Navigating the Research Journey: Lived Experiences as a Researcher in Care-Leaving Young People (CLYP) Studies

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Introduction

At the age of 10, the doors of my home were thrown open by police and social services, who arrived to remove me from an abusive, traumatic environment. It was a moment that would alter the course of my life forever, as I entered the care system, a system that would be my home until I reached adulthood.

Growing up in the care system, I often heard social workers and staff refer to me as “troubled,” “chaotic,” or “damaged.” These words were not just descriptors; they became labels that followed me, shaping how I saw myself and reinforcing a sense of not belonging. As a young person in care, I internalised these narratives, questioning my worth and whether I would ever be seen beyond the circumstances that placed me in the system.

It was only later, as I transitioned into adulthood, that I began to challenge these imposed identities. At 18, I was expected to navigate independence alone, managing rent, bills, and daily survival with little to no support from social services. No therapy was offered, and no structured guidance was provided. The abrupt shift from being a "looked-after child" to being entirely on my own was isolating and frightening. This experience drove me to seek answers: Why were care leavers left to fend for themselves? Why did the system fail to acknowledge the emotional and psychological toll of such transitions? These questions became the foundation of my doctoral research.

I coined the term Care-Leaving Young People (CLYP) to describe young people aged 16 to 25 who are navigating the transition from being formally looked after to independent adulthood. While those aged 16 to 18 are still legally classified as 'looked-after children' and those over 18 as 'care leavers,' I found no term that adequately captured the unique challenges and fluid identity of those spanning both categories. CLYP was developed to bridge this gap, recognising both the temporal overlap and the emotional complexity involved in this critical phase of life.

Methodological Reflections: Reflexivity and Emotional Labour

Research is often seen as an objective and structured pursuit, but the reality is far more complex. As a researcher exploring the transitional journey of CLYP, my own experiences, emotions, and reflections have played a crucial role in shaping my research approach. Through personal encounters, fieldwork, and engagement with participants, I have witnessed the profound psychological and emotional challenges faced by young people leaving care.

In my research, I employed Braun and Clarke's (2006) reflexive thematic analysis (TA), which acknowledges the subjectivity of the researcher and values emotional and contextual complexity. Reflexive TA allowed me to examine data not only for recurring content but also for meaning-based interpretive themes that emerged from deeply personal narratives.

One common theme was the sense of dislocation and lost belonging. I suggested in my doctoral research that therapy may function as a "symbolic home," a temporary place of emotional safety often missing from formal structures. However, the withdrawal of support after the age of 18, especially funding, leaves CLYP without continuity in care. The lack of transitional planning and emotional scaffolding creates a vulnerability that many professionals, including therapists, see as a systemic failure.

While I did not disclose my background to participants, their reflections often mirrored my own experience. At times, their language was stark; they used terms like "damaged" and "chaotic" to describe how they felt they were perceived by professionals or society. These could be viewed as initial codes or topic summaries as outlined in Braun and Clarke's (2006) framework, but my reflexive engagement allowed me to trace these narratives deeper, recognising the emotional histories behind the labels.

Expanding the Discourse: Complexity and Contrasts

It is important to acknowledge that not all CLYP face uniformly negative outcomes. My data focused on narratives that were emotionally intense and complex, but this does not represent the totality of care-leaving experiences. There are stories of resilience, transformation, and success. Indeed, some young people emerge from care with strong adaptive skills, depending on factors such as placement stability, access to education, and the quality of their social networks.

Contrasting perspectives could be explored further, such as the role of peer relationships in group homes, or regional differences in care provision. Questions of systemic burden, practitioner training, and inter-agency support also warrant examination. While my research paper centres negative experiences to highlight gaps in policy and care, this is not to generalise all care leavers as irreparably harmed.

Overcoming Impostor Syndrome and Social Class Barriers

My journey through academia has been shaped by class dynamics and internalised stigma. As a care-experienced researcher, I struggled with imposter syndrome. Early on, I doubted whether my experiences and voice belonged in academic spaces. This insecurity was exacerbated by hearing deficit-based language used even by professionals. Yet, over time, I began to recognise the epistemic value of my lived experience.

I used to feel like my background being care-experienced was a disadvantage in academic spaces. I did not see people like me represented in research, and it made me question whether my voice belonged. Over time, though, I came to understand that this feeling was not just personal insecurity; it was symptomatic of a broader problem. Fricker's (2007) idea of epistemic injustice gave the problem a name. This concept enables me to understand that people from marginalised backgrounds are not seen as credible knowers, even when they are speaking from lived experience. That really resonated with me.

At the same time, I found Sara Ahmed's (2004) affect theory useful in understanding how emotions like shame, anger, or pride are shaped by social systems. Affect theory suggests that emotions actively shape how people connect and interact within society. They influence relationships, the formation and/or exclusion of social groups, and the maintenance or challenge of social norms. Emotions are integral to the creation and sustenance of social meaning. Within the care system, this can result in young people sometimes being made to feel as though they are the problem, reflecting how emotional dynamics contribute to their social positioning.

Those feelings do not just disappear; they impact how we see ourselves and how others treat us, including in research and education. Together, these theories helped me see that my experiences are not just valid; they are essential to the kind of research I'm doing. They have given me a language to challenge the idea that research should be distant or emotionless. Instead, I centre lived experience, emotional insight, and a critical awareness of the power dynamics that shape whose voices get heard. Understanding research as a transformative practice has enabled me to propose practical interventions, like support schemes for care-experienced students, that aim to reduce higher education dropout rates and challenge structural exclusion.

CLYP and the Emotional Weight of Inquiry

Working on such a personal topic requires robust emotional boundaries. The emotional labour involved in reading and analysing painful narratives, many of which mirrored my own, was intense. To manage this, I adopted trauma-informed research practices and sought supervision and peer support. Despite the emotional toll, the ability to witness and share these stories is a privilege. It reinforces my commitment to ethical, relational research that respects participants' agency and complexity.

While some form of support for care leavers, such as financial bursaries, personal advisers, and access to statutory services exist, they are often fragmented, time-limited, and delivered inconsistently across regions. As a result, many CLYP struggle to access the sustained, meaningful support needed not just to survive, but also to thrive.

To “thrive” means far more than meeting basic needs. It involves being emotionally grounded, socially connected, educationally and professionally engaged, and able to navigate life with confidence and autonomy. These are not aspirations reserved for the privileged; they are fundamental rights that all young people, including those leaving care, should be able to expect.

Conclusion

My journey as a researcher has been shaped by struggle, but also by determination. I carry with me the voices of those who shared their stories, and the weight of a system that must do better. The questions I raised at the beginning about emotional tolls, systemic failures, and inadequate transitions are not rhetorical. They demand answers. If care systems are to be reformed meaningfully, they must provide trauma-informed, developmentally appropriate, and consistent support well into young adulthood. We must acknowledge the psychological complexity of leaving care and respond with relational, not just procedural, support. If reform is to be authentic and effective, it must begin by centring the insights, needs, and leadership of those who have lived it.

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