

VOLUME 1:

THE LINKS BETWEEN RISK AND PROTECTIVE FACTORS AND
SUBSEQUENT LEVELS OF RESILIENCE IN LOOKED AFTER
CHILDREN AGED 9-11.

by

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ABSTRACT

The aim of this thesis is to explore the links between risk and protective factors or experiences in the lives of looked after children (LAC), and their subsequent levels of resilience. In order to inform this study a literature review was undertaken. A consistent finding, through this review, was that LAC named a significant adult in their lives as providing an important protective factor. However, previous research has concentrated on what protective factors are pertinent for adolescents, and not whether the same protective factors are significant for younger children.

Therefore, this exploratory study explores the experiences of 10 LAC aged 9 to 11 years. Through the administration of a scale from the Resiliency Scales (Prince-Embury, 2007) and semi-structured interviews, it was concluded that LAC who were found to have high to average resilience levels reported having a significant adult, stable care placement and good relationship with social worker. This raises important implications for future Local Authority (LA) practice.

The foster carers of each LAC were also interviewed, and all reported that awareness training for school staff would comprise a useful step toward enhancing levels of resilience in LAC. Carers stressed their opinion that schools are generally ill prepared to deal with behaviours commonly exhibited by LAC. From an EP perspective this raises an important discussion regarding future practice; these findings indicate that it may be necessary for EPs to engage in more systemic work when supporting LAC.

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CHAPTER 1: INTRODUCTION

In response to government guidance and documentation for LAC (Care Matters, 2006, 2007), my employing Local Authority (LA) commissioned the following research. A key target on the LAs Development Plan is to improve outcomes for LAC. During initial stages of this research, the Principal Educational Psychologist (PEP) advised me to contact the head of LAC in the County Social Services Department to negotiate research ideas and discuss access to LAC and their foster carers (see Appendix 1 for copy of research proposal). As a stakeholder, he was interested in gaining information which would inform future policy and practice for the LA.

To inform the discussion of potential research ideas with the stakeholder, a critical review of literature was undertaken in order to identify recurrent themes and gaps in current research (Chapter 2). A key purpose of this investigation was to establish what evidence exists of a causal influence between specific risk factors and protective influences or experiences in the lives of LAC, and the levels of resilience which influence their response to subsequent adversity? Both quantitative and qualitative research was examined to determine agreement and inconsistencies in research.

Through this systematic review, I found that LAC are exposed to a number of significant risk factors such as poverty, neglect, and entry to the care system (Lambert, 2001). However, despite these risks some LAC are able to 'beat the odds' and overcome adversity (Rees and Bailey, 2003). Researchers such as Gilligan (2001, 2009) and Dearden (2004) have suggested that LAC who are able to overcome adversity are exposed to a number of significant protective factors such as having a stable care

placement, getting the most out of school and taking part in extra-curricular activities. In addition, a consistent finding, through this review, was that LAC named a significant adult in their lives as being an important protective factor.

While there has been consensus in previous research, it is necessary to be cautiously optimistic. Researching the LAC population is prone to difficulties, such as researchers gaining accurate information, obtaining consent, and geographical mobility of children (Rees, 2008). Therefore, the reliability of this evidence, and the conclusions drawn from the research is questionable. Nevertheless, available research does present the researcher with potential areas to explore.

During closer examination of the available literature, an important limitation was discovered with current LAC research. The majority of the previous studies have been carried out with teenagers from which researchers (e.g. Harker et al., 2003 and Dearden, 2004) have generalised their conclusions to younger children; I therefore considered this an important area for future research. After negotiating with the stakeholder, it was agreed that the population identified for my own small scale research was LAC aged 9-11 years.

An additional dimension in resilience-led research is that children who have been exposed to particular protective factors or experiences are likely to demonstrate specific personal strengths or individual characteristics (Benard, 2004). Researchers such as Beardslee (1997), Schwarzer and Fuchs (1995), Werner and Smith (2001), Maddux (2002) and Benard (2004) have argued that individuals who are resilient often possess personal strengths such as optimism, a sense of purpose and adaptability. Hence, a further purpose of the research study was to examine whether LAC who are or have been

exposed to specific protective factors or experiences do indeed possess strengths such as those summarised above. In order to investigate the association between protective factors and individual characteristics, the Resiliency Scales (Prince-Embury, 2007) were utilised in the current investigation in order to abstract a profile of each child's personal strengths; in addition to semi-structured interviews being carried out with each LAC.

During initial research meetings with the stakeholder, he stated that an objective for the Social Services Department was to establish the views of foster carers on how best to support LAC. Since carers have unique knowledge, expertise and skills (Warren, 2007) it was considered that those living and caring for LAC should be invited to contribute their views. A further review of literature was undertaken (Chapter 3), to directly discover what forms of support foster carers identified as desirable or necessary in supporting LAC in school, and consequently enhancing their subsequent levels of resilience.

When carrying out this review, I found there was limited research which directly investigated what forms of support foster carers identified; studies had ascertained the views of adoptive parents (Cooper and Johnson, 2007) as well as what types of support were helpful to foster carers per se rather than to LAC themselves (Sinclair et al., 2004). Therefore, this was seen as a gap in current literature and worthy of exploration within my research. The central aims of my study, including a clear rationale for each aim based on resilience theory and available research is depicted in Table 5, Chapter 3.

The systematic review (Chapter 2) and research paper (Chapter 3) have been written as stand alone papers aimed for potential publication in the Educational and Child Psychology Journal (See Appendix 14 for guidance for contributors). This journal was

specifically chosen since through the course of my research important implications have been identified for Educational Psychologists (EPs) in the areas of systematic work in schools, such as providing awareness training to school staff about how to support resilience in LAC. Furthermore, other professionals working with LAC such as, child psychologists and social workers may find the conclusions drawn from both the literature review and research paper useful when recommending or implementing strategies in order to improve the outcomes of LAC.

914 words

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CHAPTER 2: CRITICAL LITERATURE REVIEW

A critique of the links between risk and protective factors in the lives of looked after children and their subsequent levels of resilience.

Abstract

In the 2006 white paper 'Care Matters', the government emphasises that despite high ambitions the outcomes for Looked after Children (LAC) have not significantly improved. In order to change the outcomes for this vulnerable group of children it is essential that evidence examining the needs of LAC is scrutinised. Lambert (2001) argues that LAC are exposed to a number of significant risk factors such as poverty, neglect, and entry to the care system. However, despite these risks some LAC are able to 'beat the odds' and overcome adversity (Rees and Bailey, 2003).

Gilligan (2001) suggests LAC who are resilient have access to a number of protective factors such as having a stable care and educational placement. This finding is supported by Harker et al. (2003) and Dearden (2004). If this is the case, it is important that LAs try to ensure LAC are not subject to multiple educational and care placements.

A consistent finding, through this review, is that LAC named a significant adult in their lives as being an important protective factor. Research indicates that there is a positive association between those LAC who have an important adult in their lives and their subsequent levels of resilience. This raises important implications for schools and Educational Psychology Services (EPSs), since research indicates that it would be

advisable for a LAC to have a key adult. In order to support this role, Educational Psychologists (EPs) could deliver awareness training to school staff, about how to support resilience in LAC.

Introduction

In the late 1990's the UK government established the Social Exclusion Unit (SEU) and 'Quality Protects Programme' in order to tackle social exclusion. The 'Quality Protects' programme was a five year initiative (1999-2004) aimed to overhaul children's services with 11 national objectives, and £885 million to support the programme (Cairns and Stanway, 2004). Research conducted by the SEU has informed subsequent government guidance related to LAC.

In 2001 the SEU asked 2,000 LAC, in five local LAs, to complete a questionnaire in order to ascertain their views about living in care. A significant difficulty named by LAC was associated with unstable care and educational placements. The findings from the 2001 research informed recommendations outlined in 'A better education for children in care' (SEU, 2003). This report names a number of risk factors LAC are exposed to along with key suggestions in order to improve the outcomes for LAC, see Table 1.

Table 1: Risk factors and recommendations outlined in ‘A better education for children in care’ (SEU, 2003)

Risk Factors	Recommendations
<p><u>1) Access to school</u></p> <p>Over 1 in 10 LAC miss 25 or more days of school a year. LAC can miss school because they do not have a school place, they have been excluded or they do not attend.</p>	<p>For LAs to provide bursaries for each LAC which funds additional provision in accordance with the individual child’s needs.</p>
<p><u>2) Early years</u></p> <p>Often LAC do not access and benefit from pre-school provision and learning.</p>	<p>For LAC to have access to additional support such as a Pre-School Personal Educational Plan (PEP), or support from a Sure Start Centre.</p>
<p><u>3) Health</u></p> <p>Most LAC have experienced some kind of trauma. Just under half have been abused or neglected before coming into care, and all are from families experiencing difficult circumstances.</p>	<p>For LAC to have a health assessment covering mental and physical health needs. In addition local drugs and pregnancy strategies must take into account the needs of children in care.</p>
<p><u>4) Access to out of school activities</u></p> <p>LAC can miss out on out of school activities. Reasons may include the cost of activities, difficulties getting parental permission, and lack of transport.</p>	<p>Improving access to out of school activities. The SEU report highlights that some LA have developed specific projects for LAC.</p>
<p><u>5) Post 16</u></p> <p>Poor experiences of school can mean that care leavers do not see further or higher education as an option that is open for them.</p>	<p>The SEU suggests that higher education taster courses can encourage care leavers to apply. Also work experience placements can help raise aspirations and expectations for children in care.</p>
<p><u>6) Support in education</u></p> <p>LAC may need extra support in education. This can be because they have missed out on schooling or early years provision and need to catch up, or they have Special Educational Needs (SEN).</p>	<p>Measures need to be implemented in school to support LAC such as PEPs, joint working with front line staff in social care and education, and training for school staff.</p>

7) <u>Support at home</u> Not all carers receive training on children's educational needs.	Adequate training available and carers and social workers need to have a clear understanding of their roles and responsibilities in relation to supporting education.
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In addition to 'A better education for children in care' (SEU, 2003), the UK government has published a number of new policies and related guidance outlining an array of measures which attempt to improve the educational attainment and emotional well being of LAC. Key publications and their remit are summarised in Table 2.

Table 2: Post 2000 legislation, policy or guidance related to LAC

Year	Legislation, policy or guidance	Remit
2000	The Care Standards Act	Reform of the regulatory services for care in England.
2000	Children (Leaving Care) Act	Introduced measures to assess and prepare children when leaving care.
2000	Guidance on Education of Young People in Public Care (DfES, 2000a)	Provide guidance to assist LAs in their role as corporate parent.
2000	Education Protects (DfES, 2000b)	Sought to help tackle the underachievement of LAC in residential and foster care.
2000	Framework for the Assessment of Children in Need and their Families (DoH, 2000)	Established a framework which provides a systematic way of analysing, understanding and recording what is happening to children and their families and the wider context in which they live.
2002	Choice Protects (DfES, 2002)	Sought to improve the outcomes for LAC through better commissioning and service provision.
2002	Adoption and Children Act	Reform of adoption services.

2003	A Better Education for Children in Care (SEU, 2003)	Recommendations based on 'Smart futures' (SEU, 2001)
2004	Children Act	Outlines that LA have a legal requirement to help promote the educational attainment of LAC.
2004	National Service Framework (DoH, 2004)	Sought to promote children's health and social care.
2006	Care Matters-Transforming the Lives of Children and Young People in Care (DfES, 2006)	Sought to improve the emotional well being and health of LAC.
2007	Care Matters-Time for Change (DfES,2007)	Introduced measures to improve the outcomes of LAC to adulthood.
2008	Personal Educational Allowances for Looked after Children: Statutory Guidance for LAs (DCSF, 2008)	Provided allowances to provide additional support to LAC who are at risk at not achieving expected standards of attainment.

However, despite all the legislation, guidance and policy, the executive summary in the DfES (2006, p.1) 'Care Matters: Transforming the Lives of Children and Young People in Care' documentation reads:

'Despite high ambitions and a shared commitment for change, outcomes for children and young people in care have not sufficiently improved. There remains a significant gap between the quality of their lives and those of all children'.

The 2006 white paper draws attention to factors that have had a negative effect on LAC's education; including care placements, attachment problems, lack of resilience and low self esteem.

Furthermore, data obtained from the Local Government Association (LGA, 2009) highlight the difficulties many LAs have in recruiting and retaining children's social workers. Indeed in 2006 11.8% of children's social workers posts were unfilled compared

to 0.6% of teaching posts. In addition, 64% of LAs surveyed by the LGA (2009) reported difficulties in recruiting children's social workers. Vacancies are highest in Eastern, West Midlands, London and South East regions. Therefore, the struggle that many LAs face in recruiting and retaining social workers may contribute to the negative experiences LAC face while being in the care system by having a frequent change in social worker (Harker et al., 2003).

In addition, the Who Cares? Trust (2009) estimate that there is a shortage of 10,000 foster carers. Sinclair et al. (2006) researched the difficulties LAs have in finding suitable foster carers. Sinclair et al. (2006) concluded that many foster carers feel that they do not have adequate support from their social worker and are not able to attend relevant training opportunities. Other difficulties noted by foster carers were the tensions caused in their own families by caring for a LAC. Indeed one carer felt that her own children had suffered during the process. Therefore, as Sinclair et al. (2006) conclude it is imperative that the reasons why foster carers may choose to give up fostering must be looked at otherwise many LAC will continue to face unstable care placements resulting in a negative effect on their emotional well being and educational attainment (Dearden, 2004, Shaw, 1998)

Information obtained for LAC in the 12 months to 30 September 2008 (DCSF, 2009) draw attention to the negative life outcomes LAC experience compared to all other children in the UK, see Table 3.

Table 3: Outcome Indicators for LAC compared to all children in the 12 months to 30 September 2008 (DCSF, 2009)

Outcome	LAC	All children
Percentage of permanent exclusions from school	0.5	0.1
Percentage of children who missed at least 25 days of school	11.9	(Information not available)
Percentage of children with a statement of special educational needs	27.9	2.8
Percentage of children who achieved level 4 at Key Stage 2 Standard Assessment Tests (SATs) in English	46	81
Percentage of children who achieved level 4 at Key Stage 2 SATs in Maths	44	79
Percentage of children who achieved 5 GCSEs at grade A* to C	13.9	65.3
Percentage of children convicted or subject to a final warning	8.8	4.3

One of the key themes of ‘Care Matters’ (DfES, 2006) is the need to improve the emotional health and well being of children in care, linked to the government’s promise of further resources to implement changes: an extra £13.5 million in 2007-8 and £89/£96/£107 million during 2008-2011.

The prioritisation of LAC has been extended to Educational Psychology Services (EPSs). The DECP (2004) ‘Report of the Working Group on Educational Psychology Service Practice with Looked After Children’ suggests that EPSs should have a designated post for LAC. Thus with the current prioritisation of LAC, it is essential that

evidence examining the needs of LAC are scrutinised. If a valuable and effective contribution is to be made to the lives of LAC, the reliability and validity of available evidence should be investigated, before any conclusions about the future of Educational Psychology (EP) practice can be drawn.

Lambert (2001) argues that LAC are exposed to a number of risk factors, which include: abuse, maternal depression and admission to the care system. However, there are a number of LAC who, despite being exposed to numerous risk factors, are able to overcome the odds and make a good life for themselves (Gilligan, 2001, 2009). If educationalists are to improve the lives of the majority of LAC, then it is essential to examine what factors enable some children to become resilient and able to overcome subsequent levels of adversity. Rutter (1979) describes resilience as positive adaptation in circumstances where difficulties, personal or environmental, are so extreme that it would be expected that a person's cognitive abilities would be impaired. More recently, Newman (2004) describes resilience as a process that is influenced by risk and protective factors, rather than individual characteristics. Therefore it is important to consider what is the link between pertinent risk and protective factors that make some LAC more resilient?

Gilligan (2001) and Dearden (2004) have identified six factors in the life experiences of this population, which are potential risk or protective factors for LAC.

Table 4: Potential risk and protective factors for LAC

Factors	Risk factors	Protective factors
Stability and continuity	Change of school or care placement.	Few changes of school or care placement
Getting the most out of school/ facilities	Lack of access to educational resources	Access to books, study centres, libraries.
Friendships	Lack of friends	Having supportive friends
Significant adults	Lack of adult support	Having an adult who provides consistent support.
Information sharing	Young person feels that they have no control over decisions being made	Is involved in decisions about future.
Achievements	No sense of achievement	Personal goals and aspirations.

Adapted from Gilligan (2001) and Dearden (2004)

For each factor proposed by Gilligan (2001) and Dearden (2004) it is useful to investigate what evidence exists that these particular protective factors help LAC to overcome adversity. As LAs are required to promote the educational achievement of LAC, it is important to investigate whether educational attainment can be improved by exposing children to certain protective factors. Against this broad contextual background the research questions for this current review are:

- What evidence exists of a causal influence between specific risk factors and protective influences or experiences in the lives of LAC, and the levels of resilience which influence their response to subsequent adversity?
- What evidence exists that demonstrates there is a link between explicit protective factors and educational attainment in LAC?

Method

In order to answer the central research questions I investigated research papers using online databases: 'ERIC', 'British Educational Index', 'psycINFO', and 'google scholar'. By using the search engines I entered key terms such as: 'resilience', 'risk', 'protective', and 'looked after children'. Initially I found a list of over 23,100 articles, but after combining key terms using 'and' 'or' I was able to obtain the abstracts of over 300 papers.

The next phase of my search strategy was to explore books and/ or published theses that had been written about looked after children, resilience, risk and protective factors and foster care. In order to obtain this information I accessed the library catalogues of the University of Birmingham, Universities in the West Midlands (SCONUL access), Staffordshire EPS, and google scholar. By using this method I was able to ascertain a list of over 50 books. After completing my search, I selected literature that was pertinent to the central research questions. This literature focused on risk and protective factors in LAC as well as studies that asked young people about what they found helpful and unhelpful to them at home and in school.

Risk factors

Schoon (2006, p.8) argues that:

‘The notion of risk used in resilience research stems from epidemiological research, identifying expected probabilities of maladjustment’

Fundamental to risk is the extent to which these factors affect subsequent outcomes. Schoon (2006) draws on an ecological perspective and recognises the impact of multiple risk factors in the environment; she identifies a number of risk factors:

- poverty;
- growing up in a violent neighbourhood;
- being born with a major disability;
- having endured a chronic stressor, such as living with a mentally ill parent; and
- having suffered trauma such as physical or sexual abuse.

Risk factors can comprise psychological, environmental and socio-economic factors. Duncan and Brooks-Gunn (1997) argue that a major risk factor is socio-economic adversity: poor housing, overcrowding, lack of resources and low social status. Indeed Bradshaw (2002) argues that children from poor backgrounds are more likely to be excluded from school and engage in youth crime. Lynch and Cicchetti (1998) explored the link between risk factors in a child’s environment and their subsequent behaviour by

developing an ‘ecological transactional model’, which will be discussed in the next section.

Ecological transactional model

When describing the ‘ecological transactional model’, Lynch et al. (1998) claimed that there are four ecological contexts which vary in the degree of proximity to the individual.

There are four levels:

- the macrosystem-cultural beliefs and values;
- exosystem-neighbourhood;
- microsystem-the family environment; and
- ontogenic development- the individual and her/ his own development pattern.

The ecological transactional model can be used to understand the kinds of risk factors that may impact on a child’s behaviour and development. It has been argued that there are many risk factors that may influence childhood development (Ziberstein, 2006). Osofsky (1995) argues that community violence can contribute to aggressive behaviours in children. Furthermore, violence in the community may relate to increased levels of domestic violence (a microsystem variable) (Lynch et al., 1998). This viewpoint is in contrast to Worms (2001) who claims that adult male violence is directly related to early insecure attachments.

Lynch et al. (1998) carried out a 1 year longitudinal study investigating the links between children's maltreatment, community violence, and children's symptomology. The investigation included 322 children who attended an annual summer camp which was designed for maltreated and nonmaltreated economically disadvantaged children. The children ages ranged from 7 to 12 years. Data were gathered in the form of: interviews, observations, child self reports, counsellor reports and via a number of structured inventories:

- a Community Violence Questionnaire (Richters and Martinez, 1993);
- Checklist of Child Distress Symptoms (Richters and Martinez, 1990a);
- The Child Depression Inventory (CDI) (Kovacs, 1985);
- Levonn Measure (Richters et al., 1990b); and
- The Self Esteem Inventory (Coopersmith, 1981).

The results indicated that children who were categorised as being exposed to high levels of community violence reported higher rates of maltreatment. A further interesting finding was that children who had been exposed to high levels of community violence were found to have a lower reported level of self esteem and a high rate of depressive symptomology. The researchers also found that parents exposed to high levels of risk within their macro and exosystems may lack emotional sensitivity towards their children. When concluding their study Lynch et al. (1998, p.252) argued that:

‘...the findings that community violence had a significant impact on children’s functioning is noteworthy...Violence occurring in the exosystem was shown to contribute to variance in children’s functioning even after the effects of more proximal contextual features, such as child maltreatment, had been controlled for’.

However, whilst Lynch et al. (1998) provide a model to explain the interaction between the environment and the individual, the methodology of the research study can be questioned. Three of the inventories used were developed by the same researcher (Richters et al. 1990a, 1990b, 1993). Therefore, the results may not be objective because Richters et al. (1990a, 1990b, 1993) constructs of violence and/ or depression would have influenced the questions.

On further examination of the Community Violence Questionnaire (Richters et al., 1993) there are doubts about the validity of the questionnaire. The questionnaire was developed as a means of ascertaining risk factors in the community. However, the questions asked children whether they had experienced, witnessed or heard about violence; some of the types of violence mentioned were shootings, stabbings, sexual assault and muggings. The information obtained may not have been reliable as some children may not want to admit they have been a victim of crime, or indeed may have witnessed a crime but not divulged the information because they were worried about later reprisals. Lastly, people’s perception, or the fear of crime can be greater than the reality so respondents may have written about incidents on ‘hear say’. It would perhaps, have been advisable to have balanced questionnaire data with police statistics and triangulating

the self report information with other forms of data collection such as naturalistic observations in order to ascertain the levels of community violence.

A further criticism of the methodology of Lynch et al. (1998) is that the researchers used the Self Esteem Inventory (Coopersmith, 1981) as a means of measuring each child's self esteem. As the inventory was developed in the early 1980s, there may have been different concerns and pressures on children than in the late 1990s, which could impact on a child's self esteem. Caution needs to be taken when considering the reliability of results obtained from self report measures because children may answer it in a way they feel the administrator wants them to do. Furthermore if a child has low self esteem they may try to hide it as it may be linked to other forms of maladaptivity such as depression or anorexia. Therefore, it is useful to consider how valid are the findings from the Self Esteem Inventory (Coopersmith, 1981). It could be argued that the researchers were not using a robust method of measuring self esteem so the results are neither reliable nor valid.

When considering the impact of risk factors on development, critics have argued that individuals exposed to particular life circumstances are treated as an homogeneous group, despite variation in the degree of risk. For example social class is often cited as a risk factor, but a child raised by a working class parent will not necessarily experience a poor caregiver or lack of food (Richters and Weintraub, 1990c). In the next section of this paper, I will discuss the specific risk factors which are associated with being a LAC.

Risk factors and LAC

Lambert (2001) argues that many LAC are exposed to a number of specific risk factors, each of which correlates with, or is commonly associated with:

- their family living in poverty;
- maternal depression;
- experience of abuse or neglect;
- admission to the care system;
- educational disruption; and/ or
- separation from siblings.

LAC experiencing one or more of these risk factors would have an increased risk of developing poor outcomes later in life. Indeed Racusin et al. (2005, p.203) state that:

‘...children in foster care are some 16 times more likely to have psychiatric diagnoses, eight times more likely to be taking psychotropic medications and utilize psychiatric services at a rate eight times greater than children from similar socio-economic backgrounds’.

Even when LAC are placed in foster care, fresh difficulties may emerge as a result of the unwieldy legal process, and/ or lack of support to carer and child (Guishard- Pine et al., 2007). As Schoon (2006, p.169) argues:

‘Positive adaptation does not reside within the person, but in the active interactions between an individual and aspects of the environment s/he experiences’.

Therefore, it is important to consider the link between pertinent risk and protective factors in the lives of LAC.

The link between risk and protective factors

Benard (1991) describes resilience as a set of qualities or protective mechanisms that give rise to a successful outcome despite the presence of risk factors during a child’s development. In the concept of resilience, protective factors play a significant role in modifying the potential negative effects of adverse life circumstances and helping to strengthen resilience.

Rutter et al. (1979) in their study of 12 inner London comprehensive schools were one of the first research teams to suggest that schools can be an important source of protective factors for children who are exposed to multiple risk factors. Similar findings have been found by a number of researchers over the years such as Wehlage et al. (1989), Wang et al. (1993), Freiberg et al. (1995), and Resnick et al. (1997). Dent and Cameron (2003, p.11) also emphasise the benefits of a positive school experience for LAC.

‘...school life also offers vulnerable pupils a wide range of other opportunities to boost resilience, including acting as a complementary secure base, providing many opportunities for developing self-esteem and self-efficacy’.

A longitudinal study by Criss et al. (2002) suggested that children living in poor socio-economic areas were less likely to engage in anti-social behaviour if they formed good relationships with their peers. They concluded that friendships can also provide an important protective factor for children who are exposed to additional risk factors.

Bynner et al. (2000) have suggested three categories of protective factors that help to develop resilience in children:

- individual attributes (get the most out of school, have future career plans):
- characteristics of their families (supportive family, taking an interest in their school work); and
- wider social context (support in and out of school).

This view supports an ecological transactional model (Lynch et al., 1998) at the ontogenic, microsystem and exosystem levels. Research such as that reported by Bynner et al. (2000) and Lynch et al.(1998) demonstrates the link between risk and protective factors. Each ecological context can act as a risk or protective factor depending on the support available to the child. Researchers have suggested that in order to promote resilience, protective factors need to be introduced at the ontogenic, microsystem and exosystem levels to counterbalance any risk factors the child is exposed to in their environment. I shall now examine what particular protective factors or experiences, help to promote resilience by paying particular attention to the lives of LAC.

Protective factors and resilience

Social constructivist research

As noted in table 2, Gilligan (2001) and Dearden (2004) have outlined potential protective factors in the lives of LAC. Harker et al. (2003) adopt a social constructivist research design in his study by ascertaining the views of 80 children and young people, aged 12 to 19, living in foster and residential care. He justifies using a qualitative design by arguing that it is vital to ask young people in care for their opinion about what is helpful and unhelpful to them. The children in this research were interviewed in association with the 'Taking Care of Education' project. Harker et al. (2003) conducted a series of interviews where children were asked what types of support they found helpful. The types of support the children perceived as being supportive can be seen as protective factors. The findings showed that 78% of children were able to give an example of someone who had supported them such as a teacher, members of their peer group, family members or social workers. This finding is also seen in Gilligan's (2001) research; he argues that adults such as their carers, mentors, social workers and agencies can play a vital part in boosting resilience.

Harker et al. (2003) found that the person most likely to have fulfilled a supportive role had been a teacher. Teachers that were described as being helpful were those that gave extra assistance when a child had fallen behind with their studies, or was having difficulties concentrating. They were also seen to promote children's confidence in their own ability by encouraging them to succeed. Furthermore, the teachers that provided the most support were those who looked after the children's emotional well being as well as

academic success. Other people that were described as helping them were foster carers and friends. Foster carers that showed an interest in the children's education by checking on their progress, and encouraging them were found to be the most supportive. Friends also helped to enhance children's resilience:

‘Where friends were progressing well at school, this was seen as a source of motivation and also provided opportunities for joint studying and assistance with homework’ (Harker et al. 2003, p.94).

However, in the 2003 study by Harker et al. some teachers were thought to have hindered educational progress. Some children and young people told the researchers that some members of staff in their school had a lack of understanding of what it was like to be looked after. Indeed they reported that:

‘...teachers tended to view them negatively because they were looked after and assume that this was due to misdemeanors on their part’ (Harker et al., 2003, p.95).

Again this research emphasises how crucial it is for schools to consider the ways in which they can support and raise the achievement of LAC. Other protective factors illustrated in the Harker et al. (2003) study that helped LAC to make progress were having a quiet place to study, key books made available to read, and having access to the local library. Again a number of risk factors were identified that hindered educational

success, including multiple care and educational placements and when a carer did not take an interest in a young person's education.

However, when reflecting on the Harker et al. (2003) study it is useful to note that the children's views were not triangulated with their school test scores; the majority of children reported that their education was progressing well. Harker et al. (2003) used a semi structured interview in order to gain the views of the children. Although adopting a semi structured interview allowed the researchers to be flexible when ascertaining the children's views, the approach can cause difficulties when comparing responses. Nevertheless, Cohen et al. (2006, p.271) argue that by creating an outline in a semi structured interview it:

‘...increases the comprehensiveness of the data and makes data collection somewhat systematic for each respondent’.

Despite the strengths of using an interview to elicit views, they are very time-consuming. There are also questions regarding the reliability of responses derived from the Harker et al. (2003) study, since the researchers do not state in the methodology section whether they interviewed the children individually or in groups. The interpretation of the children's responses may have been biased by the interviewer's value judgments about LAC. Thus data collected may not be reliable.

Another study, using a qualitative research design to investigate what protective factors or experiences help to enhance resilience has been carried out by Dearden (2004), who interviewed 25 young people aged 13-19. The participants were classified into two

groups: resilient and less resilient. Evidence of resilience were characterised by the individuals having average to above average attendance and SAT results, a positive view of themselves and plans for the future. The interview schedule was made up of a series of prompts as in Table 4. Timelines were constructed in order for the participants to show which prompts they had found helpful or unhelpful at different points in their lives.

Differences in the young people's responses between resilient and less resilient young people's responses were analysed using the Kolmogorov-Smirnov two sample test (KS test) of differences in distributions. Identified risk and protective factors were then recorded on a time chart to investigate additional statistical patterns in the data. Young people who had been identified as being more resilient were more likely to rate protective factors such as: stability and continuity of care and educational placement, having goals and aspirations for the future, as well as having a significant adult in their lives as being helpful. Conversely, risk factors were identified as lack of friendships, being bullied, multiple care placements and lack of support from an adult (carer or teacher) all of which were cited as being unhelpful. Dearden (2004, p.193) concluded that the research:

‘...not only identified very strongly with the themes from previous research but were also very clear about which factors were most helpful and least helpful to them’.

There are flaws in Dearden's (2004) research design; in particular in regards to sampling. Although 25 young people were identified to be interviewed; only 15

interviews took place due to non-attendance. Dearden (2004, p.192) also recognises that there were:

‘...obvious biases in the sample due to the small number of participants and the fact they were identified by professionals working in council services/ teams as being motivated, for whatever reasons, to share their views’.

Cohen et al. (2006, p.104) argue that when a sample is selected for a specific purpose:

‘...it may satisfy the researcher’s needs to take this type of sample, it does pretend to represent the wider population; it is deliberately and unashamedly selective and biased’.

Hence, the data through the course of Dearden’s (2004) research may not be reliable, so therefore conclusions from her study must be taken with caution.

Another weakness in the Dearden (2004) study is regarding the classification of young people into the resilient and not resilient categories: this process was influenced by her value judgments as to what constitutes a resilient child. Glantz and Sloboda, (1999) have raised concerns as to how the concept of resilience is defined and measured, and what represents a positive or desirable outcome.

Both Harker et al. (2003) and Dearden (2004) carried out their research from a social constructivist perspective. When considering the reliability and validity of these

studies it is advantageous to consider the epistemological assumptions central to the research. Epistemological assumptions concern the origins of knowledge. Maykut and Morehouse (1995) claim that epistemology is interested in the origins and nature of knowing and the construction of knowledge. For example, what roles do values play in understanding? Moore (2005, p.110) claims that in qualitative studies the researcher values the exchange of knowledge between themselves and the participant. Thus the:

‘researcher or practitioner would assume that both they and their colleagues or clients have much to learn together and that it is an inescapable mutual interchange of understanding that actually opens further avenues for change’.

In contrast to positivist research, social constructivists argue that they gain a greater insight into how the participant is feeling. Indeed in interviews, researchers can comment on the participant’s behaviour through the interview process as well as noting verbal responses to questions. For instance, in the Harker et al. (2003) study, researchers would have been able to observe the young people’s behaviour when they spoke about what they found helpful/ unhelpful in school.

However, while there are strengths in adopting a qualitative research design, positivists would argue that this method lacks objectivity. Scott and Usher (1999, p.25) point out that:

‘...any acknowledgement of the location of reason and hence of science in [tradition] immediately introduces an unacceptable subjectivity, thus destroying the ‘objectivity’ of science’.

Hence, when considering research by Harker et al. (2003) and Dearden (2004) it is important to bear in mind how objective were their findings. It could be argued that the data obtained may not be reliable because they may have been biased by the researchers during the analysis stage.

However, on reflection, empirical research can be biased by the researchers’ own belief systems when choosing the sample. Moreover, quantitative research can also be biased by subjectivity when researchers interpret responses in a questionnaire. Thus it is useful to consider whether empirical research merits its:

‘...assumed superiority over other forms of knowledge generation, such as practitioner and experimentally derived knowledge, as it is believed to provide the most accurate picture of the [true] nature of the world’ Moore (2005, p.108).

I shall now discuss positivist research that has been carried out with LAC which examines the link between protective factors and resilience.

Positivist research

Shaw (1998) on behalf of the Who Cares? Trust carried out a survey whereby she ascertained the views of 2,073 children and young people living in care: in foster, residential or secure unit provision. A questionnaire consisted of items related to the children's experiences about coming into care, current placements, education, and health. Questionnaires were designed by the young people themselves and were distributed through the Who Cares? Magazine, LAs, child care charities and children's rights offices. Out of the returned questionnaires, the sample consisted of: 55% female, 83% aged 12-17, 85% White British and only 12% disabled.

When analysing the findings Shaw (1998) found that there was an association between number of placements and emotional well being. Shaw (1998, p.48) concluded there is a striking negative effect:

‘...of multiple moves on the general emotional well being of children and young people. More than half (53 %) of children in their first placement reported positive feelings only, with just 12% feeling negative’.

Shaw (1998) also discovered that 52% of children who said they were happy had a significant person to talk to. Therefore, Shaw's (1998) research supports work by Harker et al. (2003) and Dearden (2004) who also noted that stable care and educational placements and having a significant person to talk to led to positive outcomes for LAC. Despite the numbers of risk factors LAC are exposed to, these findings indicate that a

stable care placement and having someone to talk to whether it is a teacher, mentor or foster carer, provide important protective factors to help them feel happier and overcome adversity.

Although Shaw's (1998) study ascertained the views of a large number of children and young people in care, there are flaws in her research. The research design consisted of a questionnaire which contained mainly multiple choice questions. Whilst this design gave structure to the questionnaire, there are disadvantages of using these types of questions as:

‘The multiple choice questionnaire seldom gives more than a crude statistic, for words are inherently ambiguous’ (Cohen et al. 2006, p.251).

Thus a child could interpret words differently so compromise the validity of the data. Another weakness of using multiple choice questions, is despite being quick to fill in, they rarely provide the depth of information that an open ended questionnaire would obtain. However, in the case of all questionnaires, it is not known whether the participants are filling in the questionnaire truthfully or in a way they think they should (Robson, 2002). On reflection, while Shaw's (1998) research obtained the views of over 2,000 children and young people in care, the reliability and validity of the data are not assured. Although LAC designed the questionnaire themselves, the multi-choice questions are perhaps too simplistic to provide the depth of information needed to inform a full and reliable understanding. Nevertheless, when researching literature for this review, I found that the majority of research with LAC had been in the form of

interviews, therefore Shaw's (1998) research provides the reader with complementary data from an alternative data collection method.

Through analysing a range of literature I have considered what protective factors have been viewed as being supportive of educational progress, and emotional well being. When reviewing research evidence, it has been found that a young person having a significant person to talk to, and having a stable and care placement are pertinent protective factors named by LAC. I shall now examine what protective factors have been specifically linked to educational attainment, since, where LAC perform well in school, they are judged to have 'overcome the odds' (Rees et al., 2003).

Protective factors and educational attainment

Jackson and Martin (1998) investigated the links between protective factors and academic achievement, comparing 38 high achieving LAC with a comparison group of 22 young people who left school with either no qualifications (86.4%) or three GCSE's or less (13.6%). Both the comparison group and high achievers were exposed to similar high risk pre care experiences. For instance, 28.9% of high achievers and 29.4% of the comparison group had been admitted to care due to sexual or physical abuse. After obtaining their initial sample through a questionnaire, participants were interviewed. An interesting aspect of this study was that the protective factors which were linked to academic success were: stability and continuity of placement, learning to read early, having a parent or carer who valued education, meeting a significant adult who offered support, and developing an interest in extra curricular activities.

Building on Jackson et al.'s (1998) earlier work, Fletcher-Campbell and Archer (2003) carried out a study analysing the 'Achievement at Key Stage 4 of Young People in Public Care'. The Department of Health and the Department of Education and Skills, together with the Local Government Association, sponsored the National Foundation for Educational Research to undertake this study. The researchers were interested in investigating what risk and or protective factors were linked to educational attainment for a group of LAC. In order to explore in depth the educational outcomes of this vulnerable group of young people Fletcher-Campbell et al. (2003) carried out a mixed method investigation. In the first phase of their study they collected data from twelve local authorities in England by means of a pro-forma. A total of six hundred pro-formas were sent, of which three hundred and seventy seven were returned. A range of LA staff were responsible for filling in the pro-formas. The second phase of their research involved carrying out seven case studies of young people in care. A long list of potential case studies were drawn up representing various academic attainments, identified educational need and post 16 plans. Thirty young people were contacted, whom seven agreed to take part.

The findings of the Fletcher-Campbell et al. study (2003) indicated that factors that had contributed to educational success were: stable care placements, good home school liaison, and young people building a good relationship with their social workers as well as being involved in extra-curricular activities. Factors that were linked with poor educational outcomes were: multiple care placements and young people not being involved in decisions about their future. Factors linked to poor outcomes support previous research by Harker et al. (2003), Dearden (2004) and Shaw (1998).

Whilst the Fletcher-Campbell et al. (2003) research provides the educationalist with a depth of information, there are flaws in the way the investigation was designed. Firstly, during phase one, the information was obtained only by using LA databases. Some of the data about the historic information of care placements were missing from the database, therefore anecdotal evidence from social workers was relied on, which raises important questions about the accuracy of information influencing results. Phase two consisted of case studies; some of which were more in depth than others. Indeed the reports of some cases were largely descriptive, whereas others contained many excerpts from the interviews with the young persons. Moreover, some case studies contained information from carers and teachers, while others did not. Such discrepancies lead to difficulties when seeking to generalise the results. It is not known whether some case studies were richer in information because of the co-operation of participants, or whether the researcher was selective in the data included in the write up of the study.

Nevertheless, the Fletcher-Campbell et al. (2003) study utilised a multi-method design, through which Fletcher-Campbell et al. (2003) achieve a greater depth of understanding in ascertaining the educational outcomes of young people in public care. They adopted a quantitative design through the pro-forma phase of their study, which was supplemented by richer qualitative research by carrying out in depth interviews.

Similar findings have been noted by Jackson and Sachdev (1999) and Rees et al. (2003) who reported that protective factors such as having a stable care placement, a significant adult who takes an interest, a quiet place to work and being involved in leisure activities, lead to improved educational outcomes for LAC. Gilligan (2001) also emphasises the important role carers can fulfil in helping to improve LAC's academic

attainment. He suggests that carers who encourage the child to succeed academically, attend school events, and who monitor and help with homework provide an important protective influence. Indeed this support would constitute a protective factor at the microsystem level according to ecological transactional model (Lynch et al. 1998).

Throughout this review I have discussed studies that have examined what protective factors and or experiences lead to improved outcomes for LAC, and in particular promote resilience. Both quantitative and qualitative studies have informed consistent conclusions that protective factors such as young people having someone to talk to, and a stable care and educational placement are valued by LAC. However, it is important to consider how reliable and valid is this research? What difficulties are there when carrying out research with LAC? These questions will be addressed in the following section.

Reliability of research with LAC

When considering the reliability and validity of current research is useful to note that the majority of LAC research has been carried out by social workers or health care based professionals (Rees, 2008). Therefore when considering this research, the readers must be aware that the writer interprets his or her findings based on a social work, rather than a psychological value system. Rees (2006) argues that in the last seven years, only three articles relate specifically to LAC within three widely circulated British journals of educational psychology: British Journal of Educational Psychology (0), Educational Psychology in Practice (2) and Educational and Child Psychology (1). Furthermore,

while these studies have many strengths none was based on empirical research. Richardson and Joughin (2002) also claim that many of the published studies are based on samples that are highly unrepresentative and therefore, of questionable reliability. An unrepresentative sample is often a reflection of the particular difficulties associated with researching this group of children: obtaining up to date information, access, geographical mobility and consent.

A pertinent issue that needs to be addressed is the need for accurate and up to date records. As noted, in the Fletcher-Campbell et al. (2003) study, information about children's care and educational placements was missing. Unfortunately, this was not an isolated case. Skuse and Evans (2001, p.185) comment on one LA's attempt to enhance multi agency working:

‘A major hurdle in the early years of the research was establishing an accurate list of looked after children. The SSD database did not contain the names of every child who was actually being looked after, and many that were listed had left the care of the local authority’.

Even with the increase of electronic databases to store information, problems have continued:

‘For some local authorities improved databases and a clearer focus upon data use have played a significant role in improving educational support and outcomes for LAC. Many authorities, however, continue to struggle with the ‘mechanics’ of how

to collect and share data relating to this group of young people' (DoH and DfES, 2002, p.5).

Consequently, if the source of information is inaccurate, then studies that have been based around this information are inherently flawed.

When reflecting on LAC research, another useful thought to keep in mind is the difficulty the researcher(s) have in gaining consent from a succession of gatekeepers before they are allowed to contact the children themselves. The first gatekeeper is often the child's social worker. Heptinstall (2000) argues that LAC are often seen as particularly vulnerable, and are therefore protected from the adverse effects participation in research may cause. Therefore, Heptinstall (2000, p.868) argues:

‘...that some children may be prevented from taking part in research despite having expressed a personal wish to do so’.

A further factor that may explain the lack of consent from a child's social worker is their own embarrassment at being unable to provide accurate up to date information. Hence, the sample of children used in a piece of research may not be representative of the LAC population. Indeed an acknowledged flaw in the Harker et al. (2003) research was that the sample was biased because council service teams picked children who they felt were motivated to take part. Therefore, if progress is to be made with research in to experiences of LAC, accessibility and information sharing between education, health and social services needs to be improved.

Another difficulty in carrying out research with LAC is that they are often a transient population and many frequently go in and out of care. Some children may progress from being accommodated to being subject to a full care order; conversely other children who are accommodated may return to the care of their parents. Therefore, a researcher may start work with a LAC who is accommodated and then find the child is no longer in care. This may encourage researchers to contact children who are under a full care order. If the majority of research is carried out with children who are under a full care order then research samples will be inherently biased and not representative of the whole LAC population. Children who are accommodated may, of course, comprise a specific sub-sample who have additional needs which need pursuing. When reading research carried out with LAC it rarely states what type of care order the children have; therefore readers are unable to gauge how representative the research samples are.

A further difficulty when carrying out research is that when children enter the care system they may have to move geographical location to ensure a suitable placement; indeed some children have multiple care placements as they progress through the care system. Rees (2006) argues that this factor may be a source of bias to research because researchers may be confused about the location of children and may therefore abandon 'harder to reach' cases. This presents a significant difficulty in longitudinal research, especially if databases are not regularly updated, leading to high sample attrition over time.

However, even when researchers are aware of the location of a LAC, this can often lead to further difficulties. Often LAC are placed in neighbouring LAs, which leaves the researcher having to deal with many LAs, each of which may interpret law and policy

relating to LAC differently. Consequently, for simplicity's sake, researchers may concentrate on pursuing LAC who are placed in their own LA. If this is the case, the sample would again be unrepresentative of the LAC population because many children are placed outside their own LA.

Gilberston and Barber, (2002, p.258) argue that until researchers are able to access large and representative samples of LAC future care practice will suffer:

‘...unless and until the problems associated with obtaining larger and representative samples are contained at a level where they do not invalidate research findings, alternative care practice will suffer from over reliance on untested principles, and the perspectives of children and young people in out-of-home care will remain excluded’.

When considering research linking protective factors and academic success, this research may too be biased to allow reliable and robust conclusions to be drawn with confidence. As previously discussed it is often difficult to obtain accurate up to date information about LAC from electronic databases. In addition, many LAC lose contact with social workers after 16 (Jackson et al., 1998). Therefore how can researchers be confident that LAC do not achieve academic success in their late teens and early 20s? If the information is not kept, do academics simply assume that LAC perform less well? It is also important to consider whether, when LAC's educational outcomes are compared to the general population, they are compared with samples which include children who have experienced similar risk factors such as socio-economic status, exposure to

neighbourhood crime and poverty; or whether solely to white middle class children? If LAC educational outcomes are not compared to a similar demographic population then questions can be raised about the specific effects of the care experience.

Finally, when reflecting on the evidence discussed in this review, researchers have investigated which protective factors are linked to successful outcomes for the lives of LAC. However, Kaplan (1999) argues that researchers must become aware of the normative values underlying the identification of “successful” or “unsuccessful” outcomes, and learn to distinguish between their own values and those who may have differing views. It is useful to keep in mind that researchers link protective outcomes to their own value of success. Would each researcher’s version of a successful outcome be congruent with the aspirations and criteria of the LAC? Although educational attainment is often an indicator of a success factor in life, for LAC themselves: happiness, or having their own family may be a greater success factor to them. It would be advantageous to unpick the meaning of success for each child before investigating which protective factors are linked to a positive outcome.

Conclusion

This review has discussed theory and research in an attempt to answer this paper’s two central research questions. Firstly, I am interested in discovering what evidence exists of a causal influence between specific risk factors and protective influences or experiences in the lives of LAC, and the levels of resilience which influence their response to subsequent adversity?

Early research by Rutter et al. (1979) suggested that school can provide an important protective factor for a child. In recent years this work has been developed and factors other than school environment have been linked to successful outcomes (Harker et al. 2003). Indeed researchers using either a quantitative or qualitative research design have concluded that certain protective factors such as having a stable care and educational placement provide pertinent protective factors. This finding indicates that LAs need to work hard in trying to reduce the number of care and educational placements LAC go through. A further consistent finding throughout this review is that LAC noted having a significant adult to talk to as providing an important protective factor.

When researching my second research question, broad congruence was found in Fletcher-Campbell et al.'s (2003) study naming protective factors such as LAC having a stable care placement, being involved in extra curricular activities, and good home school liaison as being linked to educational attainment. In addition, Jackson et al. (1999), Rees et al. (2003) and Dearden's (2004) research suggests that a significant adult who takes an interest leads to improved outcomes for LAC. While the significant person can be in the form of a social worker, teacher, mentor, Gilligan (2001) emphasises the important role carers can provide in encouraging their foster child to succeed.

While previous research has been encouraging, it is necessary to be cautiously optimistic. Researching the LAC population is prone to difficulties, such as researchers gaining accurate information, obtaining consent, and geographical mobility of children (Rees, 2008). Therefore, the reliability of this evidence, and the conclusions drawn from the research available is questionable.

On reflection further criticisms can be made regarding the design of studies investigating the link between relevant risk and protective factors. Research into resilience often depends on the factors of adversity for sample selection (Rees et al., 2003). Thus researchers associate certain variables with adversity as cause and effect; for example evidence of poverty, social disadvantage and being in the care system. Rees et al. (2003) argues that this approach has inherent weaknesses, because the direction of causality has not been established. This is particularly relevant in resilience research because protective factors are inferred from overcoming noted risk factors. Thus Rees et al. (2003, p.45) suggests:

‘Positive adaptation, at the individual level, can never be attributable with absolute certainty to given factors’.

Another weakness of resilience studies is that by excluding children and young people who are not exposed to a set of prescribed risk factors, comparison with a control group is not possible. Perhaps if researchers designed studies that incorporated a control group then criticism regarding causality may be tempered.

In addition, when researching this topic I was unable to find one study which addressed the link between pertinent risk and protective factors and their subsequent levels of resilience in primary aged children using ERIC database. With the introduction of ‘Every Child Matters’ (DfES, 2003) and the emphasis on preventative practice, I feel that research needs to be carried out which investigates what protective factors lead to positive outcomes for a primary aged child. So far researchers, such as Harker et al.

(2003) have assumed that identified protective factors in secondary aged pupils are the same for younger pupils. Without carrying out research into this area, generalisations can not be made.

Nevertheless, while studies discussed in this review can be criticised, they do present the researcher with potential areas to explore, as well as offering suggestions for future EP practice. Indeed EPs could provide awareness training to school staff on ways to promote resilience in schools. As current research has shown a positive association between children who have a significant adult in their lives and their subsequent levels of resilience, EPs could support schools choosing to set up a mentoring system.

Dent et al. (2003, p.13) also suggest ways that EPs can play a central role:

‘...in the process of helping teachers, parents/ foster carers and peers to support individual children in the face of adversity by identifying and enhancing the resilience factors in their lives’.

Dent et al’s (2003) paper describes how EPs can support a positive change in the lives of a child or young person in one of the most influential areas in their life, their experience of school. Dent et al. (2003) suggest that EPs should help by:

- treating vulnerable children as a priority group- recognising the complexity of their needs and understanding the importance of multi agency working;
- improving curriculum access- show how reading levels for children with special educational needs can be improved;

- making classrooms more supportive- emphasising the importance of a child having a significant adult;
- incorporating psychology in individual education plans; and
- recognising the potential of schools for positive change- EPs could work at a systemic level to ensure that schools become more friendly and welcoming places for vulnerable pupils.

While the skeptic may argue that resilience led interventions are similar to those already used in school (Newman, 2004), without promoting strategies and engaging in evidence based research conclusions can not be established about the importance of introducing protective factors in LAC lives. This review highlights the areas that EPs can make a valuable contribution in the lives of LAC, and it is important that the strategies suggested by Dent et al. (2003) are implemented and evaluated.

8, 532 words

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CHAPTER 3: RESEARCH PAPER

An exploratory study investigating the links between pertinent risk and protective factors and subsequent levels of resilience in looked after children aged 9-11.

Abstract

This exploratory study investigates the experiences of 10 LAC aged 9 to 11 years. Through the administration of a scale from the Resiliency Scales (Prince-Embury, 2007) and semi-structured interviews, it was concluded that LAC who were found to have high to average resilience levels reported having a significant adult, stable care placement and good relationship with social worker. This raises important implications for future Local Authority (LA) practice.

The foster carers of each LAC were also interviewed, and all reported that awareness training for school staff would comprise a useful step toward enhancing levels of resilience in LAC. Carers stressed their opinion that schools are generally ill prepared to deal with behaviours commonly exhibited by LAC. From an Educational Psychology (EP) perspective this raises an important point for discussion regarding future practice; these findings indicate that it may be necessary for EPs to engage in more systemic work when supporting LAC.

Literature review

Recently, the UK government has published a range of new policies and related guidance outlining a number of strategies which aim to improve the educational attainment and emotional well being of LAC. The Children Act introduced in 2004 states that LAs are now obliged to promote the educational achievement of LAC. However, despite the contingent interventions, the outcomes for LAC have ‘not sufficiently improved’ (DfES, 2006, p.1). Key publications and their remit are summarised in Table 1.

Table 1: Post 2000 legislation, policy or guidance related to LAC

Year	Legislation, policy or guidance	Remit
2000	The Care Standards Act	Reform of the regulatory services for care in England.
2000	Children (Leaving Care) Act	Introduced measures to assess and prepare children when leaving care.
2000	Guidance on Education of Young People in Public Care (DfES, 2000a)	Provide guidance to assist LAs in their role as corporate parent.
2000	Education Protects (DfES, 2000b)	Sought to help tackle the underachievement of LAC in residential and foster care.
2000	Framework for the Assessment of Children in Need and their Families (DoH, 2000)	Established a framework which provides a systematic way of analysing, understanding and recording what is happening to children and their families and the wider context in which they live.
2002	Choice Protects (DfES, 2002)	Sought to improve the outcomes for LAC through better commissioning and service provision.
2002	Adoption and Children Act	Reform of adoption services.
2003	A Better Education for Children in Care (SEU, 2003)	Recommendations based on ‘Smart futures’ (SEU, 2001)

2004	Children Act	Outlines that LA have a legal requirement to help promote the educational attainment of LAC.
2004	National Service Framework (DoH, 2004)	Sought to promote children's health and social care.
2006	Care Matters-Transforming the Lives of Children and Young People in Care (DfES, 2006)	Sought to improve the emotional well being and health of LAC.
2007	Care Matters-Time for Change (DfES, 2007)	Introduced measures to improve the outcomes of LAC to adulthood.
2008	Personal Educational Allowances for Looked after Children: Statutory Guidance for LAs (DCSF, 2008)	Provided allowances to provide additional support to LAC who are at risk at not achieving expected standards of attainment.

The prioritisation of LAC has also been extended to Educational Psychology Services (EPSs). The DECP (2004) 'Report of the Working Group on Educational Psychology Service Practice with Looked after Children' suggests that EPSs should have a designated post for LAC. Hence, with the current prioritisation of LAC, it is imperative that EPs, in their role as practitioner scientists, engage as users and producers of research which can inform future psychological practice.

Dent and Cameron (2003) suggest many ways that EPs can make a positive contribution in the lives of LAC in one of the most influential areas in their life, their experience of school. They suggest that EPs can work at a systemic level to ensure that schools become more friendly and welcoming places for vulnerable pupils. In addition, Dent et al. (2003, p.7) suggest that:

‘...parents and carers need to be helped to understand the importance of attachment and, where appropriate, should be provided with advice on how to ensure their children are securely attached’

Therefore, this is an important area of work which EPs could make a valuable contribution. Indeed, EPs could provide awareness training for carers and/or schools promoting the importance of secure attachments.

Unfortunately, many LAC who enter the care system have been unable to develop a secure attachment with a primary caregiver. Consequently, Dent et al. (2003, p.6) suggest that many LAC who are insecure:

‘...seem to be at a greater risk to a host of problems provoked at times of change: bullying, accidents, delinquency... early pregnancy, drug abuse’.

Therefore, the absence of a secure attachment is a significant risk factor for many LAC. Moreover, when entering the care system many LAC face further risks by being exposed to unstable foster placements.

Hence, LAC are frequently exposed to a number of risk factors, which include abuse, maternal depression, parental mental illness and admission to the care system (Lambert, 2001) and, as a population, are characterised by poor educational, health, social, vocational and economic outcomes. Moreover, risks are multiplicative; LAC experiencing one or more of the risk factors summarised above would have an increased risk of developing poor outcomes later in life. Indeed Racusin et al. (2005, p.203) state that:

‘...children in foster care are some 16 times more likely to have psychiatric diagnoses, eight times more likely to be taking psychotropic medications and utilize

psychiatric services at a rate eight times greater than children from similar socio-economic backgrounds’.

However there are children who, despite experiencing extreme levels of adversity, are able to ‘beat the odds’ and make a good life for themselves (Rees and Bailey, 2003). Thus, if LAs are seeking to improve the lives of LAC as a vulnerable group of children, it is useful to consider what protective factors enable some children to become resilient and able to overcome further levels of adversity.

The link between risk and protective factors

Benard (2004) describes resilience as a set of qualities or protective mechanisms that give rise to a successful outcome despite the presence of risk factors during a child’s development. In the concept of resilience, protective factors play a significant role in modifying the potential negative effects of adverse life circumstances and helping to strengthen positive adaptation and development. Benard (2004, p.8) argues that:

‘...protective factors, the supports and opportunities that buffer the effect of adversity and enable development to proceed, appear to predict positive outcomes in anywhere from 50 to 80 % of high-risk populations’.

Hence, Schoon (2006) argues that resilience is a dynamic process which is influenced by the interaction between risk and protective factors or experiences.

Rutter et al. (1979) in their study of 12 inner London comprehensive schools were one of the first research teams to suggest that schools can be an important source of protective factors for children who are exposed to multiple risks. Similar findings have been found by a number of researchers over the years such as Wehlage et al. (1989), Wang et al. (1993), Freiberg et al. (1995), and Resnick et al. (1997). Dent and Cameron (2003, p.11) also emphasise the benefits of a positive school experience for LAC.

‘...school life also offers vulnerable pupils a wide range of other opportunities to boost resilience, including acting as a complementary secure base, providing many opportunities for developing self-esteem and self-efficacy’.

Following on from earlier research, Gilligan (2001, 2009) has outlined a number of potential risk and protective factors in the lives of LAC.

Table 2: Potential risk and protective factors for LAC

Factors	Risk factors	Protective factors
Secure base	Change of care placement.	Stable care placement
Getting the most out of school/ facilities	Lack of access to educational resources	Access to books, study centres, libraries.
Taking part in extra-curricular activities	Not involved in extra-curricular activities	Taking part in extra-curricular activities.
Role of adults	Lack of adult support	Having a key adult who provides consistent support.
Staying connected with family members	No contact with family members	Contact with birth family.

Adapted from Gilligan, R. (2001) *Promoting Resilience: A Resource Guide On Working With Children in the Care System*. London: BAAF.

Dearden (2004) also stressed the importance of protective factors or experiences when promoting resilience in LAC. Through her research she interviewed 25 young people aged 13-19. The participants were classified into two groups: resilient and less resilient. Evidence of resilience was characterised by the individuals having average to above average attendance, and Standardised Assessment Tests (SAT) results, a positive view of themselves and clear plans for the future. Dearden's (2004) findings showed that certain life circumstances, such as having a stable care and educational placement constituted protective factors. Conversely, multiple care and educational placements had a detrimental effect on LAC's educational achievement and emotional well being.

However, there are a number of flaws in Dearden's (2004) research design in particular in regards to sampling. Although 25 young people were identified to be interviewed; only 15 interviews took place due to non-attendance of the remaining 10. Moreover, the sample was identified by professionals working in council teams. Therefore, the sample used in Dearden's (2004) study may not be representative of the LAC population. In addition, criticisms can be made regarding the classification of young people into the resilient and not resilient categories: this process was influenced by Dearden's (2004) value judgments as to what constitutes a resilient child.

Harker et al. (2003) ascertained the views of 80 children and young people, aged 12 to 19, living in foster and residential care. The types of support the children perceived as being supportive were considered protective factors. The findings showed that 78% of children were able to give an example of someone who had supported them, such as a teacher, member of their peer group, family member or social worker. However, it is important to note that the children's views were not correlated with their school test

scores; the children simply reported they were doing well in school. Therefore, it is not known whether there was a positive correlation between those children who had a significant relationship with an adult and their rate or level of academic attainment and emotional well being.

Nevertheless, broad congruence was also found with studies by Shaw (1998), Rees et al. (2003), and Fletcher- Campbell and Archer (2003). Shaw (1988) and Rees et al. (2003) found that looked after children who had a significant relationship with an adult had higher levels of attainment than matched peers, as well as stating they were happy. Shaw (1998) also discovered that 52% of LAC who said they were happy had a significant person to talk to. In addition, findings from the Fletcher-Campbell et al. (2003) study indicated that a factor which young people believed to have correlated with academic success was their having a good relationship with their social worker.

Researchers have also stressed the importance of LAC having a stable care placement (Dearden, 2003, Harker et al., 2003). In addition to this, Cameron and Maginn (2008, p.1162) have suggested that as well as having a stable care placement LAC need to feel a 'sense of belonging' in their current placement. Therefore, it could be argued that LAC need to feel part of the family in order for their emotional well being to be enhanced.

While research has provided LAs with suggestions on how to promote resilience in LAC, the findings need to be considered with caution. Researching the LAC population is subject to a number of methodological challenges, so rendering the reliability of research evidence, and the documented conclusions questionable. Often, for example, researchers have noted that information about children's care and educational placements

was missing (Fletcher-Campbell et al., 2003). Consequently, if the source of information is inaccurate, studies that have been based around this information are inherently flawed. In addition, when reflecting on LAC research, another useful thought to keep in mind is the difficulty the researcher(s) have in gaining consent from a succession of gatekeepers before they are allowed to contact the children themselves (Heptinstall, 2000). Therefore, it is important to consider as noted above, to what extent current research samples are representative of the LAC population.

Another important issue when considering previous LAC research is that the majority of studies have been carried out with teenagers; from which researchers (e.g. Fletcher-Campbell et al., 2003) have generalised their conclusions to younger children. In a recent literature review using the ERIC database (Richards, 2009), I found no recorded studies of risk and protective factors for primary aged LAC. I therefore considered this an important area for future research. The population identified for the current study is therefore LAC aged 9-11, with the expectation that information obtained through this study will inform future policy and practice in my own employing LA, and in particular help with early prevention and transition management.

By drawing on the available literature focusing on teenagers, 13 specific protective and risk factors were identified as themes whose relevance I sought to explore in relation to younger children within the current study. These themes are noted in Table 3.

Table 3: Identified protective and risk factors

Protective Factors	Risk Factors
No history of abuse	History of abuse
No history of parental mental illness	History of parental mental illness
Parent not in prison	Parent in prison
No change in care and/ or educational placement	Change of care and/ or educational placement
Stable current placement	Unstable current placement
Treated like one of the family	Treated as a visitor to the family
Has a significant adult	Does not have a significant adult
Gets on with social worker	Does not get on with social worker
Lives with siblings	Does not live with siblings
Has contact with family	Does not have contact with family
Involved in extra curricular activities	Not involved in extra-curricular activities
Has goals for the future	Does not have goals for the future
Has friends	Lacks friendships

Risk and protective factors from Shaw (1998), Harker et al. (2003), Rees and Bailey, (2003), Fletcher-Campbell et al. (2003), Dearden (2004) and Gilligan (2001, 2009)

Personal strengths and resilience

An additional dimension in resilience-led research is that children who have been exposed to particular protective factors or experiences are likely to demonstrate specific personal strengths or individual characteristics such as social competence, problem solving, autonomy and sense of purpose (Benard, 2004). However, it is useful to note that these strengths:

‘...do not cause resilience but rather are the positive developmental outcomes demonstrating that this innate capacity is engaged’ (Benard, 2004, p.13).

Hence, resilience theory suggests that personal strengths result when children are given the opportunities to enhance existing internal strengths. Thus, individual characteristics are developed because the child is exposed to pertinent protective factors or experiences. While this is an interesting theory, there are no recorded studies which determine whether LAC who have been exposed to specific protective factors or experiences do indeed possess personal strengths such as optimism, sense of purpose and adaptability.

Consequently, in order to investigate the association between protective factors and individual characteristics, a scale has been utilised in this current investigation which aims to give a profile of a child's personal strengths (Prince-Embury, 2007). This scale measures a child's sense of optimism, self efficacy, and adaptability, personal strengths commonly associated in children who are judged to show resilience (Beardslee, 1997, Schwarzer and Fuchs, 1995, Werner and Smith, 2001, Maddux, 2002, Benard, 2004).

Foster carer perspective

Finally, another area of research which is important to consider when investigating the links between specific protective factors or experiences and subsequent levels of resilience in LAC, relates to the views of foster carers. When reviewing current literature through search engines such as 'ERIC', 'British Educational Index', 'psycINFO', and 'google scholar' I found limited research which directly investigated what forms of support foster carers identify as being pertinent.

However, a study which investigated the views of adoptive parents helped to identify themes for the current study. Cooper and Johnson's (2007) investigation

highlighted a number of key issues which adoptive parents named as being integral to their child's success. Key points are noted in Table 4.

Table 4: The views of adoptive parents

Issue	Forms of support
Understanding of adoption issues by school staff	Awareness training for school staff about the impact of children's pre-adoptive experiences, issues related to the adoption itself and the likely long term consequences of these on behaviour, learning and emotional development.
Good home-school links	Openness and confidence between schools and parents in sharing information to ensure realistic parental expectations.
Parent support	95% of parents indicated that they would value access to a named person with knowledge of adoption issues. Also have access to leaflets, library facilities where they could find out valuable information related to particular topics e.g. attachment.
Out of school activities	For children to build friendships, encourage social interaction by taking part in out of school activities.

An interesting finding was that the factor which parents noted as being the most important to their child's success was school staff having an understanding of the enduring impact of adoption on children's development and presentation in school. Cooper et al. (2007, p.25) argues that the study highlighted a need for an:

‘...awareness and understanding in schools about adoption and attachment issues, and how adopted children's experiences may have lasting effects on the child's educational and social progress’.

Although the Cooper et al. (2007) study addressed adoptive parents' views, the study suggests key areas worthy of investigation in the current study. Research aimed at eliciting information re: what forms of support foster carers believe are important (either through provision or omission) when caring for LAC is sparse. A study by Sinclair et al. (2004) which researched what forms of formal support carers noted as being important through the fostering process, identified training needs and professional support from their social worker. Foster carers identified a range of training including handling challenging behaviour, drugs, abuse, school issues and dealing with birth parents. However, the central aim of this research was to investigate what types of formal support was helpful to foster carers per se and not specifically in relation to promoting the development and learning of LAC.

Since carers have unique knowledge, expertise and skills (Warren, 2007) it is essential that those living and caring for LAC are asked for their views. Since there is limited research available which seeks the views of carers, the current study aims to make an original contribution and address this gap in literature. By drawing on research by Cooper et al. (2007) and Sinclair et al. (2004) six forms of support were identified as themes to explore within the current study:

- training for school staff;
- training for foster carers;
- good relationship with social worker;
- good home-school links;
- LAC having access to extracurricular activities; and

- LAC having contact with birth family.

Having identified gaps in current research literature, three purposes were identified as the basis of the present study. Table 5 depicts the central aims of this study, including a clear rationale for each based on resilience theory and available research.

Table 5: Purposes of present study

Purpose	Rationale
To explore the links between specific risk and protective factors or experiences in the lives of LAC, aged 9-11, and their subsequent levels of resilience.	By reviewing literature specific risk and protective factors were linked with levels of resilience (see table 2). However, studies by Harker et al. (2003), Rees and Bailey, (2003), Fletcher-Campbell and Archer (2003), Dearden (2004) and Gilligan (2009) were carried out with teenagers and not primary aged children. Hence, the present study investigates specific risk and protective factors with children aged 9-11.
To examine whether there is an association between LAC who are exposed to specific protective factors and their identified personal strengths (as determined by the 'Resiliency Scales').	Theorists such as Beardslee (1997), Schwarzer and Fuchs (1995), Werner and Smith (2001), Maddux (2002) and Benard (2004) have claimed that personal strengths such as optimism and adaptability are associated with levels of resiliency. Currently, there are no recorded studies which identify whether LAC who are exposed to pertinent protective factors possess specific personal strengths. Hence, the current study utilises the 'Resiliency Scales' to determine whether there is an association between personal strengths and protective factors, where the presence of protective factors is abstracted from interviews with LAC and their foster carer (s).

To investigate what types of support foster carers identify as being pertinent in supporting LAC in school.	Cooper and Johnson's (2007) investigation highlighted a number of key issues which adoptive parents named as being integral to their child's success such as awareness training for staff, personal training and a good relationship with their social worker. However, there is limited research which investigates what foster carers identify as being important to raise resilience in LAC. Hence, the current study seeks carers' views through semi structured interviews.
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Methodology

Context

During the initial stages of the study, I contacted the head of LAC in the county Social Services Department to negotiate research ideas, (see Appendix 1 for copy of research proposal). As a stakeholder, he was interested in gaining information which would inform future practice for the LA, where a current target in the LA strategic development plan is to improve outcomes for LAC. During the initial meeting gaps in current LAC research were discussed, and how knowledge obtained through my planned investigation would help to shape future policy and practice. In order to gain access to LAC and their foster carers the stakeholder agreed to randomly select a list of 25 potential participants from a database.

Research design: epistemology

When determining the methodology and design of this study, I reflected on my own epistemological assumptions regarding ‘truth’ in research (Scott and Usher, 1999). When reflecting on social constructivist research design, I agreed with Harker et al. (2003) that it is vital to ask young people in care for their opinion about what is helpful and unhelpful to them. Semi-structured interviews were considered an appropriate method through which to explore the experiences and views of children, since they allow a flexible approach, and offer the possibility of differentiating the wording and the order of questions in response to the feelings and needs of participants (Robson, 2002).

While there are strengths in adopting a qualitative research design, positivists would argue that this method lacks objectivity. Scott et al. (1999, p.25) point out that:

‘...any acknowledgement of the location of reason and hence of science ...immediately introduces an unacceptable subjectivity, thus destroying the ‘objectivity’ of science’.

Hence, when examining qualitative research it is important to consider how reliable the data are. During the analysis stage, the interpretation of findings may be biased by the researcher’s interpretation of each participant’s response.

Positivists argue that quantitative research is more objective since each participant receives the same set of questions which are subsequently analysed. On reflection when discussing with the stakeholder differing means of data collection it was agreed that a

mixed method approach would be utilised in the current study. Hence, by using a research design comprising quantitative and qualitative methods:

‘...it helps to explain more fully, the richness and complexity of human behaviour by studying it from one standpoint and, in so doing, by making use of both quantitative and qualitative data. (Cohen et al. 2006, p.112).

Therefore, children were asked to fill in a ‘Resiliency Scale’ (Prince-Embury, 2007) based on quantitative methodological principles, and semi structured interviews were carried out with LAC and carers drawing on subjectivist qualitative research method.

Procedure

After gaining a list of potential participants from the Social Services database I was required to seek permission from each LAC’s social worker before making initial contact with the child and her/ his carer(s) (the potential list of participants were made up of LAC aged 9-11, who were either under a full care order, or accommodated under a interim care order). A copy of the research proposal, and an email requesting permission to contact the foster child and carer, was sent to each child’s social worker. Of the 25 possible participants, I gained consent to directly contact 16 LAC and their carers. For the remaining 9 children, the social worker did not give consent, believing the research would not be appropriate for the child, or a reply was not received.

When permission was obtained a letter was sent to both the LAC and the foster carer, explaining the purpose of the research and requesting their consent. The parents of children who were accommodated, were also sent a permission letter (see Appendix 3 for copies of permission letters). After a period of a week each LAC, foster carer, and if appropriate parent, received a follow up phone call to seek verbal consent and address any questions.

When informed consent was given, I again contacted each LAC's social worker to obtain background information which was relevant to this research study. As noted in Table 3, 13 specific protective and risk factors were identified as themes whose relevance I sought to explore in the current study. Four protective and risk factors, which included each LAC's:

- no/history of abuse;
- no/history of parental mental illness;
- parent has not been/has been/is in prison; and
- un/stable current care placement;

I felt were too sensitive to ask each LAC or foster carer directly about. Therefore, I interviewed each LAC's social worker for information in relation to the above protective and risk factors. The conversations with the social workers were over the telephone and lasted for no longer than 10 minutes. I asked each social worker questions to ascertain important background information, see Appendix 5 for a copy of the prompts used during each interview. For background information relevant to each LAC see Tables 9 and 10.

Following each conversation I carried out scheduled semi-structured interviews with each LAC and their foster carers. In addition each LAC completed the Mastery Scale (Prince-Embury, 2007). It is important to note that prior to carrying out each interview I attempted to gain rapport with each LAC by playing a game, or having a conversation with them. Information obtained through these conversations were used as supplementary data regarding their views towards their current care placement, this will be discussed further during the data analysis section.

Ethics

From the outset, ethical requirements for this research with a vulnerable target population were considered by reflecting on The Code of Ethics from the British Psychological Society (BPS, 2006), and the Revised Ethical Guidelines for Educational Research (BERA 2004) (see Appendix 2 for a copy of ethics form).

The research was carried out in each participant's home at a date and time which was convenient to the LAC and foster care. Before beginning the data collection process, informed consent was indeed freely given (BPS, 2006) checking that each participant still wished to proceed, and giving assurances that they could withdraw at any stage of the research process. I again explained the purpose of the research, and each participant was assured that confidentiality would be maintained.

It is useful to note that prior to the research, each participant was asked if they consented to the use of a tape recorder during the process. Although I stressed that information obtained would be kept confidential and not shared with anybody else

without permission, foster carers were reluctant to allow interviews to be taped, largely on grounds of self-consciousness. Consequently, I wrote down each participant's response verbatim, in so far as this was practicable. However, this method is likely to have affected the reliability of the research findings, as will be considered during the discussion section.

Participants

As previously noted, in order to gain access to LAC and their current foster carers the stakeholder agreed to randomly select 25 potential participants for this study. Information regarding the target sample of LAC born from 1st September 1996 to 31st August 1998 can be found in table 6 below.

Table 6: Details of target sample

Information	Number	Percentage
LAC born from 1 st September 1996 to 31 st August 1998	73	
<i>Care Status</i>		
Full Care Order (FCO)	51	69%
Interim Care Order (ICO) or Accommodated	22	31%
<i>Gender</i>		
Males	48	66%
Females	25	34%
<i>Ethnicity</i>		
White British	69	95%
Mixed	4	5%
<i>SEN Status</i>		
Statement	15	21%
School Action Plus	20	27%
School Action	16	22%
No SEN	22	30%

<i>Location of placement</i>		
Placed in county	63	86%
Placed out of county	10	14%
<i>Educational placement</i>		
Attending a mainstream school	64	88%
Attending a special or residential school	9	12%

Information provided by Staffordshire County Council Statistical Analysis Department

Due to confidentiality protocols, I did not have access to the social services database; as a result a list of possible participants was generated randomly from a computer. The participants, who made up the cohort, varied in Special Educational Needs (SEN) status and number of previous care provisions. Out of the 16 LAC and foster carers with whom I was able to make contact, 10 (62%) gave informed consent for this research; see Table 7 for details of the participants who agreed to take part. I was not privy to information about the LAC who did not take part in this study. To protect each LAC's identity a pseudonym has been used throughout this study.

Table 7: Details of participants

Case	Age (at time of study)	Sex	Ethnicity	SEN	Care status	No. of previous care placements	Time in current placement	No. of previous schools
1 (Ellie)	11	F	White/ British	No	FCO	3	2 years 1 month	0
2 (Mike)	10	M	White/ British	S (behaviour)	FCO	3	1 year and half	1
3 (Emma)	11	F	White/ British	No	FCO	1	1 year 8 months	0

4 (Jack)	10	M	White/ British	S (learning)	FCO	3	1 year and half (Out of county)	2
5 (Ben)	11	M	White/ British	S (learning)	FCO	2	6 months	2 (at Special school)
6 (Megan)	10	F	White/ British	SA + (learning & behaviour)	FCO	3	1 year and half (Out of county)	2
7 Luke)	9	M	White/ British	SA+ (behaviour)	ICO	0	1 year	0
8 (Lucy)	11	F	White/ British	S (learning)	FCO	11	4 years 11 months	4
9 (Chloe)	11	F	White/ British	S (learning)	FCO	3	3 years 9 months (with a break for 9 months in the middle)	2
10 (Kyle)	11	M	Mixed/ British	S (behaviour)	ICO	3	6 months	2

Key

S = Statement of SEN SA+ = School Action Plus

FCO= Full Care Order ICO= Interim Care Order

When reflecting on the reliability of the study it is important to consider how representative the research sample is to the target LAC population. In terms of care status 80% participants had a FCO; in the target population 69% of children had a FCO,

therefore there is a slight deviation in terms of care status. The research sample is representative in terms of ethnicity, 9 out of the 10 participants were white British; similarly, 95% of the target population was white British.

However, when comparing the research sample with the target population there is a disparity in SEN, 60% of participants in the research sample had a statement of SEN. While nationally LAC are more likely to have a statement of SEN compared to all other children (DCSF, 2009) only 21 % of children in the target sample had a statement of SEN. Surprisingly, a higher number of children had no recorded SEN, 30%. An additional disparity between the research and target population is in terms of gender. While there are a higher number of boys in the target sample, 66% compared to 34%, there are an equal number of males and females in the research sample. Therefore, due to the differences noted between the target and research sample it is advisable to be cautious when generalising these results to the whole LAC population.

Resiliency scale

During the present study the 10 LAC who agreed to take part in this study were asked to complete a scale in 'Resiliency Scales for Children and Adolescents: A Profile of Personal Strengths' (Prince-Embury, 2007). The scale administered was called Mastery, which is designed to examine 3 constructs, optimism, self-efficacy and adaptability. See Appendix 4 for a copy of the 'Resiliency Scales for Children and Adolescents'.

On reflection, constructs identified in the Mastery Scale ties in with research identified in the literature review. Theorists such as Beardslee (1997), Schwarzer and

Fuchs (1995), Werner and Smith (2001), Maddux (2002) and Benard (2004) have claimed that personal strengths such as optimism, self-efficacy and adaptability are associated with levels of resiliency. Therefore, the Mastery Scale was utilised in this study, since it has been argued that:

‘...a child’s sense of mastery and self-efficacy is recognised by most experts as a core characteristic of resiliency in children’ (Prince-Embury, 2007, p.4).

The sense of mastery scale is a 20 item self report questionnaire. Response options are ordered on a 5 point Likert scale: 0 (never), 1 (rarely), 2 (sometimes), 3 (often), and 4 (almost always). There are of course, benefits of adopting the Mastery Scale, such as it being quick to administer, as well as providing a resilience score for each LAC. However, an important factor which needs to be considered is that the Resiliency Scales have only been standardised among North American children and adolescents.

Therefore, the standardisation process of the Resiliency Scales raises questions regarding the validity of the research tool among children in the U.K. It could be argued that different issues and concerns are relevant to a U.K versus an American population. Nevertheless, when the author developed the scale for children, 450 children aged 9 years to 11 years were selected during the standardisation process. Therefore, a relative strength of the scale is that the authors endeavoured to obtain a representative sample in the North American population. Finally, another asset to this research tool is that the standardisation process took place recently from October 2005 to June 2006.

Semi structured interviews

As well as completing the Mastery Scale, LAC and foster carers were interviewed; see Appendix 6 and 7 for semi structured interview schedules. In addition I interviewed each child's social worker over the telephone to ascertain important background information about each child, see Appendix 5.

When using the series of open ended questions and prompts I sought to clarify the meaning of each interviewee's responses, and to verify any interpretations and inferences I made. Kvale (2007, p.80) outlines 6 quality criteria for an ideal interview, as summarised in Table 8.

Table 8: Quality criteria for an interview

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| <ul style="list-style-type: none">• The extent of spontaneous, rich, specific and relevant answers from the interviewee.• The shorter the interviewer's questions and the longer the subjects' answer the better.• The degree to which the interviewer follows up and clarifies the meanings of the relevant aspects of the answers.• To a large extent the interview is interpreted throughout the interview.• The interviewer attempts to verify his or her interpretations of the subject's answers in the course of the interview.• The interview is 'self-reported'; it is a self-reliant story that hardly requires extra explanations. |
|--|

Therefore, before embarking on each research interview I carefully reflected on each of Kvale's (2007, p81) recommendations and endeavored to make sure what was said was 'interpreted, verified and reported at the time'.

In addition, since children were being interviewed, I clarified responses. I was conscious of the power imbalance between my role as Trainee Educational Psychologist/ researcher to each child I interviewed (Dalrymple and Burke, 2006). Hence, I endeavored to make sure that LAC felt that their opinion was valued, and their responses would help to shape LA practice. Munro (2001) argues that it is essential that LAC feel that their voice is heard, as many believe that they have no influence regarding decisions made about them.

After data collection I analysed each participant's response. This process will be discussed in the following section.

Data analysis

Braun and Clarke (2006) suggest that thematic analysis is a widely used qualitative analytic method. They suggest it is a flexible approach which can be useful for producing analyses suited to informing policy development; the present study was commissioned by the LA social services department in order to inform future policy and practice.

Boyatzis (1998, p.vi) describes thematic analysis as a:

‘...process for encoding qualitative information. The encoding requires an explicit code. This may be a list of themes; a complex model with themes, indicators, and qualifications that are causally related’.

Boyatzis (1998, p.91) suggests that in order for each theme to be appropriately coded, the researcher needs to identify the definition, indicators, and differentiation of each theme respectively. For the LAC interviews, I developed an appropriate code for each theme, as illustrated in Tables 9 and 10. Please note that information obtained for risk and protective factors 1, 2, 3, and 5 were obtained via a telephone conversation with each LAC's social worker as noted in the procedure section.

Table 9 Codes developed for each risk factor (drawing on Boyatzis, 1998).

Theme (risk factor)	Definition	Indicators (how I am going to obtain information)	Differentiation (how LAC differed in responses)
1. History of abuse	Child has been abused (sexual, physical, or neglect)	Information obtained from a conversation with social worker	All LAC had been abused either through neglect or from physical or sexual abuse.
2. History of parental mental illness	Parent has history of short or long term mental illness (Psychosis, Neurosis and/or Depression)	Information obtained from a conversation with social worker	Emma, Lucy, Kyle, Jack, and Luke had parents who had a history of mental illness. Mental illnesses mentioned were Schizophrenia, Paranoia, Bipolar Depression, Severe Depression.
3. Parent has/ is in prison	Parent has been/ is in prison	Information obtained from a conversation with social worker.	Emma, Lucy, Kyle, Jack and Luke had parents who were currently in or had been in prison. Offences were theft, possession of drugs, or abuse of their child.

4. Change in care/ educational placement	Child has had a change in their care or educational placement since going into care	Information obtained from EMS database, foster carer or LAC	All but Luke had experienced a change of care and/or school placement since being in care.
5. Unstable current placement	Child is unsettled in care placement and feels that s/he may move at anytime	<p>Information obtained from a conversation with social worker.</p> <p>During the conversation the social worker is asked how settled the LAC is in his/her current placement and discuss if there are any issues which may cause the placement to end e.g. challenging behaviours.</p> <p>LAC mentions that s/he feel unsettled, that they might move soon.</p>	Kyle, Jack and Luke) mentioned that they felt unsettled in their current care placement
6. Treated as a visitor to the family	LAC does not take part in family activities or outings. Foster carers do not spend time with LAC individually	Information obtained from LAC. They feel that it is not his/her house; s/he is a visitor.	Lucy, Chloe, Ben, Kyle, Jack, and Luke) report that they did not feel part of the family.
7. Does not have a significant adult	Child does not have a significant person in their life to talk to if they need to (e.g. teacher, social worker).	Information obtained from LAC. They feel that h/she does not have someone to talk to if s/he needs to.	Kyle, Jack and Luke felt that they didn't have a significant person.
8. Does not get on with social worker	LAC does not have a good relationship with social worker.	LAC reports that s/he doesn't enjoy visits from their social worker.	Kyle, Jack and Luke reported that they didn't get on with their social worker.

		Foster carer says that the LAC does not enjoy visits from her/his social worker.	
9. Does not live with siblings	LAC do not live with their sibling in the same house (if applicable)	Information obtained foster carer or LAC.	Mike, Ben, Kyle, and Jack do not live with their siblings. Megan does not have any brothers or sisters.
10. Not involved in extra-curricular activities	Child reports that s/he does not take part in any extra-curricular activities.	Information obtained from LAC during interview or prior conversation.	All LAC reported they were involved in extra-curricular activities.
11. Does not have contact with family	LAC does not see members of his/her family during routine visits organised by social services (Visits can be with parents, grandparents or siblings)	Information obtained from foster carer or LAC.	Megan, Mike, Lucy, Chloe, and Jack do not have contact with any member of their family.
12. Does not have goals for the future.	LAC does not know what they want to do when they are older, has no goals.	Information obtained from LAC during interview or prior conversation.	All LAC, apart from Ellie, did not have any clear goals.
13. Lacks friendships.	LAC reports that they do not have any friends to play with.	Information obtained from LAC during interview or prior conversation.	Jack felt that he did not have any friends to play with in school.

Table 10: Codes developed for each protective factor (drawing on Boyatzis, 1998).

Theme (protective factor)	Definition	Indicators (how I am going to obtain information)	Differentiation (how LAC differed in responses)
1. No history of abuse	Child has not been abused (sexual, physical, or neglect)	Information obtained from a conversation with social worker	All LAC involved in research had been abused.

2. No history of parental mental illness	Parent has no history of short or long term mental illness (Psychosis, Neurosis and/or Depression)	Information obtained from a conversation with social worker	Ellie, Megan, Mike, Chloe, and Ben had parents who were not known to have any history of a mental illness.
3. Parent not in prison	Parent has no history of being in prison	Information obtained from a conversation with social worker	Ellie, Megan, Emma, Chloe, Ben and Kyle had parents who had not received a custodial sentence.
4. No change in care/ educational placement.	Child has not had any change in his/her care or educational placement since going into care.	Information obtained from EMS database, foster carer or LAC	Only one child Luke had not had a change of foster carer or school since going into care.
5. Stable current placement.	Child is settled in care placement and is told they will be staying there.	Information obtained from a conversation with social worker. During the conversation the social worker is asked how settled the LAC is in his/her current placement e.g. behaviours LAC mentions that they feel settled, that this is his/her home.	Ellie, Megan, Mike, Emma, Lucy, Chloe and Ben were settled in placement and had been told they would be staying there.
6. Treated like one of the family	LAC takes part in family activities and outings. Foster carers spend time with LAC individually.	Information obtained from LAC. They feel that it is his/her house. Foster carer mentions that s/he treats the LAC as one of the family, and gives examples.	Ellie, Megan, Mike were seen as being part of the family.

7. Has a significant adult	Child has a significant person in her/his life to talk to if s/he needs to e.g. teacher, social worker	LAC says that s/he have someone to talk to if s/he needs to discuss anything, and names a person	Ellie, Megan, Mike, Emma, Lucy, Chloe and Ben report that they have a significant person in their life.
8. Gets on with social worker	Has a good relationship with social worker	LAC reports that s/he enjoys seeing her/his social worker. Foster carer says that the LAC gets on with her/his social worker	Ellie, Megan, Mike, Emma, Lucy, Chloe and Ben say they have good relationships with their social worker.
9. Lives with siblings	LAC lives with her/his sibling in the same house (if applicable)	Information obtained from foster carer or LAC	Five LAC live with their siblings in the same house (Ellie, Emma, Lucy, Chloe and Luke). Megan does not have any siblings.
10. Has contact with family	LAC sees members of her/his birth family during routine visits organised by social services (visits can be with parents, grandparents or siblings).	Information obtained from foster carer or LAC	Ellie, Emma, Ben, Kyle and Luke have contact with their family.
11. Involved in extra-curricular activities	LAC involved in extra-curricular activities in or out of school.	Information obtained from LAC during interview or prior conversation.	All LAC mentioned that they were involved in extra-curricular activities.
12. Have goals for the future	LAC mentions what s/he would like to do when s/he older	Information obtained from LAC during interview or prior conversation.	Ellie had clear goals for the future, reporting that she wants to go to University and study drama.

13. Have friends	LAC mentions friends that s/he plays with at school	Information obtained from LAC during interview or prior conversation.	Only one child felt that he didn't have any friends and nobody regularly to play with.
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After coding each theme I continued to analyse each child's interview. As noted earlier the list of themes to explore was determined prior to data collection by carrying out a thorough literature review. Braun et al. (2006) suggest that this form of analysis can be referred to as 'top down' or deductive thematic analysis. For the LAC interviews each theme (identified risk and protective factors) was abstracted from available research as noted in Table 3. By using a deductive approach I analysed each LAC's interview to ascertain whether the children's views were compatible with the identified themes.

An additional form of analysis used in this study was 'bottom up' or inductive thematic analysis (Braun et al., 2006). In an inductive approach the themes 'identified are strongly linked to the data themselves' (Braun et al., 2006, p.83). Therefore, as a researcher I was interested in investigating which themes (identified risk or protective factor) were pertinent for primary aged children. By using an inductive approach I was able to ascertain if specific themes were more important to younger children, and determine how the results of the current study compared to previous research. Furthermore, when particular themes were identified as being significant for younger LAC it was useful to explore what was unique about their experiences as opposed to teenagers.

I was also able to explore the similarities and differences between previous research and the present study by not only carrying out semi-structured interviews, but

through my interactions with each LAC before carrying out the research. When first meeting each LAC I attempted to gain rapport with each child by asking about their interests. Some of the LAC responded by showing me work they had done in school, bringing me a book they wanted to read to me, and one child asked if I would play a game of football with them. This helped to relax the children before carrying out each interview, and any information they told me which was relevant to the identified themes (risk and protective factors) I included as part of the results. Moreover, if any additional risk or protective factors (not previously identified as a theme) had been voiced by the LAC (either via the semi-structured interview or through a conversation) then this would be noted in the results as an additional theme. Fereday and Muir-Cochrane (2006) suggest that this a key strength of inductive analysis since it allows the researcher to identify emerging themes from data.

After analysing each interview, I obtained each LAC's score from the Mastery Scale to complete a resilience profile for each LAC. After profiles were developed for each LAC, I conducted further analysis specifically seeking to abstract protective or risk factors associated with a high, above average, average, below average or low overall mastery score from the Resiliency Profile.

Following the above analysis, I began to examine the foster carer interviews. As in the LAC interviews, I coded each theme by definition, indicators, and differentiation as suggested by Boyatzis (1998, p.91). Each theme (forms of support) was abstracted from available research as noted on p.12. For each interview I developed an appropriate code for each theme, as illustrated in Table 11.

Table 11: Codes developed for each form of support foster carers identify as being pertinent in order to enhance levels of resilience in LAC (Boyatzis, 1998).

Theme (form of support)	Definition	Indicators (how I am going to recognise theme during interview)	Differentiation (how foster carers differed in responses)
Training for school staff	Whole school training for school staff on effects of abuse, how to support LAC in school and attachment issues.	If foster carers feel that training for staff at school would be a useful way of supporting LAC.	All foster carers felt that training for school staff would be a useful way of supporting LAC.
Training for foster carers	Training sessions for groups of foster carers to learn and discuss relevant issues.	If foster carers felt that training they had been on was useful, or they would benefit from additional training.	Six foster carers felt that they have or would benefit from training.
Good relationship with social worker	Being able to discuss issues with social worker and/ social worker is easily contactable.	If foster carers feel that their social worker is supportive and can be contacted easily. Furthermore, by having this good relationship they feel it helps them to meet their foster child's needs.	Two foster carers mentioned that having a good relationship with their social worker is essential in them to support LAC.
Good home-school links	Good home-school links regarding information about the LAC. For example if LAC is having difficulties in school they inform the foster carers. Conversely if the LAC is undergoing any problems the school is aware.	If foster carers report that they have good relationships with the staff at their foster child's school regarding sharing information. In addition by being aware of any issues helps them to support their foster child.	Two foster carers mentioned that good home schools links were important in supporting their foster child.

LAC having access to external clubs	Foster carers are aware of external clubs on offer for child and they are easily accessible.	Foster carers report that there are a good range of clubs available, and they are valued by them and LAC.	One foster carer felt that clubs were a useful way of supporting LAC.
LAC having contact with family	LAC having regular contact with any family member.	If foster child mentions that the LAC looks forward to seeing members of their family and it is good for their emotional well being. They feel that by encouraging the visits they are meeting their foster child's needs.	Two foster carers felt that their foster child having contact with members of their family beneficial. However, two foster carers felt that visits were unsettling and when LAC saw only older siblings this had a destructive influence. One foster carer reported that their foster child's older brother had an ASBO.

After coding each theme, I used both deductive and inductive thematic analysis (Braun et al., 2006) when analysing the foster carer interviews. For the foster carers, each theme (forms of support) was abstracted from available research with adopted parents (deductive thematic analysis). By using a deductive approach I analysed the foster carer's interviews to ascertain whether the carer's views were compatible with the identified themes.

Furthermore, by using an inductive thematic analysis approach I was able to ascertain if any specific themes were more pertinent to foster carers, and determine how the results compared to previous research with adoptive parents. When particular themes were identified as being important for foster carers it was useful to explore what was

unique about their experiences as opposed to adoptive parents. Moreover, if any additional form of support (not previously identified as a theme) had been voiced by the foster carer then this would be noted in the results as an additional theme.

Results

LAC findings

I shall begin the results section by discussing the findings in relation to each LAC, beginning with their resilience profile.

Table 12: Resilience profile

Name of LAC	Overall Resiliency Level (from Mastery Scale).	Level of Optimism (from Mastery Scale).	Level of Self-Efficacy (from Mastery Scale).	Level of Adaptability (from Mastery Scale).
Ellie	H	H	H	A
Mike	AA	AA	A	A
Emma	AA	AA	A	A
Jack	L	A	A	L
Megan	H	AA	AA	BA
Luke	L	A	BA	BA
Lucy	A	A	A	A
Chloe	A	AA	A	BA
Kyle	BA	A	A	BA

Key

Each LAC's raw score was converted to a T- score. The key below represents score rankings based on T scores.

H = High (60>)

AA = Above Average (56-59)

A = Average (46-55)

BA = Below Average (41-45)

L= Low (<40)

When examining Table 12, it can be seen that Ellie, Mike, Emma and Megan have high to above average resilience levels according to the Resiliency Profile. Thus, Ellie's personal strengths are reflected high in her optimism and self-efficacy scores. However, it is useful to determine whether those LAC who have an overall high or above average resilience score, according to the Resiliency Scales, are exposed to pertinent protective factors.

As noted in previous sections, after obtaining information through interviews and conversations with each LAC I subsequently analysed the data. Initially, by using deductive thematic analysis I was able to determine which specific themes (risk and protective factors) were pertinent to each LAC. In addition, I sought to investigate which themes were linked to each LAC's subsequent resiliency levels. Therefore, Table 13 depicts each LAC's overall resiliency score; cross referenced with his/her exposure to identified risk and protective factors or experiences. Please note that Ben did not complete the Resiliency Scale, his foster carer described him as having average resilience levels. However, information obtained through interviews with Ben and his social worker has been included in Table 13.

Table 13: Risk and protective factors and levels of resilience

	High or Above Average Resilience				Average Resilience			Below Average or Low Resilience		
Name of LAC	Ellie	Megan	Mike	Emma	Lucy	Chloe	* Ben	Kyle	Jack	Luke
1. History of abuse	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
2. History of parental mental illness	N	N	N	Y	Y	N	N	Y	Y	Y
3. Parent in prison	N	N	Y	N	Y	N	N	N	Y	Y
4. Change in care and/ or educational placement	Y	Y	Y	Y	Y	Y	Y	Y	Y	N
5. Stable current placement	Y	Y	Y	Y	Y	Y	Y	N	N	N
6. Treated like one of the family	Y	Y	Y	Y	N	N	N	N	N	N
7. Has a significant adult	Y	Y	Y	Y	Y	Y	Y	N	N	N
8. Gets on with social worker	Y	Y	Y	Y	Y	Y	Y	N	N	N
9. Lives with siblings	Y	N/A	N	Y	Y	Y	N	N	N	Y
10. Contact with family	Y	N	N	Y	N	N	Y	Y	N	Y
11. Involved in extra curricular activities	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
12. Has goals for the future	Y	N	N	Y	N	N	N	N	N	N

13. Has friends	Y	Y	Y	Y	Y	Y	Y	Y	Y	N
Total known risk factors	2	4	6	3	7	5	5	9	11	9
Total known protective factors	11	8	7	10	6	8	8	4	2	4

Therefore, on the surface it can be seen that protective factors that were pertinent to children who had scores indicating average to high resilience levels were LAC who reported having a significant adult, stable care placement and good relationship with their social worker. Furthermore, LAC who felt that they were treated as part of the family were shown to have high or above average resilience levels.

When considering results obtained through inductive thematic analysis, unique differences can be found in relation to younger children's experiences as opposed to teenagers. Information obtained through interviews and conversations with LAC showed that four LAC enjoyed being treated as part of the family. Ellie who scored high in the resilience scale said:

“It’s good living here, it’s my home. I go on holidays and days out with my foster carers. Last week [Anna] watched me in the school play; I’m in the drama club.”

Conversely, six LAC who described themselves as being a “visitor” were often “disappointed that they didn’t go on family outings with the rest of the family”. Furthermore, one LAC felt “not as important” compared to their foster carer’s other

children. LAC tended to speak about their feelings about their placement when I was alone with them either during the interview or initial conversation.

While it can be seen that LAC who reported having a significant adult, stable care placement and good relationship with their social worker were shown to have high to average resiliency levels, all LAC spoke about having/not having a significant adult in their lives at length. This risk/protective factor was seen as particularly important for primary aged children. Examples of comments from LAC who had a significant adult in their lives included: “I have someone to go to”, “someone to listen to me”, and even “someone who cares”. One LAC spoke about going to see their significant adult at school everyday during assembly. Furthermore three LAC said they “knew where they were all the time if I need to talk to them”.

Conversely, LAC who felt that they didn’t have a significant adult spoke about: “feeling alone”, “having no-one to turn to”. Other comments included: “I would like someone in school I know I could go to who was on my side”. These statements are very powerful and provide implications for future LA policy and practice.

When collating background information on the LAC via interviews with each LAC’s social worker, Megan and Mike’s social workers reported that their behaviour had changed in a positive way within the past year. Therefore, I scrutinised Mike’s and Megan’s case history to determine whether they had been exposed to particular protective factors or experiences within the past year.

Mike has a statement of SEN for behaviour, and his previous placement was reported to have broken down due to challenging behaviours. However, Mike spoke well of his current foster carers, saying that he felt as if he was part of the family, which he

contrasted with how he felt during his last care placement. His current carers are at present looking into adopting Mike. In addition, both the social worker and foster carer reported that Mike's behaviour at school and in the home was improving. Another interesting finding was that Mike said that he got on with his current social worker, but had not liked talking to his previous social worker.

“My social worker is really good to talk to; she likes Doctor Who, like me. She really understands how I feel, and listens to me.”

Similarly, Megan's behaviour was reported to have improved considerably with her current carer. Her social worker described how Megan had recently been discharged from CAMHS, and her foster carer remarked how her current teacher was pleased with her behaviour and attitude in class. Interestingly, both Megan and Mike had reported that “they were treated as part of the family”, within their current placement, in contrast with their previous placement.

However, while Mike's and Megan's behaviour had improved, and the evidence suggesting between high to above average resiliency levels, there may have been a variety of reasons which contributed to this, in addition to the specific protective factors described above. Other protective influences may, for example, have been afforded as change of school, new teacher, forming different friendships, and or school behaviour policy. Moving to a new school and living in a different area are, in themselves likely to have resulted in many changes at different ecological levels likely to influence these

children's sense of well-being and behaviour. See Appendix 8 for an example of an interview with a LAC's social worker.

Finally, it is important to discuss the link between the number of risk and protective factors and subsequent levels of resilience. By examining Table 12, it can be seen that children who had scores indicating high to average resilience levels were exposed to a greater number of protective factors than children who had scores showing below average to low resilience levels. For instance, Ellie had 11 known protective factors compared to Luke, who had 4. Thus, this finding raises important implications for LA policy and practice.

An example of a LAC interview can be found in Appendix 9. Now I have discussed research findings from LAC, I will examine results from the foster carers.

Findings from interviews with foster carers

Initially, by using deductive thematic analysis I was able to determine which specific themes (forms of support) foster carers identified as being pertinent in order to enhance levels of resilience in LAC. Therefore, Table 14 summarises their responses.

Table 14: The forms of support foster carers identify as important in order to enhance levels of resilience in LAC.

Forms of support	Number of foster carers who identified the factor as being pertinent.
Training for school staff	10 (100%)
Training for foster carers	6 (60%)
Good relationship with social worker	2 (20%)
Good home school links	2 (20%)
LAC having access to external clubs	1 (10%)
LAC having contact with family	2 (20%)

Table 14, demonstrates that all the foster carers noted that it was important for school staff to have improved awareness training. This was a significant finding through the interviews, as each foster carer informed me that s/he felt that school staff were ill equipped to cope with the complex needs of LAC.

Through inductive thematic analysis I was interested in discovering what aspects of training was seen as particularly important by foster carers as opposed to adoptive parents. I found that foster carers felt that school staff should have awareness training on: “the effects of abuse”, “attachment difficulties”, “building children’s confidence and self esteem”, “difficulties associated with contact” and “managing challenging behaviour in LAC”. Foster carers believed that with improved awareness of the impact of past and enduring aspects of the life experiences of LAC, school staff would be better able to develop and implement school-based strategies to promote the emotional well being in LAC.

One foster carer said that he educated the school regarding the long and short term effects of abuse. During one interview a second foster carer remarked:

“I feel that schools are ill prepared. Staff need training regarding attachment issues...I have educated staff, that should not have been the case. Schools are not prepared to deal with these issues.”

Another carer reported her view that LAC are often labelled as being ‘naughty’, and added that he was very concerned about his foster child’s transition to secondary school. He felt that there was not enough transition work carried out between primary and secondary education to educate future staff about triggers for behaviours. This sentiment was shared by all the foster carers; one carer noted that because LAC are labelled as ‘naughty’, this can itself be a trigger because the LAC feel they are treated differently because they are in care, and this ‘lights the fuse’. Interestingly, the foster carers suggested EPs, or clinical psychologists as professionals most competent to deliver such training in schools.

In addition to every foster carer naming awareness for school staff as a pertinent form of support it is useful to note that this theme dominated each interview. On many occasions through the interview the carer shifted the focus back to emphasising the need for awareness training in schools. Indeed, all carers commented that training was “crucial” as teachers are “ill-prepared to cope” with the difficulties many LAC face.

A second finding was that six foster carers felt that they have benefited, or would themselves benefit from further awareness training. Through my research I found that carers who were caring for children in neighbouring LAs felt they had less access to training. Indeed one carer identified a number of training courses she would like to go on, but reported that she was not made aware of them until after the date, or that the location

of the course was too far away for her to attend. This is an issue which social services need to consider when planning training courses for foster carers who are caring for children in different LAs.

Interview results suggest that only a small minority of foster carers noted that a good relationship with their social worker, good home-school links, or LAC having access to external clubs or to their birth family as important forms of support. However, two foster carers noted that there had been frequent changes of social worker so ‘had to sort things out themselves’. Interestingly, in cases where changes in social worker were noted, the LAC had been identified as having a below average to low resiliency level. It may be the case that if a good consistent, relationship had been maintained, this would then have been noted as an important means of support.

Finally, a view from the foster carer interviews was that when LAC had contact with their birth family difficulties were noted. Two of the carers said that their child was ‘nervous and anxious before contact’. Furthermore, one foster carer reported that after contact, their child often came back reporting ‘feeling left out’. She remarked that the birth parent of the girl for whom she was caring, often ‘spoilt her sister, but left her out’. This raises important implications for both policy and the work of social workers. It may be case that greater planning and supervision are needed to ensure that contact does comprise a positive experience in all cases, and indeed, more fundamentally, whether the presumption that contact is in children’s interests does constitute a reasonable norm. It is important to note that when interviewing the LAC, two reported that they did not enjoy seeing their birth family.

An example of a foster interview can be found in Appendix 10. In the next section of this report I will discuss the limitations of the results.

Limitations

While the findings from the current study converge with outcomes of previous research with older LAC, and provide useful suggestions on how to enhance resilience within this population, it is important to exercise caution. There are weaknesses in the investigation which may have influenced the results. Firstly, there are concerns regarding how the research sample was selected. I did not have an opportunity to be present during the randomisation process, since ethical requirements of the LA prevented my gaining access to the full data set relating to LAC within the county. At this stage of the study, the stakeholder assured me that a list of LAC would be generated from the computer, from which every other child would be selected as a potential participant.

However, the stakeholder informed me that two potential participants were disregarded as he believed the study would not be appropriate at this time due to current sensitive issues in their lives. While this may have been a prudent decision, it served to prevent the voices of children judged to be facing current ‘sensitive issues’ from being heard in this study. Heptinstall (2000) argues that LAC are often seen as particularly vulnerable, and are therefore protected against any of the adverse effects participation in research may cause.

Furthermore, another important issue to consider is the disparity between the research and target sample in factors such as gender, care status and SEN profile. Indeed

while there are a higher number of boys in the target sample, 66% compared to 34%, there are an equal number of males and females in the research sample. There are similar deviations in terms of SEN; in the research sample 60% of LAC had a statement of SEN compared to 21% in the target population. Therefore, it could be argued that the research sample is not representative of the County LAC population. Hence, the data produced may not reliably reflect trends within the wider population of LAC, therefore conclusions from this study must be treated with caution.

Once I obtained informed consent from LAC, carers and when appropriate parents, 80% of the children were on a Full Care Order (FCO), and only two of the children were on an Interim Care Order (ICO). Therefore, it could be argued that if the majority of the research sample comprise children who are under a FCO then the sample is not representative of the whole LAC population. It is worth noting that 31% of LAC in the target sample were either on an ICO or accommodated. Children who are on an ICO or accommodated may, of course, comprise a specific sub-sample who have additional needs which need pursuing.

A further issue is that the current study has been carried out on a small sample, comprising just ten LAC and their carers. In addition, one LAC, Ben did not fill in the Resiliency Scale; instead his carer stated that he was average. However, it is useful to point out that the carer may have had a different understanding of what resiliency means in comparison to the concepts being measured in this study. Such limitations render it inappropriate to generalise the results of this study to the whole LAC population within the 9-11 year age group.

An additional limitation of the current study is that I carried out all the interviews myself; therefore the reliability of the findings may be considered compromised by experimenter or interview bias (Cohen et al., 2006). I interpreted and subsequently analysed each participant's responses alone. A further weakness is that during the interviews I endeavoured to write down what each of the participants had said verbatim, as only one carer consented to use of a tape recorder. Again this leads to further risk of bias as I may have missed part of a participant's response when recording. Indeed when reviewing interview notes, I noticed that on occasions further clarification of answers would have been beneficial. Thus if I had been able to record the interviews I could have replayed the participants' answers and ascertained further information. Another difficulty when note taking during the interview, is that I may have unintentionally influenced participants by writing down their answers (Cohen et al, 2006).

A further flaw of this present study is that when I administered the Mastery Scale and interviewed each LAC, five foster carers were present, which may have influenced these children's responses. Thus the LAC may have answered in a way they thought they should have because their carer was present. In addition, when the LAC filled in the 'Mastery Scale' the LAC may have tried to hide how they really felt and subsequently answered in a way that they thought their carer or I, as the researcher, preferred.

Despite the numerous issues raised regarding the reliability and validity of the current study, the results obtained do provide encouraging implications for EP future practice, policy and research, which will be discussed in the next section of this paper.

Discussion

According to resilience theory, protective factors play a significant role in modifying the potential negative effects of adverse life circumstances and help to strengthen positive adaptation and development (Benard, 2004). Therefore, a purpose of this study was to explore the links between specific risk and protective factors or experiences in the lives of LAC, aged 9 to 11 and their subsequent levels of resilience. Findings indicate that pertinent protective factors such as LAC having a significant adult, stable care placement and a good relationship with their social worker help to modify the risk factors arising from poor adverse life experiences.

However, caution needs to be taken when generalising the results to the whole LAC population. Firstly, the study was carried out on a relatively small sample, 10 children, and there are a number of disparities between the target population and research sample in terms of gender, care status and SEN profile. Hence, the results obtained may not be representative of the County LAC population.

Nevertheless, broad congruence was found between the current study and prior research by Shaw (1998) Gilligan (2001, 2009) Lambert (2001) Fletcher-Campbell et al. (2003) Rees et al. (2003) Harker et al. (2003) and Dearden (2004). The current research with primary-aged LAC proved fully congruent with the previous research focusing on adolescents in its identification of the care need.

An interesting finding was that LAC who were treated as part of the family were shown to have high or above average resilience levels. This view provides support to

Cameron et al. (2008, p.1162) 'Pillars of Parenting' theory which emphasises the importance of LAC feeling a 'sense of belonging' in their care placement.

An additional theory in resilience-led research is that children who have been exposed to pertinent protective factors or experiences are likely to demonstrate specific personal strengths or individual characteristics (Benard, 2004). Thus, resilience theory suggests that personal strengths occur when children are given the opportunities to enhance these internal strengths; by using the Resiliency Scales it was found that LAC who were exposed to specific protective factors did have high to above average levels of adaptability and optimism.

If this is the case, it is important that discussions should take place in EPSs and in Social Services Departments regarding future policy and practice. In order to boost LAC's levels of optimism and adaptability it may be necessary to take further steps to ensure a universal entitlement by LAC to specific experiences in their lives; for instance, further collaboration between social care, and education professionals and foster carers may need to focus in detail on the identification of, and support for the development of significant adults, in whose support the LAC her/himself has confidence, within their home and school settings.

When reflecting on the present study's third purpose, to investigate what types of support foster carers identify as being pertinent in order to enhance levels of resilience in LAC, it was found that foster carers felt that schools are ill prepared to anticipate, understand or deal effectively with the social and emotional needs and behaviours of LAC. All foster carers interviewed believed that awareness training for school staff

afforded a useful way of enhancing levels of resilience in LAC. These findings support previous research by Cooper et al. (2007), who sought the views of adoptive parents.

These findings raise important implications for future practice. When interviewing carers, they thought that EPs, Clinical Psychologists, or perhaps social workers would be well placed to plan, deliver, and follow up training focusing specifically on supporting school staff's understanding of attachment theory and the enduring impact of disrupted or poor attachment experiences. Foster carers believed that with improved awareness of the impact of past and enduring aspects of the life experiences of LAC, school staff would be better able to develop and implement school-based strategies to promote the emotional well being in LAC.

These findings provide further support to Dent and Cameron (2003) suggestions about how EPs can make a valuable contribution to the lives of LAC. As previously discussed Dent and Cameron (2003) argue that EPs could work at a systemic level to ensure that schools become more friendly and welcoming places for vulnerable pupils. Therefore, EPs could deliver awareness training on issues such as attachment, the long term effects of abuse, and stressing the importance of a child having a significant adult.

Conclusion

In conclusion, the findings of this research indicate that LAC who were found to have high to average resilience levels, according to the Mastery Scale, reported having a significant adult, stable care placement and good relationship with their social worker. In addition those children who were found to have above average to high resilience levels

reported that they were treated as part of the family by their carer. Therefore, broad congruence was found between the current study and prior research by Shaw (1998), Harker et al. (2003), and Rees et al. (2003).

However, although the children in the current study valued having a stable care placement and a good relationship with their social worker they appeared to appreciate having a significant adult in their life more. The children who had a positive relationship with an adult talked about “having someone to talk to”, and “knowing that someone cares”. Conversely, the children who felt they didn’t have a significant adult spoke about “feeling alone”, and “having no-one to turn to”. These findings may seem surprising especially since all the children were in a primary school setting which are often perceived as being more child centred than secondary schools. Indeed all the children had one class teacher instead of a number of teachers for different subjects. Therefore, it may have been the case that policy makers and professionals assume that children have a significant adult in a primary school without investigating. Thus, it is important that primary schools ensure that all LAC have a nominated significant adult while in school, which may or not be their class teacher.

Another interesting finding was that all children in the current study felt it was important to “feel part of the family”. Four children spoke about enjoying going on family outings. In contrast, six children felt “not as important” and even a “visitor” in their care placement. It is important that policy makers consider the long term implications from these findings. If children don’t feel at home in their current placement and “not as important” it is likely that this may have an effect on their mental health.

A further finding from the present study was that foster carers believed schools are generally ill equipped to deal with behaviours commonly exhibited by LAC. Although previous research with adoptive parents stress the importance of awareness training for school staff, (Cooper et al., 2007), the current study highlights the particular areas which foster carers feel teachers need awareness training in. I found that foster carers felt that school staff should have awareness training on: “the effects of abuse”, “attachment difficulties”, “building children’s confidence and self esteem”, “difficulties associated with contact” and “managing challenging behaviour in LAC”. Foster carers believed that with improved awareness of the impact of past life experiences of LAC, school staff would be better able to develop and implement school-based strategies to promote the emotional well being in LAC.

From an EP perspective this raises an important discussion regarding future practice; these findings indicate that it may be necessary for EPs to engage in more systemic work when supporting LAC. I feel that EPs could support a positive change in the lives of LAC in one of the most influential areas in their life, their experience of school. I feel that EPs could provide awareness training on areas identified by foster carers, and also implement strategies suggested by Dent and Cameron (2003). Dent and Cameron (2003, p.13) argue that EPs can play a central role:

‘...in the process of helping teachers, parents/foster carers and peers to support individual children in the face of adversity by identifying and enhancing the resilience factors in their lives’.

According to Dent and Cameron (2003) strategies that could be adopted by EPs in schools are:

- treating vulnerable children as a priority group- recognising the complexity of their needs and understanding the importance of multi agency working;
- improving curriculum access- show how reading levels for children with special educational needs can be improved;
- making classrooms more supportive- emphasising the importance of a child having a significant adult;
- incorporating psychology in individual education plans; and
- recognising the potential of schools for positive change- EPs could work with school staff to ensure that schools become welcoming places for vulnerable pupils.

Moreover, as the present study has shown that LAC valued a stable, secure care placement I feel that EPs could provide further awareness training for foster carers to help ‘them understand the importance of attachment’ (Dent and Cameron, 2003, p.7). This is an area EPs could make a valuable contribution since LAC who have an insecure base are more likely to engage in delinquency and have difficulties with relationships later in life (Dent and Cameron, 2003). It is worth noting that 60% of foster carers identified training as a valuable form of support in order to enhance levels of resilience in LAC. More recently, Cameron et al. (2008) outlines examples of how carers can create a

secure attachment in ‘Pillars of Parenting’. Therefore, it could be argued that EPs could deliver workshops promoting the ‘Pillars of Parenting’ to carers.

Finally, it is important to consider the implications of using the Resiliency Scales (Prince-Embury, 2007) not only in the context of the current study, but in future research and practice. While the mastery scale measured 3 key constructs associated with resiliency, (Werner et al., 2001, Maddux, 2002 and Benard, 2004), in the LAC who took part in the current study, it is important to be cautious when generalising the findings to the whole LAC population. Firstly, as in all self report methods the children may have answered in a way they thought the administrator wanted them to. It is also worth considering whether the children understood the questions correctly. As in all self report measures children see a question and tick a statement, in this case these were: never, rarely, sometimes, often and almost always.

As previously noted a significant proportion of LAC in the target sample had a statement of SEN, 60%. This is in direct contrast to the target population, where only 21% had a statement of SEN. This raises two important implications, one being the research sample may not be representative of the County LAC population, and secondly some of the LAC may have had difficulty understanding the statements in the Resiliency Scale. It may have been the case that the children ticked the boxes randomly because they may have been too embarrassed to admit they had difficulty reading and understanding the questionnaire to a relative stranger.

When reflecting on the wider implications of using the Resiliency Scales, (Prince-Embury, 2007) it is important to emphasise that the answers children report should be seen as a starting point for further discussion. Therefore if a child scored low in the

optimism scale it would be advantageous to explore the child's negative thoughts. The merit of the Resiliency Scales is that it can help to begin a discussion with a child around concepts such as optimism, trust, support. Therefore, measures such as the Resiliency Scales (Prince-Embury, 2007) should not be seen as a quick screening tool to produce a set of statistics for each LAC. Consequently, I feel that this research study highlights the important contribution EPs can make to promote positive outcomes for LAC through research and practice.

9,142 words

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CHAPTER 4: REFLECTIONS

The findings of this research indicate that those LAC within the 9-11 year age range, who formed the research sample, and who were found to have high to average resilience levels, as identified by utilising the Mastery Scale (Prince-Embury, 2007), reported having a significant adult, stable care placement and good relationship with their social worker. In addition, those children who were found to have average to high resilience levels reported that they felt that they were “part of the family”.

On reflection, these findings support Cameron and Maginn (2008) ‘Pillars of Parenting’ theory. Cameron et al. (2008, p. 1164) argue that good parenting is a key component to enhance the psychological well-being of LAC:

‘...enabling them to begin to achieve positive educational, social and personal goals’.

Cameron et al. (2008) emphasise that a stable care placement is crucial for developing resilience in LAC. Interestingly, they suggest that LAC need to feel ‘a sense of belonging’ in their family environment in order to enhance their psychological well-being. Therefore, findings of the current study support the ‘Pillars of Parenting’ theory, as LAC who were viewed as having high resilience levels felt they were “part of the family”.

In order to achieve ‘a sense of belonging,’ Cameron et al. (2008) gives examples of good practice such as, carers individualising bedroom accommodation, and encouraging

their foster child to develop friendships in the neighbourhood. Cameron et al. (2008) also stresses the importance of a significant adult in the lives of LAC to enhance their emotional well being, and suggests that carers could locate one adult who can act as a mentor to their foster child.

Even though the current study provides suggestions for future policy and practice, there are weaknesses in the research design which may have affected the reliability of the results. Firstly, there are concerns regarding how the research sample was selected. I did not have an opportunity to be present during the randomisation process, since ethical requirements of the LA prevented my gaining access to the full data set relating to LAC within the county. At this stage of the study, the stakeholder assured me that a list of LAC would be generated from the computer, from which every other child would be selected as a potential participant.

On reflection, due to the differences between the County LAC population and research sample care needs to be taken when generalising the results of this study. There are clear disparities in gender, care status and SEN profile between the sample and target population. For instance, while there are a higher number of boys in the target population, 66 % compared to 34%, there are an equal number of males and females in the research sample. Hence, the data produced may not reliably reflect trends within the County population of LAC, therefore conclusions from this study must be treated with caution.

Additionally, I was unable to tape record the interviews with nine LAC and their carers. Therefore I attempted to record responses verbatim, as far as this was possible. There are of course weaknesses to adopting this method as I may have misheard what was being said and consequently recorded inaccurate information. Furthermore, I may

have forgotten part of the conversation while recording each response resulting in the data being incomplete.

Moreover, five of the carers were present when interviewing their foster child, which may have influenced their responses. When interviewing each LAC I attempted to ascertain their feelings towards their current placement. On reflection, the children may have answered in a way they thought their carer would like them to. It is also important to note that some foster carers spoke during their foster child's interview, see Appendix 9. In hindsight it may have been beneficial to have asked to speak to each child alone, or interviewed them at school.

Furthermore, even though deductive and inductive forms of thematic analysis were used during this investigation, 13 themes (risk and protective factors) were identified from previous research with teenagers. Therefore, when interviewing each LAC and foster carer I was conscious of ascertaining information which was relevant to the identified themes. However, through implementing inductive thematic analysis I was able to ascertain what was unique about each LAC's and foster carer's experiences and subsequently identify any new themes.

Nevertheless, by using a predominantly deductive approach supplemented by inductive analysis may have affected the reliability and validity of the results. Moreover, the amount and richness of the data may have been comprised by adopting a primarily deductive approach. Braun et al. (2006, p.84) argue that a deductive driven approach:

‘...tends to provide less a rich description of the data overall’.

In contrast, a mainly inductive approach is not driven by the researcher's theoretical interest (Braun et al., 2006). Thus:

‘Inductive analysis is therefore a process of coding the data without trying to fit it into a pre-existing coding frame’ (Braun et al., 2006, p.83).

Consequently, by using pre-existing themes the results may have been skewed towards the 13 themes identified (protective/risk factors) rather than looking for new trends in the data. On reflection, I may have produced a richer amount of data if a predominately inductive thematic analysis approach had been chosen, since this form of thematic analysis is ‘data driven’ (Braun et al., 2006). This is an important issue to consider when carrying out future research with the LAC population.

Finally, it is important to consider the implications of using the Resiliency Scales (Prince-Embury, 2007) not only in the context of the current study, but in future research and practice. While the mastery scale measured 3 key constructs associated with resiliency, (Werner et al., 2001, Maddux, 2002 and Benard, 2004), in the LAC who took part in the current study, it is important to be cautious when generalising the findings to the whole LAC population. As in all self report methods the children may have answered in a way they thought the administrator wanted them to.

Moreover, it is important to contextualise the scores obtained from the Resiliency Scale against life history. Thus, collecting background information about a child may provide a far richer insight into their resilience profile rather than simply administering the scale. Therefore, one might have a better understanding as to why a child may have

low levels of optimism, self-efficacy, or adaptability, and how best to support the child through knowledge of their life experiences, rather than a low score from the Resiliency Scale. For instance, Luke may have scored low in the Resiliency Scale because he had an unstable care placement as well as being exposed to other risk factors. Therefore, it is essential that background information is contextualised against scale data in order to recommend appropriate interventions.

Nevertheless, despite the limitations it is worth noting that in my study, 60% of foster carers identified training as a valuable form of support in order to enhance levels of resilience in LAC. When feeding back the findings of my research to the Social Services department and Educational Psychology Service (EPS) (See Appendix 13), discussions have taken place regarding how to implement the interventions suggested in future LA policy and practice.

When carrying out an audit of training already available in Staffordshire, it was found that foster carers who are looking after a child with a FCO (Full Care Order) or who are accommodated, have access to training in the areas of attachment theory, and caring for children who have suffered from abuse. Parents who have adopted children, grandparents who are caring for children under a Residency Order, and carers looking after children under private fostering arrangements do not have access to awareness training in Staffordshire. Given the findings of the current study, there have been discussions about extending awareness training for a range of carers (as noted above), and who might deliver such training.

In addition, findings from the current study have also indicated that school staff may benefit from awareness training, as carers felt that teachers are ill prepared to cope

with difficulties facing LAC. Presently, only designated teachers attend training, which aims to address issues such as Personal Education Plans (PEPs) rather than strategies designed to enhance the emotional well being of LAC.

Although in the planning stages, it is hoped that Social Services will deliver awareness training to carers in relation to how they may enhance resilience in LAC by spring 2010. Furthermore, it is hoped that the EPS will provide further training for school staff during the forthcoming year.

On reflection, by carrying out research with LAC and their carers I have experienced many of the difficulties that previous researchers have faced (Harker et al. 2003, Dearden, 2004). Some of the obstacles have been children going in and out of care, unavailability of children's social workers to discuss issues related to a LAC, and getting permission from a series of gatekeepers in order to contact the LAC. If I were to work with children in the care system again, I would select a bigger target sample because of the difficulties noted; for instance, if I were to replicate the current study I would target 50 children instead of 25. It is also hoped that by selecting a greater research sample it would be more representative of the County LAC profile in factors such as gender, care status and SEN profile.

In addition, due to the problems gaining access to LAC I would also give myself a greater period of time to carry out this crucial stage in the research process. For the current study, it took a period of 6 months from receiving the target sample to carrying out the interviews. I found this surprising and as a result can now fully understand the complexities of researching the LAC population. Nevertheless, despite these difficulties I

feel that EPs can make an important contribution by not only engaging in research, but devising and implementing interventions.

When considering future research in this area I feel that it would be worthwhile to carry out a study using a stratified sample. The results of the current study showed that two LAC who were under an Interim Care Order (ICO) were shown to have below average to low levels of resiliency by using the Resiliency Scales (Prince-Embury, 2007). Also they both had nine known risk factors and four protective factors. Therefore, it would be interesting to discover whether a greater number of LAC who have an ICO or are accommodated have a higher number of risk factors compared to LAC who have a FCO? If this is the case then this would raise implications for future policy, practice and resources within this specific group of LAC. Also it would be useful to discover what is unique about the experiences of children under an ICO or accommodated compared to children with a FCO?

Finally since the results of the current study show that all foster carers reported awareness training for school staff would comprise a useful step toward enhancing levels of resilience in LAC, I feel that if training is delivered in my LA then it will important to evaluate its success. The findings of the evaluation will then help to ascertain the benefits of awareness training and plan for the future.

1,834 words

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Appendix 1: Research proposal

**APPLIED EDUCATIONAL AND CHILD PSYCHOLOGY
DOCTORATE (AECPD)**

RESEARCH PROPOSAL FORM

Appendix 2: Ethics form

Appendix 3: Permission Letters

Permission letter to foster carers

Dear _____

Re: _____

My name is Vanessa Richards and I work for _____ Educational Psychology Service. As an Educational Psychologist, I am interested in understanding how children think and learn, feel and behave so that I can help them in school.

I am currently in the process of carrying out research aimed at finding out what factors have or have not helped foster children at school and home. I am also interested in obtaining your views about what you have felt have or have not supported you through the fostering process. It is hoped that information obtained through this research will also be able to help other foster children and carers.

If possible, I would like to speak to you so that I can explain more about my research and answer any questions you may have. I have contacted your social worker about this research and he felt it would be appropriate to contact you. I will ring you soon and hopefully we will be able to arrange a time which will be suitable to meet you and ____ so I can learn more about your experiences.

As a token of my appreciation _____ will receive a Woolworths gift voucher to the value of £10, if ____ decides to take part in my research. You and _____ involvement in this research is voluntary and information will be kept strictly confidential.

Please contact me if you have any questions or concerns.

Many thanks,

Vanessa Richards
Trainee Educational Psychologist

Appendix 3: Permission letter to children

Dear _____

My name is Vanessa Richards and I work for _____ Educational Psychology Service. As an Educational Psychologist I try to understand how children think, feel and behave.

If possible, I would like to talk to you to find out what has or has not helped you at school and home. I would like to ring you soon so that I can arrange a time when it would be suitable for us to meet and hopefully hear more about you.

As a token of my appreciation you will receive a Woolworths gift voucher to the value of £10, if you decide to take part in my research. Your involvement in this research is voluntary and information will be kept confidential. It is your decision whether you would like to take part.

I hope to meet you soon.

Many thanks,

Vanessa
Trainee Educational Psychologist

Appendix 3: Permission letter to parent (if applicable)

Dear _____

Re: _____

My name is Vanessa Richards and I work for _____ Educational Psychology Service. As an Educational Psychologist, I am interested in understanding how children think and learn, feel and behave so that I can help them in school.

I am currently in the process of carrying out research aimed at finding out what factors have or have not helped foster children at school and home. Your child _____ has been randomly selected to take part in this research. I have spoken to your child's social worker and foster carer and they feel it would be appropriate to contact you. I have asked _____ whether he would like to be involved in my research and he is happy to do so.

I will ring you soon to explain more about my research and see how you feel about _____ taking part. _____ involvement in this research is voluntary and he has a right to withdraw at any time. All information obtained will be kept strictly confidential.

Please contact me if you have any questions or concerns.

Many thanks,

Vanessa Richards
Trainee Educational Psychologist

Appendix 4: Resiliency scale

Appendix 5: Example of interview format with a social worker

I have gained informed consent from both the LAC and foster carer and I am hoping you could provide me with background information about (name of LAC). Any information you give me will be kept confidential and a pseudonym will be used for research purposes.

1. History of abuse

Since (name of LAC) is under a care order (FCO, interim, or accommodated) has there been any history of abuse?

2. Parental mental illness

Has there been or is there any history of parental mental illness?

3. History of parent in prison

Has (name of LAC) mother or father been or is currently in prison?

4. Stability of placement

How stable is (name of LAC's) current care placement? Are there any issues which may lead to a break down in the placement?

I would also like to know if there are any issues which may lead to a break down in the current placement? For instance, does (name of LAC) display any challenging behaviours at school or home?

Appendix 6: Example of interview format with LAC

Introduction: follow ethical guidelines related to educational research (BERA, 2004)

- Introduce myself.
- Explain purpose of research and how they were selected to take part.
- Check whether the child is still happy to take part.
- Make sure they are aware that they can withdraw at any time.
- Explain that all information will be kept confidential unless they tell me something where I think they would be in danger.
- Attempt to gain rapport by asking them how they are, what their interests are and how their day at school has been etc.
- Explain to the child that if they are happy to continue I will ask them to fill in a scale from the 'Resiliency Scales' (I can read the statements if they wish) and ask them a few questions about school and home. I will make sure children are aware that they don't have to do both if they don't want to and ask them which they would like to start with.

Stage 1

Administer the mastery scale from the 'Resiliency Scales for children and adolescents'.

Stage 2

It is envisaged that the semi structured interview will be in the form of a conversation around five key areas. These areas are taken from the five protective factors outlined by Gilligan (2001) that help to promote resiliency in looked after children. Themes explored through interviews have been based on research identified through the critical literature review.

1. School.

I will ask the children how the children enjoy school, whether they have lots of friends, goals for the future etc.

2. Leisure activities.

I will ask the children whether they take part in any leisure activities/ clubs in and out of school and whether they enjoy them etc.

3. Role of adults

I will ask the children whether they feel they have someone to talk to if something is bothering them and how often they see their social worker etc.

4. Secure base

Ask them how long they have been with their current foster carer, were they with anyone before etc. I will also enquire if other children are living with them and what activities they do with their current carer.

5. Staying connected with family

I will ask them if they see any members of their family (parents and siblings).

After the interview: follow ethical guidelines related to educational research (BERA, 2004)

- Thank the children for taking part.
- Let the children know that they can get in touch with me if they want to talk to me again about the process.
- Explain to the child how they will get to know about the findings of the study. It is envisaged that I will write a child friendly version of the findings and give this to each child's social worker to give during a routine visit.

N.B ethical consideration make sure I contact social workers before interview to ascertain background information so I can be sensitive about this issue.

Appendix 7: Example of interview format with foster carers

Introduction: follow ethical guidelines related to educational research (BERA, 2004)

- Introduce myself.
- Explain purpose of research and how they were selected to take part.
- Check whether the foster carer is still happy to take part.
- Make sure they are aware that they can withdraw at any time.
- Explain that all information will be kept confidential unless I become aware of any information that would put the foster child in danger.

It is envisaged that the semi structured interview will be in the form of a conversation related to four key issues.

1. How they feel supported by external agencies

I will ask carers questions about how often they see their social worker, do they feel supported in meeting their foster child's needs by external support agencies? Also ask if they have access to training- is it sufficient, any difficulties?

2. How feel supported by school

Do they feel supported by school in meeting their foster child's needs, have there been any issues. What is the home/ school link like?

3. Issues that support their foster child.

Ask carers what experiences they feel support their foster child, discuss aspects such as extra- curricular activities, contact with birth family, does their child enjoy going to school etc?

4. Any suggestions about ways they feel they and their foster child can be supported more

This is related to home and school issues.

After the interview: follow ethical guidelines related to educational research (BERA, 2004)

- Thank the foster carer for taking part.
- Let the carer know that they can get in touch with me if they want to talk to me again about the process.
- Explain that I will write a child friendly version of the findings and give it to their child's social worker during a routine visit.

Appendix 8: Example of a social worker interview

Name of LAC: Emma

1. History of abuse

Emma is currently under a FCO. Emma was removed from her mother due to her suffering from neglect. It was reported that Emma had head lice and was undernourished as well as not having clean clothes to wear prior to being removed from her mother.

2. Parental mental illness

Emma's mother had a history of bipolar depression. It was reported that she was not taking her medication correctly. However, recently [Janet] has said that she has been taking her medication.

3. History of parent in prison

No, Emma's mother has not been in prison.

Emma has never seen her father and there are little records and information about him.

4. Stability of placement

Emma has a stable placement and the carers would like to continue to foster her on a long term basis. Emma has settled in well and has reported that she enjoys living with her current carers. There are no reported behaviour difficulties at home or at school.

The only issue reported by carers is that Emma can get upset prior to contact with her mother.

Appendix 9: Example of a LAC interview

LAC name: Emma

Please note that I was unable to use a tape recorder during the interview, I attempted to record the interview verbatim as far as this was possible. However, this method is likely to have affected the results as I may have misheard what was being said. Therefore, the exact wording of the interview below may not be 100% accurate.

The following is an account of Emma's responses to each prompt. The aim of the interview was to be in the form of a conversation based on 5 key areas.

Emma's foster carer was present during the interview.

1. School

Researcher: hi Emma, do you think you can tell me a bit about school? Do you like school?

Emma: I really enjoy school. I like my class and teacher. My teacher, Mr. [Edwards] makes the lesson really interesting, not like my other teacher last year. I liked my science lesson today. We were learning about the planets. I like learning about new things. I go on the Internet when I get home and look things up.

Researcher: have you got lots of friends in school?

Emma: I have got lots of friends, I get on with anyone. My best friend [Kelly] is in my class. She is coming to sleep over at the weekend.

Researcher: what games do you play with your friends?

Emma: at school we just hang out, you know talk and stuff.

Researcher: do you do anything else with your friends?

Emma: play tig.

Researcher: I am glad to you enjoy school Emma. Have you got any idea what you would like to do when leaving school?

Emma: thinking about being a vet, I love animals. [Amanda] says we might get a cat.

Researcher: I love animals too.

2. Leisure activities

Researcher: do you take part in any activities either in school or out of school?

Emma: do you mean like clubs and stuff?

Researcher: yes, anything you do after home time and anything your foster carers take you to.

Emma: I really like sport; I do tag rugby, football in school. Tag rugby is on Tuesday night and football Thursday night after school. [Amanda] takes me swimming on Saturday mornings, and I go dancing on Friday nights.

Researcher: you do a lot of activities, do you enjoy them all?

Emma: swimming is my favourite. I also like dancing.

Researcher: what kind of dancing do you do?

Emma: it is modern, disco type dancing.

3. Role of adults

Researcher: Emma I was wondering, if you have anything that is troubling you at school, is there some one you can go to and talk to?

Emma: yes, it's [Mrs. Smith] she is really caring and understanding. I know where she is if I need to talk. I have talked to her about my mum and when I have contact with her. I like [Mrs. Smith] she has helped me.

At this point Emma's foster carer talked about [Mrs. Smith] and how she could ring her up if Emma had a difficult contact session with her Mum. Emma then continued to talk about [Mrs. Smith] about how supportive she is.

Researcher: I am really please you have someone to talk to at school. Can I also ask you about your social worker? Do you see her often?

Emma: yes, I do like her [Lisa]. She does listen to me, and she comes to see me, she 'phoned the other day to see how my school play went. I was really worried about the play.

At this point Emma's foster carer spoke about how worried Emma had been about forgetting her lines in her play. She also talked about how [Lisa] is the best social worker she has ever had.

4. Secure base

Researcher: Emma, how long have you lived here with Amanda?

Emma: 1 year and 8 months.

Researcher: did you live with anyone else before?

Emma: Yes, with [Julie] and [Andrew]

Researcher: Do you live with any other children in the house?

Emma: yes, I live with my sister and [Amanda's] son.

Researcher: so what sort of things do you do with [Amanda]?

Emma: I have been on holiday to Majorca with her, [Paul], [Luke] and [Lucy]. We are always doing things together. I am treated like one of the family, I am really happy here. [Amanda] says I can stay here. I want to stay here; I don't want to live with my Mum again.

Amanda then said that she has told both Emma and her sister that they can stay with her and her husband in the long term and that they don't have to move from here. She said that she has told Emma that she is one of the family and Amanda said that she doesn't treat Emma or her sister differently than to her own son.

Researcher: sounds as if you do lots of nice things with your carers. What else do you do?

Emma: [Amanda] takes me swimming, and we go out for treats. We went to the pizza hut at the weekend.

5. Staying connected with family

Researcher: Emma, you have spoken about contact. Do you see you Mum often? Do you have any other brothers or sisters?

Emma: I see my Mum sometimes. I have a brother I see at the same time.

After a pause Emma said that she did not want to talk about her Mum anymore.

Researcher: That's fine Emma. Thank you so much for all your help today. I have really enjoyed listening to your experiences. Is there anything else you would like to tell me?

Emma: No, just that I am happy living here and I don't want to live with my Mum again.

Researcher: Thank you again for all your help Emma.

Emma then went to her room and played on her Wii.

When Emma had left the room, and before I began interviewing her carer, Amanda spoke about the difficulties contact had caused. She said that Emma is usually upset after contact because her Mum will bring her sister a present and not her. She reported that Emma will say that her Mum has ignored and not talked to her during contact. Amanda said that Emma is usually “nervous and anxious” before contact.

Appendix 10: Example of foster carers interview

Name of foster carer: [Amanda] (Emma's foster carer)

Please note that I was unable to use a tape recorder during the interview, I attempted to record the interview verbatim as far as this was possible. However, this method is likely to have affected the results as I may have misheard what was being said. Therefore, the exact wording of the interview below may not be 100% accurate.

The following is an account of [Amanda's] responses to each prompt. The aim of the interview was to be in the form of a conversation based on 4 key areas.

1. How they feel supported by external agencies

Researcher: Hi Amanda, can I just ask do you feel supported in meeting Emma's needs? Do you see your social worker often?

Amanda: I have been fostering children for over 10 years now and I can say that [Lisa] is the best social worker I have ever had. She is always on the end of the 'phone. She always gets back to me. Yeah, she's fantastic.

Researcher: do you feel supported by other external agencies?

Amanda: I have been supported by Educational Psychologists and CAMHS in the past, but Emma doesn't need to see anybody other than her social worker. I know about SUSTAIN too.

Researcher: can I ask you about training? Do you feel you have adequate training?

Amanda: I get catalogues through and my social worker tells me of courses.

Researcher: are you planning to go on any? Do you thinking training is important?

Amanda: Yes, training is important I have been on ones for behaviour and attachment in the past. I am not planning to go on any in the future.

Researcher: can I ask you why?

Amanda: Well, I have been on them like I said and Emma hasn't got any particular issues, but I think training for schools is what is really needed.

Researcher: what do you mean, training for schools?

2. How do you feel supported by school?

Amanda: school staff are not equipped to deal with the problems children in care face.

Researcher: have you had experience of this?

Amanda: yes, in the past I have educated schools on the effects of abuse. I have brought in books to school. Emma's school is good but its [Mrs. Smith] mainly, the teachers are not prepared especially newly qualified teachers. There are so many issues, difficulties.

Researcher: what do you think are the main issues?

Amanda: well for Emma it is issues to do with attachment and contact with birth parents. For the children I have looked after in the past it's been challenging behaviour, abuse, how to teach children in care.

Researcher: I see, who do you think should deliver such training?

Amanda: well yourself- educational psychologists, also CAMHS, SUSTAIN.

Researcher: are there good links between yourself and school?

Amanda: Yes, but it's quite a good school. In the past I haven't had similar experiences.

Researcher: what do you mean?

Amanda: Like I have just said, they were ill prepared training is important.

3. Issues that support their foster child

Researcher: Amanda, what other forms of support do you think are support? Do you think extra-curricular activities, contact with birth parents is important for Emma?

Amanda: Emma does enjoy her activities, so yes. I have explained the issues to with contact. I think it's important that professionals understand contact isn't always for the best it depends on the situation.

4. Any other suggestions

Researcher: do you think there is anything else that might not only help Emma, but other children in care?

Amanda: I feel that training for school staff is the most important.

Researcher: so do you think this is the most important form of support?

Amanda: yes, when I meet up with other carers-I have friends who are carers and we all have had the same experiences about school staff being ill-prepared to deal with the issues children in care face, so that is what I would like to see happen- training.

Researcher: thank you very much for taking part in the research. I have found your views very interesting and I will pass on your thoughts to the social services department and lead EP for LAC.

Appendix 11: Child friendly summary letter

(Read out, explained and discussed by the LAC's social worker on a routine visit)

Dear

I really enjoyed meeting you and listening to your experiences about being in care. I met with another nine children in care, similar age to you, and all your views have been very interesting and helpful.

I learnt that what may be helpful to you is having an adult you can go to if you need help. I have discussed this with your social worker, and if you don't feel you have a key person, we hope that you will have someone to go to very soon. Your key person will most likely be someone from your school, such as a teacher or learning support assistant.

If you would like to ask any questions about our meeting, please contact me via telephone, email or letter.

Thank you again for your help, and I wish you every success for your future.

My very best wishes

Vanessa
Trainee Educational Psychologist

Appendix 12: Foster carer summary letter

(Read out, explained and discussed by the LAC's social worker on a routine visit)

Dear

Re: Research

I would like to take this opportunity to thank you for meeting with me and sharing your experiences about fostering children. I spoke to another nine foster carers, and all your views have been very interesting and helpful.

One of the most significant findings from the research was that all foster carers felt that school staff would benefit from awareness training on areas such as attachment, abuse, challenging behaviour, legal protocols, and issues surrounding LAC's contact with birth families.

I have spoken to your social worker, Head of LAC Vulnerable Division, and lead EP for LAC, in the Educational Psychology Service, about concerns raised during my research. It is hoped that awareness training will be made available for school staff during the next academic year.

Please contact me if you have any questions or concerns.

Many thanks,

Vanessa Richards
Trainee Educational Psychologist

Appendix 13: Public Domain Briefing (on PowerPoint)

Children in Care and Resilience

Research Findings

Vanessa Richards

Trainee Educational Psychologist

Stage 1:Literature Review

- An extensive literature review was undertaken to inform research.

Central research question

- What evidence exists of a causal influence between specific risk factors and protective influences or experiences in the lives of LAC, and the levels of resilience which influence their response to subsequent adversity?

Findings

Risk Factors

LAC are exposed to a number of risk factors:

- abuse;
- maternal depression;
- parental mental illness; and
- entry to the care system- unstable care placement.

(Lambert, 2001)

Resilience

Benard (2004)

- Resilience is a set of qualities or protective mechanisms that give rise to a successful outcomes.

Schoon (2006)

- Resilience is a dynamic process which is influenced by pertinent risk and protective factors or experiences.

Risk and Protective Factors

Factors	Risk Factors	Protective Factors
Stability and continuity	Change of school or care placement	Few changes of school/ care placement
Getting the most out of school	Lack of access to educational resources	Access to books, library
Friendships	Lack of friends	Lots of friends
Significant adults	Lack of adult support	Has an adult who provides consistent support
Information sharing	Young person feels they have no control of decisions being made	Is involved in decision making
Achievements	No sense of achievement	Personal goals and aspirations

Protective Factors

Significant protective factors

- LAC having a significant adult in their lives.
- Stable care placement.
- Good relationship with social worker

Evidence from Harker et al. (2003), Shaw (1998), Rees et al. (2003), Fletcher- Campbell and Archer (2003), Dearden (2004).

Stage 2: Current Research Study

Aims of Present Study

- To have an understanding of what protective factors or experiences have been linked to positive outcomes for primary aged Children in Care (9-11).
- To examine whether there is an association between LAC who are exposed to specific protective factors and their identified personal strengths (as determined by the 'Resiliency Scales').
- To ascertain views from foster carers who look after Children in care (9-11). Investigate what foster carers value as being pertinent when looking after Children in Care.

Participants

- 10 Children in Care gave their consent to take part in research.
- 10 foster carers gave their consent to be interviewed.

Children in Care

- Completed the Mastery Scale from the 'Resiliency Scales for Children and Adolescents' (Prince-Embury, 2007).
- Were interviewed.

Results

- Protective factors that were pertinent to children who were depicting high to above average resilience levels (according to Mastery Scale) were children in care who reported having a significant adult, stable care placement and good relationship with their social worker.
- Children in care who felt they were treated as part of the family were shown to have high to above average resilience levels.
- Children in care who were shown to have below average or low resilience levels were NOT exposed to any of the above protective factors.
- It can be argued that children in care who do not have a significant adult to talk to, stable care placement, and a good relationship with their social worker serve as detrimental RISK FACTORS.

Foster carers

- All foster carers were interviewed to ascertain their opinions about what type of support is important in enhancing resilience in children in care.

Results

- ALL foster carers interviewed noted that it was important for school staff to have awareness training.
- Each foster carer felt that school staff were ill equipped to cope with the complex needs of LAC.

Discussion

- Small sample.
- The majority of children in care were under a full care order – how about children who are accommodated?
- Were children answering in a way they thought the researcher wanted them to?
- Any thoughts?

Where next?

- When reflecting on results where next as a service?
- Future research?
- Any questions?

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Appendix 14: Educational and child psychology guidance for contributors