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EXERCISING THEIR 'RIGHT TO BE ACTIVE'? CARE EXPERIENCED YOUNG PEOPLE'S PERSPECTIVES ON PHYSICAL EDUCATION AND SCHOOL SPORT

Rachel Sandford, Thomas Quarmby, Oliver Hooper and Rebecca Duncombe

INTRODUCTION

Care experienced young people have been identified as a hidden group within physical activity and sport contexts (Quarmby, 2014) and questions have been asked with regard to the implications of this for their engagement with physical education and school sport (e.g. O'Donnell *et al.*, 2019). Despite the acknowledged potential of sport and physical activity (and related activities) to act as a vehicle for positive development, there remain concerns about the piecemeal nature of sport and physical activity opportunities for care experienced youth and their capacity to access these. This article presents findings from the 'Right to Be Active' (R2BA) project, a British Academy-funded study that sought to examine the sport and physical activity experiences of care experienced youth in England. Whilst the study explored sport and physical activity broadly, the focus of this article will be on those findings from the data that hold particular relevance for physical education and school sport contexts (for a broader discussion, see Sandford *et al.*, 2020; Quarmby *et al.*, 2019; Sandford *et al.*, 2019).

BACKGROUND

There is much variation, internationally, in the terminology used to describe those young people who, at some point, and for various reasons, are removed from their family and placed in the care of the state. Within England, the legislative term for this youth population is 'looked-after children', although within the R2BA project we came to adopt the term 'care experienced' to better encapsulate the transient nature of

being in care and the long-lasting impact this has on young people's lives (Quarmby *et al.*, 2018). The figures show that, as of 31st March 2019, there were 78,150 care experienced young people in England, with approximately 57 per cent of these being of compulsory school age (DfE, 2019). Care experienced young people are routinely identified as being at risk of a range of adverse social, educational and health outcomes (Mannay *et al.*, 2017; Sebba *et al.*, 2015), and concern regarding the general underachievement of this group has led to calls to address the perceived outcomes gap through engagement in positive activities.

It has been argued that participation in sport and physical activity can be beneficial in this regard and that care experienced young people should have access to such activities that is equal to their peers (DfES, 2010). There is certainly a substantial body of research highlighting the potential of sport and physical activity (and related activities) to act as a vehicle for facilitating young people's positive development (e.g. Holt, 2016), as well as mounting support for the personal and social benefits they could yield for care experienced youth in particular (Hollingworth, 2012; Murray, 2013; O'Donnell *et al.*, 2019). However, despite the potential of sport and physical activity to act as a vehicle for positive development, recent research has suggested that care experienced youth often struggle to access these contexts and are not always as effectively supported in their engagements as they might be (Quarmby *et al.*, 2018). Moreover, as the few studies conducted in this area

have often focused more on the voices of adults, there is a notable absence of information relating to care experienced youths' own perspectives of sport, physical activity and physical education (Quarmby & Pickering, 2016). It was in response to this situation that the R2BA project was initially developed, with the overall aim of examining the strategies in place to support care experienced youths' engagements with sport and physical activity and, importantly, their lived experiences of these.

METHODS

The R2BA study took place between January 2016 and October 2018 and comprised four interconnected phases (see Figure 1). The first phase began with a rapid review of key policy documents (i.e. focusing on health and/or education) that related directly to provision for care experienced youth, in order to determine how access to sport and physical activity was positioned within them. Subsequently, and informed by the rapid review, two online surveys (one for adults and one for care experienced young people) were developed. These were distributed nationally (via Twitter, through care organisations and by mobilising existing networks with local authority staff) as part of the second phase of the study and sought to provide contextual information relating to care experienced youths' perspectives on, experiences of and access to sport and physical activity. A third phase of in-depth fieldwork followed, in which qualitative methods were used to collect data from various stakeholder groups. Within this phase, interviews were undertaken with adults who worked with/

for care experienced youth in local authority contexts (n=4) and narrative interviews were conducted with care leavers – individuals who had experienced care at some stage but who had now left the care system – to explore their perspectives and experiences by means of reflection (n=4).

Semi-structured focus groups were also conducted with care experienced young people in six different geographical contexts across England (in the north, East Midlands, West Midlands and three different London regions) during the third phase. Within these focus groups, 63 care experienced young people (26 males and 37 females, aged 8-21 years) participated in a range of interactive activities including mapping and ranking tasks, as well as constructing narratives by means of character creation. These interactive activities were concerned with the young people’s experiences in sport and physical activity within various contexts, including physical education and school sport (see Sandford *et al.*, 2019). The rich qualitative data generated within the focus groups highlighted the significance of stories as a means by which the young people could share their experiences (and those of others). As such, these stories were used as a stimulus to create a series of concept cartoons (Hooper, 2018) which were shared with the young people within the fourth phase of the study, whereby further focus group discussions were conducted to check and refine our interpretations of the data.

An iterative approach was employed with regard to analysis, with each phase of data collection informing the next. Quantitative data (i.e. from closed survey responses) were collated and used to generate descriptive statistics. Qualitative data (i.e. policy texts, open-ended survey responses and interview transcripts) were collated and analysed thematically, using a constructivist grounded theory approach (see Charmaz, 2014). A broad overview of findings from the R2BA project has been provided elsewhere (e.g. Sandford *et al.*, 2019; Sandford *et al.*, 2020) and so, within the following section, we seek to highlight findings that hold particular relevance for physical education and school sport contexts.

FINDINGS

The data generated within the R2BA project indicated that sport and physical activity were seen to be important for care experienced young people, with 83 per cent of youth respondents and 85 per cent of adult respondents noting that these activities were either ‘a little important’ or ‘very important’. Moreover, the youth respondents identified a number of perceived benefits from participation

Figure 1: Phases of the research

Phase 1 (Jan-June 2016)	Rapid review of relevant policy documents making reference to care experienced young people and their access to sport/PA (i.e. health and/or education)
Phase 2 (Oct 2016-Apr 2017)	Development and distribution of online surveys : 1. Adult stakeholders (n = 13) 2. CEYP (n=48, 7-22 years, even M:F ratio, all regions)
Phase 3 (May 2017-April 2018)	Interviews with adult stakeholders; task-based semi-structured focus groups with care experienced young people (n=63, in 6 contexts); narrative interviews with care leavers (n=4); construction of concept cartoons
Phase 4 (May-Aug 2018)	Repeat focus groups with care experienced young people to check/refine interpretations of data (n=40, in 4 contexts)

including health and fitness, fun and enjoyment, skill acquisition, and social interaction/connections (see Figure 2). Interestingly, these views resonate strongly with those of non-care experienced youth and highlight the fact that, in some ways at least, care experienced young people are not that different from their peers. They also endorse the view that, just as for the wider youth population, sport and physical activity – and related activities such as physical education and school sport – can be useful vehicles to support the positive development of care experienced young people (McCuaig *et al.*, 2015; afPE, 2016; Holt, 2016). Indeed, they may hold specific relevance for this population, supporting development in key areas, for example through the accumulation of social capital and building of resilience (Quarmby *et al.*, 2018; O’Donnell *et al.*,

2019). As such, there is a clear need to strive towards equal access and opportunity.

However, while the value of sport and physical activity was clearly evident within the data, it is notable that only 40 per cent of youth respondents and 38 per cent of adult respondents felt that care experienced young people had the same chances to participate in sport and physical activity as their non-care experienced peers. As such, many care experienced youth may face significant challenges in accessing sport and physical activity and could therefore be unable to exercise their right (and desire) to be active. Certainly, several notable challenges were identified by the youth survey respondents, including travel, cost, lack of support and low self-confidence (see Figure 2).

Figure 2: Benefits and challenges associated with sport and physical activity engagement

BENEFITS	
Health and fitness (70%)	“(Sport/PA) keeps me physically/mentally fit, learn new skills, socialise... (I) get to know my own mental and physical ability” (female, 15 years)
Fun and enjoyment (70%)	“You feel good when you achieve something or do it for the first time and get better” (female, 10 years)
Skill acquisition (51%)	“It keeps me healthy and is a great stress reliever ” (male, 15 years)
To see friends (43%)	“Playing football, I made so many friends and that made me feel so much more important than what I felt before” (male, 22 years)
To see family (15%)	
CHALLENGES	
Low self-confidence (72%)	“I’m not looking (for sport/PA opportunities). Don’t have the money ” (male, 22)
Difficult to travel (63%)	“ Grew more conscious as a girl although I wish I had stayed doing sports as I’d be much healthier and confident right now!” (female, 22)
Costs too much (56%)	“There is nothing around where I live ” (male, 10)
Lack of interest (47%)	“In residential there isn’t always enough staffing for young people to take part in these activities (and) not enough encouragement ” (female, 19 years)
Lack of peer support (42%)	
Lack of adult support (35%)	

While, again, some of these challenges are also evident in other youth populations, it was clear that being in care added additional pressures that often compounded the difficulties. For example, some youth respondents highlighted the difficulties in maintaining participation over time (due to placement changes or school moves) and noted the perceived lack of autonomy afforded to them in this respect. It is possible, therefore, that care experienced youth may be at a pedagogic disadvantage (Quarmby *et al.*, 2018) with regard to physical education and school sport, since their experiences of sport and physical activity outside of school may be restricted due to the various challenges noted. Thus, as a result of limited or inconsistent access to such activities, some care experienced youth may not have accrued physical and social capital in the same way as their non-care experienced peers, meaning they enter the physical education and school sport context with (potentially) limited knowledge, skills and experiences.

It was also evident from the R2BA data that some of the challenges that care experienced youth face are influenced by the structures and processes of the care context within which they find themselves – both broadly in terms of their status as being ‘looked-after’ and more specifically with regard to their care placement, i.e. whether they are placed in foster care or residential care, for example. Therefore, it is important for practitioners – such as those working within the context of physical education – to be aware of this complex landscape in order to support care experienced youths’ engagement and facilitate more positive experiences of physical education and school sport.

DISCUSSION

Data analysis highlighted three interconnected factors that served to shape care experienced young people’s experiences of sport and physical activity: *activities*, *places* and *people*. These factors could be seen to interact differently for different individuals, resulting in diverse experiences of sport and physical activity and influencing the extent to which such experiences were deemed to be positive or negative. While these factors are not necessarily unique to care experienced young people, it was evident that the care context mediated these experiences and added a layer of complexity to young people’s engagements with sport and physical activity (see also Sandford *et al.*, 2020). Importantly, in the table below (Figure 3), we look to articulate – drawing on data from young people involved in the study – how this plays out within the

specific context of physical education and school sport. However, while the factors are outlined individually, it is important to recognise the intersections between these and the necessity to view them as connected elements of a young person’s holistic experience.

CONCLUSION

The R2BA project has helped to highlight that participation in sport and physical activity – and related activities such as physical education and school sport – can engender positive benefits for care experienced youth and, importantly, that young people themselves feel that such activities are important. However, being care experienced can also bring additional

challenges, as the care context mediates individuals’ involvement and can influence the people, places and activities that they can engage with or in. Consideration of the care context – including both the different types of context (foster care, residential care, kinship care etc.) and the potential variability within the same type of context – is therefore required to ensure that care experienced youths’ participation in all forms of sport and physical activity is facilitated appropriately.

It is evident that physical education and school sport can be an influential context for many care experienced young people – one in which they can be supported to develop the necessary knowledge and skills to engage in sport and physical activity

Figure 3: Themes relating to care experienced young people’s experiences of physical education and school sport

FACTORS	EXPLANATION	ILLUSTRATIVE QUOTES
ACTIVITIES	<ul style="list-style-type: none"> • Extra-curricular activities can be difficult for care experienced youth to access due to travel arrangements to/from school. • Sports clubs can also be difficult for care experienced youth due to travel, cost and kit requirements. • Physical education can afford opportunities for care experienced youth to find new interests, develop competence and engage in competition. 	<p>“Before I moved here, I used to go to after-school club every Wednesday, but my taxi couldn’t manage to take me every week because I leave school at 2:30pm.”</p> <p>“I’ve been looking at joining a youth football club, but I’ve not had any luck so far... [I need] as much help as I can get.”</p> <p>“(I remember) setting school discus and I think either javelin or shotput records... and winning in a school badminton competition.”</p>
PLACES	<ul style="list-style-type: none"> • Physical education lessons can be difficult if care experienced youth do not know many people or have appropriate kit (e.g. due to frequent moves). • Care experienced youth are often required to attend meetings during school and can miss out on physical education lessons (due to the perceived low status of the subject). • The less structured nature of the physical education context holds opportunities for positive interactions. 	<p>“When I moved schools to the one I’m at now, I knew no-one there and it was a much bigger school than I was used to, so it was a bit worrying and concerning to me.”</p> <p>“We have meetings we have to attend... I always get taken out of PE for them.”</p> <p>“I’d go down to the PE department, like in frees and at lunchtimes, because we used to have lunchtime clubs and after-school clubs. There was always someone there.”</p>
PEOPLE	<ul style="list-style-type: none"> • Physical education teachers can positively influence care experienced young people’s engagements with sport and physical activity. • Physical education teachers can act as role models, mentors or advocates. • Physical education teachers may not be aware of those in care within their lessons, nor understand their individual needs. 	<p>“My teacher said I was very sporty and I would be able to play for the school teams.”</p> <p>“My PE teacher at school really encouraged me to get involved with sport.”</p> <p>“When I got kicked out of my classes my PE teacher would always say, ‘Come and sit in the office and do your work’... So, I respected my PE teacher more, because they gave me the time of day.”</p>

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more broadly. Indeed, it is interesting that when asked who held most responsibility for facilitating sport and physical activity opportunities for care experienced young people, 92 per cent of adult respondents in this study felt that this was the duty of education contexts. Physical education teachers are therefore assumed to have an important role to play in providing positive experiences for care experienced youth, although data from young people involved in this study suggests that many teachers are perceived to lack sufficient knowledge to support them as effectively as they might.

The study therefore raises important questions with regards to physical education teachers' knowledge and understanding of the realities of being care experienced. In England, as in other countries, many care experienced young people (63 per cent) enter care because of abuse or neglect (DfE, 2019), which means that they have possibly experienced trauma. Evidence suggests that trauma in childhood can impact negatively on physiological, psychological and neurological development (Dye, 2018). Experiencing abuse or neglect can affect brain development and the hormonal systems that regulate stress and such changes can ultimately affect an individual's ability to regulate their behaviour in response to new stressors (Nemeroff, 2004). Without having an awareness of the impact of such trauma, physical education teachers may misinterpret some care experienced young people's challenging behaviour as intentional and punish them for it, which may perpetuate a negative cycle. In order to counter this, there have been calls for teachers to be

better prepared to support students who have experienced trauma and for a move towards more relational pedagogy focused on genuine care and concern for individuals' experiences (Ellison *et al.*, 2019).

Certainly, a key recommendation from the R2BA project is that professional development opportunities – focused on enhancing practitioners' knowledge and sharing best practice – may be particularly useful for the physical education profession in this respect. Following positive experiences in this study, we advocate that these be informed by youth voice and suggest that concept cartoons – and the stories they tell – might be a useful tool for facilitating such opportunities (Quarmby *et al.*, 2019; Sandford *et al.*, 2020). Stories were not only a vehicle by which care experienced young people could share their experiences in this study, but also a powerful means by which their experiences could be shared with others. As such, they offered a genuine insight into what it truly means to be care experienced and a start point for constructive discussions concerning pedagogical practice.

An article exploring these concept cartoons will feature in the autumn edition of Physical Education Matters.

The full reports can be found at:

- Adult version:
https://repository.lboro.ac.uk/articles/Right_to_Be_Active_Project_Report_Adult_Version_/11638092
- Youth version:
https://repository.lboro.ac.uk/articles/Right_to_Be_Active_Project_Report_Young_People_s_Version_/11638080 ■

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