

***Doctorate in Professional Educational,
Child and Adolescent Psychology***

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Leading education
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Institute of Education
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**Doctorate in Professional Educational Child and Adolescent
Psychology**

**‘School, for her, has always been her sanctuary...her place where she feels
like she can do anything’: What are the systems of support for children in
the care system as they enter education?**

Cora Figueira-Bates

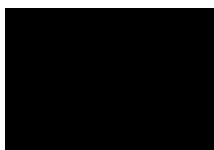
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Declaration

I confirm that the work presented in this thesis is my own. Where information has been derived from other sources, I confirm that this has been indicated in the thesis.



Cora Figueira-Bates

20.05.22

Acknowledgements

I would like to thank all participants involved in the present research: the children and those supporting them, including school staff, carers, relatives, and the local authority who were keen to know what more could be done. I would also like to thank my supervisors Vivian Hill and Claire Cameron, whose advice and support has been invaluable.

Impact statement

The findings of this study suggest that a number of different factors in the ecosystems of young children in care are impacting the experiences and type of support they are receiving as they enter the education system. The findings will help practitioners and policymakers to recognise the needs and strengths of young children in care, to prioritise educational experiences alongside issues of security, safety and attachment, and work together across the child's ecosystems to improve, currently relatively poor, outcomes for these children.

It has been widely established that there is a dearth of literature and research into the youngest children in care (Cameron et al., 2020; Jackson et al., 2022; Mathers et al., 2016). From my experience gathering data in the current study, I hypothesise that this is due to the vulnerability of the group, their high mobility and their involvement with a considerable number of professionals. My study aims to add to our limited knowledge of how this population is being supported and what more can be done. This is also reflected in an article I recently published, alongside Professor Sonia Jackson (OBE) and Katie Hollingworth (Jackson et al., 2022), calling for increased research into this group. There are instances in the current study where data, not immediately available to the public, has been retrieved through Freedom of Information requests. This allows us to understand the situations of these underreported on children in more detail.

As a trainee EP working in a London Local Authority (LA), I have been able to hold meetings with members of the LA, from Virtual School (VS) teachers to other EPs, and discuss the importance of the issue, and how they can better support these children, through:

- Ensuring the inclusion of young children's views, conceptualising them as capable agents in this regard and supporting other adults to find creative ways to elicit these
- Holding strength-focussed/solution-focussed joint home-school consultations
- Providing supervision and therapeutic support for foster carers and school staff
- Sharing evidence-informed practice with school and home to improve educational outcomes, with support from other professionals (Speech and Language Therapy [SALT], Occupational Therapy, Child and Adolescent Mental Health Services), including the ways in which trauma can impact learning
- Continuing research into those issues affecting children in care, such as overmedicalisation

Abstract

Stark gaps have been historically reported in terms of the academic achievement of children in care and their non-care experienced peers. This attainment gap persists despite many government policies targeting improved outcomes for these children. There is a dearth of literature and research into the youngest children in care, particularly in their first years of schooling. Based on the responses from social workers in the current study, I hypothesise that this is related to the vulnerability of the group, their high mobility and their involvement with numerous professionals. This study is the only one to explore the experiences of children in the care system in the first years of formal education and was conducted in a London borough. Initially, I accessed the LA dataset to explore the backgrounds of all children in care from birth to seven years old. I then conducted semi-structured interviews with foster carers of children in the Early Years Foundation Stage (EYFS) or Key Stage 1 ($n=6$), and then with their Designated Teachers (DTs [$n=4$]). Interviews were transcribed using thematic analysis. I was then able to gain the voices of some of the children through an Ideal School activity ($n=3$). This study found that there are a number of different factors in young children in care's ecosystems which are impacting their experiences and the type of support they are receiving. This will help practitioners and policy-makers to recognise the needs and strengths of these children earlier and prioritise educational experiences alongside issues of security, safety and attachment, and facilitate professional collaboration across the child's ecosystems to improve their, currently relatively poor, outcomes.

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Chapter 1. Introduction

1.1 Motivation for the research

My interest in understanding how the youngest children in care are being supported, began over a decade ago, when I began my career in education. Whilst working in an administrative position in a primary school, I met ‘Tabitha’, a newly adopted Year 2 child who had had significant experience of the care system. Tabitha was charming, sociable and bright. She possessed all the skills and personal attributes necessary to succeed at school, and in life. However, Tabitha struggled to adapt to school, to form peer relationships, and to access classroom learning. I often encountered her as she roamed the hallways outside the school office. Teachers were at a loss of how to support and motivate Tabitha and steps were taken to medicalise her difficulties through the diagnosis of a learning difficulty.

Tabitha represented a child that school and carers struggled to know how to support, and I wanted to help. Throughout my career as a teacher, and now as a trainee Educational Psychologist (EP) working directly with a LA VS, I have met many children in care with similar experiences and needs. Whilst they have all displayed personal strengths and skills, many have not reached their full potential, due to, what I saw, as a lack of systemic support.

1.2 Children in care

In line with the Children Act 1989, children in care are legally defined as ‘looked after’ if they are under 18 years of age, and subject to a placement or care order, or are supplied with accommodation by LA children’s services for more than 24 hours.

Over the past decade, the number of children in care in England has continued to rise (Carroll & Cameron, 2017; Zayed & Harker, 2015). A 4% increase was observed at 31 March 2019,

to 78,150 (Department for Education [DfE], 2020a), with numbers continuing to rise in 2021 (by 1% [DfE, 2021]) and the number of babies under 1 year old entering care increasing from 3680 in 2011 to 4,130 in 2020 (DfE, personal communication, 9 April 2021). The DfE (2021) reports that these figures have been impacted by COVID-19. The number of children ceasing being in care reduced during the first national lockdown, which drove an increase in the average duration of care for those children. They also report that COVID-19 impacted adoptions, which fell by 18%.

Currently, females account for 44% of the whole population, of children in care. Seventy-five per cent of children in care are described as being of White ethnicity, with the remaining described as Mixed (10%), Black African, Caribbean or Black British (7%), Asian or Asian British (4%), other (3%), with those where ethnicity was not recorded being 1%. This data is not broken down by age.

Whilst there is no freely available national data on babies taken into care at birth, a request for data from the DfE (personal communication, 9 April 2021) revealed that as many as 4,130 babies were below the age of 1 year old when in care in 2019-2020 in England, with 40 of these children being under 1 week old (see Table 1). As of December 2020, 19% of children in care in England were aged under 1 year old, 17% were aged 1 to 4 and 16% were aged 5 to 9 (Department for Education, 2020c). This is broken down further in Table 1. Despite these numbers of young children in care, research into the impact of being in care on the youngest children, as well as on their lived experiences, is scarce (Cameron et al., 2020; Mathers et al., 2016).

Table 1*All children in care from 2011-2020, by age.*

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
<1 week	40	30	30	30	40	30	40	30	30	40
<3 months	770	900	970	870	870	880	900	1,030	920	890
3 months - 1 year	2,920	3,300	3,340	3,010	2,830	2,660	2,920	3,240	3,190	3,240
< 1 year	3,680	4,200	4,310	3,880	3,700	3,540	3,820	4,260	4,110	4,130
1 year	3,820	3,740	3,800	3,490	2,940	2,710	2,720	3,020	3,290	3,270
2 years	2,990	3,230	3,030	2,820	2,450	2,120	2,200	2,320	2,530	2,710
3 years	2,680	2,790	2,780	2,520	2,350	2,130	2,080	2,220	2,330	2,440
4 years	2,480	2,650	2,720	2,570	2,310	2,130	2,120	2,220	2,310	2,430
5 years	2,310	2,540	2,540	2,640	2,500	2,240	2,250	2,280	2,350	2,510
6 years	2,280	2,420	2,600	2,600	2,710	2,550	2,450	2,570	2,510	2,660
7 years	2,330	2,500	2,570	2,780	2,810	2,840	2,780	2,740	2,820	2,830

Note. adapted from DfE (personal communication, 9 April 2021).

1.3 Outcomes for children in care

Stark gaps have been historically reported in terms of the academic achievement of children in care and their non-care experienced peers (Driscoll, 2013; Mathers et al., 2016).

This attainment gap persists (see Table 2) despite many government policies being targeted at improving outcomes for these children (Jackson, 2012).

Table 2*Attainment by Key Stage, 2018-2019*

	At Age-Related Expectations (ARE) in Reading	At ARE in Writing	At ARE in Maths
Key Stage 1 children in care)	51%	42%	49%
Key Stage 2 (children in care)	49%	50%	51%
Key Stage 2 (children not in the care system)	73%	78%	79%

Note. Adapted from DfE (2020a)

This study focuses on the youngest children in care as they enter education, outcomes for these children later in life are well-documented. It is crucial to understand the experiences

of the youngest children as intervention at an early stage, e.g. in the first formal years of schooling, may help to prevent these poor later outcomes. The relatively poor educational outcomes for older children are illustrated in Table 3. National data shows that, of children in care aged 10 years or over, 3% had a conviction or been subject to youth cautions, and 4% were identified as having a substance misuse problem (DfE, 2020a). These figures make them four times more likely to have been involved with the justice system than children with no experience of the care system. The marginalisation of care-experienced adults in society is also prevalent, they are more likely to be homeless (Centre for Social Justice, 2015), experience teen pregnancies (Mezey et al., 2017) and suffer from addiction (Driscoll, 2013). These likely echo the experiences of their birth parents (Jackson, 2012), creating a cycle of social exclusion in the care-experienced population.

Table 3

Key Stage 4 Attainment, 2017 to 2019

	Children not in care	Children in care
% achieving threshold in English and Maths GCSEs (2017)	39.5	7.4
% achieving threshold in English and Maths GCSEs (2018)	40.2	7.7
% achieving threshold in English and Maths GCSEs (2019)	40.1	7.2
Average Attainment 8 score per pupil (2017-2019)	44.6	19.1
% Entering the English Baccalaureate (2019)	36.5	9.4
English Baccalaureate average point score (2019)	3.87	1.52

Note. Adapted from DfE (2020a)

1.4 The language of ‘care’

In recent years there has been an increased understanding of how the language of the care system can ‘create stigma and barriers for understanding’ (The Adolescent and Children’s Trust [TACT], 2019, p. 3). Children in care interviewed by TACT said that they disliked terms such as ‘looked-after children’ and ‘placement’. In Mannay et al.’s (2017) research with 67 children in care aged between 6 and 17 years old, they found that ‘young

people became increasingly aware of their construction of being different, they also considered how such entrenched notions of difference led to their positioning outside dominant discourses of success within schools' (p. 690). Despite 'looked-after children' still being used by the UK government, it will not be used in this report in order to honour these children's voices. Instead, the children in this study will be described as 'children in care' or 'care-experienced'. Additionally, instead of the word 'placement', the children's 'homes' will be discussed.

1.5 Legislation

The expectations and responsibilities of local authorities for children in the care system is set out in Section 22(3) of the 1989 Children Act, underpinned by the 2004 Children Act, The Health and Social Care Act (2014), Adoption and Children Act (2002), alongside further legislation and statutory guidance.

Two initiatives aimed at keeping track of the education of children in care have been the introduction of the VS in each LA, and the Designated Teacher (DT) in each school. The aim of the Ofsted-regulated VS is to monitor the education of children in care. LA VSs are argued to

play a crucial role in supporting looked after children to access high quality early education [with] ... real progress ... being made in some authorities. The strength of the relationship between the VS and the social work team is emerging as a key determinant of success

(Mathers et al., 2016, p. 4)

According to the Children Act 1989, Personal Education Plans (PEPs) are also overseen by the VS, which track and monitor the progress and interventions of children in care, ideally as a co-production between schools, local authorities, carers and the children themselves. In a review of nine LA VS's, Ofsted (2012) reported that the quality of PEPs were 'variable', with targets sometimes being 'ill-defined and insufficiently tracked' (p.7).

DTs are appointed members of school staff who have the 'lead responsibility for raising attainment of [care-experienced children] on roll' (DfE, 2018b, p. 8). They were recommended as best practice in 2000 and made statutory in 2008, deemed necessary due to children in care having increased likelihood of disruption to learning, SEN and lower academic achievement (DfE, 2018b), and to prevent delay in children in care receiving the appropriate support at school. Driscoll (2013) reports a dearth in the literature in relation to how DTs are used and their impact, which she describes as 'a significant gap, given that teachers are the adults most commonly cited as being supportive of their education by [children in care]' (p.112). Whilst there have been some theses related to the role and experiences of DT's since this study (Boesley, 2021; Harris, 2021), no journal articles into their effectiveness were found.

1.6 Fostering

Historically residential children's homes were the preference for children in care, their use was limited in the 1980s and now they are mostly used by adolescents, large sibling groups and children with additional needs (Jackson et al., 2022). Indeed, since the 1940s fostering has been the preferred system of care, and currently 71% of children in care are in foster homes (see Table 4). These figures suggest that foster carers are a significant presence in the lives of

many children in care in England, although there is no freely-available data which breaks down type of home by age.

Table 4

Types of home of children in care in the UK

Type of home	% of children in care (2020)	% of children in care (2021)
Fostered by relative or friend	15%	14%
Fostered not with relative or friend	56%	57%
Fostered (total)	71%	
Secure units (e.g. children's homes, or hostels/lodgings/flats where staff provide support & advice)	14%	14%
With parents or other person with parental responsibility	7%	7%
For adoption	3%	3%
In the community, living independently, or in residential employment	2%	3%
Other residential settings (e.g. care homes/school/custody)	2%	2%
Unregulated	7.5%	8%

Note. Adapted from DfE (2021)

1.7 Who are foster carers?

In their guidance into the assessment and approval of foster carers, the DfE (2013) requires applicant details, references, and an enhanced Disclosure and Barring Service certificate for each member of the household aged 18 or over. The fostering service must also ascertain whether the applicant has 'skills, competence and potential relevant to their capacity to care effectively for a child placed with them' (p.8). However, no formal qualifications are necessary to become a foster parent in the UK (although Local Authorities require attendance of training sessions). In their literature review into the background of foster carers, McDermid et al. (2012) found that 'the proportion of foster carers with no educational qualification is slightly higher than in the general population' (p.18). This could be relevant

in terms of the type of educational input foster carers are able to provide in the domestic setting. Whilst there is no research into how foster carer's educational backgrounds impact their support of foster children, in their review of English language literature, Desforges et al. (2003) aimed to ascertain the relationship between family education (among other factors) and pupil achievement. They found that:

parental involvement in the form of 'at-home good parenting' has a significant positive effect on children's achievement and adjustment even after all other factors shaping attainment have been taken out of the equation. In the primary age range the impact caused by different levels of parental involvement is much bigger than differences associated with variations in the quality of schools ... The extent and form of parental involvement is strongly influenced by family social class, maternal level of education, material deprivation, maternal psycho-social health and single parent status and, to a lesser degree, by family ethnicity.

(p.4-5)

Whilst this is not specific to foster carers, it could help us to hypothesise about the links between foster carer education, foster carer involvement and foster child achievement. Whilst national data is not available for children in care's access to Early Childhood Education and Care (ECEC), the estimates provided by Mathers et al. (2016) suggest that they may be accessing it less than children who are not in care, and so learning experiences must be provided in the home environment (Cameron et al., 2020). The DfE's (2011) fostering national standards, states that: 'children develop their emotional, intellectual, social, creative

and physical skills through the accessible and stimulating environment created within the foster home' (p.19).

1.8 ECEC

Whilst mandatory schooling begins the term after a child turns five years old, children begin learning in their very earliest days. Data from the DfE (2019a) Early Years Census and Schools Census 'show that in January 2019, 95% of 4-year-olds, 92% of 3-year-olds, and 68% of eligible 2-year-olds benefitted from funded childcare or early education' (p.6). In England, some 2-year-olds (including those in care), and all 3- and 4-year-olds are entitled to 570 hours of free early education or childcare per year.

High quality ECEC has been shown to have great benefits on the outcomes of children (Cameron et al., 2020), illustrated by The Effective Pre-school, Primary and Secondary Educational (EPPSE) longitudinal study. Taggart et al. (2015) studied 2800 children between 1997 and 2014 to ascertain the impact of pre-school, and home learning environments, on children's learning. The researchers report that an earlier start to pre-school experience (under 3 years old) was related to better intellectual development at this young age. This pre-school input varied, and included private, voluntary, and maintained sectors, but the best quality was found in the education-maintained settings, which include integrated care and education settings and nurseries. Furthermore, the number of months children attended pre-school was shown to have an effect on their academic skills at the end of Key Stage 1, especially if it was of high quality. This trend was shown to continue throughout primary and into secondary schooling, especially for pupils from disadvantaged backgrounds and with SEN. Children in care are not only often from disadvantaged backgrounds, but they are also four times more likely to have Special Educational Needs (SEN) when compared

with their non-care experienced peers (DfE, 2020a), which are the characteristics of children who benefit most from ECEC, according to this study. Additionally, early publications related to the EPPSE research found that disadvantaged children in general attended pre-school around 4 to 6 months less than those from more advantaged groups.

1.9 LA X

My research is based in a diverse London Borough (referred to as LA X), with a current estimated population of 330,000 people, over two thirds of whom are from Black, Asian or other Minority Ethnic (BAME) backgrounds. The LA currently supports over 300 children and young people in care, their priorities for whom are:

Improving access to mental health services ... Increasing the number of children in care and care leavers in education, employment and training ... Ensuring that the voice of children is heard within all service development initiatives ... To ensure there continues to be effective multi-agency strategy meetings to shape a coordinated, collaborative safety plan for vulnerable adolescents ... To ensure potential increase in demand for services does not have a negative impact on outcomes

A recent Ofsted assessment found that the experiences and progress of children in care and care leavers in LA X were ‘Outstanding’. The report describes the LA having ‘a strong focus on early permanence and staying safe’, emphasises the success of multi-agency work, effective health screening, and ‘of particular note is how emotional well-being is prioritised. Close attention is paid to the early identification of the impact of trauma’. The report does

highlight the need for improvements when children go missing, and the need for consistency in the following of statutory guidance and the council's own policies.

Chapter 2. Literature review

This chapter will outline the results of a thorough literature review, related to children in care aged from birth to seven years of age. I will begin with the methodology of the literature, and then review available and relevant research.

2.1 Methodology of literature review

A thorough literature review was conducted to establish what was known from research in relation to the systems of support for the youngest children in care as they entered education. The following databases were used: British Education Index (EBSCO), ERIC (EBSCO) and Child Development and Adolescent Studies. The following search terms were used: “looked-after children” OR “looked after children” OR “looked-after child” OR “looked after child” OR “LAC” OR “children in care” OR “fostered children” OR “foster children” OR “young children in care” AND “education” OR “schooling” OR “school” OR “early childhood education and care” OR “ECEC” OR “early years foundation stage”. To demonstrate data related to the research questions, the UK government website was accessed, and additional data was requested via Freedom of Information Act from the DfE.

Research based in England was prioritised, but other research from countries in the UK has been used, as well as some in the US, due to very limited available research with this age group. Where research has included older children in care, this has been noted. Inclusion criteria meant that only research from the year 2000 and from peer-reviewed journals were included. After searching, the results and abstracts were scanned, and those most relevant to the purposes of the review were fully accessed. Judgements were then made about the evidence quality, and whether those should be included in the review.

2.2 Babies in care

It is possible for babies to be taken into care immediately at birth, if Local Authorities consider that they cannot remain safely in their birth parents' care. Crucially, babies who have been removed at birth may have already been impacted by adverse pregnancies, which will likely impact the healthiness of the child (Stephenson et al., 2018).

There is little research into the experience of babies taken into care at birth in the UK and internationally (Mason et al., 2019). The Nuffield Family Justice Observatory (NFJO) conducted a rapid evidence review into the research between 1990 and 2018 on the removal of infants at birth predominantly in England, but also included studies in countries with similar child protection systems (Northern Ireland, Scotland, US, Australia and Canada). The researchers found that, there is 'insufficiency of current levels of professional knowledge and guidance' and how crucial 'research gaps and next steps' will be in improving this process (pp. 22–24). They also emphasise a number of different elements of the new-born baby's ecosystem (Bronfenbrenner, 2005) which dynamically impact, and are impacted by, the process of removal at birth. These range from micro-system level factors (birth families and healthcare professionals), to meso-system level factors (collaboration between these agents) and macro-system level factors (systemic practices and policies).

Bilson & Bywaters (2020) submitted a Freedom of Information request to the DfE to better understand the numbers of babies taken into care at birth in England. Using data from statistical returns on children in care from local authorities to central government, they found that the numbers of children who came into care in their first week of life is much higher than previously reported by the NFJO (Broadhurst et al., 2018). They found:

a rapid increase between 2007 and 2017. The difference in rates between local authorities is also rapidly increasing and bigger increases are associated with both levels of deprivation and local authorities whose performance was graded inadequate or needing improvement by the Office for Standards in Education. In 25 local authorities an average of one child in every 100 live births is separated from its parents in the first week in life, with very few ever being reunited.

(p.1)

The authors also reported that entry into care at birth does not appear to be preventing later entry into care, as lower proportions of older children entering care has not been observed in these local authorities. They argue: ‘this points to a possible spiral of failure as a high proportion of parents who have been in care risk losing their children at birth’ (p.1).

2.3 The early academic skills of children in care

There has been very limited research into early academic skills of children in care in England. One research example from the US may offer some indication of the impact of being in the care system on children’s early academic skills. Pears et al. (2011) explored the relationship between pre-reading skills (phonological awareness, alphabetic knowledge, and oral language ability) and academic performance among 63 foster children with a mean age of 5.46 years. In terms of the initial pre-reading scores, the researchers found no difference in scores on the basis of foster care type. However, they found that 54% of the sample scored below the 23rd percentile for phonological awareness, with ‘most of the children scor[ing]

below the 50th percentile on all prereading skill measures' (p.146). This suggests that most of these care-experienced children's phonological awareness was already in the lowest quartile by an early age. In terms of the impact this has on literacy ability, the researchers found phonological awareness to be the strongest predictor of teacher-rated early literacy skills in kindergarten, even after controlling for general cognitive ability. Further research is needed to ascertain the benefits of centre-based ECEC on children in the English care system (Cameron et al., 2020), such as on the development of their phonological awareness, as the US systems within which language development occurs will differ from the English context.

In their systematic literature review of the factors associated with educational achievement, on research with children in care from 5 to 18 years old, O'Higgins et al. (2017) found that:

there appeared to be some consensus that male gender and minority ethnicity predicted poorer attainment. Moreover, the review suggests that behavioural problems and SEN place children in care at risk of academic difficulties, and that children in care with SEN appear to be at greater disadvantage than children with special needs in the general population.

(p.27)

It also highlighted the negative impact of high school and placement instability, and low child educational aspirations and views of school on educational outcomes. However, this review excluded studies with pre-school aged children, and further research is needed to understand the impact of these factors on children as they enter education.

2.4 Children in care and SEN

Children in care are four times more likely to have SEN when compared with their non-care experienced peers (DfE, 2020a). Needs can exist across the Four Areas of Need, as outlined in the 2014 Special Educational Needs and Disability (SEND) Code of Practice: (i) Cognition and Learning; (ii) Communication and Interaction; (iii) Physical and Sensory needs (including Self-help) and (iv) Social, Emotional and Mental Health (SEMH).

During the SEN policy research forum, Hutchinson et al. (2021) presented their research into how fairly primary school children were being identified with SEN using the national pupil database. They found ‘moderate affects for absences, ethnicity, looked after child status and child in need status’ (p.21), suggesting that there is a relationship between being in care and being identified as having SEN. The data included children from Reception age to Year 11, however there is a lack of data looking specifically at how the youngest children in care in England are experiencing SEN, particularly those between birth and 7 years of age. Furthermore, Parsons et al. (2019) submitted Freedom of Information requests to a number of local authorities, and reported that not only are the outcomes for children in care with SEN (specifically Autism Spectrum Disorder [ASD]) worse than for those with SEN not in care, but that the ‘3% of [children in care] in England ... recorded as having [ASD] ... is still very likely to be an underestimation’ (p.99) due to lack of monitoring and reporting. Whilst this data is not specific to the youngest children in care, I hypothesise that the lack of data may be greater for preschool children, as adults supporting them, and medical professionals, may delay diagnosis until they are of school age.

2.5 The mental health of children in care

It is statutory guidance that local authorities ensure that carers complete the Strengths and Difficulties Questionnaire ([SDQ] Goodman, 1997) for children in their care in England. The SDQ is an emotional and behavioural screener and can be used for children and young people from 4 to 17 years old. The SDQ comprises 25 items which include i) the emotional symptoms subscale, ii) the conduct problems subscale, iii) the hyperactivity/inattention subscale, iv) the peer relationships problem subscale, and v) the prosocial behaviour subscale. As illustrated in Table 5, data is only available for children in care aged from 5 years old. Of the 73% of 5-year-olds for whom the SDQ data was available, 32% of these had scores that would be considered a cause for concern. As can also be seen, this steadily increases up to the age of 10 years old.

Table 5
SDQ scores for children in care in 2019 in England

	Percentage for whom an SDQ score was received	Average SDQ score	Percentage of children for whom SDQ score is considered 'normal'*	Percentage of children for whom SDQ score is considered 'borderline'*	Percentage of children for whom SDQ score is considered 'a cause for concern'*
5 years	73%	12.7	56%	13%	32%
6 years	75%	13.2	54%	13%	33%
7 years	79%	13.9	49%	14%	38%
8 years	78%	14.6	46%	13%	41%
9 years	78%	14.6	47%	12%	41%
10 years	81%	14.7	47%	12%	42%
11 years	81%	14.4	48%	12%	40%

Note. Adapted from (Department for Education, 2020c) *A score of 0-13 is considered normal, a score of 14-16 is considered borderline cause for concern and a score of 17 and over is considered a cause for concern.

In response to a lack of research into mental health difficulties in the youngest children in care, Hillen et al. (2012) assessed 43 children in care aged birth to 5 years old in an inner city LA in England. They used a multidimensional approach, including the use of

questionnaires, caregiver interviews informed by tools for psychiatric assessment and early learning and systematic clinical observation. They found ‘at least one mental health disorder ... in 26 (60.5%) participants, and at least one developmental disorder was found in 11 (25.6%) ... and 18 (41.9%) had two or more comorbid conditions’. Furthermore, they found that, despite the high number of pre-schoolers who required intervention, only three had received appropriate input. They conclude: ‘preschool [children in care] constitute a high-risk group for mental health and developmental disorders. Without age-appropriate assessments, their needs go undetected, and opportunities for early intervention are being missed’ (p.411).

Despite the clear need, there is again limited research into how interventions can be used to improve the SEMH of young children in care in England. In Wales, Bywater et al. (2011) evaluated The Incredible Years parenting programme with foster carers, and found it to be ‘effective in significantly reducing challenging child behaviours as rated by foster carers, while also reducing foster carer depression’ (p.239), compared to a control group. Despite the average age of the children these foster carers cared for being 8.86 years, it did include children from 2 years of age. Nevertheless, it is not clear how the results of the intervention varied by child age. In addition, the sample size of those participating in the intervention was relatively small ($n = 29$) and so caution must be used in generalising from these findings.

2.6 Attachment theory and developmental trauma

Within the literature, children in care’s experiences have often been framed using Bowlby’s (1988) theory of attachment. This suggests that how a child’s attachment figure engages with their need for physical and emotional support, and the consistency of this

response, effects their relationships and ability to regulate their emotions later in life (Webster, 2013), through the creation of intergenerational internal working models (Bretherton, 1999; Bretherton & Munholland, 2008). These are ‘the mechanism[s] through which children translate caregiving experiences into an attachment pattern ... via experience-based mental representations of their caregivers' likely behavior’ (Sherman et al., 2015, p. 110).

Indeed, attachment theory states that, as a response to a lack of optimal parental responses, children may display avoidant behaviour (e.g. being very independent from adults and avoiding becoming emotionally close) or stress behaviours (e.g. appearing apprehensive). These responses from children can act as protection against caregiver behaviour which may be perceived as frightening, unavailable or insensitive (Bergin & Bergin, 2009). Research has shown that insecure early attachments can have implications over a child’s life, as it is argued to be related to maladaptive behaviour (e.g. conduct, mental health and social difficulties) in their teenage years and beyond (Webster & Hackett, 2007). Indeed, insecure attachment has been argued to constitute developmental trauma, in the form of the disruption of the development of the limbic brain (Van Der Kolk, 2019). Dann, (2011) argues that:

in infancy [brain connections are] largely dependent on adult–infant reciprocity. If children are not given adequate stimulation there may be fewer connections being made in the brain and for those connections made, but no longer used, there may be a cutting back of connections by the brain. For young children who receive some form of abuse or disruption to attachment, the brain is affected bio-chemically. Any associated production of high levels of stress hormones may impair growth and development in the brain ... Where

an infant does not receive appropriate responses from a caregiver to reduce the impact of stress, the child is likely to have difficulties controlling stress levels ... These brief details of brain development and the impact of trauma, abuse and disrupted attachment serve to raise the possibility that many 'looked after' and adopted children may have very different brains from children who have had more nurturing experiences.

(p. 459)

It should be noted that this is contested within the literature, specifically the idea of the first 3 years of life being a critical period for brain development, and regarding the length of time that the brain retains plasticity (Wilson, 2002).

There is limited research into how insecure attachment histories might impact skills which underly educational attainment, especially in England. However, Greig et al. (2008) studied the narrative coherence of 17 children aged between 4 and 9 years old in the Scottish care system, who were described as having 'problematic relationship histories', as compared to non-care experienced peers. They found 'significant differences between the groups in the coherence of children's narratives, denial and avoidance in story play themes and in their use of intentionality' (p.13), skills which will underly writing ability. Phillips (2007) argues that, based on the work carried out by Scottish charity Post Adoption Central Support, attachment difficulties can negatively impact children in care at school in terms of concentration, talking in class, ignoring instructions, disruptive and externalising behaviours. Dann, (2011) argues that these characteristics have 'have specific causes and should not merely be labelled as naughty, disruptive or deviant' (p.465).

2.7 Transitions

Transitions are described by Mathers et al. (2016) as a significant barrier to children in care accessing ECEC. Between March 2018 and March 2019, 56,080 placements ended due to a child moving to another placement: 5,870 of these were for children under 1 year old, 7,810 of these were for children between the ages of 1 and 4 years old, and 8,310 of these were for children between the ages of 5 and 9 years old (DfE, 2019c). The reasons for moving are detailed in Table 6.

Continuity of placement has been shown to be a protective factor against negative life outcomes for children in care generally (Jackson & Martin, 1998). Disrupted placements have also been shown to have a negative impact mentally, socially and academically (McAuley & Davis, 2009). In their survey of 2,263 children in care, Selwyn et al. (2018) found that the 11-18-year-olds who had experienced multiple placements were more likely to respond that they ‘hardly ever’ or ‘never’ felt settled, and that 6% of children aged 4 to 7 years old did not feel settled where they lived. The researchers asked the participants “What would make care better?”, their responses suggested food was important, as was wanting individual attention from carers, but a large proportion of responses centred around ‘wanting more contact with family members and having fewer changes in their lives’ (p. 38). In their recent research into the backgrounds of children in care who have been able to catch up academically, using the English National Pupil Database, Sinclair et al. (2022) found that the conditions for catch up were placement stability and positive school impact.

Once again, there is an absence of research evidence into the experience of very young children in changes of care placement or, indeed, other changes in their lives. Notable theories of transition can be used to hypothesise about the increased impact changes of home

and/or school placement may have on the youngest children in care. In response to the COVID-19 outbreak, the Scottish Division of Educational Psychology (2020) published guidance on reconnecting school communities, and drew attention to Jindal-Snape's (2016) Multiple and Multi-dimensional Transition theory (MMDT). This theory draws upon Bronfenbrenner's (1977, 1979, 1986, 2005) ecological systems theory, by not only considering the bidirectional interactions between a child and their environment, but also the experiences which affect other individuals in the child's ecosystem. A child's transition is therefore conceptualised as movement in a Rubik's cube, with different colours representing the ecosystems of peers, parents, teachers, etc. In this way, a change in one individual part forces a change in each of the other areas. In terms of the types of transitions experienced by the youngest children in care, which may constitute simultaneous changes of home, school and peer group, the impact to their lives would be substantial.

In terms of care-experienced children's SEMH needs, one notable discontinuity in their lives is the disruption of relationships (Ferguson, 2018; Guest, 2012). The multiple and multi-dimensional transitions (Jindal-Snape, 2016) often experienced by children in care may limit their ability to maintain significant relationships. In her review of the evidence of identity development of children in care, Ferguson (2018) found that much of the relevant research highlighted the lack of a consistent professional in their lives (Driscoll, 2013), and noted the particularly high turnover of key professionals such as social workers (Holland, 2010). Indeed, Selwyn et al. (2018) found that nearly a quarter of 4- to 7-year-olds did not know or were unsure of who their current social worker was.

Jindal-Snape and Miller (2008) also posit transition within the self-esteem literature. They use Mruk's (2006; 2013) two-dimensional model of self-esteem, which conceptualises

self-esteem as a combination of self-worth and competence. Self-esteem is particularly vulnerable during transitions, which constitute ‘a challenge of living’ (Jindal-Snape & Miller, 2008, p. 226; Mruk, 2006, p. 255), especially for children in care, who may have negatively-impacted resilience as a result of their traumatic experiences, or due to a lack of supportive relationships, through which positive self-worth and competence could have been modelled.

Additionally, discontinuities in care may have a negative impact on children’s positive identity development (Ferguson, 2018). Winter and Cohen (2005) argue that the lack of knowledge children in care may have of their origins, birth name, life story and birth family can have a lasting negative impact. This is particularly concerning for the youngest children in care, who may have entered the care system too early to have any memory of their birth families. Indeed, Selwyn et al. (2018) found that “nearly a third (31%) of the 4 to 7-year-old children reported that they had not had any explanation as to why they were in care” (p. 36). This could also be argued to reflect shortcomings in terms of social work practice at the point of transition.

Baumeister and Leary’s (1995) belongingness hypothesis contends that ‘human beings have a pervasive drive to form and maintain at least a minimum quantity of lasting, positive, and significant interpersonal relationships’ (p. 497). Alongside relationships, a sense of belonging can also comprise an individual’s sense of connectedness to their environment. It is argued that continuities in care may offer this sense of belonging (Ferguson, 2018), but also that seemingly small acts such as being able to have continued possession of treasured items can greatly contribute to children in care’s sense of continuity (Ward, 2011).

Table 6*Reason for home change for children, by age*

Age (Years)	All home Changes	Change to care plan	Resignation or closure of provision	Allegation	Standards of care concern	Approval removed	Carer requests placement ends due to child's behaviour	Carer requests placement ends other than due to child's behaviour	Child requests placement to end	Responsible/Area authority requests placement to end	Change in the status of a placement only	Custody	Other
Under 1	5,870	2,940	30	20	40	30	30	220	c	130	900	0	1,520
1 to 4	7,810	3,340	60	60	130	60	190	420	10	170	1,510	c	1,860
5 to 9	8,310	2,690	60	110	150	60	730	550	60	250	1,780	c	1,860

Note. Adapted from DfE (2019b)

2.8 The home environment

It is important to understand the opportunities that foster carers are offering children. Indeed, Cameron (2020) argues for a shift in how the out-of-home care workforce is conceptualised, and describes their work as ‘often largely invisible but could in fact be regarded as complex and multi-faceted, and practitioners recognised as experts – in the everyday life of the young people they work with and look after’ (p.2).

Providing educational opportunities has been outlined in the literature as one of the core competency domains of foster carers (Buehler et al., 2006; Pinto & Luke, 2022), but varied educational experiences of foster carers themselves will mean that they need support to do so. The notion that foster carers will need to be educationally upskilled has been reflected by recent government-funded projects. In 2014, the Greater London Authority commissioned the London Fostering Achievement programme aimed at improving educational outcomes for children in care through increased educational provision, and the training and support for foster carers, DTs and schools. This included the use of experienced foster carers to boost the confidence of others in meeting children’s educational needs. Using post-intervention surveys, interviews and assessment data, Sebba et al. (2016) found that foster carers reported increased knowledge of different professionals, services, strategies (e.g. Pupil Premium and PEPs), and greater confidence. Whilst writing outcomes were reported to have improved, compared to schools not involved, no greater progress was reported in reading and maths outcomes. It should be noted that, despite data for the control group including children in years 1 to 3, and then the remaining years to year 11, the data for children in the intervention group was only for children in years 4 to 11. Further research is needed for understanding how foster carer training impacts the outcomes of the youngest children in care at school.

In the literature it is argued that, not only should education be better incorporated into foster carer's roles, but also with the social work profession. Jackson & Höjer (2013) argue that, based on results from the international literature review, 'social workers take only a cursory interest in school experience or educational attainment and generally attribute poor progress to individual characteristics of children rather than to weaknesses in the system' (p.2). Furthermore, lack of confidence in the education system has also been shown to contribute to the difficulties social workers have in taking up their responsibilities in relation to PEPs (Hayden, 2005).

2.9 The school environment

Mathers et al. (2016) utilised LA data (where available) to estimate that, as compared to a national average of 85%, only 71% of eligible children in care in England are in ECEC. Mathers et al. (2016) argued that there appeared to be several barriers to the youngest children in care accessing ECEC, one of these being early education not being prioritised by social workers and foster carers. This resonates with Cameron et al.'s (2020) argument that children in care's attachment needs have been privileged over their educational needs.

In the US, it has been found that the increased quantity of education (in terms of number of hours a day and days a week) experienced by children in care is not necessarily an indicator of greater quality. Lipscomb and Pears (2011) explored patterns and predictors of centre-based early education for 192 children in foster care (mean age = 5.25 years). They found that the foster children who experienced the greatest quantity of early education also experienced the lowest quality (e.g. in the largest group sizes with the fewest adults), and that this group of foster children were more likely to be from single parent households, to have had multiple transitions and to have had more total days in care. As mentioned, the relevance

of US research for understanding UK children's educational experiences is limited, due to diverging educational and social contexts, and it is important to ascertain the quality and quantity of ECEC being experienced by children in care in England.

As mentioned, the quality of ECEC plays a role in how it influences outcomes (Taggart et al., 2015): poor quality interactions exacerbate inequalities in terms of language and learning (Peleman et al., 2020). In their longitudinal research into the life pathways of 8-year-olds identified in infancy as at risk of harm, Brown et al. (2016) found that only 54% of the 26 schools attended by these children were rated as 'Good' or 'Outstanding', as compared with 81% nationally. They also found the schools attended were larger, had above average levels of SEN, and higher eligibility for pupil premium (an indicator of social disadvantage). Gambaro et al. (2015) also found that educational services attended by more disadvantaged pupils were rated worse by Ofsted. Nevertheless, it is now statutory guidance that children in care attend schools rated to be 'Good' or 'Outstanding' by Ofsted (DfE, 2018a), despite this still not consistently occurring in some local authorities (Longfield, 2018). It should be noted that Ofsted assessments are a crude indicator of quality, especially of early education provision, and arguably do not take account of the complexities of the sector (Penn, 2002). It is also possible that increased transitions which may occur to accommodate this guidance may have negative implications.

2.9.1 *Early Years Pupil Premium (EYPP)*

There have been several government initiatives targeted at directly improving the educational experiences of children in care. Schools that educate children in care, or those who have ceased to be by virtue of being adopted under a special guardian order or child arrangements order, are entitled to £2345 per year per child. In addition, the EYPP entitles

schools with children in care aged three to four years old to £302 per year “to provide early intervention in closing the [educational] gap for disadvantaged children through high-quality early childhood education (Early Education, 2019a).”

Williams-Brown (2020) researched how 33 Early Years practitioners viewed the EYPP. She found that practitioners’ responses focused on whether all children in care should be eligible for this funding, relating this to a deficit-model view of children in care. She also found that practitioners felt the biggest difference was made when the funding was allocated to children in care who had developmental delays, which is unsurprising due to their higher level of need. It was also argued that the notion of ‘gap’ could be extended beyond educational outcomes so that this funding is used to support children in other extra-curricular activities. It should be noted that this study was not longitudinal and so did not allow the researcher to directly ascertain the impact of the fund over time.

2.9.2 Interventions with the youngest children in care

Currently, the literature on interventions run with children in care focusses on older school-aged children, such as innovative arts-based interventions (Benaton et al., 2020), those investigating the role of physical education and school sport (O’Donnell et al., 2020) and literacy interventions (Raspin et al., 2019), and often excludes children in pre-school, EYFS and Key Stage 1.

Where research into interventions with the youngest children in care does exist, it tends to reflect more therapeutic outcomes, for example Francis et al. (2017)’s research into the impact of a Theraplay intervention on 20 children in care aged between 5 and 11 years old, over 8 months. Using the SDQ, they found an overall reduction in the children’s stress scores post-intervention, however these scores were not statistically significant. Qualitative

feedback from class teachers, classroom assistants and school-based mentors showed 'noticeable changes in the children's relationship skills, confidence and engagement with education' (p. 316). It should be noted that three post-intervention questionnaires were not returned by schools, and as results were not broken down by age, it is possible that the results do not reflect the impact on the youngest children.

In terms of interventions aimed at academic attainment, Evans et al. (2017) carried out a systematic review of interventions using randomised controlled trials with children in care below the age of 18. There was only one UK-based intervention aimed at children in their first years of school. This was Mooney et al.'s (2016) evaluation of The Letterbox Club in Northern Ireland, an intervention which provides monthly educational resources and books to children in care for 6 months. Mooney et al. reported no effect on reading accuracy, comprehension or rate, or on attitudes towards reading and liking of school. This suggests that children in care's lower ability may not be related to access, instead:

it is suggested that one plausible reason for the ineffectiveness of the Letterbox Club ... is the lack of support provided to the carers/children in relation to the packs received ... it is recommended that for book-gifting programmes to be effective they need to include a focus on encouraging the direct involvement of foster carers in shared literacy activities with the children using the books that are gifted

(p.1)

This finding supports an ecosystemic view of development (Bronfenbrenner, 2005), in that it is not purely the presence of the resource that will aid development, but the interaction between agents, resources, and child.

Whilst many interventions do not target the youngest children in care, differences in progress between this cohort compared with their non-care-experienced peers are already noted in their early years. Sinclair et al. (2019) used data from the National Pupil Database as support for the need for early education interventions for children in care. They found that the attainment of children not yet in care, who later came to be, was one standard deviation behind the cohort average at 7 years old, and that coming into care did not reverse this decline. They argue ‘educational interventions for [children in care] should ... start before seven, target both school and family, and exploit the educational opportunity which care provides’ (p. 443). My study will aim to better understand the support systems around these young children, and therefore how this early intervention can be achieved.

2.10 EPs and children in the care system

The context within which EPs operate has continued to change over recent decades, related to a shift in service delivery from non-traded models towards traded models, as well as the introduction of Every Child Matters and other legislation pertaining to the support of children (e.g. the SEND Code of Practice). In line with differences in service delivery across EPS contexts, EPs have been deployed differently in their work with children in care. Of the 276 EPs who returned questionnaires related to their work, Farrell et al. (2006) found that 71% of EPs were involved in work with children in care, however the level of involvement may differ between individuals. Indeed, some EP services assign a specific EP to work with their Virtual School, with others disseminating the work between their teams.

In terms of the type of work that these EPs are doing with children in care, within Farrell et al.’s sample, they were providing: ‘an integrated LAC team ... psychological services [and] ... consultation, advice and casework support to [services to students with

disabilities] and LAC' (p.37). Other research, such as Norwich et al.'s (2010) questionnaires and interviews with EPs in five local authorities, and Bradbury's (2006) interviews with three EPs working with children in care, suggest that work primarily centres on direct work with school. They also cite EPs taking positions as link EPs for children in care in their local authority, and mention work with multi-agency teams. No research was found related to the specific support offered for children in care in the Early Years.

2.11 The role of DTs working with children in care

As mentioned, Driscoll (2013) reports a dearth in the literature in relation to how DTs are used and their impact, which she describes as 'a significant gap, given that teachers are the adults most commonly cited as being supportive of their education by [children in care]' (p.112). Whilst there were no peer-reviewed journal articles found related to the role of DTs, a number of recent unpublished theses were found, suggesting increased interest in the area. However, none of these explore DTs work with the youngest children in care.

The research that is available has often centred on the emotional impact of working with children in care on DTs. For example, Bhagvanji (2020) reviewed their roles in the context of attachment. She firstly found multiple contradictions within policy in relation to the construction of looked-after children, and then carried out interviews with seven DTs. She also found variation in their understanding of attachment theory and their access to training. She notes that despite DTs establishing their own identities as emotion workers, the systems around them did not conceptualise their work as emotional labour and so they lacked support. Her findings cause her to argue for formal structures of support by schools to support the emotional needs of DTs. Similar challenges in terms of the emotional labour of DTs were found in Watermans's (2020) research, based on interviews with four DTs and four VS

advisory teachers. The emotional impact of work with children in care on DTs should be better understood by those in their ecosystems, but these narratives again privilege attachment or security-first thinking over the educational issues within the role (Cameron et al., 2020).

Boesley (2021) used feedback from surveys of 44 VSs and 142 DTs, alongside 16 interviews with DTs, to identify barriers and facilitators to the support that DTs offer to children in care. These include time and workload pressures, role awareness and recognition by other staff and school leaders, role identity, opportunities for networking with other DTs, engagement and understanding about children in care from other school staff, the implementation of new initiatives in school (particularly those related to attachment and trauma), managing bureaucracy and administration, the demands of Personal Education Plans and the funding provided for children in care. She also argues that DT's level of recognition and capacity to enact change was positively impacted by the DTs level of seniority.

2.12 Collaboration between DTs and EPs

Collaborative working has long been established as central to the EP role in legislation (e.g. the Children Act 1989) and practice. Indeed, Boesley (2021) found that two-thirds of DTs surveyed worked with an EP in their role. This research, and others (Norwich et al., 2010; Whitehouse, 2014), has shown that DTs acknowledge the specific expertise and specialist knowledge of EPs, particularly in terms of learning and ensuring that children's voices are at the centre of decision-making. The researchers also found that DTs undervalued EPs possible contribution to supporting SEMH needs of both children and young people and school staff. Indeed, Boesley argues that EPs could have a significant role in supporting the emotional needs of DTs themselves through supervision, but that this is not yet happening. The researchers also found that DTs privileged the EPs carrying out individual work with

pupils (e.g. assessment) over consultation and systemic support (e.g. training). Again, no research was found investigating the specific ways that EPs and DTs are working collaboratively to support the youngest children in the care system.

2.13 The voices of the youngest children in care

There is very little literature exploring children in care's views about what supports them in education, and none for those accessing ECEC. However, Sugden (2013) explored the views of six children in UK care aged 8 and 9 years old using diaries and semi-structured interviews. He developed three themes based on the data, illustrating that the children saw school as: (i) 'a place where I am accepted', (ii) 'a place where I can make choices', and (iii) 'a place which personalises learning' p.367.

Children in care's voices have not been heard in research in general (Cassidy et al., 2022; McCullough, 2017; Strolin-Goltzman et al., 2010), especially the youngest children in care, as they may not be seen as 'capable social agents' (Cassidy et al., 2022, p. 33). One piece of research aimed at eliciting the perspectives of the youngest children in care in the UK, was Winter's (2012) use of reality boxes with 14 children aged 4 to 7 years old in Northern Ireland. This involved the children decorating boxes, with the outside reflecting how they believed others perceived them, and the inside reflecting their feelings and perspectives as a child in care. The author found that these, paired with the use of interviews, showed that the youngest children in care are capable of sharing their views, and argued that this is crucial to inform decision-making.

2.14 Societal views on children in care

In the UK, children in care are widely considered a vulnerable group, illustrated through the 1989 Children's Act, but also more recently in their inclusion in essential educational provision during the 2020 COVID-19 lockdown. Narratives of vulnerability arguably reflect the problem-focussed language most closely associated with positivist approaches, such as medical models of disability, within-child and deficit models (D'Amato et al., 2005). Within these models, difficulties are located 'within' an individual and need to be 'solve[d]' (Joseph, 2008; B. Kelly et al., 2008; Wilding & Griffey, 2015). Interventions and policies at the government level which aim to reorganise the societal structures and inequalities which impact those constructed as vulnerable instead reflects a social model of disability (Oliver, 2013). In addition, those interventions that aim to impact the entire ecosystem surrounding a child reflect the Ecosystemic approach, where needs are conceptualised a result of the complex interplay of several systems rather than the located within the individual themselves. Whilst there may be a shift in the narrative within the professional field of SEN, seen at the SEN Policy Research Forum where participants questioned whether the experience of trauma is fully captured when children in care are being identified as having SEN (Hutchinson et al., 2021), it will take more for this to be achieved at the macrolevel.

2.15 Views on the education and care of children in care

There is some disparity in the priority shown to the different needs of the youngest children in care. Miller and Cameron (2014) describe these ECEC systems as being largely 'split', in that 'care' is associated with children under 3 years old, and 'education' is associated with children over this age (p.4). Cameron et al. (2020) reported the results from

two pieces of research, one in Sweden and one in England, which explored the views and practices of foster carers in relation to the early education of young children in care. They found that social work and foster care was focused on ‘care’, ‘attachment’ and ‘emotional bonds’ (p.3) between the child and the foster carer, which is reflected in the guidance for foster carers in the UK. The authors argue that the prioritisation of what they conceptualise as ‘security-first thinking’ has undervalued the role of other aspects of children’s development, such as learning and education, opportunities for which may be being missed in domestic settings. They argue that this becomes most significant when it is understood how much early learning is occurring in domestic settings, and for how long this has an impact even when other factors are controlled for (Sammons et al., 2015).

Results from this literature review would seem to support a continuing ideological privileging of attachment over the exploration of the educational practices of the youngest children in care. Two examples are Begum et al's. (2020) evaluation of the Attachment-Centred Parenting (ACPP) programme for foster carers, and Kelly et al's. (2020)’s research into the Attachment Aware Schools programme for children in care. However, there is a debate with regards to this within the literature, as McMurray et al. (2011) argue that in both social policy and relevant literature, tangible educational outcomes of children in care have been privileged to the detriment of more psychosocial developmental outcomes, such as identity development.

2.16 The current state of knowledge and my study

This literature review has illustrated what is known about the children in care aged from birth to 7 years old in the research. It has shown that there is a dearth of research specifically aimed at understanding these children’s experiences, particularly in relation to

education. It has shown that whilst it is understood that access to ECEC and early schooling is considered preventative in terms of negative outcomes, there is little research into early interventions, and how foster carers can be supported to see their role as an educational one.

2.17 Study aim

My study aims to explore further the main systems surrounding these children, in order to make a unique contribution to the state of evidence about the experiences of children in care in England aged from birth to 7 years old, through an exploration of how children are supported as they enter education in one London borough.

2.18 Study research questions

1) What are the backgrounds and experiences of all children in a London LA care system aged from birth to 7 years old, in terms of their:

- a) Numbers, prevalence, and demographics
- b) Reasons for coming into care
- c) Access to ECEC
- d) Transition histories

2) What are the characteristics of children in a London LA care system, in the EYFS or Key Stage 1, including the Four Areas of Need: (i) Cognition and learning, (ii) Communication and interaction, (iii) Physical and sensory needs (including self-help) and (iv) SEMH?

3) How are children in a London LA care system, in the EYFS or Key Stage 1, being supported by their immediate contexts (school and home)?

4) How are children in a London LA care system in the EYFS or Key Stage 1 being supported by broader contexts (including relationships around the child, training, support, macro-policies and narratives)?

Chapter 3. Methodology

3.1 Philosophical position

The following sections will detail my philosophical position, in order to outline which assumptions underpin the approach to research and interpretation of the findings.

3.1.1 *Social Constructivist perspective*

Theoretical perspectives in research largely centre on positivism, which contends that there exists an objective reality free from consciousness, and post-positivism, specifically interpretivism, which contends that truth is created through the social world (Robson & McCartan, 2015). Social constructivism (as part of the interpretivist position) contends that ‘people construct [the nature of the world] between them. It is through the daily interactions between people in the course of social life that our versions of knowledge become fabricated’ (Burr, 2015, p. 4). I took the social constructivist approach as, whilst there appears to be an objective reality experienced by the children in this study, such as the number of transitions, understanding the social constructions associated with this reality gives a depth of understanding not available by merely documenting the number of moves, for example. Indeed, reality is only meaningful in how it is ‘constructed by human beings as they interact and engage in interpretation’ (Robson & McCartan, 2015, p.24).

The social constructivist approach is demonstrated by my attempts to ascertain the narratives of key agents in the lives of the children at school and at home. Indeed, the aim of research undertaken from a social constructivist perspective, is to obtain these multiple participants’ ‘definition of the situation, to see how they make sense of their situation and to focus on interactions, contexts, environments and biographies’ (Cohen et al., 2018, p. 23). The multiple stages of the current study, outlined in Figure 3, is supported in this way, as the key agents in the lives of these children will be able to detail how they make sense of what

are considered the ‘facts’ generated from the initial stage, such as numbers of transitions, attendance of ECEC, etc. The fundamental aim of this research is one of ‘understanding’, which is considered the primary aim of social constructivist research (Robson & McCartan, 2015, p.25).

3.1.2 Theoretical framework: Person-Process-Context-Time model

The approach I have adopted in this study was to explore the systems of support in place for children as they enter education, through the lens of Bronfenbrenner’s (2005) bioecological theory of human development, specifically the Process-Person-Context-Time (PPCT) model. This is the most recent iteration of Bronfenbrenner’s bioecological theory of development, which contends that development is ‘the phenomenon of continuity and change in the biopsychological characteristics of human beings both as individuals and as groups’ (Bronfenbrenner, 2005, p. 3), which occurs through interactions within and between numerous elements of an ecosystem.

The results from interviews have been ‘evaluated through the lens of bioecological theory’ (Tudge et al., 2009, p. 203), rather than the data gathered being used to establish a causal model. The PPCT model lends itself to my study, by providing a framework for understanding the different systems of support within and around these children. In the most recent iteration, the original theory’s emphasis on ‘the many and varied contexts in which people exist and interactions at the intersections of these contexts’ (Dockett et al., 2014, p. 4), has been complemented by a renewed importance being placed on processes. Bronfenbrenner (2005, p. xv) describes proximal processes as ‘the primary mechanisms producing human development’, the direction and power of which vary in accordance with all of the other elements of the ecosystem: the person, context and time.

Figure 1
The four elements of the PPCT model

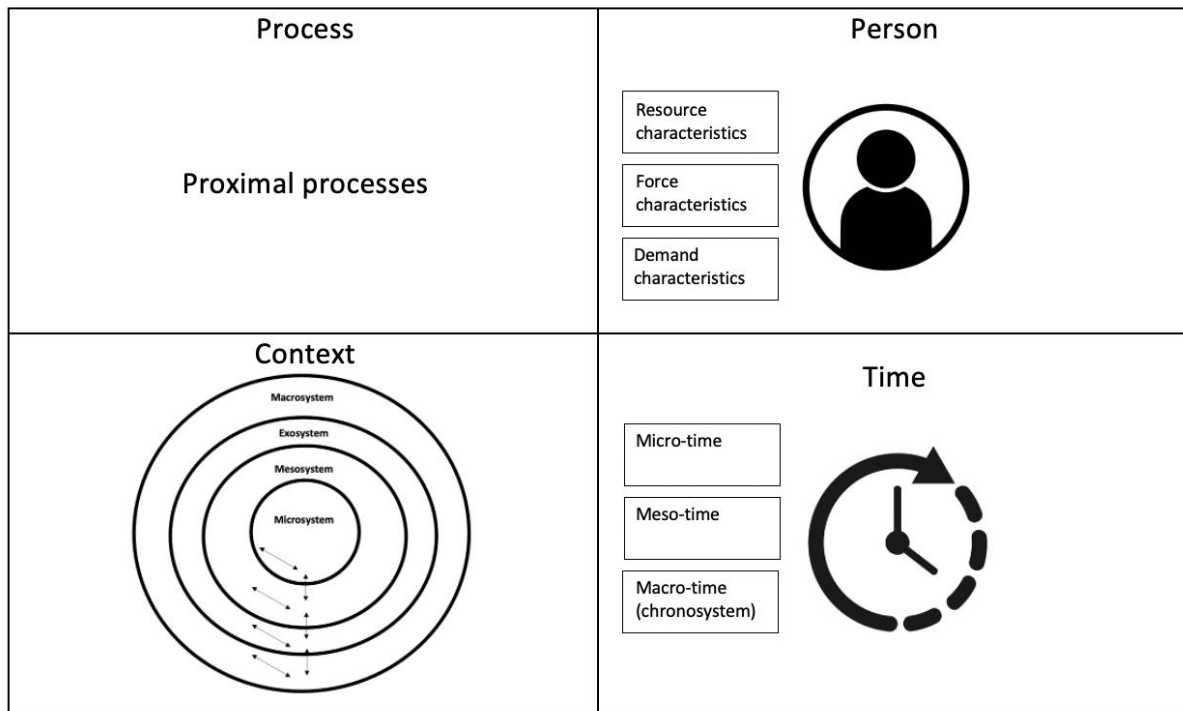
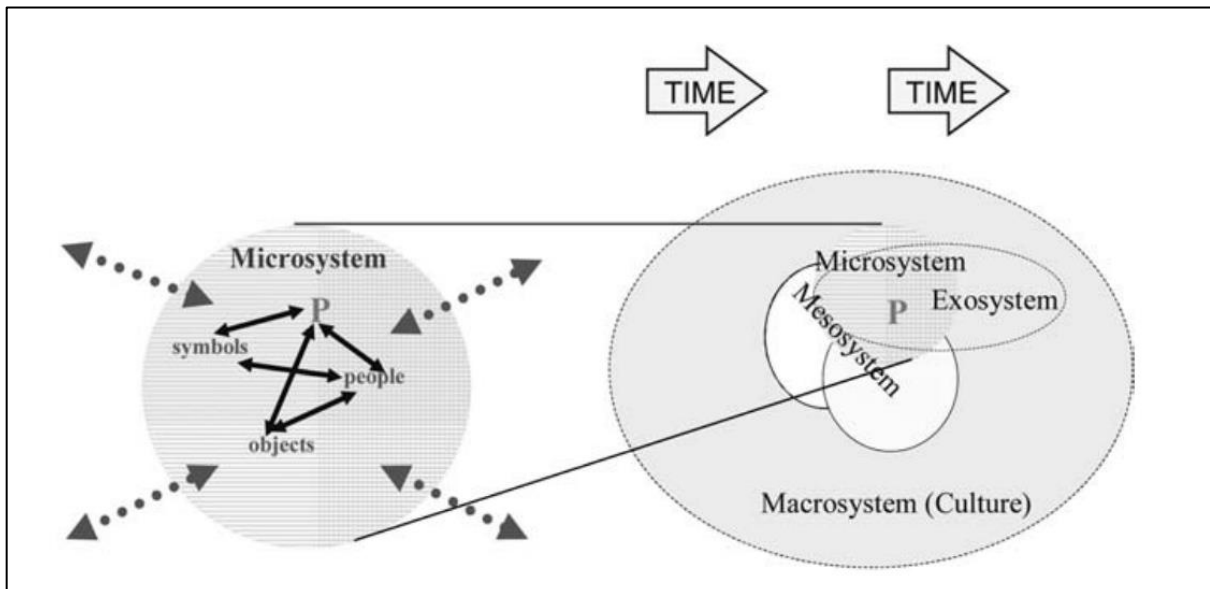


Figure 2
A diagram of the PPCT model



Note. As seen in Tudge (2010)

Biological, genetic characteristics and personal characteristics that the developing individual brings with them to a circumstance, comprise the 'Person' element of the PPCT model (Bronfenbrenner, 2005; Tudge et al., 2009), split into demand, resource and force characteristics. As Trummer (2017) describes 'demand characteristics are those that act as an immediate stimulus to another person, such as age, gender, skin colour, and physical appearance' (p.17). Resource characteristics are generally not immediately apparent, and relate to both internal (e.g. skills and intelligence) and external (e.g. housing and health care) resources. Force characteristics are described as 'those that have to do with differences of temperament, motivation, persistence' (Tudge et al., 2009, p. 200).

This 'Context' element of the model comprises four nested systems outlined in Figure 2: the microsystem, the mesosystem, the exosystem and the macrosystem. The microsystem 'is any environment, such as home, school, or peer group, in which the developing person spends a good deal of time engaging in activities and interactions' (Tudge et al., 2009, p. 201). The mesosystem is described as the interrelations between microsystems (Bronfenbrenner, 2005; Tudge et al., 2009). The exosystem is the wider contexts that indirectly influence an individual's development, but where they are not directly located (Bronfenbrenner, 2005; Tudge et al., 2009). The macrosystem is defined 'as a context encompassing any group ... whose members share value or belief systems ... [which] envelops the remaining systems, influencing (and being influence by all of them' (Tudge et al., 2009, p. 202), such as culture and broader social systems.

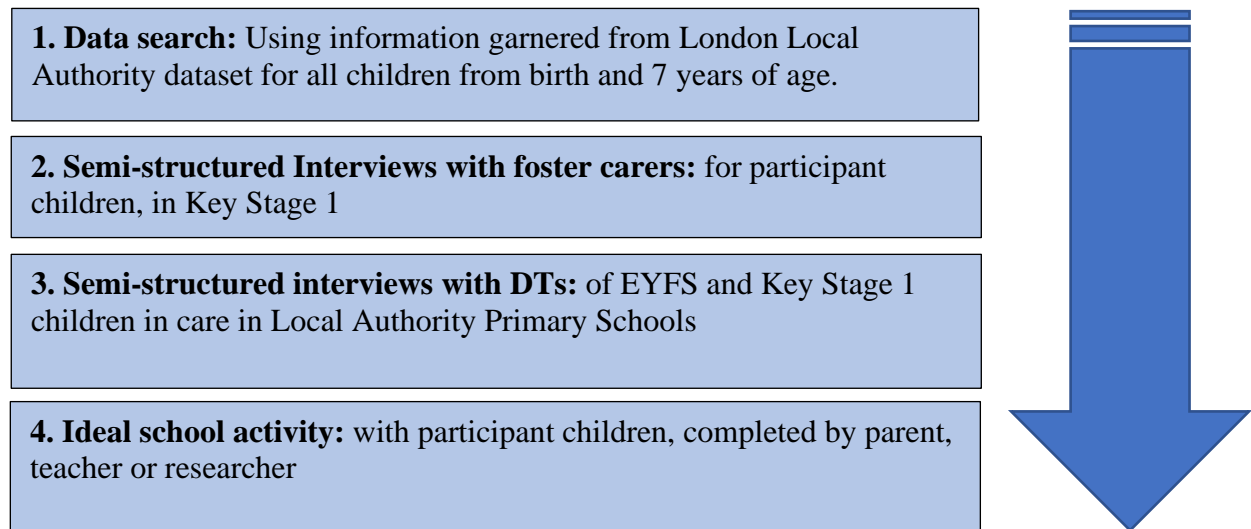
The final element of the PPCT model is 'Time', which is conceptually divided into three: i) micro-time, or what occurs during a specific activity; ii) meso-time, which is the consistency and regularity of the activity; and iii) macro-time, or the historical events that define the individual's context.

3.2 Research design

3.2.1 *Four stage, cross-sectional design*

The current research has a four-stage design (see Figure 3). For Stage 1 of the research, I took a snapshot of the data of children in the LA aged between birth and 7 years on the date that the data was accessed. I then conducted interviews with their Foster Carers (Stage 2) and DTs (Stage 3), before asking DT's and foster carers to complete an Ideal School activity with participants (Stage 4).

Figure 3
Stages of data collection



This research also had a cross-sectional design. As described by Tudge et al. (2009), for the PPCT model to be used to show causality, it would need to be operationalised in a longitudinal way (to appropriately demonstrate the ‘time’ element of PPCT), but this was not the aim of my study.

3.2.2 *Mixed method methodology*

The current study was undertaken using a mixed method methodology, in that Stage 1 utilises quantitative LA data (at the descriptive level) and Stages 2 to 4 utilise qualitative

data. As described by Greene (2008, p. 20), a mixed method approach is ‘an orientation toward social inquiry that actively invites us to participate in dialogue about multiple ways of seeing and hearing, multiple ways of making sense of the social world, and multiple standpoints on what is important and to be valued and cherished.’ This supports the social constructivist assertion that meaning is constructed through individual’s interpretations which exist in a social world. According to Greene, whilst any approach to understanding is ‘inevitably partial’, the use of multiple approaches can allow us to better understand ‘the multifaceted and complex character of social phenomena’.

Green et al. (1989) describe five justifications for combining qualitative and quantitative research: triangulation, complementarity, development, initiation and expansion. For the purposes of this research, a mixed method approach was seen as appropriate for ‘development’. In order to better understand the developmental worlds of the children in care, quantitative and qualitative data was accessed in a sequential way, where ‘the first method is used to help inform the development of the second’ (p.260). The present study used qualitative and quantitative approaches simultaneously in the latter stages of the research, in order to ascertain ‘triangulation’ between participants, as well as for ‘initiation’, to ‘seek the discovery of paradox and contradiction’ (Greene et al., 1989, p. 259).

Despite Stage 1 concerning quantitative data, the current research has an embedded design, which ‘recognizes that each research question requires both quantitative and qualitative data, and qualitative data may be added to, embedded in or supplemented by quantitative data (e.g. in an experiment) or vice versa (e.g. a case study) in this design’ (Cohen et al., 2018, p. 39). Crucially, qualitative data has been privileged over quantitative data, in line with the social constructivist assertion that knowledge is made meaningful through social interactions.

3.3 Sample and recruitment

This research employed purposive sampling, in that, for Stage 1, all children in care between the ages of birth and 7 years old in the borough were selected, and relevant information pertaining to their experiences was accessed. Fifty-three children were identified and were eligible for inclusion in the study. With some concern nationally about rising numbers of babies in care, it was important to select children at the earliest possible age. The upper age of 7 years old was chosen to have the fullest possible exploration of transitions within the first stage of Primary School (Key Stage 1). For Stages Two to Four, the sample was reduced to include children in the LA attending EYFS and Key Stage 1 educational settings, in order to more narrowly focus on experiences of the first years of schooling.

3.4 Data collection

Once ethical approval was gained at the end of March 2021, access was granted to LA X's VS data collection system. After data was collected on the whole population, children in EYFS and Key Stage 1 were identified. The LA Operational Director and Head of Inclusion and VS gave written consent for the research. Social workers were contacted and asked to indicate whether it would be appropriate for a child to be involved. When reasons were given for declining involvement, these centred on the complexity of their case and a high number of existing professionals, (n=3). Foster carers for children approved to participate by social workers were then contacted (n=8) and given information sheets (see Appendix A) with six agreeing to be involved. Three DTs for children cared for by these foster carers were then interviewed. Whilst, in total, nine interviews were conducted (see Table 7), one DT supported two of the participant children, and so their interview provided insight into two children's school experiences.

Table 7

Table indicating children who had foster carers and/or DTs interviewed, and those who completed the Ideal School activity

Child	Foster carer interviewed?	DT interviewed?	Child completed Ideal School activity?
Christopher	Yes	Yes	Yes
Florence	Yes	Yes	No
Liam	Yes	No	Yes
Poppy	Yes	Yes	Yes
Ryan	Yes	Yes	No
Miranda	Yes	No	No
Total	6	4	3

It was initially intended that children would themselves be directly involved, however, due to difficulties with securing consent from social workers, the DTs and foster carers were asked to complete the Ideal School activity with the children and return this to the researcher (three of these were returned [see Table 7]). Restrictions related to COVID-19 also limited the possibility of physical visits to schools.

3.5 Materials

3.5.1 LA database

Relevant information relating to all LA X's children in care aged between birth and 7 years of age was collated, on: age, sex, ethnicity, school, placement type, legal status, category of need, number of placements in the past 12 months and whether they had more than three placements overall. SPSS was used to generate descriptive statistics for this data.

3.5.2 Semi-structured interviews

Tudge et al. (2009) write that 'the minimum requirement would be to evaluate the differential influence of two microsystems (home and school, for example) ... on the

activities and interactions of interest' (p.202). Again, whilst this study does not aim to establish causation, the views of the children's two main microsystems (school and home) were chosen to be explored, through semi-structured interviews with foster carers and DTs.

Interviews were chosen in line with the social constructivist approach, in order to understand multiple social constructions, as well as triangulate between them. Semi-structured interviews were conducted, in order to allow for greater flexibility than afforded in structured interviews (Robson & McCartan, 2015, p. 286). Interviews were conducted via Microsoft Teams, in person, or via telephone, depending on the COVID-19 restrictions at that time. One interview was conducted in-person. During the interview, DTs (or foster carers where teachers did not participate) were asked to report the child's academic attainment grades. These grades were made consistent across all children (e.g. 'below', 'at' or 'exceeding' ARE in reading, writing maths) to aid comparison and collation of data.

3.5.3 The Ideal School

In relation to understanding the experiences of children in care, often their voices are not heard in research (Cassidy et al., 2022; Coyne et al., 2021; Leeson, 2014; McCullough, 2017; Strolin-Goltzman et al., 2010). As discussed, this is especially true of the youngest children in care (Coyne et al., 2021), who may not be seen as 'capable social agents' (Cassidy et al., 2022, p. 33). An understanding of the importance of the child's voice, is reflected in the 1989 United Nations Convention on the Rights of the Child, as well as within the UK legislative context (e.g. SEND Code of Practice, 2014) within which EPs operate.

It was due to this understanding of the importance of the voice of the child, that the initial research design included plans to ascertain the views of the children involved in the research. However, despite all foster carers agreeing for the researcher to meet with the

children, difficulty gaining consent from social workers, meant that the researcher was only able to meet with the adults around the child. In order to ascertain children's views, instructions were given to DTs and/or carers of the participant children in order to complete an Ideal School activity (adapted from Moran [2001]), as 'visual methods such as drawings enable children to represent experiences unconfined by language or literacy and enables them to be active and creative in an activity that many enjoy' (Coyne et al., 2021, p. 819). For the purposes of this research, children were asked to draw a school they would like to attend, including the classroom, the children, the adults and themselves, but adults were encouraged to simplify this if needed.

3.6 Data Analysis

3.6.1 Descriptive statistics

For LA database data, descriptive statistics were used to present the findings. Means and standard deviations were calculated for some data, where appropriate, as well as percentages.

3.6.2 Reflexive thematic analysis

Reflexive thematic analysis was used for data from the nine interviews, as it offers 'an accessible and theoretically flexible approach' (Braun & Clarke, 2006, p. 77). As very little is known about how the youngest children in care are being supported, 'a rich thematic description' (Braun & Clarke, 2006, p.83), was sought to illuminate the topic area. The analysis was approached from a mixed deductive/inductive orientation, in that PPPF was used as a framework to guide construction of themes, but there was no pre-existing data prior to the interviews, and so these were used to generate the final findings. Analysis was also

approached in line with the social constructivist perspective, in that much of the coding was generated at the latent, or interpretative, level (Boyatzis, 1998). However, coding is not necessarily a binary process of ‘semantic’ or ‘latent’, but instead this is a continuum: ‘they bleed into each other...some codes might be more fully semantic, some might be more fully latent, some codes might be both’ (Braun & Clarke, 2018).

In terms of interpretation, it is crucial to make a comment on reflexivity. As the analyst, my own life experiences have led to me forming a number of context-specific assumptions, such as personal theories of language, which informs my interpretation of the data (Braun & Clarke, 2018). Therefore, I used supervision with an academic and EP supervisor, as well as reflection with a colleague, to challenge my assumptions.

The interview data was analysed in line with the six steps outlined by Braun and Clarke (2006). This involved familiarising oneself with the data through transcriptions and multiple readings of the transcripts to become fully immersed in the data (see Appendix C). The second step was the generation of initial codes (see Appendix D). The third step was the search for themes, with codes being organised into prospective themes. During the fourth step, the themes were evaluated, with the support of my supervisors, to see if they resonated with the coded extracts and reflected the whole data set. To ensure participants voices were fully captured, and to reflect on my own assumptions, a second coder (a Trainee EP with expertise in the field of children in care and trained in Thematic Analysis) reviewed two extracts of interviews. We then discussed our separate codes and interpretations. The fifth step was the created of an integrated thematic map. The final step was the creation of the written report. It should be noted that, despite this approach being conceptualised as a staged approach, the six steps of thematic analysis as outlined by Braun & Clarke, is a ‘recursive’ rather than ‘linear’ process (Braun & Clarke, 2018).

3.7 Ethical considerations

The UCL Institute of Education Research Ethics Committee (REC) granted full ethical approval for the current research.

As mentioned, the LA Operational Director and the Head of Inclusion and VS gave written consent for the study to be undertaken, 'in loco parentis' or 'in place of a parent'. Social workers, foster carers and DTs were given detailed information about the study prior to research being carried out, through an information letter (see Appendix A). In these letters, information was included regarding the participants' confidentiality, as well as their right to withdraw from the research at any time. Social workers indicated via phone or e-mail which children could participate, with written consent provided by foster carers and DTs (see Appendix B [this form was adapted for use in MicrosoftForms]), and biological parents where participants were returned to their care during data gathering. Where written consent was not possible due to COVID-19 restrictions or due to language barriers, recorded verbal consent was gained from foster carers, DTs and birth parents, and an interpreter was used when necessary.

All data collected through this research project was anonymised. Identifying features, such as names of children, schools and LA have not been used. Study participants have been given pseudonyms in interview data and the writing of this thesis. All electronic data is stored via an encrypted USB, with no hardcopies, and accessed through the participating LA-owned laptop.

Due to the highly sensitive nature of the data, no external transcription software was used, as reliability of data protection could not be ascertained for any of the leading services. All interviews were transcribed by hand.

Chapter 4. Findings: LA data search

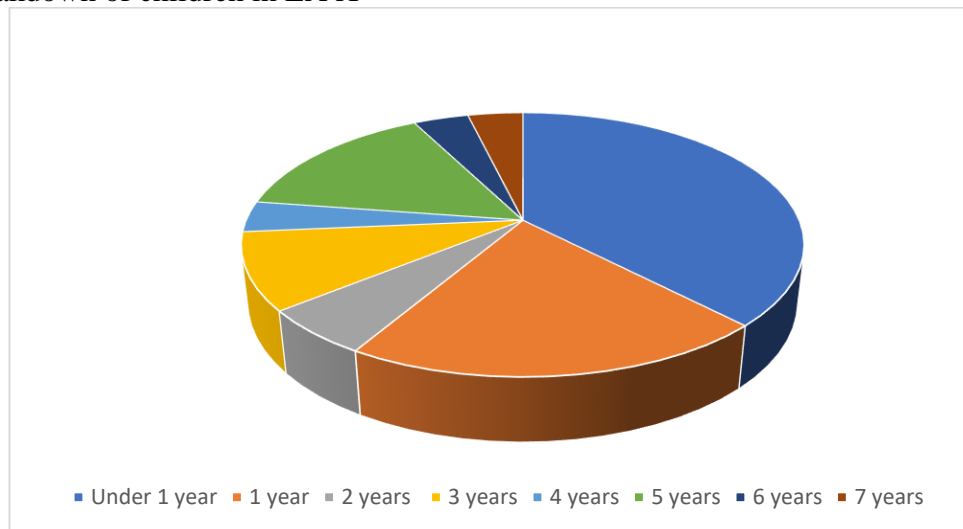
This chapter uses data gathered from the LA dataset in order to answer Research Question 1: What are the backgrounds and experiences of all children in a London LA care system aged from birth to 7 years of age, in terms of their: a) Numbers, prevalence and demographics; b) Reasons for coming into care; c) Access to ECEC; and d) Transition histories.

4.1 Numbers, prevalence, and demographics

On 6th April 2021, there were 53 children aged from birth to 7 years old listed as in care in LA X. Babies constituted the largest group in the data, with 20 of the 53 children being less than 1 year old (27.74%). The age breakdown of children in the sample is demonstrated by Figure 4.

Figure 4

Age breakdown of children in LA X



A follow-up data search was completed on 17th February 2022, and a substantial increase was noted in the number of children in LA care from birth to 7 years old. At the point of the second data search, there were 63 children in the sample, an increase of 18.87%. Whilst government statistics for 2021-2022 data have not yet been released, there was a national

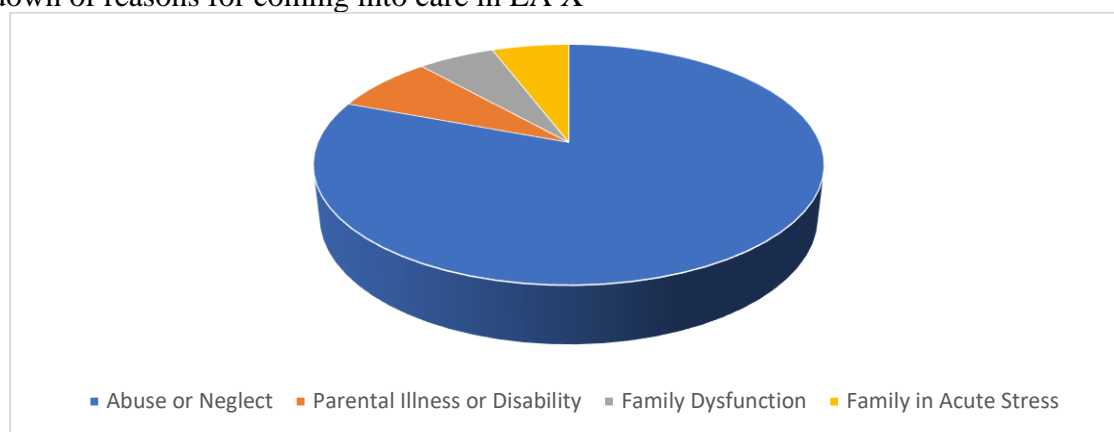
increase of 1% in terms of all children in care between 2020 and 2021. Numbers of children ceasing to be in the care system fell in 2021, with adoptions falling 18%, which the government has related to the impact of COVID-19 (DfE, 2021).

Of children aged from birth to 7 years old, 56.6% of the children were female. In terms of ethnicity, the largest ethnic group represented was 'White' (37.7%), 28.3% were described as 'Black or Black British', 20.8% were described as 'Mixed/Multiple', 11.3% were described as 'Asian or Asian British' and 1.9% were described as belonging to 'Other Ethnic Groups'. The overrepresentation of young children from BAME backgrounds (compared to national figures) reflects the diverse nature of the borough, where almost two thirds of the population are from BAME backgrounds.

4.2 Reasons for coming into care

In terms of category of need, for 79.2% of children this was 'Abuse or neglect'. For 7.5% of the sample, this was 'Parental illness or disability', for 5.7% this was 'Family dysfunction', for 5.7% this was 'Family in acute stress' and for 1.9% this was 'Absent parenting' (see Figure 5). In terms of national figures, 'Abuse or neglect' was also the primary need (66%), but 'Family dysfunction' was the second highest (14%), then 'Family in acute stress' (8%), 'Absent parenting' (5%), 'Child's disability' (3%), 'Parental illness or disability' (3%), 'Socially unacceptable behaviour' (1%), and 'Low income' (<1%). These national figures are not broken down by age.

Figure 5
Breakdown of reasons for coming into care in LA X



In terms of their legal status, 56.6% were described as having an ‘Interim Care Order’, which lasts up to 28 days before needing to be renewed. Of the sample, 13.2% were under a ‘Full Care Order’, which is not time-limited in the same way. The second-largest proportion of the sample (24.5%) were under a ‘Single Period of Accommodation under Section 20) and 5.7% were described as having their placement order granted.

4.3 Access to ECEC

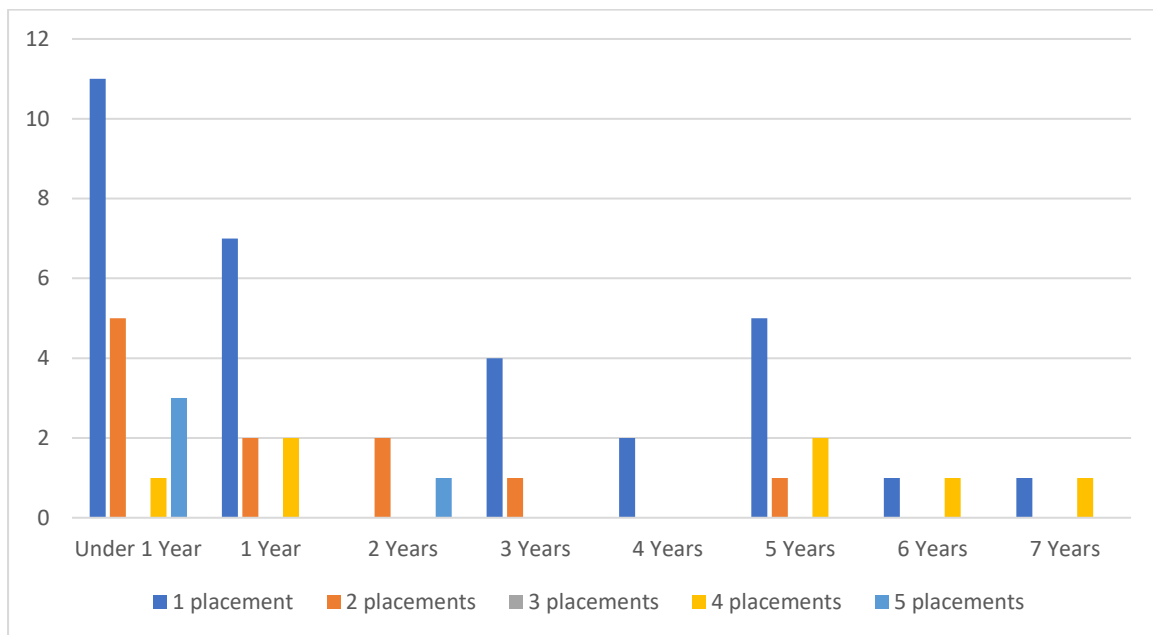
Information relating to schools or nurseries was not available for 71.7% of children aged from birth to 7 years old, which does not necessarily mean they are not attending preschool provision. Twenty-eight per cent of the sample attended Primary Schools which were listed: one of the five children aged 3 years old had their school listed, and all of the children aged between 4 and 7 years old had their school listed.

None of the sample were listed as having SEN, despite research showing that children in care are four times more likely to have SEN when compared with their non-care experienced peers (DfE, 2020a).

4.4 Transition histories

In terms of the number of homes lived in overall, 32.1% of children aged from birth to 7 years old had experienced more than three. In terms of the number of homes in the past 12 months, 58.5% had only one, 20.8% had two, 13.2% had four, and 7.5% had five (see Figure 6).

Figure 6
Number of placements by age



Overall, due to a lack of national data broken down by age, it is difficult to say how typical this data is. Compared to national figures of children in care as a whole, this sample is more diverse in terms of ethnic background, which reflects the makeup of the LA. Reasons for coming into care appear to reflect general trends, in terms of abuse or neglect being the predominant reason, but parental illness or disability appeared more frequent as a reason for coming into care in the LA X sample.

Chapter 5. Findings: Participant interviews

This chapter will firstly outline the background of the participant children through six pen portraits, including information about the schools attended (Table 8), responses from the Ideal School Activity and transition information (Table 9), and then detail the findings of the interviews.

5.1 Pen portraits

In this section are six pen portraits of the participant children. All participant schools and carers were asked to complete an Ideal School activity with their children, in order for their voices to be represented, and give a richer picture of the participants. Completed activities were received from three of the six children (see Table 7).

5.1.1 Christopher

Christopher is a boy in Reception class at an EYFS setting within a mainstream state school. He is described as Black British (Caribbean) on the LA database, with his first language being English. At the time of foster carer interview, Christopher was 4 years and 3 months old, and had been in care for 3 years and 5 months. He is currently in kinship care under a Full Care Order. He lives with his aunt, who has been his legal carer since he was 8 months old, and two half-siblings. He shares a biological mother with these siblings, but his mother has since died. Christopher's listed reason for entering care was 'emotional abuse'. Christopher has had two homes (with his late birth mother and then aunt). He is attending his first school. His aunt is hoping to change his school to be closer to home when his older sister finishes Year 6 at her current school.

Christopher's teachers assess him as meeting age-related expectations for writing, maths and reading, and having no additional needs at school. His aunt reports that he has additional needs in relation to his physical development, due to walking on tiptoes, and also in terms of his SEMH. She reports that he suffers from anxiety which manifests itself in difficulty sleeping and pulling out his hair.

Figure 7

Christopher's drawing of the school he would like to attend

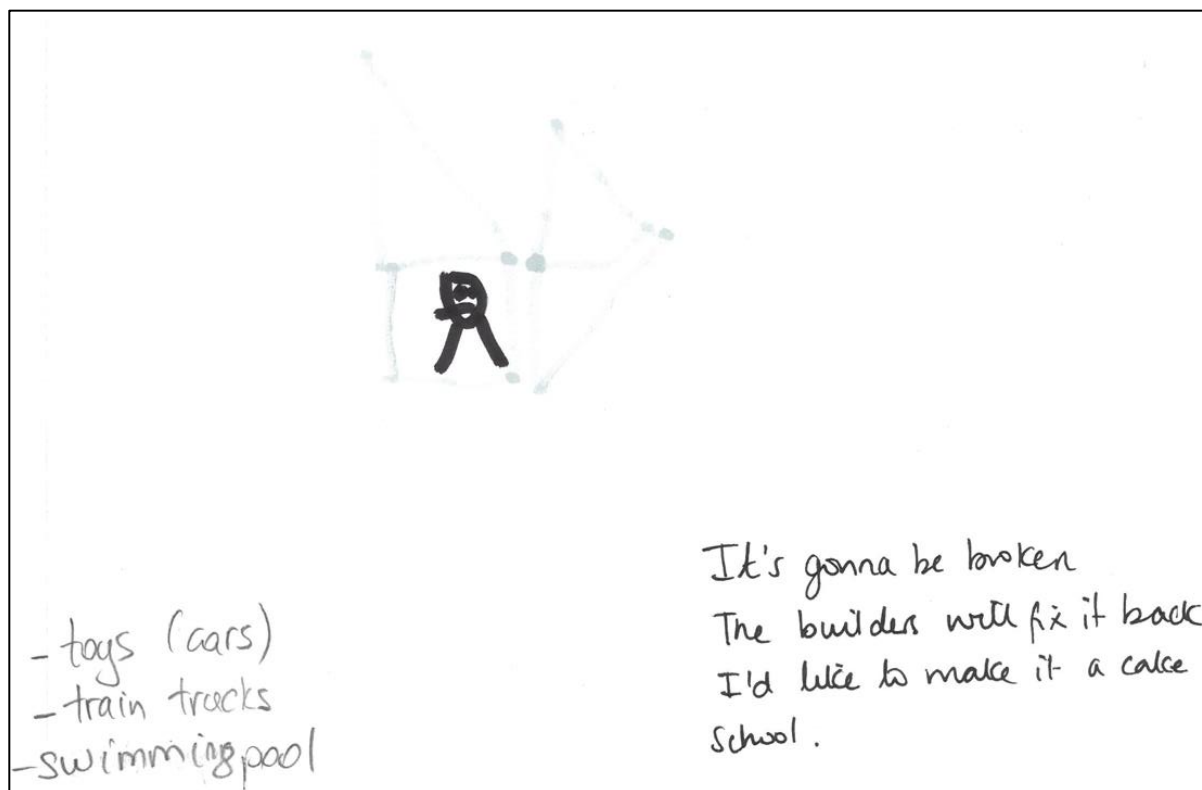
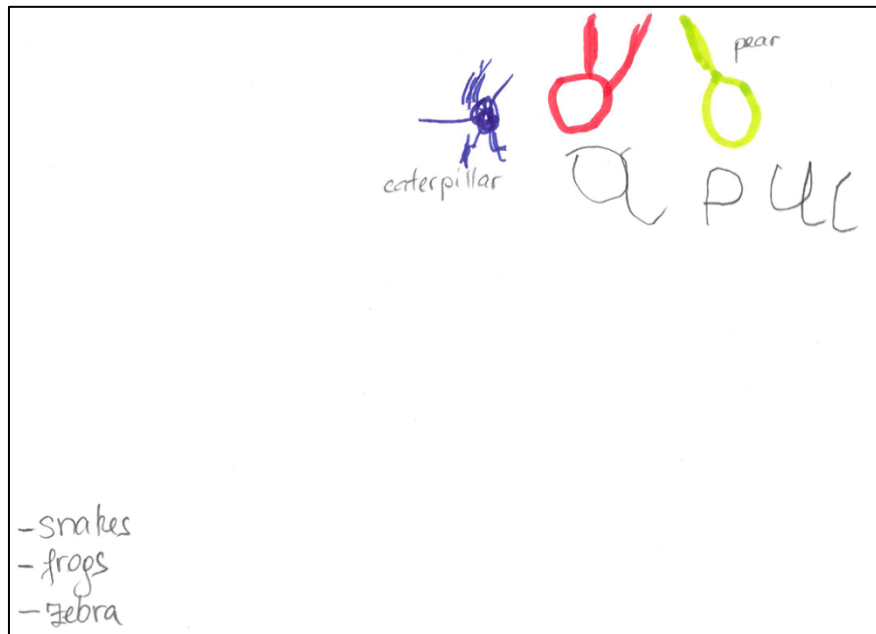


Figure 8

Christopher's drawing of the classroom at the school he would like to attend

**Figure 9**

Christopher's drawing of the children at the school he would like to attend

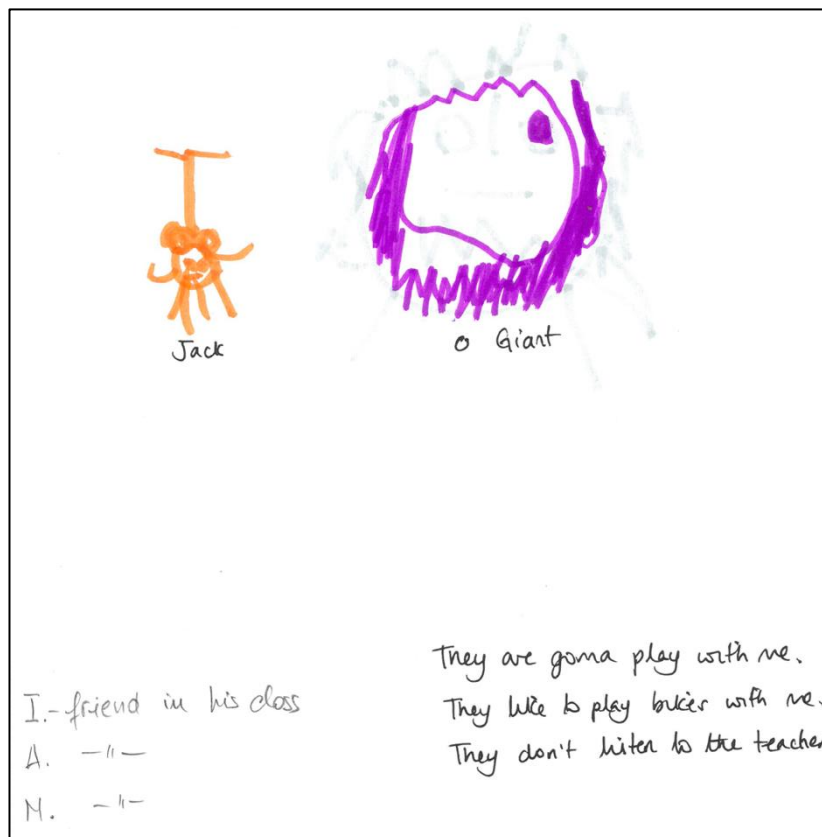
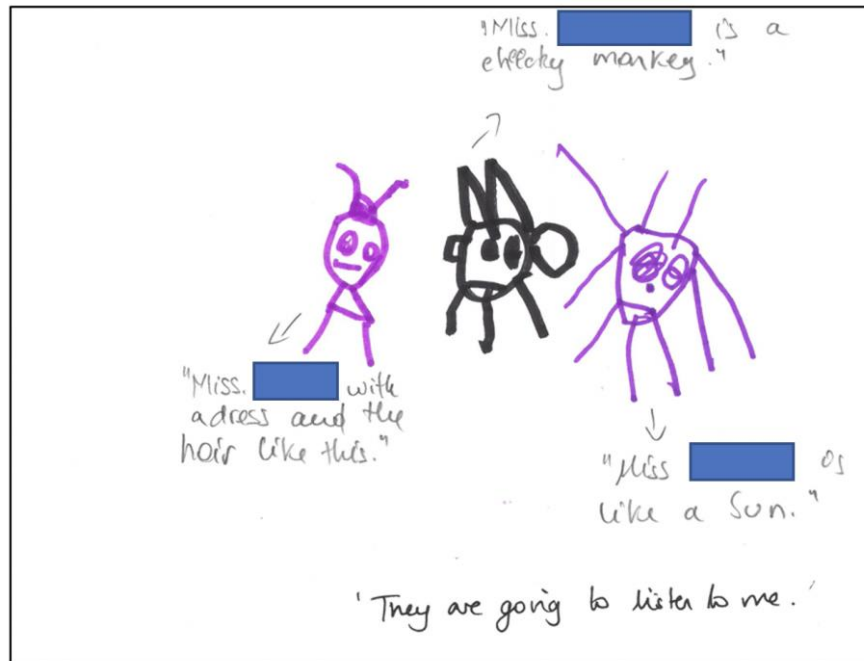
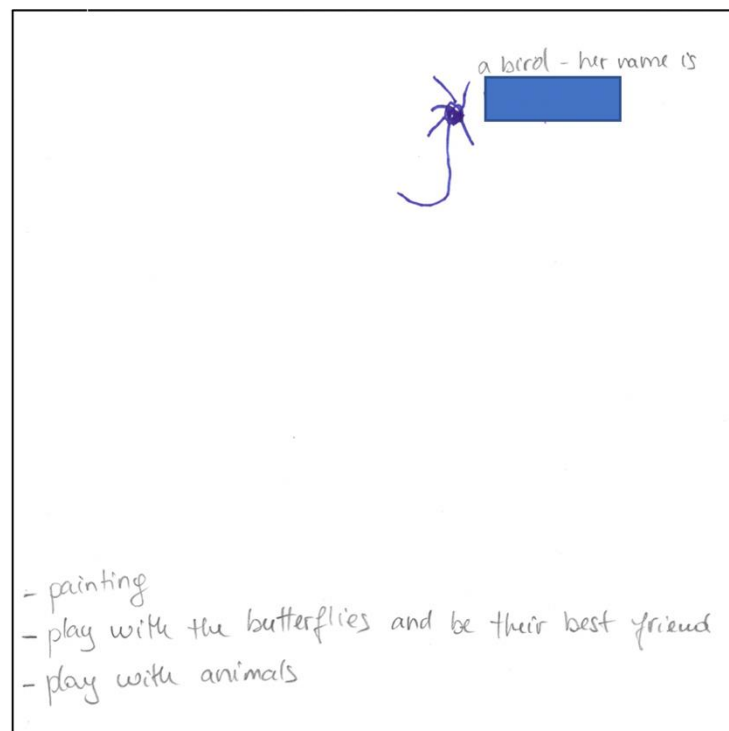


Figure 10

Christopher's drawing of the adults at the school he would like to attend

**Figure 11**

Christopher's drawing of himself at the school he would like to attend



5.1.2 Florence

Florence is a girl in Reception at an EYFS setting within a mainstream state school. On the LA database, she is described as ‘mixed race’ and her first language is English. At the time of the foster carer interview, Florence was 4 years 4 months old and had been in care for 2 months. At the time of interview, she was in care on a temporary care order, due to neglect. She had been placed with her foster carer as an emergency. Subsequent to interview, Florence was returned to her birth mother’s care, who is reported by the foster carer to potentially have learning difficulties. Florence lived with the foster carer, Florence’s 15-year-old sister and three of the carer’s other biological and foster children. Florence lived with the foster carer for 2 months, and then returned to live with her birth mother. She has attended three different schools during this time, as when she returned to her birth mother’s care, adults supporting her decided to move her to a new school.

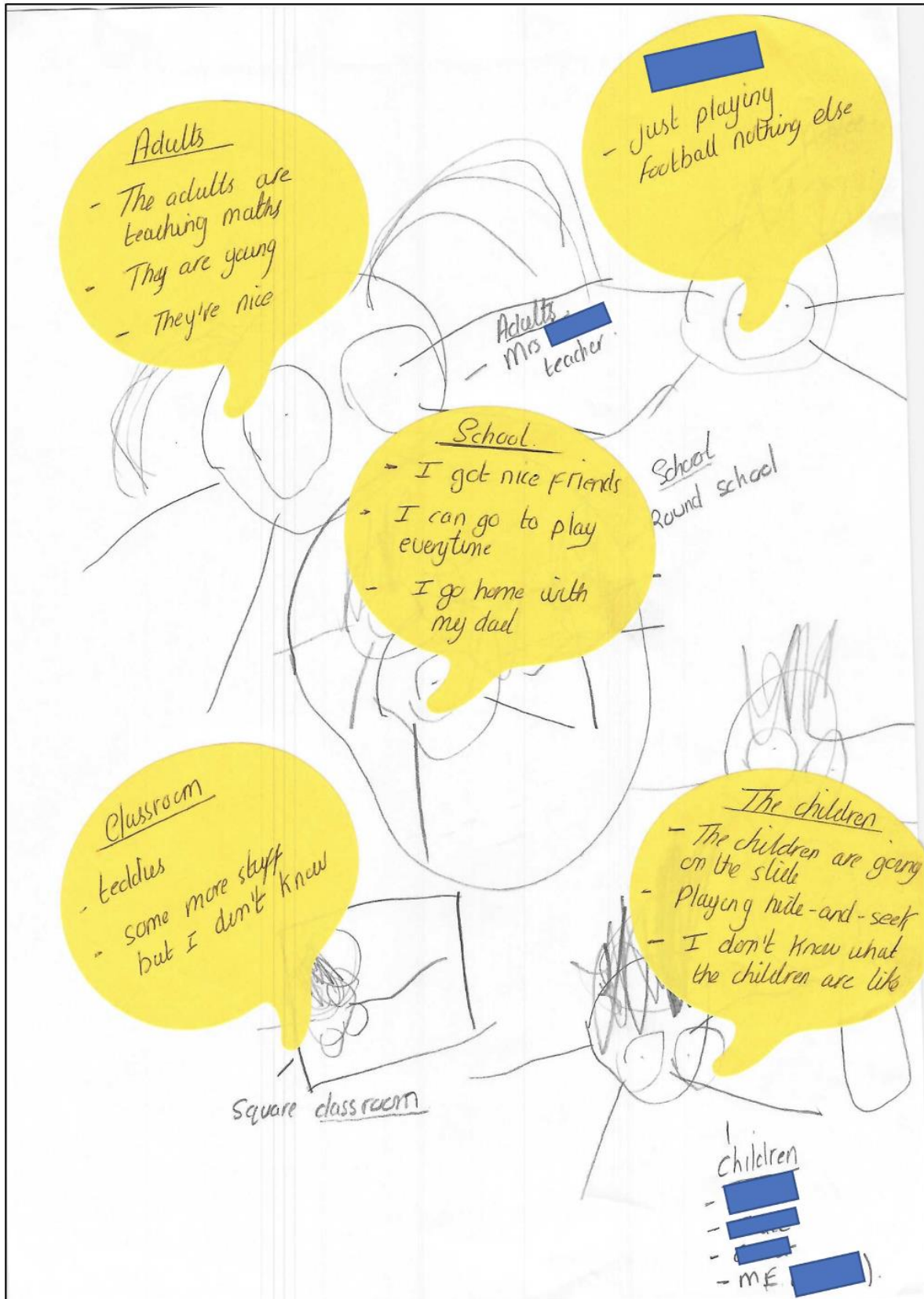
Florence was not meeting age-related expectations in writing, maths or reading, according to her school records. Her school and foster carer described her as having additional needs in all Four Areas of Need and were pursuing a SEN diagnosis.

5.1.3 Liam

Liam is a boy in Year 1 at a mainstream state school. At the time of interview, he was 5 years 1 month old and had been in care for 5 months. On the LA database, he was described as White British, with his first language being English. He has lived with three different foster carers since coming into care. At the time of interview, an emergency placement had been sought and he was living with his second foster carer, her husband, another foster child and Liam’s older sister. His older brother lived in a separate placement.

Figure 12

Liam's response to the Ideal School activity



The listed reason for Liam coming into care was emotional abuse. Liam had been in four different homes (with birth family and three foster carers) and had attended two different schools during his life so far.

School reported that Liam was at age-related expectations in writing, maths and reading. Both school and home reported that Liam had communication and interaction needs, and language needs in terms of pronunciation. School reported that Liam also had needs related to attention and had displayed some aggression towards other children. His foster carer reported fine motor skills difficulties, in terms of not yet developing a mature pencil grasp, and also signalled what she described as ‘hypervigilance’. Although not mentioned at interview with the foster carer, school report that the second foster carer had rescinded her caring role for him due to him being “too much hard work”.

5.1.4 Poppy

Poppy is a girl in Year 1 at a mainstream state school. She was 5 years 10 months old at the time of interview and had been in care for 3 months. She is described as ‘Asian or Asian British’ on the LA database, and her first language was Tamil. She came into care for a single period of accommodation under Section 20, due to, what was described as, physical abuse. Since the interviews, she had returned to her birth parent’s care. Her carer began caring for her as an emergency, and she lived with this foster carer, her older sister and another foster child. She has had two home placements (her birth family and foster care) and an additional transition back to her birth family. She was able to remain at the same school throughout this time. Whilst school have reported that she is at age-related expectations for writing, maths and reading, they also reported that she was getting some extra number and

writing input to address some ‘gaps’ in her learning. Her foster carer reported that she had some communication and interaction needs.

Figure 13

Poppy’s response to the Ideal School Activity



5.1.5 Ryan

Ryan is a boy in Year 1 at a mainstream state school. He was 6 years 1 month old at the time of his carer’s interview and had been in care for 9 months. He is described as White British on the LA database. The reason listed for him entering care was physical abuse. He was listed as having had five different homes. His carer reported that he was placed with his older brother initially, who reportedly had a diagnosis of ASD, but he was moved due to challenges supporting both of them. His foster carer reports that his scheduled contact with birth family is currently inconsistent.

Ryan's DT did not participate in the research. His foster carer reported him as being below age-related expectations in all areas. She said that the LA and school were exploring diagnoses related to his poor attention and learning delay.

5.1.6 *Miranda*

Miranda is a girl in Year 2 at a mainstream state school. She was 6 years 4 months at the time of her carer's interview and had been in care for 2 years 1 month. She is described as White British, with her first language being English. At the time of interview, she was in a pre-adoptive placement with her second foster carer, who will be addressed as the adoptive parent. Legal proceedings had not been finalised at the point of interview. The reason listed for her entering care was emotional abuse. She lives with her adoptive parent and her younger brother. Miranda has had three home placements (with birth family, previous carer and current adoptive parent), and two school placements.

Miranda's DT did not participate in the research. Her adoptive parent described her as being below age-related expectations in all core subjects. She said that she felt this was due to missed learning, rather than any additional developmental need. Her adoptive parent also reported historical communication and interaction difficulties and a diagnosis of Pica, an eating disorder characterised by the eating and craving of, typically, non-food items.

Table 8

Schools attended by the participant children

Child	School type	Ofsted-rating	% Eligible for Free School Meals in the past six years	% SEN	% English as additional language	% ARE reading, writing, maths (KS2)
Christopher	Mainstream community Primary School for ages 3-11	‘Good’	34%	24.2% (SEN Support) 3.3% (EHCP)	81.6%	56%
Florence	Academy Primary School for ages 2-11	‘Outstanding’	35.1%	8.9% (SEN Support) 1.2% (EHCP)	69.2%	77%
Liam	Mainstream community Primary School for ages 3-11	‘Good’	20.2%	10.9% (SEN Support) 6.9% (EHCP)	77.3%	58%
Poppy	Mainstream community Primary School for ages 3-11	‘Good’	34%	24.2% (SEN Support) 3.3% (EHCP)	81.6%	56%
Ryan	Voluntary aided, faith Primary School	Good’	32.1%	11.2% (SEN Support) 2.1% (EHCP)	54%	72%
Miranda	Mainstream community Infant School for ages 3-7	‘Outstanding’	10.2%	7.3% (SEN Support) 3.2% (EHCP)	53.4%	n/a
National average			23.5%	12.6% (SEN Support) 2% (EHCP)	20.9%	65%

Table 9

Number of home and school placements of participant children

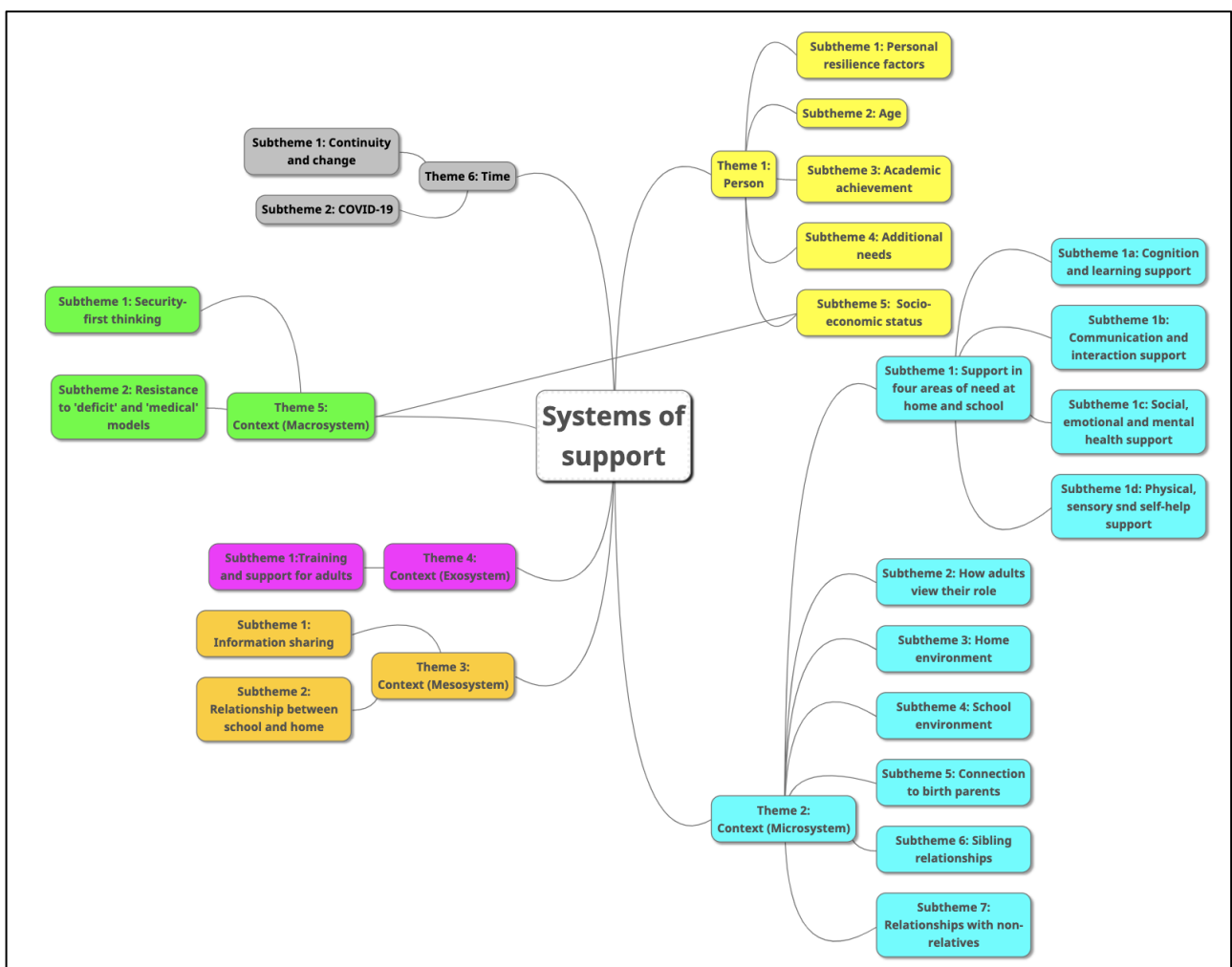
Child	Age (Y:M)	Time in care (Y:M)	Homes lived in	EYFS settings/schools attended
Christopher	4:3	3:5	2	1
Florence	4:4	0:2	2 (+ transition back to birth family)	3
Liam	5:1	0:5	4	2
Poppy	5:10	0:3	2 (+ transition back to birth family)	1
Ryan	6:1	0:9	5	2
Miranda	6:4	2:1	3	2

5.2 Thematic Analysis

After creating codes and subthemes for the data, overall themes were created. The themes are conceptualised according to Bronfenbrenner's PPCT model of development and illustrated in the thematic map (see Figure 14).

Figure 14

Thematic map using the PPCT model

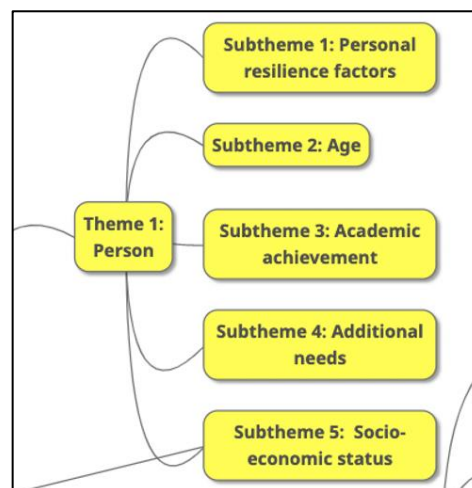


5.2.1 Theme 1: Person

In terms of what would be conceptualised as the ‘Person’ component of the PPCT model, both DTs and carers described force, demand and resource characteristics of the children which contributed to how they were supported, such as personal qualities, academic achievement, any additional needs that the child was seen to have and their socio-economic status. None of the participants mentioned how the children’s ethnic, cultural or religious backgrounds may have impacted support they were given.

Figure 15

‘Person’ component of the PPCT model, as seen in the data



5.2.1.1 Subtheme 1: Personal protective factors

Many of the carers described self-confidence and communication skills in the children they support, such as Florence’s carer: ‘she’s very confident...I must say that...very confident.’ This was also reported by Florence’s DT, who saw her confidence playing out in her social relationships: ‘Florence’s greatest strength ... her personal, social, emotional development in terms of wanting to make those connections and making those relationships

both with her peers and with the staff.’ Other carers repeated the idea that the children they supported had gained confidence in recent months:

He’s not shy no more. He's got confidence. A lot of confidence in speaking and speaking out. As I said, he goes church and he holds the mic and he sings.
(Christopher’s aunt)

Whilst Christopher’s DT described still observing a certain level of ‘quiet[ness]’ from him at school, she did describe him as ‘very sociable ... He is engaging very well, and utilising all of the space within the early years really quite well.’ Liam’s carer described seeing forms of confidence in terms of his approach to play: ‘He’s very inquisitive. He’s into everything ... he likes to improvise.’ Liam’s DT also described seeing this in his approach to in-class learning: ‘... he’s a keen learner and he wants to please. He's always showing off his work: “look what I've done!”’ Self-confidence was also reported in Miranda’s approach to school. Her adoptive parent carer describes her ‘willingness and ability to try anything ... she is aware that she’s not at the same level as her peers ... but actually it doesn't [hold her back]. She's kind of going “look where they are, I can get there”’. Miranda’s adoptive parent describes her previous school as being responsible for ‘boost[ing] her confidence.’ She says that the school privileged the SEMH provision over other areas, and ‘made her feel great and everyone knew her and everyone spoke to her ... I think that essentially was a lot of the work that the previous school did.’ Poppy’s DT described her confidence in engaging with her peers as a strength: ‘her ability to get on well with the other children ... she can be quite chatty.’

5.2.1.2 Subtheme 2: Age

Participants reported that the way in which people viewed the participant children in terms of their age, impacted what activities they had access to. For example, Christopher's carer reported that 'there's nothing put in place for the young ones ... only the big ones and sometimes it would be nice if they have something in place for ... the big ones but don't forget the little ones.' Some additional support was not deemed suitable for these children. When asked whether Christopher was able to access Place2Be (a charity-run counselling service) in light of his mother's death, which was offered by his school to some children, his DT reported: 'No. He's quite young at the minute'. Christopher's carer also reported that he was excluded from receiving the therapeutic support that his older siblings had access to through the LA:

And when they have virtual ... classes ... he wanna get involved and I have to lock the door and shut the door and say "you can't get involved". Like they had bereavement on virtual ... Christopher was involved and he loved it but the man said "No. The four-year-old can't attend 'cos he's distracted. He's not as...advanced as the two big ones". So I had to keep him away. And it's really sad because he cries a lot to wanna get involved.

Some participants felt, because younger children have more difficulty communicating, they may be missing support. Poppy and Christopher's DT said:

for younger children it's sometimes harder for them to verbally express themselves. It is not exclusive to younger children but I just see that their presentation when they're frustrated, it can manifest or present itself more as challenging behaviour ... I just think that for the older children they can

access ... sort of counselling services and things like that, and I'm not sure whether that same therapeutic intervention is offered for younger children and what that looks like in terms of it being more play-based you know ... I just don't think that's good enough. I think that could be an area of development for these children.

There also appeared to be concern around how more challenging topics, such as reasons for coming into care, loss and change were communicated, or not, with these youngest children.

Poppy's foster carer mentioned:

my biggest concern is what she knows about the reason why she's in care ... and now she's asking me "why am I not going home when my burn is already better?" and I don't know what to say sometimes ... I just say "well because mum is very busy and your burn you can still see a bit of a colour there ... so need to wait until it's ... fully cured" ... I don't visit the incident at all

Miranda's adoptive parent said that recognising other adults fear of communicating to young children about their previous settings, had led her to consciously do this:

when you talk about transitions to young people and you talk about the changes that happen ... you never really want to say that something is not going to happen anymore and you never really want to say that you're not going to see someone anymore. Even though a lot of the time that is the reality. So what happens is ... we all use the same language about it, you know, "...it's a new home ... I'm your new mummy" ... but we don't talk about what was and we don't talk about the loss because we almost think if we

talk about it, it makes it worse ... and subsequently and not talking about it the problem is that you then inadvertently give the impression that it is something that you shouldn't talk about. So we do actually we talk about mum a lot. We talk about the foster carer. We talk about the extended family. We have pictures up

Foster carers and DTs had a general impression that their children were doing well, if they were not communicating or demonstrating otherwise. Florence's foster carer said: 'I think she copes well ... Florence is not someone that will show you her emotions ... she won't talk about mum, or what she's been doing. Nothing'. When discussing Poppy's emotional reaction to being in care, her foster carer said: 'And the interesting thing ... with her age, when they first arrived, even now I would have thought that she will be crying, missing mum or missing dad. None of that at all.' Poppy's DT also mentioned that she did not talk about the change: 'I think she's just...slightly pre-occupied, and isn't as forthcoming in terms of things that they're doing it home. But that could be that she's not doing as much. So...she doesn't seem particularly upset or withdrawn...' Despite Liam's experiences of significant transitions throughout this life, his DT mentioned 'He seems happy. He's jolly when he comes in. He's jolly when he leaves ... I've never noticed him like being down. I don't think I've ever seen him cry ... He's quite indifferent to a lot of things.' However, she also acknowledged that this presentation of indifference may signal a need for extra support: 'we do something called Lego therapy ... 'Cos I know sometimes he doesn't quite open up fully. But I don't know if it's just 'cos he's young and he's not quite grasping feelings and talking about feelings.'

5.2.1.3 Subtheme 3: Academic achievement

All carers and DTs described how the children were achieving at school. Three of the six children were described by DTs and/or foster carers as being below age-related expectations: Miranda, Florence and Ryan. Miranda's adoptive parent described when she arrived in her care '...her numeracy was non-existent, as was her literacy'. She describes improvements in reading due to this being prioritised '... by the end of the year she could be at an acceptable level ... I think she's quite significantly behind with her writing ... and her numeracy needs a big overhaul. But we will get there.' Florence was also described by her DT as 'working well below age-related expectations across all areas of learning', with her difficulties accessing the Early Years Curriculum also noted by her foster carer: 'she's not at that where she's going to follow the lines, make a A or B'. Ryan's foster carer described him as being below age-related expectations in all areas. When asked about his areas for development at school, she said: 'His phonics. His counting. You just name it. Because it's like Ryan is just way behind. At every level that you could think.'

In terms of the remaining three children, whilst Poppy is described by her DT as being at age-related expectations for reading, writing and maths, she has been assigned additional support due to perceived gaps in her learning: 'Poppy, this term, has had additional number support and writing support. So...she's been getting small group intervention ... not because she's vastly behind or anything but just sort of catch up, filling any gaps.' Liam's DT describes that 'academically, he's doing really well. He's working at expected ... Doing really good with his writing, with his maths. A very, very keen, very keen learner.' She also describes him as being 'in the middle group for everything'. However, his carer felt that he was unable to access the home learning given to him, and that:

[school] are expecting a lot more from Liam, whereas he's not that is not at that level yet ... So when you come to do the reading, which I read with him, and when you come to do the Phonics ... he is not able to do that and this is what I've said to the school.

Christopher is described by his DT as being at age-related expectations for reading, writing and maths: 'Christopher is doing very well at school ... he's made good progress whilst being in school. I don't really have any concerns regarding Christopher ... there's nothing that's pointing out in terms of additional support that's required'.

5.2.1.4 Subtheme 4: Additional needs

The level of additional need experienced by the children in the sample, according to their carers and DTs varied. These are conceptualised in terms of the Four Areas of Need i) cognition and learning, ii) communication and interaction, iii) SEMH and iv) physical and sensory needs (including self-help).

Cognition and learning

As detailed above, three of the six children (Miranda, Florence and Ryan) were described by participants as being below age-related expectations in their core subjects, with one participant (Poppy) described as having some gaps in her learning. Three children were also described as having difficulties related to attention: Florence, Ryan and Liam. Liam's DT describes that: 'he's got quite a short attention span though ... especially on the carpet ... he's got a slightly shorter attention span than anyone else.' Ryan's foster carer said: 'He will sit down. He fidgets a *lot*...he will show you straight off that he doesn't have any interest ...

“oh this is boring!” and he will fidget and fidget from one place to the other.’ Ryan’s additional needs, as demonstrated by the planned pursuit of an Educational, Health and Care Plan by the VS, was seen by his carer as directly impacting his ability to access additional learning at home. Florence’s carer also described how her attentional difficulties present at home:

she won't play with one toy at a time ... everything was like all over the place. She'll get one thing and then get another and then get another. Very...full of energy ... I would take her to the park, she would just run around there with no eye contact. She won't look at you ... It's difficult because ... you could only get her...to focus for like...not even 5 minutes. So I'm trying but don't think we're there yet...[laughs]...or anywhere near.

Communication and interaction

Varying levels of communication needs (current or historical) were indicated for five of six children. Liam’s carer describes: ‘Liam needs a bit of help because ... his speech is not as clear it should be ... there’s certain words that he says that, if you don't know him, you wouldn't be able to pick them up.’ This is reflected by Liam’s DT, who describes additional language support: ‘he does have SALT once a week ... He wasn’t able to pronounce his “f” sounds There’s just a few sounds she's working on with him. But he's really...responded really well.’ Florence’s carer describes her communication needs significantly impacting her ability to get her needs met: ‘... her Nursery said she was saying only one word and the rest was like mumbling ... she's not how a four-year-old would explain things ... she won't be able to tell you “I need a drink”’. Florence’s DT also emphasised that Florence’s language needs were being monitored:

I would say Florence's greatest area for development at the moment is her speech She currently predominantly says two words at a time to communicate ... so I would say in terms of the language delay...and also her physical development. Those are both areas that we are monitoring for potential SEN

Christopher's communication needs were indicated to be improving by his aunt: 'before he couldn't talk properly when he didn't go nursery. Now he is learning how to talk. Pronouncing his words correctly. Speaking out loud ... he's gone better now ... Where he can pronounce better and he speaks louder.' Christopher's DT considers there to be some communication and interaction needs, but 'not over and above that are significant, but I would think just developing his language a bit more ... he doesn't require any speech and language ... but ... he can be a little quiet sometimes.' Despite Poppy being described as developing her English language skills well in the context of having English as an additional language, she was described by her carer as having some needs in this area: 'one of the teachers that I spoke to ... said that she still has difficulty with ... understanding some of the words ... [they] said that maybe that is because ... she hasn't learnt English right from the start.' Miranda's adoptive parent indicated that Miranda had received additional SALT support at a previous educational provision:

I think there is a slight delay in her language development because often she will ... say a new sentence but it will be lots of detail that I had in my sentence before. So that kind of that creative aspect, just isn't there at the moment ... She had SALT at her previous school ... because she had some hearing issues and that impacted her speech but ... she's kind of grown out of them

Social, emotional and mental health

All participants referred to potential experiences of trauma of children in the sample and related this to their SEMH needs. Miranda's adoptive parent described: 'I think there were other chaotic things happening around her in the environment which just made it quite difficult for her.' Florence's carer describes her reasons for coming into care: 'Neglect and ... I think there is a history of ... mum having additional needs herself.' Poppy's carer describes her experience of physical abuse: 'so I was told that it was an emergency because Poppy is under police protection because she was burned'. Christopher's aunt describes his experience of the death of his mother: 'They've buried their mum and they've seen everything ... They've seen her go in the grave they've seen her body that...oh!...I didn't want that but I had no choice'. Liam's experience living with three different foster carers is also suggested to have had an impact on his SEMH, particularly as support during transitions was limited. His DT describes: 'There was no, like, formal introduction or anything like that. She came to the door and I said 'Hi' and she said 'Hi I'm [foster carer], new carer' I said "I'm [DT] nice to meet you. That was it'. Ryan's carer mentioned how he relayed his traumatic entry into care: 'Occasionally he will say to me ... "Did you know ... that the police came and took me to the police station and my dad told me that my auntie told the police a pack of lies?"' Ryan's foster carer also suggested that the missed contact appointments by his birth family were having a negative impact on his mental health:

... they missed the contact, and then the following week they didn't turn up. And it really did affect him a lot. Because within the 8 months that he's been here, he has never wet the bed. And those two times that he missed contact, he ended up wetting the bed. And pooped all over the place. And I can remember him repeatedly saying to me "do you know I miss my mum and dad?"

A number of other children were also reported to be demonstrating behaviours which could be related to disrupted early attachment and/or developmental trauma. Miranda was described as ‘very attention needing’ by her carer, and Florence was described as ‘call[ing] everybody ‘mum’. The males she’ll call ‘dad’ ... because she does get attached to people quite quick ... She will run to you even though she's never met you before ... and hug you and call you ‘mum’. In addition, Poppy was described by her carer to be demanding of attention from her sister: ‘it could be from simple things like she dropped her teddy bear on the floor and she wants her sister to pick it up’. Miranda’s adoptive parent also reported her diagnosis of Pica, which could be a method of self-regulation. Ryan’s foster carer reported he had difficulty sleeping when she first became his carer, and that she was initially using television as a strategy to support this:

...just to have him settled I had a television in his room ... But then sometimes I’d go back to check on him at night ... he’d be wide awake. ...I was advised by the social worker to remove the telly from the room Things has greatly improved.

Christopher was also described by his carer as having difficulties sleeping, and developing strategies to cope with this anxiety:

He can't get relaxed where I have to ... play some music to relax him ... a drop of lavender in the air. If I don't do that then...he can't sleep...he cries...he bangs his head and he's got this thing about pulling out his hair. He’s got all bald patches all around ... When he wakes up in the morning, it’s all little pieces of hair on the bed where he's pulled it out.

Challenging behaviour was common among study foster children. Ryan's carer mentioned: 'The first night he climbed up through the window ... squeezing toothpaste through the window. So that was so scary and frightening to me, but the bigger brother was here. So [Ryan] was just all over the place.' Ryan's carer reported that she 'could not cope' caring for both Ryan and his brother, and so his brother was moved to a different home. Florence's carer described her experience of dysregulation:

So she sees little kids, would pull their hair, try to bite them. And then if you tried to stop, she would spit and have a little tantrum ... And when the [iPad's] battery died, that's when we used to have the problems. If you look at it, it's all smashed up. She used to, like, throw it against the wall and then she used to get so upset...She shares a bedroom with her sister ... but she doesn't sleep there currently because she wakes up about three or four times a night and then she saw sort of... fights her sister...spits at her.

As did Florence's DT:

...when she first joined us, she was dysregulated for large periods of time. Was quite distressed. Spitting, hitting out, biting herself...during the transitions between different sessions ... she found it very difficult to tell us how she was feeling. She was showing it through her actions, such as spitting, hitting, biting.

Both Poppy's carer and Liam's DT also described challenges with regulation and behaviour. Poppy's carer described 'tantrums' at home when she was required to stop an activity, and Liam's DT described that he 'can hit other children. When he first came with us it was quite often ... A lot of pushing, shoving, in the start days.'

Physical and sensory needs

Four children had physical and sensory needs. Christopher and Florence were both described as walking on tiptoes. Whilst there were some concerns that Florence's walking may be related to an overall developmental need, Christopher's aunt described her feeling that his physical difficulties were related to a lack of space in the home:

He tiptoes around the house because of the space ... Because of the environment were living in, you see. And obviously he's seeing someone about his tiptoe. But really and truly, we need to run...not run in the house...but freely walk. And once that's solved, I think he'll be able to walk flat.

Concerns were raised in relation to Liam's fine motor skill development. His foster carer reported: 'he's not able to hold the pencil in the right way to form the letters'. Florence's experience of Pica could also constitute a sensory need: 'she likes the texture of crunchy food which on occasion means that she chews a pencil ... she's done kind of more extreme behaviours but I haven't seen any ... I'm sure it's still bubbling under the surface'. *It should be noted that, in spite of the additional needs detailed above, some carers and DTs were keen not to over-medicalise the behaviours of these children, see Theme 5, Subtheme 4.*

5.2.1.5 Subtheme 5: Socio-economic status

Some foster carers mentioned access to gardens, play opportunities, tutors and space in the home. Miranda, whose adoptive parent described herself as growing up in a middle-class family and attending an independent school, said she had access to a holiday home, for

example. In contrast, Christopher's aunt described herself as growing up in a poor background and as not being well-educated. She described the current living situation:

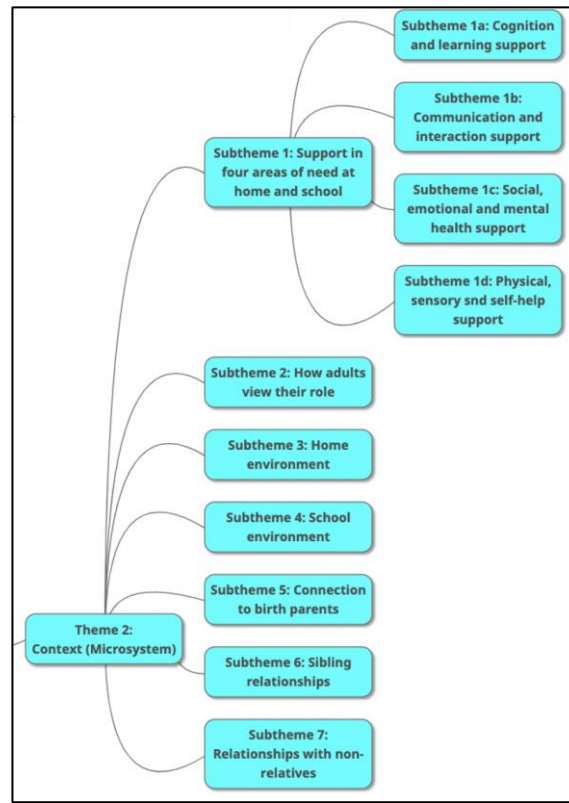
we're living in a two bedroom...its hard...there's no play facilities in here. He tiptoes around the house because of the space. But we are moving! They gave us a three bedroom...So we're over the moon. But the only thing is, he has to share with his brother...And his 12-year-old brother is so bad ... the 12-year-old, is teaching him the wrong things. ... So when I do get the three-bedroom house, if I could put up a departure where it separates them ... Everybody knows the situation of what's going on, but ... nobodies not protecting the little... the four-year-old, where its left for me to use my initiative and try and protect him.

5.2.2 Theme 2: Context (*Microsystem*)

DTs and carers described home and school environments, in terms of the strategies they were using to support the four areas of need, parenting styles, opportunities available to the children, the continuity and change that had occurred in these settings and the children's connections to their birth families.

Figure 16

‘Context’ component of the PPCT model, as seen in the data



5.2.2.1 Subtheme 1: Support for Four Areas of Need at home and school

Subtheme 1a: Cognition and learning

In terms of literacy, five of six carers described reading to children and doing reading related activities, almost every day. Miranda’s adoptive parent described how this was a significant time for them both, and had been embedded in a consistent routine: ‘So that time of day is really precious for us ... So normally because it's part of our bedtime routine, we tend to only read books after dinner.’ Other carers reported different strategies for developing early reading skills, such as using phonics. Liam’s foster carer reports: ‘and when you come to do the Phonics, which I explain what the items are, and can you put the letters to match the object or ... the item’. Florence’s foster carer described how she focuses on the learning of

initial sounds with Florence: ‘So I’m like trying to do the sounds like “this is cat...c...c”’ Ryan’s carer mentioned the use of flash cards to develop his letter knowledge, as suggested by school. Christopher’s aunt also describes how she develops early reading skills through developing awareness of initial sounds: ‘I’ll say...there’s a letter I and he will say ‘I’ say there’s a letter ‘K’...’K’ for kangaroo. Things like that. And he looks on pictures and he says what the pictures are.’

Whilst most carers described engaging in reading activities each day, some mentioned that they would postpone reading if they felt their child didn’t want to do it. Poppy’s carer reports: ‘sometimes she refuses to do reading so I just allow her to do whatever [she wants] to do: “you can do your drawing”.’ Ryan’s carer reported that Ryan’s lack of motivation and attentional difficulties prevented them from reading every day. When asked how often they read, she said: ‘Rarely. Because Ryan doesn’t want to sit down to read. He will tell you “oh it’s boring it’s boring” so on occasion we’ll try.’

Poppy’s DT was the only one who described additional support specifically for literacy development, in terms of small group interventions, in order to ‘catch up, [fill] any gaps’. Florence was accessing general 2:1 support by sharing a teaching assistant with a peer who had an Education, Health and Care Plan. Her DT described prioritising her early language skills and meaning-making as a precursor for later literacy skills: ‘we set the targets of speaking three-words sentences, giving meaning to marks, because until that point she’d been making but hadn’t been saying any words at all’

Participants also mentioned strategies for supporting numeracy development. Participants did not signal that this was as built into their routine as reading was, and it appeared that reading was prioritised. Again, Poppy’s DT was the only participant who

mentioned small group interventions for numeracy development. Four of the carers mentioned the use of concrete resources to support the development of an understanding of number at home. Miranda's adoptive parent described: 'we've started doing numbers. I bought ... some resources like some coins and some of those you know the number blocks where you can make them into sticks of ten or you can have the ones.' Other carers also describe their use of concrete resources:

but like I said, because I've got this...it's a Numicon? That I had from another previous child...I've been using for my own daughters. So...she'll say "one" but she don't know... I'll say to Florence "oh give me one". She might give me number three. And I'm like "one looks like this". And as time went on now she could recognise one to five.

(Florence's foster carer)

we've got cards that says 1, 2, 3 and he will say it. And then if I give him something, say he wants two or three, I'll say "you pick three, take three", and he will take four, and I'll say "no that's not three! Take four, how many...what you gonna put back?" and then he puts back the one, and keeps the three.

(Christopher's aunt)

Both Miranda's adoptive parent and Florence's DT mentioned utilising numbers in the environment. They mentioned games involving the use of bus and house numbers. Other foster carers also described non-numerical aspects which they considered to be part of numeracy development: 'He knows his colours ...He will tell me my lipstick is gold ... I will

say things like ‘what colour trousers should you wear today?’ or ‘what t-shirt?’ Poppy’s foster carer described trying to encourage a range of strategies: ‘I will try and give her different tricks on how to do it quickly without having to count her fingers.’

As with his literacy development, Ryan’s carer suggested she had difficulty supporting his numeracy development. When asked for strategies, she mentioned the use of Mathematics, but also said ‘when the homework do arrive, we try to go through it with him. What I find, Ryan doesn’t retain things.’ Ryan’s carer felt that she needed extra support at home: ‘someone could come in, be there with him, maybe half an hour today, maybe half an hour another day. Just to sort of see if he will pick up on things. Just like a one-to-one session with him.’ Despite difficulties with attention being mentioned by a number of foster carers and DTs, no specific interventions were mentioned as being used to try and support this.

Subtheme 1b: Communication and interaction

As mentioned above, participants described some level of need for five of six children in terms of their communication and interaction. Some of the strategies in place to support this, seemed to be more consciously chosen than others, such as those explained by Miranda’s adoptive parent. She described the strategy of ‘mirroring’ when Miranda asked repetitive questions about what her adoptive parent was doing: ‘so sometimes I kind of mirror, a lot of it is about mirroring, you know, “what do you think I’m doing?” or asking what she’s doing, and then we develop language that way.’ She also described how Miranda’s vocabulary had been extended naturally through consistent, daily reading, but also the strategy of modelling the correct spoken language to her: ‘if she asked me a question that is grammatically incorrect and I would repeat the question back to her correctly and then she repeats it back to me.’ Liam’s foster carer described more generally ‘doing bits and pieces

with him ... to bring him along in the pronunciation of words.’ Christopher’s foster carer described how his attendance of church had improved his confidence in terms of interacting with others. When asked about other strategies, she mentioned those related to reading of initial sounds using picture cards. Florence’s foster carer described the use of her interests, as well as both the natural environment and social environment, to support her language development: ‘Get the leaves. Talk about the leaves: “what colour is it?” ... she likes Peppa Pig so we watch a bit of Peppa Pig...talk about it: “what’s Peppa doing? What did George do?”’

Four children were described as having access to SALT during their childhoods. Two DTs mentioned children’s use of SALT in school: Florence and Liam. Whilst Liam’s carer described the stand-alone support offered by the therapist in terms of developing pronunciation, Florence’s DT described embedding the work of the therapist in class:

We then implemented object reference for the timetable ... So we are putting in ... the same provision that we would put in place if potentially there were SEN in terms of communication and language ... So she's working with her one to two. We're doing language activities three times a week for 15 minutes week...15 minutes a session.

Subtheme 1c: SEMH

In terms of strategies to support regulation, Florence’s foster carer mentioned the use of visuals: ‘I started using ... visual cards. If Florence spat, like Florence would sit, for, like, a minute, and then I would be like “that was wrong, spitting is yucky”’. As mentioned, her DT described the use of Objects of Reference to help with transitions, which appeared to be a trigger point for Florence. In terms of Poppy’s challenging approach to interacting with her

sister, her foster carer described attempts to verbally explain the behaviour she would expect to see: ‘...I tried to start explain to her and tell her ... “we need to respect people especially people who are a bit older than us, because they know more about life and they only want to help you”. Christopher’s aunt described the strategies she utilised to manage his anxiety at bedtime: ‘... a bottle ... relaxing music ... this diffuser ... it makes the air smell nice ... If I don't do that ... he can't sleep ... he bangs his head ... pulling out his hair’. Liam’s DT described his lack of expression of his feelings and mentioned whole-class learning around ‘how to express our feelings and how to put our feelings into words.’ Some schools offered some therapeutic provision at their schools such as Place2Be, use of the school counsellor and Nurture Groups, but these children were not yet accessing them, with some DTs mentioning this being due to their age (see Theme 5, Subtheme 1). Ryan’s foster carer felt that the strategy which improved his behaviour was his brother’s move to a different home.

Subtheme 1d: Physical and sensory needs, including self-help

Some foster carers mentioned specific at-home strategies for developing self-help and independence. Miranda’s adoptive parent mentioned developing an understanding of brushing teeth, hair and an awareness of body parts: ‘You know “it’s my space” and you know “you do this because you're bigger and it’s your own body it’s your own space”’. Liam’s foster carer described using instructions to support his dressing: ‘What happens is I’ll say “come on Liam ... take your socks off, you put your socks on. Put your trousers on”’. Ryan’s foster carer also mentioned a supervisory role with regards to supporting him dressing: ‘... you have to check. But I notice with him, it’s his shoes, he’ll get it on right today but don’t expect him to do it tomorrow ... It is about trying to retain that concept: left

and right.’ Florence’s carer and DT both described the strategies to support toileting, and the importance of co-ordination across both settings:

... me and the school doing the same thing. Because, when she used to go to school, she would go with pants but then she would come back with pull up and then I had said to them “no it has to be, you know, both ways”

Poppy’s foster carer described an attempt to limit the support from her sister, to increase her independence: ‘so I’m supporting her with independence I try ... and make her do things without the help of [her sister] that is the difficulty at the moment. Because she will still demand from [her sister]’. Christopher’s aunt described support with developing independence that centred on cleaning up.

In terms of the physical needs described by the participants, specifically two participants walking on tiptoes, schools did not mention specific approaches to supporting these. Florence’s school later mentioned that Occupational Therapy advice was being sought, although due to reported misplacement of crucial documents by the birth parent, this had been delayed. Christopher’s aunt described her use of exercise and strategies, which had been advised to her by a medical professional.

5.2.2.2 Subtheme 2: How adults view their role

All of the foster carers went into detail about the routine established by them to support the child in their care, for example:

A typical day for Ryan ... If he's going to school then I'll get him up half 6, get him washed, clean his teeth, get him dressed and then he'll be picked up for school at least 20 past 7. On the days when he doesn't go to school, I try to

encourage him to have a lie in...which...Ryan would be up. Jumping around. Playing. Because he knows it's not a school day...and he enjoys that. Then I would get him out at about 8:30. He does have his teeth cleaned, washed, have his breakfast, and he'll play with the other little young person in the house. If not, we perhaps would go out to meet ... his older brother.

(Ryan's foster carer)

Two foster carers described why this routine was important. Liam's carer described it as important in order to support his difficulty sleeping, whilst Miranda's adoptive parent presented it within the context of Miranda's previous parenting experiences: 'I think that prior to coming to live with me ... they didn't have a particularly good routine ... children respond very well to routine ... Uncertainty and chaotic environments are often quite scary for children'.

The foster carers were asked whether they saw themselves as doing things for their foster children, or supporting them to do things themselves. Four foster carers answered that they saw their role as being related to supporting children to be independent, rather than doing things for them, whilst Liam and Ryan's foster carers said otherwise:

I would say both. Because it depends on the child that you have...for each child that comes into placement, you have to change your hat. Because no two children are the same and you may be looking after two children as siblings and they're not the same. They have different needs.

(Liam's foster carer)

My role, because of the age limit, is to do thing for Ryan at the moment. At this age and stage. As he grows older, then you can take that away, and the foster carers can support him to do more for himself

(Ryan's foster carer)

Christopher's aunt was the only carer to say that spiritual development was part of her role: 'My role is supporting the children and helping them do things for themselves. Being independent. Teaching them ... awareness ... healthy eating. And teaching them ... spirituality...God side of things.'

DTs were asked what their role was. All DTs mentioned that information sharing was a significant part of their role, however Liam's DT mentioned that she did not attend PEP meetings. She did emphasise that it was important for her, as a DT, to highlight Liam's successes: 'it's not all about what's gone wrong ... I want to always [focus] on the positives'. Florence's DT was the only one to explicitly emphasise monitoring and supporting learning in class: 'I work with the class teacher to make sure that the targets that have been set in the PEP are ... being planned for and that they are being implemented to enable Florence to make the most progress.'

5.2.2.3 Subtheme 3: Home environment

In terms of opportunities outside of school, there was some variation in the types of activities undertaken. All of the carer's, aside from Liam's, mentioned visits to local parks. Instead, Liam's carer emphasised his use of their big family garden: 'He can play in the garden ... there's no space restriction.' Ryan's foster carer also mentioned access to a garden

at home. Both Poppy and Christopher's foster carers mentioned opportunities for gardening at home.

Some foster carers mentioned their children's access to extra-curricular opportunities after school, on weekends and during holidays. Miranda's adoptive parent mentioned her attendance of after-school clubs both inside and outside of school, and attendance of a sport camp during the school holidays. She also mentioned family visits to educational sites, such as the aquarium, transport museums and public gardens. Florence's foster carer mentioned more physical, rather than learning, activities, such as trampolining parks and soft play centres. Poppy's foster carer mentioned visits to a local music centre: 'where they can play sort of like percussions ... table tennis or cycle.' Liam's foster carer mentioned taking the children to 'different places of interest. So, over the summer...we went to Buckingham Palace, open top bus ... I do all of that thing[s].' Whilst Ryan's foster carer did not mention herself taking him for day trips, her daughter was able to: '... when she's home she will take him out for a day in the holidays. Last time was his birthday in February, they went to the cinema. Little treats like that he does get.'

Some foster carers felt that Local Authorities could do more to arrange day trips, such as Ryan and Christopher's carers. Aside from Christopher's visits to parks, his aunt said that she struggled to find activities for him, and felt the LA could do more:

there's nothing for Christopher...nothing at all. When I'm dropping the two big ones at the [LA building], or at the play centre, there's nothing in place for him. So that leaves me to find parks to take him ... away from his brothers and sisters. Obviously, he wants to go with them. But it's not his age group and he can't

Two carers described going on holidays in the summer. Miranda's adoptive parent described a family trip to the seaside, where she has a holiday home. Poppy's foster carer described a visit to Wiltshire:

we went glamping [laughs]...and the kids really enjoyed it ... it's nice and cosy with everybody in the same room and then they provide us with camping gas ... and the fire pits that we can do barbecue ... so there were a lot of toasted marshmallows.

Participants had varying views of technology. Three foster carers mentioned their use of technology to support learning. Christopher's aunt mentioned this being part of their routine: 'He'll watch a little telly ... I'll prepare lunch. He'll eat his lunch. And I'll put on a little programme for him like ABC and whatever.' When asked about whether Ryan had access to Maths games, his foster carer mentioned 'access to the iPad games'. As mentioned, Florence's foster carer mentioned watching Peppa Pig as a method for developing her language. Four foster carers mentioned their intentional restriction of technology:

I banned iPad. I limit her iPad because ... before they came, she used to play...to watch TikTok ... on iPad and...and she had free reigns on what she wants to watch and I realised that she was using words that are not really age-appropriate ... of course, there were a lot of ... hesitation and ... tantrum.

(Poppy's foster carer)

It's not all about ... watching telly ... 'Cos she used to watch it when she first came to me ... She used to, like, throw [the iPad] against the wall and then she used to get so upset because now the battery is died. So I haven't stopped it

completely, but I limited. So the whole day, like half an hour of the iPad, and then that's it.

(Florence's foster carer)

There is a telly but we don't really tend to watch it ... The LA provided a tablet which Miranda watched films on because she was told to be quiet and just watch films and it just ... ahhh! ... we don't use tablets here ... and that's a conscious decision by me. I don't object to online learning for young people ... but I think right now she needs the interaction and the encouragement and support ... I tried it because the LA very kindly paid for subscriptions to various learning platforms. The problem is lots of them are about processes...so you drag a number into box, and it makes a nice noise and you don't necessarily understand ... they really advocate Alphablocks ... basically anything to do with screens I'm out ... they always kind of become a bit zoned out and I've got the time and the inclination to help her

(Miranda's adoptive parent)

When Ryan's foster carer was asked why she limited his access to the iPad, she said:

'because I think he's getting a bit ... too addicted to the games that he is playing there. So I try to reduce the amount of days and time he spends on it.'

As mentioned, Christopher's aunt was the only one to describe opportunities for spiritual development. She reported that Christopher both enjoyed these, and that it had positively impacted his confidence: 'before we go to bed we say our prayers. The Lord is our

Shepherd. He likes to say that ... we go to church every Sunday so he likes church ... he holds the mic and he sings’.

5.2.2.4 Subtheme 4: School environment

Some of the children were described as missing educational opportunities during their childhoods. Florence’s carer mentioned that ‘when she first came to me there [was] no schooling for her’, and she also mentioned that in her previous Nursery setting ‘they said she never used to attend all the time. They said her percentage is quite low ... below 50.’ Ryan’s foster carer also referred to his significantly low attendance in his previous setting, and how she felt this meant he should have repeated his Reception year: ‘he wasn’t doing well and missed so much of school in Reception, perhaps ... give him another year there...attending school properly, it perhaps would help him because he’s more like a baby’. Florence’s DT described this as having an impact on her emotionally: ‘her levels of attendance from her nursery I think were very low ... it was a huge transition, and I think very distressing and overwhelming for her so that did take a toll on her mental health’. Miranda’s adoptive parent also mentioned that a prioritisation of care over education, at her previous school, impacted her academic ability: ‘Miranda basically hadn’t learnt to read and didn’t know numbers ... while she was in education, she was not in mainstream education’. Liam’s foster carer described asking the LA for him to attend additional Nursery days during summer: ‘I pressed that he needed three...he needed a full week because...to pick up on his speech over the summer term. And so, he was there throughout the whole summer’.

5.2.2.5 Subtheme 5: Connection to birth parents

All children were reported to have contact with their birth parents, however this varied in nature. Christopher's mother had passed away, however he still had contact with his birth father, informally, at family events: 'I'm not tight with him ... But when I do go to my mum's house ... he plays with them, he talks with them, brings them sweets and ice cream.' Liam, Poppy, Ryan and Florence were all described as having formally scheduled face-to-face contact with their birth families, each week, supported by the LA. However, Ryan's foster carer mentioned that his birth family had not been consistently attending: 'it turns out it's not regular. Up to last week they didn't turn up'. Miranda was described as having letterbox contact with her birth family annually, with the potential for face-to-face contact after legal proceedings had been formalised:

We did pictures and we made bracelets and I wrote a letter that I was chatting to Miranda about what to put in the letter and asking if she wanted me to put anything else in ... she's very keen to see mum...she has ... her mum's mum ... has a son who is a similar age to Miranda, who is Miranda's uncle. She is very keen to see him...but not so keen to see anyone else.

(Miranda's adoptive parent)

Aside from contact, there were other aspects of the children's lives which appeared to allow them to feel connected to their birth parents. Whilst Florence's foster carer described her use of the iPad as 'her little comfort zone from home', Miranda's adoptive parent described her keeping her long hair as a connection to her birth mother, as 'birth mum loved long, long, long hair'. Poppy's foster carer described the use of food: 'Normally her breakfast

is what the dad prepared for them. Because contact is once or twice a week and dad prepares food that will last them for a couple of days...She still would prefer what dad prepares.'

5.2.2.6 Subtheme 6: Sibling relationships

All foster carers emphasised how important they felt it was to keep siblings together, as did the DTs. Foster carers mentioned how they had seen the negative impacts of the separation of siblings, such as Liam's foster carer: 'I would say where we can keep siblings together it is very much important. I will promote that because I've seen both sides.'

Miranda's adoptive parent mentioned this underpinning her reason for becoming a foster carer: 'I've fostered so many children who've been split up from their siblings and it just seems very unfair ... all this uncertainty ... and the only person who really gets what you've been through, would be your sibling.' Ryan's foster carer conceptualised sibling separation as a way of supporting him:

It's not nice at all. But...the way that sibling was behaving its better you separate them before they end up with two damaged kids. because to me, we don't know what's going on with Ryan yet, but every single day, what [his brother] was doing, he was copying.

Miranda's adoptive parent emphasised the importance of Miranda's connection to her younger brother:

above me...above everyone else ... he's the most important person ... [her brother] might not remember...but he's been through it ... he might not have felt the same loss but he's experienced the same loss. So to take that away ... I understand why because it's very tricky to find the right place but ... he's a

great comfort to her I think during the whole thing and knowing that he's still here...still winding her up...still biting her [laughs] ... she definitely wouldn't be the same person without him.

5.2.2.7 Subtheme 7: Relationships with non-relatives

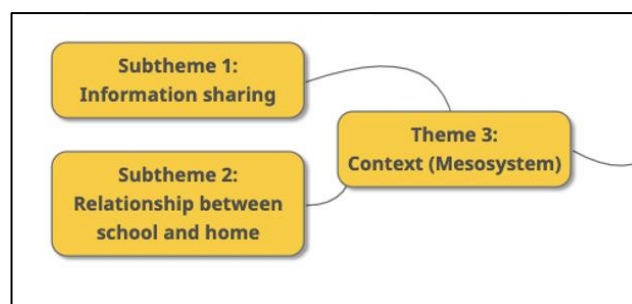
Poppy's, Florence's, Liam's and Christopher's DTs all mentioned that the children's desire to build connections with their peers was a strength. Florence's DT also said that her friendship with a relative of her foster carer was a source of support: 'she's been able to build up a very solid relationship with that child'. She did mention that Florence's additional needs limited the nature of her peer relationships generally: 'she doesn't really call any of them by name ... she's happy to play alongside other children but doesn't have specific friendships, other than the child who she knows outside of school'.

5.2.3 Theme 3: Context (Mesosystem)

Participants described the nature of the relationship between school and home, as well as how information had been shared between key agents in the children's lives.

Figure 17

'Context (Mesosystem)' component of the PPCT model, as seen in the data



5.2.3.1 Subtheme 1: Information sharing

Participants had varying experiences of information sharing. Two foster carers felt information sharing prior to the children joining them had been good. Miranda's adoptive parent said: 'I knew everything about her placement ... you know there was a big build up ... I knew a lot about where she was'. Christopher's aunt felt she knew about his previous experiences due to her relationship with his late mother: 'there's not much for me to be told, you know. I already know what's going on ... Obviously, the mother has shown me the paperwork on what's up against her.'

The remaining four foster carers did not feel information-sharing had been good prior to the child entering their care. Florence, Liam, Ryan and Poppy were all described as coming into their care as an emergency. Florence and Ryan's foster carers feel they didn't get enough information about, or support with, their child's additional needs. When asked what more could have been done, Ryan's carer said: 'More information. So ... you are prepared. You know what to say yes or to say no. But there wasn't any information ... the both of them came and you'd think these were just two wild kids.'

Those foster carers who described a good amount of information sharing, also mentioned positive relationships with social workers: '[Miranda] really loves her social worker...we got very lucky we got a really good social worker. Without sounding bad about other social workers [laughs]. We got a good one.' Florence's foster carer said they begun to get information about her needs when a new social worker was assigned to the case: 'I think it happened when the social worker changed. Because at first, it was ... like a locum social worker. And then when they give them a permanent social worker [things improved].'

5.2.3.2 Subtheme 2: Relationship between school and home

Miranda's adoptive parent, Liam's foster carer and Florence's foster carer all described that they were able to go into school and speak regarding the child they cared for on a regular basis. Florence's carer felt that she was happy with the amount of communication with school. Whilst Florence's DT felt that it was difficult to see the foster carer in person due to her other fostering commitments, she still felt the contact they had was benefitting Florence: 'that consistency that we had between school and the foster carer, via phone calls, meant that she's now dry 95% of the time.' Christopher's DT felt that his continued attendance of the same educational provision had benefitted their relationship: 'I've known [his aunt] for a number of years now ... we've had ... quite a positive relationship for years ... She would contact me if there was an issue ... She's quite open and forthcoming'

Some foster carers were less happy with their levels of communication with school. Poppy's foster carer described there being 'no communication whatsoever'. She described this as being due to change of social workers, but also due to the school still contacting the birth family for key events:

I think they send emails to their dad. Like for example, I miss a meeting, parents' meeting, because I didn't know about it but the older girl said to me that her dad got an email but her dad doesn't normally check his email, so it was too late ... I think communication between schools and carers or parents should be better improved [sic].

Ryan's foster carer lives a significant distance away from his school, and she mentioned that she did not take him to school. As mentioned, Florence's DT felt that the nature of her foster

carer's work meant 'it's been a little bit difficult to forge a relationship with the foster carer due to her work commitments and her commitments to other foster children.' Christopher's aunt felt that restrictions related to COVID-19 were responsible for lack of communication: 'the world has changed now ... so we don't communicate ... unless I push myself forward and to get answers ... If I don't do that, there's no communication at all.'

Three participants explicitly mentioned challenging incidents between home and school. Miranda's adoptive parent mentioned an incident where Miranda, who had a diagnosis of Pica, had chewed a crayon and she described a 'frantic phone call' from the Theraplay therapist. She said: 'I'm not able to engage with this woman now because of the phone call ... she just said "Oh I heard that you're struggling". "Um...I'm not...I'm not struggling...what are you talk-?" "Oh Miranda's chewed a crayon today". Miranda's adoptive parent felt that this was an overmedicalisation of Miranda's behaviour, due to her status as a child in care (see Theme 5, Subtheme 4). Christopher's aunt described how challenging she had found the school not organising the three siblings school picture:

I was so upset. Because that was vital for them to take pictures together. And it didn't happen! I've asked [the school] what happened...No one went to get [his brother]. [His sister] had to go and get him. I mean, that's ridiculous! I'm still waiting for the school to call me back to say why no one never got Christopher to take picture ... Everybody else took pictures with their brothers and sisters, what about these two? Nobody supported them.

As mentioned, Liam's foster carer that felt that the work expected from Liam was not at his level, and this caused the school to contact his social worker about him not completing it. From her perspective: 'I don't have a problem with doing homework with them, but at the

same time you need to know as a teacher that they are able to understand what they are doing.’ Liam’s DT described how different views about the nature of EYFS learning had been the starting point of a deterioration in the relationship between school and home:

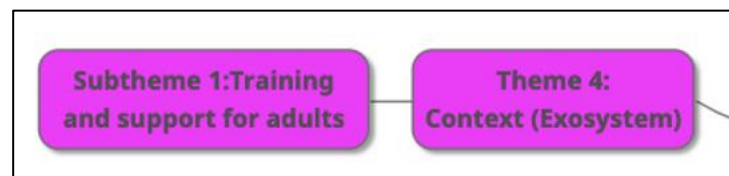
slowly we started to get complaints from home that ... she said ... “I don't want him playing any sort of messy play because he's getting too messy”. And [the Deputy Head] ... told her ... “that's ... part of the Early Years curriculum, it's inevitable ”...It was an ongoing battle back and forth ... He goes to the toilet a lot...So she stopped giving him a water bottle. So if he doesn't drink, he won't wet himself ... Homework stopped coming in ... She sent it back with a note “he can't do this”. It's all at his level ... He does it in class. There's no reason why he can't have a go at it at home ... By that time we knew that he was going to change carers. So we thought...we've got other battles, let's just let that one slide while we focus on just him and his happiness

5.2.4 Theme 4: The Exosystem

Participants mentioned the training and support offered to schools and carers.

Figure 18

‘Context (Exosystem)’ component of the PPCT model, as seen in the data



5.2.4.1 Subtheme 1: Training and support for adults

All DTs mentioned that there had been no specific training for school staff on how best to support children in care, and also that DTs had not received specific training for the role. Poppy and Christopher's DT mentioned general support for teachers of pupils with 'LAC status...those teachers will be supported a bit more in terms of what to look out for ... and the impact potentially of their current situation.' Florence's DT was the only participant to mention that additional training for school staff might be beneficial:

...every week in phase meeting, I ask the safeguarding question. And...a couple of weeks ago, the safeguarding question was "what does LAC mean? And what does that mean for you as a teacher?" And ... they understood what the term meant, but ... some of them were kind of struggling to see why, why that was relevant for them, because they're not in the safeguarding team ... I do think that's something that we can develop further

Miranda's, Ryan's and Poppy's foster carers all described receiving general training due to the nature of the role, which appeared to focus on care rather than education (see Theme 5, Subtheme 2). Miranda's aunt described: 'because I am a foster carer as well, I've done the normal attachment, separation, loss, safeguarding...I've done all of the mandatory things'. Florence, Liam and Poppy's foster carers also mentioned participating in mandatory training through the LA, fostering agencies or childminding agencies, with Poppy's foster carer describing attending of 'Attachment, Regulation and Competency' training, which she had requested for support with a complex child. All of the foster carers said that they did not have any training related specifically to supporting the youngest children in care and did not mention any training targeted at supporting learning. Both Miranda's and Ryan's carers

mentioned ‘time’ as a barrier to them accessing training, due to their other jobs: ‘the issue ... with accessing training is that I work full time ... it’s just not there...in this day and age of online learning and remote working ... it should be a lot more possible for us to access training in extended hours.’

Some foster carers spoke about their desire for specific training for children with a high level of need. In terms of this specific training, Poppy’s foster carer described that she had received ‘none whatsoever... How can a child progress if a carer is lacking that ... skills? So I think skills for foster carers is for me...is paramount.’ When Florence’s foster carer was asked if she would like more training, she responded:

one hundred percent ... I didn't know what needs Florence had ... it would've been nice to have ... someone to come and...support me ... I had to literally write down everything that that she was doing and pass it on to the LA. This is what I'm facing

In terms of learning, some foster carers spoke about additional support they needed with their children’s learning as they entered education. Subject knowledge specific to the EYFS curriculum appeared to be a challenge. As mentioned, Liam’s carer reportedly needed to be supported to see the value of messy play, whilst others felt new to phonics. Ryan’s carer mentioned that her own education didn’t include current approaches: ‘I left school long ago. But things have changed over the years so [additional help with supporting learning] would be quite helpful’. Poppy’s carer described: ‘in my days we didn't have phonics. I don't know how to say those...[laughs]...those letters. And also because Poppy is the first five-year-old I've looked after, after six years’. Despite describing herself as feeling confident in her level of education, Miranda’s adoptive parent expressed confusion regarding phonics. She

suggested that it required a certain level of confidence and curiosity to research these unknown topics:

I said to the teacher “am I the only person that doesn’t know what a digraph is?” I said, “I’ve looked it up now and obviously I know”, but I said, “are there gonna be more words?” and she said, “oh I’ll send home extra sheets” and she did, and I suppose it’s just about having that curiosity in going “I don't know what this means can you tell me?”

Christopher’s aunt felt her lack of education meant that she would benefit from additional support:

I...would like everything ‘cos you know I'm not educated...I would like to help with everything. The way how to teach him ... ‘Cos there's ways of letting them understand certain things and I think I need training on that because ... I'm not a teacher

Florence’s DT felt that the foster carers she had worked with had been well-supported in meeting their children’s needs. Liam’s DT described some barriers in terms of foster carers supporting learning at home:

you might need a laptop, or an iPad, and I don't know if they'd be able to provide that. I don't know how many other children they would have in the house ...to be able to give enough attention to...the child with home learning.

Poppy’s foster carer was the only carer to describe specifically requesting access to a private counsellor through the LA to support her when she begun caring for a child who she

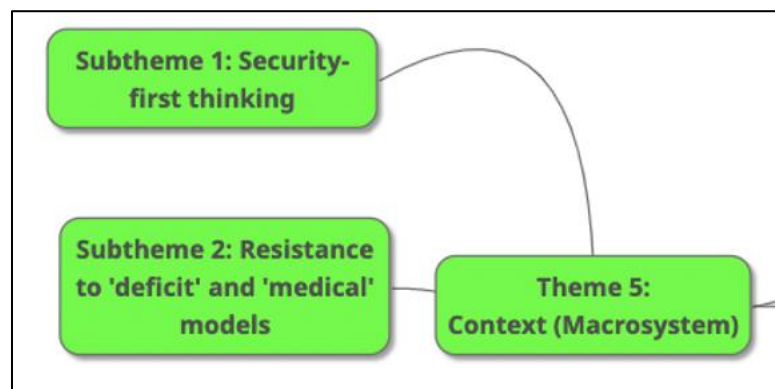
described as ‘very complex’. Christopher and Poppy’s DT described the need for additional support for foster carers, when asked if she thought this is something they could benefit from: ‘yes absolutely. I would. Wholeheartedly. Because we’ve had a number of children over the years, and that support has varied vastly. And it really depends on the carers.’

5.2.5 Theme 5: The Macrosystem

Participant responses reflected narratives around security first thinking and resistance to ‘deficit’ and ‘medical’ models.

Figure 19

‘Context (Macrosystem)’ component of the PPCT model, as seen in the data



5.2.5.1 Subtheme 1: Security-first thinking

Participant responses suggested a privileging of security, attachment, and emotional wellbeing over engagement in educational practices. Miranda’s carer mentioned that Miranda’s previous school, ‘while it was very loving, there wasn’t any kind of any guided [educational] support at home ... when she was living with the foster carer ... it was also very loving. Not nurturing in terms of education either.’ Miranda’s adoptive parent also said that a previous school felt she was too vulnerable to be able to access learning, which was a detriment to her development: ‘she was kind of receiving one to one support which was

essentially a lot of craft...rather than curriculum.’ She also described this happening at her current school:

they kind of go...“you know there's nothing more important than her wellbeing and she seems very happy” and I’m like “no, no, she is happy but tell me about the [learning]” and they’re like “we don’t want to get bogged down with that, we don’t want to get bogged down with targets” and I’m like “ok I don’t want a target but is there something that I can do? Is there something I can help with? Because you know we've been going gung-ho on the reading and it's made a difference ... Because you know actually...that succeeding in developing does wonders for them emotionally anyway.

Some foster carers also mentioned that if their children didn’t feel up to home learning, they would allow them to miss this. Poppy’s carer mentioned, in terms of how often Poppy was reading at home: ‘Let's say in a week ... maybe four times because sometimes it depends on how she feels and I...I don't want to sort of like pressurise her if she doesn't want to.’ As mentioned, Liam’s carer felt that expectations in terms of learning were too high for his age, and play should be prioritised: ‘...he's not that is not at that level yet. For him it’s all play, play, play’. Some foster carers mentioned a lack of home learning due to the child’s age. Poppy’s carer said: ‘At the moment they don't really have homework so to speak from school’. Miranda’s adoptive parent mentioned that gaps in schooling had been planned in order to aid transition: ‘there was no school for ... like six weeks ... the main staple of her life was gone ... even starting school was ... the first week she just didn't want to go in.’

Some DTs mentioned that their communication with foster carers centred on the child’s care needs, rather than their learning. Florence’s DT mentioned: ‘so it was just a case

of having an update on Florence and how she was doing, um, in terms of school, toileting...predominantly toileting'. Additionally, Liam's DT described consciously choosing to leave the issue of missing homework to preserve his general happiness prior to a foster carer change: 'we thought...we've got other battles let's just let that one slide while we focus on just him and his happiness and making sure that using stable life at school.'

As mentioned, foster carer training appeared to centre on aspects related to care, such as attachment, with no carers mentioning additional support with education. Poppy's carer mentioned: 'can't remember but maybe there wasn't much of...of that type of ... how to support learning and maybe if we did, maybe it was just superficially touched.' This seemed particularly troubling for those who felt their own educational backgrounds limited their ability to support their children's learning at home, such as Christopher's carer: 'So why can't I get training to teach the four-year-old?'

When DTs were asked about the training of the staff body, they tended to associate this with issues related to care, e.g. attachment and trauma, rather than developing staff's understanding of the implications of entering care on learning. Security-first thinking could also be seen in Florence's DT being the only one to explicitly emphasise monitoring and supporting learning in class, whereas the other DTs mentioned more pastoral support.

Foster carers and DTs had some different views about where 'learning' and 'care' occurred. Florence and Miranda's carers both said that learning occurred both at home and school, whereas Christopher's carer/aunt and Ryan's foster carer both said that school was the context for learning. Those carers who described learning occurring at home and school described positive experiences of education themselves, whereas Christopher's carer/aunt described: 'Oh my edu-...well my education weren't good. I come from a poor background.' Ryan's foster carer said that she was responsible for Ryan's care, rather than school, who

should only be responsible for his education. Poppy, Christopher and Florence's DTs described learning occurring both at home and school, whereas Liam's DT qualified her response by distinguishing between the type of learning which occurs in each setting: 'I think different learning at school, different learning at home. Obviously, life skills, practical skills at home and then more academic at school. A different type of learning.'

When asked about 'care', DTs felt this was something that was provided at school, through teaching of emotional literacy and self-care. Liam's DT described care occurring mainly at home, but differentiated between the type of care occurring at home and school: 'we are like the parents at school. We will care for all of them. All their needs at school, because that's our responsibility as teachers. But at home, they get the care from whoever their carer is.'

5.2.5.2 Subtheme 2: Resistance to 'deficit' and 'medical' models

A number of participants were cautious to avoid labelling the needs of the children they care for. After a challenging situation with a member of school staff who called her concerned about Miranda's Pica behaviours, Miranda's adoptive parent reported:

...my take away from that was they looked at it and they saw red flags because Miranda is a vulnerable child. But if the boy sat next to her chewed a crayon...who lives with mum and dad, dog, sister, has a very normal life...."oh don't be silly take the crayon out of your mouth". Is that what would have happened? ... yes we are acknowledging where, yes, we do need to do more for them but ... we are also acknowledging that children are children and that there are things that my children will experience that that

their peers will also experience. Atypical things. Just because children are different.

Despite saying that the potential of a learning difficulty had been mentioned in the PEP meeting, Ryan's foster carer was also keen to avoid labelling his additional needs: 'I don't like to label ... you don't wanna really get up and make them feel any way different. That is my argument. But you can see that there is something definitely going on'. Other participants qualified descriptions of their child's needs by giving further context, such as their age. When describing her difficulty with attention, Poppy's carer reported; 'the usual 5-year-old, she always gets distracted'. Poppy's DT also reported difficulties with peer relationships but attempted to normalise this related to her age: 'It is just usual, what we'd expect to see.' Liam's carer also described somewhat atypical symptoms, that she was reluctant to over-medicalise: '... he's very hyper vigilant ... But again ... I don't want to label the child.'

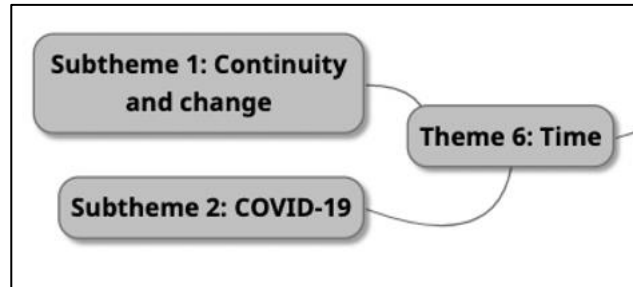
Despite describing a number of challenging and atypical behaviours demonstrated by Florence, her DT was keen to explore these being related to developmental trauma, rather than immediately pursuing a diagnosis:

in terms of the language delay....and also her physical development. Those are both areas that we are monitoring for potential SEN, however due to the way that...childhood experiences can also present in a similar way to SEN, at the moment I would say there's not enough evidence to suggest whether there's a SEN or whether it's, um, her life experiences to date. So we are putting in...the same provision that we would put in place if potentially there were SEN in terms of communication and language. However, I do think it's too early to say.

5.2.6 Theme 6: Time

Figure 20

'Time' component of the PPCT model, as seen in the data



5.2.6.1 Subtheme 1: Continuity and change

Two of the six children came into care on a temporary basis and then were returned to their birth families: Florence and Poppy. Florence's foster carer described the transition from living with her birth parent, as challenging for them both:

when she came to me, obviously, it was a child with high needs ... But at first, like, someone that she's never met. A place that she's never been, you know. Like there's all these kids are making a fuss about her because she's the new kid in the property. So it was all too much for her

Poppy was able to remain at the same school during this time. Whilst the DT did not describe any support offered by school with her transition back to her birth family, they described a general awareness of a need to monitor her behaviour. Florence had been at three different schools during her childhood. Her DT described significant concerns in terms of her previous experiences of transition, and how she would handle an upcoming school transition:

There wasn't the smoothest transition so everything was very new. New environment. New children ... very distressing and overwhelming for her so

that did take a toll on her mental health I think that [the upcoming transition] would have quite a detrimental impact on her if it's...not handled in the right way. And I think it's...really difficult to think about what is the right way for Florence ... So I think it's thinking about, um, when it comes to it...sharing that timeline with her. But in a physical kind of practical way ... Whether it's increased time, the visits, and therefore leading up to...to the return home or what that looks like...I don't know, obviously the social worker is better placed to say that.

Christopher came into his aunt's care when he was 8 months old, and then subsequently his birth mother passed away. His aunt described how she was instrumental in ensuring Christopher and his two half siblings remained as a family unit: 'the granny on their mum's side ... wants to separate them ... I said "if you're taking one you have to take them all ..."' Even though Christopher's my nephew. But I wanted them all together. As a family.'

Christopher had been at the same school throughout his childhood, so far. As described in Theme 3, Subtheme 1, his DT felt this meant the development of a good relationship between school and home.

Miranda lived with a different foster carer, before being fostered by the carer who would later adopt her and her brother. The adoptive parent described a transition process 'of about three and a half weeks ... but there was a build-up.' She described how this process might have had a negative impact on Miranda: 'I think when she first came, it was quite tricky ... because the build-up was so exciting and every time we met we were doing all these fun things. And then...you know...we are just doing normal life.'

Liam had been in the care of three different foster carers after being taken into care. The interviewed foster carer described him entering her care on an emergency placement from a different foster carer, and that she received no information about him in advance. She described the impact of the transition on them, and her response:

I would say they were more lost than crying ... because, obviously, new place, new person, not actually knowing what's going to take place next ... So they needed a lot of reassurance ... I always talk them through it. Say, for argument's sake, they might say "Well Auntie, how long are we going to be with you?" I then will say, you know, "we'll do what we can, you will still see, you know, your parents, your family and Auntie will keep you safe until, you know, you move on."

Alongside his significant home changes, Liam transitioned from his initial Nursery to Reception class at a new school, which he still currently attends. His DT describes sending a transition pack to his Nursery in advance of his visit, with photos and some information. Despite having no information about him from the original Nursery, she described it as a 'smooth transition'. She says: 'he did the staggered start, the same as everyone else ... the whole thing, in total, took about 2 weeks.' His DT also described the transition from his second foster carer to his third, and how the school had been given little information regarding this:

The carer at parents evening told me, "he's too much hard work" ... "he's too much trouble. I have to keep an eye on all the time. He's too much hard work. I can't manage anymore." ... that's what I heard from her ... There was no, like, formal introduction or anything like that. [The new foster carer] came to

the door and I said “Hi” and she said “Hi I’m [foster carer], new carer” I said “I’m [DT] nice to meet you”. That was it.

Ryan had the most home changes. He is listed as having five different homes in the 9 months and 3 days he had been in care. His carer reported that he was placed with her with his older brother initially, who reportedly had a diagnosis of ASD. She said that the older brother was moved to a different placement due to challenges supporting both of them.

5.2.6.2 Subtheme 2: COVID-19

Most participants made some reference to how COVID-19, and the related restrictions, had impacted the child they support’s life. Miranda’s carer mentioned training being affected by the restrictions. Poppy’s carer mentioned how it had impacted their ability to arrange day trips and visits. Christopher’s carer mentioned the negative impact of COVID-19 on her ability to communicate with school, as did Christopher and Poppy’s DT. Christopher and Poppy’s DT also felt that the children joining school during this time, may have been affected in terms of their induction to school.

Chapter 6. Discussion

The following section will discuss how the results relate to the research questions, existing theories and research and will include recommendations for practice. Results related to Research Question 1 are discussed in Chapter 4.

6.1 What are the characteristics of children in a London LA care system, in the EYFS or Key Stage 1, including the including the Four Areas of Need: (i) Cognition and learning, (ii) Communication and interaction, (iii) Physical and sensory needs (including self-help) and (iv) SEMH?

6.1.1 Personal resilience factors

Notably, confidence and the ability to form and sustain peer relationships were two strengths mentioned by almost all the participants. Both of these factors have been seen to be protective factors for resilience (Southwick & Charney, 2012), which is ‘the positive psychological capacity to rebound, to “bounce back” from adversity, uncertainty, conflict, failure or even positive change, progress and increased responsibility’ (Luthans, 2002, p. 702).

In recent years, there has been a shift in how very challenging events have been viewed, and an increased view of trauma as a ‘pathway to further growth, development and resiliency’ (Tedeschi & Blevins, 2015, p. 373). Traditionally, closely-associated with the within-child, deficit model (D’Amato et al., 2005), difficulties were identified and required to be ‘solved’ (Joseph, 2008; B. Kelly et al., 2008; Wilding & Griffey, 2015). In contrast, theories of posttraumatic growth are grounded in positive psychology. Tedeschi & Blevins (2015) contend that there is ‘the potential to perceive benefits and grow from negative

experiences and traumatic exposure' (p.373). They identify five factors which could emerge as a result of trauma: 'new possibilities, personal strength, appreciation of life, spiritual/existential change and relating to others' (p.373). It is possible that the strengths reported by participants, have developed in response to their traumatic experiences. Whilst it is not suggested that the trauma associated with children being removed from their birth families should be viewed as 'good', there should be an increased understanding of the complexity and multifaceted impact of these types of events.

It should be noted that some participants found it easier than others to emphasise the strengths of the children they supported. From the social constructivist perspective, it is crucial that adults around the child frame them in terms of their personal strengths, interests, and successes, as this will help to socially construct their reality as a positive one. This reflects labelling theories, such as Becker's (1963) theory of deviance. He noted that it is 'the person making the judgment of deviance...and the situation in which it is made' (p.4) that constructs deviance to become the perceived reality for an individual (p.4). He goes on to say 'deviance is not a quality of the act the person commits, but rather a consequence of the application by others of rules and sanctions to an "offender"' (p.9) and thus 'deviance is not a quality that lies in the behaviour itself, but in the interaction between the person who commits an act and those who respond to it' (p.14). This is reflected in research with children in care. In Mannay et al.'s (2017) research with 67 children in care aged between 6 and 17, they found aged that 'young people became increasingly aware of their construction of being different, they also considered how such entrenched notions of difference led to their positioning outside dominant discourses of success within schools' (p. 690).

6.1.2 Age

Participants generally felt that the youngest children in care were excluded from activities and support due to their age. This mainly occurred in terms of the type of therapeutic support that was otherwise offered to older children, and activities that were arranged by the LA. This reflects the lack of research into interventions aimed at this age group, illustrated by the literature review, which found only two. This research, and the continued understanding of the relatively poor educational attainment of the sample (explored below) should provide evidence for the increased use of early intervention with this younger age group.

Whilst some foster carers did value having conversations related to feelings, memories, and reasons for coming into care, it was also interpreted that participants themselves were making assumptions about what these children did or did not understand, due to their age. It was interpreted that foster carers felt that if children were not verbally communicating how they felt, this signalled that they were coping. Some foster carers did not report responding to children's narratives around coming into care, and others produced factually incorrect narratives to protect these children emotionally. This reflects the results of a survey with over 10,000 children and young people in care, which found that 48% of children aged 4 to 7 years old felt they had not received a sufficient explanation for the reasons for coming into care. Selwyn and Staines (2020) found 'a statistically significant association between the level of understanding and the child's age, with older young people being more likely to feel that they had received a satisfactory explanation' (p.100), and argue that, along with access to this understanding being a right of every child, 'when this does not happen, it can lead children to feel insecure, unwanted, and responsible for being in care - factors that can have a severe negative impact on their self-worth and well-being' (p.104).

Foster carers and school staff will need direction on how to communicate with the youngest children in care about their feelings and reasons for coming into care. The DfE has commissioned online resources for the learning and development of foster carers and social workers through the *Fostering and Adoption: Research in Practice (2013)* website. They advise ‘working with metaphors – using objects such as figures and animals, ecomaps – using objects to represent themselves and others and placing them near or far away as the child wishes, art or creative play, masks or worksheets with faces showing different feelings’.

6.1.3 Academic achievement

It has already been established that the gap in academic achievement between children in care and their non-care-experienced peers exists before they begin education (Mathers et al., 2016). Of the six participant children, three (50%) were described by participants as below age-related expectations in all core subjects, with one additional child being described as having some gaps in her learning. This roughly reflects what is demonstrated by UK Government data in Table 2, where, of children in care, by Key Stage 1, 51% were at age-related expectation in reading, 42% in writing and 49% in maths. This can be compared with 2018 government data for all children, which showed that, based on Key Stage 1 teacher assessments, 75% were at the expected standard in reading, 70% in writing and 76% in maths (DfE, 2019b).

Within the present sample, foster carer’s perceptions of their child’s academic ability impacted the support they were receiving at home, with two foster carers reporting it as an obstacle to them completing homework. Early academic ability is supportive for children in their longer-term positive outcomes both in education (Duncan et al., 2007) and broader life outcomes (Campbell et al., 2008). For example, Jackson and Martin (1998) found that, in a

high achieving group of care-experienced adults, a third had learnt to read at the age of four, compared to the ‘non-high-achieving’ comparison group, most of whom did not learn to read until they were well into their school years. This research presents further evidence for the argument in favour of early educational interventions (Mathers et al., 2016), which will be explored in Section 6.2.

6.1.4 Additional needs

An additional need which re-emerged in the interviews, was attentional difficulties, which were reported in three of the six children. Participants indicated that, for two of the children, diagnoses were being sought. It is assumed that, in these cases, those pursuing the diagnoses felt that they would be supportive for the child.

Diagnoses of conditions related to difficulties with attention, such as Attention-Deficit Hyperactivity Disorder (ADHD), have increased in recent years. It is estimated that 3-5% of children have a diagnosis of ADHD, with a further 5% being just below the threshold for formal diagnosis (Sayal et al., 2018). Willis et al. (2017) conducted a systematic literature review into the prevalence of ADHD in the care-experienced population. In line with the outcomes of my study, they found that, within those studies matching the criteria, the ‘vast majority...show rates of ADHD and of its pharmacological treatment [being] substantially higher in LAC than those reported in national estimates’ (p.78). It should be noted that most of these studies were based in the US, and further research is urgently needed into how children in care in the UK are being supported, diagnosed, and pharmacologically treated. There is an ongoing debate within the field of mental health regarding whether some children diagnosed with ADHD could be better supported if their needs were conceptualised through understandings of attachment and trauma (Sayal et al., 2018). This is because early childhood

trauma has often led to high exposure to cortisol, which can cause hyperarousal and difficulty with executive functions (C. Miller, n.d.). No interventions related to supporting attention were mentioned, aside from general additional adult support in the classroom, which will be discussed further in section 6.2.1. Difficulty with attention will impact these children's ability to access learning, and potentially further increase the educational gap between them and their peers. Indeed, research in the US with 430 adopted and non-adopted children, indicated that 4-year-old children's attention span-persistence significantly predicted maths and reading at age 21 (McClelland et al., 2013 [after controlling for adoption status and other factors]), with logistic regressions revealing that attention levels at age four significantly predicted the likelihood of completing college by 25.

Present or historical language difficulties were reported for five of the six participant children. This reflects existing research, which shows that children in care have poorer language and pre-reading skills than their non-care-experienced peers, as they begin school (Pears et al., 2011). Having good early language skills is a supportive factor for many children in their early years, predicting academic and behavioural functioning when they begin school (Morgan et al., 2015), and protecting against those factors which present a risk to school success (Burchinal et al., 2006). Some strategies to support language development were mentioned by participants, as explored in section 6.2.2.

Despite diagnoses of learning difficulties being pursued for at least two children, the LA dataset did not indicate SEN for any children in the whole LA sample aged from birth to 7 years old. This result would not reflect the reported prevalence of SEN in the population of children in care as a whole, with children in care being four times more likely to have a SEN when compared with their non-care experienced peers (DfE, 2020a). It is possible that this reflects reluctance to over-medicalise the needs of young children, but could also be due to a

general delay in responding to established needs or a lack of monitoring and reporting. This would reflect arguments made by Parsons et al. (2019), that the ‘3% of [children in care] in England ... recorded as having [ASD] ... is still very likely to be an underestimation’ (p.99).

6.1.5 Socio-economic status

Socio-economic status, whilst conceptualised as a person-level resource characteristic as it relates to the external resources an individual may have, can also be conceptualised at the ‘Context’-level (or the Macrosystem), as it is only meaningful within the larger economic context of society. In their literature review into the background of foster carers, McDermid et al. (2012), found that the income of foster carers was slightly below national average. As mentioned, the support and opportunities available to the participant children appeared to be impacted by the socio-economic status of those who cared for them. One participant mentioned that she felt the lack of space in the home had directly negatively impacted the physical development of the child she cared for, leaving him to walk on his tiptoes. This foster carer was unemployed, and a lone adult in the household with three children. She reported seeking employment but being unsuccessful, which reflects results from McDermid et al.’s literature review that ‘90% of lone foster carers do not have paid employment outside of the home’ (p. 20). Further support must be offered to those foster carers wishing to pursue additional work outside of the home, which may also increase the opportunities available to the children they support. It was also noted in my study that foster carers felt that having full- or part-time jobs limited their time to be able to complete additional training, and therefore it should be ensured that training is accessible to them, either via making it remote or ensuring it is held on a range of days/hours.

6.2 How are children in a London LA care system, in the EYFS or Key Stage 1, being supported by their immediate contexts (school and home)?

6.2.1 Cognition and learning support

Almost all foster carers mentioned at-home literacy strategies that centred on developing phonemic awareness and reading. Many also mentioned the use of concrete resources to develop numeracy skills and also the use of maths in the environment. As mentioned, some foster carers felt the children's ability was a barrier to completing these types of activities. The variation in support offered by foster carers could also be related to their own varied experiences of education. McDermid et al. (2012) found that 'the proportion of foster carers with no educational qualification is slightly higher than in the general population' (p.18). The confidence of foster carers in being able to support educational development is crucial Mathers et al. (2016), but in the present study foster carers all reported that they had received no training or additional support in terms of supporting their children's learning, as training had centred on topics such as attachment. A number of foster carers mentioned that education had changed since their time at school, and new concepts, such as phonics, had been initially alien to them. The acknowledgement that foster carer's involvement in providing educational support will impact the educational outcomes of the children they support, is reflected in government-funded projects, such as the London Fostering Achievement programme. Sebba et al. (2016) found that, through the programme, foster carers reported increased knowledge of different professionals, services, strategies (e.g. Pupil Premium and PEPs), and greater confidence, and improvements in writing were noted compared to children in care who were not impacted by the project. Due to the additional

educational needs reported within this population group, and how these impact later life outcomes, further training, support, and resources must be provided to them.

In terms of strategies at school, two children in the present study received additional interventions, with one of these children receiving daily 2:1 adult support. No participants mentioned that the strategies being employed were evidence informed. Whilst further research is needed into intervention effectiveness with this population group, both elements of the child's microsystem (home and school) can be supported to employ existing evidence-informed approaches. In his review of 80 currently-available literacy catch-up interventions, Brooks' (2016) ensured that effectiveness was based on pre- and post-test data using a sample of at least 30 children, unless a randomised controlled trial design was used, in which case a lower sample size was accepted. Paired Reading, which was used with pupils from Year 1 to Year 11, was seen to have an impressive effect size of .87 in accuracy and .77 in comprehension (maintained up to 17 weeks later). Similarly Reading Recovery, used with pupils in Year 1 and 2 saw a 4.7 improvement in Accuracy ratio gains, maintained up to 6 months. Indeed, some research has suggested that paired reading can improve the average reading age of children in care by 12 months in a 16-week period, however the average age of the children in this study was 9 years 4 months (Osborne et al., 2010). Schools should already be using evidence-informed strategies to support those children struggling with the curriculum, and foster carers should be supported to ensure the strategies they are using at home are evidence-informed too.

As mentioned, no interventions were mentioned to target difficulties with attention, aside from the use of additional adults. Foster carers and schools should be supported to ensure they are adapting their environments to support attention, such as through the use of simple strategies, including visual cues, movement breaks, breaking down task instructions

and limiting attentional demands in line with their child's needs. Some discrete interventions have some research underpinning their effectiveness, such as Attention Autism (McKeown, 2015), but further research with greater sample sizes, and younger children, is needed.

6.2.2 Communication and interaction support

As mentioned, communication and interaction needs were prevalent in the sample. Some of the strategies in place to support this, seemed to be more consciously chosen than others. Some carers felt that language had been extended naturally through peer relationships and reading, but most strategies were less clearly defined, and suggest that foster carers will need clear training and support. Four children were described as having access to SALT during their childhoods. Two DTs mentioned children's use of SALT in school, but only one described embedding the work of the therapist in class.

Ecosystemic theories, such as Bronfenbrenner's (2005), have contributed to a greater understanding of the importance of co-working between multiple agents in a child's developmental ecosystem. Davies et al. (2017) conducted a study with 14 parents of pre-school children in the UK who had been referred to SALT and found that parents 'did not express a clear notion of their role as intervener before involvement with the [SALT therapist].' They described a change in this during a co-working intervention with SALT, with parents beginning to conceptualise themselves as "'implementer[s]" and "adaptor[s]" of intervention'. This research suggests that 'parents may change their conception of role as they work with [therapists] and become increasingly involved as interveners. Implications for practice include negotiating roles in the partnership before intervention begins and enabling parents to adopt an intervener role' (p.171). This suggests that foster carers and school staff

may be able to shift their role conceptualisation, if they work closely with speech and language therapists, and embed the work of SALT in their own settings.

6.2.3 SEMH support

Dysregulation was a prevalent need reported need within the sample. This is in line with some theory and research on the impact of developmental trauma and insecure attachment on behaviour and regulation (Van Der Kolk, 2019). Strategies reported by foster carers ranged from the use of visuals to verbal explanations of expected behaviour. Strategies at school sometimes took the form of individualised support which reflected advice from professionals, e.g. Objects of Reference, but class teachers also referenced whole-class work, e.g. learning about feelings. Difficulty sleeping presented as an issue, which has also been argued to be a consequence of developmental trauma (Van Der Kolk, 2019). Strategies to support this included bedtime calming routines, which were reported to work, and the use of television, with sleeping reported to have improved after this was removed. The appropriate strategy will vary in accordance with the child's age and understanding. It should be noted that foster carer participants reported attendance of training on issues such as attachment and trauma, whereas this was mentioned less in school settings. Foster carers and school staff may need continued support with assessing freely-available resources on the impact of, and strategies for, developmental trauma, such as those from Beacon House (Lyons et al., 2019).

6.2.4 Physical, sensory and self-help support

Foster carers mentioned specific at-home strategies for developing self-help and independence, e.g. talking about body parts, dressing, and encouragement to tidy up after play. Where consistency was reported across home and school, both reported to see

improvement. This would reflect current understanding about multi-disciplinary working (Fostering and Adoption: Research in Practice, 2013a), which again reflects the benefits of working from an Ecosystemic perspective.

Physical development issues were reported in three of the participants, with sensory issues described in one participant, in the form of Pica. As argued in Van Der Kolk (2019), poor muscle tone and co-ordination, taste and texture preferences and sensory processing difficulties can all be seen as consequences of developmental trauma. One foster carer described their use of at-home strategies, but DTs did not mention school-based strategies for supporting physical difficulties.

6.2.5 How adults view their roles

Foster carers largely saw their role as supporting the children to be independent, through the development of self-care and routines. In the literature, issues of independence are more closely related to older children, in terms of preparing for adulthood, but it is crucial that adults support this from an early age. Most foster carers and DTs mentioned the scaling back of adult supports to gradually increase this independence: a practical illustration of scaffolding (Wood, Bruner, Ross, 1976), or ‘graduated assistance’ (Tharp & Gallimore, 2014, p. 48), based on an awareness of the child’s ‘Zone of Proximal Development’ (Vygotsky et al., 1981, p. 86). Whilst many of the actions of foster carers reflected prevalent thinking in the field of education and care, they rarely referenced what underpinned their approaches.

Foster carers were split in terms of some seeing education as being the responsibility of school, and some seeing it as a joint responsibility between school and home. DTs largely saw their role as one of information-sharing, with only one participant seeing saying that a large part of her role was to monitor the child’s teaching and learning input. The reframing of

both roles, with educational support being central to them, could act as a supportive element for these children, especially considering that academic skills constitute a protective factor for children in care.

6.2.6 Home environment

All foster carers mentioned some opportunities for play inside and outside and day trips, but as is the case with the general population, there was variation in the type and regularity of these. As mentioned, opportunities and environments were also impacted by the socio-economic status of the child and their family. All foster carers referred to structures in place in the home (e.g. routine) with others having boundaries which stretched further (e.g. locations where play was allowed). Some were able to clearly explain the rationale underpinning these, in terms of child development, whilst others were less able to explain the reasons for having certain systems in place. The importance of clear boundaries and structure has been seen to be particularly important, specifically when supporting children with developmental trauma who may be easily dysregulated (see Figure 21).

Figure 21

Infographic for adults supporting children affected by developmental trauma (Lyons et al., 2019)



6.2.7 School environment

In terms of the school environment, all children were attending educational provision rated either ‘Good’ or ‘Outstanding’ by Ofsted (see Table X), in line with statutory guidance (DfE, 2018a). As previously mentioned, quality of ECEC is what influences outcomes (Peleman et al., 2020; Taggart et al., 2015), and Ofsted assessments can be crude indicator of quality (Penn, 2002), meaning that teaching and learning will need to be closely monitored (e.g. by DTs). The other characteristics of the schools would be in line with the greater diversity in the capital, such as the higher than national average level of children with English as an Additional Language. DTs did not mention the ways in which the additional Pupil Premium for these children was being allocated, and it could be used to support early intervention.

6.2.8 Connection to birth parents

All participant children were reported to enjoy contact with their families, and to speak positively about their parents. Contact with birth families is based in principles of attachment (Bowlby, 1988), especially in terms of contact with younger children, and the idea that continuity can be a supportive factor for the child (Fostering and Adoption: Research in Practice, 2013b). The DfE’s Fostering and Adoption: Research in Practice (2013) website reports: ‘Contact can help a child maintain their sense of identity and come to terms with what has happened to them ... contact can help reassure them by letting them see that their parents and siblings are all right.’ Contact is enshrined in law in the Children Act 1989, but a growing understanding of the nuances of the impact of contact, especially related to its quality, has meant that law had been amended in order to limit the negative impact of poor-quality contact (Children and Families Act, 2014).

One participant child was reported to be emotionally impacted by inconsistent contact, and some have argued for the negative impact of contact in certain contexts. In Moyers et al.'s (2005) study with adolescents, they found that 57% experienced poor quality contact. She argued that their 'entrenched, unresolved attachment difficulties...were regularly re-enacted during contact', and that they 'persistently sought out parents who were high rejecting, neglectful or abusive' (p.550). Therefore, as the case for the participant children in the study, many children want contact with their birth families, but decisions should be made about whether it is in their best interests. Schofield & Stevenson (2009) recommend asking questions about how the contact benefits the child, in terms of immediate contact and later reunification, and whether the upset at lack of contact will support long-term emotional wellbeing.

As mentioned, children were reported to value connection to their birth families in terms of symbolic practices or objects, from maintaining long hair to meals associated with their familial and cultural context. In line with social constructivist thinking, objects and practices only become meaningful through our connection with, and construction of, them. Therefore, those objects and practices which may seem insignificant to others, may be hugely meaningful for young children. This has informed thinking around transitional objects and life stories in recent years, such as the work by Coram BAAF (2022). They are currently running an 'Objects and their Stories' training package with foster carers and social workers, aimed at exploring 'how objects can evoke, release and relieve emotions, how objects can become a safe home for these feelings, and how a focus on objects can free the imagination and promote creative practices and relationships'. This thinking has also informed research into how children in care's property is treated during transition, with four in five children and

young people reporting their belongings being moved in binbags (National Youth Advocacy Service, 2022).

6.2.9 Sibling relationships

All participants reported the importance of ensuring siblings were kept together during placements. The sibling relationships were reported to be a supportive factor for the children, due to the consistency it represented and a shared understanding of their otherwise highly personal experiences. Challenges were reported in some relationships, e.g. where a younger sibling was emotionally-demanding on an older sibling and where an older sibling was considered to be a bad influence. The individual nature of each sibling relationship is recognised in the literature, as well as the need for a careful assessment of the child's wants and needs (Lord & Borthwick, 2008).

6.2.10 Relationships with non-relatives

As mentioned, participant children's desire to build relationships, particularly in school, was considered a strength. A supportive factor for the forging of peer relationships was reported to be having a known child in the same class when joining, which can be made difficult by multiple transitions. As mentioned, many adult participants were able to frame the children positively which, in line with social constructivist theories of identity development, could help to construct a positive relationship between adults and children. Difficulties related to the forging of non-relative relationships were reported to be the child having English as an additional language and cognitive and/or social needs. Some children were also reported to be 'over-friendly' with strangers. It may be the case that social interventions tailored to the individual (including those involving learning regarding the

appropriateness of relationships) are required by children with histories of trauma and disrupted attachment. As mentioned, there was limited research found into the evaluation of UK-based interventions with this population. Those that did exist were not able to report statistically-significant effects (Francis et al., 2017), and so more research is needed.

6.3. How are children in a London LA care system, in the EYFS or Key Stage 1 being supported by broader contexts (including relationships around the child, training, support, macro-policies and narratives)?

6.3.1 Information-sharing

Information-sharing emerged as a prominent theme within the interviews, with the devastating impact of poor-information sharing in the field of child protection being well-documented and leading to increased importance being placed at the government-level on information-sharing systems (Low, 2016). Two participant foster carers felt information sharing prior to the children joining them was good, with one of these carers relating this to a positive relationship with the social worker, and the other relating it to her relationship to the birth mother. The remaining four foster carers did not feel information-sharing had been good prior to the child entering their care, relating it to the children entering their care as an emergency. DTs also described limited information-sharing between schools, where transitions had occurred. In terms of legislation, the UK government does acknowledge that, for foster carers to work effectively in partnerships with other systems surrounding the child, they must be trusted with sensitive information. However, the Children Act 1989 (p.99) states:

there is no requirement for written information to be issued when a child is placed under the emergency provisions, but authorities should make sure that

the emergency or temporarily approved foster carer has sufficient information, including health information, to keep the child and other people in the household safe

Additionally, it acknowledges:

there is also an obvious temptation to withhold negative information about, for instance, a child's past behaviour for fear that carers may not agree to a placement being made, or a child will be unfairly labelled. However, a placement is much more likely to succeed if carers know in advance about behaviours that have been a cause for concern in the past and how these have been successfully (or unsuccessfully) managed.

6.3.2 Relationship between school and home

In my study, positive elements of the relationship between school and home included regular, established communication, and consistency of placement over time. The impact of positive relationships between educational professionals and carers, on the lives of young children, is reflected in the literature. In the US, Luckey et al. (2021) asked 888 family childcare providers to complete questionnaires and found that, after controlling for several factors, these participants reported better relationships with the children in the care of the families who they also had positive relationships with.

There was limited discussion of how learning was supported through this relationship, with one carer reporting that this was avoided to protect her child, who had been constructed as vulnerable, and school preferring to focus on her 'care' needs. There were perceived barriers to the relationship, notably foster carers' other responsibilities, distance between home and school, and the impact of COVID-19 on meetings.

6.3.3 Training and support for adults

The results indicated that foster carers felt that they had received appropriate training in terms of attachment and care, but this was limited support with regards to educational support. As mentioned, there are increasingly projects aimed at supporting upskilling, and increasing the confidence, of carers with regards to education (Sebba et al., 2016). In terms of supporting the youngest children in care, this should focus on developing an understanding of the principles of the EYFS, such as play-based learning, and early educational skills, such as Phonics. Greater mental health support for the carers themselves should also be considered, as this was only mentioned by one foster carer. It was also interpreted that stress could be limited if adequate information and advice was given initially, specifically around how to support children with specific needs. Training on subjects relevant for supporting children in care, such as attachment and trauma, were not mentioned by school staff, which should be seen as a priority.

6.3.4 Security-first thinking

As Cameron et al. (2020) argue, based on the participant's responses in the current research, young children in care's 'attachment relationships and sense of security is privileged over their engagement in educational practices' (p.1). This thinking has several practical implications on the type of support received by these children. It was seen in the types of activities privileged at school, as well as the expectations made of these children. For example, that setting educational targets or completing homework might negatively impact their emotional wellbeing, or that play (rather than phonics) was all that should be expected from them. This reflects the findings from Cameron et al. (2020)'s work, which found that

participants emphasised that a secure base and feelings of security needed to underpin learning.

In the present research, security-first thinking appeared to impact the type of training and support that has been offered to foster carers and school staff, as well as how 'school' and 'home' were conceptualised, as the locations for 'education' and 'care' respectively. Again, the observed privileging of attachment in training mirrors the findings of Cameron et al. (2020), notably that 'none of those interviewed could recall a focus on young children or their learning' (p. 4). As mentioned, there has been some awareness of the need for training and conceptualising of foster carers as educators in the English context (Sebba et al., 2016), but more needs to be done to reframe this narrative.

Based on their exploration of these two studies, Cameron et al. (2020) hypothesise that 'this bias towards security-first thinking has contributed to an underappreciation of the protective and preventive role of education in young children's short-term and long-term academic success and emotional well-being' (p. 7). Whilst this hypothesis would need to be explored with longitudinal studies, it is supported by existing knowledge about the plentiful benefits of early academic skills on later outcomes (Campbell et al., 2008; Duncan et al., 2007; Jackson & Martin, 1998). Whilst valuing the importance of early attachment, we must reframe the narrative that this exists in opposition to the early educational experiences for children in care. This can be achieved by reconceptualising foster carers roles to include 'educator', valuing the home as a place for education for young children in care, and by ensuring that schools and LAs are offering the appropriate support, training, and resources.

6.3.5 Resistance to ‘deficit’ and ‘medical’ models

As mentioned, whilst narratives which reflect social models of disability, such as those including language of ‘neurodiversity’, as opposed to disability, are proliferating, the traditional within-child and deficit models persist within the educational landscape (D’Amato et al., 2005), which posit difficulties ‘within’ an individual child, to be ‘solve[d]’ (Joseph, 2008; B. Kelly et al., 2008; Wilding & Griffey, 2015). This model reflects the perceived need to label children and is evident in the increasing numbers of children diagnosed with conditions such as ADHD, ASD, and Dyslexia. However, participant responses in the current study suggest that educational professionals and foster carers are aware of the need for caution and see labelling as a potential perpetuator of ‘difference’ between children. Some showed awareness of the potential impact of developmental trauma on the children, but also that needs which may otherwise be considered typical may be conceptualised more problematically due to the children’s experiences. This reflects attribution theory (Fiske, 1993), which emphasises the role that social perceivers play in making meaning. In the current context, the children’s identity as ‘within care’ is privileged in terms of what their needs are attributed to.

In line with the Ecosystemic approach undertaken by the present research, the needs of young children in care must be considered in light of the complex interplay of their various ecosystems (including their personal attributes, those closest to them and the effects of their personal histories), in order to provide the best support which will enable them to flourish now and later in life, and the emphasis should be on solutions rather than the needs themselves.

6.3.6 Continuity and change

The first of two ‘time’ elements which emerged within the data was continuity and change, an element of meso-time, which relates to consistency and regularity. The nature of the lives of children in care, is that there is likely to be a greater amount of multiple and multi-dimensional (Jindal-Snape, 2016) changes, which impact all elements of their ecosystems. The challenges associated with home and school transitions were strongly emphasised by participants and were reported to affect the children’s emotional wellbeing (and that of their support system), as well as their educational achievement. Whilst change can often not be avoided, honest and sensitive discussions with children, could allow children to feel more control over, and understanding of, their situation. Enhanced transition packages and information-sharing are also essential for limiting the impact of transition on the child’s ecosystem.

6.3.7 COVID-19

COVID-19 was a factor which emerged within the interviews, as something which participants felt impacted the support available to the children. It represents an element of macro-time as it was a specific characteristic of that historical context and was made more significant considering these children were just beginning their educational journeys. Whilst the long-term impact remains to be seen (specifically in terms of how the numbers of children in care were affected, and their outcomes), the detrimental immediate impact was reported in the present research as missed schooling, limited opportunities in terms of day trips and visits outside of school, reduced communication between school and home and impacted inductions to school.

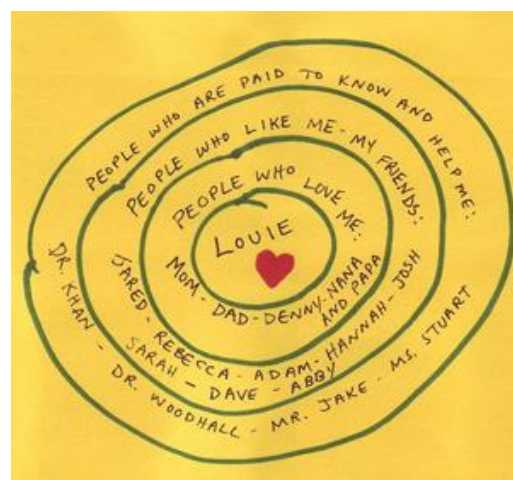
6.4 The wider application of the PPCT model

This study has shown that children in care, and the support they receive, is impacted by a complex interplay between a number of elements of their ecosystem, which has been conceptualised using the PPCT model. In order for members of these systems to have a better understanding of the children they support, to target support appropriately, and to work effectively across multi-disciplinary teams, they should be supported to use the PPCT model themselves.

The PPCT model should be used to underpin the way local authorities conceptualise the children in their care generally, e.g. consistently sharing a simplified model in leaflets and training packages. EPs could support virtual school staff, social workers, teachers and foster carers to conceptualise children and young people in this way through training and in joint consultations. It will be crucial to ensure that the model is made accessible to people from a range of educational backgrounds. For example, by encouraging training participants to first use their own lives as a concrete example. Children and young people can also begin to conceptualise themselves systemically through drawing activities, such as the ‘Circles of Support’, taken from the Circle of Friends intervention (see Figure 22).

Figure 22

‘Circles of Support’ (Wang, 2012).



Chapter 7. Conclusion

This chapter will outline the summary of the implications of my study across different parts of a child's ecosystem, outline strengths and limitations, and give some concluding comments.

7.1 Summary of implications across the ecosystem

Element of the child's ecosystem	Implications
All	<ul style="list-style-type: none"> • Ensuring the inclusion of young children's views, conceptualising them as capable agents in this regard and supporting other adults to find creative ways to elicit these • Engaging children in open and honest conversations about the reasons for coming into care (as appropriate) • Ensuring that children are framed positively, valuing their strengths and interests • Develop strategies to support their own wellbeing
EPs	<ul style="list-style-type: none"> • Holding strength-focussed/solution-focussed joint home-school consultations • Providing training, supervision and therapeutic support for foster carers and school staff • Sharing evidence-informed practice with school and home to improve educational outcomes, with support from other professionals (SALT, OT, CAMHS), including the ways in which trauma can impact learning • Running interventions that promote the learning of children in care, and upskilling school staff to embed these in the school day • Working within the VS to promote better outcomes • Continue research into those issues affecting children in care, such as overmedicalisation

School staff	<ul style="list-style-type: none"> •Ensure that school-based evidence-informed interventions are in place early for these children •Supporting carers with home education through accessible training packages on evidence-informed approaches and the provision of resources •Prevent the exclusion of these children in activities/therapeutic/educational support due to their age •Monitoring of teaching and learning, and use of assess-plan-do-review cycles for these children •Ensuring the accessibility and effectiveness of communication systems with home, and attendance of PEP meetings •The provision of training for school staff on issues related to children in care, e.g. attachment, but also emphasising risks in terms of education •The creation of enhanced transition packages between schools, and monitoring impact of home changes on children •Embedding the work of therapists in class
Foster carers	<ul style="list-style-type: none"> •Adopting the role of ‘educator’ and ‘intervener’, and conceptualising home as a space for both care and education, including the use of evidence-informed approaches •Attendance of training to upskill selves as educators, as well as develop confidence in this regard •Ensuring that children’s objects and practices are valued, especially at the point of transition •Develop strategies to support their own wellbeing •Requesting regular, scheduled contact with schools, and ensuring their attendance of PEP meetings

LA (social workers, VS, and others)	<ul style="list-style-type: none"> • Recommending that all children in the care system attend a pre-school ECEC provision, of high quality • Ensuring that LA activities and opportunities include children from birth to 25 and, in particular, those from low socio-economic backgrounds • Information to be shared with foster carers around additional needs in advance (even when an ‘Emergency’) to limit transitions, and offer support for this • Ensuring training is accessible for foster carers (remote & at a range of dates/times), and ensure that this includes issues related to education, as well as care • Ensuring that children’s objects and practices are valued, especially at the point of transition
National government	<ul style="list-style-type: none"> • Commissioning research into the medicalisation of children in care and the impact of COVID-19 on the population • Creating a policy ensuring the attendance of high-quality pre-school provision for all children in care (including an outreach service for those less able to access) and access to a wide range of community based recreational and therapeutic support

7.2 Strengths

As demonstrated in the literature review, there is dearth of research on the experiences of children in EYFS and Key Stage 1. My study adds to this field, providing crucial evidence about these children as the numbers of children in care continue to rise (Carroll & Cameron, 2017; Zayed & Harker, 2015), and outcomes continue to be poorer for them than the general population.

A strength of this study is in the sample of children. Not only do they reflect what is known about these children from the literature, e.g. in terms of the prevalence of additional needs, but they also represent a range of backgrounds and experiences.

A further strength is the way in which the research has attempted to centre the voices of the youngest children in care. This has been achieved through the language used in the study, in the avoidance of terms such as ‘looked after’ and ‘placements’ which can ‘create stigma and barriers for understanding’ (The Adolescent and Children’s Trust, 2019, p. 3). Centring these children’s voices was also attempted through the Ideal School activity, completed by three participants. Whilst the youngest children in care have not been seen as ‘capable social agents’ (Cassidy et al., 2022, p. 33) and so their voices are missing from research, this study suggests that the youngest children in care are capable of sharing their views.

The social constructive approach was a strength of this study and was reflected in the use of interviews to gain views from multiple participants, as ‘people construct [the nature of the world] between them. It is through the daily interactions between people in the course of social life that our versions of knowledge become fabricated’ (Burr, 2015, p. 4). The merging of quantitative and qualitative data has allowed the research to have more depth.

The use of Bronfenbrenner’s (2005) PPCT model supports a shift away the problem-focussed language most closely associated with positivist approaches, e.g. medical models of disability, within-child and deficit models (D’Amato et al., 2005). Within these models, difficulties are located ‘within’ an individual and need to be ‘solve[d]’ (Joseph, 2008; Kelly et al., 2008; Wilding & Griffey, 2015). It promotes a shift towards an Ecosystemic approach, where needs are conceptualised a result of the complex interplay of several systems rather than located within the individuals themselves.

7.3 Limitations

Despite undertaking this research from an Ecosystemic, social constructivist perspective, not all agents in the lives of these children were interviewed. Attempts were made to engage social workers with this piece of research, but high workloads and competing priorities meant this was not possible. Future research should aim to understand how the social workers of the youngest children in care conceptualise their educational experiences, and the priorities placed on this.

Despite my best attempts to centre the voices of the children within this research, direct contact with the children was not possible due to problems gaining social worker consent, alongside access issues related to COVID-19. Ideal School responses were received for only 50% of participant children. As mentioned, it is crucial that younger children are seen as capable of sharing their opinions and impacting the plans made for them.

A further limitation of my study is the relatively small sample of case study children ($n = 6$). This study does not allow for generalisation of findings for this reason but does offer insight into the unique and varied experiences of these children, whilst some commonalities can be elicited. Furthermore, as social workers were required to agree to the children being involved. This could have contributed to sampling bias, in that the more positive cases may have been made accessible.

7.4 Concluding comments

The present research explored the systems of support for children in care as they enter education. Using the PPPF model, it has been argued that these young children must be conceptualised in an Ecosystemic way, in order to optimise support, and improve the relatively poor outcomes still observed. This involves primarily reframing the narrative

surrounding young children in care, so that education is seen as a priority, which must be achieved by support at all elements of the ecosystem. It should be noted that these strategies listed above are preventive and, from an economic perspective, are more preferable to the financial impact of the negative outcomes still observed of the care-experienced adult population (Parsons & Schoon, 2021).

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Appendix A: Information sheet

Research project title: Understanding the developmental world of the youngest children in the care system

The researcher:

My name is Cora Figueira-Bates, and I am a trainee Educational Psychologist on the Doctorate in Educational, Child and Adolescent Psychology at X. I am currently working in X Local Authority, and support a number of families, children and schools.



Why am I doing this research project?

This research is about exploring the developmental world of the youngest children in the care system. I will be hoping to talk with these children, yourselves as foster carers of these children, and other relevant adults. We know very little about the experiences of the youngest children in care, and so your views and experiences will be very valuable. As such, this study has four main research questions:

1. What are the transition histories of Looked-After Children aged from birth to six?
2. What are the educational experiences of Looked-After Children aged from birth to six?
3. What is the relationship between transitions of Looked-After Children and their achievements at Primary School?
4. How do Looked-After Children in Year 1 at Primary School compare to other children in terms of teacher assessments of their achievements?

The study

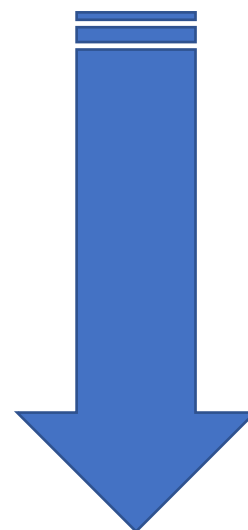
This study has four stages, listed in chronological order below:

1. Data search: Using information garnered from London Local Authority dataset for all children between 0 and 7 years of age.

2. Semi-structured Interviews with foster carers: for participant children, in Key Stage 1

3. Semi-structured interviews with DTs: of EYFS and Key Stage 1 children in care in Local Authority Primary Schools

4. Ideal school activity: with participant children, completed by parent, teacher or researcher



The process

1. You will read this information sheet.
2. I will contact you to arrange a time for interview (via Microsoft Teams or Zoom) and send the consent form (via paper copy or Microsoft Forms).
3. If you would like to take part, please sign and return the enclosed consent form to me.
4. We will meet for the interview. I will ask about the children's life with you, and experience of attending educational settings, and your own experience of education.

What will happen to the information that I provide?

All data will be anonymised, and every effort made to ensure that you cannot be identified using pseudonyms. The interviews will be audio recorded and transcribed; these transcriptions will be stored separately from any contact details or personal information provided on the consent forms, will be stored securely and not shared with anyone. The findings will be presented within my doctoral thesis. They may also be used in subsequent reports and presentations. Your name will not be used within any write-up. In line with data protection legislation, data must be stored securely for ten years and then deleted.

What should I do now?

If you have further questions, please feel free to contact me by telephone (X) or email (X). If you would like to take part, please sign and return the consent forms to me. Please note that you and your child can withdraw from the study at any time.

Supervision and ethical approval

This research is being supervised by X, and X. The project has ethical approval from the Department of Psychology and Human Development, which means that the committee has carefully considered the risks and benefits of the research.

Data protection notice

The controller for this project will be X. The Data Protection Officer provides oversight of UCL activities involving the processing of personal data, and can be contacted at X. This 'local' privacy notice sets out the information that applies to this particular study. Further information on how UCL uses participant information can be found in our 'general' privacy notice: X

The information that is required to be provided to participants under data protection legislation (GDPR and DPA 2018) is provided across both the 'local' and 'general' privacy notices. The lawful basis that will be used to process your personal data are: 'Public task' for personal data and 'Research purposes' for special category data. Your personal data will be processed so long as it is required for the research project. If we are able to anonymise or pseudonymise the personal data you provide we will undertake this, and will endeavour to minimise the processing of personal data wherever possible.

If you are concerned about how your personal data is being processed, or if you would like to contact us about your rights, please contact X.

Appendix B: Consent forms

If you would like to take part, please tick the following terms and sign below.

	Yes ✓ or No ×
I would like to take part in this study	
I have read and understood the attached information sheet giving details of the project.	
I have had the opportunity to ask Cora any questions that I have.	
I understand that I am free to contact the researcher at any time.	
I agree to take part in an interview	
I understand that I am free to withdraw at any time without giving a reason. If I withdraw, I understand that the researcher will do her best to eliminate any data that I have contributed.	
I am happy for the interview to be audio recorded.	
My decision to participate is entirely voluntary.	
I understand that the information gathered in this project will be used to form the basis of a report, and that the findings may be used in future reports and presentations.	
I understand that my name will not be used in any report, publication or presentation, and that every effort will be made to protect my confidentiality.	
I will support the child to view the information video which will be sent to me, and to help them sign their consent form	

Name _____

Signature _____

Date _____

Appendix C: Transcript extract

Interviewer	How long have you been caring for Miranda?
Interviewee	Six months
Interviewer	Six months. OK. Please could you describe a typical day from morning to bedtime for Miranda?
Interviewee	So a typical weekday we get up around seven or just before or just afterwards. We have breakfast. Brush teeth. Get dressed. Leave the house. Just before um seven thirty drop Miranda's brother at Nursery then we go to school. Uh Miranda is then at school. Most of the week she does an afterschool club apart from one day when she does an after school club outside of school. Um and so we normally get home just before five. We then have dinner between five and five thirty bath is at six bedtime is at seven and we have um stories and Miranda does reading before bed.
Interviewer	Does Miranda have their own bedroom?
Interviewee	No.
Interviewer	Ok so she's sharing it with her brother?
Interviewee	Yes. She doesn't want...there is a bedroom that she could have but she doesn't want it [laughs].
Interviewer	OK. Yeah well we have actually heard that from other carers we have spoken to who care for siblings.
Interviewee	Yes they really like being together. They drive each other crazy but they like that...so...
Interviewer	Could you describe what their bedroom space is like?
	Um it's a box room with two beds no toys. Um. It's literally just for sleeping. We don't play in the bedroom. Just purely for sleeping.
Interviewer	Can you describe the space where X play's in the home?
Interviewee	Uh so we have a living dining space which is just off the kitchen. Uh there is a large L shaped sofa with box shelves which are full of various toys and books. Um there is a telly but we don't really tend to watch it. Um because they get bored watching telly. We do craft activities at the table. Um anything, any moving toys things like that we tend to play with on the carpet. And as I say, everything is just in this one space in our home. We don't have toys anywhere else in the house.
Interviewer	Ok. And what is the rationale behind that?
Interviewee	I mean...I think that prior to coming to live with me, um, they didn't have a particularly good routine and so I wanted to establish quite clearly that the bedroom is a calm space. It's not a space for playing, and once we are in the bedroom it is a place to sleep. And I think that when there are toys in the bedroom, particularly from a younger age, it is tricky for them to comprehend that you can play with toys there during the day but at night time you can't especially when they get that little kind of bump of energy towards bedtime. So we don't read stories in the bedroom. We have the whole process of everything happens outside the bedroom. The bedroom is literally we go in we say goodnight we have a cuddle and its bedtime. Um. And also there's no toys in like my bedroom. Um. Just because I think it's also important that I have my own space just like they have their own space. Um. Yes.
Interviewer	How did you develop an understanding of maintaining a routine?
Interviewee	To be perfectly honest...I was a nanny for five years and children respond very well to routine. Um. Uncertainty and chaotic environments are often quite scary for children. And things that as adults we deem as "oh it's a surprise it's exciting" are often overwhelming. Um and sometimes we need to think about how something is received through the eyes of a child. Um and we forget that we have as adults we have life experience that tells us things will be ok. Um that change is is sometimes necessary and that while it might not be ok at that moment it will be ok in the long run you know these children haven't had that experience. Um so I sometimes think my goodness a lot of our life is quite boring but it's not it is actually...they love that...and when we talk about um we have surprises which are fun activities so we pick so sometimes I'll say 'do you want to do...go to the playground...do you want to go to the park...or do you want a surprise?' because they know that a surprise will be within a certain realm. It will be something they enjoy. It will be an activity

Appendix D: Coding frame

Code	Sub-Themes	RQ	Carer - Miranda	Carer - Florence	Carer - Poppy
1	Carer's approach to reading	Academic develc 2	1. we have um stories and Mira	1. every night...I think about 5 minutes 2. Sh	1. then I do reading with her. Som
3	Educational gap between child and	Academic develc 4a	1. they wanted to hold Mirand	1. lthough she might not be able to read, like I said, because she's only four year	
4	Strategies for numerical developm	Academic develc 2 + 3	1. We've started doing number	1. But like I said, because I've got this...um...f	1. Then we have Jenga. We have L
5	Strategies for numerical developm	Academic development			
6	Child missing education	Academic develc 1c	1. Miranda basically hadn't lea	1. She was in...she was in nursery but they said she never used to attend all the t	
7	Privilging 'care' over education	Academic develc 2 + 3	1. She was kind of receiving one to one support which was essentially a lot o	1. Sometimes she refuse to do rea	
8	Carer's view on inclusion	Academic develc 2 + 3	1. Especially if they discuss it in class...I don't want to her to kind of be disengaging because she thinks 'no I don		
9	Challenges with numeracy	Academic develc 4a	1. um the numbers are next ye	1. Um...she can count from one to 10 but she never used to be able to recognis	
10	Approach to homework	Academic develc 2			
11	Inherited parental views of educat	Academic develc 2	1. So you meet people who go	1. Okay so do you feel like you're positive vie	1. Do you know, I really would lik
12	Care and education as linked	Academic develc 2 + 3	1. Um yeah so I just think she doesn't...um...she hasn't had that support in terms of education and that encoura		
13	Context where learning occurs	Academic develc 2 + 3	1. I think...I think it's pretty ba	1. Okay. This is just a general question: do you consider learning to occur mainl	
14	Criticism of education system	Academic develc 2 + 3	1. because I see...I just see what happens now and unfortunately because of the way the education system is for		
15	Limits of learning at home	Academic develc 2			
16	EYFS/Y1 curriculum	Academic develc 2 + 3	1. Because...I don't know how	people know what all of this is but they seem	1. Yeah. You know like in my days
17	Challenges with literacy	Academic develc 4a		1. Reading? [shakes head]. To be honest with	1. I think reading is still you know
18	Strategies for developing literacy	Academic develc 2 + 3		1. formalise letters, you know, reading, althc	1. We have this sort of like...like...!
19	Value placed on education	Academic develc 2			1. Yes. Um...my...there's one. A 20
20	Opportunities for educational visi	Academic develc 2	1. than we normally go so a ne	1. because I use to take her to the libraries fo	1. And we also have a park just at t
21	Carer's previous experiences	Carer personal e 2	1. I was a nanny for five years	1. From my agency I have. But I think it's to d	1. I've done all sorts of, you know,
22	Carer self-doubt	Carer personal e 2	1. Um so I sometimes think my	1. When Florence first came to me...like...even her Nursery said she was saying o	
23	Challenges caring for child	Carer personal e 2	1. but you know it's progressin	1. Um...so full of energy. Like you had to have 1. Maybe freedom because I...I bef	
24	Carer's educational experiences	Carer personal e 2	1. Um and I always read a lot w	1. No 100% positive because obviously you r	1. Yes. Um...my...there's one. A 2
25	Carer parenting support	Carer personal e 2	1. It's me and the children	1. SO you've got two other adults? No I've go	1. Yes. Um...my...there's one. A 20
26	Carer desire for training/support	Carer personal e 2		1. One hundred percent. Especially...when Fl	1. Yes....yes very much. Oh yeah I f
27	Carer's social and family support	Carer personal e 2	1. we went to see my parents. And they were like 'what did you do today?'	2. Plus my dad does a lot of reading	
28	Carer confidence	Carer personal e 2	1. Um....well...no I kind of feel like Phonics is quite obvious		
29	How carers see their role	Carer personal e 2	1. I do the things that they can	1. I'm for...letting a child learn and do things	1. Yes. Um...my...there's one. A 20
30	Skills & qualities needed by carers	Carer personal e 2	1. I think a strength of the pers	1. So it would've been nice to have, you kno	1. Yes....yes very much. Oh yeah I f
31	Child as attention-needing	Child's needs 4b	1. she was very attention needing	2. but you know it's progressing and it's d	1. The minute her sister comes ho
32	Child's areas for development	Child's needs 4a, b, c, d	1. so definitely reading...readir	1. think just to not overwhelm her with a lot	1. No. Nothing. No I haven't. [beer
33	Child as vulnerable/fragile	Child's needs 4b	1. So...sometimes they think they're a bit too fragile to really progress, if that makes sense? 2. young people bec		
34	Child's atypical behaviours	Child's needs 4a, b, c, d	1. Miranda has PICA...she's bee	1. Get all the toys at one time. Like, she won't play with one toy at a time, she'll	
35	Medical needs	Child's needs 4d			
36	Over-medicalisation of children in	Child's needs 2 + 3	1. So I guess my...my take away	from that was they looked at it and they saw	1. the usual 5 year old she always
37	Needs not identified/supported	Child's needs 2, 3, 4a, b, c, d		1. where they didn't know. Because mum har	1. I don't know. I don't know if the
38	Child's additional needs	Child's needs 4a, b, c, d		1. I think...she's not on the level of a four year	1. I don't know. I don't know if the
39	Additional support at school	Child's needs; Ac 3	1. So there are extra reading groups. So it's not one to one reading	I think...I think she reads with yeah...a group	
40	Attentional difficulties	Child's needs; Ph 5		1. She would try to play with water and try t	1. the usual 5 year old she always
41	Siblings sharing space	Child's relations 2 + 4b	1. She doesn't want...there is a	1. She shares a bedroom with her sister who	1. So they sleep in the same room
42	Child appreciation of family time	Child's relations 2 + 4b	1. because she likes that bit before bed when we are all sitting together		
43	Kinship care	Child's relations 1b + 2			
44	Demands on sibling	Child's relations 2		1. She shares a bedroom with her sister who	1. Oh yes, yes, yes, yes. I'm not sur
45	Separation from sibling	Child's relations 2			
46	Conceptualisation of relationship	Child's relations 2	1. You as the parent		1. I think there is a bond with me
47	Child relationships with adults at	Child's relations 3 + 4b			