grid that shows your view, we will then take this and compare them with others taking part.

There are five main stages to the survey and usually takes between 20 and 30 minutes.

If you have any questions or would like further information about the study before you begin, please contact Kate Hooley, h027443b@student.staffs.ac.uk, research telephone number: 07580316102

Taking part in the study is your choice and your answers will be kept safe (confidential). By posting the survey back you are saying that:

1. I confirm that I have read and understand the information sheet and the information above.
2. I have had the opportunity to consider the information, ask questions and these have been answered.
3. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason.
4. I understand that the information I provide may be used in the form of quotes in the reporting of the study together with my age, gender and ethnicity. I am aware that any information that could be linked to me will be removed.
5. I agree to take part in the above study.

Stage 1 - Initial questions about you

This section asks about you and your experience of life story work. We might use this to look at the answers in different ways – e.g. to check out responses against different roles, experience and so on.

1.	Please make your unique code. Write the first two letters of your first name, and the last two letters of your last name. (e.g. John Smith would be Joth)	
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2.	What is your age?	
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3.	What is your gender?	
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4.	What is your ethnic group or background? (please tick)	
	White/British	
	White/Irish	
	White/Gypsy or Irish Traveller	
	White/Other	
	Mixed/ White and Black Caribbean	
	Mixed/ White and Black African	
	Mixed/White and Asian	
	Other Mixed or Multiple Ethnic Backgrounds	
	Asian/Asian British/ Indian	
	Asian/Asian British/ Pakistani	
	Asian/Asian British/ Bangladeshi	
	Asian/Asian British/ Chinese	
	Other Asian Background	
	Black/ Black British/ African	
	Black/ Black British/ Caribbean	
	Other Black/ African/ Caribbean	
	Arab	
Other		
Prefer not to say		
If you feel your ethnic background was not covered in these selections or you answered “other” please state your ethnic group or background:		

5.	Please indicate which group of people most closely relates to you. (You can choose more than one)
	Care leaver
	Adopted adult
	Foster carer
	Adoptive parent
	Birth parent of a child who has been fostered or adopted
	Family support worker
	Social worker
	Clinical Psychologist
	Other therapist (e.g. family therapist, psychological therapist)

6.	Please indicate the type of life story work you have mostly been part of (or consulted on):
	one to one life story work with a worker (family support worker or social worker)
	one to one life story work with a carer
	life story books
	life story work groups
	life story work as part of therapy (with a family therapist or psychologist)
	Other (please indicate below)
Other:	

7.	What has most of your experience of life story work been?
	Receiving life story work (either in direct form or as a book)
	Supporting a child who has received life story work/book
	As a worker completing life story work
	Providing consultation to workers doing life story work

8.	How many times have you done life story work? (please enter approximate number)
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9.	How long ago was the last time you took part in life story work?
	Within the last 3 months
	More than 3 months ago but less than a year
	Between 1 and 5 years ago
	Between 5 years and 10 years ago
	More than 10 years ago

In a few words, what do you think the main reason for doing life story work is?	
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Stage 2: Do you think life story work helps children in care?

Please place a cross on the line to indicate how helpful you think Life story work is

Unhelpful

Helpful

Stage 3 - What do you think is most important for good life story work?

Initial Sort

There are lots of possible things that make life story work a successful intervention for young people who are fostered, adopted or in long term care. There are 57 sentences we have included. These are written on the cards that have been sent to you with this pack.

We want to know which of these you think are most important for good life story work and which are not. This may not match with your own experience of life story work, that is OK, please think about what it should be like. You may think they are all important and this is OK, we are just trying to find out which are the most important to you.

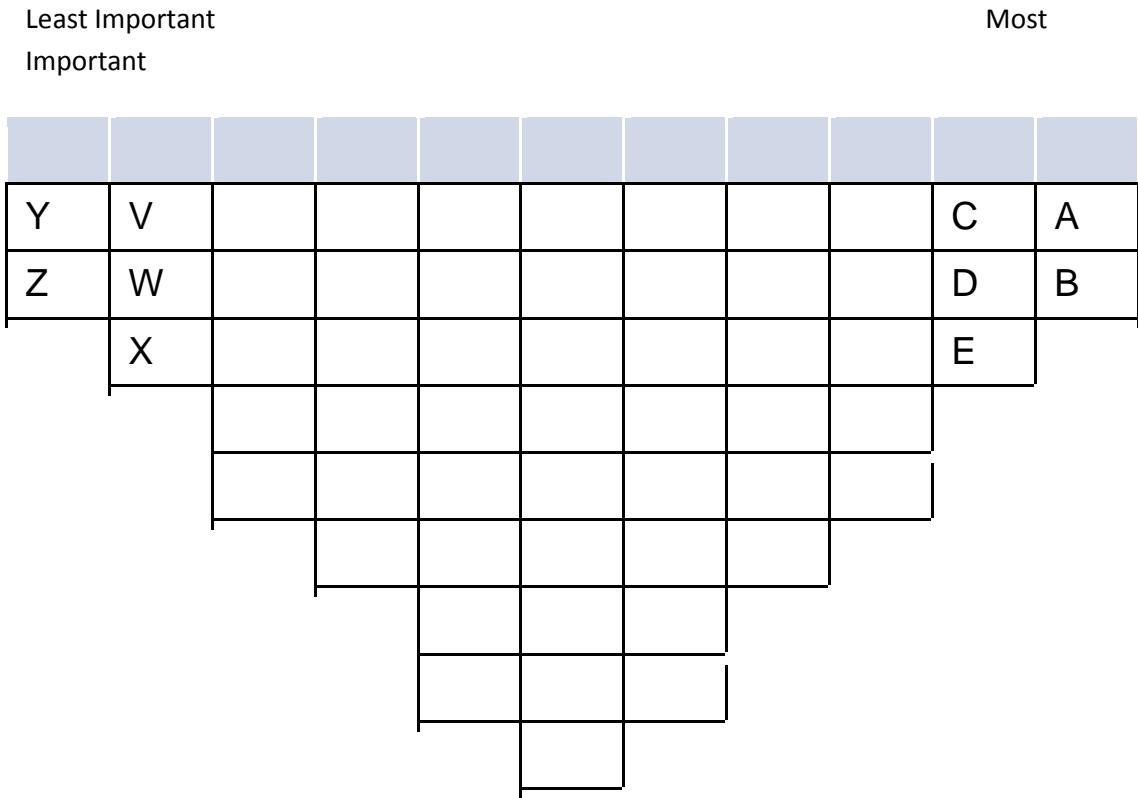
Instructions:

- a) Take the cards from the small brown envelope
- b) Take one card at a time and place on this piece of paper in one of the three boxes:
Agree, Disagree or Neutral.
- c) If you are not sure or the sentence does not apply to you place it in neutral.
- d) Do not worry about spending too long thinking about it, you can change your mind later. This just makes the main sort easier.
- e) You should end up with three piles of cards

Disagree	Neutral	Agree

Stage 4 – Refine your Preferences

Open up the large sheet of paper. It will have a series of boxes drawn on it like below. Each box is a space for one statement to be placed. There are the same number of boxes as statements. There is double sided sticky tape on it so the statements will stick to the grid. You need to remove the plastic cover of the sticky tape first!!



Instructions:

- a) Take the “Agree” Pile of statements you have just made and spread this out in front of you.
- b) Pick the two statements from this set that you think are “Most Important” for life story work to be a successful approach. Place these two statements on the two rightmost spaces (A and B)
- c) Again, using the “Agree” pile, pick the next 3 statements you think are next most important to successful life story work and place these in the next rightmost spaces on the grid (C, D and E). How the statements are arranged vertically does not matter.
- d) Next, take the next five statements you think are next most important for successful life story work and place in the next column along.
- e) Continue with this process until all the statements from the “Agree” pile have been placed on the grid.

- f) Take the “Disagree” Pile and spread it out in front of you.
- g) Pick the two statements from this set that you think are “Least Important” for life story work to be a successful approach. Place these two in the leftmost spaces on the grid (Y and Z)
- h) Using the rest of the “disagree” statements, pick the next 3 statements you think are “Least Important” and place in the next leftmost spaces (V, W and X).
- N.B. The vertical position of the statements does not matter)
- i) Using the rest of the “disagree” statements, like before, pick the next 5 statements you think are “Least Important” and place in the next leftmost spaces
- j) Continue to do this until you have no more statements from this pile left.

- k) Now pick up the “Neutral” pile and spread it in front of you
- l) Pick the statements you think are least important and place these in the left most positions that are left of the grid.
- m) Continue to fill the grid up from left to right with those statements from this pile you agree with least to most. This part of the sort is quite hard, but it does not matter as much where these ones are placed so don’t take too long to decide!

- n) You should now have once card on each space. This is your Q-sort. You can now move any cards around that you like if you need to, to represent your overall view.
- o) Please press down hard on all of the cards to make sure they stick in position and fold the paper up carefully so they don’t dislodge.
- p) Turn over this page to answer the final questions about Why you made your choices.

Stage 5 - Why?

This is the final stage of the survey. Please can you take a couple of minutes to tell us why you chose those statements you thought were most and least important (i.e. at the extreme ends of the grid). If there is a link between the four statements or an example that springs to mind, tell us this too.

Why do you think these statements are the most important?:	
Why do you think these statements are the least important?:	
Do you have any other comments about your sort or the study?	

Thank you for taking part!

Thank you so much for taking part! Please place all of the questionnaires and the Q-sort into the freepost envelope provided and send them back.

If you would like to make any further comments, find out more about the study or results or remove your answers you can contact me at:

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Research number: 07580316102

If this study has left you feeling distressed or upset, please call the researcher above or seek support from the following places:

- Speak to a professional involved in your care
- Contact your GP
- Contact Samaritans: 08457 90 90 90

If you have any concerns about the study please either contact the researcher on the details above or:

Research Supervisor: Dr Laura Stokes (Clinical Psychologist)
Sustain
20 Sidmouth Avenue
Newcastle under Lyme
ST50QN
Telephone: 01782 297015

Appendix P - Factor Array Table

Table 8: Factor Array Table. Ranking for each statement are given for all three factors

	Statement	Viewpoint/ Factor		
		1	2	3
1	Life story work should be about getting the facts	-2	-2	2
2	Information should be as detailed as possible	-1	-1	1
3	If a child's memories are different from what really happened they should be corrected	0	1	0
4	Life story work should offer different views about a child's life	0	-2	-4
5	Photos, pictures and items important to the child should be used	1	4	4
6	A written story should always be given	-1	-1	1
7	Important events and milestones, such as first day at school or riding a bike should be included	1	5	5
8	Life story work should answer the what, when and why questions about a child's life	4	-1	5
9	Life story work should include an understanding of the child's background and culture	3	1	3
10	A child's birth family and other important people from the child's life should be in the story	4	0	3
11	Links to the birth family, such as names and looks are important	0	-1	4
12	Life story work should highlight strengths of the child	0	2	0
13	Life story work should help the child see the times they have coped well	2	1	1
14	Life story work should only focus on the difficult memories, happy memories do not need to be included	-4	-4	-5
15	The work should explain to a child the reason why they are no longer with their birth family	4	1	3
16	Life story work is more helpful when the child is a teenager	-5	-2	-2
17	As the child gets older they should be told more about the past	0	-1	1
18	It is easier for the child to get used to information if they are told about it when they are young	-2	-2	2
19	children can get the best out of life story work when they have the thinking skills to look back on their lives	-3	0	-1
20	Life story work should start when the child is getting ready to move to a new family	-4	-4	-3
21	The child needs to be settled before the life story work can start	0	3	-2
22	Life story work should start with thinking about the present day, until the child is ready to look back	-2	4	-2
23	Life story work should always look back over the child's whole life	-1	-1	2
24	How the work is done doesn't matter as long as it is interesting and fun for the child	-3	2	-1
25	Life story work should be regular and structured, so the child knows what to expect	0	1	1
26	All life story work should involve making a life story book	-1	-3	2
27	One to one sessions with a family support worker or social worker are essential	-1	-3	-3
28	Life story work should find out what events mean to the child	3	0	-1
29	Different ways to make the work interesting for the child should be tried, such as using computers or going on visits	2	0	0
30	Visual ways of showing the child the reasons they are not with their birth family are useful, such as timelines or games	1	-3	0

31	The life story book should be updated and added to over the child's life	1	3	2
32	Life story work should be used to plan goals and wishes for the future	-1	0	-2
33	Life story work can take the place of therapy	-3	-2	-4
34	Life story work should allow feelings to be shown, talked about and managed	5	3	3
35	If upsetting feelings come up, the work should be stopped	-3	-2	-3
36	Children should be helped to understand that the feelings that come up when doing the work are normal things for someone to feel	3	5	4
37	Life story work should help the child deal with bad events from the past	0	0	1
38	Upsetting or difficult stories should be kept hidden from the child	-5	-5	-4
39	Life story work might need to be done even if the child does not feel ready	-2	-3	0
40	The work needs to go at the child's pace	3	4	0
41	The story is easier to understand when it is written using the child's own words	1	-1	-2
42	The child should decide how life story work is done	-1	2	-3
43	The child's history needs to be found out before starting to work with the child	2	-3	0
44	It is important to include adoptive parents and foster carers in making the life story book	1	3	1
45	The child will first need to feel safe and secure with the adult, before the life story can be explored	5	3	2
46	Anyone can do life story work, there are no specific skills or expertise needed	-3	1	-2
47	There needs to be enough time to allow the child and adult to build a good relationship	0	2	0
48	The adult needs to show they understand and care about the child	2	2	1
49	Anyone carrying out life story work should get support	2	0	-1
50	Training for workers and carers in how to do life story work is needed	3	0	-1
51	Carers/adoptive parents should be in the life story sessions to support the child	-1	1	-1
52	Carers/adoptive parents should be the ones who do the life story work with the child	-2	0	0
53	Carers/adoptive parents will need extra support whilst the child is having life story work	1	-1	-1
54	The worker should make the life story book without input from the child or carers	-4	-4	-3
55	Carers need to be interested in the life story work and want to keep the process going after formal work has stopped	1	1	-1
56	Life story work should be returned to over the child's life	2	2	3
57	When photos are missing, made up pictures of what life might have been like should be used to fill in the gaps.	-2	-5	-5

Appendix Q - Q-sort representations of the Viewpoints

These Q-sorts were constructed using the factor array table above. They provide a visual representation of the sort for someone correlating 100% with each factor.

-5	-4	-3	-2	-1	0
16.Life story work is more helpful when the child is a teenager	14.Life story work should only focus on the difficult memories, happy memories do not need to be included	19.children can get the best out of life story work when they have the thinking skills to look back on their lives	1.Life story work should be about getting the facts	26.All life story work should involve making a life story book	47.There needs to be enough time to allow the child and adult to build a good relationship
38.Upsetting or difficult stories should be kept hidden from the child	20.Life story work should start when the child is getting ready to move to a new family	33.Life story work can take the place of therapy	57.When photos are missing, made up pictures of what life might have been like should be used to fill in the gaps.	42.The child should decide how life story work is done	25.Life story work should be regular and structured, so the child knows what to expect
	54.The worker should make the life story book without input from the child or carers	35.If upsetting feelings come up, the work should be stopped	18.It is easier for the child to get used to information if they are told about it when they are young	27.One to one sessions with a family support worker or social worker are essential	12.Life story work should highlight strengths of the child
		46.Anyone can do life story work, there are no specific skills or expertise needed	22.Life story work should start with thinking about the present day, until the child is ready to look back	32.Life story work should be used to plan goals and wishes for the future	11.Links to the birth family, such as names and looks are important
		24.How the work is done doesn't matter as long as it is interesting and fun for the child	39.Life story work might need to be done even if the child does not feel ready	51.Carers/adoptive parents should be in the life story sessions to support the child	17.As the child gets older they should be told more about the past
			52.Carers/adoptive parents should be the ones who do the life story work with the child	23.Life story work should always look back over the child's whole life	37.Life story work should help the child deal with bad events from the past
				2.Information should be as detailed as possible	21.The child needs to be settled before the life story work can start
				6.A written story should always be given	4.Life story work should offer different views about a child's life
					3.If a child's memories are different from what really happened they should be corrected

Figure 7: Q-sort Representation of Factor 1
Viewpoint

1	2	3	4	5
55.Carers need to be interested in the life story work and want to keep the process going after formal work has stopped	43.The child's history needs to be found out before starting to work with the child	9. Life story work should include an understanding of the child's background and culture	10. A child's birth family and other important people from the child's life should be in the story	34. Life story work should allow feelings to be shown, talked about and managed
7. Important events and milestones, such as first day at school or riding a bike should be included	48.The adult needs to show they understand and care about the child	50. Training for workers and carers in how to do life story work is needed	15. The work should explain to a child the reason why they are no longer with their birth family	45. The child will first need to feel safe and secure with the adult, before the life story can be explored
31.The life story book should be updated and added to over the child's life	56. Life story work should be returned to over the child's life	36.Children should be helped to understand that the feelings that come up when doing the work are normal things for someone to feel	8. Life story work should answer the what, when and why questions about a child's life	
5.Photos, pictures and items important to the child should be used	49.Anyone carrying out life story work should get support	40.The work needs to go at the child's pace		
41.The story is easier to understand when it is written using the child's own words	13.Life story work should help the child see the times they have coped well	28.Life story work should find out what events mean to the child		
44.It is important to include adoptive parents and foster carers in making the life story book	29.Different ways to make the work interesting for the child should be tried, such as using computers or going on visits			
53.Carers/adoptive parents will need extra support whilst the child is having life story work		Ranked higher than either of the other two factors	Distinguishing Statement	
30.Visual ways of showing the child the reasons they are not with their birth family are useful, such as timelines or games		Ranked lower than either of the other 2 factors		

-5	-4	-3	-2	-1	0
38.Upsetting or difficult stories should be kept hidden from the child	20.Life story work should start when the child is getting ready to move to a new family	43.The child's history needs to be found out before starting to work with the child	4.Life story work should offer different views about a child's life	11.Links to the birth family, such as names and looks are important	29.Different ways to make the work interesting for the child should be tried, such as using computers or going on visits
57.When photos are missing, made up pictures of what life might have been like should be used to fill in the gaps.	14.Life story work should only focus on the difficult memories, happy memories do not need to be included	27.One to one sessions with a family support worker or social worker are essential	1.Life story work should be about getting the facts	41.The story is easier to understand when it is written using the child's own words	28.Life story work should find out what events mean to the child
	54.The worker should make the life story book without input from the child or carers	30.Visual ways of showing the child the reasons they are not with their birth family are useful, such as timelines or games	33.Life story work can take the place of therapy	6.A written story should always be given	10.A child's birth family and other important people from the child's life should be in the story
	26.All life story work should involve making a life story book	35.If upsetting feelings come up, the work should be stopped	2.Information should be as detailed as possible	19.children can get the best out of life story work when they have the thinking skills to look back on their lives	
	39.Life story work might need to be done even if the child does not feel ready	18.It is easier for the child to get used to information if they are told about it when they are young	53.Carers/adoptive parents will need extra support whilst the child is having life story work	49..Anyone carrying out life story work should get support	
	16.Life story work is more helpful when the child is a teenager	23.Life story work should always look back over the child's whole life	37.Life story work should help the child deal with bad events from the past		
		17.As the child gets older they should be told more about the past	32.Life story work should be used to plan goals and wishes for the future		
		8.Life story work should answer the what, when and why questions about a child's life	52.Carers/adoptive parents should be the ones who do the life story work with the child		
			50.Training for workers and carers in how to do life story work is needed		

Figure 8: Q-sort Representation of Factor 2
Viewpoint

1	2	3	4	5
55.Carers need to be interested in the life story work and want to keep the process going after formal work has stopped	42.The child should decide how life story work is done	44.It is important to include adoptive parents and foster carers in making the life story book	5. Photos, pictures and items important to the child should be used	36.Children should be helped to understand that the feelings that come up when doing the work are normal things for someone to feel
9.Life story work should include an understanding of the child's background and culture	47.There needs to be enough time to allow the child and adult to build a good relationship	34.Life story work should allow feelings to be shown, talked about and managed	40.The work needs to go at the child's pace	7.Important events and milestones, such as first day at school or riding a bike should be included
13.Life story work should help the child see the times they have coped well	48.The adult needs to show they understand and care about the child	31.The life story book should be updated and added to over the child's life	22.Life story work should start with thinking about the present day, until the child is ready to look back	
25.Life story work should be regular and structured, so the child knows what to expect	56.Life story work should be returned to over the child's life	21.The child needs to be settled before the life story work can start		
46.Anyone can do life story work, there are no specific skills or expertise needed	24.How the work is done doesn't matter as long as it is interesting and fun for the child	45.The child will first need to feel safe and secure with the adult, before the life story can be explored		
51.Carers/adoptive parents should be in the life story sessions to support the child	12.Life story work should highlight strengths of the child			
15.The work should explain to a child the reason why they are no longer with their birth family		Ranked higher than either of the other two factors	Distinguishing Statement	
3.If a child's memories are different from what really happened they should be corrected		Ranked lower than either of the other 2 factors		

-5	-4	-3	-2	-1	0
57.When photos are missing, made up pictures of what life might have been like should be used to fill in the gaps. ●	4.Life story work should offer different views about a child's life ●	54.The worker should make the life story book without input from the child or carers	41.The story is easier to understand when it is written using the child's own words	51.Carers/adoptive parents should be in the life story sessions to support the child	12.Life story work should highlight strengths of the child
14.Life story work should only focus on the difficult memories, happy memories do not need to be included ●	33.Life story work can take the place of therapy	20.Life story work should start when the child is getting ready to move to a new family	21.The child needs to be settled before the life story work can start ●	28.Life story work should find out what events mean to the child	3.If a child's memories are different from what really happened they should be corrected
	38.Upsetting or difficult stories should be kept hidden from the child	42.The child should decide how life story work is done ●	22.Life story work should start with thinking about the present day, until the child is ready to look back	19.children can get the best out of life story work when they have the thinking skills to look back on their lives	40.The work needs to go at the child's pace ●
	35.If upsetting feelings come up, the work should be stopped	16.Life story work is more helpful when the child is a teenager	55.Carers need to be interested in the life story work and want to keep the process going after formal work has stopped ●	30.Visual ways of showing the child the reasons they are not with their birth family are useful, such as timelines or games	
	27.One to one sessions with a family support worker or social worker are essential	46.Anyone can do life story work, there are no specific skills or expertise needed	24.How the work is done doesn't matter as long as it is interesting and fun for the child ●	39.Life story work might need to be done even if the child does not feel ready ●	
		32.Life story work should be used to plan goals and wishes for the future ●	49.Anyone carrying out life story work should get support	29.Different ways to make the work interesting for the child should be tried, such as using computers or going on visits	
			50.Training for workers and carers in how to do life story work is needed	43.The child's history needs to be found out before starting to work with the child ●	
			53.Carers/adoptive parents will need extra support whilst the child is having life story work	52.Carers/adoptive parents should be the ones who do the life story work with the child	
				47.There needs to be enough time to allow the child and adult to build a good relationship	

Figure 9: Q-sort Representation of Factor 3
Viewpoint

1	2	3	4	5
25.Life story work should be regular and structured, so the child knows what to expect	18.It is easier for the child to get used to information if they are told about it when they are young	9.Life story work should include an understanding of the child's background and culture	5.Photos, pictures and items important to the child should be used	7. Important events and milestones, such as first day at school or riding a bike should be included
13.Life story work should help the child see the times they have coped well	31.The life story book should be updated and added to over the child's life	10.A child's birth family and other important people from the child's life should be in the story	36.Children should be helped to understand that the feelings that come up when doing the work are normal things for someone to feel	8.Life story work should answer the what, when and why questions about a child's life
6.A written story should always be given	26.All life story work should involve making a life story book	15.The work should explain to a child the reason why they are no longer with their birth family	11.Links to the birth family, such as names and looks are important	
2.Information should be as detailed as possible	1.Life story work should be about getting the facts	34.Life story work should allow feelings to be shown, talked about and managed		
37.Life story work should help the child deal with bad events from the past	23.Life story work should always look back over the child's whole life	56.Life story work should be returned to over the child's life		
48.The adult needs to show they understand and care about the child	45.The child will first need to feel safe and secure with the adult, before the life story can be explored			
17.As the child gets older they should be told more about the past		Ranked higher than either of the other two factors	Distinguishing Statement	
44.It is important to include adoptive parents and foster carers in making the life story book		Ranked lower than either of the other 2 factors		

Appendix R - Factor Crib Sheets used for interpreting the factors

Shared viewpoint:

Managing Feelings

- 34. LSW should allow feelings to be shown, talked about and managed (F1,+5; F2, +3; F3, +3)
- 36. Children should be helped to understand that the feelings that come up when doing the work are normal things for someone to feel (F1, +3; F2, +5; F3, +4)
- 38. Upsetting or difficult stories should be kept hidden from the child (38: F1, -5; F2, -5; F3, -4)
- 35. If upsetting feelings come up, the work should be stopped (35: F1, -3; F2, -2; F3, -3)
- 14. LSW should only focus on the difficult memories, happy memories do not need to be included (14: F1, -4; F2, -4; F3, -5)

Factor 1:

Safety

- 45. The child will first need to feel safe and secure with the adult, before the life story can be explored (+5)
- 40. The work needs to go at the child's pace (+3)
- 21. The child needs to be settled before the LSW can start (0)

Answering Questions

- 10. A child's birth family and other important people from the child's life should be in the story (+4)
- 15. The work should explain to a child the reason why they are no longer with their birth family (+4)
- 8. LSW should answer the what, when and why questions about a child's life (+4)
- 9. LSW should include an understanding of the child's background and culture (+3)
- 43. The child's history needs to be found out before starting to work with the child (+2)
- 7. Important events and milestones, such as first day at school or riding a bike should be included (+1)
- 5. Photos, pictures and items important to the child should be used (+1)

Meaning for the child

- 28.LSW should find out what events mean to the child (+3)
- 4.LSW should offer different views about a child's life (0)
- 1.LSW should be about getting the facts (-2)

Training and support

- 50. Training for workers and carers in how to do LSW is needed (+3)
- 49.Anyone carrying out LSW should get support (+2)
- 53.Carers/adoptive parents will need extra support whilst the child is having LSW (+1)
- 27.One to one sessions with a family support worker or social worker are essential (-1)
- 46.Anyone can do LSW, there are no specific skills or expertise needed (-3)
- 52.Carers/adoptive parents should be the ones who do the LSW with the child (-2)
- 33.LSW can take the place of therapy (-3)

Engaging the child

- 29.Different ways to make the work interesting for the child should be tried, such as using computers or going on visits (+2)
- 41.The story is easier to understand when it is written using the child's own words (+1)
- 24.How the work is done doesn't matter as long as it is interesting and fun for the child (-3)

Age is no object

- 16.LSW is more helpful when the child is a teenager (-5)
- 20.LSW should start when the child is getting ready to move to a new family (-4)
- 19.children can get the best out of LSW when they have the thinking skills to look back on their lives (-3)
- 39.LSW might need to be done even if the child does not feel ready (-2)
- 18.It is easier for the child to get used to information if they are told about it when they are young (-2)

Factor 2

Secure base and attunement

- 21.The child needs to be settled before the LSW can start (+3)
- 45.The child will first need to feel safe and secure with the adult, before the life story can be explored (+3)
- 48.The adult needs to show they understand and care about the child (+2)
- 47.There needs to be enough time to allow the child and adult to build a good relationship (+2)
- 25.LSW should be regular and structured, so the child knows what to expect (+1)

Child taking the lead

- 40.The work needs to go at the child's pace (+4)

- 22.LSW should start with thinking about the present day, until the child is ready to look back (+4)
- 24.How the work is done doesn't matter as long as it is interesting and fun for the child (+2)
- 42.The child should decide how LSW is done (+2)
- 39.LSW might need to be done even if the child does not feel ready (-3)
- 54.The worker should make the life story book without input from the child or carers (-4)
- 30.Visual ways of showing the child the reasons they are not with their birth family are useful, such as timelines or games (-3)
- 26.All LSW should involve making a life story book (-3)

Carers can do the work

- 44.It is important to include adoptive parents and foster carers in making the life story book (+3)
- 55.Carers need to be interested in the LSW and want to keep the process going after formal work has stopped (+1)
- 46.Anyone can do LSW, there are no specific skills or expertise needed (+1)
- 51.Carers/adoptive parents should be in the life story sessions to support the child (+1)
- 52.Carers/adoptive parents should be the ones who do the LSW with the child (0)
- 27.One to one sessions with a family support worker or social worker are essential (-3)

Collecting an ongoing story

- 7.Important events and milestones, such as first day at school or riding a bike should be included (+5)
5. Photos, pictures and items important to the child should be used (+4)
- 31.The life story book should be updated and added to over the child's life (+3)
- 56.LSW should be returned to over the child's life (+2)

Linking to the past

- 9.LSW should include an understanding of the child's background and culture (+1)
- 10.A child's birth family and other important people from the child's life should be in the story (0)
- 11.Links to the birth family, such as names and looks are important (-1)
- 15.The work should explain to a child the reason why they are no longer with their birth family (1)
- 8.LSW should answer the what, when and why questions about a child's life (-1)
- 57.When photos are missing, made up pictures of what life might have been like should be used to fill in the gaps. (-5)

Factor 3

Providing a record

- 8.LSW should answer the what, when and why questions about a child's life (+5)

7. Important events and milestones, such as first day at school or riding a bike should be included (+5)
5. Photos, pictures and items important to the child should be used (+4)
11. Links to the birth family, such as names and looks are important (+4)
9. LSW should include an understanding of the child's background and culture (+3)
10. A child's birth family and other important people from the child's life should be in the story (+3)
15. The work should explain to a child the reason why they are no longer with their birth family (+3)
2. Information should be as detailed as possible
1. LSW should be about getting the facts

Completeness

2. Information should be as detailed as possible (+1)
38. Upsetting or difficult stories should be kept hidden from the child (-4)
4. LSW should offer different views about a child's life (-4)
14. LSW should only focus on the difficult memories, happy memories do not need to be included (-5)
57. When photos are missing, made up pictures of what life might have been like should be used to fill in the gaps. (-5)

A changing record started as soon as possible

56. LSW should be returned to over the child's life (+3)
31. The life story book should be updated and added to over the child's life (+2)
6. A written story should always be given (+1)
18. It is easier for the child to get used to information if they are told about it when they are young (+2)
17. As the child gets older they should be told more about the past (+1)
26. All LSW should involve making a life story book (+2)
23. LSW should always look back over the child's whole life (+2)
16. LSW is more helpful when the child is a teenager (-2)
20. LSW should start when the child is getting ready to move to a new family (-3)
54. The worker should make the life story book without input from the child or carers (-3)

Safe and secure

45. The child will first need to feel safe and secure with the adult, before the life story can be explored (+2)
48. The adult needs to show they understand and care about the child (+1)
21. The child needs to be settled before the LSW can start (-2)
37. LSW should help the child deal with bad events from the past (+1)
33. LSW can take the place of therapy (-4)

Child's input

- 40.The work needs to go at the child's pace (0)
- 28.LSW should find out what events mean to the child (-1)
- 32.LSW should be used to plan goals and wishes for the future (-2)
- 42.The child should decide how LSW is done (-3)
- 41.The story is easier to understand when it is written using the child's own words (-2)

Training

- 49.Anyone carrying out LSW should get support (-1)
- 50.Training for workers and carers in how to do LSW is needed (-1)
- 53.Carers/adoptive parents will need extra support whilst the child is having LSW (-1)
- 46.Anyone can do LSW, there are no specific skills or expertise needed (-2)