"He just wants to be a normal child, growing up in his nanna's house."

The educational experiences of children in formal kinship care: an interpretative phenomenological analysis of the views of children in formal kinship care and their kinship carers.

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Summary

This thesis includes three sections: a major literature review, an empirical paper, and a critical appraisal.

Section A provides a review of relevant literature. It begins with a description of the literature search, including search terms used. Next, there is an overview of what kinship care is and what the situation currently looks like within the United Kingdom (UK), including demographics and policies. Following this, a critical overview of theories such as: attachment theory; trauma and adverse childhood experiences; self-concept and social identity theory; and Maslow's (1943) hierarchy of needs is provided, with reference to their relevance to kinship care. The review then progresses onto a critical exploration of the educational outcomes and experiences of children in kinship care. Through this section, relevant psychological theory will be drawn upon. The final section of the review provides a summary of the literature review, leading onto a presentation of the academic and professional rational for the study presented in Section B.

In Section B, there is a summary of relevant literature, followed by a detailed account of an empirical study which explored the views of children in formal kinship care and their kinship carers in relation to the children's experiences of education. A comprehensive overview of the methodology and procedure are provided, which were based on a framework of interpretative phenomenological analysis (IPA). Four semi-structured interviews were carried out with formal kinship carers and three semi-structured interviews were carried out with children in formal kinship care in Wales. The evolving themes were synthesised across the accounts, resulting in three superordinate themes for formal kinship carers and four superordinate themes for children in formal kinship care. These are all presented in the Findings section. The final section of Section B discusses the findings in relation to previous research and psychological theory. Strengths and weakness of the research are considered, followed by implications for educational psychologists and suggestions for future research.

A reflective and reflexive account of the development of the researcher and the research process is presented in Section C. This is divided into two parts. The first part begins with an exploration of the development of research questions and research rationale, as well a critical reflection of the methodological considerations. The second part includes a discussion of contributions to knowledge and

ideas for dissemination. The relevance of this thesis to the work of educational psychologists is also provided.

Acknowledgements

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List of abbreviations

ACEs   Adverse Childhood Experiences

ADHD   Attention Deficit Hyperactivity Disorder

ALN   Additional Learning Needs

ASSIA   Applied Social Science Index and Abstracts

BEI   British Education Index

ERIC   Education Resources Information Center

BPS   British Psychological Society

CLA   Children Looked After

CPD   Continued Professional Development

DfE   Department for Education

DMM   Dynamic Maturation Model

DSM-5   Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition

EHCP   Education Health and Care Plan

ELSA   Emotional Literacy Support Assistant

EP   Educational Psychologist

GCSE   General Certificate of Secondary Education

GDPR   General Data Protection Regulation

HCPC   The Health and Care Professions Council

IDP   Individual Development Plan

IWM   Internal Working Model

LA   local authority

LAC   looked after children

NEET   Not in education, employment or training

OCD   Obsessive Compulsive Disorder

OECD   Organisation for Economic Co-operation and Development

PACE   Playfulness, Acceptance, Curiosity and Empathy

SGO   Special Guardianship Order

UK   United Kingdom

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Section A: Major Literature Review

Word count: 10, 918

Section A: Major Literature Review

1 Introduction

1.1 Overview of the literature review

This literature review focuses on the educational experiences and outcomes of children in kinship care, as well as factors that may impact this. Within this literature review, the terms 'kinship carers' and 'children in kinship care' are used. When considering legal documentation in Wales, kinship care can also be referred to as 'family and friends care' (Social Services and Well-being (Wales) Act, 2014). However, the decision to use 'kinship care' was made based on the commonality of these terms in existing literature within the UK. Further to this, in both Section A, B and C, the term 'children' is used rather than 'children and young people' due to the research focusing on children under 16 years of age (The United Nations Convention on the Rights of the Child, 1989). The researcher recognises that language and terminology preferences vary in different places and change over time.

The literature review begins with an introduction to why kinship care was selected as an area of focus. Within this, the rationale behind the choice of a narrative review is provided. The introduction finishes with a description of the literature search, with focus on inclusion and exclusion criteria for research papers. The next section provides an explanation of definitions and terminology, including an overview of what kinship care is and what the situation currently looks like within the UK including demographics and policies. Following this, a critical overview of theories such as: attachment theory; trauma and adverse childhood experiences; self-concept and social identity theory; and Maslow's (1943) hierarchy of needs model is provided, with reference to their relevance to kinship care. The review then progresses onto exploring qualitative and quantitative literature on the educational outcomes and experiences of children in kinship care. Within this section, a discussion of the relevant psychological theories is explored to make sense of the strengths, difficulties and needs which children in kinship care may experience within education. In line with the research discussed throughout the literature review, the final section presents the academic and professional rationale for the empirical paper presented in Section B.

1.2 Rationale for the research topic

Family dynamics vary between each family and unfortunately some children are unable to safely live with their birth parents due to traumatic experiences. Research by McKinnell (2020) highlighted that there are more than 180,000 children in the UK who are being raised by kinship carers – relatives or friends who have agreed to care for the child and offered the child their home. Kinship carers are usually grandparents, aunts, uncles, brothers, sisters, or even family friends (McKinnell, 2020). There are more children in kinship care than there are in the care system, and many more than are adopted (McKinnell, 2020). A contributing factor to this is likely the developments in policies in the UK which promote the use of kinship care. For example, the Children and Young Person Act (2008) states that local authorities (LAs) must give preference to placing a child with a relative before other forms of care. Despite this, research and awareness into kinship care as a placement option has been limited, as well as support available to families and children in kinship care arrangements (Hunt, 2020).

Farmer (2009) highlighted that early kinship care research in the UK was made up of small projects with limited focus on outcomes (e.g. Broad, 2001; Broad et al., 2001; Doolan et al., 2004; Greeff, 2018; Pitcher, 2002). Hunt (2020) discussed the growth of research into kinship care in the UK over the last 20 years. In 2003, Hunt found that kinship care literature was heavily reliant on international research, with only a few studies carried out in England and Wales. Since 2003, the volume of UK research has grown but Hunt (2020) concluded that it is still limited. Most recently, there has been movement to raise awareness of kinship care through a Parliamentary Taskforce on Kinship Care (McKinnell, 2020). This has been established with a vision to "bring cross-party parliamentarians together to work on creating solutions to the challenges experienced by kinship carers" (p.5). Kinship carers across England and Wales have been involved in the ongoing taskforce inquiry to share their worries and aspirations. Despite the increase in research and attention into kinship care, the Parliamentary Taskforce highlights that through a process of identifying UK based research on kinship care, the majority was conducted in England. As a result, the focus of their inquiry was based on research in England, creating a gap in the literature relevant to Wales. In

addition, Hunt (2020) discussed gaps in research related to gaining children's perspectives and experiences on areas such as education and transitioning into adulthood.

Despite strong policy and legislation in place, representing the voice of the child for children in care, within care proceedings and key decisions, is still a challenge within social care practice (Pratchett, 2018). Children continue to feel that they do not have enough involvement in the decisions and support about their life (Selwyn et al., 2013). Due to the vulnerable status of children in kinship care, it can be challenging to seek their views within research (Pratchett, 2018). Therefore, most research which has sought to gain their views, has tended to focus on quantitative method which are measurable. There are limited qualitative studies that explore the view of children in kinship care, despite the recognition that participatory research could be a useful platform to facilitate the voice of the child (Grover, 2004).

Thus, qualitative research into educational experiences of children in kinship care would be relevant to all professionals seeking to support and improve outcomes for the kinship care community in education and beyond. Educational psychologists (EPs) work closely with children in kinship care and their families (Cunningham & Lauchlan, 2010). It is therefore important for EPs to understand the multiple, complex factors that can affect how children in kinship care experience school, so that they can provide context, guidance, and appropriate support to school and kinship families.

The following literature review provides an overview of the theoretical and empirical background to the educational experiences of children in kinship care.

1.3 The literature review process

A narrative approach has been adopted for this literature review. A narrative review is based upon individual interpretation and critique, with the aim of expanding understanding (Green et al., 2006). Kinship care is a multi-faceted topic and research within this topic has been generated from different academic perspectives. Due to the diverse nature of the existing literature, as well as limited literature available which specifically looked at educational

experiences of children in kinship care, a narrative approach has been adopted, rather than a systematic one. Due to the current literature review placing focus on experiences of education for children in kinship care, it was important to include research within this literature review from an educational perspective. According to Grant and Booth (2009) narrative literature reviews provide coverage of a broad range of subjects, "at various levels of completeness and comprehensiveness" (p.94).

The process of a narrative literature review allowed for the selection of neutral search terms, specific to the focus of the literature review, to develop an accurate picture of the amount of literature available on the educational experiences of children in kinship care. Searches across the following six databases provided coverage across social science and education: PsycInfo; Applied Social Science Index and Abstracts (ASSIA); British Education Index (BEI); Education Resources Information Centre (ERIC); Web of Science; and Scopus. A process of reference list harvesting was also used to identify additional sources. Search engines such as Google and Google Scholar were used, as well as grey literature such as unpublished research and government reports, with the recognition that they may not be as dependable as peer-reviewed research.

The two search categories were kinship care and education. Truncated search terms increased the range to similar phrases. See Appendix A for in depth search terms. A search and sift process was adopted to conduct the literature search (Figure 1). Other records were added to the literature pool using 'snowballing' methods. Full-text articles were identified through the database searches, and from this, consideration was given to whether they were relevant to the literature review.

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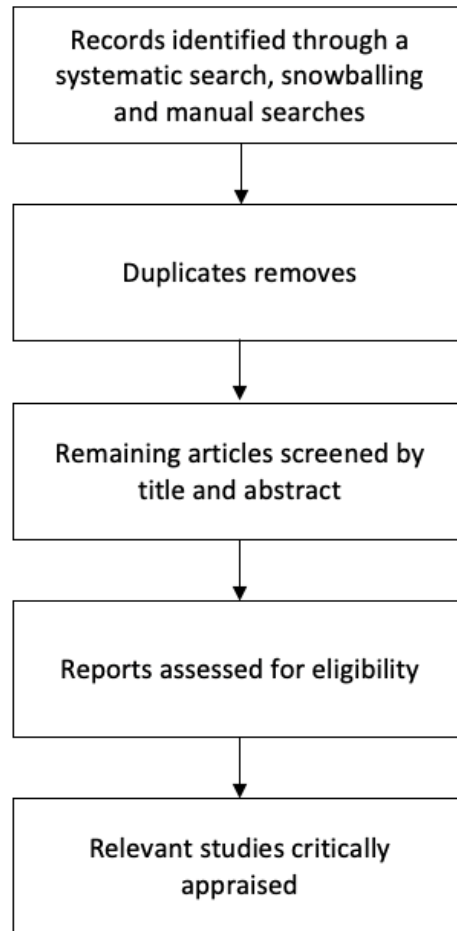
Figure 1

Sift and search process

1.4 Information about key studies

Literature that arose from the searches were analysed for relevance to the key question, with specific inclusion and exclusion criteria. Literature was included if the views of kinship carers and/or children in kinship care, in relation to experiences of education for children in kinship care, were explored. In addition, research that considered children within formal and informal kinship care placements were included, to generate a holistic picture of the experiences of both placement types (see Section 2 for definitions of informal and formal kinship care). Due

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to the aim of focusing on children in kinship care, papers relating to other types of foster care placements were only included if deemed highly relevant and if there was limited literature available related to certain elements of education for children in kinship care. Further to this, research that looked at low-income countries, as stated in the World Bank Classification, were excluded due to possible differences in which kinship care is used and understood in different cultures. Literature reviews conducted by other researchers, such as Hunt (2020), were included due to their relevance and up to date overview of the literature on children in kinship care in the UK. Full inclusion/exclusion criteria can be found in Appendix B.

The search results formed the basis for the literature that is reviewed in Section 4. From conducting a systematic search of the literature related to kinship care and education, there were no research papers that solely explored the educational experiences of children in kinship care, from the perspectives of children in kinship care or kinship carers.

2 What is kinship care?

2.1 Definitions of kinship care

The definition of kinship care can differ by country (Selwyn & Nandy, 2014). It can also vary depending on region, nation, or local authority (LA) (Pratchett, 2018). Definitions of kinship care usually acknowledge that the child is in the full-time care of someone other than their parents and it was originally understood to incorporate only blood relatives of a person (Selwyn & Nandy, 2014). This required that a kinship carer was related to the child they care for by blood or marriage; a requirement of the Children Act (1989). However, the Children and Young Person's Act (2008) broadened the definition of kin to include those who are known to the child but are not related to them. This shifted the definition and understanding of kinship care from a familial relationship arrangement to a more socially organised phenomenon. Following this, the Social Services and Wellbeing (Wales) Act (2014) and the Children and Families Act (2014) in England further highlighted the emphasis on kinship care being either blood relatives or close friends. This is clearly defined by the Department for Education (2011) as:

> *"a relative, friend or other person with a prior connection with somebody else's child who is caring for that child full time." (p.7)*

The emphasis on this definition is that the child has an established relationship with their carer, which is viewed as a strength of kinship care (Cuddeback, 2004). However, Selwyn et al. (2013) highlights that in some cases, children are placed with, or move to live, with relatives where there is no prior relationship.

Whilst the term 'kinship care' is a useful descriptor to differentiate between those living with a relative or close friend, rather than a stranger, it is often used as an umbrella term and there are several characteristically different types of placements within the term. To understand the differences between types of kinship care placements, the involvement of LAs is key. A LA is an organisation that is responsible for all public services and facilities in a particular area. All LAs within the UK have a range of duties and powers relating to safeguarding and

promoting the welfare of children, in line with the Children Act (2004). Many of these powers are devolved to social services, sometimes called Children's Services. When considering the different types of kinship care placements, they can be separated into two distinct categories: informal and formal kinship care.

2.1.1 Informal kinship care

Informal kinship care is when someone is looking after a child who is closely related to them, but they do not have parental responsibility for them, and the child is not looked after by the LA (Selwyn & Nandy, 2014). Informal arrangements involve unofficial caring responsibility to a family member or friend which comes about because of a private arrangement between the parent and kinship carer (Selwyn & Nandy, 2014). This becomes slightly complicated when considering the term 'relative'. In the UK, "relatives are defined in law (Children Act, 1989; Foster Children (Scotland) Act, 1984; Children (Northern Ireland) Order, 1995) as stepparents, grandparents, aunts, uncles, siblings (full, half or by marriage or civil partnership)" (Selwyn & Nandy, 2014). However, cousins, great grandparents, great aunts, etc. do not fall within the legal definition of a relative. When differentiating between the list above, the informal arrangements that last for a period of 28 days are the same type of arrangement for both relative caregivers and unrelated but known caregivers (Selwyn & Nandy, 2014). For informal arrangements that last longer than 28 days, those who are not legally deemed to be 'close relatives' are expected to notify the LA if they are caring for a relative's child (Selwyn & Nandy, 2014). These arrangements fall within the private fostering regulations. Private fostering arrangements are voluntary and, whilst the LA should be aware of such circumstances, the child is not considered to be accommodated by the LA. If desired, family members can disclose their circumstances to the LA and become classified as a Private Fostering placement, although they are not required to do so by law.

2.1.2 Formal kinship care

Formal kinship care or kinship foster care is when a 'family or friend carer' has been assessed and approved by the LA as a kinship foster carer and is caring for a "Child Looked After" (CLA) (Department for Education, 2011). The unique characteristic of formal kinship care is that the

child is accommodated by the LA as defined by the Children Act (1989). Formal kinship care also includes kinship families where a legal order such as Special Guardianship Order, Residence Order or Adoption Order is in place. Such orders give parental responsibility to the carer, and they may or may not have a social worker. Application for each of these orders can be made directly to the courts and involvement from the LA, whilst sometimes helpful, is not required.

2.1.3 Further differences between formal and informal kinship care

Whilst the broad differences between informal and formal kinship care have been highlighted already, there are further differences that appear. A formal kinship carer is entitled to financial and other support, such as advice, from LAs (Selwyn & Nandy, 2014). Children in formal kinship care have care plans that are annually reviewed, visited regularly by social workers and may also be eligible for leaving care services. Formal kinship carers with a legal order (e.g., Special Guardianship Order) and informal kinship carers do not typically have access to a social worker and have no entitlements, but they might receive a means-tested financial payment from the LA (Selwyn & Nandy, 2014). However, regular payments from a LA to kinship carers, whose children have not been looked after by Children's services, are rare (Richards & Tapsfield, 2003). A similarity between informal and formal kinship carers is that neither have legal parental responsibility. Parental responsibility for children in informal care lies with the birth parents, whereas for children in formal kinship care, parental responsibility lies with the LA. In some respects, the outcomes for such children could be similar, although, those in formal kinship care receive a more structured system of support from the LA which may impact upon their outcomes (Selwyn & Nandy, 2014).

2.2 Kinship care in the UK

Census data gathered in 2011 indicate that, across the UK, there are more than 180,000 children living with kinship carers (McKinnell, 2020). Based on the same data, the prevalence of kinship care within different countries in the UK are slightly different, with 1.5% of children in Wales, 1.4% in England, 1.2% in Scotland and Northern Ireland living in kinship care (McKinnell, 2020). There are also significant differences between local areas within each

country. It is important to note that census data includes children living with members of their extended family without either parent present, but it does not include children living with family friends. Therefore, the full extent of kinship care in the UK is likely to be much greater than the data presented in the census analysis report (Hunt, 2020).

When considering the type of kinship placement these children are living in, less than 10% were looked after by the care system (formal kinship care), and research indicates that many of the other children were likely to be in a private law order, such as a child arrangement order or a special guardianship order (Selwyn & Nandy, 2014). In addition, according to the 2011 census analysis, grandparents form the single largest group of carers in the county (72% Scotland; 60% Wales; 51% England; 47% Ireland). There are also high numbers of sibling carers in all countries apart from Scotland (31% Northern Ireland; 23% England; 19% Wales; 8% Scotland). Other relatives such as aunts, uncles, and cousins account for between one in five and more than one in four (20% Scotland; 21% Wales; 22% Northern Ireland; 27% England) (Wijedasa, 2016).

As highlighted above, Wales has the highest proportion of kinship care in the UK. In 2020, 1.5% of children in Wales were cared for by family or friends other than birth parents, which is an increase from 1.4% in 2001 (Nandy et al., 2011). Formal kinship care is also widely used in Wales, accounting for 21.1% of all foster placements in 2016 (StatsWales, 2016). This figure is up from 19.0% in 2003. This data indicates that kinship care in Wales is an important area for discussion and research.

2.3 Policies relevant to kinship care

Kinship care has become increasingly popular as a placement option in both practice and policy (Pratchett, 2018) and trends in social care work have influenced legislation surrounding kinship care. However, it has been a journey to recognise the value of kinship care (Selwyn & Nandy, 2014). The Poor Law Amendment Act, 1934 declared that grandparents were responsible for the care of their grandchildren if their parents were unable to provide necessary care. However, this was undermined over the following decades due to a child rescue movement amongst charitable organisations that campaigned against children

remaining within the family home if at risk of danger, due to the ideology of preserving family privacy (Pratchett, 2018). While kinship care was prevalent on an informal level during periods of time such as the First World War and its aftermath, kinship care itself went against the principles of formal care which valued the breaking of birth family ties (Pratchett, 2018).

Following the Second World War, the concept of community-based support and whole-family interventions became more popular (Pratchett, 2018). Prevention social practice was prioritised and the importance of retaining contact with the birth family started to become recognised (Aldgate & Macintosh, 2006). The 1982 Barclay Report held great relevance for kinship care and the Children Act (1989) was introduced which formally embraced kinship care as a positive placement option for children removed from their birth parents (Pratchett, 2018). Within this Act, carers were able to assume shared parental responsibility through Residence Orders, but they had limited power to act autonomously. In 2005, Special Guardianship Orders (SGOs) were introduced and granted Parental Responsibility to the kinship carer, giving them more freedom to act without consulting the birth parents or the LA (Pratchett, 2018). However, this is not always viewed as positive for formal kinship care arrangements, as SGOs receive less support and funding from the LA (Pratchett, 2018).

2.4 Current legislation in Wales for CLA, including children in kinship care

The Social Services and Well-Being (Wales) Act 2014 outlines the processes in place in Part 6 of the Code of Practice for CLA. Within this legislation, kinship care placements are discussed under the umbrella of the term CLA, with occasional reference specifically. A key priority within this legislation is the need to achieve 'permanence' from the time a child becomes looked after. Permanence is understood to include "emotional permanence (attachment), physical permanence (stability), and legal permanence (who has parental responsibility for the child)" (p.8). Achieving a sense of permanence gives a child a sense of security, continuity, commitment, and identity. The Social Services and Well-being (Wales) Act 2014 recognise that, one way to achieve permanence is through kinship care placement, as well as through life story work to promote a child's sense of identity.

When considering the educational support process in place for CLA, the Social Services and Well-Being (Wales) Act (2014) states that, LAs are required to promote educational achievement as part of their duty to safeguard and promote the wellbeing of the children they look after. Particular attention must be given to the educational implications of any decision about the child's overall wellbeing, regardless of the type of placement in place. LAs should work actively with a child's carers and teachers to encourage the child to have high expectation of their ability to achieve. Further to this, robust processes should be in place to monitor progress as well as upskill and develop the understanding of school staff, carers and other LA professionals, on the needs of CLA.

To ensure progress and support in monitored, the Social Services and Well-Being (Wales) Act (2014) recognises that LAs must make sure that every CLA has a personal education plan (PEP) which is of high quality and supports the child's needs effectively. The PEP is a record of a child's education and training, which describes what needs to happen to help them reach their potential. The LA should work in partnership with the child, the school (especially the designated person for CLA), carers and other professionals to develop and review the PEP, so that it reflects the needs of the child, is up to date and is effectively implemented. The aim of this document is to create a foundation for a shared understanding of the child's needs to be developed between all key persons. It should also outline clearly what needs to be done and by who. It should be used as a live document which is reviewed collaboratively and amended where necessary, as part of the statutory requirement. A key focus for the support available for CLA, is to ensure the voice of the child is captured.

2.4 The profile of children living in kinship care in the UK

Children of all ages and ethnicities live in kinship care. However, there is an overrepresentation of children of minority ethnicity (Wijedasa, 2016; Wijedasa, 2015). In 2011, one in 37 black children and one in 55 children of Asian or mixed ethnicity were in kinship care, compared to one in 83 white children (Wijedasa, 2016). In terms of age and gender, Farmer (2009) found no significant difference between children in kinship care and

non-kinship foster care in terms of gender or age. Further to this, Farmer (2009) found no differences in long-term health outcomes or special educational needs.

Research has found that most children who live in kinship care have been placed there because their parents cannot not provide adequate care for them (Wijedasa, 2016). Reasons for this vary from: substance abuse, domestic violence, mental or physical incapacity, imprisonment, teenage parenthood, parental separation, or death (Wellard et al., 2017). Farmer (2009) found that almost three quarters of children in kinship care and non-kinship foster care placements were on the Child Protection Register. Both groups had similar rates of abuse and neglect and over half of both groups had experienced domestic violence. Selwyn et al. (2013) highlighted within their research into informal kinship care, 90% of carers thought the child they were caring for had been maltreated, with 60% referring to known or suspected abuse and 82% referring to neglect. The following information was shared by two children in research by Wellard et al. (2017)

> *"My mum abandoned me for drugs and my dad was never around and so my mum used to leave me in the street a lot and in accommodation where I was surrounded by a lot of raw and mental and physical imagery, so it was unpleasant." p.21*

> *"My dad went to prison, and my mum, I think she's got mental health issues so she can't actually look after herself, so she couldn't look after me . . . He (father) sexually assaulted me when I was living with him throughout my younger years." p.21*

This provides an example of the types of experiences that some children in kinship care have encountered prior to entering kinship care and fit a similar profile to those in LA care, placed with non-kinship foster carers (Gautier et al., 2013; Hunt, 2020; Hunt & Waterhouse, 2012). However, when considering placement stability, Farmer (2009) found that the placement plan for most children in kinship care was for a long-term home until they reach adulthood. This is a key difference in comparison to children in non-kinship foster care, whereby many more placements were planned as short-term placements.

2.5 The profile of kinship carers

Although children in kinship care may encounter similar experiences, prior to entering the care system, as those in non-kinship foster care, research into the circumstances of kinship carers indicates that as a group, they are more likely to experience difficulties than both the general population living with birth parents as well as non-kinship foster carers (Farmer, 2009; Wellard et al., 2017). The census data in 2011 indicates that kinship carers more commonly report health problems, live in social housing, have a lower income, and have caring responsibilities (Hunt, 2020). In both Wales and England, kinship care households are often located in poorer areas and are categorised as experiencing deprivation on one or more of the deprivation indicators (employment; education; housing or disability). In Wales specifically, 78% of children in kinship care live in a household which experiences deprivation, compared to less than 46% of children living with a biological parent (Ani et al., 2020). When considering the differences between the profiles of kinship carers and non-kinship foster carers, Farmer and Moyers (2008) found the following:

Table 1

The profiles of kinship carers and non-kinship foster carers as highlighted by Moyers, 2008

Characteristics/experience	Kinship carer	Non-kinship foster carer
Lone carer	27%	14%
Financial difficulties	75%	13%
Living in overcrowded conditions	35%	4%
Disability or chronic health condition	31%	17%

Farmer (2009) found that kinship carers were more likely than non-kinship foster carers to be struggling to cope with the children they care for (45% kin vs. 30% unrelated carers). However, kinship carers showed particularly higher levels of commitment (65% vs. 31%) to the children they were caring for. In kinship care, there were significantly fewer placement disruptions when carers showed higher commitment. Further to this, placements with children who had

very high levels of previous adversity or difficult behaviour, were significantly less disrupted when they were with their kinship carer. This suggests that kinship carers persevered more than non-related foster carers, even when under high strain. As a result, kinship carers show commitment and persistence to bringing up the children in their care, despite the challenges they face (McKinnell, 2020).

To support these findings further, placement with kinship carers is generally thought to provide a range of benefits: children remaining connected to their biological roots, as well as maintaining a sense of belonging and identity (Mosek & Alder, 2001). Selwyn et al. (2013) found that 97% of children in kinship care felt being in kinship care was positive and 73% said that if they were given the choice, they would stay in kinship care. Wellard et al. (2017) found that 30 out of 36 young adults said that they would have gone into foster care with a stranger if their kinship carers had not been able to look after them and none of them thought this would have been a good option. Reasons for positive experiences range from; feeling safe, loved, valued, cared for, warm and affectionate relationships with caregivers and feeling attached. Aldgate and Macintosh (2006) found that kinship care provided children with an improvement to the life they previously lived, giving them a safe, less chaotic, child-centred 'sanctuary'.

3 Psychological theory and kinship care

When exploring the circumstances of children in kinship care, it is helpful to consider psychological theories which may provide understanding around their experiences and outcomes in life. To do this, attachment theory, trauma and adverse childhood experiences, self-concept and social-identity theory, and Maslow's (1943) Hierarchy of Needs have been drawn upon. These four psychological theories have been drawn upon due to their relevance and application to the experiences of children in kinship care, as found within the literature search.

3.1 Attachment Theory

Attachment theory was first proposed by Bowlby (1953, 1970, 1991, 1998) and it remains a key theory when considering the social and emotional development in children (Harlow, 2021; Smith et al., 2017). Through Bowlby's research, he concluded that a child's primary caregiver's role is to provide a child with a sense of safety and a secure base from which it can thrive. Attachment is the strong tie we have with key people in our lives that provide us with opportunities to experience pleasure and enjoyment as well as comfort during times of stress (Harlow, 2021). After the first six months of a child's life, they become attached to familiar people who have responded to their needs (Berk, 2015).

Bowlby went on to consider not only secure attachment, but also loss and grief experienced by an infant when they are separated from their primary caregiver (Bowlby, 1969, 1973, 1980). Bowlby progressed by arguing that the quality of attachment between the infant and primary caregiver creates an 'internal working model' (IWM) whereby the quality of the earliest relationships will inform the way in which a child (and later adult) relates to others as well as explores and engages with life experiences (Bowlby, 1991). Research suggests that the IWM is formed by age three (Schore, 2000). Therefore, early relationships are important.

Whilst secure attachment provides a positive foundation for life, it is not always possible for all (Harlow, 2021). Mary Ainsworth developed an assessment technique, known as the Mary Ainsworth's Strange Situation, to analyse the quality of attachment. Through this, three

attachment styles were identified: secure; insecure avoidant; and insecure ambivalent (Ainsworth et al., 1972). A fourth attachment style, disorganised, was later identified by Main and Solomon (1986).

Many children placed in kinship care are subject to negative experiences such as emotional, physical and/or sexual abuse, which are likely to have disrupted their ability to form secure attachments with their primary caregivers (Cunningham & Lauchlan, 2010). Whilst typical child development tends to include consistency in the identity of the primary caregivers, this does not tend to be the case for children entering the care system, including children in kinship care (Lawrence et al., 2006). It is important to recognise that children in kinship care may have different experiences from children in non-kinship foster care in terms of placement stability and consistency. Webster et al. (2000) examined placement changes over an eight-year period for 5,557 children in California who first entered the out-of-home care system between birth and age six. They found that nearly 30% of children in kinship care and 52% of children in non-kinship foster care experienced placement instability. This highlights that children in kinship care can experience more placement stability and potentially are less likely to experience attachment difficulties than children in non-kinship foster care. In consideration of this, although attachment theory is helpful to understand child development, a more flexible view of it may be suitable for considering the unique circumstances of children in kinship care. In line with this, attachment theory has received criticism and Harlow (2021) discussed the viewpoints of several authors presenting arguments in criticism of the attachment theory (see Table 2).

Table 2

Criticism and counter points to attachment theory, presented within Harlow (2021)

Criticisms	Counter points
Smith et al. (2017) shared a view that a child's development is not fixed by two years of age. They agree with the views of Rutter et al. (2007) that the effect of insecure attachments in early	Schofield and Beek (2018) argued that Bowlby did not state irreversibility. They explained that the IWM is available for revision. The construction of the IWM is linked to the primary

	carer as a secure base. The secure base allows for human development beyond the survival essence in emergency situations in early childhood. In addition, Waters and Cummings (2000) stated that it is not only the mother-child relationship that affects attachment, subsequent relationships, as well as cognitive and social development can change the IWM.
life can be reversed by positive later life experiences.	
Smith et al. (2017) criticised the fixity and pathologising implications of Ainsworth's categorisation of attachment. In addition, Webber (2017) recommends caution around the use of attachment labels, arguing that if we focus on insecure attachment styles, this can risk ignoring the possibility of a child going on to form secure attachment.	Harlow (2021) argued that Ainsworth's original pieces are still valid but have been built upon and developed by Main and Solomon (1986) as well as Crittenden (1985, 2000a, 2000b) and Duschinsky et al. (2015) who have suggested that it may be appropriate to think of attachment theory more flexibly as 'a psychology of the interplay of dynamic forces.'

When considering the criticisms of attachment theory presented above, the Dynamic-Maturation Model of Attachment (DMM) can be viewed as a more flexible and less pathologising model. The DMM was developed by Crittenden (2008) and explains attachment as a collection of self-protective strategies which are developed through the experience of attachment relationships and are dependent on how one interprets information about their environment. Crittenden et al. (2010) state that attachment changes as an individual matures over time. This model takes a strengths-based perspective towards what could be viewed as maladaptive behaviours (Wilkinson, 2010).

For children in kinship care, it is important to reflect on the progression of attachment theory over the years and recognise impact of biology, environment, psychology, and social relationships. Research indicates that infants can develop multiple attachments (Haight et al., 2003). This may serve as a protective factor for children in the care system, especially those in kinship care. As presented above, being placed in kinship care can increase stability and possibly decrease attachment difficulties. However, this does not mean that children in

kinship care do not experience difficulties forming attachments. When considering the environment some kinship care families live in, a lower-quality, high stress kinship family environment may directly affect a child's emotional and physical well-being, as well as their relationship/attachment with their caregivers, due to fewer economic opportunities (Hong et al., 2011). Harden et al. (2004) found that older kinship carers report fewer social and economic resources and poorer health than non-kinship foster caregivers, which can result in unmet needs for the carers and the children. This is important to consider, as being placed in kinship care could be seen as a protective factor for a child's attachment needs, but there are several factors to consider which might negatively impact on their ability to form positive relationships due to the environmental stressors around them, such as the relationship with their birth parents, the age of their kinship carers and financial difficulties (Hunt, 2020).

3.2 Trauma and adverse childhood experiences (ACEs)

In conjunction with possible disrupted attachment, children in kinship care are likely to have experienced traumatic experiences prior to entering kinship care, and possibly throughout their childhood (Wellard et al., 2017). The American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM-5) defines a traumatic experience as "actual or threatened death, serious injury, or sexual violence" (American Psychiatric Association & Association, 2013, p. 271). However, this is viewed as a relatively narrow definition and the UK Trauma Council adopt a broader definition which suggests "trauma refers to the way that some distressing events are so extreme or intense that they overwhelm a person's ability to cope, resulting in lasting negative impact" (UKTC, 2022).

Children's trauma is commonly discussed with reference to ACEs (Centre for Disease Control and Prevention, 2021). ACEs first emerged in the 1990s from a public health related study conducted in the USA (Felitti et al., 1998). Bellis et al. (2016) defined ACEs as "stressful experiences occurring during childhood that directly harm a child or affect the environment in which they live" (p.4). Some examples of ACEs are abuse, neglect, exposure to domestic violence and substance misuse. However, they can also include events such as parental separations and living with someone who was incarcerated or mentally ill (Bellis et al., 2016).

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Wellard et al. (2017) found kinship carers reported that three out of five of the children they care for moved into kinship care due to abuse and neglect from their birth parents. Broad (2004) gained the views of children in kinship care through conducting interviews and found 85% of participants said the adults they previously lived with made them feel vulnerable and unsafe due to exposure to criminal activities and substance abuse.

Further to this, research suggests that traumatic experiences may continue, even after a child has been placed in kinship care. Selwyn et al. (2013) found 34% of the children that took part in their research had experienced the death of a parent (including a parent dying after the children was placed in kinship care). Children whose parent/s had died appeared to experience certain difficulties such as worrying about their carer(s) dying. Some carers struggled to cope with their own grief related to the death of the child's parents, meaning the bereaved child had difficulties speaking about the death of their parent, due to worries about upsetting their carer. Research has found that the well-being of the carer after parental bereavement is a significant predictor of the child's wellbeing and their overall functioning can be influenced by the carers ability to recover from their own grief (Melham et al., 2011; Sandler et al., 2010).

Research indicates that there is a correlation between ACEs and poor life outcomes, and this risk increases with the number of ACEs experienced (Bellis et al., 2016). Evidence shows that people with increased exposure to ACEs are more likely to engage in anti-social and health-harming behaviours, such as drug use, binge drinking and smoking, later in life (Anda et al., 2006). Despite this, there has been research which indicates that not all children with ACEs present with poor long-term outcomes to the same extent and this is likely to be linked to resilience (Jamieson, 2019). Due to the varied outcomes of individuals who experience ACEs, it is important to reflect on the possible caveats that should be considered, especially considering that ACEs research has been promoted at government level.

ACEs research allows us to understand the increased risks of ACEs and the correlations that exist between ACEs and negative outcomes later in life. It is also useful for describing the need to act upon complex social environments to prevent health inequalities at a population level

(Kelly-Irving & Delpierre, 2019). However, experiences of ACEs do not necessarily demonstrate causation with negative outcomes and at an individual level, Bellis et al. (2018) identified that the following factors may boost resilience in response to ACEs; community support, cultural engagement, control over one's circumstances, and availability of a trusted adult. It is plausible that the focus should not be placed on the individual and their responsibility, nor should it be used to incriminate parents/carers. Instead, it should reveal conditions, such as social conditions, where parents and children live and how they cope (Kelly-Irving & Delpierre, 2019).

This is essential when considering kinship care families and their increased likelihood of living in poverty and having health difficulties. Although children in kinship care may frequently experience emotional trauma (Jantz, 2002), kinship foster caregivers can relieve the trauma by providing a sense support within a family environment (Dubowitz & Sawyer, 1994). Research by Broad (2004) indicates that it is important that services who work with kinship families understand and recognise the trauma experienced by these children, and the impact it can cause, whilst also focusing on the strengths within a kinship family environment. In doing this, kinship families may be supported to enhance the well-being of children in kinship care and provide opportunities for positive life experiences, rather than focusing on the negative previous experiences of children in kinship care.

3.2.1 Supporting children with trauma and ACEs

A number of models and approaches have been developed over the years, in response to the increase in recognition of the impact of early adversity, to support carers and professionals in their work with children who have experienced trauma.

3.2.1.1 The PACE model

Hughes (2009) developed the PACE model with the hope of promoting communication with trauma-experienced children and facilitate positive relationships. The Pace model (Hughes, 2009) proposes four elements to consider when interacting with children:

- Playfulness – the use of a light a playful tone, to promote the enjoyment of relaxed and humorous interaction.
- Acceptance – supporting the child to develop an understanding that the adult accepts them as they are, without judgement, and understands the way they feel and behave.
- Curiosity – wondering aloud about a child's internal state, rather than expecting the child to provide a verbal explanation for their behaviour.
- Empathy – the adult shows interest in the child's life, acknowledging and sharing the feelings the child is experiencing.

The PACE model has been described by Webber (2017, p. 321) as offering "a therapeutic attitude towards others that aims to deepen bonds and create acceptance and a sense of safety within a secure base".

3.2.1.2 Trauma informed practice

Trauma informed practice is based on a knowledge and understanding of the impact of traumatic experiences on child development. Such factors can include abuse, abandonment, neglect, witnessing abuse or violence, bullying, loss, bereavement, living in chronically chaotic environments, some of these factors have been noted in studies relating to adverse childhood experiences (Bellis et al., 2016). Trauma informed principles can support school staff to develop an understanding of tools to enable them to feel prepared to support children and young people who have been impacted by traumatic life experiences, as well as being able to support one another as members of staff. Moreover, trauma informed practice aims to provide children and young people with the tools to communicate as well as defining clear expectations to help to guide them through challenging and difficult situations (Bellis et al., 2016).

3.3 Self-concept and social identity

Self-concept is a term that has been defined as "the individual's belief about himself or herself, including the person's attributes and who and what the self is" (Baumeister, 1999, p. 13). It is not a single entity, but in fact a series of identities made up of "the traits and characteristics, social relations, roles, and social group memberships that define who one is" (Oyserman et al., 2012, p. 69). An agreement that exists amongst almost theories of self-concept is that understanding our own identities has an important impact on our development and mental wellbeing (Suh, 2002). Social identity is an element of self-concept that derives from membership of social groups (Duszak, 2002; Tajfel, 1981). Who we consider ourselves to be, is usually based on a sense of belonging and understanding of our backgrounds (Gummadam et al., 2016). An important element of social identity theory is the difference between in-group and out-group (Ahmed, 2007). Those who we self-identify as being similar to and whom we see favourably, are known as the in-group. Prejudicial social comparison between the in-group and out-group leads to increased self-esteem for those in the in-group (Hogg & Ridgeway, 2003).

Social identity can exist in many elements of individuals social interaction, such as with family and friends. Research has found that children entering care can become distanced from their 'biological identity' and in turn can have a decreased sense of belonging (Laird, 1979). This is particularly relevant to those who feel rejected by their birth parents (Dore & Kennedy, 1981). The involvement of biological parents is thought to be crucial for healthy child development and positive identity (McWey & Mullis, 2004). When considering a kinship care arrangement, in comparison to a non-kinship foster care arrangement, Iglehart (1994) suggests that kinship care may form protection for a child's identity. By residing with kin there is a chance that the child's identity is contained within the family, leading to, in some cases, potentially minimal adjustments. Despite this, it is important to consider the emotional complexities that can exist within kinship care, as the kinship carer is likely to have a historical and/or ongoing relationship with the birth parents of the child and this relationship may be positive or negative (Rose et al., 2022).

There is also evidence to suggest that children in kinship care face difficulties with their social identity amongst peers (McKinnell, 2020). In adolescence, social comparisons and feedback from others becomes more prominent and during this period children become increasingly more self-conscious and interested in others' views (Ruble, 1983). One of the most important socio-emotional tasks for adolescents is navigating self-identity issues (Parker & Gottman, 1989), something which may be difficult for children in kinship care as they transition through their adolescent years and start to make sense of their family circumstances in comparison to peers.

3.4 Maslow's Hierarchy of Needs

As recognised in literature around social identity theory and self-concept, a sense of belonging is important (Laird, 1979). This is further highlighted in Maslow's (1943) 'hierarchy of needs' model (see Figure 2). Maslow (1943) combines recognition of practical and physical needs, with psychological needs. The needs included are physiological, safety, love and belonging, self-esteem and self-actualisation. Maslow postulates that the needs exist within a hierarchy and higher order needs cannot be met until more basic needs have been achieved.
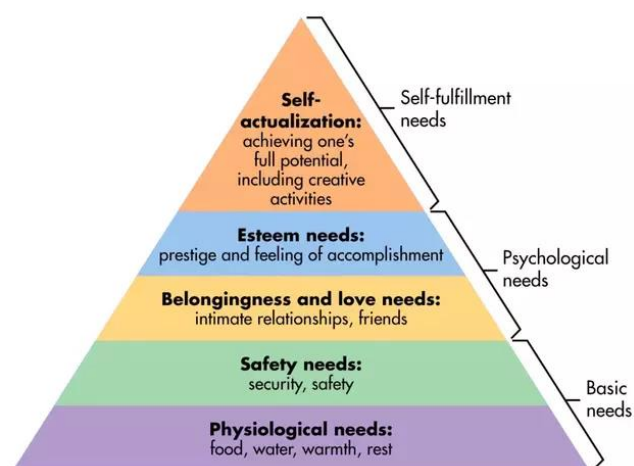
Figure 2

Illustration of Maslow's hierarchy of needs (1943) - Image retrieved from McLeod (2007)

Considering many children in kinship care in the UK are taken into kinship care because of neglect, abuse, or family dysfunction (Selwyn et al., 2013), it is likely that they may have a

high level of physiological and safety needs. Maslow's (1943) theory suggests that a sense of belonging, and self-esteem are unobtainable without a child feeling safe and having their physiological needs met. Further to this, when considering social identity theory, children in kinship care may have a negative identity, which could impact on their ability to feel a sense of belonging. Due to difficulties children in kinship care may experience in getting the lower down needs met, self-actualisation is likely to be difficult to achieve (Fergeus et al., 2019). This is important within educational settings, as social and thinking skills, such as problem solving and interacting with others, rely on higher order aspects of the hierarchy (Maslow, 1943). The inability to access higher levels of the hierarchy could have an impact on children in kinship care's ability to form and maintain healthy relationships (Bellis et al., 2016).

4 Educational experiences and outcomes

Through considering the psychological theories that underpin some of the circumstances and experiences of children in kinship care, there are some positive findings in terms of the protective factors that can exist for children in kinship care. However, there are complex dynamics within kinship care arrangements which may impact on education and other aspects of children in kinship care's lives (McKinnell, 2020). This section will explore different educational themes that have emerged through the literature search which highlight some of the positive educational experiences of children in kinship care, but also areas of difficulty. There are only 11 UK studies that contain data on educational outcomes for children in kinship care (Hunt, 2020). However, no papers were found which solely explored the educational experiences of children in kinship care. Where educational experiences were explored, it was a sub-focus of the research papers. In addition, a number of the papers found, such as Wellard et al. (2017), had not been formally peer reviewed. As a result, the papers discussed should be viewed with a critical lens. Due to the limited amount of previous literature generated from the UK, literature on the educational outcomes and experiences of children in kinship care in the United States and more generally, in non-kinship foster care will be drawn on to provide discussion around elements of education for children in kinship care in the UK.

4.1 Learning

Research seems to indicate that children in kinship care are doing at least as well as those in non-kinship foster care with regards to academic achievement. However, they do not seem to present as well as the general population (Wellard et al., 2017; Selwyn et al., 2013). In research into the school performance of kinship children in America, children in kinship care, in comparison to their peers, present with below average academic performance and cognitive skills, and increased likelihood of placement in special educational settings (Dubowitz & Sawyer, 1994). Despite this, in a study conducted by the National Survey of Child and Adolescent Well-Being (NSCAW), children in kinship care often had higher academic functioning than those in non-kinship foster care over the same period (Shearin, 2007). These findings were also captured in a UK study by Wellard et al. (2017) when comparing children's

GCSE grades to children in non-kinship foster care as well as the general population. Further to this, Selwyn et al. (2013) found that 43% of children in informal kinship care achieved at least five A* to C grades at GCSE, which was higher than children in receipt of free school meals (35%). They argue this might be a more appropriate comparison due to the low income of many kinship families. From a critical perspective, it is important to highlight that Selwyn et al's (2013) paper explored only informal kinship care placements and compared them against CLA and the general population. Therefore, the findings may lack generalisability to formal kinship care placements. However, the research draws attention to the difficulties that can occur when selecting an appropriate comparator for children in kinship care. It is not certain whether children in kinship care should be compared against the general child population, those in the care system, the same socio-economic background, or children with similar cognitive ability (Pratchett & Rees, 2018).

When considering qualitative views of children and their kinship carers, Wade et al. (2014) report that some kinship carers noticed improvements in academic progress since the child moved into kinship care. Although, a large proportion are reported to still be underachieving. Wellard et al. (2017) found that 60% of children and their kinship carers felt that the child had difficulties with their learning, and kinship carers felt that school performance could be attributed to biological, social, emotional, and/or intellectual effects. When considering the trauma that children in kinship care may have experienced, research suggests that sensory and emotional deprivation can have the greatest impact on cognitive development (Cook et al., 2005). For example, children who have experienced trauma tend to demonstrate less creativity and flexibility in problem solving, significant delays in receptive and expressive language and lower cognitive ability scores, in comparison to those who have not (Cook et al., 2005; Marcus & Sanders-Reio, 2001).

4.2 Emotional and behavioural outcomes

Research suggests that children in kinship care often present with emotional and behavioural difficulties (Dubowitz & Sawyer, 1994; Edwards, 2006; Edwards & Daire, 2006). Houston et al. (2018) found kinship carers recognised that children they cared for had needs such as social

communication, anger, mental health, and a range of other behaviours, which appeared to have a challenging impact on their school life. Unfortunately, many children in this study presented a range of educational difficulties such as poor school attendance, school exclusion, low academic achievement, and expectations. These findings were shared by Cunningham and Lauchlan (2010), who further expanded on the recognition by kinship carers that the children's educational learning and behaviour were impacted by emotional problems. It has been recognised that these behaviours are a similar presentation to those in non-kinship foster care (Dubowitz & Sawyer, 1994; Shore et al., 2002), although, children in kinship care were less likely to have experienced emotional difficulties, such as anxiety and depression, compared to non-kinship foster care (Farmer, 2009). It is important to note here, that social workers may have had more information on emotional outcomes for children in non-kinship foster care which could skew the data. Further to this, the research by Houston et al. (2018) only gained the views of kinship carers and Cunningham and Lauchlan (2010) looked specifically at early years, from the perspectives of kinship carers, social workers and EPs. Therefore, there appears to be a limited amount of peer-reviewed research which gains the views of children in kinship care, in relation to their emotional and behavioural needs.

When thinking again about the possible trauma experiences and attachment needs of children in kinship care, the National Scientific Council on the Developing Child (2014) state that stressful events experienced without support from caring adults can cause strong or prolonged activation of the body's stress management system. Extreme exposure to severe stress can change the stress system, causing it to respond to events, that might not be stressful to others, with a heightened anxiety response. When exploring the findings from Wellard et al. (2017), 89% of carers said that the child they care for has emotional and behavioural problems, with 66% reporting low self-esteem, 61% heightened anxiety and 53% anger or aggression. Within this study, carers reported that three out of five of the children they care for moved into kinship care due to abuse and neglect from their birth parents.

4.3 Exclusions and absenteeism

Closely linked to learning, emotional and behaviour outcomes, Wellard et al. (2017) explored school exclusions and cases of absenteeism. Through interviews with children, 53% admitted to not attending school at times. Sebba et al. (2015) found that absenteeism amongst children in the care system is associated with poor school performance and Wellard et al. (2017) found that 35% of the children who did miss school, did not achieve any GCSE results. Interestingly, the children in Wellard et al.'s (2017) study, who had missed a lot of schooling had also been excluded from school. 18 of the 53 children interviewed were excluded at some point within their school life. Grant et al. (1997) claimed that children in kinship care are more likely to be suspended or expelled from school, in comparison to their peers, and 20 years on, figures suggest this is still the case (Wellard et al., 2017).

It is important to note that being in care does not cause someone to become absent or excluded from school, but there are a range of co-existing vulnerabilities within this group, such as limited resilience and self-efficacy, relationship difficulties and mental health needs, low motivation, learning needs and/or financial difficulties, which increase the risks of low attendance at school (Cockerill & Arnold, 2018). When considering the impact exclusion can have on a sense of belonging, Maslow's (1943) hierarchy of needs model can be helpful to draw upon. Schools are a place where children can and should feel a sense of belonging (Riley, 2019), yet across Organisation for Economic Co-operation and Development (OECD) countries, children's sense of belonging is declining with 1 in 4 feeling they do not belong (Allen et al., 2022). Children from socio-economically disadvantaged communities are twice as likely as their more advantaged peers to feel that they don't belong in school and sadly, in the UK, these children are four times more likely to be excluded (Knowles, 2017). A positive sense of belonging has been linked to academic outcomes and motivation increasing, lower absenteeism and improved health and wellbeing (Louis et al., 2016).

4.4 Experiences of school staff

A contributing factor to the educational experiences of children in kinship care, is their interactions with school staff. Researchers, such as Bergin and Bergin (2009) and Marland

(2006), posit that attachment plays an important role within the classroom setting. Attachment between parents and pupils has been thought to impact on the educational progress of pupils, however, Bergin & Bergin (2009) also theorise that the attachment between pupil's and their school staff also contributes. A child's attachment style impacts how they develop relationships with peers, teachers, and support staff (Bergin & Bergin, 2009; Marland, 2006). In addition, those who present with secure attachments can experience feelings of safety, allowing them to explore their classroom and school environment freely, show resilience and effectively regulate their emotions (Bergin & Bergin, 2009). In contrast, those with insecure attachment strategies may have difficulties maintaining positive and long-lasting relationships with staff (Perry, 2001).

Over half of the participants in Wellard et al.'s (2017) study referred to support provided by specific staff in school and the positive impact of this. It was viewed as helpful to have a key adult whom the child trusts, such as a head of year, to be aware of their family situation and who knows the child well. Selwyn et al. (2013) found that 65% of children reached out to their teacher for help or advice and 88% of those found it to be helpful. Although key relationships with staff appear to be valued by children in kinship care, kinship carers in Cunningham and Lauchlan's (2010) study felt that children worried about losing their teachers if they moved schools. This could be attributed to a fear of experiencing loss and a sense of uncertainty, likely associated with attachment needs.

Despite value placed on having key, supportive adults in schools, some studies found that staff can appear unaware of the needs of children in kinship care, and the implications that arise due to living apart from birth parents. For example, one child in Wellard et al.'s (2017) said:

> *"I don't know, just with the teachers and stuff (I would have liked some support). I just didn't really think they were quite understanding my situation. I was just like an ordinary child, but personally I didn't feel like I was just an ordinary child." (p.78)*

There also seems to be a view that all school staff should be more aware of children in kinship care, with some children in kinship care feeling the need to keep secrets from staff in

secondary school, due to their limited awareness and lack of sensitivity (Wellard et al., 2017). Peterson et al. (2019) gained questionnaire data from 188 school staff exploring their concerns about children raised by grandparents. This research is useful as it gained the views of a broad range of school staff, not just class teachers. It concluded that school staff tend to have limited awareness of the range of difficulties that occur for children in kinship care and that further training would be beneficial. However, despite this valuable finding, due to use of questionnaires, the research possibly lacked depth in exploring the views and constructions of school staff and what they might need to support their understanding further.

Although it seems useful for all staff to have an awareness of the needs of children in kinship care, kinship care families can find it difficult having to tell and re-tell their painful history of how the child came to be in kinship care, to different staff (Houston et al., 2018). Therefore, it feels important for kinship carers and children to have key adults who are consistent and who know the child's previous and current experiences.

Research has found that a relational approach is important for school staff to adopt when working with children in kinship care (Cunningham & Lauchlan, 2010). Houston et al. (2018) found that kinship carers shared the importance of school staff attuning to the needs of their children, and putting their educational performance, emotional and behavioural responses within a psycho-social context, to promote sensitive responses. In a recent study, Berridge et al. (2020) urges greater focus on the educational needs of vulnerable children and despite only limited research into kinship care, they emphasise the responsibility LA Children Services have for ensuring funding is extended to these children and that training for school staff is provided on the circumstances and needs of this vulnerable group. Children in kinship cares' academic and school-based behaviour difficulties might often emerge because of complicated family dynamics and absence of the biological parents, and it is crucial for staff to understand these circumstances when working with children in kinship care (Kelch-Oliver, 2008).

4.5 Kinship carer support for children's education

Through gaining the voice of kinship carers, research has found that kinship carers feel their involvement in the child's education is important (Wellard et al., 2017), especially for building relationships and developing awareness of needs amongst staff. Kinship carers feel that they have valuable knowledge that school staff can draw upon, to enable them to support the children they care for (Gibson & McGlynn, 2013). Despite this, some kinship carers experience difficulties in trying to get the children's needs recognised by school staff, and in turn get the right support (Wellard et al., 2017). Some kinship carers feel their views can be different to schools and schools sometimes attribute the children's difficulties to the experiences of being in kinship care, rather than specific learning difficulties (Houston et al., 2018).

Edwards (2018) offers the view that the more knowledge school staff have about family circumstances, the better they are likely to be at providing targeted prevention and intervention strategies to reduce difficulties in school functioning and hopefully create more positive teacher perceptions. Therefore, adopting a collaborative approach seems beneficial, whereby schools engage proactively with both social care and kinship carers (Altshuler, 2003) to ensure a holistic understanding of the child's needs is developed. However, research suggests that kinship carers can be presented with barriers when trying to engage in their child's education (Cunningham & Lauchlan, 2010), which schools should be aware of and attempt to remove.

Firstly, research has found that grandparent kinship carers hold worries about understanding the current educational system, and some feel that they have to relearn the education system in order to feel able to work with schools (Cunningham & Lauchlan, 2010; Gibson & McGlynn, 2013). The age of kinship carers appears to play a key role in their confidence in understanding the education system (Pitrone, 2020). These difficulties have also been expressed by social workers and educational psychologists in Cunningham and Lauchlan's (2010) study, whereby professionals articulated concerns regarding the need for identification of barriers to learning, homework and kinship carers understanding of the curriculum. Some kinship carers

feel that being invited to workshops which focus on providing them with information about school policies and procedures would be useful (Gibson and McGlynn, 2013).

Secondly, there seems to be some uncertainty for kinship carers in how they engage with schools. For example, research by Witcher (2008) found that kinship carers spoke about the confusion of how to be referred to by staff. Interestingly, 30% of kinship carers preferred to not disclose to the school that they were not the child's biological parent. They appeared to have four types of motives for not disclosing that they are kinship carers:

- no one had asked,
- family privacy,
- avoiding potential shame and stigma around reasons for kinship care,
- and being called mum is an indication of responsibility and love for the child.

This is interesting as the decision to not disclose this information to schools may reduce the opportunities for staff to develop an understanding of the child's living situation. Although, this type of situation might be more common for informal kinship care arrangements, as it would be assumed that schools are required to know which children are looked after by the LA.

4.6 Peer relationships

As recognised previously, children in kinship care are likely to have difficulties building positive relationships, due to experiencing limited trust and consistency with key adults in their lives. From the literature around peer relationships for children in kinship care, three key elements emerge: relationships with children in kinship care, relationships with children not in kinship care, and bullying. Wellard et al. (2017) found that relationships were important to the participants, with 85% saying they had at least one close friend. Although most children spoke about having friends, kinship carers indicated that one in three of the children who took part in the research, had difficulty forming or sustaining meaningful friendships. Some children recognised their struggles to trust others may contribute to their difficulties with friendships. Edwards (1998) shared that schools should develop opportunities for social

support procedures to buffer the stress that can manifest in emotional and behavioural difficulties encountered by children in kinship care.

When the views of children in kinship care were explored directly, bullying arose within the research as something children in kinship care may experience (Aldgate, 2009; Wellard et al., 2017). Children in kinship care spoke about bullying that can stem from discrimination against those who may be perceived as different (Aldgate, 2009). Being in kinship care itself can be a factor associated with bullying, but it seems this is more likely if the child's parents are known to being associated with drug and alcohol use (Aldgate, 2009; Wellard et al., 2017). In addition, children in kinship care, living with carers who are experiencing financial difficulties, can be exposed to bullying due to not having items that are in fashion (Aldgate, 2009). Kinship carers in Cunningham and Lauchlan's (2010) study focused their primary concerns on bullying and stigmatisation of the children at school. Aldgate (2009) explored how children respond to bullying, and the following key tactics emerged: dismissing the issue, defending themselves through aggression or refusal to respond and giving incorrect information about their circumstances. Providing incorrect information to peers could be related to wanting to be perceived the same as others, as well as a desire to reduce the possibility of being bullied.

The motivation to be perceived the same as their peers might be attributed to their sense of identity. Children in kinship care, living with people who are not their biological parents, who may have financial difficulties and be older in age, may perceive themselves to be on the out-group of their peers. To support their sense of identity and belonging it is thought that children in kinship care may benefit from opportunities to spend time with peers who are also in kinship care (Hunt, 2020). Wellard et al. (2017) found that some children found value in being friends with others who are also in kinship care, in helping them make sense of their experiences. However, this only appealed to some. Hunt et al. (2008) reported that while none of the children in their study had attended a kinship care social group, 24% felt that it would have been useful if they had. In addition, Davis-McCardle (2013) found that children who had attended kinship care peer support groups had very positive experiences in relation to "happiness, respect, support and developed resilience factors such as coping strategies, improved relationships and self-worth" (p.1).

4.7 Transition to secondary school

Transition to secondary school is a significant event in childhood, especially for children who are vulnerable (Hebron, 2018; Zeedyk et al., 2003). Children who are in both formal kinship care and non-kinship foster care have an increased vulnerability due to the reasons for being in LA care. Many have experienced multiple losses, periods of instability and change (Children's Commissioner for England, 2019) which can impact on their transitions in life. Transitioning to secondary school in the UK involves adjusting to multiple new teachers, frequent lesson changes, large numbers of students in each cohort, new rules, and different pastoral systems (Waters et al., 2014). When exploring literature on the experiences of transitioning to secondary school, there is limited research that specifically focuses on children in kinship care. However, one kinship carer in Wellard et al.'s (2017) research recalled their child having no difficulties in primary school, but this changed when he entered secondary school where he became disruptive and spent time in isolation and being excluded. This child spoke about the lack of structure and discipline at secondary school which he felt contributed to his behaviour.

Research by Francis et al. (2021) explored the voices of children who are looked after in relation to their experiences of transitioning to secondary school. Key themes that emerged were the importance of social connections/relationships, feeling safe/belonging and school life. Despite some children having success with making friendships in their new school, others found it more challenging. Given their complex previous experiences, children who are looked after may need additional support to develop their social skills to support with transitions (Bombèr, 2007).

4.8 Transition to adulthood

Work has taken place to improve policies around the transition process of children moving to secondary school, so that vulnerable children's needs can be communicated effectively, and children have opportunities to get to know the new environment to develop a sense of safety with their surroundings and staff. However, a barrier exists for those transitioning to college

due to limited processes in place to effectively share confidential or sensitive information between settings (Cockerill & Arnold, 2018).

When considering the outcomes for children in kinship care in relation to their transition to adulthood, only one study has gained detailed data on children's lives after leaving compulsory education. Wellard et al. (2017) found that six of 51 young people went onto further education or training. Therefore, they concluded that children in kinship care were less likely to go to university and more likely to not be in education, employment, or training (NEET) in comparison to the general population. Selwyn et al. (2013) found that of the ten young people in their research, seven were in further education. However, this research had a small sample size, making it difficult to generalise to the kinship care population. Hunt (2020) highlights that in both studies, a substantial minority (28%) were NEET. He notes that this compares well with those leaving non-kinship foster care (41%). Both figures for children in kinship care and non-kinship foster care are higher than the general population (15%).

Wellard et al. (2017) place emphasis on the need for educational support to be available into young adulthood for children in kinship care, to provide opportunities to achieve their goals such as obtain academic or vocational qualifications, as well as funding for further academic study. There seems to be mechanisms in place for children who have identified additional learning needs as part of the statutory process. However, for those without an Individual Development Plan (Wales) or an Education, Health and Care Plan (England), there may be risk that key information and support is not carried over. The use of a transition passport has been effective in Scotland, promoting person-centred approaches (Cockerill & Arnold, 2018).

5 Summary

As highlighted through discussion of the literature, there is a lack of research which explores the educational experiences of children in kinship care. Of the literature that has explored the educational experiences of children in kinship care, there firstly appears to be a gap in gaining the voices of children. Secondly, there is a lack of depth into educational experiences specifically. This means that there is limited insight into what the educational experience of children in kinship care are, and why their educational outcomes are not as positive as children in the general population. However, from the research discussed, useful information can be drawn on to begin to build a picture about what education for children in kinship care can be like.

Research reveals that children tend to be happy with their kinship carers and kinship carers seem to demonstrate motivation to support and care for the children (Farmer, 2009). Placement with kinship carers is generally thought to provide a range of benefits: children remaining connected to their biological roots, maintaining a sense of belonging and identity (Mosek & Alder, 2001), and kinship care is usually the first choice for both the parent and child (Dubowitz & Sawyer, 1994). However, there are still several complex difficulties faced by children in kinship care (McKinnell, 2020). For example, feeling different, being bullied by peers, unresolved anger or loss, carer's financial difficulties, difficulties building relationships, and difficulties with contact with birth parents (McKinnell, 2020). Children in kinship care are likely to have experienced trauma, instability, and loss in their lives, which impacts on their ability to form positive, trusting relationships (Cunningham & Lauchlan, 2010).

A review of previous literature suggests that there appears to be a mix of both positive and negative educational experiences for children in kinship care, with an importance placed on staff understanding the needs of these children and their family. Despite recognised positive impacts of kinship care, research indicates that many carers and children need more support than they currently receive, which should involve support that is responsive to need rather than legal status of the kinship care arrangement (McKinnell, 2020). A proactive, strengths-based approach appears to be welcomed, whereby the voices of children in kinship care and

their carers are listened to and acted upon, to provide a holistic picture of the educational needs and experiences of this vulnerable group (McKinnell, 2020).

The Parliamentary Taskforce on Kinship Care is a positive step towards creating solutions to challenges experienced by kinship care families (McKinnell, 2020). It recognises that kinship care is 'widely unrecognised, underappreciated and often poorly supported' (pg. 7). Importance is placed on gaining further understanding into the strengths and needs of children in kinship care, as well as good practice that currently exists within education, to contribute to positive educational policies and practice for children in kinship care (McKinnell, 2020).

6 The current study

The complexities and challenges faced by children in kinship care and their carers, as demonstrated in the literature review, affirms the need to further understand the experiences of both children and their kinship carers in relation to the children's education. From this, there is hope that greater understanding is developed which leads to improved practice, collaborative approaches and reduced negative experiences for kinship families.

The literature review suggests that children in kinship care do not always navigate through their school years with positive experiences, and these experiences impact on themselves and on their kinship family. In addition, children in kinship care, overall, are not making the same progress in their education as their peers. This warrants further exploration, to understand why this may be. Children in kinship care and their kinship carers are critical stakeholders in the educational experiences of children in kinship care and are both in strong positions to provide insight into this phenomenon. Therefore, the current study seeks to expand on the limited research available on the voices of children in kinship care and their carers with regards to educational experiences.

7 The research questions

The review of the literature around the educational experiences of children in kinship care has highlighted a need for more information to be gained through the voices of children and kinship carers. The limited research conducted previously only includes educational experiences as one element of the research, therefore, placing more in-depth focus on this seems valuable. Furthermore, there has been limited research into kinship care in Wales. As a result, the two following questions would be useful to explore further:

- What are kinship carers views / perceptions of the educational experiences of the child they care for?

- What are the views of children in kinship care regarding their experiences of education?

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"He just wants to be a normal child, growing up in his nanna's house."

The educational experiences of children in formal kinship care: an interpretative phenomenological analysis of the views of children in formal kinship care and their kinship carers.

Section B: Major Empirical Study

Word count: 9, 377

Section B: Major Empirical Study

Abstract

Research highlights that there are more than 180,000 children in the UK who are being raised by kinship carers – relatives or friends who have offered to care for the child in their home. There are more children in kinship care than there are in the care system, and many more than are adopted. However, research and awareness has been limited, as well as support available to families and children. There has been a recent movement to develop more awareness and understanding around the needs and experiences of this vulnerable. Educationally, children in kinship care are, overall, progressing as well as children in non-kinship foster care, but they are not progressing as well as the general population. It has been recognised that there are gaps in research related to gaining children's perspectives and experiences on areas such as education. Therefore, this research sought to provide an in-depth examination of the lived experiences of education for children in formal kinship care, from the perspectives of children in formal kinship care and kinship carers. Data was gathered in a local authority in Wales. Semi-structured interviews were conducted with three children in formal kinship care aged between 13 and 15 years, and four kinship carers. Recordings of the interviews were transcribed verbatim, and Interpretative Phenomenological Analysis (IPA) was conducted on the children's data and kinship carers' data separately. For the children in kinship care, four superordinate themes were identified: *impact of other's views; school ethos; relationship with school staff;* and *transition*. In addition, three superordinate themes were identified from the interviews with kinship carers: *unique and complex experiences; school ethos;* and *relationships.* The implications of the present study for the practice of educational psychology are discussed, with suggestions of directions for future research as well as the strengths and limitations of the present research.

1 Introduction

The Parliamentary Taskforce on Kinship Care (McKinnell, 2020) highlights that there are more than 180,000 children in the UK who are being raised by kinship carers. There are more children in kinship care than there are in the care system, and many more than are adopted. Despite this, McKinnell (2020) recognises that kinship care is 'widely unrecognised, underappreciated and often poorly supported' (pg. 7).

The definition of kinship care can be different within different countries (Selwyn & Nandy, 2014). The Social Services and Wellbeing (Wales) Act (2014) and the Children and Families Act (2014) in England highlight the emphasis on kinship care being either blood relatives or close friends. This is clearly defined in the Department for Education (DfE, 2011) as:

> *"a relative, friend or other person with a prior connection with somebody else's child who is caring for that child full time" (p.7)*

Whilst the term 'kinship care' is a useful descriptor to differentiate between those living with a relative or close friend, rather than a stranger, it is often used as an umbrella term and there are several characteristically different types of placements within the term kinship care. These can be separated into two distinct categories: "informal" and "formal" kinship care. Informal kinship care is when someone is looking after a child who is closely related to them, but they do not have parental responsibility for the child and the child is not looked after by the LA (Selwyn & Nandy, 2014). Formal kinship care or kinship foster care is when a 'family or friends' carer has been assessed and approved by the LA as a kinship foster carer and is caring for a "Child Looked After" (CLA) (DfE, 2011).

Research has found that most children who live in kinship care have been placed there because their parents cannot provide adequate care for them (Wijedasa, 2016). Reasons for this vary from: substance abuse, domestic violence, mental or physical incapacity, imprisonment, teenage parenthood, parental separation, or death (Wellard et al., 2017). It has been recognised that children in kinship care have similar experiences to those in non-kinship foster care (Farmer, 2009). Being exposed repeatedly to highly stressful events early

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in life can lead to constant anticipation of similar events happening again, as well as an increased reaction when they occur, or are perceived to occur (Bellis et al., 2016). In addition, these experiences may also coincide with disrupted relationships with primary attachment figures (Bowlby, 1969). The impact of feeling unsafe and not having basic needs met, may lead to difficulties accessing higher order skills such as maintaining healthy relationships and problem solving (Maslow, 1943).

Although similarities are found between the previous experiences of children in kinship care and children in non-kinship foster care, research into the circumstances of kinship carers indicates that as a group they are generally less advantageous than both the general population living with birth parents as well as non-kinship foster carers (Wellard et al., 2017). The census data in 2011 indicates that kinship carers more commonly report health problems, live in social housing, have a lower income, and have caring responsibilities (Hunt, 2020). Although, despite these challenges, placement with kinship carers is generally thought to provide a range of benefits: children remaining connected to their biological roots as well as maintaining a sense of belonging and identity (Mosek & Alder, 2001; Inglehart, 1994). Research indicates that kinship carers show commitment and persistence to bringing up the children in their care, despite the challenges they face (McKinnell, 2020). Therefore, it is important to consider both the risk and resilience factors for children in kinship care, to ensure that support is in line with their needs.

In terms of educational outcomes for children in kinship care, there is limited research in the UK. The research that does exist seems to indicate that educationally, children in kinship care are progressing as well as those in non-kinship foster care. However, their educational outcomes do not present as well as the general population (McKinnell, 2020). Children in kinship care appear to be achieving less than the general population in terms of academic learning (Wellard et al., 2017; Selwyn et al., 2013) and levels of absenteeism and being excluded from school seem to be higher (Wellard et al., 2017; Sebba et al., 2015). The transition to secondary school can be difficult due to lack of structure and discipline at secondary school (Wellard et al., 2017). In addition, children in kinship care may be less likely

to go to university and more likely to not be in education, employment, or training (NEET) in comparison to the general population (Wellard et al., 2017; Selwyn et al., 2013).

Relationships appear to be a key factor in promoting positive educational experiences for children in kinship care. Children in kinship care sometimes find it difficult trusting others (Wellard et al., 2017) and research has found that a relational approach is important for school staff to adopt when working with children in kinship care (Cunningham & Lauchlan, 2010). Houston et al. (2018) found that kinship carers shared the importance of school staff attuning to the needs of their children, and putting their educational performance, emotional and behavioural responses within a psycho-social context, to promote sensitive responses. Kinship carers and children in kinship care sometimes feel that school staff do not always have awareness of their needs and carers sometimes feel that their views are not prioritised in helping staff understand and meet the needs of the children they care for (Wellard et al., 2017). Kinship carers are motivated to support children in their education but can face difficulties with health issues, educational experiences, and income (McKinnell, 2020).

Although previous research has touched on the educational experiences of children in kinship care, there is still more to be done to provide children in kinship care and kinship carers the opportunity to share their unique experiences. Historically, involving children in research has been limited, partly due to the ethical restrictions which made children 'a hard to reach' population (Pratchett, 2018). It is also challenging with children in the care system due to their vulnerable status (Pratchett, 2018). However, acknowledging the voice of children has increased as a government priority over recent years (DfE, 2014) with focus on the need to include children in matters that are important to them. Robinson and Taylor (2007) argued that practitioners should gain the views of children due to the positive impact it can have on the children themselves. In addition, Heath et al. (2009) shared that involving children in research can improve the quality of the data generated, by accessing understandings not available to adult researchers.

1.1 The current study

Whilst there is research into the outcomes of children in kinship care, there is limited qualitative research that focuses on the educational experiences of children in kinship care, from the perspectives of both kinship carers and children in kinship care. The aim of the current study is to provide an in-depth exploration of the educational experiences of children in formal kinship care, from both the views of children and their kinship carers. There is very little research conducted in Wales in relation to kinship care, despite there being a high number of children in kinship care in the country (McKinnell, 2020). Therefore, the current study seeks to represent the views of kinship carers and children in formal kinship care who live specifically in Wales. Despite the narrow location focus, it is expected that many of the implications of this research will apply to the broader UK context. Formal kinship care placements have been selected, due to the need to recruit a homogeneous sample (Smith et al., 2009).

1.2 Educational psychologist relevance

Educational psychologists (EPs) work with children in kinship care and their families (Cunningham & Lauchlan, 2010). It is therefore important for EPs to understand the multiple, complex factors that can affect how children in kinship care experience school, so that they can provide context, guidance, and support to school and kinship families. Unfortunately, there is limited research within the field of educational psychology into kinship care and the role of the EP, especially for children in their adolescent years.

EPs are in a strong position to advocate for children in kinship care, drawing on psychological theory to support understanding and enhance communication and collaborative working between schools and kinship carers. However, to do this, EPs will need a clear picture of the risk and resilience factors at play in terms of the educational experiences of children in kinship care. Therefore, the current study aims to further develop the research on children in kinship care, from an educational psychology perspective.

1.3 Research questions

The following research questions have been explored in this research:

- What are formal kinship carers views / perceptions of the educational experiences of the child they care for?

- What are the views of children in formal kinship care regarding their educational experience?

2 Methodology

2.1 Theoretical framework

The theoretical framework which guided this study is shown in Figure 3

Figure 3

Theoretical framework of current study

2.2 Research Design and Paradigm

A qualitative design was used due to the importance of gaining the lived experiences of children in formal kinship care in relation to education. Research suggests that the complex circumstances of children who are looked after are difficult to assess through large scale, quantitative research, as the nuances of the experiences can be missed (Holland, 2009). Qualitative methodology is subject to criticism, due to subjectivity (McCusker & Gunaydin, 2015). However, this approach was considered to fit with the aims of the present research most suitably.

The current study was based on an exploratory approach, allowing for in depth examination of the experiences of both kinship carers and children in formal kinship care, in relation to the children's experiences of education. The research was developed with the belief that multiple, equally valid constructions of reality exist. Therefore, a relativist ontological stance was taken, aligning with the assumption that it is possible to research an individual's experiences and perceptions (Willig, 2013). The research examined the personal realities and experiences of kinship carers and children in kinship care. The epistemological stance was constructivism which is the belief that learning involves individuals actively constructing

knowledge (Braun & Clarke, 2013). Knowledge is subjective and the participants involved shared their interpretations of their lived experiences.

2.3 Interpretative Phenomenological Analysis (IPA)

In line with the ontological and epistemological position, the research adopted an IPA approach. IPA is viewed as an approach rather than a method, as it guides all aspects of research design, not just analysis (Braun & Clarke, 2013). It entails in-depth exploration of how participants experience a phenomenon and how they make sense of it (Smith et al., 2009; Smith, 2004). IPA was therefore considered to be an appropriate approach to find out about the lived experiences of children in formal kinship care and their kinship carers, in relation to the children's education, as well as explore how they make sense of their experiences of this phenomenon. IPA was selected over other qualitative methods such as thematic analysis due to the interpretive nature of IPA going beyond just describing an experience. It allows for participants and the researcher to explore what the experiences meant and how it continues to impact their lives.

2.4 Measures

This research was split into two parts as shown in Figure 4.

Part 1: semi-structured interviews with formal kinship carers

Part 2: semi-structured interviews with children in formal kinship care

- *Part 2a:* A 'get to know you' session

- *Part 2b:* Semi-structured interview
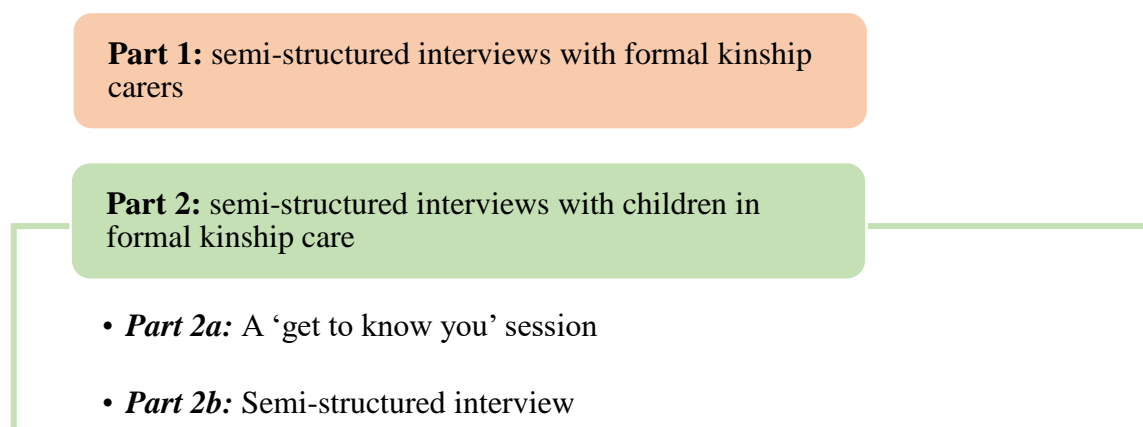
Figure 4

Structure of the research process

Smith et al. (2009) advocate that IPA works best with a data collection method which encourages participants to offer a "rich, detailed, first-person account of their experiences" (p.56). In addition, Reid et al. (2005) share that one-to-one, semi-structured interviews have been a popular and preferred method for collecting such data. Semi-structured interviews were employed, rather than structured interviews, to avoid the researcher leading the participant's responses (Fielding, 2004) and to allow facilitation of the researcher and participant engaging in a dialogue (Smith, 2004).

2.5 Participants

As an idiographic approach, IPA works best when used with small groups of participants who have had a similar experience (Smith et al., 2009). Therefore, a purposive approach was taken to sampling. This reduced the generalisability of the data (Goodenough & Waite, 2012), but created a relatively homogeneous sample (Smith & Osborn, 2015).

2.5.1 Participation criteria

The participants needed to meet the following criteria to be eligible to participate in the research:

Table 3

Inclusion and exclusion criteria for Part 1 - Interviews with formal kinship carers

Inclusion criteria	Exclusion criteria
• The kinship carer is a formal kinship carer (the child they are looking after has a looked after status). • The kinship carer lives in Wales. • The school the child in kinship care attends is aware that the child is in kinship care.	• The kinship carer is looking after a child in kinship care who is younger than 13 years and older than 16 years. • The kinship care relationship has broken down (i.e., the kinship child no longer lives with them).

• The kinship carer has been looking after the children as part of a kinship care arrangement for at least one year.	
• The child has been attending a school in Wales for at least one year.	

Table 4

Inclusion and exclusion criteria for Part 2 - Interviews with children in formal kinship care

Inclusion criteria	Exclusion criteria
• The child is in formal kinship care (they have a social worker). • The child in kinship care lives in Wales. • The child in kinship care is aware that they are in kinship care. • The school the child is in kinship care attends is aware that the child is in kinship care. • The child has been in kinship care for at least one year. • The child has been attending a school in the Wales for at least one year.	• The child in kinship care is younger than 13 years and older than 16 years. • The child in kinship care has come into kinship care after living in a different country outside of the UK. • The kinship care relationship has broken down (i.e., the kinship child no longer lives with their kinship carers).

2.5.2 Details of participants recruited

Four formal kinship carers were recruited to take part in Part 1. For Part 2, three children in formal kinship care were recruited. An age range of 13-16 years was selected for the children, to provide them and their kinship carers with the opportunity to reflect on both primary and secondary school experiences. All participants were from a LA in Wales. The LA was selected as it had one of the largest population of children looked after in Wales (StatWales, 2020). All

participants had to be part of a formal kinship care arrangement, to create a homogeneous sample (Smith et al., 2009). The demographics of kinship carers and the children in kinship care are shown in Table 5.

Table 5

Information on interview participants

#	*Pseudonym of kinship carer	Age of kinship carer at time of interview	Relationship to child	*Pseudonym of child discussed in interview and those who took part in interview	Age of child at time of interview	Additional learning needs (ALN) of the child, disclosed by the kinship carer	Reasons for kinship care, disclosed by the kinship carer
1	Amanda	69	Grandmother	Adam (took part in interview)	15	ADHD (possible OCD)	Drugs, parental imprisonment
2	Beverley	66	Grandmother	Ben (didn't take part in interview)	15	None	Emotional abuse, parental mental health needs
3	Catherine	49	Aunt	Chloe (took part in interview)	14	Learning due to trauma	Neglect, domestic violence
4	Donna	53	Grandmother	Dan (took part in interview)	13	None	Drugs, domestic violence, neglect

*To ensure participant confidentiality, pseudonyms have been used

2.6 Procedure

Gatekeeper consent

Ethical approval was granted in February 2021. A gatekeeper e-mail was sent to the manager of a foster care team within a LA in Wales (Appendix C). The foster care manager agreed for the researcher to attend a foster care team meeting to explain the research to the foster care team.

Researcher attends Foster Care team meeting

In June 2021, the researcher explained the research aims and process to the foster care team and they agreed to speak with formal kinship carers about whether they would be interested in taking part.

Social workers contact kinship carers

The social workers contacted their kinship carers to explain the research and gain expression of interest and verbal consent to share their contact details with the researcher.

Researcher contacts possible participants

The researcher e-mailed kinship carers who expressed an interest in taking part. The e-mail included an information sheet (Appendix D) and consent form (Appendix E) for the kinship carer interview and an information sheet (Appendix F) and parental/carer consent form (Appendix G) for the child interview.

Kinship carer consent

The kinship carers returned the signed consent form to the researcher if they wanted to take part in the interview. Following this, the interviews were arranged.

Interviews via zoom

Debrief (Appendix H)

Parental / carer consent

The kinship carer provided carer consent for the children to take part in the interview. The signed consent form was then sent to the child's social worker who provided secondary carer consent.

Child consent

The researcher sent an information sheet (Appendix I) and consent form (Appendix J) to the kinship carer to share with the children. The children completed the consent form and the kinship carer returned it to the researcher.

Get to know you session via Zoom

The researcher provided the option to meet with the child via zoom before the interview to get to know each other and explain the interview process. The child was provided with the opportunity to contribute to the interview question format.

Interview via zoom

Debrief (Appendix K)

Figure 5
Research procedure for Part 1 and Part 2

2.7 Interview procedure

2.7.1 Part 1: semi-structured interviews with kinship carers

The interviews were completed via Zoom. The interviews did not follow a prescribed structure, but generally started with questions about their family structure and background information, then moved onto the experiences of school for the child they care for. A list of topics to ask were prepared (Appendix L) but the interviews tended to follow natural lines of enquiry as the interview progressed. Interviews were audio recorded via Zoom and Otter.ai recording software. Two recording software were used as a back-up of the data, in an event of technical issues. Each interview was transcribed, and the recordings were deleted two weeks after the interview took place.

2.7.2 Part 2: semi-structured interviews with children in kinship care

A two-part process was adopted for interviews with the children. Careful consideration was taken to increase the likelihood of participation of the children and avoid tokenism. Hart's (1992) Ladder of Participation is often referred to and is a widely used model when referring to youth participation. The first three steps of the ladder (manipulation, decoration, and tokenism) do not involve real participation. Moving up the ladder, the five higher steps relate to increasing degrees of participation. Part 2 was underpinned by the Ladder of Participation, with reflections.

Part 2a involved the participant meeting the researcher online via Microsoft Teams or Zoom as part of a "get to know you session". Here, the participant was able to ask the researcher questions about the interview process and the researcher gave the participant the opportunity to share thoughts about what questions they think would be helpful for the researcher to ask in the interview. This section was important to increase participation of the children, as it provided opportunities for the children to share their views, whilst reducing the influence of the researcher on the process (Hart, 1992). It also enabled the children to get to know the research and to feel more at ease going into Part 2b (Cameron, 2005).

Following this, Part 2b involved a semi-structured interview via Zoom. The interviews did not follow a prescribed structure, but generally started with questions about school, and moved on to thinking specifically about what school is like for the children. Questions related to kinship care were presented towards the end of the interview as Charlesworth and Rodwell (1997) recommend asking less difficult questions first, when interviewing about sensitive topics. The children were informed at the start of the interview, and before asking the kinship care related questions, that they could answer them broadly, rather than specifically about themselves. The children were also reminded that they did not have to answer any questions if they did not feel they wanted to. A list of topics to ask the children was created (Appendix M) but the interviews tended to follow natural lines of enquiry as they progressed. For both Part 2a and Part 2b, the children chose a trusted adult to be present, either in the same room or nearby. It was decided that a trusted adult from outside of school was more suitable, due to the focus on the interview being school, rather than specifically kinship care. Having a member of school staff as the trusted adult would have increased the risk of social desirability bias, as the children may have felt uncomfortable sharing information about their school experiences, in front of a member of school staff.

It was decided that the kinship carer interviews would take place prior to the children's interviews, due to the presence of the trusted adult in the children interview. If the chosen trusted adult was the kinship carer, there was a risk that the children's interview responses may have influence the kinship carer interview, if the children's interview took place first.

Interviews were audio recorded via Zoom and Otter.ai recording software. Each interview was transcribed, and the recordings were deleted two weeks after the interview took place.

2.8 Pilot Interview

The first interview for both Part 1 and Part 2 served as pilot interviews. Immediately following the interview, the participant in the pilot interview was asked for feedback about their experience of the interview, which was used to improve the interview technique. The researcher reflected on which topics would have benefitted from greater/lesser focus and how to increase the amount of interpretation and reflection on the part of the participant.

2.9 Ethical considerations

The Cardiff University School of Psychology Ethics Committee granted ethical approval for this study in March 2021. The proposed research adhered to the ethical guidelines outlined by the British Psychological Society (BPS) (2018) and the Health Care Professionals Council (HCPC) (2019). Policies and procedures outlined by the LA in which the data was collected were adhered to. Ethical considerations focused on: participant consent; confidentiality and anonymity; right to withdraw; debrief; potential to cause distress and signposting; role of the researcher; and data protection in compliance with GDPR. Throughout the research process, all efforts were made to ensure the wellbeing of participants. See Appendix N for information on ethical considerations.

2.10 Validity

Yardley's (2000) criteria for assessing qualitative research were used to explore the validity of the study, see Appendix O.

2.11 Data analysis

It was recognised that whilst the kinship carers and children in formal kinship care were both interviewed about the same phenomenon (education), they were coming from different perspectives (carer and child). Therefore, to follow the IPA process of having a homogeneous sample, the interviews were conducted and analysed separately, whereby the kinship carer interviews were analysed first, followed by the children's interviews. By conducting and analysing the interviews for kinship carers and children separately, the researcher hoped to gain in-depth insight into the educational experiences of children in kinship care.

The interviews were transcribed verbatim and while Smith et al. (2009) state that there is no formal set of steps for analysis in IPA research, they acknowledge that inexperienced researchers may benefit from guidance. Therefore, steps shown in Appendix P were used to analyse the data. Appendix Q shows the superordinate and subordinate themes for each kinship carer and appendix R shows the superordinate and subordinate themes for each child. IPA involves a double hermeneutic. The participants' interpretations of their experiences

were analysed and a process of attempting to explore underlying information in the participants' dialogue took place.

IPA has been criticised for its subjectivity and vulnerability to the researchers preferred outcomes (Bryman, 2016). To try and address this criticism, an independent, second researcher was recruited to cross-examine the researcher's interpretation of the data and a meeting was held before the main themes were finalised. The researcher engaged in this process as a reflective tool to help make sense of the data and to strengthen their interpretation. In terms of the role of the second researcher, they were asked to read through one kinship carer interview transcript and one children's interview transcript and make initial notes. The initial notes of the second researcher were then compared with the initial notes of the main researcher, to check for biases and subjectivity. The main researcher engaged critically and reflectively in this process, and it was reassuring that a high level of similarity was found across the initial notes of both researchers. Where possible differences were found, the researcher ensured that they did not immediately accept the interpretations of the second researcher. Instead, they engaged in a reflective discussion about the two different viewpoints and the main researcher came to an informed decision on how they would interpret the data.

2.12 The Researchers Position

During an IPA interview, guidance suggests that researchers must take up contradictory stances. They must bracket pre-conceptions on the topic to avoid introducing bias, but at the same time, prior knowledge can provide insights (Finlay, 2008). They must remain distant and detached but also open and involved in the interview. This tension is explored further in Section C.

3 Findings

This section presents the findings of the data analysis. Section 3.1 includes the findings from the kinship carer interview analysis and section 3.2 includes the findings from the children in formal kinship care interview analysis. Both sections include a thematic map of the superordinate and subordinate themes. Following this, key quotes are presented to provide context and a voice to the participants, within each superordinate theme.

3.1 Findings of the kinship carer interview analysis

Three superordinate themes were identified and within each of these, subordinate themes were generated (see Figure 6). The subordinate themes were developed from each transcript and then, through a process of reading and re-reading, the subordinate themes were mixed and grouped across all four transcripts, to form superordinate themes. The three superordinate themes were 'unique and complex experiences', 'school ethos', and 'relationships'. Appendix S contains full lists of quotes for each theme.
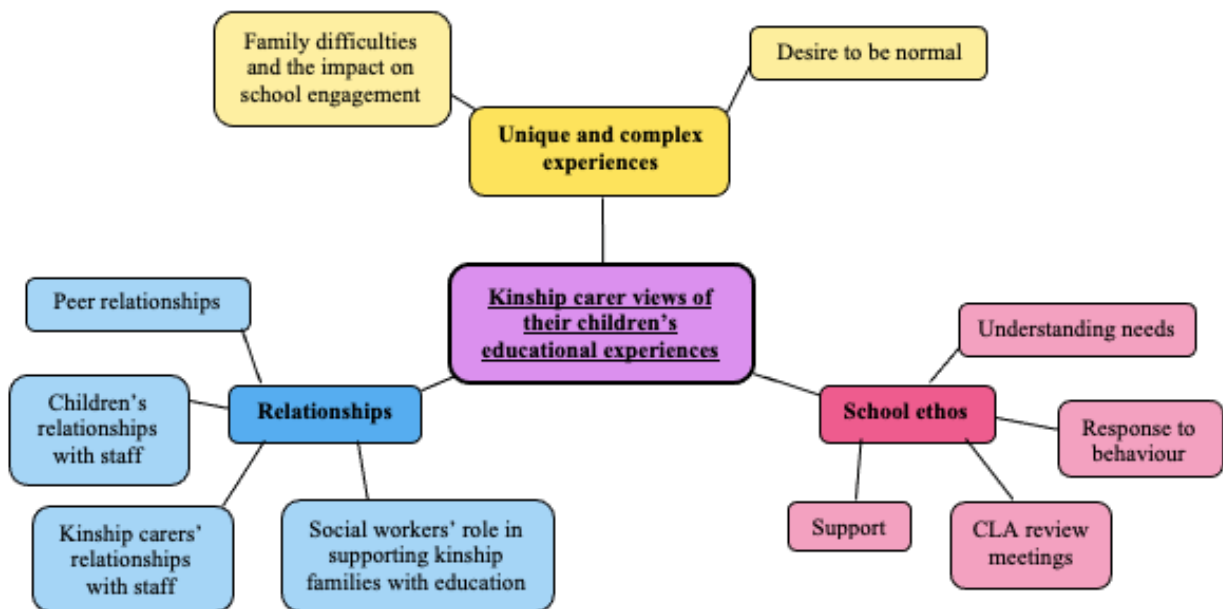
Figure 6

Thematic map to represent the themes for the kinship carer interviews

3.1.1 Unique and complex experiences of children in kinship care

All four kinship carers acknowledged the ongoing difficulties experienced by the children they care for and the impact of these difficulties on children's education. Despite these difficulties, kinship carers acknowledged there to be a strong sense of a desire to be normal from the children, in relation to how others view and interact with them in school.

3.1.1.1 Family difficulties and the impact on school engagement

It appears that when a child is placed in kinship care, the previous difficulties experienced do not disappear. Amanda and Catherine shared a sense of anxiety about the close proximity of the child's birth parent(s) in terms of living in the same area. Due to this, they explained the need to consider ways of avoiding contact with birth parents in the local area.

> *"Erm we all live in [name of LA and town] and Chloe's mother and father were living in [name of town] so this house that Chloe remembers is in [name of town], so it's about, from where we live now is probably about a five-minute drive." Catherine, pg. 4*

> *"But he said my mother owes me, his mother don't live far away from us, but she don't even phone the social to see him…Well in fact we passed her the day before yesterday in the area, and he didn't even recognise her." Amanda, pg. 5*

The dual role kinship carers have, as both a relative of the family but also primary carer for the child, appeared to also create difficulties. The dual relationship seemed to be particularly challenging for children to seek emotional support from their kinship carer. Donna illustrates the difficulty she has in talking to Dan about his experiences, because Dan's mother is Donna's daughter. In relation to this, there was focus placed on the need for the children to have support within school, where they can seek emotional support if needed.

> *"He doesn't talk about his emotions to me, but I think he needs to talk to someone. Because it's my daughter, he finds it hard to talk to me… so I think he finds it hard to talk to me about it because she is still my daughter. He always wanted to live with me so me and him have got a bond you know what I mean, but he struggles to express what he feels like."* Donna, pg. 10

Another ongoing difficulty for children in kinship care is a sense of loss. Amanda shared a painful and emotional story about the death of Adam's father, and Donna spoke about the break down in placement for Dan's brother which resulted in him moving to another home. Both kinship carers shared vivid recollections of these situations and the negative impact it had and still does have on the children. Donna went onto further explain how the disruption in placement for Dan and his brother had a negative impact on Dan's engagement at school:

> *"He has been in a lot of trouble recently since [brother's name] has gone…he has been making himself sick not to go to school and that, a couple of weeks ago, not to go to school… he said he did do it because he didn't want to go to school, when he was going through a bad time when [brother] left."* Donna, pg. 3

3.1.1.2 Desire to be normal

Despite the apparent difficulties experienced by children in kinship care, there was a discourse amongst the kinship carers about the children's desire to be treated the same as others. The kinship carers, such as Beverley, perceived there to be a strong recognition of difference for the child, between themselves and their peers. Amanda and Donna felt that Adam and Dan had a sense of embarrassment about living with grandparents, with the need to take steps to avoid being seen with them around peers.

> *"He does his own formula, and he doesn't want to be different, he just wants to be a normal child, growing up in his nanna's house, he doesn't want to be any different to anybody else." Beverley, pg. 11*

> *"Because he's what did he say now... I'm different, I'm not like the other boys I'm different to them...We are old we are, and we embarrass him, that's what he would say, we embarrass him. He's always got to wait somewhere else you know what I mean, or don't come in like, you're shaming me." Amanda, pg. 17*

The children's desire to be treated the same as their peers, could be impacted by the close proximity of living near birth parents, due to their parents' negative reputation. This appeared to lead to bullying from peers. For example, Catherine explained that when Chloe came into her care, she continued to attend her current primary school, where everyone knew her parents and would make nasty comments.

> *"The children wouldn't let her change, it was the fact that they'd always want to remind her about her mother and father...you might be clean now, but you weren't clean before. And we come to the decision that if she was to move on...she needed to move schools so that she could have a fresh start and they didn't know her background, and that they see Chloe for what she is there and then." Catherine, pg. 7*

3.1.2 School ethos

When reflecting on the difficult experiences of children in kinship care, the importance of school ethos became apparent, in terms of the knowledge and understanding of staff, as well as the responses to behaviour and support available.

3.1.2.1 Knowledge and understanding of staff

It appears that there is a mix of understanding and knowledge amongst school staff, which impacts on the experiences of children in kinship care. Some kinship carers, such as Beverley, felt that school staff do have an awareness, but others did not share this positive experience. Knowledge and understanding of staff appeared to be more problematic in secondary school, where staff may not always recognise the unique strengths and difficulties of children in kinship care, as well as the reasons for being in kinship care. It was suggested that social services and the kinship family had a strong understanding of the children's needs, but this information did not appear to be taken on board by schools. Amanda shared:

"…don't know his background, so they don't know his parents were to do with drugs. His father had been into prison. I mean, he is living with two old people, he's not with his parents. Do you know what I mean? And I mean, that's hard for him." Amanda, pg. 22

More specifically, Catherine shared a difficult dialogue around the impact of Chloe's label of a 'child looked after' being interpreted by secondary school as having additional learning needs. She shared:

"She's got the label of being in kinship foster care, but yet you know she's, like, you know, she got a good life and she knows she has… it is still carrying through with her and she is now 15… leave it back where it was…I think that they could have identified a long time ago, that Chloe wasn't an ALN pupil, I think it was quite easy to pinpoint that she weren't suitable in that class." Catherine, pg. 17

The kinship carers recognised the valuable information that they can provide to school staff about the child's needs, to develop schools' understanding.

> *"I could give them a lot of insight into her, listening to the people that are constantly around Chloe. And you know, they have never ever asked me you know, as Chloe's kinship foster carer, for any background information on where Chloe is, needs, support regarding her emotional decisions that she makes." Catherine, pg. 15*

3.1.2.2 CLA review meetings

CLA review meetings appeared to be a pivotal space for school staff to gain an understanding of the children's needs. There appeared to be a view amongst the kinship carers that it is important for school staff attending the CLA review meetings to be consistent and for staff to prioritise them. Beverley shared a positive experience of the CLA review meetings:

> *"…if he is falling behind, I do speak to them, the lady who is in charge comes to the LAC review, so it's not as if you are speaking to somebody you don't know. She knows all about Ben, she knows all the history, so it's not like you have to go over all the story again, she knows everything about it." Beverley, pg. 11*

However, not all kinship carers had positive experiences on CLA review meetings, due to different school staff attending each time. This seemed to make kinship carers feel that the important information shared in CLA meetings gets lost between different staff members. This experience appeared to instil a sense of resentment and lack of trust towards the school staff for Catherine.

"Well, we have LAC reviews in the school and the teaching staff come in, and then they go. And then the next meeting we go to, there is a different member of staff there. You know, so the information that they would have known previously has been lost and there is another teacher who is representing the one who couldn't make it now and you know, so they don't know Chloe…and to me, they, on a need-to-know basis, why would they need to know Chloe's background?" Catherine, pg. 16

3.1.2.3 Response to behaviour

Within the school ethos, there was a narrative between the kinship carers about the way school staff respond to children's behaviour, with boundaries and consistent consequences being viewed as necessary. However, the kinship carers felt that the delivery of the consequences should not be in a raised voice or "harsh manner", as this may have negative impact on the children. It seems reasonable to infer that, from the perspectives of the kinship carers, school staff working with children in kinship care may benefit from adopting a nurturing response whereby staff take the time to listen to the children before responding, rather than shouting. This was shown in the accounts of both Beverley and Donna:

"He needs to know he has done something and that there are consequences. But I think as we were saying earlier, he needs someone to talk to him rather than shout at him. You can't go in straight shouting at him." Donna, pg. 13

"Definitely nurture a bit more. And the sense of boundaries otherwise you have no chance do you. You have to have your boundaries…he is a lot more vulnerable than other children so when they do respond, they should respond in a way that is less harsh and more nurturing." Beverley, pg. 13

It was recognised that staff in primary schools may be better set up to provide a nurturing response, in comparison to secondary school. Amanda shared a positive experience of the way staff responded to Adam in primary school and, in her recollection, she appeared deflated at the contrasting experiences in secondary school.

> *"Then when he went to the primary school, he had his few problems because he wasn't on medication... He couldn't sit still… but they were marvellous with him over at the primary school…they always kept him busy… he thought he was really important… Don't get so much up the comp now you see." Amanda, pg. 6*

3.1.2.4 Support available

Despite the possible challenges in the way school staff may respond to children, kinship carers appeared to recognise that schools had funding available to support children in kinship care, through programmes such as ELSA (Emotional Literacy Support Assistant intervention) and key adults checking in with the children, to develop confidence and trust in adults. Beverley recognised that school staff check in on Ben each day, to make sure he is ok. This seems to be viewed as important, as Beverley worries that Ben wouldn't seek out support independently. Further to this, transition support into secondary school was recognised by Catherine, whereby Chloe was identified for extra support, and she had the same teacher in year seven and eight, to increase consistency and safety.

> *"I think they have got support, because he is looked after, they go and see him every day to see how he is and that, but I don't think he would go and talk to people because he doesn't like talking." Beverley, pg. 11*

> *"She did like [name of teacher]. She had [name of teacher] for year 7 and 8 because they wouldn't move her around the school as much as the other pupils, and I think, you know, I think she did like, initially, that extra support." Catherine, pg. 10*

Although support was provided in school, there was a narrative around the need for kinship carers to gain additional support outside of school to help the children meet their potential, such as through private tutors or for the kinship carers themselves. There was a sense that kinship carers play an important role in helping the children see their strengths and how to achieve their goals. Amanda and Catherine appeared to feel frustration at the perceived lack of support provided by school, resulting in kinship carers needing to fund a private tutor.

> *"I will educate her in my house, because the only place that she learns is when she is sitting in my house with a tutor that I paid for and she is fully engaged for the whole hour there, I said, that is more education in that hour than she has in a whole week in that classroom." Catherine, pg. 6*

It is important to acknowledge that the kinship carers recognise the negative impact Covid-19 had on the emotional support available for children, as highlighted by Amanda.

> *"Well, he went to the [name of project] a couple of times and they take him out and talk to him about anger management and everything like that but then the coronavirus happened, and he couldn't go nowhere." Amanda, pg. 15*

3.1.3 Relationships

Relationships featured strongly across the narratives of the kinship carers. Children and kinship carer relationships with school staff were strong elements within the discourses of the kinship carers, as well as the relationships children had with peers and the involvement of social workers.

3.1.3.1 Children's relationship with school staff

A designated adult with dedicated time for children in kinship care was viewed as important by kinship carers. The narratives seem to highlight the importance of consistency and trust in building positive relationships with children in kinship care. Negative feelings towards school appeared to develop when children in kinship care do not have positive relationships with school staff, as highlighted by Amanda. Beverley recognised the value of having a designated teacher for Ben to seek support from.

> *"It's only the ones that don't know him he gets a problem with, he hates school" Amanda, pg. 9*

> *"They have got a dedicated teacher up there as well for looked after children, so they know. If Ben is struggling, he knows to go to Mr So and So, that's who he goes to they told him, so they must have a designated teacher that has different ways of dealing with children who are in care." Beverley, pg. 11*

It was recognised that there may be barriers for children in kinship care, when building relationships with school staff. Inconsistent school staff, the Covid-19 pandemic and children's difficulties with trust appeared to impact on the opportunities for children and school staff to build positive relationships. Amanda expressed concerns about Adam's difficulties in trusting others:

> *"Perhaps he could understand a bit more, as he is growing older then you know, and the people are helping him and are with him and not against them, then you know what I mean, they are helping him, but at the moment, sometimes he thinks that teaches teachers are against him like you know what I mean?" Amanda, pg. 17*

3.1.3.2 Kinship carer relationship with school staff

It appears that relationships between kinship carers and school staff impact on the educational experiences of the children. Consistent and reliable communication with a key member of staff appeared to be valuable, to provide a sense of reassurance and trust. Beverley shared:

> *"You always got that one person you can speak to and you can guarantee they will call you back." Beverley, pg. 11*

The importance of communication with school staff was further recognised, when kinship carers spoke about the need to 'fight' to get the child's needs met. For example, ensuring children are provided support in line with their bespoke needs, rather than their label of being in care. Beverley shared insight into the benefit of a two-way relationship with school staff to gain support for children. Beverley's efforts to work with school staff, rather than against them may contribute to her positive experiences of engaging with them. This focuses the responsibility on both the kinship carer and the school staff to work collaboratively.

> *"Well it works two ways doesn't it, and you've got to be there, you can't just sort of say 'how was your day, there we go bye, off you go to bed', you have got to get involved with the school as well, like school meetings, I never miss a school meeting erm…we have always done a lot with the school as a family and I think if you put the effort in, they think that person really cares and they will make that effort with you." Beverley, pg. 7-8*

In addition to the importance of the kinship carers and school staff working together to meet the child's needs in school, reflections were offered about the needs of kinship carers, such as having dyslexia. Amanda and Donna shared reflections on the positive impact of staff adjusting support to meet their needs. They both acknowledged efforts from staff to make sure any barriers to their engagement in their child's education were removed.

"So I have a good relationship with all of them because I have dyslexia and they get in touch with me all the time…right say I got a problem because I have got dyslexia and that, they help me out and go up and help me out you know what I mean. Like say they bought homework and I couldn't do it, I would go up and they will help me out." Donna, pg. 8

"Cos it's a Welsh school you see, so everything that comes in gets written in Welsh and [name of teacher] fair play, she said if we have paperwork then it will be in English then you know for us, so that's good. But in the beginning that was all in Welsh." Amanda, pg. 12

3.1.3.3 Social workers' role in supporting kinship families with education

There was a sense of conflict in the way kinship carers viewed the relationship and support they had with social workers. There were views shared around the support that social workers provide in helping the kinship carers to advocate for their child's needs within school:

"Chloe's social worker had to get involved then and she came to a meeting with me with the school...and she said oh I have heard that this school won an award for the CLA award which shows how fantastic you are with CLA children, and he said, 'oh yeah' and she was like 'well let's see what you can do with this one then'." Catherine, pg. 6

However, there were frustrations about the conflict in parenting roles between the social worker and kinship carer, which appeared to cause difficulties for the children. Donna and Beverley expressed tension around the complexities of the social worker having parental responsibility, and the impact this authority had on the decisions made about the child's life:

> *"He [social worker] said 'it's not up to nanny it's up to us whether you can have [identifiable information]'. Whether he was trying to help me out of the situation or what, I don't know but it didn't help cos they know that I don't have any authority over them." Donna, pg. 19*

> *"They [social workers] say 'oh we have got to look into these things', and I know but it's making him unhappy you know, he absolutely adores going with his dad and you know, I've known his father for years and years, if there was any danger, I wouldn't let him go but I know he is safe with his dad… They need to act on it, quicker than they are, not another year down the line, you know for his sake, because we are the ones who get it then 'when can I go with dad? Why can't I go and stay overnight?'." Beverley, pg. 14-15*

Despite this, Beverley and Catherine recognised that, although they do not get much support from social care, they would get less if they were to request a special guardianship order, which is where the kinship carer has full parental responsibility of the child.

> *"Beverley: She [social worker] said she has been trying to get the kinship carers to take, not residency, another name, what is it?*
>
> *Researcher: Erm special guardianship?*
>
> *Beverley: Something like that, which means he wouldn't, not that we get much help now, but we wouldn't get the help and that, and I said no because we wouldn't have had the respite to take [sister] out when we did." Beverley, pg. 17*

It seems reasonable to suggest that social workers play an important role in supporting kinship care families. However, there appears to be complexities that can exist which can lead to direct and indirect process issues regarding who leads on ensuring children's needs are met in schools.

3.1.3.4 Peer relationships

Friendships featured as an important factor within the narratives of all kinship carers, when considering the educational experiences of children in kinship care. Specifically, the children's social skills and vulnerabilities to being misled by peers and peer pressure were concerns for the kinship carers, as highlighted by Donna. When interpreting the views of Catherine, there was an indication that children in kinship care may experience a delay in their development of social and emotional skills.

> *"The problem is that the ones he is friends with can misguide him a bit because they get in trouble. They lead him a stray. I know you can say that Dan is old enough now to have his own mind, but he will go with them just to, you know what I mean." Donna, pg. 5*

> *"Chloe always played with the boys. Chloe never played with the girls, they were too hard to play with you, with a girl, it was more emotional, and it was like, you know, girl play, and boys run around kicking and I suppose she could do that and blend in. But as to be playing with the girls and they were playing characters and things. It was way way over her head." Catherine, pg. 9*

All kinship carers recognised that these social difficulties and vulnerabilities have possibly been further exacerbated by the Covid-19 pandemic, whereby children appear less motivated to spend time with friends outside of school.

> *"He went out a lot before covid, swimming, always out with his friends but since covid he hardly leaves the house… I think covid has a lot to answer for." Beverley, pg. 3*

3.2 Findings of the children in formal kinship care interview analysis

Four superordinate themes were generated from the interviews with children in kinship care (see Figure 7). As with Part 1, the subordinate themes were developed from each transcript and then, through a process of reading and re-reading, the subordinate themes were mixed and grouped across all three transcripts, to form superordinate themes. The superordinate themes are impact of others' views, relationships with school staff, school ethos and transition. Appendix T contains full lists of quotes for each theme.
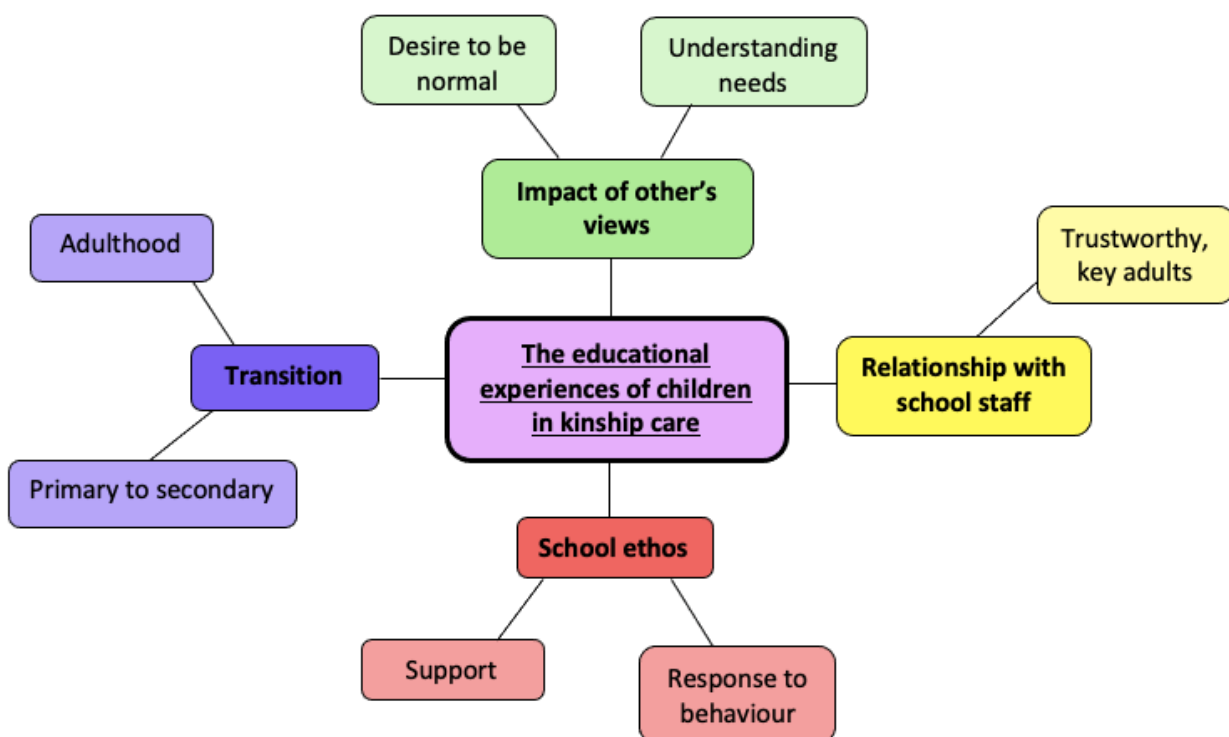
Figure 7

Thematic map to represent the themes for the children in formal kinship care

3.2.1 Impact of others' views

A desire to be treated normally by peers and school staff featured strongly within the children's discourses, and the views and actions of others towards children in kinship care, impacted on the way they navigated their educational environments.

3.2.1.1 Desire to be normal

A strong pattern in the dialogues of the children was a desire to be treated the same as everyone else. Chloe and Adam shared stories about their friends being understanding and not drawing attention to the fact they live in kinship care. However, there appeared to be a sense of embarrassment related to being in kinship care and some children made decisions to avoid peers knowing or seeing them with their kinship carers. For example, Adam shared a moving narrative about the steps he takes to ensure his peers do not see him getting dropped off by his grandparent carers.

> *"When I'm going to school and I'm getting dropped off by either nan or gramps, right, then it's different to what other people erm are, obviously all my friends know like who I live with and everything, but like sometimes it's a bit weird going to school with them, not with friends but with them…we leave the house at 33 minutes past 8… because if we leave at half past we are going to get there at 25 to, and if we leave at 33, we get there at 20 to…I've got to be there at 20 to and I don't want to be there too early or too late….because the buses are there…like when we go there and we see the bus there I'm like 'go' type of thing, but like I just don't know." Adam, pg. 8*

When considering why children experienced feelings of embarrassment towards being in kinship care, participants recalled experiences of bullying which may contribute to that sense of shame/embarrassment. This was particularly difficult for Chloe, who moved into kinship care and stayed in the same school. This meant the other children and families knew the reasons she went into care. As a result, Chloe valued having a fresh start at school, when moving into kinship care.

> *"Well, nobody knew me so they couldn't say anything to me." Chloe, pg. 6*

3.2.1.2 Understanding of needs

The children's stories at times focused on the importance of others showing an understanding of their needs as children in kinship care. This seemed to, in some ways, conflict with their desire to be treated the same as other children. Some children felt that school staff should adjust the way they respond to children in kinship care, due to the difficulties they have experienced. Adam provided a powerful reflection:

> *"Erm they should be aware, because like sometimes you know, when teachers give a child a row, they will sometimes use an example of something that has happened to someone else or something that could happen that can relate to what has happened…the teacher doesn't understand what the child has gone through like, if they have lost a family member or something like that, so the teacher will give an example with a family member right and then it hits the child hard type of thing. So maybe they should be aware of what the child has gone through in life." Adam, pg. 16*

However, Chloe expressed her reluctance to disclose her home situation to school staff but recognised the difficulties that can arise if staff don't know her situation. For example, school staff referring to her kinship carer as 'mum'.

> *"It's a massive problem. They don't know who I live with. Like obviously they do know secretly but they don't want to say do they. My head of year always say oh I will call your mam and stuff like that." Chloe, pg. 23*

For school staff to understand their needs, the voice of the child felt like an important element. Chloe shared her experience of not feeling safe to share her views in her CLA meetings, due to the worry about the school staffs' reactions. She recognised that it is important for children to be provided with opportunities to share their views in a space they feel comfortable to do so. To build on this, Adam felt that school staff have a responsibility to

check in with children about how things are going, to get an understanding of what support they might need. He reflected:

> *"Depends really what the child has gone through, I can't really say an example about myself but say if the child has gone through a bad time, maybe the teachers should understand that and ask them if they are going through anything like problems or anything." Adam, pg. 18*

3.2.2 School ethos

All children acknowledged the impact of the school ethos on their experience of education. The need for adjusted support and equal opportunities was recognised, with a nurturing response to behaviour being prioritised.

3.2.2.1 Support

It was recognised that having staff who invest their time into helping children with their learning was important. Adam provided a powerful account of the importance of school staff taking steps to understand the unique needs of each child, to make sure support provided is suitable.

> *"Well like with learning wise, if the child is going through like, some people have different problems with different things, teachers should understand that like give some support when they are teaching the child like give them a better chance, instead of saying oh its easy just get on with it, they should actually help them." Adam, pg. 18*

Positive experiences of primary school were shared. However, there appeared to be fewer in relation to support and equal opportunities in secondary school. When Chloe transitioned to secondary school, she was placed in the 'ALN' class. Chloe was motivated to be in a different

class as she had noticed staff in the 'ALN' class treated students differently. Chloe's experiences appear to have evoked feelings of frustration. The sense that staff working with students in higher sets provide their students with better support, was a particular concern for Chloe.

> *"You're like a baby. They don't really like care what do you do, they just don't like care, it sounds horrible, but they don't really care about you and act like they are just in the lesson and they gotta teach you…Because I have gone up like higher sets, they like treat you different, well I personally think that. They like give you more like help and stuff like they want you to do better like and stuff." Chloe, pg. 29*

3.2.2.2 Response to behaviour

Another focus point for the children was the way school staff respond to behaviour and the positive impact of adopting a nurturing approach. There was a strong view held by all children about the way primary school staff responded to their needs, in comparison to secondary schools. The children showed insights into their emotional responses, and how staff can shift the way they engage and respond, to prevent escalating behaviours. Responding to behaviour in a calm way was viewed more positively than shouting, as highlighted in the following quotes:

> *"Even if you have been in a massive fight and you are struggling to breathe type of thing, they won't like get to the point then, they try and calm you down and help you first and then they will just ask you what happened and that and find the story. But then, in secondary school they will try to get the answers out of you there and then." Adam, pg. 12*

> *"They'd [primary school] take you out like they would first be calm but if they know you have done it then they would shout, like if they know you have done something wrong, and they know it's you." Dan talking about primary school, pg. 3*

> *"Like I'm the type of person, if they are shouting at me, I go mad and I just be naughty and stuff cos I don't really like people talking to me in a horrible way otherwise I will just start being naughty." Dan, talking about secondary school, pg. 1*

3.2.3 Relationships with school staff

The children's relationships with school staff were a prominent feature across all their narratives, whereby having a key adult who they could trust appeared to be important.

3.2.3.1 Trustworthy key adults

It appeared important to the children, for adults to take the time to get to know them and their needs, and to develop positive relationships with staff who understand them. Adam reflected on the benefits of having support from a key adult in a "person to person type of thing" (Adam, pg. 19), which may demonstrate the power of close relationships with individual school staff.

However, a sense of power imbalance and trust appears to impact on relationships with secondary school staff. Chloe and Dan presented powerful accounts of the importance of respect between school staff and students, and the limited trust they feel towards adults keeping information confidential.

> *"Erm, yeah there are three teachers I like, they are tidy you know what I mean?... they know not to push me and all that and if they know I want to be left alone or something, they do." Dan, pg. 5*

> *"Like respect, what's that saying, to get respect you've got to give it and it's not always that way… they shouldn't automatically think they have respect just because they are a teacher. Like teachers are horrible and you aren't going to give them respect if they are treating you badly." Chloe, pg. 28*

When further exploring children's relationships with school staff, there appeared to be importance placed on staff creating a safe and confidential space for children to communicate their worries and experiences. Chloe and Dan both expressed more comfort in speaking to their social workers or kinship carers about any difficulties, rather than school staff.

> *"I don't want school knowing everything, I don't know why, I just don't trust them, I don't know why… I wouldn't say anything to the teachers like if something was wrong, but like I would tell someone, I just wouldn't tell them." Chloe, pg. 20*

> *"No, no teachers, I don't like talking to them. I would usually talk to my social worker about it, and they would usually do something about it." Dan, pg. 12*

3.2.4 Transition

Transitions for the children were a key element of their experiences. The children spoke about their transition from primary to secondary school as well as their future transition to adulthood.

3.2.4.1 Primary to secondary school

When exploring transitions to secondary school, Chloe and Dan viewed additional support as helpful, such as transition days to become familiar with the school environment and the school staff. However, despite attending transition days, Adam expressed emotions such as nerves when reflecting on his first few days at secondary school. These narratives can be interpreted in a way that suggests although support is provided, there may be more that can be done to help vulnerable children when the transition takes place, not just in preparation for it.

"I was like really nervous in a way, like when I go like obviously the first day of going to secondary school... I went in the car, but I was like what class am I going to be in and where do I have to go? Considering I had already been to the school to see what it was like and everything, but obviously I didn't know, where to go like." Adam, pg. 6

3.2.4.2 Transition to adulthood

Transition to adulthood came through the narratives of the children, in terms of how prepared they were feeling for their future. There was a mix of feelings around looking forward to finishing school, whilst apprehensive about what the future looked like. Chloe shared that she did not know what she wanted to do when she finishes school in terms of whether to continue with education or what type of job she would like. This indicates that

children may benefit from more support at school for thinking about what career paths they could take, and what skills are required. Children may benefit from support that is focused on the future, rather than solely on their GCSE exams.

"They don't really help when you are older about jobs. That Welsh Bach is supposed to support you to find jobs but like. They talk about it a lot, but they just want you to pass your GCSES I think." Chloe, pg. 27

4 Discussion

The current study aimed to gain further insight into the lived experiences of children in formal kinship care, to make sense of why they might not be doing as well as the general population, as found in previous research (McKinnell, 2020). This discussion explores the findings of the three superordinate themes from the kinship carer interviews and the four superordinate themes from the children's interviews, in relation to the research questions, existing literature, and psychological theory. Within this discussion, both children and kinship carer perspectives will be presented together, to create a rich and in-depth summary of the educational experiences of children in kinship care. Following this, implications for educational psychologists are discussed, as well as strengths and limitations of the research, and possible future research avenues.

4.1 The findings from interviews with kinship carers and children in formal kinship care

Part 1 aimed to explore the research question: What are formal kinship carers' views / perceptions of the children's educational experiences? The kinship carers' lived experiences offer valuable insight into some of the risk and protective factors associated with creating a positive educational experience for children in kinship care. Part 2 aimed to explore the research question: What are the views of children in formal kinship care regarding their experiences of education? The children provided insights regarding the way they would like to be treated and supported within school.

4.1.1 The complexities within formal kinship care

From previous literature, as well as the current study, it seems reasonable to suggest that the educational experiences of children in kinship care are impacted by a range of interrelated complex factors, such as trauma experiences, stresses within the kinship family home and complex relationships. The extremity of the interacting systems around children in kinship care can be understood through Bronfenbrenner and Ceci's (1994) bioecological model of human development as shown in Figure 8. Understanding the needs and progress of children

in kinship care, from a systemic perspective, can create a holistic picture into the contributing factors of the educational outcomes of children in kinship care.

Although children in kinship care are likely to have experienced similar trauma to those in non-kinship foster care, it seems important to not place kinship care under the same umbrella as non-kinship foster care, as research suggests there are additional complexities for kinship care families, that need to be considered. As highlighted by Rose et al. (2022), complexities appear to exist within the family dynamics of formal kinship care arrangements, with the child's biological parents as well as the social workers. Despite identified support from social workers, the current study and Rose et al. (2022) indicate there to be tension when decisions are made by external decision makers. Kinship carers expressed the desire to have more control over decisions and increased stability for the children (Rose et al., 2022), as the disagreement in viewpoints from a parenting stance between kinship carer and social worker, appeared to cause difficulties for the child. This is likely to be an additional layer of complexity in comparison to informal kinship care, where children do not have a social worker. However, although complexities arise, kinship carers in the current study recognised the additional social care support received due to being in formal kinship care, in comparison to informal kinship care and special guardianship.

Further to this, the kinship carers can find themselves in a dual role with the child and the child's biological parents. Inconsistent and complex relationships with biological parents can directly affect children's emotional and physical wellbeing as well as their relationship/attachment with their caregiver (Hong et al., 2011). Selwyn et al. (2013) found that children may have difficulties speaking about their parents with their kinship carer, due to worries about upsetting them (Selwyn et al., 2013). This was pertinent for a kinship carer in the current study whose son (the child's father) had recently died, which had an emotional impact on the child and the kinship carer. Interestingly, when listening to the experiences of a kinship care and child, where the kinship carer was a non-biological aunt, rather than grandmother kinship carer, their relationships appeared more positive in terms of the child seeking support from the kinship carer, in comparison to the biological grandparents. This may be associated with the reduced links to the child's biological parents.

4.1.2 Understanding needs by gaining the voices of children and their kinship carers

An over-arching consistent finding from the current study is that children in kinship care have a desire to be treated the same as others, with a need for less emphasis being placed on their label of being in kinship care. The journeys children in kinship care go through are different, with some more unstable than others (Wellard et al., 2017). Instead of placing their needs under the umbrella of CLA, both kinship carers and children recognised the importance of school staff understanding their individual stories. Research by Bright (2017) discussed the fact that being identified as part of a vulnerable group, does not causally mean you are going to struggle, there are just risks to vulnerability, due to previous negative experiences.

Previous research suggests that there are varied views regarding the knowledge and understanding of school staff (Wellard et al., 2017), with some staff being unaware of the complexities that exist for children in kinship care (Houston et al., 2018). To develop this understanding, kinship carers in the current study recognised the importance of key adults, who consistently attend CLA review meetings, to avoid information getting lost and kinship carers and children having to repeat their traumatic history (Houston et al., 2018). This was further developed by the emphasis on the need for children and their kinship carers' voices to be heard. Despite policy and legislation in place, representing the voice of the child in CLA meetings and key decisions about their lives is still a challenge (Pratchett, 2018). Children are continuing to feel that they do not have enough involvement in decisions about what they need (Selwyn et al., 2013). This is something that came through the interviews with children in kinship care as they felt they did not have a safe space to talk about their needs and wishes in school, particularly in the CLA review meetings.

Further to this, as highlighted in previous literature, kinship carers sometimes feel they need to be their child's champion to meet their needs (Wellard et al., 2017) and they want school staff to prioritise gaining their views (Gibson and McGlynn, 2013) to develop an understanding of what works best for the child. Recognising that home and school are interrelated seems to be a positive step towards collaborative working. However, to develop this, kinship carers in the current study reflected their own needs and the barriers they create

for engagement. Kinship carers highlighted the need for staff to adjust their practice to remove barriers to kinship carer engagement. As suggested by Gibson and McGlynn (2013), additional support for kinship carers can be helpful to support engagement in their child's education, such as kinship carer workshops.

4.1.3 Primary versus secondary school experiences

Within the current study, from the perspectives of the children and their kinship carers, there were stark differences in the feelings and views towards primary school experiences in comparison to secondary school. This seemed to be in relation to response to behaviour and ability to form relationships. The way staff respond to children in secondary schools appears to create challenges due to a power imbalance between school staff and children. According to the children, a power imbalance between themselves and their school staff leads to a lack of trust.

The power imbalance identified can be further understood by considering the way staff in secondary schools respond to the behaviours of children in kinship care. The discourses of the children and kinship carers illuminated a feeling that staff in secondary schools were functioning from a reactionist position, escalating situations using shouting. Although no previous research into children in kinship cares' experiences of school staff shouting was found, research by Fromuth et al. (2015) suggests that being shouted at by school staff has adverse effects on the children's lives such as low self-esteem and difficulties with social functioning. Interestingly, Arbuckle and Little (2004) found that school staff in secondary school employed similar strategies for behaviour management to primary schools. However, behaviour difficulties were more prevalent in secondary schools. This suggests that there may be factors other than management strategies that are impacting on behaviour, such as: "reduced time each teacher spends with a particular group in secondary school compared to primary school (possibility for less consistency in strategies); developmental changes; transitional stress; and other environmental variables (such as increased demands, family pressures etc)" (pg. 68).

It was powerful to listen to the children in the current study provide insight into their own emotional triggers and responses, in relation to their engagement with school staff. Although the children did not state it specifically, they were offering thoughts around the importance of staff adopting a nurturing and relational approach (Bombèr, 2011). Rather than shouting at children in response to their behaviour, both kinship carers and children noticed that staff in primary schools successfully came alongside children at times of distress, to help them into a calmer state (Bombèr, 2011). From an attachment perspective, as recognised by the kinship carers in the current study, vulnerable children may struggle to feel safe, and are likely to require consistent boundaries and trusting relationships with adults to help them regulate and feel ready to engage in learning (Bergin & Bergin, 2009; Marland, 2006). Attempts to attune to, and understand, what a child is trying to communicate through their behaviour, is viewed as important and effective (Bombèr, 2011).

4.1.4 Social difficulties

When reflecting on the difficulties experienced in secondary school, developmental factors may also be at play. When exploring the literature, children in kinship care may present with lower social competence as a result of the trauma and attachment difficulties experienced (Bergin & Bergin, 2009). Within the current study, kinship carers recognised that the children have a desire to have friends but due to their social difficulties, they are vulnerable to being misled. Children who have experienced abuse, neglect and trauma are likely to have unmet needs of belonging (Maslow, 1943). Further to this, children in kinship care appear to have a negative self-concept and social identity and these difficulties appeared to be more prominent during secondary school.

Social identity theory posits that in adolescence, social comparisons and feedback from others becomes more prominent and during this period, children become increasing more self-conscious and interested in others' views (Livesley & Bromley, 1973). Linked to the desire to be the same as others, having negative self-identity can lead to children in kinship care feeling the pressure of being part of the in-group (Ahmed, 2007), increasing their vulnerabilities to exploitation.

4.1.5 Transitions

When considering children in kinship care's sense of belonging and identity, it is important to reflect on the challenges that may arise during key transition points in education. There is limited previous research into the secondary school transition experiences of children in kinship care. However, in the current study, the children reflected on their secondary school transition experiences. Additional support prior to transitioning was viewed positively. However, the children recalled anxieties about starting at secondary school, after the long summer break, with fears of not knowing where to go. Additional steps to help children feel safe in their new environment appears important to reduce the risk of difficulties occurring, as found in research by Wellard et al. (2017). This was mentioned by one kinship carer, who recognised that their child's school had a transition plan in place for year seven and eight, whereby vulnerable children were provided with the same teacher for each lesson, in the same classroom, to try and create a similar environment to primary school.

Further to this, children brought up in kinship care are more likely to be not in employment, education or training, in comparison to the general population (Hunt, 2020). When listening to the narratives of the children, there was a sense of uncertainty about what their future was going to look like but there was also a sense of relief about the thought of leaving education at 16 years old, due to feelings of dislike towards their secondary school experiences. This warrants further discussion, as although the children did not know what their future was going to look like, they presented with a sense of relief, rather than anxiety at the unknown. This may be due to their overwhelming desire for school to end, which could reduce the focus on the uncertainty of their future. When considering self-determination theory (Deci & Ryan, 2010), children in kinship care are likely to need support to help identify what they would like to do with their future, support to develop a growth mindset and develop skills to feel competent in achieving their goals, as well as supportive relationships with key adults to help them feel contained (Cockerill & Arnold, 2018). This theory may be a helpful starting point to consider how to increase the motivation of children in kinship care to engage in further education, employment, or training.

4.1.6 The impact of the Covid-19 pandemic

It is important to recognise that, whilst considering the complex factors at play for children in kinship care which can impact their educational experiences, most elements of the kinship carer's narratives placed focus on the influence of the Covid-19 pandemic. Covid-19 was not a specific focus of this research, but it is clear to see the negative impact it had on the support available for children and kinship families, and the ability for children to build relationships with staff and peers. It also highlights the emotional and mental impact of the pandemic on kinship families. It is, therefore, important to recognise the point at which the interviews took place, and the influence the pandemic appears to have had on the experiences of these children and families.

4.2 A bioecological systems perspective

As highlighted at the start of the discussion, both the experiences of children in kinship care and kinship carers within this research highlight the systemic factors that contribute to the experiences of education for children in kinship care and the influence of different relationships and constructions held by others. This can be helpfully visualised using Bronfenbrenner and Ceci's (1994) bioecological model of human development. Through this model, as shown in Figure 8, the possible interacting, and conflicting systems around children in kinship care can be seen. As highlighted by the findings, the interactions between the different complex systems around children in kinship care can impact on the way they interact with their education. Therefore, understanding the needs and progress of children in kinship care from a systemic perspective, can create a holistic picture into the contributing factors to the educational outcomes of children in kinship care. See Appendix U for a visual of Bronfenbrenner and Ceci's original model.
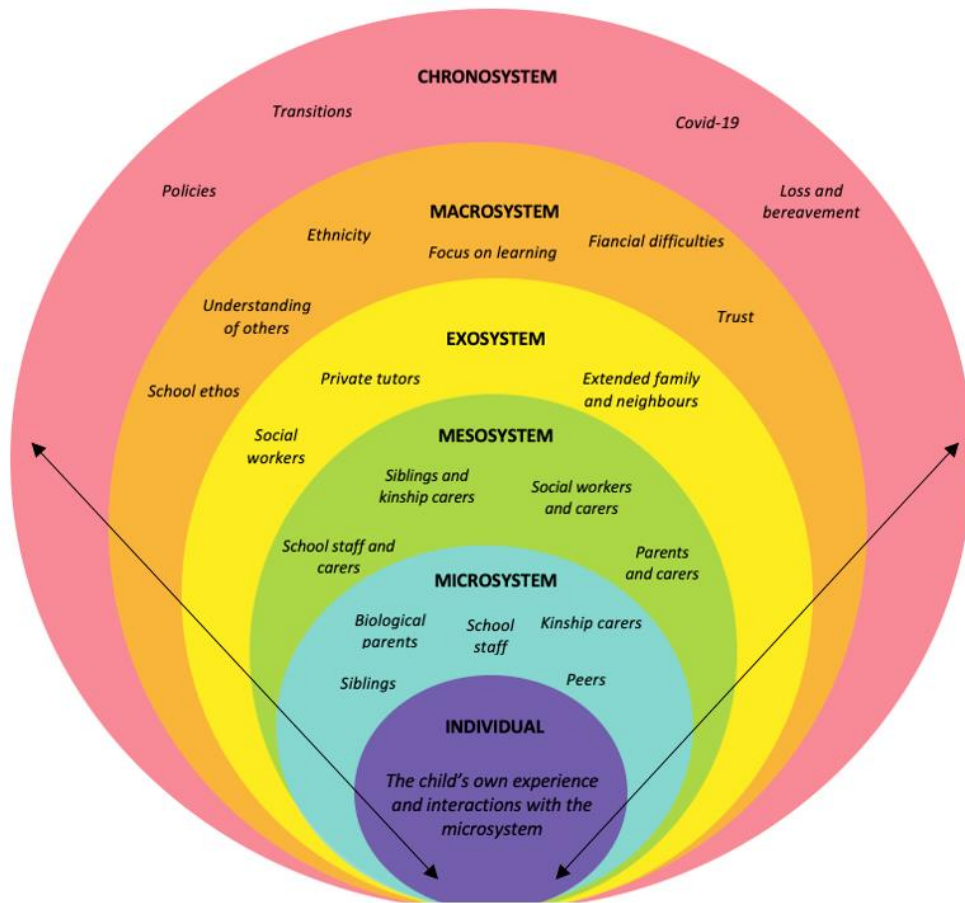
Figure 8

Bronfenbrenner's bioecological systemic model, presenting the multiple systems that can influence on the educational experiences of children in kinship care

4.3 Implication for educational psychologists

Table 6

Implications for educational psychologists

The need to develop a sense of belonging	The importance of relationships	The importance of developing awareness of needs
1. EPs can support school staff and social workers to consider how to support children to do life story work, to make sense of their previous experiences and the reasons they are in kinship care. It appears that children may struggle to explore their life story with kinship carers due to the dual relationship with the child's biological parents. 2. EPs can reflect with schools about pastoral provision and the importance of	1. EPs can be an advocate for kinship carers and support the process of building relationships and communication. They can promote the importance of regular communication about any life changes for children, so that staff can adjust practice to meet the child's needs. 2. EP can support staff to recognise the importance of bespoke support for children in kinship care. Not all children will feel comfortable talking about their	1. EP can educate school staff on the negative impact of shouting on children, in terms of power imbalance as well as trauma experiences. EPs could promote models such as PACE (playfulness, acceptance, curiosity and empathy) (Hughes, 2009) to avoid perpetuating feelings of loss and rejection through punitive behaviour management strategies, and instead providing them space to calm down, before talking about a situation.

having a safe space and a key adult, for a child to access if needed.

3. EPs can help schools to think about increasing a child's sense of belonging in school through participation in clubs/giving responsibility.

feelings and circumstances. How can staff get to know the children, to learn what makes them happy and calm? This information should inform a bespoke support plan for children in kinship care.

3. EPs are well placed to consider ways to raise the profile of quality transition for children in kinship care at key stages, which focuses on the importance of building trusting relationships and consistent routines.

4. EPs can support staff to reflect on the impact of the Covid-19 pandemic on children's sense of safety and belonging, and consider ways of rebuilding relationships that were disrupted due to the pandemic.

2. EPs are also well placed to provide consultation and training to school staff and other professionals, to expand their knowledge and understanding of the needs of children in kinship care. This training could include psychological theory to make sense of the challenging early life experiences, as well as recognising the complexities that can exist within kinship care families, that are somewhat different to those in non-kinship foster care.

3. EPs can add a good understanding of children in kinship care through assessment and formulation at an individual level.

4.3 Implications for social workers, school staff and beyond

When considering Bronfenbrenner and Ceci's (1994) bioecological systems model and the accounts of both the formal kinship carers and children, it is clear to see the possible impact and influence of a range of different systems around children in formal kinship care, on their educational experiences. Therefore, although a key focus of this research was to draw upon the role of the EP in supporting children in formal kinship care, there are also direct implications for social workers, teachers and wider professionals, who work with children in kinship care and their families.

A key message that comes from the findings is the need for both children and kinship carers to have access to a key adult, who provides consistency and a high level of quality communication. Having a consistent designated adult in school seemed important for both kinship carers and children, which was not always experienced by the participants in this study. There are a range of possible complicated dynamics between different adults in the children's lives. Therefore, careful consideration should take place to unpick who may be the best key adult for them.

To ensure children in formal kinship care have access to the right support and for adults to understand their needs, it is important for their unique circumstances, needs and wishes to be heard. Listening to the experiences and wishes of children in formal kinship care appears to be key in providing them with a holistic and bespoke support plan. To further enhance this, listening to those who know the child best, such as the kinship carers seems important. In addition, kinship carers have their own unique needs and challenges, and kinship carer engagement appears to work best when school staff and social workers recognise these needs and adjust their practice accordingly, to remove barriers for kinship carer involvement. The legislation in Wales, strongly states the importance of a collaborative approach between the child, carer and professionals. Therefore, steps must be taken to ensure children and formal kinship carers feel fully involved in the process.

When considering legislation in Wales further, it may be important at a government level, to reflect on the processes in place for children in kinship care, in terms of identification of need

and local authority support. This research indicates that children in kinship care may be placed under the umbrella of 'CLA', which can lead to possible misinterpretation of their needs. One reasoning for this could be due to the lack of differentiation placed within legislative documentation about different types of CLA placements. It will be useful to consider whether a different process should be in place for children in kinship care, to allow for slightly different contextual situations to be taken into account.

When thinking specifically about the role of school staff and the level of understanding they may have about the needs of children in kinship care, there appears to be possible gaps in knowledge. Local authorities could prioritise developing training for school staff to enable them to develop an understanding of the complicated dynamics that can exist for children in formal kinship care and reflect on the implications they may have on children's education. There appears to be a need for relational and nurturing approaches to be adopted for children in kinship care. Therefore, school staff would benefit from developing and reflecting on their skills in trauma-informed practice and approaches such as PACE, to ensure they are responding sensitively to the needs of children in kinship care.

By adopting relational approaches, school staff should be able to get to know the children, to understand what their strengths are, as well as their risks to vulnerability. This links to the caveats identified with ACEs research, whereby, resilience can form a protective factor against the impact of ACEs (Bellis et al., 2018). The information and understanding gained by school staff should be used to reduce the children's vulnerability by implementing support that is bespoke and person-centred, with the aims of building resilience within children and their kinship families. Further to this, when considering the social vulnerabilities for children in kinship care, the focus school staff place on building meaningful relationships, may increase children's sense of belonging and self-esteem, which hopefully reduces their risks of exploitation.

4.4 Strengths and limitations of the present study

Table 7

Strengths and limitations of the present study

Strengths	Limitations
• This research provided both kinship carers and children in formal kinship care the opportunity to share their voices. The use of IPA allowed for an in-depth exploration, which extends beyond previous research. The process of critically comparing and contrasting the accounts of both kinship carers and children, created a powerful interpretation of the experiences of children in kinship care. While both kinship carers and children's experiences have been involved in research in the UK previously, they have not been subjected to this level of analysis and interpretation. • The use of semi-structured interviews to gather the data allowed for exploration of different narratives as they naturally arose during the interview. The semi-structured interviews focused on the individual experiences of participants, rather than being driven by the pre-existing literature. This allowed participants to talk about things they viewed to be important. In addition, the use of open-ended questions promoted a sense of empowerment for the participants, which falls in line with the	• Despite the ecological validity of the present study, the researcher recognises that the interpretations are made up of two small homogeneous samples of kinship carers and children in formal kinship care based in one LA in Wales. This therefore limits the generalisability of the research findings to other parts of the UK. However, it is hoped that the issues raised within this research will apply to schools and LAs across the UK. • The nature of IPA involves the researcher taking an active role in the interpretation of the information provided during the interviews. It is possible that the findings could have been subject to bias based on the researcher's own experiences and constructions. • Accessing participants through social workers may have resulted in a bias within the sample. For example, the relationship the kinship carer had with their social worker may have impacted on their motivation to take part. • The researcher took active steps to ensure the participant sample was a homogeneous group. However, three kinship carers were grandparents, and

methodological aims of IPA (Smith & Osborn, 2015).	one was an aunt. Therefore, the experiences described may not have been as homogeneous as hoped. This could have been mitigated by recruiting kinship carers of the same relationship to the child they care for, e.g., all grandparents. • Due to this research being bound by a time limit for completion, the researcher was unable to revisit participants to discuss and clarify research findings to ensure their voices were captured accurately.

4.5 Future research avenues

Future research could include:

- Gaining the view of other systems, such as the experiences of school staff, social workers, EPs or CLA EPs.

- Consideration of different ways to gain further insight into the voice of children in kinship care, such as the Mosaic Approach (Clark & Moss, 2001).

- Action research using an approach such as appreciative enquiry, to explore what works well for children in kinship care, to create a robust and in-depth understanding of good practice.

- A closer exploration of how children in kinship care navigate key transition points such as transition to secondary school and into adulthood.

- Gaining the views of young people in kinship care aged 17 and older, to explore their experiences of transitioning into adulthood.

- Gaining the views of children in informal kinship care, to explore whether educational experiences, staff understanding and support available differ from children in formal kinship care.

4.6 Summary

This research explored the lived experiences of children in formal kinship care and their kinship carers concerning the children's education. The two research questions focused on gaining insight into the views of children in formal kinship care regarding their educational experiences, as well as gaining the views of kinship carers in relation to the educational experiences of the child they care for. Participants shared emotional, reflective, and personal stories which provide insight into the positive and negative experiences children in formal kinship care have had throughout their education. It has also provided understanding around best practice and guidance for schools and other professionals on how to work towards meeting the unique needs of children in kinship care. The accounts shared illustrate the impact that different systems, within and around schools, have on children in formal kinship care and their progress in school. The findings suggest that there is more that can be done in understanding, recognising, and supporting the needs of children in kinship care, with importance placed on listening to the children and their kinship carers, to gain insight into their unique stories. To do this, positive and trustworthy relationships with staff, for both kinship carers and children seem key. Ultimately, there is evidence from this research to suggest that the processes outlined in legislation for children in kinship care is in place in some way, but this research raises question around how effectively the processes are working and whether school staff are supporting children and kinship carers in a person-centred way. Therefore, it is hoped that the findings of this research will contribute to the ongoing movement to improving the experiences and support available for children in kinship care, and their kinship carers, at school, local authority and government levels.

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"He just wants to be a normal child, growing up in his nanna's house."

The educational experiences of children in formal kinship care: an interpretative phenomenological analysis of the views of children in formal kinship care and their kinship carers.

Section C: Critical Appraisal

Word count: 6,989

Part Three: Critical Appraisal

1 Introduction

This critical appraisal aims to provide a reflective and reflexive account of the research process. To emphasise my role as a reflective and reflexive researcher, I will adopt the use of the first person, to maintain my own critical position as supported by Pellegrini (2009).

This critical appraisal will include two distinct sections: a critical account of the development of myself, as a research practitioner, followed by my contribution to knowledge and dissemination. Within the first section, I provide reflections on my research choices from inception to completion, including theoretical perspectives, methodology and analysis. The second section will consider the contributions this research makes to existing knowledge as well as examining how the findings could be developed and disseminated. Potential contributions to future research are discussed, along with the implications for educational psychology practice.

2 A Critical account of the development of the research practitioner

2.1 Conducting the literature review

The process of conducting a thorough literature search initially presented as an overwhelming task, due to my limited experience in carrying out such an in-depth literature search. To navigate this, I sought advice from the Cardiff University library service which I found hugely beneficial in developing my skills in exploring multiple databases and establishing a clear rationale for the type of literature review that would be suitable for my research. Through extensive reading, I developed my understanding of systematic and narrative reviews. A systematic review explores a narrowly focused question with a key aim of summarising the current data (Green et al., 2006). A narrative review is based upon individual interpretation and critique, with the aim of expanding understanding (Green et al., 2006).

Due to the limited amount of qualitative literature available on the educational experiences of children in kinship care, as well as the array of methodologies and focus points for the literature available, I decided to take a narrative approach to the literature review, rather than a systematic one. As with systematic reviews, narrative approaches come with limitations and Green et al. (2006) discuss the lack of objectivity with narrative literature reviews that can occur if the researcher selects literature findings that support their held position. To reduce this risk, I aimed to present research in a critical and objective manner.

The process of a narrative literature review allowed me to select search terms (Appendix A) which enabled me to gain an accurate picture of how much literature there was on the educational experiences of children in kinship care. The database searches returned a reasonable amount of material which required time to sift through. At this point, I was faced with a decision of which sources to include in my review, and which to exclude (Appendix B). I made the decision to exclude any research that was not written in English and any that were not relevant to the educational experiences for children in kinship care. I also had to consider the generalisability and suitability of research conducted in countries of low-income as stated in the world bank classification, as well as research exploring participant groups that are deemed culturally different to the UK, due to the normality of extended family caring for children in some cultures. In addition, a narrative review allowed me to source 'grey

literature' such as government reports and publications from kinship care charities, which were particularly relevant to the research topic.

It was useful to draw upon relevant psychological theories within the literature review, to provide psychological understanding to the complex circumstances kinship care families find themselves in. When doing this, it was important to approach the theories with a critical lens, to ensure a strengths-based and holistic picture of the needs of children in kinship care was presented. There were several psychological theories that would have been relevant to draw upon and a lot of depth could have been placed on the theories selected. However, careful selection and refining took place to ensure the theories chosen were directly relatable to kinship care and education.

2.2 Methodological considerations

2.2.1 Ontology and epistemology

The aim of this research was to explore the educational experiences of children in kinship care from the perceptions of children and their kinship carers. Therefore, a constructivist epistemological stance, underpinned by a relativist ontology, was adopted which influenced consequent methodological decisions. The ontological position reflected my belief as a researcher that the data generated had subjective value and that there are multiple ways in which individuals interpret experiences (Willig, 2013). This allowed space to respect the stories of each participant. In addition, the constructivist epistemological stance aligns with my belief that individuals actively construct their reality through learning (Braun & Clarke, 2013). Constructions were shared by the participants and each construction was valued equally.

In line with my ontological and epistemological positions, I adopted the use of IPA due to the respect it holds for the ideographic nature of participants individual experiences (Smith et al., 2009). Although the ideographic nature of IPA is a strength, whereby in-depth analysis of the participants voices took place, it is important to recognise that only a small sample of participants were involved in the research, meaning the findings only represent the realities of those who participated. Therefore, generalisability of the findings should be done with caution.

As outlined by Willig (2013), the ontological and epistemological position adopted by the researcher, along with their methodological choice, can influence the type of data collection and analysis methods available. Different methods are associated with specific beliefs about truth, knowledge and how the world is interpreted. Therefore, had I adopted an alternative epistemology and ontology position, it is likely that I would have used different methodologies to conduct the research.

To highlight this further, a positivist position suggests that "the external world itself determines absolutely the one and only correct view that can be taken of it, independent of the process or circumstances of viewing" (Kirk et al., 1986, p. 14). From this position, the objective reality is accessed through controlled and thorough observation and/or experimentation (Willig, 2013). The view of one reality existing did not fit with my assumptions as a researcher about the educational experiences of those involved within kinship care. Taking a positivist approach to this research would have removed much of the human element of the data, which did not align with my aims for the research.

2.2.2 Development of the research questions

The research questions flowed naturally from the identified gaps in the literature and my theoretical position. However, a level of confusion arose when considering whether to explore the views of kinship carers or children. Through long consideration, I recognised that I could learn a great deal about the educational experiences of children in kinship care if I gained both the views of kinship carers and children. This is supported by Smith et al. (2009) who recommend IPA to explore the same topic from different perspectives, to develop an understanding of how different people from different positions make sense of what is happening.

The research questions were broad and open-ended, which suited the exploratory nature of the research. I went through a process of refining my research questions over time as I recognised the importance of ensuring the research question for kinship carers captured the educational experiences of children in kinship care, rather than focusing solely on the kinship carers' experiences. This was challenging as I recognised that the kinship carers' experiences of their involvement within the child's education, as well as their experiences of their own

education, may bias their views of what was happening within education for the children they care for.

2.2.3 Semi-structured interviews

I adopted the data collection method of semi-structured interviews, to capture the unique voices and experiences of the participants. This technique gave me the space to adopt an in-depth exploration of individual perspectives (McIntosh & Morse, 2015; Willig, 2013). Through the process of deciding on the data collection method, I considered using a mixed-method approach, through administering a large-scale questionnaire with rating scales and closed questions, followed up with in-depth interviews with a smaller selection of participants. Although this would likely have gained a higher number of responses, it would have reduced the opportunities for participants to share their in-depth experiences. It would have also lost the nuances of individual experiences that I was able to gather through semi-structured interviews. Therefore, as I became more familiar with IPA and the implications of my ontological and epistemological position, I made the decision that semi-structured interviews alone were more suitable.

I was initially apprehensive about conducting the interviews, as my previous experience of conducting interviews was done in collaboration with a colleague, whereby we were able to reflect on each interview process following the interview. To support me to conduct the interviews independently, the interview schedules were valuable in providing me with support if I felt the flow of the conversation was rigid or off-topic. I was aware of the risk of becoming reliant on the interview schedule, so I aimed to ensure that it was used flexibly and that I was not enforcing any barriers to what the participants wanted to share (Kallio et al., 2016; Willig, 2013).

The Covid-19 pandemic impacted my ability to carry out face-to-face interviews, due to Government restrictions. Therefore, I chose to conduct the interviews virtually. Braun and Clarke (2013) shared the view that virtual interviews negatively influence the ability to build rapport with participants and limit opportunities to observe non-verbal communication. However, it has since been recognised that virtual interviews are more cost-effective and convenient for both the participant and the researcher (Archibald et al., 2019; Gray et al.,

2020). Through the process of the interviews, I felt that the online nature created a comfortable space for the participants to be within a safe and familiar environment, in their own homes, with the ability to end the interview with ease if needed (Gray et al., 2020; Hanna & Mwale, 2017; Willig, 2013). One key difficulty that I quickly recognised when recruiting kinship carers, was their lack of experience and/or confidence in using virtual platforms. I adapted to this challenge and put additional support in place to help participants access and navigate the virtual platform, such as phone calls. However, it is possible that the use of virtual platforms may have been a barrier to some kinship carers feeling able to take part, limiting the participant sample to only those who had the means to access the technology with ease.

Although I found the interviews enjoyable and extremely interesting, I noticed limitations in my interview technique for both the kinship carer and children's interviews which I would put down to lack of experience. A criticism of using semi-structured interviews is how much influence a researcher can have on the conversation with each participant (Kallio et al., 2016; Willig, 2013). This is something I became aware of within my first kinship carer interview. During the transcription process, I noticed that I sometimes moved onto the next question too quickly, without giving the participant the space to reflect on what they had said. This was frustrating as there was a chance, I missed deeper level thoughts from the participants. Due to transcribing each interview before the next one took place, I was able to continuously reflect on my interview technique and I through this, I noticed my interview technique improved over time. A key learning point here, was my recognition of the value of pauses to provide participants the space to think and expand on their answers (Braun & Clarke, 2013).

In relation to the interviews with children, one challenge that arose, which I did not anticipate, was the influence of the kinship carer. Due to safeguarding reasons for both the child and I, the kinship carer was asked to be present either in the room or nearby. This provided me with reassurance that if the child became upset or unsettled, an adult was available, if needed. Although having the kinship carer present may have made the child feel more at ease, I was aware that the kinship carer could have influenced the responses of the child. When considering how to mitigate the risk of this in future research, it would be beneficial to have a conversation with the kinship carer, prior to the children's interview, to explain their role and the importance of hearing the voice of the child.

When reflecting on all the interviews, although limitations were present, I feel I developed my skills as a researcher and continuously reflected and learnt from my experiences as the interviews progressed.

2.3 Participants

2.3.1 Inclusion and exclusion criteria

It was crucial that I developed a strict criterion to obtain a homogeneous sample of participants, in line with the principles of IPA (Smith et al., 2009). A purposive approach to the sampling was adopted, to ensure a homogenous sampled was selected (Smith et al., 2009). I made the decision to recruit children aged between 13-16 years old, who were in a formal kinship care placement for at least one year prior to the interview, living in Wales and attending a mainstream secondary school. It felt important for the children to be aged 13-16, as it allowed them to reflect on their experiences of both primary and secondary school.

The decision to recruit participants who were part of a formal kinship care placement was firstly due to the need create a homogeneous group. In addition, being in formal kinship care meant the children would have a social worker as the child would be looked after by the LA. This provided an additional layer of parental/carer consent and meant that if something difficult emerged within the interviews, I was able to signpost the child and/or kinship carer to the social worker for support, if necessary. I made the decision not to provide inclusion/exclusion criteria based upon the relationship between the kinship carer and child, for example, grandparent, aunt/uncle, family friend etc. This may have decreased the homogeneity of the participants as I recruited three grandmothers and one aunt. However, I feel that the different kinship care relationships allowed for insight into the variety of experiences of kinship families.

2.3.2 Recruitment

The recruitment for this research was lengthy, due to the ethical considerations regarding gaining the voice of children in care. Accessing children within a formal kinship care placement required gaining parental/carer consent from both the kinship carer and the child's social worker. Firstly, I had to gain access to a foster care team, to gain consent to conduct the research. Fortunately, accessing the foster care team within a specific LA in Wales was

straightforward due to the support from the Educational Psychology Service within that LA. I met with the social workers from the foster care team and delivered a presentation, outlining the aims of the research. This process included a scoping activity to see if the social workers knew of any families that met my criteria, and we collaboratively decided the best way to share the research opportunity with the kinship carers.

At this point, I was faced with an ethical dilemma whereby the social workers suggested offering an incentive for the kinship carers to take part, whereby the interview could contribute to the Continued Professional Development (CPD) hours they had to gain, as part of being a kinship foster carer. I was very proud of the way I managed this situation as I reflected with the group about two concerns I had. Firstly, I had reservations about the participants expectations of gaining more from the interview than a space to share their experiences. Secondly, I had concerns about confidentiality and anonymity. It was crucial that the kinship carers took part in the interview without needing to inform anyone else that they were taking part. If they felt they had to log the interview as part of their CPD hours, the anonymity of the interview would be lost. Fortunately, the social workers understood my concerns and agreed that it was not appropriate to include the CPD incentive.

In terms of recruitment, it was agreed in the first instance that the social workers would provide the information to the kinship carers, and the kinship carers who were interested in taking part could then provide verbal consent for their details to be shared with myself. One social worker agreed to collate the details of the kinship carers who were interested in taking part and shared it with me via e-mail. Following this, I sent an e-mail to the kinship carers who expressed interest, to introduce myself and provide them with the opportunity for an informal phone call.

Initially, I did not get many responses via e-mail from the kinship carers. When speaking to those I did get responses from, I began to realise the difficulties they faced with accessing technology. I wondered whether e-mail was an appropriate means to provide kinship carers with the opportunity to participate. Through a process of reflection, I realised that the kinship carers had already expressed an interest to the social worker, and therefore, by not telephoning them, I was putting potential barriers in the way of their opportunity to share their voices. I sent a follow-up e-mail to kinship carers whom I had not heard back from, and

then, after a couple of weeks I telephoned them. One participant who answered the phone said she had not received my e-mail and would love to take part. Therefore, if I were to conduct this research again, I would ask the participants to indicate a preference for how they would like to be contacted (e.g., telephone call, text message, e-mail, letter). This would reduce potential barriers to participants ability to consent to take part.

Once I had access to the kinship carers, the process of gaining written consent and carrying out the interview was relatively easy. However, additional processes were required to interview the children. Once I gained parental/carer consent from the kinship carer and social worker, I arranged a telephone/video call with the children, to introduce myself, build rapport and give them the opportunity to contribute to the interview schedule (Cameron, 2005). The aim here was to ensure they knew what they were consenting to, but also that they had increased participation in the process of sharing their voice (Hart, 1992). I felt this recruitment process was crucial to the success of the interviews with the children.

In terms of the number of participants I recruited, ideally, I wanted to gain equal numbers of kinship carer and child participants, to provide an equal balance of representation between both groups. I decided to recruit three of each group, due to guidance presented by Smith et al., (2009) who recommended between three and six participants. I decided to adopt a first come, first served process whereby if a kinship carer and their child both expressed interest in taking part, they would be prioritised over a kinship carer whose child did not want to take part. To begin with, I gained consent from two kinship carers and one child, where one of the kinship carer's children did not wish to take part. I decided to allow the kinship carer to take part, despite the fact her child did not take part, due to limited responses from other kinship carers. Following this, I engaged in the telephoning process, and I gained interest from two more kinship carers and their two children. Therefore, as a result, I recruited four kinship carers and three children. The process of analysis and writing the findings are explored in section 2.4 and 2.5.

When reflecting on the recruitment process, it was clear that key learning took place throughout. At a personal level, individual bravery was required to engage in an authentic, open discussion with the participants about possible emotive topics. A level of perseverance was required, in order to overcome the barriers in place to accessing a group of participants

that are typically seen as 'vulnerable' and 'hard to reach'. To do this, it was important to build relationships with the LA and share my aims and objections for the research with the social workers. This allowed for collaboration and problem solving in relation to recruitment. I was aware that the social workers already had relationships with the kinship carers and children, and they knew how best to contact them and provide them with the opportunity to take part, in an ethical way.

2.4 Data Collection

As part of my data collection process, I decided to interview each kinship carer first, followed by the child they cared for. This decision was made due to the kinship carers being present in the children's interviews and I did not want the information shared by the children to influence the responses of the kinship carers. During the kinship carer interviews, the children were not present, as the interviews took part during the day, while the children were at school. This limited the impact of the kinship carer interviews influencing the children's interviews. However, it was impossible to control the possibility of the kinship carer talking to the child about their interview before the child did theirs.

At the start of the data collection process, I conducted a pilot interview with the first kinship carer and child I interviewed. This was useful as it allowed me to gain feedback from the participants to adjust my interview technique in subsequent interviews (Robson & McCartan, 2016). On reflection, although this was a positive process, I wonder whether providing a questionnaire following the interview would have gained more constructive feedback as the participants may have felt uncomfortable providing feedback straight after the interview and perhaps feedback given verbally may have been more positive due to social desirability. In addition, having the space to reflect afterward before providing feedback may have been more beneficial.

When generating the interview schedules, I worked with my supervisor to generate topics to cover during each interview, in conjunction with reading relevant literature. I recognised the need for the kinship carer interviews to be different to the children's interviews. For example, I needed to gather demographic information from the participants. I chose to gather this information from the kinship carers due to the sensitivity of the information that may have

been generated. The kinship carer interviews then followed the natural flow of conversation, exploring the child's school experiences. Although I did not stick to the interview schedule rigidly, I did cover most points of the interview schedule within each interview with the kinship carers.

The interviews with the children were slightly different. I took careful consideration of how to increase the participation of the children in a non-tokenistic manner. To do this, I reflected on Hart's (1992) Ladder of Participation as well as research by Punch (2002) to consider some of the innovative and adapted techniques that might be appropriate for engaging children in research, with reduced influence of the researcher. For example, I took steps to help the children recognise that they were the experts in their experiences. Before the interview, I gave them the opportunity to suggest areas that they thought I should ask about, to find out what school is like for children in kinship care. This felt like an empowering process for the children. In addition, within the interview schedule, I provided some indirect questions which allowed the children to imagine the best and the worst school, drawn from the personal construct psychology tool (Kelly, 1995), The Ideal Self (Moran, 2001). This meant the children had space away from talking about their own experiences for the whole interview, and it gave me insight into what they viewed as helpful and unhelpful practice for schools.

Throughout the interviews with the children, I was attuned to the level of information they were providing, to gauge how comfortable, they felt. I split the interview schedule into two and asked the kinship care related questions towards to the end (Charlesworth and Rodwell, 1997). Making the children aware of this before and during the interview allowed for informed consent but also mental preparation in the case of potentially emotive topics. I suggested to the children that they could answer the questions broadly, rather than talking about their own unique experiences. For example, the question "what is school like for someone in kinship care?" allowed the children to talk broadly about their views of children in kinship care, rather than specifically themselves. This appeared to be welcomed and the children tended to talk in general about what they feel school is like for children in kinship care, rather than specifically themselves.

2.5 Analysis of Data

IPA explores how individuals make sense of their personal lived experience (Smith & Shinebourne, 2012) and the researcher is tasked with the role of attempting to understand the participant's perspectives of the world (i.e., phenomenological), which is dependent on the researcher's own position (i.e., interpretative) (Smith et al., 2009; Willig, 2013). Alternative approaches to data analysis were considered, for example, Thematic Analysis (Braun & Clarke, 2013), which was a method of analysis that I was familiar and confident in using. However, through exploring different approaches, I reached the conclusion that IPA would be more suitable for my research. IPA does not involve testing a predetermined hypothesis, and instead involves analysing the data for evolving themes within each transcript, followed by looking for commonalities and differences between the participants (Smith & Shinebourne, 2012), to develop in-depth understanding of the lived experiences of the participants.

I reached the conclusion that the kinship carers and children did not represent a homogeneous group due them having different experiences of the same phenomenon. This meant that I analysed the children and kinship carers interview data separately, allowing me to immerse myself in the data for both groups of participants independently. To limit the possibility of the analysis of one group influencing the other, I kept the analysis processes separate and had a break of one week before starting the children's analysis, after I had completed the kinship carer's analysis.

As acknowledged by Smith et al. (2009), the data analysis process was very time-consuming and required resilience and patience. It was difficult to reach a final decision on the superordinate and subordinate themes, and it required a process of revisiting the data and presenting the evolving themes visually. One element of the kinship carer's dialogues which I grappled with was impact of Covid-19. Despite its frequency mentioned, I recognised that I was not spoken about in great depth, but instead, in passing within other superordinate themes. Therefore, it felt suitable to draw on it throughout my findings section and draw upon it in more detail in the discussion, rather than forming its own superordinate theme.

On reflection, I would have liked to have revisited the participants to check whether they agreed with my constructions of the final themes prior to the final report being written. Smith et al. (2009) recognise that participants can sometimes be actively involved in the research process such as taking on the role of co-analysts or via participant validation. However, due to time limitations of the current study, this was not possible. To provide reassurance and reduce the risk of researcher bias, I sought support from a colleague, who checked my data and process.

2.6 Findings

Conducting IPA on two groups of participants presented difficulties when writing up the findings section, due to the word limit guidance for the research. Therefore, I drew on advice from Smith et al., (2009) for writing up studies with larger samples. To do this, for each subordinate theme, I presented generic writing at a group level, followed by presenting a more abstract and conceptual level of interpretation. I then accessed the ideographic level by introducing the participants view, with supportive quotes to illustrate this further. This was not an easy process as I had to carefully consider how to capture the subordinate theme in a succinct way, whilst keeping the voices of the participants alive. This experience has made me realise the importance of being patient within the IPA analysis process and to carefully refine the analysis over time, to reach a succinct presentation of the findings.

2.7 Ethical considerations

To gain ethical approval for this project, I submitted my research proposal to the School Research Ethics Committee, highlighting the steps that were in place to ensure that confidentiality and anonymity would be maintained and that all participants would be fully informed of the aims and procedure of the research before consenting to take part (Appendix N). Gaining ethical approval for this research was smooth, which may reflect the time spent exploring the procedure of my proposed research, to make sure it was ethically sound, prior to submitting for ethical approval.

One concern I had in relation to conducting the interviews was the emotive nature of the circumstances surrounding the kinship care placement. Although I was not exploring the experiences of kinship care specifically, I was aware that the interviews may trigger emotional

reactions. Some of the interviews were emotional at times, and I provided support, through opportunities to take a break or to stop the interview if needed. I also engaged in unstructured dialogue after the interview with the participants, to check in with the participants and to allow time to ensure they left the interview in a similar emotional state to the one they had been in prior to the interview. Further to this, I included signposting information on the debrief form, such as kinship care charities, mental health support services and social services. I emphasised the information on the debrief form to the participants at the end of the interview.

2.8 Researcher's position

When embarking on this research project, there was a possibility of my own constructions influencing the research. For example, I recognised that I had an expectation of hearing negative accounts from the participants. When a kinship carer expressed positive experiences, I felt a sense of initial panic. When reflecting on this reaction afterward the interview, I was surprised at how I felt and I recognised the value in listening to both positive and negative experiences, to explore what works well for children in kinship care in school. This inherent bias had potential to influence my interpretation of the data. However, the active steps I took to reflect on my feelings reduced my tendency to look for negative experiences. As a result, I feel I have presented a balanced view of the experiences of the participants.

Throughout the interview process, I was strongly aware of the influence I could have on the responses provided by the participants. The stories shared by the participants, especially the kinship carers, triggered an emotional response in myself, and I felt very empathetic towards their experiences. As a result, I responded in a way that recognised their emotions, which could have influenced what the kinship carers chose to speak about next. Robson and McCartan (2016) highlight how the relationship between the researcher and the participants has an emotionally dynamic component, which may heighten a sense of anxiety in the researcher: "the emotional ante is raised for all concerned when sensitive topics are the focus of the study" (Robson & McCartan, 2016, p. 396). This is something I recognised within myself and although I recognised the impact of my emotional responses, the empathy I showed contributed to my ability to build relationships with the participants.

There were also moments within the interviews with the children where I could have influenced their responses. During the children's interviews, I found myself internally drawing links between what the child was saying with what the kinship carer had told me in their interview. There was a risk that the information I knew about the child's experiences, as told by the kinship carer could influence the type of questions I asked the child. However, due to my strong awareness of this, I tried my best to remain very open and curious to listening to the authentic experiences of the child.

3 Contribution to Knowledge

3.1 Origin of the research topic and identifying gaps within the literature

Throughout my professional career, I have developed an interest and passion for working with and supporting children who are looked after. In a previous role, where I worked as a psychology support worker for children at risk of becoming 'not in education, employment, or training', I started to apply theory to practice in relation to supporting children with trauma experiences. In this role I worked with children who were looked after, including children in kinship care. Through my work, I started to recognise some of the benefits, as well as complexities, that exist for this type of care placement. I also noticed differing constructions held by systems around children in kinship care, for example, the view that they have minimal attachment-related needs, due to living with their family members. Through these experiences, I wondered about the impact these constructions had on the children and kinship families.

As I progressed onto Doctoral training, I further developed my interest in trauma-informed practice, the importance of pupil voice, and how to specifically gain the voices of children who are looked after. As a result, I chose to progress this interest further into a topic for my thesis research. I took a proactive approach and reached out to a range of highly regarded researchers within the field, who shared similar research interests to myself. This created thought-provoking discussions regarding initial gaps within the literature, including where children in kinship care fit within the wealth of literature around children looked after. Following this, I engaged in an initial scoping exercise to explore relevant literature. I was presented with literature which sought to gain quantitative data on the progress of children in kinship care. There was a small amount of literature on educational experiences of children in kinship care from a qualitative perspective, and within this existing literature, education was never a focus, only a sub-focus. Literature indicated that children in kinship care were performing as well as, or better than, children in unrelated foster care but were not performing as well as the general population (Wellard et al., 2017). I felt these figures warranted exploration into why children in kinship care may not be progressing as well as their peers.

Throughout the process of finalising my research questions and aims, I shared my research thoughts with colleagues and through this process something sparked an interest for me. When I mentioned kinship care to professionals within the educational psychology field, I was sometimes presented with the questions 'what is kinship care?' as well as a keen interest in knowing more about this type of care placement. This indicated the possibility that the term 'kinship care' was not as well recognised within educational psychology as other care placements. Furthermore, through my literature search, I found one research paper within the field of educational psychology that focused on kinship care, and this looked at pre-school children in kinship care (Cunningham & Lauchlan, 2010). This highlighted the value of research into experiences of children in kinship care, especially those in their adolescent years, to expand awareness and understanding within the educational psychology profession.

3.2 Relevance of research findings to existing knowledge

The aim of the research was to provide insight for professionals within the education sector, such as school staff, EPs and social workers, about the needs of children in kinship care and best practice for supporting the needs of these children within education. The use of IPA provided a unique process whereby both the kinship carers and children were able to talk in detail about their lived experiences followed by subjecting their experiences to in-depth interpretation and analysis from myself, through a psychological lens. This created the ability to gain insight into both children and kinship carers, who shared experiences of the same phenomenon, but from different perspectives. Powerful insight was gained through this process, whereby the kinship carers were able to share their understandings around the impact of trauma on the educational experiences of the child. The children were also able to provide their perspective on the conflict between staff understanding these experiences but also wanting to be perceived as normal. Without gaining both perspectives, valuable information would have been lost in relation to the complex experiences of children in kinship care.

Many of the findings in the current study overlap with those of previous studies. For example, the importance of staff getting to know the children to develop an understanding of their needs was a prominent finding that was found within research by Wellard et al. (2017). Furthermore, the importance of consistent and reliable staff was voiced by kinship carers,

especially in relation to children looked after meetings, to avoid having to re-tell difficult past histories, aligning with research by Houston et al. (2018).

Another interesting finding emerged from both the kinship carers and children. Most participants expressed positive experiences of primary school, in comparison to secondary school. From both the positive and negative experiences shared, there was a focus on the need for nurture, trusting relationships and understanding of needs, which fall in line with trauma-informed practices. In addition to this, insight into the response to behaviour of school staff in secondary schools is an additional finding to previous research. The impact of shouting at children is important to consider, in terms of creating barriers to relationships.

3.3 Contributions to future research

By obtaining the views of both kinship carers and children, through IPA, I was able to gain in-depth insight into the educational experiences of children in kinship care. Much of the information focused on the understanding of school staff and processes in place to respond and support children in kinship care. A possible avenue for future research, based on the current study, could focus on the finding that primary schools appear to respond and support children in kinship care more successfully than secondary schools. Research could seek to explore this in more detail, to find out what secondary schools could do differently to support children in kinship care to feel a sense of belonging and trust with school staff.

Further to this, it may be helpful to consider action research, exploring a particular approach, model, or intervention with children in kinship care, to see if it helps to improve their educational experiences. For example, it would be interesting to develop a model of bespoke transition planning arrangements led by the designated persons for CLA in both primary and secondary, as well as secondary and college, within the same catchment areas, to see if this improves the transition experiences of children in kinship care.

3.4 Relevance to the practice of EPs

This research has been a journey for myself in relation to the impact it has had on my understanding of the experiences of children in kinship care, and my role as a trainee educational psychologist and future educational psychologist, in supporting schools to

recognise the needs of children in kinship care. The powerful learning that I, and other educational psychologists, can take from this research is in relation to the unique and complex experiences that take place before and after a child is placed in kinship care. It is valuable to recognise the challenges that can arise during the kinship care placement, and the direct impact they can have on the educational experiences of these children.

To achieve an understanding of the needs of children in kinship care, it feels important to gain the voice of the child. Therefore, at an individual level, EPs could use tools, such as those underpinned by personal construct psychology (Kelly, 1995), to explore the constructs of children in kinship care. This would offer insight into the experiences of the children and how these experiences influence them, including exploration of cognitive dissonance that may be present for children in kinship care, in terms of wanting to be treated the same as others, but also recognising the need for staff to understand their needs.

Furthermore, when working at a group level, EPs are well placed to facilitate consultation with kinship carers and school staff. Pellegrini (2009) highlights the utilisation of systemic theory by EPs which acknowledges that "a child's life is mostly played out in two main arenas, the home and the school, and what happens in one setting can have a substantial effect upon the child's functioning in the other" (p. 271). Ultimately, EPs are well placed to facilitate communication between schools and kinship care families, to develop a shared understanding of the needs of the children and highlight the importance of these to foster consistent and trusting relationships. It is important to recognise the complexities for children in kinship care and therefore, school staff may also value a safe, supervision space to feel empowered to understand and support those in kinship care.

Finally, EPs have relationships with other professionals who support children in kinship care, such as social workers. EPs are therefore suitably placed to assist in the development of positive multi-agency working practices, to try and work more holistically to support children in kinship care.

3.5 Dissemination

Dissemination of research findings is important to consider as Freemantle and Watt (1994) recognise that "professionals have a role in ensuring the key research evidence is promoted"

(p. 133). I have already arranged to present my research findings to the foster care team within the LA where my research took place. This will hopefully provide a reflective space for social workers and EP team members to consider the implications of the research for their roles in supporting schools and kinship care families. It is hoped that my findings will promote the importance of consistent relationships for children in kinship care and their kinship carers, and the need for increased communication, to develop a holistic understanding of each child's unique needs.

At a personal level, I also aim to promote the key messages of my research to the group of EPs within the team I will be joining, when I become qualified and take up my first EP post. From this, I am motivated to develop whole school training about the needs of children in kinship care and how best to support them.

Further to this, I am in communication with the parliamentary task force for kinship care and I aim to share my research findings with this group in the hope of contributing to the government movement to increase awareness, support, and funding for this vulnerable group. I will also seek to publish my research in an EP related journal to disseminate my research to the wider population in the Wales and the UK. As this research was conducted in Wales, this research feels particularly important for EPs, social workers, and school staff in Wales to consider, due to the increased level of kinship care within Welsh communities.

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Appendices

Appendix A – Search terms for literature search

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Appendix P – Data analysis procedure (IPA)

Appendix Q – Superordinate and subordinate themes for kinship carers

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Appendix S – Key quotes for each subordinate theme from the kinship carer interviews

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Appendix U – Image of Bronfenbrenner's bioecological systemic model

Appendix V – Example of Amanda's transcript

Appendix W – Example of Beverley's transcript

Appendix X – Example of Catherine's transcript

Appendix Y– Example of Donna's transcript

Appendix Z – Example of Adam's transcript

Appendix AA – Example of Chloe's transcript

Appendix AB – Example of Dan's transcript

Appendix AC – Extract from the researcher's reflective journal

Appendix A – Search terms for literature search

Database	Search terms
PsycInfo	"education" OR "school", "teach" OR "school teacher", "educator" OR "learning" OR "academic" AND "kin* care*", "kinship child*" OR "kinship provider*" OR "kinship foster care*" OR "kinship based foster care*" OR "grandparent caregiver*" OR "(cared for by adj2 grandparent*)" OR "(raised by adj2 grandmother*)" OR "(raised by adj2 grandfather*)" OR "(cared for by adj2 grandmother*)" OR "(cared for by adj2 grandfather*)" OR "(raised by adj2 grandparent*)"
Applied Social Sciences Index and Abstracts (ASSIA)	noft(education OR school* OR teach* OR schoolteacher* OR educator* OR learning OR academic) AND noft("kin* care*" OR "kinship child*" OR "kinship provider*" OR "kinship foster care*" OR "kinship based foster care*" OR "grandparent caregiver*" OR cared for by NEAR/1 grandparent* OR raised by NEAR/1 grandparent* OR raised by NEAR/1 grandmother* OR raised by NEAR/1 grandfather* OR cared for by NEAR/1 grandmother* OR cared for by NEAR/1 grandfather OR raised by NEAR/1 grandparent*)
British Education Index (BEI)	(education OR school* OR teach* OR schoolteacher* OR educator* OR learning OR academic) AND ("kin* care*" OR "kinship child*" OR "kinship provider*" OR "kinship foster care*" OR "kinship based foster care*" OR "grandparent caregiver*" OR cared for by N1 grandparent* OR raised by N1 grandparent* OR raised by NEAR/1 grandmother* OR raised by N1 grandfather* OR cared for by N1 grandmother* OR cared for by N1 grandfather OR raised by N1 grandparent*)

Education Resources Information Center (ERIC)	(education OR school* OR teach* OR schoolteacher* OR educator* OR learning OR academic) AND ("kin* care*" OR "kinship child*" OR "kinship provider*" OR "kinship foster care*" OR "kinship based foster care*" OR "grandparent caregiver*" OR cared for by N1 grandparent* OR raised by N1 grandparent* OR raised by NEAR/1 grandmother* OR raised by N1 grandfather* OR cared for by N1 grandmother* OR cared for by N1 grandfather* OR raised by N1 grandparent*)
Scopus	((TITLE-ABS-KEY (education)) OR (TITLE-ABS-KEY (school*)) OR (TITLE-ABS-KEY (teach*)) OR (TITLE-ABS-KEY (schoolteacher*)) OR (TITLE-ABS-KEY (educator*)) OR (TITLE-ABS-KEY (learning)) OR (TITLE-ABS-KEY (academic))) AND (((TITLE-ABS-KEY ("kin* care*")) OR (TITLE-ABS-KEY ("kinship child*")) OR (TITLE-ABS-KEY ("kinship provider*")) OR (TITLE-ABS-KEY ("kinship foster care*")) OR (TITLE-ABS-KEY ("kinship based foster care*")) OR (TITLE-ABS-KEY ("grandparent caregiver*")) OR (TITLE-ABS-KEY (cared for by W/1 grandparent*)) OR (TITLE-ABS-KEY (raised by W/1 grandmother*)) OR (TITLE-ABS-KEY (raised by W/1 grandfather*)) OR (TITLE-ABS-KEY (cared for by W/1 grandmother*)) OR (TITLE-ABS-KEY (cared for by W/1 grandfather*)) OR (TITLE-ABS-KEY (raised by W/1 grandparent*))))
Web of Science	TS=(education OR school* OR teach* OR schoolteacher* OR educator* OR learning OR academic) AND TS=("kin* care*" OR "kinship child*" OR "kinship provider*" OR "kinship foster care*" OR "kinship based foster care*" OR "grandparent caregiver*" OR cared for by NEAR/1 grandparent* OR raised by NEAR/1 grandparent* OR raised by NEAR/1 grandmother* OR

	raised by NEAR/1 grandfather* OR cared for by NEAR/1 grandmother* OR cared for by NEAR/1 grandfather* OR raised by NEAR/1 grandparent*)

Appendix B – inclusion and exclusion of papers

Used when screening titles, abstracts, and full text articles.

Inclusion	Exclusion
• Must consider (but not necessarily ONLY consider [i.e., a component will be]) KINSHIP CARER AND/OR CHILDREN AND YOUNG PEOPLE IN KINSHIP CARE VIEWS/OPINIONS • Must consider (but not necessarily ONLY consider) FORMAL KINSHIP CARE • Must consider (but not necessarily ONLY consider) EDUCATION	• Research looking at low-income countries as stated in the world bank classification • Written in a different language • Doesn't use kinship care • Not limited to date

Appendix C – Gatekeeper letter to foster care team

Dear (name of link social worker)

I am currently undertaking my thesis research study as part of my Educational Psychology doctoral studies at Cardiff University. My research is designed to explore the views of kinship carers and the young people they care for with regards to the young person's experiences of education. Specifically, I am hoping to gain the views of both kinship carers and children and young people (CYP) in kinship care, to explore their experiences of school in relation to their strengths, difficulties, needs and the support they receive. The aim of the project is to give educational psychologists a better understanding of how to help support the needs of this group of CYP in school.

As part of this, I am keen to recruit both kinship carers and CYP in kinship care, who are aged 13 to 16 years, to take part in separate interviews regarding the educational experiences of the CYP.

I am writing to request your help in recruiting participants for this research. I am aware that as part of your work you run kinship carer support groups for kinship carers who are part of a formal (foster) kinship care arrangement where the young person they care for is a Child Looked After by the Local Authority. I am therefore writing to enquire whether it would be possible for me to attend one of your support groups to try and seek participation in my research. Please see below for more information about each interview:

Part 1: Interview with Kinship Carers

Kinship carers who would like to take part will be invited to participate in an interview lasting between 45 minutes – 1 hour. Interviews will take place through Microsoft Teams or Zoom, depending on the suitability for the participants. Interviews will take place on a date and time which is most convenient for both the researchers and the participants.

The interviews with kinship carers will focus on their views of the educational experiences of the young person they care for, what is going well and how things could possibly be better.

Part 2: Interview with CYP in kinship care

Due to the age of the CYP, I will need to gain parental/carer consent from the kinship carer in order for the CYP to take part in the interview. In addition, I believe the kinship carers who attend your support group are part of a formal kinship care agreement where the CYP is looked after by the Local Authority. Therefore, consent will be required from the CYP's social worker. In addition, the CYP's carer will need to be present during the interview process with the CYP to support the CYP if needed and to safeguard both the researcher and the CYP.

In order to support the CYP to feel as comfortable as possible during this process, I will be offering a two-stage interview process which will consist of:

- A "get to know you" session
- An interview exploring the CYP's views of both primary and secondary, including what is going well and what could be better. At the end of the interview, I will offer a debrief opportunity so that the CYP can be given details of how to get further information/support straight after the interview. This part will not be audio recorded or included in the research data analysis.

What will happen to the information provided by the participants?

The kinship carer interview and stage 2 of the CYP interview process will be audio recorded. This will be done through a Macbook Air screen recording tool called "Quicktime Player". It will then be saved onto a password protected device and transcribed within two weeks. All data from transcribed interviews will be stored on a password protected computer. Only I, as the researcher/interviewer, will have access to the audio recordings, which will be deleted once transcribed. At this point any names, locations or identifiable personal information shared within the interview will be removed from the transcriptions in order to anonymise them. Once the interviews have been transcribed the information will be analysed to explore how participants experience education and how they make sense of it. The anonymized information will be included in my research report and submitted as part of my doctoral thesis.

Please find attached, an information sheet for the kinship carer interview and an information sheet for the CYP interview. Both documents contain information about the aims and rationale for the research. It also contains information about the inclusion criteria for participants taking part in the research.

Many thanks in advance for your consideration in supporting the recruitment process of this research.   Please let me know if you require further information. Should you wish to, I can be contacted with any further queries on StaffordC1@cardiff.ac.uk.
I will be closely supervised throughout this process by Hayley Jeans, who is a professional tutor on the Cardiff Doctorate in Educational Psychology programme. Her contact details can be found below.

If you require any further information, please do not hesitate to contact me.

Thank you for your support with this and I look forward to hearing from you,

Regards,

Charlotte Stafford

Researchers:	Supervisor:
Charlotte Stafford	Hayley Jeans
School of Psychology, Cardiff University, Tower Building, 30 Park Place, Cardiff, CF10 3AT.	School of Psychology, Cardiff University, Tower Building, 30 Park Place, Cardiff, CF10 3AT.
Email: StaffordC1@cardiff.ac.uk	Email: jeansh@cardiff.ac.uk

Appendix D – Information sheet for kinship carers

RESEARCH OPPORTUNITY
for kinship carers

Are you a kinship carer looking after a young person aged between 13-16 years old as part of a formal kinship care arrangement?

My name is Charlotte Stafford, a Trainee Educational Psychologist and I am conducting this research as part of my doctoral thesis.

My research aims to explore the educational experiences of young people in kinship care, who attend mainstream school in the UK.

I am seeking to recruit kinship carers who are looking after a young person as part of a formal/foster kinship care arrangement, to take part in my research. Participation involves taking part in an interview with myself and it will take approximately 45 minutes to 1 hour. Taking part is completely voluntary.

The interview will be arranged at a time that is convenient for yourself and the researcher. You can answer as many or as few questions as you wish and can withdraw at any point during the interview.

Kinship carers can take part if they meet the following criteria:
- You are a kinship carer who is looking after a young person aged between 13-16 years, through a formal kinship (foster) care arrangement.
- The young person has been living with you for a minimum of one year and is still living with you.
- The young person you care for has attended mainstream school in the UK for at least one year.
- The young person you care for knows they are in kinship care.
- You and the young person you care for live in Wales or England.

What will happen to the information you provide?
Once interviews have been transcribed, I will analyse the information to explore how participants experience education and how they make sense of it. The anonymised information will be included in my research report as part of my research study and will be included as part of my doctoral thesis.

The interview will be audio recorded and the audio recording will be saved onto a password protected computer. The interview will be transcribed within two weeks of the interview and after transcription all audio recordings will be deleted. All data from transcribed interviews will be stored securely on a password protected computer. The audio recordings will be deleted once transcribed and after this point your information will be anonymised. Only the researcher will have access to the interview recordings and transcriptions.

How do I volunteer to take part?
To take part in the kinship carer interview, you will need to sign a consent form and return it to Charlotte Stafford via e-mail (see below for contact details).

Please see additional information sheet for information about the young person interview. If the young person you care for would like to take part in an interview, both yourself and the young person's social worker will need to provide parent/carer consent, before the young person gives consent to take part.

Researcher: Charlotte Stafford
Email: StaffordC1@cardiff.ac.uk

Research supervisor: Hayley Jeans
Email: jeansH@cardiff.ac.uk

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Appendix E – Consent form for kinship carers

KINSHIP CARER CONSENT FORM FOR TAKING PART IN THE KINSHIP CARER INTERVIEW

School of Psychology, Cardiff University

Title: An exploration of the view of kinship carers and the young people they care for regarding the educational experiences of young people in kinship care

Consent Form – Confidential data

Please read the following statements and check the appropriate answers

- I have read and understood the information provided.
- I confirm that I am a kinship carer who is looking after a young person as part of a formal (foster) kinship care arrangement.
- I can confirm that the young person I am caring for is aged between 13 and 16 years old.
- I understand that my responses will be used as part of the research project described in the information leaflet provided.
- I understand that my participation in this project will involve taking part in an interview that will take approximately 45 minutes – 1 hour.
- I understand that my participation in this study is voluntary and that I can withdraw at any point.
- I understand that I am free to discuss my concerns with the researcher Charlotte Stafford or her research supervisor Hayley Jeans, Professional Tutor for the Doctorate in Educational Psychology at Cardiff University.
- I understand that any identifying information I provide in the interview will be removed from the data analysis.
- I understand that my responses will be held anonymously after the data is transcribed.
- I understand that at the end of the interview I will be provided with additional information and feedback about the purpose of the study.

I, _____(NAME) consent to participate in the study conducted by Charlotte Stafford, School of Psychology, Cardiff University with the supervision of Hayley Jeans, Professional Tutor for the Doctorate in Educational Psychology at Cardiff University.

Privacy Notice:

The information provided will be held in compliance with GDPR regulations. Cardiff University is the data controller and James Merrifield is the data protection officer (inforequest@cardiff.ac.uk). The lawful basis for processing this information is public interest. This information is being collected by Charlotte Stafford.

The information on the consent form will be held securely and separately from the research information. Only the researcher will have access to this form and it will be destroyed after 7 years.

The research information you provide will be used for the purposes of research only and will be stored securely. Only Charlotte Stafford will have access to this information. After 14 days the data will be anonymised (any identifying elements removed) and this anonymous information may be kept indefinitely or published.

KINSHIP CARER CONSENT FORM FOR TAKING PART IN THE KINSHIP CARER INTERVIEW

Contact details of researcher:

Charlotte Stafford, School of Psychology, Cardiff University, Tower Building, 30 Park Place, Cardiff, CF10 3AT.
Email: StaffordC1@cardiff.ac.uk

Contact details of research supervisor:

Hayley Jeans, Professional Tutor, School of Psychology, Cardiff University, Tower Building, 30 Park Place, Cardiff, CF10 3AT.
Email: JeansH@cardiff.ac.uk

Appendix F – Information sheet for kinship carer about children interview

RESEARCH OPPORTUNITY
Information about interview with young people

Are you a kinship carer looking after a young person aged between 13-16 years old as part of a formal kinship care arrangement?

My name is Charlotte Stafford, a Trainee Educational Psychologist and I am conducting this research as part of my doctoral thesis.

My research aims to explore the educational experiences of young people in kinship care, who attend mainstream school in the UK.

I am seeking to recruit young people in formal/foster kinship care to take part in my research. In order for the young person to take part in the interview, parental/carer consent will need to be gained from the young person's kinship carer and social worker. Following this, the young person will be sent an information sheet and consent form which they will need to complete if they would like to take part in an interview.

Interview process:
In order to support the young person to feel as comfortable as possible during this process an adult will need to be present with the young person during the interview and I will be offering a two-stage interview process which will consist of:

- A "get to know you" session which will take a maximum of 30 minutes. This part will not be audio recorded or included in the research.
- An interview which will take approximately 45 minutes with short breaks if required. This will be audio recorded.
- At the end of the interview, I will offer a debrief opportunity so that the young person can be given details of how to get further information/support straight after the interview. This part will not be audio recorded or included in the research data analysis.

The interview will be arranged at a time that is both convenient for young person, their carer and the researcher. The young person can answer as many or as few of the questions as they wish and can withdraw at any point during the interview.

Young people in kinship care can take part if they meet the following criteria:
- They are aged between 13 – 16 years old, living in Wales or England
- They are looked after as part of a formal kinship (foster) care arrangement.
- They have been living with their kinship carer for a minimum of one year.
- They attend a mainstream school in the UK
- They know/understand they are in kinship care.
- Staff at their school know they are in kinship care.

If you have any questions and/or would like the young person you care for to take part, please contact Charlotte Stafford:

Researcher: Charlotte Stafford
Email: StaffordC1@cardiff.ac.uk

Research supervisor: Hayley Jeans
Email: jeansH@cardiff.ac.uk

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Appendix G – Kinship carer / social worker consent for children interview

PARENTAL / CARER CONSENT FORM FOR THE YOUNG PERSON INTERVIEW

School of Psychology, Cardiff University

Title: An exploration of the view of kinship carers and the young people they care for regarding the educational experiences of young people in kinship care

Parental / carer consent Form – Confidential data

Please read the following statements and check the appropriate answers

- I have read and understood the information given to me.
- I confirm that the young person I care for is aged between 13 and 16 years of age.
- I can confirm that the young person I care for is in formal (foster) kinship care and they have been in kinship care for a minimum of one year.
- I understand that the responses provided by the young person I care for will be used as part of the research project described in the information leaflet provided.
- I understand that the participation of the young person I care for in this project will involve taking part in an interview with the researcher and it will take approximately 45 minutes to 1 hour.
- I understand a trusted adult will need to be present when the young person I care for is interviewed.
- I understand that the young person I care for can choose whether they would like to take part and they can choose to not take part.
- I understand that once the interview has started, the young person I care for can leave at any point without providing a reason and their responses will be destroyed.
- I understand that once the responses have been transcribed (14 days following the interview), neither I or the young person I care for will be able to withdraw the information provided, as it will have been anonymised and no longer identifiable to ourselves.
- I understand that the young person I care for is free discuss the research with the researcher Charlotte Stafford or her research supervisor Hayley Jeans, Professional Tutor for the Doctorate in Educational Psychology at Cardiff University.
- I understand that any information the young person I care for may provide in the interview which might reveal their identity will be removed from the data when the researcher analyses it so their identity will not be known.
- I understand that at the end of the interview the young person I care for will be provided with additional information and feedback about the purpose of the study. And both myself and the young person I care for will be given information as to who we can contact, should any questions or concerns arise during the interview process.

Carer consent:

I, _____(Your name) provide consent for
_____ (Name of young person) to participate in the study conducted by
Charlotte Stafford, School of Psychology, Cardiff University with the supervision of Hayley Jeans,
Professional Tutor for the Doctorate in Educational Psychology at Cardiff University.

PARENTAL / CARER CONSENT FORM FOR THE YOUNG PERSON INTERVIEW

Please provide the name and contact details of the young person's social worker so that the researcher can contact them to seek social worker consent:

Name of social worker_____

Contact telephone number _____

E-mail address_____

Social worker consent:

I, _____(Your name) provide consent for
_____ (Name of young person) to participate in the study conducted by
Charlotte Stafford, School of Psychology, Cardiff University with the supervision of Hayley Jeans,
Professional Tutor for the Doctorate in Educational Psychology at Cardiff University.

Privacy Notice:

The information provided will be held in compliance with GDPR regulations. Cardiff University is the
data controller and James Merrifield is the data protection officer (inforequest@cardiff.ac.uk). The
lawful basis for processing this information is public interest. This information is being collected by
Charlotte Stafford.

The information on the consent form will be held securely and separately from the research
information. Only the researcher will have access to this form and it will be destroyed after 7 years.

The research information you provide will be used for the purposes of research only and will be stored
securely. Only Charlotte Stafford will have access to this information. After 14 days the data will be
anonymised (any identifying elements removed) and this anonymous information may be kept
indefinitely or published.

Contact details of researcher:

Charlotte Stafford, School of Psychology, Cardiff University, Tower Building, 30 Park Place, Cardiff, CF10
3AT.
Email: StaffordC1@cardiff.ac.uk

Contact details of research supervisors:

Hayley Jeans, Professional Tutor, School of Psychology, Cardiff University, Tower Building, 30 Park Place,
Cardiff, CF10 3AT.
Email: JeansH@cardiff.ac.uk

Appendix H – Debrief form for kinship carer

<u>Debrief form</u>
<u>Kinship carer interview</u>

Thank you for taking part in the interview. The aim of this study is to explore the educational experiences of children and young people in kinship care. By developing an understanding of the educational experiences of this group of young people, I hope to identify considerations for professionals supporting children and young people in kinship care to ensure their needs, with regards to education, are better understood.

The information you shared with me has been audio recorded. This audio recording will be saved securely on a password protected computer, that only I have access to. The audio recordings will be transcribed within two weeks, after which time they will be anonymised, which means none of the information given by yourself will be traceable to you. If you want to withdraw your data this can only be done up until I have transcribed and anonymised the interview. If you decide to withdraw your data please contact me within 14 days.

If the interview brought up anything you are concerned or worried about, please contact your social worker, child's school or GP. Additionally, the following organisations may be able to give further general advice and information:

- Grandparents Plus
    - Telephone advice line: 0300 123 7015
    - E-mail address: advice@grandparentsplus.org.uk

- Family Action Support Line
    - Telephone: 0808 802 6666
    - Text: 07537 404 282
    - familyline@family-action.org.uk

If you have any questions you would like to ask, please do not hesitate to contact me or my research supervisor (see contact details below). If you would be interested in receiving further information regarding the results of this research study, information regarding the outcomes can be made available once the Doctorate in Educational Psychology assessment process has been completed.

Regards,
Charlotte Stafford

Contact details of researcher:
Charlotte Stafford, School of Psychology, Cardiff University, Tower Building, 30 Park Place, Cardiff, CF10 3AT.
Email: StaffordC1@cardiff.ac.uk

Contact details of research supervisor:

Hayley Jeans, Professional Tutor, School of Psychology, Cardiff University, Tower Building, 30 Park Place, Cardiff, CF10 3AT.
Email: JeansH@cardiff.ac.uk

Privacy Notice:
The information provided will be held in compliance with GDPR regulations. Cardiff University is the data controller and James Merrifield is the data protection officer (inforequest@cardiff.ac.uk). The lawful basis for processing this information is public interest. This information is being collected by Charlotte Stafford.

The information on the consent form will be held securely and separately from the research information. Only the researcher will have access to this form and it will be destroyed after 7 years. The research information you provide will be used for the purposes of research only and will be stored securely. Only Charlotte Stafford will have access to this information. After 14 days the data will be anonymised (any identifying elements removed) and this anonymous information may be kept indefinitely or published.

Appendix I – Child information sheet for children interview

RESEARCH OPPORTUNITY
for young people in kinship care

Are you a young person who is in kinship care (living with a family member or friend) and are aged between 13- 16 years old?

My name is Charlotte Stafford, a Trainee Educational Psychologist and I am conducting this research as part of my university studies.

For my research I would like to speak to young people in kinship care, to find out what school is like for young people in kinship care.

If you would like to talk to me about what school is like for you and maybe other young people in kinship care, we can meet via video call or speak over the phone for an interview. You can meet with me before the interview to ask any questions about what the interview will be like. This is to make sure you are happy and comfortable about taking part in the interview with me.

The interview will just be like a conversation where you can help me to understand what school is like for you and other young people in kinship care. The interview will take approximately 45 minutes, but you can stop the interview at any point.

You can take part in this research if the following are correct about you:
- You are aged between 13 and 16 years old.
- You are in kinship care which means you live with a member of your family or a close friend, who is not your mum or dad.
- You have been living with your kinship carer (family member or friend) for one year or longer.
- You have a social worker who supports you.
- You go to a mainstream school in the UK
- You live in Wales or England

What will happen to the information you provide?
The interview will be audio recorded through my laptop and the recordings will be saved on my laptop using a password so only I can access the information. I will type up our conversation within two weeks of the interview and the recordings will then be deleted. The typed-up answers will be stored on my computer using a password and any names, locations or any information that might show who you are, will be removed so it will not be possible for anyone to know who the information as come from.

If you would like to take part, I will ask for the adult you live with to sit in the room with you whilst we do the interview, to make sure you are ok. Taking part is completely your choice and the interview will be arranged at a date and time that is convenient for you and the adult you live with.

If you have any questions and/or would like to take part, please contact Charlotte Stafford or ask your kinship carer to contact me:

Researcher: Charlotte Stafford
Email: StaffordC1@cardiff.ac.uk

Research supervisor: Hayley Jeans
Email: jeansH@cardiff.ac.uk

CARDIFF UNIVERSITY
PRIFYSGOL CAERDYDD

Appendix J – Child consent form for children interview

Title: An exploration of the view of kinship carers and the young people they care for

regarding the educational experiences of young people in kinship care

Young person consent Form – Confidential data

Please read the following statements and check the appropriate answers

- I have read and understood the information given to me
  I confirm that I am aged between 13 and 16 years of age
- I confirm that I am in kinship care which means I am living with a family member or friend who is not my mum or dad
- I confirm that I have been living with my kinship carer for at least one year.
- I understand that my responses will be used as part of the research project described in the information leaflet provided.
- I understand that my participation in this project will involve taking part in an interview with the researcher (Charlotte Stafford), that will take approximately 45 minutes to 1 hour.
- I understand that taking part in this study is my choice and that I can choose to not take part. I can also leave the interview at any point without providing a reason.
- I understand that once the interview has started, I can leave at any point without providing a reason and my responses will be destroyed.
- I understand that I **will not** be able to withdraw my answers after 14 days following the interview.
- I understand that I am free discuss any questions I may have about the research with the researcher, Charlotte Stafford, or her research supervisor, Hayley Jeans, Professional Tutor for the Doctorate in Educational Psychology at Cardiff University.
- I understand that any information I may provide in the interview which might reveal my identity will be removed from the data when the researcher analyses it so my identity will not be known.
- I understand that my responses will be held anonymously after the audio recording is typed up.

I, _____(NAME) consent to take part in the interview with Charlotte Stafford, School of Psychology, Cardiff University.

Privacy Notice:

The information provided will be held in compliance with GDPR regulations. Cardiff University is the data controller and James Merrifield is the data protection officer (inforequest@cardiff.ac.uk). The lawful basis for processing this information is public interest. This information is being collected by Charlotte Stafford.

The information on the consent form will be held securely and separately from the research information. Only the researcher will have access to this form and it will be destroyed after 7 years.

The research information you provide will be used for the purposes of research only and will be stored securely. Only Charlotte Stafford will have access to this information. After 14 days the data will be anonymised (any identifying elements removed) and this anonymous information may be kept indefinitely or published.

Contact details of researcher:

Charlotte Stafford, School of Psychology, Cardiff University, Tower Building, 30 Park Place, Cardiff, CF10 3AT.
Email: StaffordC1@cardiff.ac.uk

Contact details of research supervisors:

Hayley Jeans, Professional Tutor, School of Psychology, Cardiff University, Tower Building, 30 Park Place, Cardiff, CF10 3AT.
Email: JeansH@cardiff.ac.uk

Appendix K – Debrief form for children

Debrief form
Young person Interview

Thank you for taking part in the interview with me and telling me all about your experiences of school. The information you have told me will only be seen by me, until I have removed any personal information about you, like your name, where you live or the school you go to. This will mean that, once I have written up my research, no one will know who you are or that you gave any of the information.

If you decide after the interview that you do not want your answers to be included in my research, you will need to let me know within 14 days of the interview. After 14 days, I will no longer know which information was given by you and so will no longer be able to remove it.

If you have any worries after the interview, please speak to your carer or your social worker. The contact details below are for organisations that support young people and you can also contact them, to discuss any worries you may have.

Eye to Eye - Local youth counselling service
- Website: https://www.eyetoeye.wales/
- Phone number: 01443 202940
- E-mail address: info@eyetoeye.wales

Child line
- Website: https://www.childline.org.uk/
- Telephone: 0800 1111

Kooth – online mental wellbeing support
- Website: https://www.kooth.com/

If you or your carer have any further questions about my research, you can contact me or my supervisor, Hayley Jeans using the e-mail addresses below.

Thank you again for speaking with me today.

Regards,
Charlotte

Contact details of researcher:
Charlotte Stafford, School of Psychology, Cardiff University, Tower Building, 30 Park Place, Cardiff, CF10 3AT.
Email: StaffordC1@cardiff.ac.uk

Contact details of research supervisor:
Hayley Jeans, Professional Tutor, School of Psychology, Cardiff University, Tower Building, 30 Park Place, Cardiff, CF10 3AT.
Email: JeansH@cardiff.ac.uk

Privacy Notice:

The information provided will be held in compliance with GDPR regulations. Cardiff University is the data controller and James Merrifield is the data protection officer (inforequest@cardiff.ac.uk). The lawful basis for processing this information is public interest. This information is being collected by Charlotte Stafford.

The information on the consent form will be held securely and separately from the research information. Only the researcher will have access to this form and it will be destroyed after 7 years. The research information you provide will be used for the purposes of research only and will be stored securely. Only Charlotte Stafford will have access to this information. After 14 days the data will be anonymised (any identifying elements removed) and this anonymous information may be kept indefinitely or published.

Appendix L – List of kinship carer interview questions

Interview plan

Pre-interview

- Go over reasons for interview and research

- I don't have lots of questions to ask and I am mainly interested in hearing about your experiences

- You can skip any questions/areas if you find them challenging

- Any personal details shared will be confidential – so you can use names if you want, and I will change them all when transcribed

- The interview will be recorded, and I will now go through the consent form to double check you are happy to continue with taking part

- You can withdraw at any point up until the interview has been transcribed which will be 2 weeks after the interview

- I have a notepad with me just in case I want to remind myself of something to ask later on, I won't be taking many notes throughout the interview

START OTTER AND ZOOM RECORDING

Background and contextual information

- Age of kinship carer

- Relationship between kinship carer and young person

- Age of young person

- Gender of young person

- Age of young person when taken into kinship care

- Reasons for entering kinship care

- Previous care arrangements

- Any additional needs/disability for the young person

Experiences of school

1. Can you tell me a bit about {name of child}?

- What do they like doing? Do they have any hobbies?

2. Can you tell me a bit about what {name of child} educational experiences have been like so far?

   - Positive achievements and strengths, what do they enjoy, academic progress, SEN/ALN, SEMH, behaviour, friendships, relationships with staff, additional support, outside agencies, transitions

3. How has school been for {name of child} since he has been in kinship care?
   - How has your child's school responded to them being in kinship care?
   - Any adjustments made by the school, sensitivity, understanding of needs

4. What are your experiences of school staff's awareness of {name of child} needs and situation?

5. What are your experiences of {name of child} needs and how they are being met within his school environment?

6. Could you tell me about your involvement as a kinship carer with your child's education?
   - Communication between home and school, relationships with school staff, responses to any concerns you have raised

7. Is there anything you can think of that school staff should be aware of when supporting children in kinship care?

   - Training, knowledge/awareness

8. Is there anything else relevant or that you want to share regarding {name of child} education?

Prompt questions

- *Why?*

- *How?*

- *Can you tell me more about that?*

- *Tell me what you were thinking?*

- *How did you feel?*

- *Sorry if this is an obvious question but why…*

Post interview

- Reminder about process of withdrawal (within the next two weeks)

- Thank you for your time

- Any questions?

- I will e-mail you a debrief form to read with some information about services that you might want to speak with if needed

Appendix M – List of children interview questions

Questions

1. Can you tell me about what school has been like for you?

2. I would like you to think about primary school

   - What went well?

   - What didn't go so well?

   - What did you enjoy?

   - What did you not enjoy?

   - What helped?

   - What didn't help?

3. Now I would like you to think about secondary school

   - What is going well?

   - What is not going well?

   - What do you enjoy?

   - What do you not enjoy?

   - What helps?

   - What doesn't help?

   - How was the transition to secondary school?

4. What does a good day at school look like?

   - Who was there?

   - What adults were there?

   - What did they do?

   - What did your friends do?

   - What were you doing?

5. What does a bad day at school look like?

   - Who was there?

   - What adults were there?

   - What did they do?

   - What did your friends do?

   - What were you doing?

6. If you could design the worst school, what would it look like?

   - What would the teachers be like?

   - What would the classrooms be like?

   - What would your friends be like?

7. If you could design the best school, what would it look like?

   - What would the teachers be like?

   - What would the classrooms be like?

   - What would your friends be like?

Kinship care questions

I would now like to ask a couple of questions about kinship care and what it means to be a young person in kinship care at school. These questions don't need to be about you, they can be more in general about children in kinship care.

1. What is school like for someone in kinship care?

2. Is there anything schools should be aware of if they have young people in kinship care in their school?

3. What advice would you give a school about how to meet the needs of someone in kinship care?

4. How do you think teachers could support children in kinship care at school?

5. How do you think friends can support their friends in kinship care?

Post interview

- Reminder about process of withdrawal (within the next two weeks)

- Thank you for your time

- Any questions?

- I will e-mail you a debrief form to read with some information about services that you might want to speak with if needed

Appendix N – Ethical considerations

Ethical consideration	How addressed
Participant consent	*Part 1 – Interviews with Kinship Carers* The researcher attended a foster care team meeting where she presented a presentation to outline the aims and recruitment procedure of the research. Following this, one social worker agreed to support the recruitment process. The link social worker spoke to kinship carers who met the inclusion criteria to see if they were interested in taking part. Those who were interested in taking part, provided verbal consent to the social worker for their contact details to be shared with the researcher. The researcher then sent an information sheet and consent form to the kinship carers individually and offered an opportunity to speak on the phone about the research before they decided whether they wanted to consent to participate. For most kinship carers, they did not have access to the technology to complete the consent form online, so the researcher posted the information sheets and consent forms to the kinship carers and provided a stamped envelope to return the consent forms to the researcher. *Part 2 – Interviews with children in Kinship Care* The kinship carers were provided with an information sheet and parental/carer consent form about the children in kinship care

	interview. Due to the kinship carers being part of a formal kinship care arrangement, the researcher needed to gain consent from the children's social worker as well as the kinship carer. Therefore, once the kinship carers provided consent for their children to take part in the interview, the child's social worker was also contacted by the researcher and provided with an information sheet and consent form. Once appropriate parental/carer consent has been provided, the children were provided with an information sheet and consent form. Following this, the researcher will offer an introductory session before the interview, to meet virtually with the children to introduce herself and answer any questions the children may have, before they take part in the interview.
Gatekeeper consent	A gatekeeper letter was sent to the manager of a foster care team in Wales which explained the aims, scope and methodology of the research.
Confidentiality and anonymity	*Part 1 and 2:* Whilst face-to-face interviews conducted via Microsoft teams/Zoom cannot be considered completely confidential due to the presence of the researcher, the information shared with the researcher during the interview was not shared with any third party. The participants were reminded of this at the start of each interview. Recordings of the interviews were stored on a

password protected device which only the researcher had access to. Recordings of the interviews were transcribed within a two-week period following the interview. Recordings were held confidentially until transcribed.

The transcribed scripts were also stored on a password protected device and were only accessible to the researcher. During transcription, all recordings were made anonymous by using pseudo names. In addition, any names, locations or identifiable personal information were removed from the transcriptions. Participants were informed of this process prior to the interview and were reminded of this in the debrief following the interview. Participants were also made aware that they were no longer able to withdraw their responses following the deletion of the recordings, as the participants identity would not be identifiable from the transcribed data.

Part 2: interview with children

Firstly, the researcher offered the children a two-step interview process whereby they could meet with the researcher before the interview if they wished. In terms of confidentiality and anonymity, only Part 2b of the process was recorded and used in the research data analysis and write up. The same process of confidentiality and anonymity was followed as highlighted above.

Right to withdraw	*Part 1 and 2:* Participants were reminded that they could withdraw from the interview process before the interview took place and at any time during the interview, without a given reason. If participants decided to withdraw from the interview, all information was destroyed and excluded from the research. Participants were reminded that once information had been transcribed and made anonymous following a two-week period, it was no longer possible to withdraw from the research.
Debrief	*Part 1 and 2:* All participants were provided with a debrief sheet at the end of the interview. For further information or questions relating to the research, the participants were given the researchers contact details and the contact details of their research supervisor. *Part 2 only:* The children were offered a post-interview debrief session where they could ask the researcher any questions or express a need for clarification of the research process following the interview.

Potential to cause distress and signposting	*Part 1 and 2:* Participants were informed in the information sheets about the topics likely to be discussed in the interview before they give consent to participant. Participants were reminded verbally at the start of the interview that they were able to stop at any time. If the participants displayed any emotional distress during the interview, they were provided with the opportunity to terminate the interview. If they chose not to, the researcher aimed to stay with each participant for a short period of time following each interview, to make sure that they were feeling emotionally stable, and in a similar state to the beginning of the interview. If they were unable to return to a calm state, the researcher supported the participant in considering who they could speak with following the interview to help them, e.g., a friend or family member. *Part 1: Interview with kinship carer* In terms of signposting for support for kinship carers, the researcher signposted the participant to an appropriate team such as the foster care team, an appropriate charity or the GP for further help and support. This information was also provided on the debrief sheet. Arranging the interviews through the foster care team within a local authority provided the researcher with the opportunity to inform the foster care team of the aims and

	structure of the interviews, so that they could offer informed support to participants if they sought it. The foster care team were not informed about which kinship carers were taking part in the research, this was only revealed if the participant chose to disclose this to the foster care team themselves. The researcher feels this provided a clear process to ensure participants were able to access appropriate support locally if needed, and perhaps also provided a confidential option such as a specialist charity or helpline, in case this was required.
	Part 2: Interview with children
	In terms of signposting for support for children, at the end of the interview, the researcher signposted the participant to their link social worker, who were already aware that the children was taking part in the interview as they had to provide consent. The researcher also signposted the children to an appropriate charity or to the GP for further help and support if required. This information was also provided on the debrief sheet. Furthermore, the researcher offered a post-interview debrief session with the children if they wished, to ask further questions and express any concerns they had. The researcher offered signposting support to the children, if they needed help in knowing how to access their social worker, a charity or their GP.

Role of the researcher during the interviews	The researcher recognised the dual role that they may be perceived to have had during interviews with carers. As a trainee educational psychologist, the kinship carers and/or children may have used the opportunity during the interviews to ask for advice about their situation. In this circumstance the researcher reminded the carer/children of the purpose of the interview and encouraged them to contact their school and/or social worker about seeking support from their local Educational Psychology Service if they felt this was appropriate.
Data protection and compliance with GDPR	During the interview, personal information from participants may have been collected. This was done in adherence to the GDPR regulations. Participants were informed about how their personal data would be held in the information sheet, consent form and debrief sheet. It was recognised that kinship carers and children in kinship care have different experiences of the same phenomena, education. Therefore, the interviews were analysed separately.

Appendix O – Validity of qualitative research

The following considerations were addressed throughout the research process, in line with the four core principles of Yardley's (2000) framework for assessing validity and quality in qualitative research, in the context of interpretative phenomenology analysis (IPA) by Smith, Flowers and Larkin (2009).

Core principles and criteria for validity of research (Yardley, 2000)	How this study meets the criteria
1. **Sensitivity to context**	• A thorough narrative review was conducted of the current literature which developed the researcher's awareness of the context of the study topic and possible challenges. Relevant research is also included in the introduction and discussion sections of Section B. • The sample was recruited purposively using clear inclusion and exclusion criteria, as outlined in Section B, section 2.5.1. Both kinship carers and children with recruited to gain a breadth of different contexts and experiences. • Participant demographics are given to provide more information about the sample, while maintaining anonymity. • The use of open-ended semi-structured interview questions helped to gain an accurate picture of the participant's individual experiences. • Informed consent was sought from each participant prior to each interview. They were

	given the opportunity to ask questions prior to taking part.
	• A debrief form was provided to participants containing information about accessing support following the interview.
	• A research proposal was submitted, and ethical approval was gained from the Cardiff University's Ethics Committee.
	• The relevance and contribution to practice for a wide range of professionals such as EPs, school staff and social workers are discussed.
2. **Commitment and rigour**	• The researcher conducted seven semi-structured interviews.
	• Interview schedules were developed, which are in Appendices L and M. The researcher was mostly guided by the participants. The researcher chose when to probe further and elicit more details from participants.
	• The researcher analysed the data using the IPA process suggested by Smith et al. (2009). The researcher immersed themselves in the data through repeated re-readings of the transcripts.
	• A research diary (see Appendix AC) was kept in which the researcher reflected on the research process and regular supervision took place throughout the research process.
	• During analysis, an inductive approach was adopted to limit researcher bias and all themes and sub-themes were cross-referenced by a research colleague.

3. **Coherence and transparency**	• As noted in Section B, there is no single defined process for conducting IPA research. Nevertheless, as a first time IPA researcher, the researcher followed the advice of Smith et al. (2009) and used the steps shown in Appendix P. • As discussed in Section B, section 2.12 and Section C, section 2.6, the researcher carefully considered her own position and took steps to remove her own experiences and attitudes from the analysis process. However, she recognises that her preconceptions will have influenced her interpretations of the data to a certain degree. • The ontological and epistemological stances on which this research is based are explained in Section B, section 2.1 and 2.2, as well as Section C, section 2.2.1. • The researcher has included parts each analysed transcripts in Appendices T, U, V, W, X, Y, and Z for transparency. • A map of themes for the kinship carers is shown in Paper 2, section 3.1. A map of themes for the children is shown in Paper 2, section 4.1.
4. **Impact and importance**	• The researcher has considered the importance and impact of this research for educational psychologists and directions for future research are discussed in Section B, section 4.6 and Section C, section 3.3. • This study developed from an identified gap in the literature. There was very little UK-based research looking at the perspectives and views of kinship

	carers and children in kinship care, living in Wales, in relation to educational experiences.
	• This research emphasises the complex relationships between kinship carers, children in kinship care and schools. It also recognises the influences of other relationships such as biological parents, siblings and social workers. It is hoped that the conclusions drawn from this study can inform EP practice when working with these systems.
	• Whilst it is not possible or appropriate to generalise the findings of IPA research to the wider population, due to the idiographic nature of the sample, and the fact that the data represents uniquely personal experiences and interpretations (Smith et al., 2009), the findings of this study may allow other kinship carers and professionals to establish new ways of thinking about how they can work together to support children in kinship care in their education.

Appendix P – Data analysis procedure (IPA)

The following analysis procedure was used, based on the structure provided by Smith, Flowers and Larkin (2009). The process outlined below was done twice, once for the kinship carer interviews, and again for the children's interviews.

Transcription

The researcher listened multiple times to each recorded interview as she transcribed them. This allowed her to become familiar with each participant and the nuances, tone and inflections used at different points. This was drawn upon at a later stage within the researchers' interpretations. The researcher went through each interview line-by-line to ensure she was immersed in the data.

Reading and re-reading

The researcher began by reading and re-reading the transcript of the first interview.

Initial noting

The researcher made notes about her initial reactions while reading and re-reading the first interview. These notes were made in three colours according to whether they were related to language, concepts, or descriptions of what the participant had said. The researcher also underlined interesting passages of text in the same colours. See Appendices V, W, X, Y, Z, AA and AB for examples of the initial notes.

Developing evolving themes

The researcher reviewed her initial notes from the first interview and organised them into a set of evolving themes. See Appendices V, W, X, Y, Z, AA and AB for initial evolving themes, in black handwriting.

Searching for connections

The researcher began to sort the evolving themes and find connections between the themes. This included four different activities:

- abstraction – collecting similar evolving themes together.

- polarisation – combining themes which highlighted difference (e.g., Supportive Professionals and Unsupportive Professionals).

- contextualisation – exploring the temporal and narrative nature of the themes.

- numeration – paying attention to how common a theme was.

Moving on the next case

The researcher repeated all steps outlined above with remaining transcripts. Further emergent themes were collected and assimilated into previous subordinate/superordinate themes where appropriate.

Looking for patterns across cases

Once all transcripts had been analysed, the researcher attempted to find similarities and differences across all cases. At this point, it was important to recognise the individuality of each case, while highlighting concepts that appeared to re-occur for multiple participants.

This process was repeated for the three children's interviews once the process for the four kinship carer interviews had been completed.

Appendix Q – Superordinate and subordinate themes for kinship carers

Kinship carer 1 'Amanda'				
Impact of covid	Relationship for YP	Self-identity	Understanding needs	Support
Support	Loss of relationships Staff Friends Impact of complex family relationships Trust in adults	Social comparison Self-esteem	Lack of understanding Impact of parents Ongoing trauma	Educational Emotional Bespoke Support for kinship carers Social workers

Kinship carer 2 'Beverley'					
Understanding needs	Communication	Child voice	Relationships	Support for child	Social care
Nurture approach

Staff awareness (mixed)

Adjusting practice

Desire to be normal

Emotional needs

Ongoing difficulties | Opportunities for regular communication with kinship carer and staff to update on life experiences

Staff processes for communicating behaviour needs with kinship carer and young person

Kinship carer involvement
Consistent adult | Listen and act on the child's voice

Advocate for the child | Staff relationship with

young person

Staff relationship with kinship carer

Kinship carer relationship with young person

Impact of relationship with birth parents | Transition

Adjusting practice

Nurture approach

 Boundaries

Emotional support

Relational approach | Need for parental authority for kinship carer

More support for child required |

Kinship carer 3 'Catherine'				
Understanding needs	Advocate for child	Staff support	Peer relationships	Impact of covid
Impact of trauma on learning Impact of labelling as LAC Do staff need to know about past experiences? Kinship carer voice and experience to help staff understand needs	Fight for support Support from social worker	Inconsistent staff in CLA review meetings ELSA	Bullying Peer pressure Social skills	Learning Social opportunities Building relationships

Kinship carer 4 'Donna'				
Trauma experiences	Nurture and relational approach	Understanding needs	Kinship carer needs	Peer relationships
Ongoing trauma Impact on education	Key adults check in with child Calm voices	Home life Emotional difficulties	Adapt support Trusting relationships Consistent and reliable staff Social worker	Bullying Vulnerabilities to being misled

Appendix R – Superordinate and subordinate themes for children

Child 1 'Adam'			
Impact of being in kinship care	Struggles with secondary school	Understanding needs	Peer relationships
Embarrassed of age of kinship carer Parental reputation Desire to be normal	Transition worries Big crowds Staff changes Low motivation	Power dynamics Nurture approach Response to behaviour Emotional needs	Peer pressure Understanding needs

Child 2 'Chloe'						
Relationship with staff	Response to behaviour	Understanding needs	Children views	Assessment of ability	Peer relationships	Transition support
Respect Power Trust Genuineness Confidentiality Communication	Shouting Nurture response	Desire to be normal Get to know child and understand them	Listen to children Safe space for children to share their views	Exams Understanding impact of trauma on learning Support for those who are less academic	Impact of being n kinship care Bullying – parental reputation	Secondary transition Transition to adulthood support

Child 3 'Dan'					
Response to behaviour	Transition	Understanding needs	Peer relationships	Advocate for child	Primary school experiences
Nurture response	Leaving school	Gain voice of children	Avoidance of negative behaviours	Kinship carer support	Reward for hard work
Impact of shouting				Social worker support	Boundaries
Respect			Peer pressure		
Relationship with staff					
Trust					
Genuineness					

Appendix S – Key quotes for each subordinate theme from the kinship carer interviews

Subordinate Theme	Participant and page number	Quotes
		Unique and complex experiences
Ongoing difficulties	Amanda, pg. 4	*"He gets his moods and especially with the ADHD and the two things. In 2018, they erm changed his tablets, and it made it very nasty"*
	Amanda, pg. 5	*"But he said my mother owes me, his mother doesn't live far away from us, but she don't even phone the social to see him…Well in fact we passed her the day before yesterday in the area, and he didn't even recognise her"*
	Amanda, pg. 6	*"He doesn't seem to have the confidence in himself to do anything but he's very bitter about his mother, very bitter he is you know"*

	Amanda, pg. 10	*"Well, he used to go to a teacher [identifiable information] because Adam won't open up see, I'll be surprised how much he will say to you mind, because they won't sit and open up and don't like opening up like, when he did speak to you, I was shocked to be honest, you know"*
	Amanda, pg. 15	*"My mother owes me thousands"*
	Amanda, pg. 21	*"I feel sometimes, [his father] has let him down. Oh, I shouldn't say that, but I feel they were getting on so well… and then that had to happen… I feel like [name of YP] has been let down after building it all up again"*
	Beverley, pg. 2	*"So, he was taken to one foster carer and when we found out about it, we obviously tried to get Ben to live with us. We didn't know about it because we weren't told by my daughter that he had gone into care and because it was him and his younger sister at the time…erm we waited a year and a half then before both children came to us"*
	Beverley, pg. 4	*"He is very deep. I have spoken to him about it you know, like you know nan is looking after you because mammy and he just says, "I know don't wanna talk about it", he don't wana talk about it you know."*

	Beverley, pg. 5	*"Yeh, I did worry about it, especially when his mothers had too much involvement since but [sigh] {name of YP] is very deep so I don't know whether he worries about it or not."*
	Beverley, pg. 12	*"I think when he was younger, he had friends, but they never came over and I think that was to do with [YP's sister], because her behaviour was a lot of screaming a lot of shouting most of the time and he was embarrassed, really embarrassed. And I think that had a big impact on him you know"*
	Beverley, pg. 17	*"When he goes go down to his mams, we wouldn't have the support if he wasn't with social services. He would be down there every night and he wouldn't be doing anything"*
	Beverley, pg. 18	*"Yeh and well they aren't all positive you know, and I just want him to be a natural child and grownup like everybody else. I worry sometimes that we are a bit old for him, and if he had a younger parent, but as I said he is happy so he must be ok."*
	Catherine, pg. 4	*"Erm we all live in [name of LA and town] and Chloe's mother and father were living in [name of town] so this house that Chloe remembers is in [name of town], so it's about, from where we live now is probably about a five-minute drive"*

	Donna, pg. 3	"He has been in a lot of trouble recently since [brother's name] has gone…he has been making himself sick not to go to school and that, a couple of weeks ago, not to go to school… he said he did do it because he didn't want to go to school, when he was going through a bad time when [brother] left"
	Donna, pg. 3	"Since his sibling has gone from here, they have always been together, [name of brother], he has gotten in trouble a lot he has, but erm he doesn't like school I know that full stop."
	Donna, pg. 3	"But erm I think, because he was up at his mother's, he never went to school, so it is getting him to go to school. But I do argue in the morning with him, but once he is there, he is fine."
	Donna, pg. 3	"When [brother] was here, he was strangling me, hitting the others, jumping on their back. That is why the foster people pulled him out because it wasn't the right place for him, because he would say that I hit him, and I hadn't you know what I mean"
	Donna, pg. 10	"He doesn't talk about his emotions to me, but I think he needs to talk to someone. Because it's my daughter, he finds it hard to talk to me… so I think he finds it hard to talk to me about it because she is still my daughter. He always wanted to live with me so me and him have got a bond you know what I mean, but he struggles to express what he feels like"

	Donna, pg. 10	*"I think he finds it hard to talk to me about it because she is still my daughter. He always wanted to live with me so me and him have got a bond you know what I mean, but he struggles to express what he feels like."*
Desire to be normal	Amanda, pg. 12	*"And he had trouble with that boy all the way through school. And I think what it is, the boys' parents knew Adams parents and it just you know, they didn't get on there right the way through school."*
	Amanda, pg. 17	*"We are old we are, and we embarrass him, that's what he would say, we embarrass him. He's always got to wait somewhere else you know what I mean, or don't come in like, you're shaming me"*
	Beverley, pg. 11	*"He does his own formula, and he doesn't want to be different, he just wants to be a normal child, growing up in his nanna's house, he doesn't want to be any different to anybody else".*
	Beverley, pg. 11	*"It's difficult really, because they could do different things for children who are in care, but I know Ben would hate that because he wants to be the same as everyone else, he doesn't want people to know that he is in care".*

	Beverley, pg. 14	"I think it's about paying more attention. But then again you want to pay them more attention, but you also don't want to single them out. If [name of YP] was with his friend and the teacher came over to him, he would be mortified."
	Catherine, pg. 7	"The children wouldn't let her change, it was the fact that they'd always want to remind her about her mother and father…you might be clean now, but you weren't clean before. And we come to the decision that if she was to move on…she needed to move schools so that she could have a fresh start and they didn't know her background, and that they see Chloe for what she is there and then"
	Catherine, pg. 7	"And she did tell, she did say that she that I'm a bit ashamed she said of what I've done, about me and I said, I thought that she meant about her behaviour in school. So, I said to her 'ashamed about what?' and she went 'well, I used to be a scrubber'. And I said, 'what do you mean you used to be a scrubber?!' and she said, 'well you know, I was scruffy, dirty and well things I used to have, and well I never had much money'."
**School Ethos**
Knowledge and understanding of staff	Amanda, pg. 6	"Then when he went to the primary school, he had his few problems because he wasn't on medication then over there. He couldn't sit still, or he couldn't go the line because he had to be first, but they were

		marvellous with him over at the primary school, they were marvellous really really good they were, and he loved it over there."
	Amanda, pg. 7	*"She's marvellous, [name of teacher], she's left now, and [name of teacher] they're brilliant, they keep an eye on him and she phones me so I can't say nothing about the school or the teachers themselves, it's just some teachers don't seem to understand about the ADHD you know"*
	Amanda, pg. 7	*"He's naughty, just naughty you know. But when he's interested in something they tell me he's brilliant. When he's fixed on it, he is really really good to know. Of course, with some of the children, he's afraid to put his arm in that case it's the wrong answer and then they laugh at him. Well, that's it then, finished then, he's the class clown then."*
	Amanda, pg. 9	*"It's only the ones that don't know him he gets a problem with, he hates school."*
	Amanda, pg. 15	*"I know a lot of the things he says he doesn't mean but it's hard when he says them you know, but you think, some teachers should realise that he's gone through a lot"*
	Amanda, pg. 17	*"So, I think the main teacher, if it's a new teacher, should explain to her what he has gone through, I know he's not the only one, don't get me wrong but his needs, you know what I mean?"*

	Amanda, pg. 22	*"Don't know his background, so they don't know his parents were to do with drugs. His father had been into prison. I mean, he is living with two old people, he's not with his parents. Do you know what I mean? And I mean, that's hard for him"*
	Beverley, pg. 11	*"I told her what had happened, she sorted it out straight away and more or less said that Ben wasn't the problem it was the teacher. She didn't actually say much about the teacher, but she pretty much said, 'well I can go and have a word with him, but he won't be [name of YP]'s teacher next year'."*
	Beverley, pg. 12	*"Yeah yeah, definitely if he understood that Ben isn't living with his mam etc then he might have just forgotten about it."*
	Beverley, pg. 15	*"I think, talking about the school he is in, they are really switched on. And when we went to the school for his first review, I didn't feel any different to the children who went with their parents you know."*
	Catherine, pg. 5	*"She is in the additional learning needs class, which is absolutely absurd. She's been moved now only because I kicked up such a fuss and said she wasn't going to school until they moved her. She doesn't need to be in there"*

	Catherine, pg. 5	*"So, the naughty kids in there, children who struggle academically who do need the assistance are in there. And then, what they called at the time, the looked after children were in that as well. So that's the class that Chloe has done, your nine, sorry year seven, eight and nine"*
	Catherine, pg. 5	*"She said that the teachers have got time for them, explain things better to them, and genuinely treat them, treat them nicer because when Chloe was in the ALN class, every time Chloe would disengage with the, what the teacher said, and chat to the teacher, and she explained why now, she'd be "Chloe you are chatting", "yeh well I'm bored", "well get out"*
	Catherine, pg. 8	*"She went to the new school, and she got identified as having reading problems which we knew she had"*
	Catherine, pg. 13	*"She's got the label of being a kinship foster carer, but yet you know she's, like, you know, she got a good life and she knows she has… it is still carrying through with her and she is now 15… leave it back where it was…I think that they could have identified a long time ago, that Chloe wasn't an ALN pupil, I think it was quite easy to pinpoint that she weren't suitable in that class"*
	Catherine, pg. 15	*"I could give them a lot of insight into her, listening to the people that are constantly around Chloe. And you know, they have never ever asked me you know, as Chloe's kinship foster carer, for any background information on where Chloe is, needs, support regarding her emotional decisions that she makes"*

	Catherine, pg. 16	*"Whereas social services know everything about Chloe's background, we know everything about Chloe's background, we know what Chloe's downfalls are, we know that Chloe needs to be pushed in this area and helped in that area. I honestly don't feel that that is carried through."*
	Catherine, pg. 17	*"Sometimes, Chloe will tell the CLA coordinator what they wanted to hear because she knew the lingo, you know, they, they'd ask her something like I can't remember exactly what it was now, but she told them she'd get angry. And then all of a sudden, she re-laid that back to me and said she has anger issues and I said 'Chloe? Anger issues?" and I said, I don't know where you get that from, she is like a little mouse she is. I was quite gobsmacked by that."*
CLA review meetings	Amanda, pg. 6	*"She kicked up a full around Christmas time, someone sent her a link by mistake cos we had the CLA review, and she kicked up such a fuss, this is the beginning of September last year and nobody has heard from her since, she never even sent him a Christmas card or a birthday card or nothing, I mean why kick up a fuss if you're you know, not going to see him like. But there you are, we can't do nothing about it anyway, so we just carry on"*
	Beverley, pg. 7	*"But they are very, any problems and she come to me straight away, she goes to the LAC reviews and if I send any concerns, she gets back to me."*

	Beverley, pg. 11	*"He wants to be, you know, in the LAC review they say, 'you know, you can have an advocate now to talk to you and he can come to the meetings."*
	Beverley, pg. 11	*"I do speak to them, the lady who is in charge and comes to the LAC review, so it's not as if you are speaking to somebody you don't know. She knows all about [name of YP], she knows all the history, so it's not like you have to go over all the story again, she knows everything about it*
	Beverley, pg. 16	*"He hasn't asked and, in the LAC, review they ask him if there is anything he needs to help with schooling and he did come to one or two LAC meetings, I think it might have been before he went to the comp school, but he came to see what it was like, but he said no I go everything."*
	Catherine, pg. 16	*"Well, we have LAC reviews in the school and the teaching staff come in, and then they go. And then the next meeting we go to, there is a different member of staff there. You know, so the information that they would have known previously has been lost and there is another teacher who is representing the one who couldn't make it now and you know, so they don't know Chloe…and to me, they, on a need-to-know basis, why would they need to know Chloe's background?*
	Amanda, pg. 6	*"He had his few problems at the school like you know and he wasn't expelled you know, he just couldn't go one afternoon, the other week he swore that the teacher but what it was, some boys were throwing*

Response to behaviour		*a bottle around the room and what it was you know, it was a relief teacher, and {name of YP] always get caught anyway, I'm not saying he's always innocent but then a boy was going to hit him…so I think he swore at him then and then the teacher so he swore at her and he wasn't allowed to go into school for one day or whatever."*
	Amanda, pg. 9	*"Well, they always to get to keep him busy he like just to keep like to be busy then in school, and they always have something for him to do. He'd be the one that would ring the bell, he'd be the one that would take the messages back and forth, he thought he was really important to take the photographs, when he was kept busy like that, we thought, he thought he was the top dog like you know what I mean, he loved it. He loved that because he thinks that he was special."*
	Amanda, pg. 17	*"But there's one, the Welsh teacher up there and she said you know what, when he's good, he's good, he's really good when he's good. But then something will trigger him off. And she will perhaps sit him down and talk to him or something, but he won't do it if there's others around you see, because he's what did he say now, he's, he's different, that's what he says"*
	Beverley, pg. 11	*"Apparently what happened was [name of YP] when to put a piece of paper in the bin and it went on the floor and what was written was that [name of YP] had thrown a dangerous object across the class, not a piece of paper. When I saw that I thought 'gosh, why is he throwing things like that, that's not [name of YP]'."*

	Beverley, pg. 13	*"Definitely nurture a bit more. And the sense of boundaries otherwise you have no chance do you. You have to have your boundaries…he is a lot more vulnerable than other children so when they do respond, they should respond in a way that is less harsh and more nurturing"*
	Donna, pg. 11	*"I think the way the spoke to him like they understand how to speak to a kid. Sometimes with me, I speak direct to him, but they had a way of speaking to him so that he could understand"*
	Donna, pg. 12	*"There is a conversation, they wouldn't shout at them. they spoke to them like they were an adult so yeh they were good, especially if we had any problems."*
	Donna, pg. 13	*"He needs to know he has done something and that there are consequences. But I think as we were saying earlier, he needs someone to talk to him rather than shout at him. You can't go in straight shouting at him"*
Support	Amanda, pg. 8	*"Boy, I'm not expecting him to have no A's or A*'s mind, but erm, he's just plodding along mind you know what I mean. he can do one to one, he's great at one to one. He was having private, with the social, private maths lessons, but because it's the holiday's he won't do them now either."*
	Amanda, pg. 14	*"I think that it would be more of a one to one. You know, and if you pick the subjects that he does like he worked really hard, because once they had him because he wouldn't do this and wouldn't do that, they had him to help the caretaker on a dinner time and he loved that, and then they had him painting in*

		some classroom door or whatever and he liked that you see. It wasn't really work but he was still learning really but then after his father and this coronavirus, then everything stops."
	Amanda, pg. 15	*"Well, he went to the [name of project] a couple of times and they take him out and talk to him about anger management and everything like that but then the coronavirus happened, and he couldn't go nowhere. They wanted him to go for a walk or speak to him through the car but that's not good you know because as soon as he come back home he was back to normal and he had been with [name of project], have you heard about [name of project], we were going down there for us more than [name of YP], to try and manage him, right, but then again we got the coronavirus again and that's not face to face and so to be honest, that's it."*
	Amanda, pg. 17	*"She will perhaps sit him down and talk to him or something"*
	Amanda, pg. 19	*"No, I think, sometimes, if he would go to them to speak, do you know what I mean? sometimes they give him the opportunity, he used to go to the, he used to be in the after-school clubs, oh he loved that. when he first went him there, they'd give him a cake oh and it would be Halloween and he'd have to decorate all the top and oh he'd love that. And he went on a trip to [name of shopping centre] and take him to the cinema. Oh, and he loved that. But then, I don't know, what he just stopped doing anything."*

	Beverley, pg. 4	*"There was an episode when boys were pitching his bag and throwing it on the roof, so I contacted the school and they acted immediately you know."*
	Beverley, pg. 9	*"Well, they should be aware that the child is in care, they obviously know that don't they I'd have thought. And just the knowledge really, they have a lot more to deal with. I think, if I was a teacher, I would tend to mother them a bit more, but I don't know if that is the right thing, look out for them a bit more definitely."*
	Beverley, pg. 11	*"I think they have got support, because he is looked after, they go and see him every day to see how he is and that, but I don't think he would go and talk to people because he doesn't like talking"*
	Beverley, pg. 11	*"It's difficult really, because they could do different things for children who are in care, but I know [name of YP] would hate that because he wants to be the same as everyone else, he doesn't want people to know that he is in care."*
	Catherine, pg. 5	*"When she was in school, initially, Chloe went into survival mode. Education was the least of her worries, she just had to survive, she wasn't learning anything in school…So when she eventually felt safe and happy…we would play in the water with letters, and we would learn our spelling tests in the bath with those foam letters"*

	Catherine, pg. 6	*"I will educate her in my house, because the only place that she learns is when she is sitting in my house with a tutor that I paid for and she is fully engaged for the whole hour there, I said, that is more education in that hour than she has in a whole week in that classroom"*
	Catherine, pg. 8	*"Said I agree, so she said we will start from these results and then Chloe had all the support, she used to go to extra reading classes and the school were given money because Chloe was classed as a looked after child, so they gave her ELSA"*
	Catherine, pg. 9	*"It was like a support classroom, and she also got given [name of class teacher] which what I classed and what I assumed was the ELSA woman then. She would see them individually, setting them goals and erm doing things like, if you got a problem in the class come to see me. I think, like, there were 7 looked after children in that classroom, oh no 6, one of them didn't go into that classroom. And [name of teacher] was the teacher who taught them, but they also had that other teacher, who was supported to give the naughty kids a card because if they couldn't cope and it was getting too much for them, rather than it being too much for them, they could show this card and have a break"*
	Catherine, pg. 10	*"She did like [name of teacher]. She had [name of teacher] for year 7 and 8 because they wouldn't move her around the school as much as the other pupils, and I think, you know, I think she did like, initially, that extra support, because they used to go look for this teacher at break time and they used to have a chat and they'd like that."*

	Catherine, pg. 10	*"Chloe started having extra education here and she was catching up on things and then suddenly she was getting bored in the classrooms."*
	Catherine, pg. 17	*"Chloe was sad to see that lady go, she was the ELSA lady right through the school with Chloe and they would make hot chocolate and have marshmallows and they would do things as a group with the same people, and they would have to get used to talking to each other, because Chloe's confidence was rock bottom and would try and build them up"*
	Donna, pg. 5	*"I think they were good; I think. Yeh, if I got a problem, they would help with Dan. You know if they were being disrespectful to me, they would put us in the family room so we could talk about it so yeh they were really good."*
	Donna, pg. 6	*"And this year he has gone a bit naughty in comp and I don't know why. But they rewarded him the other day, they gave him a… gift card because he had been good for 2 weeks so that lifted him up a bit."*
	Donna, pg. 7	*"He loved primary school. He used to go to ELSA and all that."*
	Donna, pg. 9	*"Yeah, he has seen someone from CAMHS, they said he is alright and to see how he goes and if he gets worse then send him back, but he said he doesn't have dreams now, so he is ok."*

Relationships		
Children's relationships with staff	Amanda, pg. 9	*"It's only the ones that don't know him he gets a problem with, he hates school"*
	Amanda, pg. 14	*"I think that it would be more of a one to one."*
	Amanda, pg. 17	*"Perhaps he could understand a bit more, as he is growing older than you know, and the people are helping him and are with him and not against them, then you know what I mean, they are helping him, but at the moment, sometimes he thinks that teaches teachers are against him like you know what I mean?"*
	Beverley, pg. 7	*"Oh, yeh oh yeh, he likes his head of year who is his geography teacher, who he had last year, and he has got her again this year. Yes, I don't think there are any teacher he has said he don't like, there are one or two that are maybe a little bit strict you know, but no he doesn't normally complain about the teachers."*
	Beverley, pg. 11	*"They have got a dedicated teacher up there as well for looked after children, so they know. If [name of YP] is struggling he knows to go to Mr So and So, that's who he goes to they told him, so they must have a designated teacher that has different ways of dealing with children who are in care"*

	Catherine, pg. 12	*"What she described to me this week was that she likes the teachers who are there for her, supporting her and encouraging her, treating her like she is worth something. When she was in A6, she felt like they didn't have the time of day for her whereas now they have. They treat her as if she is worth trying and I think that is half the problem, they didn't want to bother with the A6's"*
	Catherine, pg. 13	*"Because he says to me in a different tone but what he is saying doesn't match his tone, so he is saying have a good day today be amazing' but she said it doesn't sound to her like he means it"*
	Catherine, pg. 18	*"You know that CLA coordinator in school swapping, lockdown, whatever bond they were making in school, she didn't see her then"*
	Donna, pg. 5	*"The teacher said he needs to have more respect for the way he talks to them. He is disrespectful to the teachers sometimes."*
	Donna, pg. 6	*"Oh, he likes some teachers, he likes one teacher, I can't remember, I have forgotten her name but some teachers, they all think he is lovely, they all tell me he is lovely. Even the head teachers say he is lovely. But you know when he is going to have a row, he gets abrupt with them, and he needs more respect with them"*

	Donna, pg. 7	*"He makes them laugh and it is just the way they are with him; they are funny with him, and they talk to him"*
Kinship carer relationships with staff	Amanda, pg. 7	*"His form teachers are than, she's marvellous, [name of teacher], she's left now, and [name of teacher] they're brilliant, they keep an eye on him and she phones me so I can't say nothing about the school or the teachers themselves"*
	Amanda, pg. 10	*"Cos it's a Welsh school you see, so everything that comes in gets written in Welsh and [name of teacher] fair play, she said if we have paperwork then it will be in English then you know for us, so that's good. But in the beginning that was all in Welsh."*
	Amanda, pg. 11	*"She's very good she is very good, she to phoned me and all you know if there's, if he's worried or anything, you know, give me a ring so I've not got nothing to say about her like that, she's very good."*
	Amanda, pg. 21	*"She texts very often to see how [name of YP] is doing and he's not in her school, so I feel they have thought about him"*
	Beverley, pg. 7-8	*"Well it works two ways doesn't it, and you've got to be there, you can't just sort of say 'how was your day, there we go bye, off you go to bed', you have got to get involved with the school as well, like school meetings, I never miss a school meeting erm…we have always done a lot with the school as a family and*

		I think if you put the effort in, they think that person really cares and they will make that effort with you."
	Beverley, pg. 11	*"You always got that one person you can speak to, and you can guarantee they will call you back."*
	Beverley, pg. 11	*"Yeah, so it's the one person rather than "oh hang on here is his head of year, you need to say it all again", you always got that one person you can speak to, and you can guarantee they will call you back."*
	Catherine, pg. 6	*"Well, if I don't fight for her no one else will"*
	Donna, pg. 8	*"Right say I got a problem because I have got dyslexia and that, they help me out and go up and help me out you know what I mean. Like say they bought homework and I couldn't do it, I would go up and they will help me out"*
	Donna, pg. 8	*"Good yeh, I do have a good relationship with most of the children's teachers. If I got a question, I could phone them. before lockdown with comp, I could have gone to a tea thing with all the teachers and if they had any trouble with Dan I could go. But because of lockdown they have stopped that, but I can ring them anytime. And if he is in trouble, they ring me. So, I have a good relationship with all of them because I have dyslexia and they get in touch with me all the time."*

	Donna, pg. 12	*"I think they are good with his needs and that, if I have a problem with him, they will talk to him for me. Like today he didn't want to go to school, and he had a tantrum, so I phoned the school, and they went to find out what was wrong with him, and that is the same if he is sad"*
Social worker involvement	Amanda, pg. 5	*"The social let's him go you know; we did everything that we had to do, and it was good and that he'd be able to go to his flat to have tea with him"*
	Amanda, pg. 21	*"But it's the same as me, I was going to [identifiable information] counselling but that's not opened up either so they aren't doing it yet and I could do with it myself to be honest with you, but [name of social worker] has been trying when its face to face all the time she will do it you know."*
	Beverley, pg. 14-15	*"They [social workers] say 'oh we have got to look into these things', and I know but it's making him unhappy you know, he absolutely adores going with his dad and you know, I've known his father for years and year, if there was any danger, I wouldn't let him go but I know he is safe with his dad... They need to act on it, quicker than they are, not another year down the line, you know for his sake, because we are the ones who get it then 'when can I go with dad? Why can't I go and stay overnight?'."*
	Beverley, pg. 17	*"Beverley: She [social worker] said she has been trying to get the kinship carers to take, not residency, another name, what is it?*

		Researcher: erm special guardianship? *Beverley: something like that, which means he wouldn't, not that we get much help now, but we wouldn't get the help and that, and I said no because we wouldn't have had the respite to take [sister] out when we did."*
	Catherine, pg. 6	*"Chloe's social worker had to get involved then and she came to a meeting with me with the school...and she said oh I have heard that this school won an award for the CLA award which shows how fantastic you are with CLA children, and he said, "oh yeah" and she was like 'well let's see what you can do with this one then'."*
	Donna, pg. 13	*"Yeh, I got more with the staff in school up there than I do with my social workers to be honest, you know what I mean. I get more help off them to understand."*
	Donna, pg. 18	*"Erm, sometimes no, no. there is not enough support off social workers."*
	Donna, pg. 19	*"I don't think sometimes that they know what these kids have gone through, like I know what they have gone through"*
	Donna, pg. 19	*"I don't think they listen enough to what these kid's needs. I think more has gone on at that house than what they think"*

Peer relationships	Amanda, pg. 7	"As for somebody with ADHD, he don't make friends, I say he don't make friends that well, he might tell you something different. He's got friends in school, the same click in school but they have come to knock for him to go out, but he won't go out. But he likes younger children, he's an uncle now, because his stepsister has had a little baby innit, and he loves children absolutely loves them innit, we went for a meal with her the other day with [name of baby] and he took a car for him to play with and stuff like that, but he wouldn't say it mind but I think he finds it hard to friends' friends".
	Amanda, pg. 8	"He can do it on the internet, he talks to everybody on the internet. But he don't seem to. I mean, when we used to go over to the motorbikes, he always used to have friends there because we used to see them every weekend you know, but he won't go out [frustrated tone], just like the friends in school that he used to have dinner with, he won't even go for free dinners now because the friends go out to have dinners and they can't go out to eat so I've got to give him packed lunch for that and all"
	Amanda, pg. 13	"It's more friends around the area that go to the school. Yes, they go to the Welsh school but sometimes they come right from the top of [name of area] well his friends are all around where we live by here and the English primary school was only at the bottom of out street so perhaps, he might have clicked a lot better."
	Amanda, pg. 14	"He had one problem with a boy when he was in [name of preschool] before he was in the primary"

	Amanda, pg. 16	"They're having, they're having stuff and perhaps they're having their parents, perhaps they got a contract, well we haven't got a contract. I bought his phone outright because there is no way I can got to 40 pounds a month for a phone for him."
	Beverley, pg. 3	"He went out a lot before covid, swimming, always out with his friends but since covid he hardly leaves the house… I think covid has a lot to answer for"
	Beverley, pg. 9	"He's got good friendships, a nice lot of boys, very quiet boys, you know, when living off this street, one living down the other street. Yeah, no arguing, they have been friends since they were small."
	Beverley, pg. 9	"I know [name of YP] did a few extra sessions but he didn't know it was because you know, they told him that he had been picked to go, there was a couple of them, but he realized, cos when he come home, I was like 'why was there only two of you' and he said 'on [name of YP in class] lives with his gran too', so I guess he knew what they were doing, and they done something different with the other children. But oh, he enjoyed, and it probably made him feel a bit more special"
	Beverley, pg. 12	"I never see him talking much to his friends, he must do because they always call for him. He always seems to be the one when they call, not so much now but in covid, they'd knock on the door and you'd say, 'go on go on!' and they would walk and [name of YP] would be walking behind them, so they wouldn't even be walking to school together."

	Beverley, pg. 12	*"I think when he was younger, he had friends"*
	Catherine, pg. 9	*"Chloe always played with the boys. Chloe never played with the girls, they were too hard to play with you, with a girl, it was more emotional, and it was like, you know, girl play, and boys run around kicking and I suppose she could do that and blend in. But as to be playing with the girls and they were playing characters and things. It was way way over her head"*
	Catherine, pg. 9	*"I gotta be honest, she did like the fact that, because at that time she was still way behind and they were all new, so I don't think it was so prominent, the, the big gap between them and they didn't know that A6 was what Chloe classes as the thick class. You know it was just, they were put in the classroom, they didn't associate with A1 being the clever children, and you working down the stairs and then all of a sudden now you were "haha you are in A6 ha ha ha ha". And like said they didn't believe that the ALN class didn't move around school that often, they tended to just stay with [name of teacher], and she was their math teacher, she was their English teacher, and they tended to stay in a certain part of that school."*
	Catherine, pg. 11	*"She is putting rubbers on her arms, and mixing with children who have nothing better to do than hang around in the streets in the nights"*

	Catherine, pg. 13	*"She is so influential, if you put Chloe in a cage full of monkeys, she will be a monkey... she was influenced by them, peer pressure, because they were calling her chicken because she had to go home, so she does struggle out in the community with bad peer pressure."*
	Catherine, pg.14	*"Struggles majorly. She's got fantastic friendships with family members."*
	Catherine, pg. 14	*"She does tend to have to be told constantly to make good decisions. And it was clearly that that wasn't one of them, that she stood there and took photos of them lighting boxes, that was totally, she was influenced by them, peer pressure, because they were calling her chicken because she had to go home, so she does struggle out in the community with bad peer pressure."*
	Catherine, pg. 14	*"Chloe can't read environments very good. Like, [friend] knew that was not a safe environment to be in and [friend] went, and I said, that should have been a trigger to you, if [friend] was leaving, you should have left. But Chloe doesn't see emotional triggers and that could be to the fact of her being brought up in constant turmoil*
	Catherine, pg. 15	*"So even though Chloe's body is 14, Chloe's emotional and education is probably 11. Now if you put an 11-year-old in a situation like that, they would stand and watch, and that is the way we look at it, so it's like her emotions and her education catching up with her body and I would say, she is catching up fast and she is getting very mature."*

| | Donna, pg. 5 | *"The problem is that the ones he is friends with can misguide him a bit because they get in trouble. They lead him a stray. I know you can say that Dan is old enough now to have his own mind, but he will go with them just to, you know what I mean"* |
| | Donna, pg. 5 | *"He has loads of friends, everybody loves him, all his friends, they are always phoning him and that. He doesn't go out very much with them unless they go out for football. He will sit on the end of the bed and play on his PlayStation."* |

Appendix T – Key quotes for each subordinate theme from the children's interviews

Subordinate Theme	Participant and page number	Quotes
		Impact of other's views
Desire to be normal	Adam, pg. 1	*"when I'm going to school and I'm getting dropped off by either nan or gramps, right, then it's different to what other people erm are, obviously all my friends know like who I live with and everything, but like sometimes it's a bit weird going to school with them, not with friends but with them…we leave the house at 33 minutes past 8… because if we leave at half past we are going to get there at 25 to, and if*

		we leave at 33, we get there at 20 to…I've got to be there at 20 to and I don't want to be there too early or too late….because the buses are there…like when we go there and we see the bus there I'm like 'go' type of thing, but like I just don't know"
	Adam, pg. 17	*"Well, it can be because there are more rules, but it's pretty much similar but like yeh it's pretty much similar to other people"*
	Adam, pg. 19	*"What the friends could do is make the child that is in kinship care feel like they are a normal child who is living with their parents, so just ignore the fact they are living with their grandparents, friends or someone else… well some of my friends do like, they don't really understand, sometimes they do, sometimes they don't" Adam, pg. 19*
	Adam, pg. 20	*"Well, some of my friends do like, they don't really understand, sometimes they do, sometimes they don't"*
	Chloe, pg. 6	*"Well, nobody knew me so they couldn't say anything to me"*
	Chloe, pg. 23	*"I don't think they like treat you different. They do know obviously, but they don't treat you differently. I think they only treat you differently if you are like in the bottom set."*

	Chloe, pg. 23	*"You don't want to have to explain the whole situation and just get more drama. It's a massive problem. They don't know who I live with. Like obviously they do know secretly but they don't want to say do they. My head of year always say of I will call your mam and stuff like that, and he knows as well. … its difficult because I just don't want to say like oh yeah actually, its [name of KC]."*
	Chloe, pg. 24	*"My best friend like I didn't tell her for ages I just didn't have like the confidence to tell her."*
Understanding needs	Adam, pg. 12	*"These teachers have been around children for years now, but they don't even have a child themselves, so they don't understand what teenagers go through type of thing,"*
	Adam, pg. 12	*"They are the ones like usually, if they understand what we go through, they give the exact same punishments that they give to their children, that they do in the school, so if it's a strict punishment they will do it in school, if its ok then they will do it in school like yeh."*
	Adam, pg. 17	*"erm they should be aware, because like sometimes you know, when teachers give a child a row, they will sometimes use an example of something that has happened to someone else or something that could happen that can relate to what has happened…the teacher doesn't understand what the child has gone through like, if they have lost a family member of something like that, so the teacher will give an example with a family member right and then it hits the child hard type of thing. So maybe they should be aware of what the child has gone through in life."*

	Adam, pg. 17	*"Depends really what the child has gone through, I can't really say an example about myself but say if the child has gone through a bad time, maybe the teachers should understand that and ask them if they are going through anything like problems or anything"*
	Chloe, pg. 5	*"R: and what were the teachers like?* *YP: a lot nicer.* *R: And what did that look like.* *YP there were like more understanding"*
	Chloe, pg. 11	*"Not made me say that I had anger problems. I'm not angry at all, I am such a chilled person, I wasn't even angry, I just wanted him to give me my pencil case back."*
	Chloe, pg. 17	*"R: And with the situation with your class, did you ever say anything about how you felt?* *YP: no, I would have probably got an afterschool or something"*

	Chloe, pg. 23	*"You don't want to have to explain the whole situation and just get more drama. It's a massive problem. They don't know who I live with. Like obviously they do know secretly but they don't want to say do they. My head of year always say of I will call your mam and stuff like that, and he knows as well."*
	Chloe, pg. 26	*"R:…if you were to give advice to other children who were in kinship care about friendships, what do you think your advice would be,* *YP: I would tell because it's a lot easier if you tell them, but like if a person who's comfortable to tell them also."*
	Chloe, pg. 26	*"My friends are really understanding and treat me the same. I know someone who doesn't get treated differently but he told someone, and it went round the whole school. Whereas my friends, it hasn't."*
	Chloe, pg. 28	*"Yeah, like some teachers I know like some people have been upset, like before and they like nag to like know why but some people just don't want to say"*
School Ethos		
Support	Adam, pg. 18	*"Well like with learning wise, if the child is going through like, some people have different problems with different things, teachers should understand that like give some support when they are teaching the*

		child like give them a better chance, instead of saying oh its easy just get on with it, they should actually help them"
	Adam, pg. 19	*"Sometimes if you ask for help, they don't really help they just like stop the whole entire class, but you don't want that, you want it told to you one-to-one, person to person type of thing."*
	Adam, pg. 19	*"I don't really get support with learning but obviously like, when I ask for help, and I ask the teacher if they can come over to the desk for help, but like some teachers do that anyway whereas others stop the entire class. But like yeh"*
	Chloe, pg. 7	*"YP; They just like took you out the class like and sat you down till like you know it* *KC: one to one, was it?* *YP: yeah* *R: Okay, did you, did they do lots of repetition, the same thing, help you get it in your head."*
	Chloe, pg.16	*"Being bored. I was very bored in A6. I'd do the work and like, I'm not being like horrible anything, because like I wasn't like top set or anything but there were people a lot lower and you would finish the task before them and they were still behind and you had like 20 minutes to go and obviously the teacher wants them to finish their work so you can't move on and it's just like [shrugs]."*

	Chloe, pg. 29	*"You're like a baby. They don't really like care what do you do, they just don't like care, it sounds horrible, but they don't really care about you and act like they are just in the lesson and they gotta teach you…Because I have gone up like higher sets, they like treat you different, well I personally think that. They like give you more like help and stuff like they want you to do better like and stuff"*
	Dan, pg. 4	*"Teachers would like come over and help you with work and sometimes you would have a reading assistant with you to see how your reading was going and they would like help you with everything you needed."*
	Dan, pg. 4	*"That like, if you didn't know what the work was, they would explain it really good and help you get the hang of it and with reading, if you had dyslexia and all that, they would like try and help you and all that which is good for dyslexic people"*
	Dan, pg. 5	*"R: and do you get any extra support in school?* *YP: erm no, with reading you get a bit, but I don't mind not having support because I know what to do, so I don't mind. my reading is excellent, all the teachers are shocked that my reading is good"*
	Adam, pg. 12	*"Even if you have been in a massive fight and you are struggling to breathe type of thing, they won't like to get to the point then, they try and calm you down and help you first and then they will just ask you*

Response to behaviour		*what happened and that and find the story. But then, in secondary school they will try to get the answers out of you there and then"*
	Adam, pg. 12	*"These teachers have been around children for years now but they don't even have a child themselves so they don't understand what teenagers go through type of thing, so if they know, they will know to let them calm down first before like asking the questions, so they don't get frustrated. Some of them don't understand, but some of them do."*
	Chloe, pg. 14	*"I hate it when they shout. I don't think it's like necessary, like sometimes it is. But like teachers go like nuts over like little things"*
	Chloe, pg. 14	*"Well, someone got shouted at the other day because they don't have a pen. Like literally screamed at.* *R: and if they responded better, what would that look like?* *YP: like oh don't worry I'll get you a pen now, or just remember a pen next time."*
	Chloe, pg. 14	*"Oh yeh, like if I say, erm like what have I done because you want to know, they literally like scream at you and you are like oh ok."*

	Chloe, pg. 15	*"This boy started kicking the back of my chair and I turned round and told him to stop. And the teacher was like RIGHT SIT DOWN, I don't even care just sit down. And I was like right alright."*
	Chloe, pg. 17	*"Yeah, most of times, like if you've got something wrong, like my head of year, like two boys in my year were arguing the other day and like obviously they wanted to sort it out and he was just like oh its childish nonsense go away. They didn't listen to him."*
	Dan, pg. 3	*"They'd [primary school] take you out like they would first be calm but if they know you have done it then they would shout, like if they know you have done something wrong, and they know it's you"*
	Dan, pg. 1	*"Like I'm the type of person, if they are shouting at me, I go mad and I just be naughty and stuff cos I don't really like people talking to me in a horrible way otherwise I will just start being naughty"*
	Dan, pg. 1	*"Just get on my nerves by shouting and that, like I'm the type of person, if they are shouting at me, I go mad and I just be naughty and stuff cos I don't really like people talking to me in a horrible way otherwise I will just start being naughty and [inaudible], so yeh that's what I don't like"*
	Dan, pg. 1	*"It's not like they can't shout, it's like if they shout and me and I take it that they are annoying me, then I will usually chops because I don't like it."*

| | Dan, pg. 1 | "R: yeh, so what do you think they could do better?

YP: erm calm me down and talk to me nice. normally they will just shout at you and then like I don't know, shout at you and when you tell them back chopsy, they go on a mad one and start shouting at you." |
|---|---|---|
| | Dan, pg. 3 | "Erm, erm, erm, I mean they were a bit like, if you did something that was silly, they were a bit thingy to it but not really. I much prefer primary to comp. if it was between comp and primary I would 100% have primary, it was way better." |
| | Dan, pg. 3 | "They would only shout if it was reasonable, but they wouldn't shout like loud, it wouldn't be loud shouting, it would just be normal." |
| | Dan, pg. 5 | "It is going to tip my brain and I am going to start chopsing" |
| | Dan, pg. 10 | "Don't shout. it is like they are trained to shout at kids and always shout. they seem to enjoy it." |
| | Dan, pg. 10 | "No shout, be calm and tell them everything will be ok" |
| **Relationship with staff** | | |

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Trustworthy, key adults	Adam, pg. 5	"But like, there are some things, like, just like annoying type of thing, like with the lessons like when you have a teacher is teaching you all, all of this. She just decides to just quit the job. And then we have to wait to have a supply teacher right, and then the school find out the other teacher that went taught us the wrong thing"
	Adam, pg. 12	"Some of them abuse what they say, they abuse their power type of thing. They think, because they are pretty high up, they think they can get away with it type of thing. But then they already know that the child ain't going to do much about its cos none of the teachers will listen to them. Even if it was 20 children that told on them."
	Chloe, pg. 11	"You see in school; you have to be careful about what you say because they make it all such a big deal."
	Chloe, pg. 12	"I don't want school knowing everything, I don't know why, I just don't trust them, I don't know why…
	Chloe, pg. 16	"He was like saying, oh, well done and he was just like, complete, like no smile or nothing, he was just like oh well done. It was like he didn't mean it."
	Chloe, pg. 18	"I don't really say much. Because like obviously it's like another teacher there and they would probably cause World War Three again if you say something"

|	Chloe, pg. 18	*"Oh, I'll sort it out later and he didn't even speak to us, and he just accused me of doing something"*
	Chloe, pg. 21	*"YP: I wouldn't say anything to the teachers like if something was wrong, but like I would tell someone, I just wouldn't tell the* *R: Um, would you like to be able to tell someone in the school.* *YP: not really no. It's like knowing that everyone is going to know if you say something."*
	Chloe, pg. 22	*"But no matter what they say they lie to you 150 times. And you know it's going to end up around the school"*
	Chloe, pg. 22	*"Its trust isn't it. You are trusting that person not to tell anyone and they disrespect when they do"*
	Chloe, pg. 28	*"Like respect, what's that saying, to get respect you've got to give it and it's not always that way… they shouldn't automatically think they have respect just because they are a teacher. like teachers are horrible and you aren't going to give them respect if they are treating you badly"*
	Chloe, pg. 29	*"They shouldn't automatically think they have respect just because they are a teacher. Like teachers are horrible and you aren't going to give them respect if they are treating you badly."*

Dan, pg. 1	*"Absolutely rubbish, erm it's like just rubbish, just like the teachers, I'm not really liking them"*
Dan, pg. 1	*"Because you don't want to be treated in a bad way by teachers like it really pees people off."*
Dan, pg. 2	*"Well, I had this one teacher who let us have extra time and when we finished our work, she would take us out for 15 minutes at the end of the day to play football on the yard with all of us to have a tournament. she was really kind; I would love to go back"*
Dan, pg. 3	*Ah they were nice, they were caring, erm they weren't that strict, there were 2 teachers that were strict and that's it"*
Dan, pg. 4	*"A lot, erm just the teachers, they are just being moody. they weren't moody in year 7 but as you get older, they start to get a bit moody."*
Dan, pg. 5	*"Erm, yeah there are three teachers I like, they are tidy you know what I mean?... they know not to push me and all that and if they know I want to be left alone or something, they do"*
Dan, pg. 11	*"All I would say is, if I want to go to the toilet, teachers should let us, it is basic human rights, they can't stop you."*

	Dan, pg. 12	*"No, no teachers, I don't like talking to them. I would usually talk to my social worker about it, and they would usually do something about it"*
	Dan, pg. 12	*"No teachers. I don't like talking to them. I would usually talk to my social worker about it, and they would usually do something about it."*
Transition		
Primary to secondary	Adam, pg. 6	*"I was like really nervous in a way, like when I go like obviously the first day of going to secondary school… I went in the car, but I was like what class am I going to be in and where do I have to go? Considering I had already been to the school to see what it was like and everything, but obviously I didn't know, where to go like"*
	Chloe, pg. 8	*"YP yeh we had MAT days, more able and talented* *R: what were they?* *YP: they were like you just like do like loads of sports and stuff or like"*
	Chloe, pg. 8	*"Yeah. Yeah. They would like explain the school and what you could do there and stuff"*

	Dan, pg. 6	*"Just really nervous, I was really nervous and shocked at how fast primary went"*
	Dan, pg. 6	*"R: did you feel ready to move to year 7?* *YP: no, nowhere near. like after 2 days I started to settle in. the first 2days were alright"*
	Dan, pg. 6	*"R: did you visit the school before you started?* *YP; yeh yeh so we had a fun, so we would do activities like football and play. we wouldn't do work, we would play so that we knew that it wasn't really that bad than what the teachers do explain to you"*
Adulthood	Chloe, pg. 13	*"I think thinks like GCSE exams will like stress me out because you have to do well in them otherwise you are screwed."*
	Chloe, pg. 27	*"They don't really help when you are older about jobs. That Welsh Bach is supposed to support you to find jobs but like. They talk about it a lot but they just want you to pass your GCSES I think"*
	Chloe, pg. 28	*"I don't know, I don't want to stay on for Sixth Form"*
	Dan, pg. 10	*"R: what about, your thoughts for leaving school*

		YP: I would be happy as hell, I would be so happy nothing would get me down"

Appendix U – Image of Bronfenbrenner's bioecological systemic model
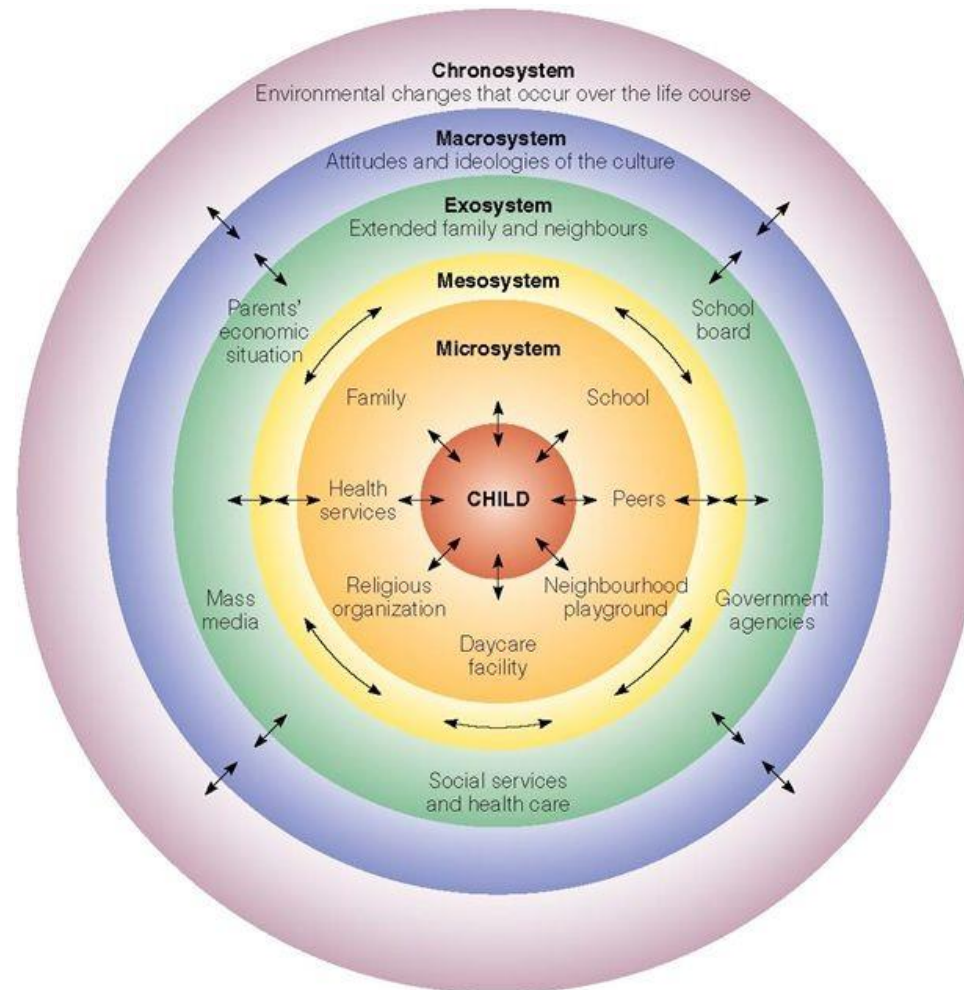
Appendix V – Example of Amanda's transcript

so I think he swore at him then and then the teacher so he swore at her and he wasn't allowed to go into school for one day or whatever. But he don't like the comp at all, he cant wait to finish up there, the teachers, his form teachers are than, shes marvellous, [name of teacher], shes left now, and [name of teacher] they're brilliant, they keep an eye on him and she phones me so I cant say nothing about the school or the teachers themselves, its just some teachers don't seem to understand about the ADHD you know

R: Okay, and is that what is it that you think that they struggle to understand in terms of his need

P1: He's naughty, just naughty you know. But when he's interested in something they tell me he's brilliant. When he's fixed on it he is really really good to know. Of course, with some of the children, he's afraid to put his arm in that case it's the wrong answer and then they laugh at him. Well that's it then, finished then, he;s the class clown then.

R: Yeah. And what are your thoughts about him being in kinship care and the experience he has at school

I think, I think so because they've got their parents, and they live with their parents, of course, and he'd of called us old you see. We are old we are he don't see why, and as the social worker says, you were put with the people who loved you but were best for you, but to him, they got grandparents and they just go back and forth, where as we are looking after him and we are old we are and we embarrass him, that's what he would say, we embarrass him. Hes always got to wait somewhere else you know what I mean, or don't come in like, you're shaming me. And I thought to myself, yeh you're saying that to us but its his parents who'd have ashamed him if he'd been with them now you know,

R: yeh, so how is he with his friendship then?

P1: As for somebody with ADHD, he don't make friends, I say he don't make friends that well, he might tell you something different. Hes got friends in school, the same click in school but they have come to knock for him to go out but he wont go out. But he likes younger children, hes an uncle now, because his stepsister has had a little baby innit, and he loves children absolutely loves them innit, we went for a meal with her other day with [name of baby] and he took a car for him to play with and stuff like that but he wouldn't say it mind but I think he finds it hard to friends friends.

6

DIFFICULTIES TALKING ABOUT FEELINGS.

Interesting way of describing that he doesn't talk about feelings.

"very deep" = emotions stuck deep down?

of YP], why don't you live with aunty [name of YP's mother]?' which is his mother. And he said "it's a long story". So I don't think he's ever told his friends, he don't talk about it. He is very very deep. I have spoken to him about it you know, like you know nan is looking after you because mammy and he just says "I know don't wanna talk about it", he don't wana talk about it you know.

⟶ Doesn't want to think about his reasons for being in KC.

R: yeh, and have you got any thought about it?

KC: erm, let me just check the door is shut. {signs} erm yeh I did worry about it, especially when his mothers had too much involvement since but [sigh] {name of YP] is very very deep so I don't know whether he worries about it or not. He seems to be happy go lucky, he gets everything he wants, you know when he comes home his food is on the table and he gets all the clothes he wants, hes not spoilt but if he wants something, he knows we will give it to him. But if the situation was different and he was down his mams, I don't think he would have a hot meal on the table, I don't think he would have a strict routine to go to bed, you know, he wouldn't have those boundaries and I think that is really important for children, especially as they get older, the boundaries.

Worry + sad about emotions of YP.

Positives of being in KC.

Importance of boundaries

BENEFITS OF KC.

R: yes definitely, and do you think that him being, the experiences he's had, having that routine and boundaries is helpful for him?

KC: yeah, definitely yeh, I did find in the beginning that he was very very controlling because he had his younger sister and his mother used to say to him 'will you get [name of YPs sister] bottle?, will you fetch her nappy, will you do this, will you do that?'. Cos when they first came to us and [name of YPs sister] wanted the toilet, he would say 'does [name of YPs sister] want the toilet?'. And I would have to say 'no [name of YP], I'm the adult, you're the child, now you go over there and watch tele' and that took a long time to sink in with [name of YP], that he doesn't have to look after his sister, but there is still an element of control in him you know, like I said 'your food is ready' and he said 'but its not on the table' and I said 'it is ready' but its got to be on the table before he comes down. Theres that element of control there and if I disagree with something he says, he likes to have the last word and I say "I am the adult, you are the child, you have to listen to what I am telling you" but he always has to bite back, but I think that will always be an element of [name of YP].

Trauma = seek control to feel safe.

Element of being a young carer.

IMPACT OF TRAUMA

R: yeh ok, and do you know if that has had any impact on him in school, have you noticed?

ONGOING DIFFICULTIES

4

because she has matured a lot over the last six weeks. And like I said she does, she is made, she is learning because it is a learning curve. You do have to learn these things. And she's always been kept in, she's always been kept safe by sensitive people. She's never had to make those decisions herself on, oh my god, like [friend] went. I would have had to say to Chloe, move get home. But Chloe needs to learn in every situation to make those decisions, oh this is dangerous I need to leave. It's the anticipation of danger and it is getting better over time. Like her ability to chat to people, is something she has to learn to kep herself safe. And she is immature in her years, because of her education being behind. She still would play with toys at 9 as if she were 3, so it is all delayed. So even though Chloes body is 14, Chloes emotional and education is probably 11. Now if you put an 11 year old in a situation like that, they would stand and watch, and that is the way we look at it, so its like her emotions and her education catching up with her body and I would say, she is catching up fast and she is getting very mature.

R: Thinking about that, how do you feel the staff respond to her, if something went wrong. Do you think they have that understanding of her developmental level?

KC: I don't think they have no idea about Chloe's understanding being way below, maturity, as in, she looks 14 and they I don't think they got any association that Chloe isn't actually emotionally and educationally 14.

R: And if you, [pause] what do you think would be helpful for staff to access if they had training or anything like that?

KC: I could give them a lot of insight into her, listening to the people that are constantly around Chloe. And you know, they have never ever asked me you know, as Chloes kinship foster carer, for any background information on where Chloe is, needs support regarding her emotional decisions that she makes. I know she makes bad decisions, and why, the social services know that she makes bad decisions and why, because every time she does one I report it to them. The school don't know a lot of things I mean, Chloe was, this is, I mean this was back April this year, in fact, Chloe was on social media, and she was arranging to meet a boy up in Scotland and she was going to go up and see him. And she had no intentions of going and she was enjoying the attention she was having from this man. Now, it got reported to the police. Because of the safeguarding issue. And when I went up to the meeting at the end of year nine with [teacher] and he knew that because the community police officer have been at the school

Handwritten margin notes:

NEED FOR SUPPORT VS. NEED FOR INDEPENDENCE + LEARN.

Need for independence to learn from mistakes

EMOTIONAL NEEDS
→ poor emotional development
– linked to trauma

Staff need to recognise where she is emotionally

EMOTIONAL NEEDS

KC VIEWS

Gain KC views on what YP needs.

Conflict again around s how much staff should know about past

KNOWLEDGE OF PAST – CONFLICT

Appendix Y – Example of Donna's transcript

KC: erm no, on Dan now is it?

R: yeh just thinking about how school is for him

KC: no not really to be honest, we have covered it all yeh

R: ok wonderful, i think that is everything I have

KC: you will find out more when you speak to Dan, sometimes i find it hard to express what they are like

Key to get voice of YP.

R; yeh it is hard.

KC: he is all for loving and loves cwtches, and he is caring and wants me to give things to the kinds and he will go without. he is loving but he has not a nasty side when he wants to you know what i mean, but i think all kids got that.

VOICE OF YP

R: so who lives in your house?

HOME DIFFICULTIES

KC: [name], [name] and used to be [name]. so there is three of them. [name] is getting diagnosed for foetal alcohol syndrome he is so we got problems with him. sometimes he does dans head in because they are in the same bedroom, but he will have his own bedroom before long so i have got my hands ful to be honest. [name] was the one that was the hardest. he had got what he wants now, one to one. and he would say oh i cant wait to go home, [name] is doing my head in. and [name] can be awful and i feel bad sometimes because i am giving him too much attention to him but he needs it because you got to watch him becuase he has no safety, he would climb up walls.

Difficulties with siblings + cramped living struggle.

KC Struggling with all the YP.

R: how old is he?

KC: he is 8. sometimes i feel awful for the others, i give him lots of him and i wish i could give them more time and i think dan understands.

KC NEEDS

R: do you feel you have enough support?

KC: erm, sometimes no, no. there is not enough support off social workers. the kids, the other day, [name] was going out for trick or treating and Dan was barred, and i said to the other two that Dan can have some of their sweets or have the tub over there and [name] threatened me with social workers. she threatens me all the time, becuase they got a right to say things. I am walking on egg shells sometimes because it is not nice. i told [social worker] the other day and i said its not nice that she wouldnt share and she is treathening social workers all the time. you know if they cant have it their own way. Dan doesnt do it but she will threaten me with social workers all the

Social workers dont support enough.

SW SUPPORT

PARENTAL RESPONSIBILITY DIFICULTIES.

Joint parenting with Social worker - difficulties

14-

Appendix Z – Example of Adam's transcript

YP1

: Am I worried that one of them's going to break so I'm gonna start this one as well. [zoom interruption]. Sorry, what did you say?

YP1: that's what I was going to say you can use zoom.

R: Yeah, so I've got zoom and I've got another thing that's recording. Perfect. Okie dokie. So the first question is, can you tell me a little bit about what schools like for you.

EMBARRASSED ~~B~~ ABOUT KC.

YP1: So, in general, just like home schoolers, like is it fun and everything like that. Erm well, it is all right. Like, obviously, because when im going to school and im getting dropped of by either nan or gramps, right, then its different to what other people erm are, obviously all my friends know like who I live with and everything, but like sometimes it's a bit weird going to school with them, not with friends but with them. Erm so [pause] it can be annoying sometimes but sometimes it can be fun, it depends really.

embarrassed about age of KC.

R: Can you tell me a bit more about what it is about going with your grandma, or your granddad that makes it a bit annoying, or a bit weird.

struggling to articulate how he feels about school.

struggles to explain why being in KC is difficult in front of peers.

YP1: Like, like yeah I have a friends that also, like has their nan that drops him off. Like, [pause] I don't know, to be honest. Like it's just different to other people, like, basically, all of my friends in my year and couple of other years, two also know, because they just found out like, but yeh it can just be different like

Feels different to others
- embarrassed

R: yeh, and what when you said earlier that school can be fun. What is it like at...

YP1: sometimes like certain lessons can be fun, but sometimes it can just be boring. Obviously I don't like school at all. But like, sometimes like after six weeks off. When you get to see your friends again. But then yeah,

peers are motivator to attend school.

R: yeah. Okay, so what is it about seeing your friends that you enjoy?

YP1: catch up on things and everything, basically.

R: And what is it that you don't enjoy. What is it about lessons?

YP1: Erm, Just like certain essence like that I've already learned before. Like, and they teach us all, again, just annoying

"Boring"

R: Oh that sounds a bit annoying.

LACK OF MOTIVATION FOR SCHOOL

1

Appendix AA – Example of Chloe's transcript

YP 2

UNDERSTAND NEEDS
AND ABILITY

SUPPORT FOR
LESS ACADEMIC.

R: Okay, so the first question is can you tell me a little bit about what school has been like for you.

YP: Erm well its better now that I am in year 10. Because I have gone up like higher sets, they like treat you different, well I personally think that.

※ Valued by staff if more academic

R: How do they treat you in year 10 that's different..

YP: not like if you are in year 10 but if you are like in higher sets and stuff.

RELATIONSHIP
WITH STAFF

R: And what do they how do they treat you in a higher set compared to a lower set?

YP: They like give you more like help and stuff like they want you to do better like and stuff.

※ SUPPORT FOR
LESS ACADEMIC.
YP feels that staff are more invested in pupils who do better at school.

RESPECT FROM STAFF
"baby" - how being treated like a baby might make YP feel.

R: Okay, And what was it like in the lower sets

YP: like You're like a baby. They don't really like care what do you do, they just don't like care, it sounds horrible but they don't really care about you and act like they are just in the lesson and they gotta teach you.

└ seems to be insight into the importance of staff + YP relationships & respect for YP.

R: Okay and what, um, how did that make you feel being in that class.

YP: I didn't know this time so it didn't really make a difference.

R: Um, have you noticed any difference in yourself since you've moved?

Being in an engaging + motivated environment influences truly on YPs engagement

→

YP: Well yeah, I do like a lot more like a lot more work. We like used to just watch movies and stuff.

KC: You put in more effort now don't you

YP: Yeah

R: That is really good, so do you feel more motivated?

※ SUPPORT THAT IS APPROPRIATE

YP: Yeah

R: Nice, and how has school been socially?

YP: Yeah it's been fine.

R: Yeah. Has that changed since you've been in year 10?

YP: No

1

Appendix AB – Example of Dan's transcript

Handwritten margin note (left): −ve view of school

R: so the first question is, can you tell me a bit about what school has been like for you?

YP: absolutely rubbish , erm its like just rubbish, just like the teachers, im not really liking them

Handwritten note (right): impact teachers have on experience of school

R: and what is it about the teachers that you dont like?

Handwritten note (right): SHOUTING

YP: they never let me go to the toilet for one, and sometimes they just get on my nerves by shouting and that, like im the type of person, if they are shouting at me, i go mad and i just be naughty nad stuff cos i dont really like people talking to me in a horrible way otherwise I will just start being naughty and [inaudible], so yeh thats what i dont like. they dont let me go to the toilet when i want to and they just always shout.

Handwritten note (left): TRAUMA +SHOUTING

Handwritten notes (right): impact of shouting

Do trauma experience impact on response to Shouting?

R: i think your microphone is a bit muffly

Handwritten note: Shouting

YP: oh its because its on my lap

R: yeh i did hear what you said but i am just worried i will miss some of it. So what i heard then is that teachers shout at you and you dont like it when they shout at you and you prefer it

Handwritten note (right): recognition that he responds −vely to shouting

YP: its not like they cant shout, its like if they shout and me and i take it that they are annoying me, then i will usually chops because i dont like it.

Handwritten note (right): SHOUTING

R: yeh, so what do you think they could do better?

YP: erm calm me down and talk to me nice. normally they will just shout at you and then like i dont know, shout at you and when you tell them back chopsy, they go on a mad one and start shouting at you.

Handwritten notes (right): Nurture response = calm first

NURTURE

R: so am i right in thinking you think it would be helpful for school staff to give you the space to calm down before they talk to you? and when they do talk to you, talk to you calmly?

Handwritten note (right): CALM

YP: yeah, not shouting in a bad way

R: and why do you think that is important?

YP: because you dont want to be treated in a bad way by teachers like it really pees people off.

Handwritten note (right): respect is needed

R: ok, has there been anything that has gone well at school?

Handwritten note (right): RESPECT

Appendix AC – Extract from the researcher's reflective journal

KC interview 1 reflection

After the interview I worried that I had asked leading questions as a way of keeping the interview focused on education. However, the additional information was useful to develop an understanding of the context and also to reflect on the impact it may have on school.

The interview was very emotional which meant it was difficult to remain an interviewer rather than a TEP. Being an interviewer is not something I am used to doing, so I was very hyperaware of doing the right/wrong thing. I found that I used empathy regularly which was important to offer support and build rapport. However, on reflection, if I had told the participant at the start of the interview that I won't be able to respond the way that I usually would, then I might have felt less uncomfortable about offering reassurance and empathy.

During the interview, she worried about her grandson not wanting to talk to me, and I was glad to find out about some of his tricky life experiences prior to talking to him because it allowed me to reassure her that I wouldn't ask any triggering questions.

I spoke to the participant on the phone a couple of times before the interview, and this gave me some insight into the complexities of the situation. This meant that I was prepared for the interview and did not let it impact the way I responded or what I asked next.

I noticed that when transcribing the interview, I had missed some information that she spoke about and this indicated that I wasn't always engaging in active listening. On reflection, this may have been because I wasn't feeling relaxed due to it being my first interview.

The participant herself was grieving which made it difficult for her to focus on the topic, as I got the impression that she hadn't had the chance to talk about her own feelings.

Reflections on the questions:
- How to ask more semi-structured questions?
- Ask contextual questions about the situation helped

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