“Meeting the needs of these children is everyone’s business and we all have a responsibility to support the needs of the most vulnerable young people and children in the local authority.”

Exploring the Educational Psychologist’s Role in Supporting the Educational Experiences of Children Living in Residential Care in Wales.

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Summary

This thesis is comprised of three parts: a major literature review; an empirical paper; and a critical appraisal. The aim of the thesis is to explore educational psychologist's perspectives regarding their role in supporting children living in residential care in Wales.

Section A: Major Literature Review

Section A aims to provide a comprehensive account of the literature in this area, which is presented in two parts. The first offers the current context pertaining to care experienced children in the UK, with a particular focus on the landscape for children living in residential care. The second offers a narrative review of the literature around the educational and wellbeing outcomes for children in residential care, with an exploration of some risk and resilience factors that may influence these outcomes. The relevance to the practice of educational psychologists is also discussed before the rationale for the current research is provided, alongside the research questions.

Section B: Major Empirical Study

Section B presents an empirical study, which begins with a summary of relevant literature, the rationale for the study and the research questions. Methodology for the research is outlined, followed by a detailed data analysis section that outlines the reflexive thematic analysis process conducted. The discussion section links the analysis to relevant psychological theory and previous literature, followed by implications of the findings on EP practice, strengths and limitations of the current research, and potential future avenues for research.

Section C: Critical Appraisal

Section C provides an overview of the research process, as well as a reflective and reflexive account of the development of myself as a researcher and the research more generally. Research decisions throughout the process are reflected upon, and the implications for research are discussed.

Table of contents

List of Tables

List of Figures

List of Abbreviations

ACEs – Adverse childhood experiences

ALN – Additional learning needs

ATRCM – Applied Trauma Responsive Classroom Model

BPS – British Psychological Society

CIW – Care Inspectorate Wales

CLA – Children Looked-After

DDP – Dyadic Developmental Psychotherapy

EP – Educational psychologist

EPS – Educational Psychology Service

GCSE – General Certificate of Secondary Education

IWM – Internal working model

LA – Local Authority

LAC – Looked-After Children

LGBTQI+ - Lesbian, gay, bisexual, transgender, queer (or sometimes questioning), intersex

NEET – Not in education, employment or training

OHID – Office for Health Improvement and Disparities

PACE – Playfulness, acceptance, curiosity and empathy

PTSD – Post traumatic stress disorder

RCW – Residential Care Worker

RTA – Reflexive Thematic Analysis

SWEMWBS - Warwick-Edinburgh Mental Wellbeing Scale

TEP – Trainee educational psychologist

TIS – Trauma Informed Schools

UK – United Kingdom

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Section A: Major Literature Review

Word count: 13, 220 words

1 Introduction

1.1 Overview of the literature review

This literature review will comprise of two parts. The first part of the literature review comprises of an introduction to the research focus with a brief explanation as to why children living in residential care were chosen as an area of study. Within this section, clarification of key terms is given within the legislative and UK context, including an overview of what it means to be looked-after by the local authority (LA), what residential care is, and what the current situation looks like within the UK, and more specifically in Wales, regarding relevant policies, legislation and demographics. Following this, a section is dedicated to defining and critically thinking about psychological theories such as: attachment and trauma theory (Bowlby, 1969); adverse childhood experiences; internal working model theories; and the Trauma Recovery Model (Skuse & Matthew, 2015) with reference to their relevance to care experienced children.

The second part will consist of a narrative literature review that aims to explore relevant literature pertaining to the educational experiences and life outcomes of children living in care and care experienced individuals, and more specifically those in residential care. Within this, the rationale behind the type of literature review conducted is given. The introduction finishes with a description of the literature search process, with focus on databases used, inclusion and exclusion criteria for research papers, as well as a description of myself as a researcher and the subsequent influence on the literature review process. Considerations and implications for educational psychology practice are drawn from the themes. This

section will conclude with a professional and academic rationale and research questions that guide the empirical study.

Within this literature review, the phrases ‘children living in (residential) care’, and ‘(residential) care experienced children/individuals’ are used to describe children and young people who are currently living within the care of the LA, and individuals who have previously lived within the care of the LA. When considering terms used within UK legislation and the existing literature, children living in care are commonly referred to Children Looked-After (CLA), Looked-After Children (LAC) or Children Looked-After in Residential Care (CLARH). Within this thesis, I have chosen not to use any acronyms to describe the population of children I am researching, although I do provide a brief definition of legal terms commonly used within the literature review. The Language That Cares project was a collaborative effort led by TACT Fostering and Adoption Agency (2019) that aimed to change the language used to describe the care system. Language is a powerful tool for communication, and through consultation with care experienced children and young people, it was found that many dislike being referred to with the use of acronyms and prefer full terms such as ‘care experienced’. The decision to not use common acronyms was made to avoid reducing children and young people in a way that could be perceived to suggest homogeneity of experiences/outcomes within the population. I recognise however that the language and terminology preferences vary across time, places, and individuals.

2 What does it mean to be care experienced?

This section aims to introduce the research topic by defining relevant terminology. It will then explore the following questions:

- What is the contextual landscape pertaining to care experienced individuals (particularly those living in residential care) in the UK?
- What psychological theories can be drawn on to provide a valuable insight when considering how we can support care experienced children and young people?

All information given is up to date with any changes known to be in force on or before August 2023. Whilst this section focuses on Wales, references will also be made to neighbouring nations within the UK, given the similarities across the child welfare legal network to provide relevant points of comparison for Welsh research. Additionally, demographic data is often more comprehensive in England so where Welsh data is not available, this has been useful to refer to.

2.1 Definition of 'looked-after' and 'CLA'

The term 'looked-after' originates from legal definitions outlined in The Children Act 1989 and refers to children and young people who have been placed within the care of their LA. Section 74 of the Social Service and Wellbeing (Wales) Act states that a child who is looked-after by a LA is a child who is in its care; or provided with accommodation, for a continuous period of more than 24 hours (Welsh Government, 2022). In the broadest terms there are two primary routes that result in a child becoming looked-after by the LA: 1. Being accommodated under Section 20 of The Children Act 1989; or 2. Being made the subject of a Full Care Order, under Section

31 of Children Act 1989 (The National Archives, 2022a, 2022b).). Under The Children Act 1989, Section 20, every LA shall provide accommodation for any child in need within their area who appears to them to require accommodation with there being no person who has parental responsibility for them, being lost or abandoned, or the person who has been caring for them being prevented from providing them with suitable accommodation or care (The National Archives, 2022a). Under The Children Act 1989, Section 31, the court may make an order to place a child within the care of the designated LA or place them in the supervision of a designated LA, following an application of any LA or authorised person (The National Archives, 2022a). A court may only make a care order or supervision order if it is satisfied that the child concerned is suffering, or is likely to suffer significant harm, and that the harm (or likelihood of harm) is attributable to the care given to the child, or the child being beyond parental control.

Children who are looked-after by the LA may also be referred to as 'Children Looked-After' (CLA). The term 'CLA' previously known as 'Looked-After Child' (LAC) is a legal term that was introduced by the Children Act 1989, Section 22 (1) (Department of Health, 1997). CLA refers to children (from birth, up to the age of 17) that are 'accommodated' by the LA and made subject to a 'care order'.

2.2 Care experienced children in Wales

Data collection records, collected through each year through the Looked-After Children Census show that there were 7080 children looked-after by Welsh LAs in March 2022 (StatsWales, 2022) a decrease of 167 (2%) on the previous year. Wales

has the highest rate of children who are looked-after in the UK, with a rate of 112.3 per 10,000 population aged under 18 (Welsh Government, 2022). This figure diverges significantly from other areas of the UK, such as 70 per 10,000 being looked-after within England in 2022 (Department of Education, 2022), 102 per 10,000 in Scotland (Scottish Government, 2022), and 80 per 10,000 in Northern Ireland (Department of Health, 2022). The Department for Education (2023a) states that the differences may be down to different policies and legislation and differing historical data collections. The care rate in Wales increased by 83% between 2003 and 2022, with more than 1% of children currently in care (Senedd Research, 2023). The most recent data based on the year April 2021 to March 2022 published by Welsh Government (2022) outlines that over 69% of children who are looked-after are residing within foster care placements, with nearly a third of children in foster care being placed in 'kinship foster care' or 'formal kinship care' (Department for Education, 2011).

85% of children living in care in Wales were looked-after under a care order in 2022 (Welsh Government, 2022). Within this population, 87% of these children were looked-after under full care orders compared to 13% of those looked-after under interim care orders. Of the 7,080 children in care within Wales in 2022, 69.4% were placed in foster care, followed by 15.6% being placed with own parents or other person with parental responsibilities, and 8.3% were in placements in residential settings (Senedd Research, 2023).

Across the 22 LAs within Wales, the proportion of children in care and care leavers differ significantly (Welsh Government, 2022). The All-Wales Heads of Children's

Services' (2013) commissioned a report with the aim of giving an insight into this variation in numbers. Even when accounting for socio-economic and demographic factors, a significant variation was still identified in the number of children living in care across all LAs in Wales. The report identified differences in the organisation and leadership of services for vulnerable children as a possible cause for the variation in rates of children living in care (All Wales Heads of Children's Services, 2013).
Care experienced children are considered to be a group that are more likely to have experienced maltreatment in comparison to all children in the general population (Bazalgette, Rahilly and Trevelyan, 2015). According to data collected by the Looked-After Children Census (2022), between 1st April 2021 and 31st March 2022, 1690 children started to be looked-after by need for care. Of this 1690 children, 1040 were placed into care because of experiencing abuse or neglect. A further 220 were placed in care due to their family being in acute stress, and another 220 due to family dysfunction. 55 children were deemed as needing to be looked-after because of socially unacceptable behaviour, and a further 95 children had experienced absent parenting.

2.3 Residential care in the UK

Residential care is a form of care for children who are do not live with their birth family. Children are cared for by paid professionals, commonly known as residential care workers (RCWs) in a residential setting, such as a children's home. This usually occurs under a voluntary care agreement or care order (Early Intervention Foundation, 2022). Care for children in residential settings is often considered an alternative to foster care (Andrews, 2017), and is popularly characterised as the last

resort for children who have experienced multiple placement breakdowns and often have high levels of therapeutic needs (Elliot, Staples and Scourfield, 2017). Guidance produced by Welsh Government (2022) provides an even broader definition of residential care as a range of provisions, such as:

- Secure accommodation.
- Placements in homes and hostels subject to Children's Home Regulations
- Hostels and supportive residential settings not subject to Children's Home regulations.
- Placements in other residential settings, specifically: residential care homes, family centres or mother and baby units, establishments providing medical/nursing care, Youth Offender Institutions, or prison.
- Residential schools.

This suggests that residential care can be defined much wider than just children and young people placed in "homes subject to Children's Home Regulations" (Department of Education, 2014, p.32; Martin, Staples and Scourfield, 2018). However, there are no up-to-date statistics available on how many children are living in each type of placement in Wales, illuminating limitations in how data is collected and analysed (Andrews, 2017). This research paper focuses solely on residential care homes which are regulated by The Care Inspectorate Wales (CIW). CIW is the independent regulator of adult social care and children's services in Wales, in contrast to Ofsted in England which has a narrower focus on children's services. CIW carry out regular inspections of children's social care provision to ensure that the care provided meets an appropriate standard. Both foster and residential care fall under the CIW's responsibility (Competition and Markets Authority, 2022).

The number of residential childcare provisions within Wales (that are regulated by CIW) continues to rise with 168 settings providing 926 places, recorded on 31st March 2018, a 5% and 3.5% increase respectively on the previous year (Statistics for Wales, 2018).

2.4 Why do children live in residential care?

Despite often being referred to as a homogenous static group (Andrews, 2017), children living in residential care are a diverse population that should be considered as such within a set of complex and ever evolving occupational constructs (Pinkney, 2000; Andrews, 2017). The heterogeneity of this population is considerable: age; length of time in care; circumstances leading up to becoming looked-after; type of placement; experience of placement and the purpose of care varies substantially across every individual (Bywaters et al, 2020). This section provides a general overview of the most common reasons children enter the care system, but it must be noted that this is not an exhaustive explanation for the circumstances of all children living in residential care, and each child must be considered as an individual.
Family dynamics vary across families and unfortunately, many children are unable to safely life with immediate or extended family due to adverse and traumatic experiences. Common reasons a child may become subject to a care order under Section 31 of the Children Action 1989 (Department of Health, 1997) include:

- Physical or emotional abuse, whereby harm is caused (or likely to be caused) to the child by a parent or caregiver (although these terms can be used interchangeably, I have only used ‘parent’ from this point onwards for ease of reading)

- Neglect of a child's physical and emotional needs
- Parental illness or death
- Parental incarceration
- Abandonment
- A child being considered beyond a parent's control, whereby the parent is no longer able to keep the child safe (Lightfoot, 2014).

Children may have a residential care placement for various reasons; commonly it is used as a short-term placement with the aim of the child either returning home to family or to a foster placement after a period of therapeutic involvement. Sometimes, residential placements are considered more suitable than other placement types for children with complex needs, such as emotional and behavioural needs, whereby intense support from a staff team with specialist skills and training would be beneficial. In some cases, residential care may be a preferred placement choice for a young person who does not want to live in a family environment. It is very common for children with experience in residential care to have experienced multiple placements beforehand, such as foster care, that have been unsuccessful. Over 75% of residential care experienced children have experienced previous care placement breakdowns (Narey, 2016). Given these statistics, children living in residential care are more likely than other children to have experienced significant life changes, disruption, and poorer mental health (National Institute for Health and Care Excellence, 2021). This may suggest that children who have experienced living in residential care are among the most vulnerable within our society (House of Commons Education Committee, 2022).

2.5 The profile of children living in residential care in the UK/Wales

In 2022, there were 588 children recorded as living in a form of residential care within Wales (Senedd Research, 2023). In Wales, LAs rely significantly on private residential provisions, with around 77% of children in residential care living in placements provided by the private sector (Competition and Markets Authority, 2022).

2.6 Current legislative context in Wales for children in residential care

The Social Services and Wellbeing (Wales) Act 2014 came into force on 6th April 2016. It provides a legal framework for improving the wellbeing of people and carers who need support and aims to transform Social Services in Wales. The legal processes for care experienced children are outlined in Part 6 of the Code of Practice. Within the legislation, residential care provisions are discussed under the umbrella of the term Children Looked-After. The Act asserts that a placement within a residential home can be the most suitable arrangement for some individuals, and it must “always be seen as a positive choice” (p. 35) whereby the placement chosen is best suited to the individual’s needs and circumstances. Given that residential placements can vary greatly in terms of the service they provide, each LA must ensure they have a range of residential options open to them, to allow for placements to be matched on an individual basis, following careful consideration of the individual circumstances, and wherever possible the child should be involved in the decision-making process.

The Act asserts that LAs are requires to “promote educational achievement as an integral part of their duty to safeguard and promote the wellbeing of the children they look after” (p. 18). This duty applies to all children who are looked-after, wherever they are placed, including residential provision. In discharging this duty, LAs should aim to have a “culture of proactive commitment” (p. 18) to the young persons’ educational needs and ensure that opportunities to achieve are comparable with their non-looked-after peers. A robust framework for monitoring a child’s progress, as well as upskilling and developing the understanding of the adults working with the child, on the needs of the child, must be in place. The Social Services and Wellbeing (Wales) Act (2014) recognised that LAs must ensure that every child living in care has a personal education plan (PEP), which adequately reflects the needs of the child, is up-to-date and effectively implemented to support the child’s educational needs. The PEP forms an integral part of the child’s overall Part 6 care and support plan and aims to “describe what needs to happen to help them fulfil their full potential and reflect (although it does not need to duplicate) any existing education plans” (p. 19). The PEP’s purpose is to document a shared understanding of the child’s educational needs, that has been collaboratively produced by key adults working with or around the child. It should document a clear pathway of what needs to be done and by who to support the child, whilst being regularly reviewed and updated where needed, as part of the statutory requirement. Making sure the child's voice is heard, and listened to is an important focus of the document.

In May 2023, Welsh Government made an official declaration, committing to the radical reform of care services for children and young people. The Welsh Government's commitment to putting the voice of children at the centre of the

change of children's services is outlined in the declaration, which was created in collaboration with Welsh ministers and care experienced young people. The Welsh Government describes its commitment to implementing changes to the present care system, with the aim of supporting children to remain with family. The declaration coincides with the Welsh Government's comprehensive reform of Children's Services in Wales and describes its dedication to safely reduce the number of children entering the care system, but for those children who are in care, it wants them to remain close to home so they can continue to be a part of their community. The overall focus is on keeping families together through preventative support provided to children and their families (Welsh Government, 2023a). Furthermore, the Welsh Government has shared plans to eliminate profit-making residential and fostering provision for children in care. As of July 2022, 85% of residential places available in Wales were with private providers, with nine out of 22 LAs wholly reliant on private-sector children’s homes (Welsh Government, 2023b).

3 Psychological theory and care experienced individuals

Care experienced individuals, often having experienced significant adversity, may face a variety of psychological, social, and emotional hurdles that can serve to hinder their capacity to learn and thrive in education and beyond. Drawing on some of the underpinning psychological theories can enrich understanding around their experiences and outcomes. Having reviewed the common theoretical themes amongst recent literature, several psychological theories are highlighted: attachment theory and the impact of developmental trauma, the Trauma Recovery Model (Skuse & Matthew, 2015), Bronfenbrenner's (bio)ecological systems model (1979, 2005), PACE, and internal working models. These psychological theories have been explored in relation to their relevance and application to supporting children living in residential care.

3.1 Attachment Theory

Bowlby first published his theory of attachment and its crucial role in child emotional and social development 70 years ago (Bowlby, 1953, 1969, 1970, 1998) and it remains as a key theory of personality development within the context of close relationships. Attachment is defined as the deep and enduring bond established between a child and caregiver within the first few years of life. It is considered a crucial foundation for healthy development and is thought to have a profound impact on all facets of the human experience – mind, emotions, body, relationships, and morality. Attachment to a consistent, responsive, and loving caregiver who is able to provide security and support is described as a basic human need, with babies having developed an evolutionary and innate instinct to attach to a caregiver who can

provide a safe and secure base, and parents instinctively acting to nurture and protect their offspring (Levy and Orlans, 2014). This attachment process has been labelled a “mutual regulatory system”) (Levy and Orlans, 2014, p.15) whereby the infant and caregiver mutually influence each other over time. Beyond this primary function of providing safety and protection for the infant via a relationship with their caregiver, Levy and Orlans (2014) outline several other crucial functions of attachment for child development (see Table 1).

Table 1

Important functions of developing a secure attachment with a caregiver for children, as outlined by Levy and Orlans (2014)

Functions of secure attachment
To develop basic trust and reciprocity that will provide a template for all future emotional relationships.
To provide a safe base off which children can explore their environment with feelings of security and safety, which allows for health social and cognitive development.
To develop self-regulatory skills, which allows for effective management of impulses and emotions.
To allow for a healthy and positive formation.
To lay a foundation for the development of an identity that incorporated a sense of competency, self-worth, and a balance between independence and autonomy.
To develop empathy and compassion that contribute to an adaptive, prosocial moral framework.

To generate a core belief system that includes cognitive appraisals of the self and others, and the world in general.
To allow for the development of resourcefulness and resilience as a defence against stress and trauma.

Children who consistently experience responsive and supportive caregiving in response to distress tend to become more securely attached (Bosmans et al, 2020), and research shows that secure attachment is associated with better outcomes in the following domains: self-esteem, independence and autonomy, resilience in response to stress, impulse and emotional control, initiating and maintaining healthy relationships, prosocial coping skills, trust, positive believe systems about the self and others, empathy skills, academic attainment and promoting secure attachment with adult partners and their own children when they create a family (Sroufe et al, 2015).

Bowlby also asserted that the disruption or loss of this bond with a caregiver can have a long-term impact on the child emotionally and psychologically, as well as having an impact on future relationships (Bowlby, 1969, 1973, 1980). Bowlby developed the idea that infants internalise early caregiving experiences and create internal working models (IWMs). This theory allowed Bowlby (1969) to explain why early care experiences have a long-term impact on development across the lifespan (Bosmans et al, 2020). Main et al (1985) assert that IWMs are mental representations that reflect early attachment-related memories. They reflect the beliefs and expectations about the self and others, and significantly shape how individuals develop relationships with others and the world across their life (Sherman

et al, 2015). IWMs are thought to mostly exist on an unconscious level, with the propensity to remain stable over time (Guskjolen et al, 2018). Research suggests that IWMs guide future behaviour and unconsciously influence the processing of attachment-related information, such as memories, attention to and interpretation of novel interactions. Despite this, it is thought that these internal IWM can be malleable, through intense interpersonal interactions with significant others in childhood and into adult life (Bosmans et al, 2020). Despite its influence on perspectives of childhood development, IWM theories have received criticism from researchers (Rutter, 2014). The construct is metaphorical, making its development and impact on the individual difficult to analyse (Thompson, 2016).

If the caregivers' ability to support the infant is inconsistent, children are thought to show less trust in their caregivers' capacity to meet their needs (Ainsworth et al, 1978), thus they develop a persistent need to be, or feel near the parent, leading to what is described as an ambivalent/pre-occupied attachment style (Cassidy, 2008). If an infant learns that their caregiver is consistently unable to meet their need for protection, security and comfort during times of stress, they may re-direct their attention away from the caregiver in order to avoid their caregivers' response to their stress, which is thought to lead to the development of an avoidant or dismissive attachment style (Cassidy, 2008). Bowlby asserted that individual differences in attachment security being to develop in infancy, remain malleable to change during the first five years of life but also to a lesser extent afterwards, and have a long-term impact on social, emotional, and cognitive development across the lifespan (Bosmans et al, 2020; Bowlby, 1969). Cameron and Maginn (2009, p.28) highlight 'Bowlby's theory has stood the test of time remarkably well and current neurological

studies are able to confirm both the positive impact on childcare (extensive development of neural pathways and brain growth) and the negative (lack of brain growth and development).'

Trauma and attachment theories, together, can provide a useful interpretive framework for professionals to better understand the needs and barriers to development for children who have experienced developmental trauma (Tomlinson et al, 2011). Children who become looked-after by the LA within a residential home each have their own unique attachment experiences. Whilst they are a heterogeneous group, it is likely that many of these children will have experiences of loss, rejection, abuse, neglect and trauma (Ferrier, 2011), which can be exacerbated by placement moves (Coman and Devaney, 2011). A child with these experiences influencing the development of their IWMs may view the world and others around them differently to children whose IWMs have been developed via secure attachment experiences. Despite attachment theory featuring throughout policy and research for young people living in residential care, there is limited empirical understanding of how this is reflected in practice (Morison et al, 2019). Within the context of residential care, RCWs tend to have more frequent contact with young people than other adults (Ferrier, 2011). This role has been viewed through the lens of attachment theory in the literature, suggesting staff can function as a secure base to reorganise attachment experiences and IWMs, and repair the impact of early developmental trauma (Ferrer, 2011; Harder et al 2012). Research also shows that interactions and relationships with staff and young people can facilitate therapeutic change and increase attachment security (Ferrier, 2011; Cahill et al, 2016). This is important to consider, as being placed in a residential home that provides

attachment-informed care may serve as a protective factor to promote resilience for young people (Steels & Simpson, 2017), although there will likely be several factors to consider which may simultaneously perpetuate and reinforce negative IWMs, such as relationships with birth parents, placement moves and educational moves.

3.2 Adverse childhood experiences (ACEs) and developmental trauma

In addition to attachment-related needs, children in residential care are likely to have experienced developmental trauma and toxic stress (Lightfoot, 2014; Bettman, et al, 2015). Our understanding of trauma originates from research conducted by clinicians in the 1970s, who recorded similarities in Vietnam War veterans' reports of mental health difficulties following their traumatic war experiences. These observations led to the identification of post-traumatic stress disorder (PTSD) as a psychiatric diagnosis (Crocq and Crocq, 2000), which was thought to occur in the wake of a significantly traumatic event. It became evident through research that another form of PTSD could occur through exposure to prolonged or recurring traumatic experiences, such as childhood abuse or neglect, domestic violence, and sexual abuse (National Health Service, 2023), coined complex-PTSD. Research has consistently shown that factors linked to complex-PTSD such as early childhood adversity and prolonged stress exposure shapes an individual's mental and physical development and wellbeing (Asmussen et al, 2022; Bright et al, 2016; Winter et al, 2022).

The discourse surrounding developmental trauma is often discussed within the context of ACEs. From the seminal research into ACEs, researchers demonstrated a

significant graded relationships between a set of 10 traumatic childhood experiences coined ACEs, and neurodevelopmental impacts that persist long-term and increase the risk of numerous health and social difficulties (Felitti et al, 1998). Five ACE categories comprise of forms of child abuse and neglect, and five represent forms of family dysfunction that are thought to increase a child's exposure to trauma (Early Intervention Foundation, 2020). Since this initial research, ACEs studies have been replicated globally, including the UK (Carter and Borrett, 2023). This term is also used frequently outside of academic scientific milieu, including policy practice and social work (Kelly-Irving and Delpierre, 2019). Using the 2016 National Survey of Children's Health, Webster (2020) explored the prevalence of ACEs for children under 6-years-old and quantitatively measured the impact of individual ACEs on long-term developmental and health outcomes. They identified a significant predictive power in cumulative ACE count, which suggests a graded relationship between number of ACEs and risk of negative outcomes. This finding has been consistently repeated in previous literature (Bower and Baldwin, 2017; Burke-Harris, 2018).

Several studies have highlighted that care experienced children are more likely to have experienced a higher number of ACEs than the general population (Baglivio et al, 2014). Specifically, in comparison to children in other placement types, those living in residential care are demonstrated within the literature as having a significantly higher frequency of ACE exposure, and a higher probability of experiencing multiple ACEs (92% of children in residential care compared to 77% in non-residential care placements) (Briggs et al, 2013). It is also important to note that whilst entry into care is often done to increase a child's safety in comparison to

remaining in their family home, it could be perceived as an adverse experience itself (Neagoe and Papasteri, 2022).

The wide breadth of literature into ACE's has developed a valuable narrative which has increased awareness of the long-term influence of early experiences on life outcomes. Research has indicated that childhood adversity may manifest as behaviours that may be perceived as distressing, which can influence their capacity to access learning and engage in the supportive relationships which may act as a resilience factor against adversity (Bombèr, 2020). From a critical standpoint, there are several limitations in the current research base that the Early Intervention Foundation highlighted in their report (2020), described in Table 2.

Table 2

Criticisms to the current literature base surrounding ACEs, presented within Early Intervention Foundation's report exploring ACEs (2020)

Criticisms of research regarding ACEs
It is difficult to accurately measure the prevalence of ACEs. Despite research indicating that early adversity and vulnerabilities are prevalent, it is likely that current statistics are an underestimate of the true figures.
High quality data on the prevalence of ACEs and the subsequent risk factors is scarce. More precise estimates are important for understanding the scale of early life adversity, to inform service-wide support and ensure interventions are available for the most vulnerable.

By only focusing on the original 10 ACEs, there is a risk of ignoring other risk factors and vulnerable individuals who require support. There are many negative experiences in childhood that are associated with poor adult outcomes such as socioeconomic disadvantage, racism and discrimination, child disability, low birth weight and peer victimisation. Emerging research has highlighted low household income as a significant predictor of poor physical health outcomes, even more so than the original 10 ACEs.
ACEs do not occur in isolation. Early adversity is more common among those who are in poverty, are isolated, or living in deprived circumstances. These social inequalities both increase the likelihood of children having ACEs, as well as exacerbating their impact. This suggests a crucial need to address systemic inequality, for ACE-related support and interventions to be effective.
Some existing research raises ethical concerns regarding ACEs screening practices. Few evaluations to date have considered the value of ACE screening and whether it effectively identifies vulnerable children who may benefit from support. There is also the potential for some ACE screening methods (e.g., self-report) to cause children further and unnecessary stress. Additionally, ACE screening does not automatically result in support being arranged for those who are identified as experiencing multiple ACEs, raising ethical considerations.
Whilst governments and public services have invested in trauma-informed care to increase practitioner awareness of the impact of ACEs, there is no standardised definition of what constitutes as trauma-informed care, and practice varies significantly. There is also limited UK evidence thus far that has demonstrated improved outcomes for children.

There is a discourse around the ACEs framework currently that could be perceived as harmful. Whilst this research may be valuable on a population-level to inform policy and health-promotion interventions, to implement as a tool on an individual level likely serves to stigmatise families. By individualising the problem, this may take on a deterministic form and place responsibility on individuals to identify risk, and information could be used to place blame on families. There is opportunity to frame this evidence through more positive and empowering messages, that share the importance of structural and community change to protect those against the potential impact of ACEs (Kelly-Irving and Delpierre, 2019). Growing research suggests that community factors that facilitate support, relationships and opportunity for development promote an individual's resiliency and resourcefulness in response to stress, that may contribute to mitigating the negative impact of ACEs (Bellis et al, 2018). Additionally, research has indicated that children who were reported as affectionate with their caregiver had decreased risk for health and developmental difficulties, suggesting scope for interventions supporting the quality of relationships and attachment within families, particularly for those experiencing ACEs (Webster, 2022).

3.2.1 Supporting children and young people with ACEs and trauma

Several evidence-based frameworks and approaches have been developed to support those who have experienced ACEs and developmental trauma, from the individual level to wider, system level interventions.

3.2.1.1 Trauma-informed practice

Trauma-informed practice is an approach to health and care interventions which is underpinned by theories that recognise the impact of trauma exposure on an individual's neurological, biological, psychological, and social development (Office for Health Improvement and Disparities (OHID), 2022). Trauma-informed approaches include programs, organisations, or systems that recognise the impact of trauma, respond by incorporating knowledge about trauma into policy and practice, and seek to reduce re-traumatisation (Maynard et al, 2019). These approaches have become increasingly cited in policy and reflected in practice across the health and care sector as a response to the ACEs research (OHID, 2022). More recently, this has influenced the education sector with schools increasingly beginning to describe their practice as trauma informed. Trauma Informed Schools (TIS) UK (2023) defines a trauma-informed school as one that is able to support children and teenagers who have experienced trauma, and whose behaviour acts as a barrier to learning. Thus, it is hoped that school staff understand how trauma impacts a child's stress responses and interactions with others, and this understanding is reflected into policy and all areas of practice (NHS Education for Scotland, 2017).

3.2.1.2 The Trauma Recovery Model

The Trauma Recovery Model (Skuse & Matthew, 2015) is a seven-stage model (see Figure 1) that directs focus beyond behaviour, to the underlying needs being communicated and the context in which it takes place. The model links several theories of child development, attachment, and neuroscience with the aim of

producing practical and accessible guidelines for practitioners when deciding what support to implement (Baker and Berragan, 2020).

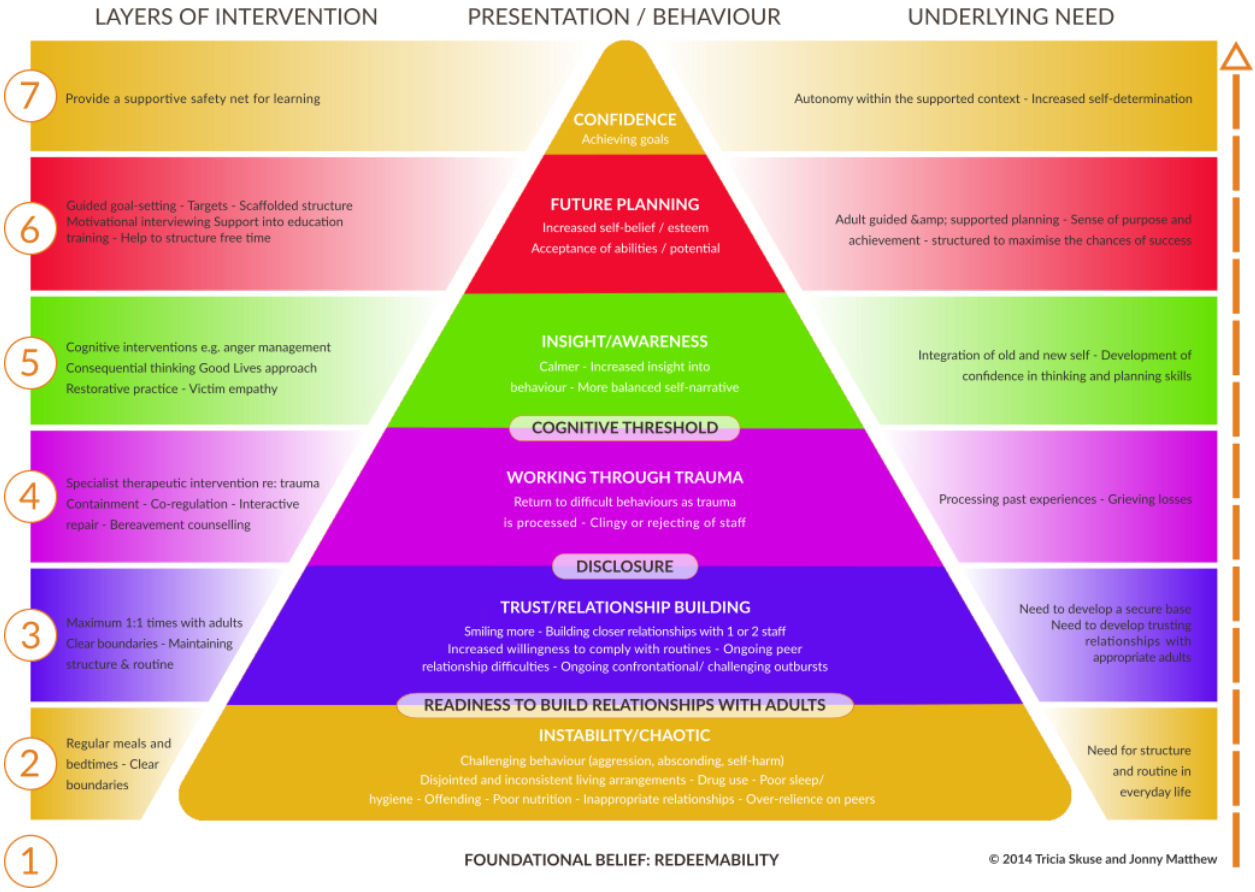


Figure 1

Illustration of the Trauma Recovery Model (Skuse & Matthew, 2015) – Image retrieved from Trauma Recovery Model Academy, (2018)

The information in Figure 1 relates to the behaviour, presentation, and current situation for the child. Along the right-hand side, underlying needs that may be the steering force behind a child's behaviour are described. On the left-hand side, there is an evidence-based summary of possible interventions to address the underlying

needs. The underlying thesis of the model assumes that if the developmental needs of a child can be addressed, the presenting behaviour will begin to decrease.

The two bottom layers of the model (Redeemability and Instability/inconsistency) are underpinned by Maslow's hierarchy of needs (Maslow, 1943) which asserts that healthy psychological development is unobtainable without a child's basic physiological and safety needs being met (Evans et al, 2020). Thus, interventions branching off these layers focus support on establishing structure, routine to provide a sense of psychological safety. Once practitioners have begun to address these basic needs, the model suggests the young people are likely more able to develop trusting relationships with key adults, thus interventions at this stage focus on relationship building (CordisBright, 2017). These relationships then provide opportunities for co-regulation, attunement and interactive repair, with focus of interventions being on nurturing relationships rather than managing behaviour. It is hoped that once a secure relationship is established, the young person will have the capacity to process some of the trauma they have experienced, and then undertake more traditional cognitively based interventions. The top two layers of the model postulate that services should model support around what is considered a typical, nurturing caregiver-child relationship (Evans, 2020). Whilst this model was originally developed to support children who have offended (Skuse & Matthew, 2015), it has since been piloted with care leavers as part of the Future4Me project (Baker and Berragan, 2020). By utilising surveys and interviews with practitioners, they found that the model was considered a useful and accessible tool that facilitated opportunities to identify and explore a child's complex needs through a trauma lens, which offered a valuable insight that aided the development of child-centred interventions.

3.2.1.3 The Applied Trauma Responsive Classroom (ATRCM)

The ATRCM was inspired by the Trauma Recovery Model (Skuse & Matthews, 2015) and aims to offer an operational framework to support school staff sequence their approaches for pupils in a trauma-responsive manner (Carter and Borrett, 2023).

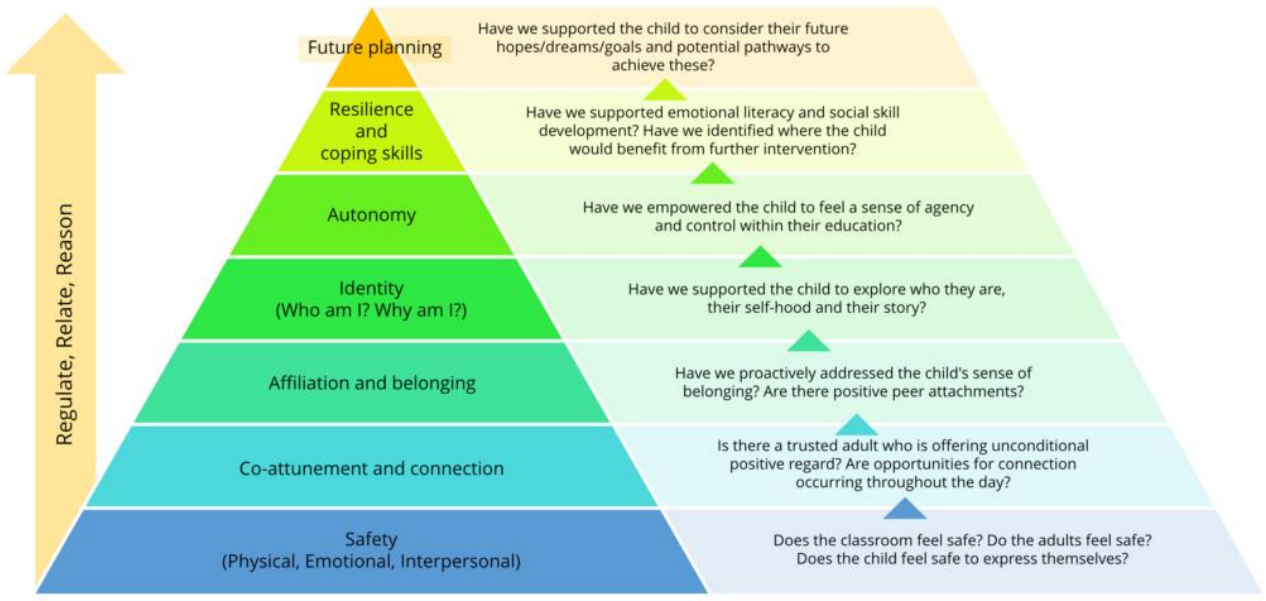


Figure 2

The Applied Trauma Responsive Classroom Model, image retrieved from Carter and Borrett (2023).

The framework is built upon several psychological theories and concepts. Similarly, to the Trauma Recovery Model, the ATRCM is underpinned by the sequencing of needs presented in Maslow's Hierarchy of Needs (Maslow, 1943), with the model being based on the assumption that foundational needs need to be supported before other needs can be met (see Figure 2). The ATRCM is also influenced by Borba's

building blocks for self-esteem (Borba, 2012), which again asserts the view that needs need to be addressed sequentially. The stages of need presented within the ATRCM are also underpinned by Bruce Perry's 3 R neuro-sequential framework, which suggests a sequence of responses, and is based on the premise to support a child to learn, think and reflect, it is crucial to support them in a sequence that prioritises regulation first to calm the brainstem (Perry & Hambrick, 2008) (See Table 3).

Table 3

Bruce Perry's 3 Rs, retrieved from Perry and Hambrick (2008)

Bruce Perry's 3 Rs: Reaching the Learning Brain	
1.) Regulate	It is important to help the child regulate their fight/flight/freeze/fawn responses by using safe and evidence-based regulation tools.
2.) Relate	Once a child is beginning to feel regulated, this is when an adult can relate and connect with them through a safe, attuned, and sensitive relationship.
3.) Reason	This stage refers to an adult supporting the child to reflect, learn, remember, articulate, and become self-assured. The model asserts that if this stage is implemented before attending to the child's dysregulation, their capacity for learning and reflection may be decreased.

Research into teachers' perspectives of implementing trauma-informed interventions identified several barriers to practice, such as teachers regarding trauma-informed theories as inaccessible and difficult to operationalise within the school environment

(Sparling, 2021). Although relatively new, it is hoped that education settings can use the framework in a way that informs practice with accessible, trauma-informed theory and resources that are readily available to them (Carter and Borrett, 2023).

3.2.1.4 Dyadic Developmental Psychotherapy (DDP) and Playfulness, Acceptance, Curiosity, and Empathy (PACE)

PACE is an approach that stands for being:

- Playful – conveys a sense of lightness, closeness, and affection to demonstrate to the child that they are special in the eyes of their caregiver.
- Accepting – this supports the child to feel that they are unconditionally wanted, even when they display behaviour that could be challenging to manage. It conveys that even when their behaviour is disliked, their sense of self is accepted.
- Curious – this way of being supports the caregiver to slow down when a child displays behaviour they find challenging, and wonder what emotions are underpinning the behaviour and the child's motives, before becoming judgmental towards the behaviour.
- Empathic – this lets the child know that their caregiver can sense their distress, confusion, loneliness or shame and they are psychologically with them, so they don't have to experience those emotional states alone (Baylin and Hughes, 2022; Hughes, 2009).

It is thought that when a caregiver can maintain a PACE attitude in interactions with a child, the caregiver is more able to hold the child's internal working model

in mind. When a child experiences a PACEful attitude, it is hoped they are more likely to trust the motives of the adult (DDP Network, 2023).

DDP is an attachment-focused family therapy used with children who have experienced developmental trauma. Hughes (2017) posits that it is possible for the experience of being cared for in the present can remind children of the way they may have been parented in the past, thus, even though a child is no longer being abused or neglected, they may feel as though they are or believe they could be in the future. This means that some children may struggle with typical, healthy caregiving, and subsequently caregivers may find it difficult to manage behaviours and build positive relationships. These difficulties are thought to have their roots in attachment, with children having difficulties feeling safe and secure within the child-caregiver dyad, as well as difficulties with intersubjectivity, with children experiencing difficulties in give-and-take relationships (Hughes, 2017).

DDP is guided by theories of attachment and intersubjective relationships; and the impact of developmental trauma (Hughes, 2017). Congruent with Bronfenbrenner's ecological systems theory (1979, 2005), Dyadic Developmental Practice assumes that all systems around the child must be supported to facilitate positive change, and provides support for the child's caregivers, school and key adults within their life. Within DDP, the therapist maintains the PACE approach and the caregiver is also supported to do so (Hughes, Golding and Hudson, 2015). Figure 3 provides a visual representation of the model of Dyadic Developmental Practice and how DDP sits within this model.

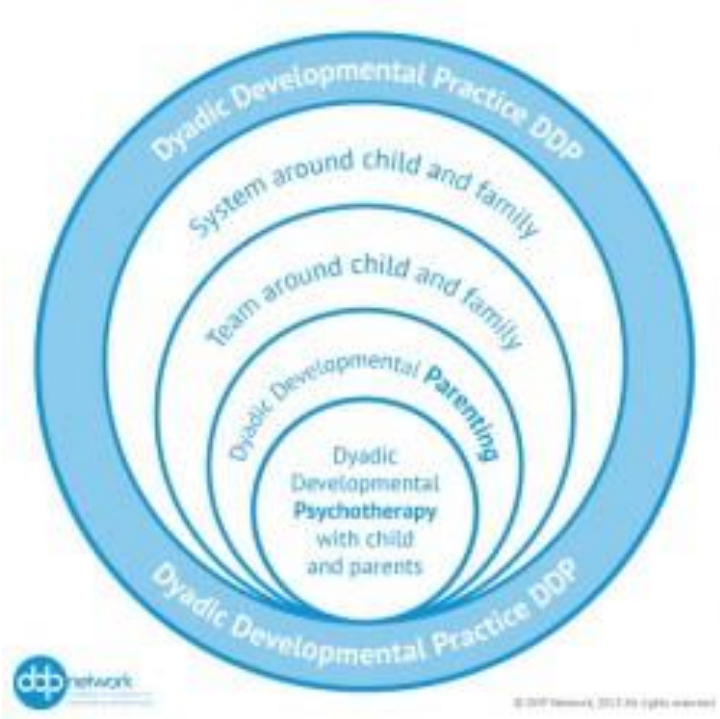


Figure 3

Model of Dyadic Developmental Practice, image retrieved from DDP Network, 2023.

3.3 Bronfenbrenner's (bio)ecological model

The physiological, attachment and meta-cognitive difficulties sometimes observed in children who have experienced developmental trauma, intersect at multiple levels of Bronfenbrenner's model (Cruz et al, 2022). Bronfenbrenner (1979; 2005) asserts that the child's environment is a nested set of interrelated structures that each influence development. This model posits that multiple levels of influence, particularly, individual, interpersonal, organisational, community and public policies are crucial to understand the diverse range of difficulties associated with developmental trauma, in that they can confer additive risks or, contrariwise, facilitate protective and resilience factors in response to ACEs (Cruz et al, 2022). He proposed that their environment consists of several interacting levels or systems, as follows:

- The “microsystem” – the child’s immediate environment, comprising of environments the child directly experiences.
- The “mesosystem” – comprises connections between direct environments (for example, the relationships that those involved directly with the child have, such as the way parents communicate with each other).
- The “exosystem” – includes external environmental settings that impact the child indirectly (for example, school policy).
- The “macrosystem” – the wider cultural context in which a child exists, including beliefs and cultural values.
- The “chronosystem” – influences of changes within the individual, or changes within their environments over time (Brewin and Statham, 2011; Bronfenbrenner and Ceci, 1994).

Children who have experienced developmental trauma and had experience of living in the care of the LA will experience several interacting factors, and multiple levels that will play a crucial role in their development. Some of these factors can be mapped onto Bronfenbrenner’s ecological model of development, as illustrated in Figure 4.

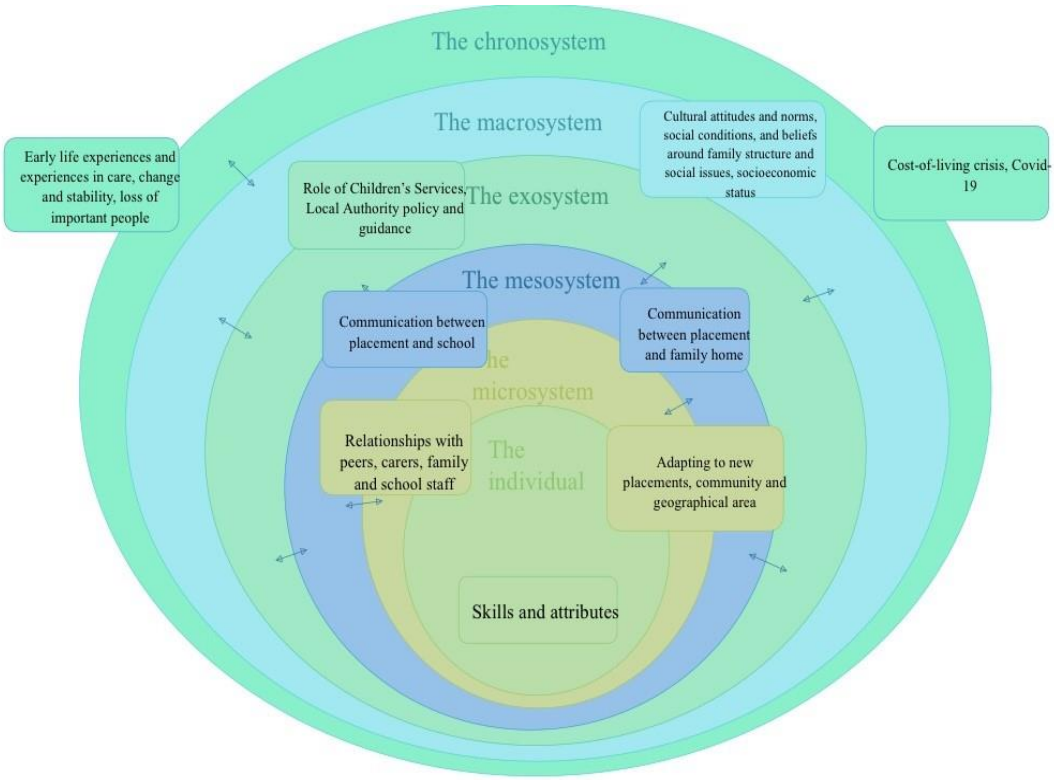


Figure 4

Factors that may impact a child's development, as conceptualised by Bronfenbrenner's (bio)ecological systems theory (1979, 2005), adapted from Brewin and Statham, 2011)

4 Narrative literature review

This narrative review seeks to provide the background context to children living in care (particularly residential care), with regards to their educational experiences and life outcomes. Narrative reviews aim to synthesise findings from a range of sources to outline the relevant history, literature and theories surrounding the topic (Siddaway et al, 2019). They are shaped by the author's own individual interpretation and critique, providing the reader with a richer understanding of the current literature (Green et al, 2006), which is consistent with the assumptions of the Big Q qualitative approach taken. This section will explore different educational and wellbeing themes that have emerged through the literature search, which shed light on some of the protective factors in supporting children living in residential care, but also areas of difficulty.

4.1 The literature review process

The narrative literature review seeks to explore the following questions:

- What is known about the educational and wellbeing outcomes of individuals who have experienced living in care?
- What is known about potential risk and resilience factors that impact care experienced individuals' educational outcomes and wellbeing?

In a traditional literature review, which is often considered the default approach for reporting quantitative research, previous literature may be used to justify the current project focus based on what we do not know, that is, *establishing a gap* in the body of literature. However, Braun and Clarke (2022) assert that this approach to

reviewing the literature may serve to reproduce a positivist-empiricist notion that research is truth-finding, where there are gaps in existing knowledge caused by a lack of any research, or through existing research being inadequate or inaccurate. This traditional approach does not fit with the qualitative paradigm that I have adopted and is not necessarily appropriate given that I am exploring localised and contextualised knowledge around supporting care experienced children with their educational outcomes, within educational psychology services in Wales. Children living in care is a multi-faceted topic and research within this topic has been generated from a range of academic perspectives. Given the diverse nature of existing research, as well as the limited research available that specifically explored the educational and life experiences of children living in residential care, I have adopted the qualitative centric *making an argument model*, advocated by Braun and Clarke (2022), where I have chosen and cited literature to give the reader a contextualised understanding of the study focus, but I am not seeking to provide a comprehensive review of existing evidence to date. By adopting the *making an argument* model, I provide rationale for the current research question by contextualising it within existing knowledge, theory, and context. As the literature review focuses on the educational and wellbeing outcomes of care experienced children, it was crucial to include research within this literature from an educational viewpoint.

4.2 Journey to obtaining relevant papers

A scoping search was conducted at the beginning of the research project to develop ideas and focus my interest area which informed the research aims. The literature

was gathered via keyword searches, using terms specific to the focus of the literature review, to develop an overview of the existing theoretical landscape pertaining to the educational and wellbeing outcomes of children in residential care. Searches were conducted using 4 academic databases providing coverage across social sciences and education including: APA PsycINFO, Scopus, British Education Index and Applied Social Sciences Index and Abstracts (ASSIA). Keyword search terms can be found in Appendix A.

Other specific and relevant journals (e.g., *The Scottish Journal of Residential care*, *The British Journal of Social Work* and *Educational Psychology in Practice*) were used, searching for keywords by hand. These methods generated a plethora of UK based literature, focusing on the profile of children living in care and data pertaining to their educational and life outcomes. A process of reference list gathering from relevant research papers was also used to find additional research. I also obtained several studies and information by hand searching for unpublished theses, focusing on the educational and life outcomes of care experienced children. Search engines such as Google were used to find governmental reports and published statistics relevant to the review.

The four search categories were residential care, education, wellbeing, and trauma and resilience. Truncation was used to broaden the search. The previous scoping exercise informed the literature search strategy used for this review. In addition to a systematic literature search of the outlined databases, other sources of data that were found by utilising backwards-and-forwards snowballing methods were added to the results. I then accessed the full articles and filtered them using the inclusion criteria to assess eligibility, the remaining studies and reports were then chosen if

they provided a theoretically informed and located rationale for the current research project (Braun and Clarke, 2022). The screening process is outlined using an adapted version of the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) (Page et al, 2020) and can be found in Figure 5. The searches initially produced 1225 records which were filtered by removing duplicates, assessing them against the exclusion and inclusion criteria (see Appendix B) and screening titles and abstracts for relevance to the research focus. This yielded 16 documents that are included in the narrative literature review.

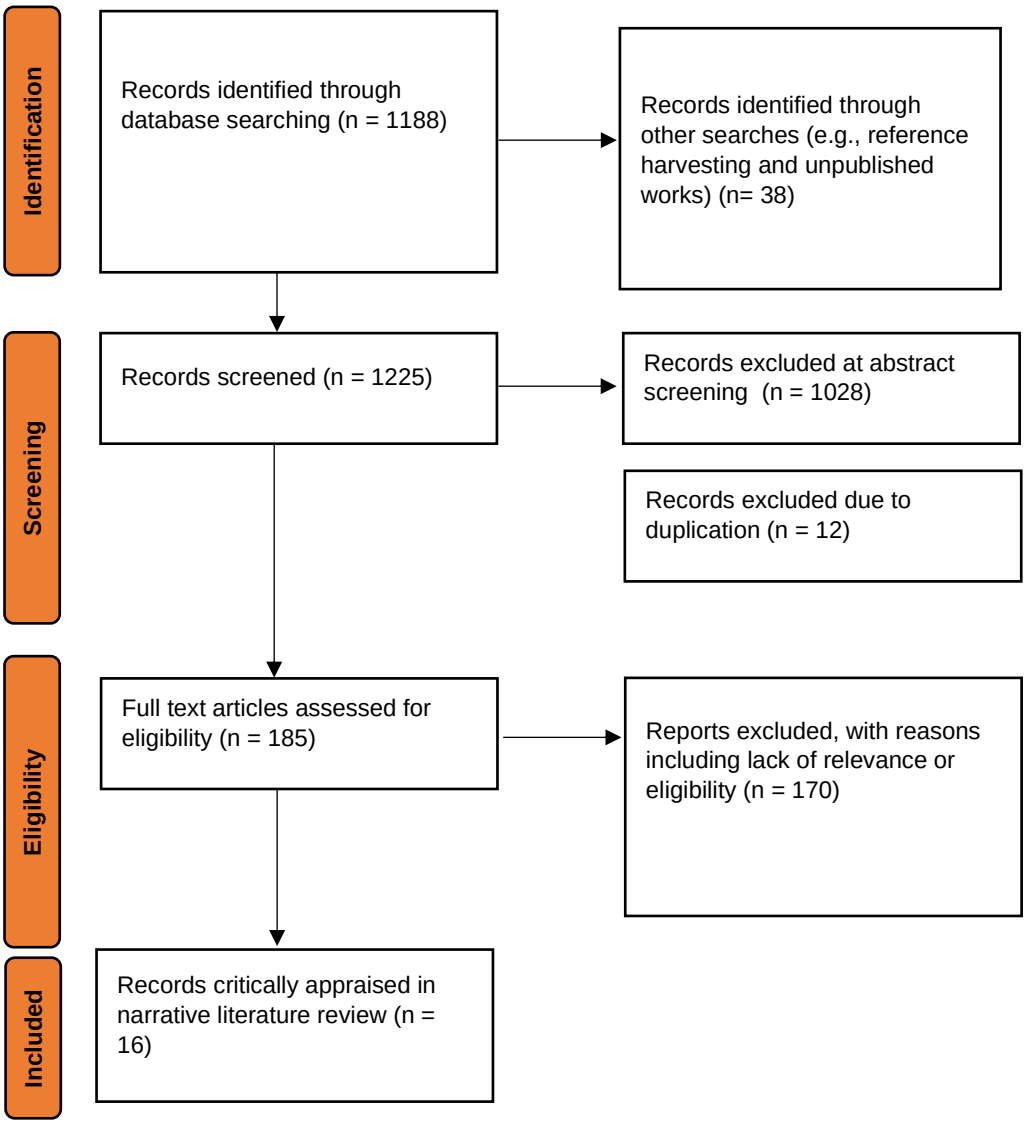


Figure 5

Adapted version of Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) (Page et al, 2020)

4.3 Educational experiences and outcomes

Evidence from British Cohort Studies suggest that quality of life into adulthood is closely linked to educational, and higher educational attainment is associated with improved mental and physical health, employment, income, and relationships, as well as lower rates of substance misuse and involvement with the criminal justice system (Jackson & Simon, 2005). Thus, this section outlines multiple educational themes that I developed through reviewing the existing literature pertaining to the educational experiences and outcomes of children living in care, particularly those living in residential care. Due to a lack of research focusing solely on the educational outcomes of children in residential care, literature on the educational outcomes and experiences of care experienced children in general will be explored to provide discussion around elements of education for children in residential care in the UK. Whilst many of the research papers reviewed explore educational themes of children in care as a collective group, it is important to highlight that children with experience in care are not a homogenous group. They have different needs, circumstances and experiences that give rise to different educational, wellbeing and developmental

outcomes. It is imperative when supporting children from this diverse and complex group that professionals acknowledge and respect their individuality and provide bespoke support in response to individual needs. For the purpose of providing discussion around their educational experiences, however, several studies summarizing population-wide research have been reviewed. The tensions arising from this juxtaposition are explored in the critical appraisal.

4.4 Attainment

Whilst population-wide research into the education of children living in residential care is lacking in the UK, it is thought that children in residential care experience the poorest educational outcomes in comparison to children living in other forms of care, and the general non-looked-after population (Fleming et al, 2021). Children who are looked-after in Wales have consistently shown lower educational achievement than other children, from foundation stage through to university (Social Care Wales, 2022b). Statistical data from both England and Wales paint a quantitative picture that supports this assertion, displaying a consistent and pervasive gap between the educational attainment of care-experienced children and children who are not looked-after, at all Key Stages in education (Mannay et al, 2015). At Key Stage 2, 37% of children in care reached expected standards, compared to 65% of non-looked-after children in the UK (House of Commons, 2022). Furthermore, 7.2% of care experienced children achieved the grade ‘good pass’ threshold in English and mathematics at GCSE level, in comparison to 40.1% of non-looked-after children (House of Commons, 2022). These statistics, however, should be scrutinised through a critical lens due to nature of Departmental data published. Available data

comes from school census data, which only tracks young people who exist within the system. It is likely that there is a significant amount of young people who are not captured within this dataset as a result. Additionally, the current data capture system does not break down educational attainment statistics by type of care placement (House of Commons, 2022) so accurate conclusions cannot be drawn regarding the attainment of children living in residential care.

Sebba et al (2015) addressed these limitations of analysing Departmental statistics by linking care and education data, to explore the relationship between educational outcomes, young people's care histories and individual characteristics by linking the National Pupil Database and existing data on care experienced children in England. It was reported that children in residential care at age 16-years scored six grades less on average at GCSE, when compared to peers with experience in kinship or foster care, and children whose final placement was in foster, or kinship care did better at GCSEs than those in residential care. Whilst this study cannot be generalised to the Welsh population of care experienced children, an insight into the educational attainment of children living in residential care within England is valuable given the similarities in policy, placement provisions and legislation.

Berridge (2012, p.1172) shared his view that "commentators have often falsely linked the low attainments of children in care to the care experience itself - confusing correlation with causation". Whilst these outcomes may be partly explained by the traumatic life experiences many children living in residential have experienced, as well as presenting with a range of complex and multifaceted needs, an inquiry led by the House of Commons Education Department highlighted a range of systems-wide

failings that could have contributed to care experienced children receiving insufficient education and support. For example, although 74% of children living in residential care could be identified as having additional learning needs (ALN), only 27% receive ALN support in some form (Ofsted, 2021). Other factors that have been attributed to care experienced children generally receiving poorer educational outcomes than their non-looked-after peers include instability and disruption to placements, school attendance issues, lack of additional educational support and understanding of emotional development needs (Mannay et al 2015; Harker et al 2004). Research has also indicated that the quality of residential placements is a crucial factor impacting educational outcomes. Supportive and stable residential settings, placing an emphasis on providing attachment-informed care can serve as a protective factor, contributing positively to the attainment of children in their care (Porter et al, 2020; Steels & Simpson, 2017).

The majority of research exploring factors that impact attainment tend to focus solely on quantitative data, which may result in individual stories becoming lost, as generalisability is assumed across a diverse population with different needs and experiences. As part of an inquiry into the education of children in residential care, researchers interviewed residential care experienced young people to capture their perceptions of how their education was supported. Several areas were highlighted as barriers to learning, such as multiple placement moves, little support for emotional wellbeing, missed education, education provision moves that did not take into consideration a young person's cultural needs, varying resources available, lack of support with transitions, and low expectations from adults involved in the children's lives (House of Commons, 2022).

4.5 Emotional development and executive functioning

As recognised previously, childhood trauma reduces the brain's capacity to think and regulate emotions (Tomlinson et al, 2011). Research suggests that children in residential care often present with delays in their emotional development, and poor executive functioning skills (Burbridge et al, 2020). Children's emotional needs and development have been highlighted as factors central to a child's learning and educational experiences (Steels & Simpson 2017).

When the emotional development of children in residential care under protective measures was explored in children between 8- and 12 years old, results indicated that the children experienced difficulties with their executive functioning skills such as sustaining attention, emotional regulation, impulsiveness, mental inflexibility, behavioural organisation, planning and problem-solving skills, with significant implications for their educational outcomes and experience. Many also presented with internalising and externalising problems, as well as difficulties regulating emotions and understanding the emotions of others. The executive functioning difficulties identified in this study were related to and predicted emotional and behavioural difficulties in the children involved in the study (Moreno-Manso et al, 2020). More broadly, these findings align with the literature discussed in the 'Psychological theory and care experienced individuals' section of this literature review, highlighting the neurological impact of childhood adversity (Tomlinson et al, 2011).

Heavily influenced by attachment theory, Burbidge et al (2020) explored the impact of a therapeutic parenting approach with children living in a residential home on the children's ability to form positive relationships and self-regulate their emotions, using a phenomenological design. The researchers interviewed RCWs, working in homes where a restorative parenting model had been adopted, and analysed the data using thematic analysis. RCWs emphasized the importance of developing close relationships with the children they worked with, and their view that this had a positive influence on a child's emotional development. This suggests that a residential placement can provide stability, and a caregiver trained in therapeutic parenting may facilitate positive change to a child's emotional development and ability to self-regulate. This notion is evident within the wider literature pertaining to attachment theory and the impact of stable and loving attachment figures on child development (Burbridge, 2020). From a critical perspective, it is important to highlight that this paper explored only residential homes that had adopted a therapeutic parenting approach. Many LA and privately-owned residential homes in Wales do not currently claim to adopt this approach within their statement of purpose, and where they do (or a similar evidenced based approach), they have reported barriers to effectiveness of the approach, including a high staff turnover and inconsistent training opportunities (Abraham et al, 2022).

4.6 Mental health

The World Health Organisation (WHO) defines mental wellbeing as a foundation for wellbeing and effective functioning, whereby an individual can acknowledge their own abilities, can work productively and fruitfully, can withstand day-to-day stress, and can contribute to their community (WHO, 2004). Thus, promoting good mental health and wellbeing is crucial for school students to learn effectively, develop self-confidence and build resilience during challenging times.

Research has indicated that children living in residential care have increased mental health needs in comparison to those not in residential care, with 45% of care experienced children in England meeting criteria for a diagnosable mental health disorder, compared to 10% of the general population (McAuley & Davis, 2009; McDonald & Millen, 2012; Anderson & Johansson, 2008), and children with a diagnosed mental health disorder were more likely to be excluded from school (Green et al 2005). Whilst experience in care does not resolutely mean that an individual will experience mental health difficulties, certain experiences that many children in care face may impact their mental health and how they interact with others and their environment, which could impact their behaviour. Research has indicated that care experienced children could be at greater risk of poor mental health than their non-looked-after peers. These vulnerabilities stem from an interaction between pre-and post-care experience, as well as developmental trauma and attachment difficulties many may have experienced (Golding, 2013).

These findings align with the work of Abraham et al (2022), who shed light on experiences of RCWs working to support care experienced children with complex emotional and mental health needs which negatively impact upon behaviour and educational outcomes. These findings were supported by Anthony et al (2021), who studied the mental wellbeing of care experienced children using the short version of the Warwick-Edinburgh Mental Wellbeing Scale (SWEMWBS) and compared data for children living in care compared to their peers not in care. Data was gathered from 2795 participants, across 193 secondary schools in Wales. Findings showed that young people in care reported poorer mental wellbeing than their peers, with those in residential care reporting the lowest scores. This suggests that when measuring mental wellbeing on a self-report scale, children in residential care appear to have the lowest wellbeing. These results are consistent with other studies that show evidence for poorer mental wellbeing in children who are looked-after compared to those who are not (McAuley & Davies, 2009). A limitation of this study is that the measure was only completed by children in mainstream settings, which may be problematic given that approximately 40% of care experienced children attend non-mainstream provisions such as special schools or pupil referral units (Sebba et al, 2015). Furthermore, there appears to be a limited amount of research that gains the views of children in residential care regarding their emotional and mental health needs.

The Mind Over Matter report (Senedd Wales, 2018) highlights the importance of supporting such mental health difficulties, suggesting that early intervention and sustained approaches to developing children and young peoples' resilience are key to improving both the educational and wellbeing outcomes for care experienced individuals. The report calls for support that embeds mental health and wellbeing into

the education system, rather than treating them as isolated issues. This recommendations echoes the perspectives of RCWs in research conducted by Abraham et al (2022), who framed treating mental health as an isolated factor to support, as a barrier to successful intervention.

4.7 Social development and relationships

Children living in care are likely to have experienced developmental trauma (Lightfoot, 2014; Bettman et al, 2015). As discussed, children with these experiences often display difficulties with executive functioning skills such as self-awareness, information processing, interpersonal communication, and social judgement development, which may cause them to struggle making and maintaining relationships with others (Cruz, et al, 2022; Moreno-Manso et al, 2020). The nature of the care system itself can act as a barrier for young people to form relationships due to a high turnover of RCWs and social workers, frequent changes in placement, school and geographical location, as well as limited trust in key adults (Social Care Wales, 2021). The relationships children can make and maintain in school play a significant role in their learning, given the impact of attachment between pupil's and their school staff (Bergin & Bergin, 2009). Research indicates that trusting relationships with teachers have the potential to mitigate the risk of negative outcomes for children who may otherwise struggle with school and learning (Driscoll & Pianta 2010).

When considering the importance of relationship building and its influence on several educational outcomes, the ATRCM may be valuable to draw upon (Carter & Borrett, 2023). This model considers connection with a trusted adult as a foundational need

that should be supported to allow the child to develop the capacity to co-regulate, experience attunement and interactive repair. However, research indicated that many care experienced children struggle with this (Sebba & Luke, 2019), and unfortunately this may impact upon several domains outlined in the ATRCM such as behaviour, self-identity and resilience.

The perceived importance of working to build positive and trusting relationships between residential staff and children, despite the difficulties, has been well-documented within the literature, with many residential care staff placing a great deal of importance on the relationships they develop, considering their attachments with children as central to their role (Burbidge et al, 2020; Robinson & Philpot, 2015). This view was further supported by Andersson and Johansson (2008), who captured the views of RCWs and how they support the children they work with. The themes generated from the interviews emphasised the importance of reliable and consistent relationships between care staff and the child they are working with, as well as the importance of being able to sustain these relationships over time. Harris et al (2008) also highlighted the potential for relationships with key adults having a positive influence on a child's emotional development by considering qualitative views of pupils and carers of children attending and living in a residential home/education provision in England. All the children involved in the study had experienced highly adverse life experiences and were living in residential care. Over half of the children had previously been excluded from mainstream school because of emotional and behavioural difficulties and had experienced multiple foster placement breakdowns. Results of residential staff interviews highlighted their view that relationships between children and key adults had enabled the development in trust for others,

which has previously been difficult for many pupils. Additionally, having good relationships with staff both at home and in school were perceived as enabling children to attempt more challenging work and learn new skills, having a positive impact on their educational progress. It should be noted however, that this study only explores the views of those working/attending a residential school/home, which may operate differently to many typical residential homes.

Children in residential care are perceived to have poor social communication skills and display anti-social behaviour which may adversely impact the quality of interpersonal relationships they form with peers and adults (Nixon & Henderson, 2022). Through a case file analysis of 135 children who were living in residential care following a compulsory supervision order, they identified that many of these children demonstrated behaviours that were perceived to be aggressive, controlling, bullying and manipulative towards adults and peers, hindering their ability to maintain interpersonal relationships. It is important to note that these behaviours are thought to be secondary manifestations of the adverse life experiences or developmental trauma the children may have lived though (Porter et al, 2020), rather than a direct result of care experience. One criticism of the paper pertains to the type of data analysed. It is likely that case files are likely to be biased, given that social workers often only have access to negative information and incident reports, which could skew the data.

Roberts et al (2023) explored the online experiences of care experienced children by conducting a cross-sectional study using data from 11–16 year olds in Wales. Even when controlling for socio-demographic variables, children in care were more likely

to be involved in cyberbullying, bullying, and regular contact with online-only friends. These online experiences were also associated with lower levels of wellbeing. Care experienced children were also less likely to be engaging in online behaviours that were thought to increase wellbeing levels, such as contact with close friends and a wider peer group. In summary, the examined literature outlines several prevalent themes including the importance of relationships between caregivers and children, difficulties in interpersonal relationships children face and factors underlying this, and the impact of relationships on school and learning.

4.8 Exclusion and attendance

Exclusions from school is associated with health, educational and wellbeing outcomes (Jet et al, 2023), thus is a crucial factor to consider. Being looked-after does not automatically result in absence or exclusion, rather, there are a several co-existing vulnerabilities which increases the risk of attendance difficulties at school, such as limited resilience and self-confidence, mental health and emotional needs, learning needs and relationship difficulties (Stafford, 2022; Cockerill & Arnold, 2018). The Department of Education (2019) conducted a landmark review of exclusion practice, and through analysis of administrative data, it was found that care experienced children in England are more than five times more likely to have a fixed-term exclusion, in comparison to all children. Whilst children in care have similar rates of permanent exclusion to the general population, this is likely due to statutory exclusion guidance against this. Similarly, Jay et al (2023) assessed the risk of secondary school exclusion amongst pupils with a history of social care involvement. Through the analysis of administrative data comparing children in English

statements, they compared proportions of pupils with fixed-term permanent exclusions in years 7-9, and years 10-11. Overall, 13% of children were excluded at least once across years 7-11. For pupils who were currently or formerly looked-after, this rose to 40%, even after adjusting for confounders. This pattern has been repeatedly highlighted within the literature, with children exposed to adversity and periods of social care involvement, being shown to be at heightened risk of school exclusion (Department for Education, 2019; Jay and McGrath-Lone, 2019). From a critical perspective, much of this research focuses on formal exclusions. There are other forms of exclusion such as off-rolling/pushing out (i.e. illegal exclusion) (Jay et al, 2023), suggesting that the number of actual children excluded is greater than recorded.

Common themes in the literature suggest that emotional, behavioural, and mental health factors have a significant impact on the diversity this population commonly experienced. This may be relevant in school exclusion as developmental trauma may lead to internalising and externalising problems, which may increase challenging behaviours such as aggression, difficulties with peer relationships and risk taking, which are common causes of exclusion (Afifi et al, 2020; Nelson et al 2020). Furthermore, exclusion may exacerbate existing problems in relation to both wellbeing and attainment. Associations between exclusion and poorer life outcomes are well-established through existing research. For example, we know that young people with exclusion experience are more likely to underperform in school exams (Department for Education, 2019), and are more likely to experience poor mental health and engage in self-injurious behaviour (Jay et al, 2023; Parker et al, 2016). Additionally, Children who are looked-after are over-represented amongst those

missing from school, with 2.7% not currently in school (Children's Commissioner, 2023).

Research indicates that rates of school absenteeism increase with number of ACEs reported. Through a national retrospective study within Wales, examining the relationship between ACEs and school attendance, Bellis et al (2018) found that childhood community protective factors such as having supportive friends, being given opportunities for genuine success, access to a trusted adult and a role model were independently linked to better outcomes. This suggests that actions to strengthen community resilience assets may mitigate the potential for harm. The research also provides a valuable insight into how research surrounding ACEs can be used in a meaningful way to facilitate positive change. From a critical perspective, much of the ACE's data is retrospective and self-reported, and consequently may be influenced by recall bias or willingness to share past experiences.

4.9 Transitioning to secondary school

All children experience significant changes such as moving from a primary to secondary school, and these changes can provoke feelings such as excitement, anxiety about the unknown and loss of the familiar, and uncertainty around how much control one has over these changes. However, children living in care, particularly residential care, will likely have experienced many changes or transitions in their lives, which may influence how young people experience transitions (Social Care Wales, 2022a). Research conducted by Brewin and Statham (2011) supported this idea, highlighting that children who are looked-after are more likely to experience transition to secondary school as challenging. They conducted semi-structured

interviews with Year 6 and 7 aged children, their teachers, and carers to explore factors that may support or hinder the transition to secondary school and highlighted several interacting factors that appeared to play a crucial role when supporting care experienced children through transition. They conceptualised these factors using Bronfenbrenner's (1979) ecological model of development. Individual factors that were highlighted as affecting transition included a child's social skills, behaviour and resilience, and factors in the microsystem included relationships with school staff and peers. As a result, no single 'transition approach' would be relevant to all children, rather, a holistic approach is needed that supports the individual needs of each child, which acknowledges the potential for several influences for successful transition (Brewin & Statham, 2011).

4.10 Education experience

Closely linked to learning, some research has focused directly on the qualitative educational experiences of children living in care and care-leavers. Mannay et al (2015) conducted an in-depth qualitative research study with looked-after young people and care leavers, generating valuable insights into their experiences of education, future aspirations, and the systemic barriers they experience. Interviews were conducted in two phases. Firstly, creative means were used to conduct semi-structured interviews with participants aged 5-16 years, such as using visual prompts and sandbox scenes (suggesting efforts were made to reach participants who may struggle to engage in a formal interview situation). Secondly, focus-groups were held for participants over the age of 16 years. The findings highlight that the children that participated in the research had a wide range of aspirations, and many were able to voice clear goals for future employment. A prominent thread running through the

educational experiences described by participants in the focus groups was the idea that their status of 'looked-after' seemed to carry several negative connotations. Despite participants' aspirations for their future, they described incidences where they felt adults around them perceived them as failures, different from others, or troublemakers. Some of the participants shared that these societal perceptions and low expectations had in part shaped their self-identity, with many aligning their negative experiences in school with living in care. This is congruent with research by Sugden (2013), which explored six care experienced children's perceptions of what supports them to learn in primary school through semi-structured interviews and analysis of notepad diaries. Sugden's work highlighted the value in fostering environments whereby care-experienced children feel valued and accepted by others. Participants placed importance on school as the major support for learning as highlighted in three themes that contribute to fostering positive learning experiences for care experienced children: a place where I am accepted; a place where I can make choices; and a place which personalises learning (Sugden, 2013).

The narrative around perceived low expectations from school staff is not unique to the research conducted by Mannay et al (2015). This is also explored in Berridge's (2012) study, who demonstrated that care experienced children often face systemic biases whereby poor educational outcomes falsely attributed to the care experience itself, rather than considering the wider context, such as relationships, education and placement stability, and access to support (Ofsted, 2021). Such factors that contribute to negative education experiences were echoed in the focus groups held by Mannay et al (2015), whereby participants described the idea that being in care can act as a barrier for engagement in learning and school-life, due to factors such

as length of time in care, changes in circumstance, and changes of educational provisions. Participants also highlighted a felt lack of equity between care experienced children and other children, and described how this was experienced negatively. This research is valuable as it gained the views of a broad age-range of care experienced individuals, attending a range of regulated educational provisions, unregulated provisions, those not in education, employment or training, and those attending provision inspected by the Independent Schools Inspectorate. A strength of this study includes the involvement of several agencies, such as Voices from Care Cymru and Spice Innovations to support young people to discuss their experiences. Mannay et al's study provides a valuable qualitative lens through which we can learn about the educational experiences of care experienced children, and tying these findings to the work of Sugden (2013) and Ofsted (2021) suggests that these experiences are inter-related with systems-wide failings in educational support.

4.11 Post-16/Further Education/NEET

The generally low educational attainment and career prospects of care experienced children is painted in the literature as an issue of widespread international concern (Berridge, 2012). 41% of care leavers in England aged 19-21 years are not in employment, education, or training (NEET) (Department of Education, 2022). 22% of care leavers aged 27 are in employment compared to 57% of the non-looked-after population. When care-leavers are in education, on average there is a £6000 pay gap in comparison to the general population (House of Commons 2022).

Whilst the statistics highlighted in this review may be partly reflective of the traumatic life experiences of most care experienced children, as well as factors such as care

experienced children's more complex needs and higher rates of additional learning needs (ALN) relative to the general population, systemic factors may impact the educational experience and outcomes of care experienced children. An inquiry led by the House of Commons Education Committee (2022) identified several systemic-wide issues that may contribute to the consistent and pervasive gap between the proportion of looked-after and non-looked-after children entering higher education, employment, or training upon leaving school. For example, the Pupil Premium Plus funding (used to support education outcomes of looked-after pupils) ends at age 16, missing opportunities to commission individualised career support for looked-after young people. The inquiry also placed emphasis on the need to reform apprenticeship pay to make them more accessible to care-leavers living independently without parental economic support. This is of particular importance, given that only 2% of care leavers in England join apprenticeship schemes.

Staying Close is a model of support providing an enhanced support package for young people leaving residential care, creating a bespoke package of support to develop their confidence and independence skills, and their emotional health and wellbeing (Department for Education, 2023b). Independent evaluations following various pilots of this scheme across multiple LAs and private providers highlight promising outcomes across several metrics, most notably being a reduced proportion of care leavers who are NEET in LAs where this model is embedded. Thus, the inquiry led by House of Commons Education Committee advocate for this model to be implemented nationally, as a statutory support offer for all young people leaving residential care.

4.12 Adults in the microsystem

It is crucial to consider the role of the adults within the support system on educational and wellbeing outcomes. Abraham et al. (2022) explored the experiences of RCWs working within residential care. A prevalent theme generated from a thematic analysis of the data included RCW's experiencing the role as very emotionally and physically demanding. We know from research conducted by Connor et al (2003) that this career has elevated levels of staff turnover and sickness when compared to other professions. Abraham et al (2022) also identified factors that help support resilience, including having access to training and consultation to equip staff with the skills to support children living in in residential care, as well as having a confidential supervision space to talk about their experiences in a reflective and reflexive manner.

Research has demonstrated that children living in care are more likely to have experienced neglect, abuse and trauma, and subsequently may struggle with their emotional regulation, building and maintaining relationships, and learning (Lightfoot, 2014; Bettman, et al, 2015). School staff who work with children whose distress may manifest as behaviour that challenges must not only balance the normal stresses of daily work, but also several issues that are specific to the role. Exposure to distress which may present as behaviour that challenges, will likely be exhausting mentally, emotionally and sometimes physically. School staff are expected to remain regulated and provide emotional containment and compassion for the child, whilst managing their own emotions (Paterson et al, 2019). Thus, it is reasonable to suggest that school staff who find themselves in these situations, may feel overwhelmed by the emotional demands placed on them. Ridley and Leitch (2019) advocate for all school

staff who support children communicating their distress through behaviour should have access to consistent reflective supervision and opportunities to debrief following an incident.

4.13 The EP role

EPs play a role in supporting the educational outcomes of all children through the application of psychological expertise and knowledge on child development (British Psychological Society (BPS), 2023). There is the potential for EPs to use their skills to address the unique and multifaceted challenges faced by care experienced children, to promote positive educational experience and attainment, and to support their overall wellbeing. The research discussed indicates that care experienced children in residential care are a particularly vulnerable group, and more likely than the general population to struggle in relation to attainment, building relationships, emotional development and transitioning into adulthood. Additionally, the limited research that has explored perspectives of RCW's and school staff supporting care experienced children suggests that access to reflective supervision and training opportunities would be valuable to support their practice and wellbeing (Abraham et al, 2022; Ridley & Leitch, 2019). Given that the EP role often encompasses supporting the system around a child through a range of approaches such as training to RCWs and school staff on creating trauma-informed environments, facilitating reflective supervision and consultation (BPS, 2023), this provides evidence for EPs having the potential in playing a valuable role in supporting staff. What is clear from the research is that there is not a standardised role for EPs to support residential care experienced children. Anecdotal evidence suggests significant variation across

EP practice supporting care experienced children and the systems around them, across LA's in Wales.

5 The current study

The data provided within this review, briefly highlighting the current landscape for children living in residential care's educational and wellbeing outcomes, coupled with government initiatives prioritising improving outcomes for children living in residential care, provides a rationale for the current study. There continues to be a paucity of research exploring the role of the EP when supporting care experienced children living in residential care. Thus, there is opportunity to conduct qualitative research that focuses on the EP role in supporting the educational and wellbeing outcomes of children living in residential homes in Wales. Given that EPs often work with care experienced children and the residential care homes in which they live (Lightfoot, 2014), it is valuable to explore EPs experiences of supporting this population, to provide localised and contextualised knowledge about how EPs can provide guidance and support to care experienced children, residential homes, and their education provision.

Therefore, the current study aims to provide a rich exploration of supporting children living in residential care, from an educational psychology perspective.

The objective of the current study is one of an exploratory nature. An exploratory research design does not aim to provide final, objective, or conclusive answers to the research questions, but merely aims to explore the research focus in greater depth. An explorative study appears to be a good starting point and provides a theoretical foundation for future research, given that there is little research or data currently published within this focus area (McCartan & Robson, 2016).

6 Implications for practice

There are several implications of this study, both for further research and for EP practice. By exploring the subjective experiences and perceptions of EPs, we may gain a further insight into how EPs can support this population group, as well as the staff working within this system, to improve their life and educational outcomes. This could include reflecting on our own individual EP practice, as well as systemic change at the EPS level. This research could be the first step in a wider exploration into the ways in which we can support children living in residential care's educational and life outcomes. For example, future research could entail gathering the perceptions and experiences of RCWs, to inform how the EP role could be expanded.

7 Research questions

The review of the literature around the wellbeing and educational outcomes of care experienced children has highlighted scope for rich information to be gained through the voice of the EP. The limited research conducted has often focused on children in care and generalised them as a homogeneous group, therefore, placing more in-depth focus on children and young people specifically living in residential care is valuable. As a result, it seems pertinent to explore how EPs view their role in supporting this population, as well as learning about what support they currently offer within Wales, given the wide variation of support available across LAs.

The research aims to address the following research questions:

- What are EP's perceptions of factors contributing to residential care experienced children's educational outcomes and wellbeing, and their role in supporting them?

- What do EPs do within their role to support the outcomes of residential care experienced children and young people?

8 References

Abraham, L. Elgie, S. Soares, V. Beale, C. Hiller, R. (2022). A Qualitative Study of the Views and Experiences of Those Working in Residential Children's Homes. *Scottish Journal of Residential Care,* 21(2).

Afifi, T. O., Salmon, S., Garcés, I., Struck, S., Fortier, J., Taillieu, T., MacMillan, H. L. (2020). Confirmatory factor analysis of adverse childhood experiences (ACEs) among a community-based sample of parents and adolescents. *BMC pediatrics*, *20*, 1-14.

Ainsworth, M. D. S., Blehar, M. C., Waters, E. Wall, S. (1978). *Patterns of attachment: A psychological study of the strange situation.* Lawrence Erlbaum.

All Wales Heads of Children's Services. (2013). Research on Differences in the Looked-after Children Population [Online]. Welsh Local Government Association. Retrieved from: https://www.cordisbright.co.uk/admin/resources/all-wales-heads-of-childrens-services-research-on-differences-in-lac.pdf [Accessed August 2023].

Andersson, B. Johansson, J. (2008). 'Personal approaches to treatment among staff in residential care: A case study', *Journal of Social Work, 8*(2), 117-134

Andrews, D. (2017). Meeting the duty? An Explorative Study of Four Welsh Local Authority Looked-after Children's Education (LACE) Teams and Views of their Interventions from Looked-After Young People. Unpublished thesis. Retrieved from: https://orca.cardiff.ac.uk/id/eprint/99703/12/Darren%20Andrews%20-%20Final_v2.pdf [Accessed 15.08.2023]

Anthony, R. Moore, G. Page, N. Hewitt, G. Murphy, S. Melendez-Torres, G.J. (2021). Measurement invariance of the short Warwick-Edinburgh Mental Wellbeing Scale and latent mean differences (SWEMWBS) in young people by current care status. *Quality of life research, 31*, 205-213

Asmussen, K. Masterman, T. McBride, T. Molloy, D. (2022). Trauma-informed care: understanding the use of trauma-informed approaches within children's social care. Early Intervention Foundation. Retrieved from: trauma-informed-approaches-within-childrens-social-care.pdf [Accessed 10.12.2023]

Baglivio, M. T. Epps, N. Swartz, K. SayedulHuq, M. Sheer, A. Hardt, N. S. (2014). The prevalence of adverse childhood experiences (ACE) in the lives of juvenile offenders. *Journal of Juvenile Justice, 3*(2), 1–23.

Baker, C. Berragan, L. (2020). Trauma Recovery Model Pilot. Retrieved from: UoG_1625IP_TRM_evaluation_report_2020_FINAL.pdf [Accessed 14.12.2023]

Bazalgette, l. and Rahilly, T. Trevelyan, G. (2015). Achieving Emotional Wellbeing for Looked-after Children: A Whole System Approach [Online]. NSPCC. Available at: http://www.nspcc.org.uk/globalassets/documents/research-reports/achieving-emotionalwellbeing-for-looked-after-children.pdf [Accessed: 07/07/2023]

Baylin, J. Hughes, D. (2022). Moving from mistrust to trust: social buffering, brain whispering and PACE. *Foster: minding transitions in social care, 13*, 5-13.

Bellis, M. A. Hughes, K. Ford, K. Hardcastle, K. A. Sharp, C. A. Wood, S. Homolova, L. Davies, A. (2018). Adverse childhood experiences and sources of

childhood resilience: a retrospective study of their combined relationships with child health and educational attendance. *BMC Public Health, 18.*

Bergin, C., & Bergin, D. (2009). Attachment in the classroom. Educational Psychology Review, 21(2), 141–170. https://doi.org/10.1007/s10648-009-9104-0.

Berridge, D. (2012). Educating young people in care: What have we learned? *Children and Youth Services Review, 34(6),* pp. 1171-1175.

Bettman, J.E. Mortensen, J.M. Akuoko, K.O. (2015). 'Orphanage caregivers' perceptions of children's emotional needs', *Children and Youth Services Review*, 49, 71–9.

Bombèr, L. M. (2020). *Know me to teach me: Differentiated discipline for those recovering from adverse childhood experiences: The latest neuroscience applied and made practical!* Worth Publishing.

Borba, M. (2012). The five building blocks of self-esteem. Retrieved from: The Five Building Blocks of Self-Esteem | Michele Borba, Ed.D. | Child Psychologist | Parenting Expert Author [Accessed 18.12.2023]

Bosmons, G. Bakermans-Kraneburg, M. J. Vervliet, B. Verhees, M. van IJzendoorn, M. H. (2020). A learning theory of attachment: unravelling the black box of attachment development. *Neuroscience and Biobehavioural Reviews*, 113, 287-298.

Bowlby, J. (1953). Childcare and the growth of love. London: Penguin Books. 44 Bowlby, J. (1969). Attachment and loss: Volume I: attachment. In Attachment

and Loss: Volume I: Attachment (pp. 1-401). London: The Hogarth Press and the Institute of Psycho-Analysis.

Bowlby, J. (1969). Attachment and loss: Volume 1: attachment. In Attachment and Loss Volume 1: Attachment (pp. 1-401). London: The Hogarth Press and the Institute of Psycho-Analysis.

Bowlby, J. (1970). Attachment and loss. Vol 1. Attachment (2nd revised ed.). London: Penguin Books.

Bowlby, J. (1973). Attachment and loss: Volume II: Separation, anxiety and anger. In Attachment and loss: Volume II: Separation, anxiety and anger (pp. 1-429). London: The Hogarth press and the institute of psycho-analysis.

Bowlby, J. (1980). Attachment and loss: Volume III: Loss, sadness and depression. In Attachment and Loss: Volume III: Loss, Sadness and Depression (pp. 1-462). London: The Hogarth press and the institute of psycho-analysis.

Bowlby, J. (1998). Attachment and loss. Vol. 3, Loss: sadness and depression. London: Penguin Books.

Bosmans, G. Bakermans-Kranenburg, M. Vervliet, B. Verhees, M. (2020). A learning theory of attachment: unravelling the black box of attachment development. *Neuroscience and Biobehavioural Reviews*, 113, 287-298.

Bower C, Baldwin S. Poverty, Stress, and Academic Performance: ACE Scores and the WSCC Model in an Urban District. *SSRN Electronic Journal*, 2017. Crossref.

Braun, V., Clarke, V. (2022). *Successful qualitative research: A practical guide for beginners*. Sage.

Brewin, M. Statham, J. (2011). Supporting the transition from primary school to secondary school for children who are looked-after*. Educational Psychology in Practice,* 27(4), 365-381.

Briggs, E. C., Fairbank, J. A., Greeson, J. K., Layne, C. M., Merrill, C., Steinberg, A. M., et al. (2013). Links between child and adolescent trauma exposure and service use histories in a national clinic referred sample. *Psychological Trauma: Theory, Research, Practice, and Policy, 5*(2), 101–109. https://doi.org/10.1037/a0027312

Bright, M. A. Knapp, C. Hinojosa, M.S. Alford, S. Bonner, B. (2016). The comorbidity of physical, mental and developmental conditions associated with childhood adversity: A population based study. *Maternal and Child Health Journal*, 20(4), 843-853.

British Psychological Society (2023). Educational psychologist job profile. Retrieved from: https://www.bps.org.uk/educational-psychologist-job-profile [Accessed 09.01.2024]

Bronfenbrenner, U. (1979). *The ecology of human development*. Harvard University Press: Cambridge MA.

Bronfenbrenner, U., Ceci, S. J. (1994). Nature-nurture reconceptualized in developmental perspective: A bioecological model. *Psychological review*, 101(4), 568-586.

Bronfenbrenner, U. (Ed.). (2005). *Making human beings human: Bioecological perspectives on human development.* Sage Publications Ltd.

Burbidge, C.E. Keenan, J. Parry, S. (2020). “I’ve made that little bit of difference to this child”: Therapeutic parents’ experiences of trials and triumphs in therapeutic children’s homes. *Journal of Workplace Behavioural Health, 25* (4).

Burke-Harris, N. (2018). *The Deepest Well: Healing the Long-Term Effects of Childhood Adversity*. Houghton Mifflin Harcourt

Bywaters, P. Scourfield, J. Jones ,C. Sparks, T. Elliott, M. Hooper, J. McCartan, C. Shapira, M. Bunting, L. Daniel ,B. (2020). Child welfare inequalities in the four nations of the UK. Journal of Social Work, 20 (2), pp. 193-215. Retrieved from: https://doi.org/10.1177/1468017318793479 [Accessed 13.10.23]

Cahill, O., Holt, S., Kirwan, G. (2016). Keyworking in residential childcare: Lessons from research. *Children and Youth Services Review*, *65*, 216–223.

Cameron, R. J. Maginn, C. (2008). ‘The authentic warm dimension of professional childcare.’ *British Journal of Social Work, 38(6)*, 1151-1172.

Carter, J. Borrett, E. (2023). Considering ways to operationalize trauma-informed practice for education settings. *Educational Psychology Research and Practice, 9(*1).

Cassidy, J. (2008). The nature of the child's ties. In J. Cassidy, P. R. Shaver (Eds.), *Handbook of attachment: Theory, research, and clinical applications* (pp. 3–22). The Guilford Press.

Children’s Commissioner. (2023). Looked-after children who are not in school. [online]. Retrieved from:

https://assets.childrenscommissioner.gov.uk/wpuploads/2023/05/cc-lac-not-in-school.pdf [Accessed 17.11.2023]

Cockerill, T. Arnold, C. (2018). Preventing young people becoming NEET: The importance of early intervention, transition from school and how educational psychologists can make a positive impact. In B. Apter, C. Arnold, J. Hardy (Eds.), Applied educational psychology with 16–25 year olds (pp. 198–217). London: UCL IOE Press.

Coman, W. Devaney, J. (2011). Reflecting on outcomes for looked-after children: An ecological perspective. *Child Care in Practice*, *17*(1), 37–53. doi:10.1080/13575279.2010.522976

Competition and Markets Authority. (2021). Children's social care market study final report. Wales Summary. Retrieved from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1059604/Wales_summary.pdf [Accessed 22.08.23]

Connor, D. F., McIntyre, E. K., Miller, K., Brown, C., Bluestone, H. Daunais, D. (2003). Staff retention and turnover in a residential treatment centre. *Residential Treatment for Children and Youth, 20,* 43-53.

CordisBright. (2017). Evaluation of the Enhanced Case Management approach: final report. Retrieved from: TRM.pdf [Accessed 14.12.2023].

Crocq, M. Crocq, L. (2000). From shell shock and war neurosis to posttraumatic stress disorder: a history of psychotraumatology. *Dialogues in Clinical Neuroscience, 2*(1), 47-55

Cruz, D. Lichten, M. Berg, M. George, P. (2022). Developmental trauma: conceptual framework, associated risks and comorbidities, and evaluation and treatment. *Front Psychiatry, 13*

DDP Network. (2023). *Dyadic Developmental Psychotherapy*. Retrieved from: Dyadic Developmental Psychotherapy - DDP Network [Accessed 21.23.2023].

Department for Education. (2011). Retrieved from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/288483/family-and-friends-care.pdf [Accessed 21.08.2023]

Department for Education. (2019). *Timpson review of school exclusion*. Retrieved from:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/807862/Timpson_review.pdf [Accessed 15.11.2023].

Department for Education. (2023a). Children looked-after in England including adoptions. Retrieved from: https://explore-education-statistics.service.gov.uk/methodology/children-looked-after-in-england-including-adoptions-methodology [accessed 22.08.2023]

Department for Education. (2023b). *Staying Close 2023-25 application guide for Local Authorities*. Retrieved from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1132086/Staying_Close_2023_to_2025_-_application_guide_for_local_authorities.pdf [Accessed 29.11.2023]

Department of Health (1997). Children Act 1989 Guidance and Regulations, retrieved from: www.lbcma.org.uk/guidelines2.pdf

Driscoll, K. Pianta, R.C. (2010) Banking Time in Head Start: Early efficacy of an intervention designed to promote supportive teacher-child relationships. *Early Education and Development, 21*(1), 38–27.

Early Intervention Foundation. (2022). Children Living in Residential Care. *What works for Children's Social Care*. Retrieved from Children living in Residential Care - What Works for Children's Social Care (whatworks-csc.org.uk)

Elliot, M. Staples, E. Scourfield, J. (2018). *Childcare in practice: Northern Ireland journal of multi-disciplinary childcare practice, 24 (3)*, p.2317-330

Evans, J. Kennedy, D. Skuse, T. Matthew, J. (2020). Trauma-informed practice and desistance theories: competing or complementary approaches to working with children in conflict with the law? *Salus Journal, 8*(2).

Felitti, V. J. Anda, R. F. Nordenburg, D. Williamson, D. F. Spitz, A. M. Edwards, V. Koss, M. P. Marks, J. S. (1998). 'Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. The Adverse Childhood Experiences (ACE) Study. *American Journal of Preventive Medicine, 14(4),* 245-258.

Ferrier, M. (2011). Life story work in the context of attachment-led care planning. *Scottish Journal of Residential Child Care, 10* (1).

Fleming, M. McLay, J. Clark, D. King, A. McKay, D. Minnis, H. Pell, J. (2021). Educational and health outcomes of schoolchildren in local authority care in

Scotland: A retrospective record linkage study. *Public Library of Science, 18, 11.*

Ford, T. Parker, C. Salim, J. Goodman, R. Logan, S. Henley, W. (2018). The relationship between exclusion from school and mental health: a secondary analysis of the British Child and Adolescent Mental Health Surveys 2004 and 2007. *Psychological medicine*, *48*(4), 629-641.

Golding, K. (2013). Multi-agency and specialist working to meet the mental health needs of children in care and adopted. *Clinical Child Psychology and Psychiatry, 15* (4).

Green, B, N. Johnson, C. D. Adams, A. (2006). Writing narrative literature reviews for peer-reviewed journals: secrets of the trade. *Journal of Chiropractic Medicine*, 5(3), 101-117. https://doi.org/10/1016/s0899-3467(07)60142-6

Green, H. McGinnity, A. Meltzer, H. Ford, T. Goodman, R. (2005). Mental Health of Children and Young People in Great Britain, 2004. The Stationary Office, London.

Guskjolen, A., Kenney, J. W., de la Parra, J., Yeung, B. R. A., Josselyn, S. A. Frankland, P. W. (2018). Recovery of “lost” infant memories in mice. *Current Biology*, *28*(14), 2283-2290.

Harker, R. Dobel-Ober, D. Akhurst, S. Berride, D. Sinclair, R. (2004). Who takes care of education 18 months on? A follow-up study of looked-after children’s perceptions of support for educational progress. *Child and Family Social Work, 9*, 273-284.

Harris, L. Barlow, J. Moli, P. (2008). Specialist residential education for children with severe emotional and behavioural difficulties: pupil, parent and staff perspectives. *Emotional and Behavioural Difficulties, 13*, 31-47.

House of Commons Education Committee. (2022). *Educational poverty: how children in residential care have been let down and what to do about it.* Retrieved from: Children's Homes (parliament.uk) [Accessed 29.11.23]

Hughes, D.H. (2009) *Attachment focused parenting. Effective strategies to care for children*. New York: WW Norton co & Inc.

Hughes, D. (2017). Dyadic Developmental Psychotherapy (DDP): an attachment-focused family treatment for developmental trauma. *Australia and New Zealand Journal of Family Therapy*, 38(4), 595-605.

Hughes, D. Golding, K. Hudson, J. (2015). Dyadic Developmental Psychotherapy (DDP): the development of the theory, practice and research base. *Adoption and Fostering, 39*(4).

Jackson, S. Simon, A. (2005). The costs and benefits of educating children in care. In E. Chase, A. Simon. S. Jackson (Eds.) In care and after: A positive perspective (pp.44–62). London: Routledge.

Jay, M. A. Mc Grath-Lone, L. (2019*). Educational outcomes of children in contact with social care in England: A systematic review*. Systematic Reviews, 8(1), 1–11. https://doi.org/10.1186/s13643-019-1071-z

Jay, M. A., Grath-Lone, L. M., de Stavola, B. Gilbert, R. (2023). Evaluation of pushing out of children from all English state schools: Administrative data cohort study of children receiving social care and their peers. Child Abuse &

Neglect, 127. Retrieved from: https://doi.org/10.1016/J.CHIABU.2022.105582 [Accessed 15.11.2023]

Kelly-Irving, M. Delpierre, C. (2019). A critique of the Adverse Childhood Experiences Framework in Epidemiology and Publish Health: Uses and Misuses. Social Policy and Society. Retrieved from: (PDF) A Critique of the Adverse Childhood Experiences Framework in Epidemiology and Public Health: Uses and Misuses (researchgate.net) [Accessed 14.12.23]

Looked-after Children Census. (2022). Children starting to be looked-after during year to 31 March by local authority and need for care. Retrieved from: https://statswales.gov.wales/Catalogue/Health-and-Social-Care/Social-Services/Childrens-Services/Children-Looked-After/childrenstartingtobelookedafterduringyearto31march-by-localauthority-needforcare [Accessed: 15.08.2023]

Lightfoot, L. (2014). The Role of Practitioner Educational Psychologists in Supporting a Residential Setting to Meet the Needs of Looked-after Children. Unpublished thesis. University of Manchester.

Levy, T. M. Orlans, M. (2020). *Attachment, trauma and healing: understanding and treating attachment disorder in children, families, and adults.* Jessica Kingsley: London.

Main, M. Kaplan, N. Cassidy, J. (1985). Security in infancy, childhood and adulthood: a move to the level of representation. *Monographs of the Society for Research in Child Development, 50*, 66-104.

Mannay, D. Staples, E. Hallett, S. Roberts, L. Rees, A. Evans, R. Andrews, D. (2015). Understanding the educational experiences and opinions, attainment, achievement and aspirations of looked-after children in Wales. Retrieved from: Understanding the educational experiences and opinions, attainment, achievement and aspirations of looked-after children in Wales | GOV.WALES [Accessed 21.10.23]

Maslow, A. H. (1943). A Theory Of Human Motivation.

Maynard, B. R. Farina, A. Dell, N. A. Kelly, M. S. (2019) Effects of trauma informed approaches in schools: A systematic review. *Campbell Systematic Reviews, 15*(1).

McCartan, K. Robson, C. (2016). Real World Research (4th ed). Wiley-Blackwell.

McAuley, C. Davies, T. (2009). Emotional wellbeing and mental health of looked-after children in England. *Child & Family Social Work, 14 (2)*, 147-155.

McDonald, G. Millen, S. (2012). Therapeutic approaches to social work in residential child care settings: literature review, Social Care Institute for Excellence (SCIE). Retrieved from: Therapeutic approaches to social work in residential child care settings: the evaluation — Queen's University Belfast (qub.ac.uk) [Accessed 31.10.2023].

Moreno-Manso, J. Garcia-Baamonde, M. Guerrero-Barona, Eloisa. Godoy-Merino, M.J. Bueso-Izquierdo, N. Guerrero-Molino. (2020). Emotional, behavioural and executive functioning problems in children in residential care. *International Journal of Environmental Research and Public Health. 17* (10)

Morison, A. Taylor, E. Gervais, M. (2019). How a sample of residential childcare staff conceptualise and use attachment theory in practice. *Child & Youth Services, 41*(1).

Narey. (2016). Residential Care in England: Report of Sir Martin Narey's independent review of children's residential care. Retrieved from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/534560/Residential-Care-in-England-Sir-Martin-Narey-July-2016.pdf [accessed 21.08.23]

National Health Service (NHS). Complex PTSD – post-traumatic stress disorder. (2023). Retrieved from: Complex PTSD - Post-traumatic stress disorder - NHS (www.nhs.uk) [Accessed 10.12.23]

National Health Service Education for Scotland. (2017). *Transforming psychological trauma: a knowledge and skills framework for the Scottish Workforce.* Retrieved from: nationaltraumatrainingframework-execsummary-web.pdf (scot.nhs.uk) [Accessed 21.12.2023]

National Institute for Health and Care Excellence. (2021). Looked-After Children and Young People (update) [F] Evidence review for interventions to promote physical, mental, and emotional health and wellbeing of looked-after children, young people and care leavers. [online] . Retrieved from: https://www.nice.org.uk/guidance/ng205/documents/evidence-review-6 [Accessed 03.08.2023].

Neagoe, I. Papasteri, C. (2022). Adverse childhood experiences in residential care: predicting accumulation and exploring clustering of adversity in Romanian care facilities. *Child & Youth Care Forum, 52,* 779-800.

Nelson, C. A. Bhutta, Z. A. Harris, N. B. Danese, A. Samara, M. (2020). Adversity in childhood is linked to mental and physical health throughout life. bmj, 371.

Nixon, C., & Henderson, G. (2022). How is the provision of residential care to children under the age of 12 associated with changes in children's behaviour and mental wellbeing?. Scottish Journal of Residential Child Care, 21(1).

Office for Health Improvement and Disparities. (2022). *Working definition of trauma-informed practice.* Retrieved form: Working definition of trauma-informed practice - GOV.UK (www.gov.uk) [Accessed 21.12.2023]

Ofsted. (2021). The education of children living in children's homes. Retrieved from: The education of children living in children's homes - GOV.UK (www.gov.uk)

Page, M. J., McKenzie, J. E., Bossuyt, P. M., Boutron, I., Hoffmann, T. C., Mulrow, C. D., ... & Moher, D. (2021). The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. Bmj, 372.

Paterson, B. Taylor, J. Young, J. Walker, L. (2019). Compassion fatigue in teachers working with children whose distress may present as behaviour that challenges. Action urgently needed? Retrieved from: (PDF) Compassion Fatigue In Teachers Working With Children Whose Distress May Present As Behaviour That Challenges. Action Urgently NeededCompassion Fatigue. (researchgate.net) [Accessed 22.12.2023]

Perry, B. D. Hambrick, E. P. (2008). *The neurosequential model of therapeutics. Reclaiming Children and Youth, 17*(3), 38–43.

Porter, R. B., Mitchell, F. Giraldi, M. (2020). Function, quality and outcomes of residential care: Rapid Evidence Review. CELCIS, Glasgow: www.celcis.org

The National Archives (2022a). The Children Act 1989: Section 20. Retrieved from: https://www.legislation.gov.uk/ukpga/1989/41/section/20 [Accessed 03.08.2023]

The National Archives (2022b). The Children Act 1989: Section 31. Retrieved from: https://www.legislation.gov.uk/ukpga/1989/41/section/31 [Accessed 03.08.2023]

Tomlinson, P. Gonzalez, R. Barton, S. (2011). *Therapeutic residential care for children and young people: an attachment and trauma- informed mode for practice*. London: Jessica Kingsley.

Trauma Informed Schools UK. (2023). *What is a trauma and mental health informed school?* Retrieved from: What is a Trauma Informed School? (traumainformedschools.co.uk) [Accessed 21.12.2023]

Trauma Recovery Model Academy. (2018). Retrieved from: TRM Academy - Trauma Informed Practice

Ridley, J. Leitch, S. (2019). *Restraint Reduction Network (RRN) training standards 2019.* First Edition. Birmingham, British Institute of Learning Disabilities & Restraint Reduction Network. Retrieved from: (PDF) Compassion Fatigue In Teachers Working With Children Whose Distress May Present As Behaviour

That Challenges. Action Urgently NeededCompassion Fatigue. (researchgate.net) [Accessed 22.12.2023].

Roberts, L. Wood, S. Corliss, C. Anthony, R. (2023). Exploring online experiences, cyberbullying and wellbeing for young people looked-after in Wales: An analysis of the school health research network 2017/2018 survey. *Developmental Child Welfare, 5* (4), 204-222

Robinson, C. Philpot, T. (2015). *Healing child trauma through restorative parenting: A model for supporting children and young people*. London: Jessica Kingsley.

Rutter, M. (2014). Commentary: attachment is a biological concept – a reflection on Fearon et al. *Journal of Child Psychology and Psychiatry, 55(9*), 1042, 1043.

Scottish Government. (2022). Children's Social Work Statistics 2020-21 Additional Tables. Retrieved from: https://www.gov.scot/publications/childrens-social-work-statistics-scotland-2021-22/ [Accessed 03.08.2023]

Sebba, J. Berridge, D. Luke, N. Fletcher, J. Bell, K. Strand, S. Thomas, S. Sinclair, I. and O'Higgins, A. (2015). The Educational Progress of Looked-after Children in England: Linking care and educational data. Oxford, Bristol and London: The Rees Centre, The University of Bristol and The Nuffield Foundation. Retrieved from: EducationalProgressLookedAfterChildrenOverviewReportNov2015 (bris.ac.uk) [Accessed 23.10.2023]

Sebba, J. Luke, N. (2019). The educational progress and outcomes of children in care: editorial. *Oxford Review of Education, 25*, 4.

Senedd Research (2023). Care Experienced Children: Statistical Briefing. Retrieved from: https://research.senedd.wales/media/bkditkus/23-01-care experienced-children-web.pdf [Accessed August 2023]

Senedd Wales (2018). Mind over matter. A report on the step change needed in emotional and mental health support for children and young people in Wales. Retrieved from: https://senedd.wales/laid%20documents/cr-ld11522/cr-ld11522-e.pdf [Accessed July 2024]

Sherman, L. J., Rice, K. Cassidy, J. (2015). Infant capacities related to building internal working models of attachment figures: A theoretical and empirical review. *Developmental Review, 37,* 109–141.

Siddaway, A. P., Wood. A. W. Hedges, L. V. (2019). How to Do a Systematic Review: A Best Practice Guide for Conducting and Reporting Narrative Reviews, MetaAnalyses and Meta-Syntheses. Annual review of psychology, 70(1), 747-770

Skuse, T. Matthew, J. (2015). The Trauma Recovery Model: Sequencing youth justice interventions for young people with complex needs*. Prison Service Journal,220*,16-25.

Social Care Wales. (2021). Retrieved from Social care workforce report [Accessed 31.10.2023]

Social Care Wales. (2022a). Planning for moving on from residential child care. Support children living in residential child care… | Social Care Wales [Accessed 19.12.2023]

Social Care Wales. (2022). Supporting children living in residential child care in school. Retrieved from: Supporting children living in residential child… | Social Care Wales [Accessed 21.10.2023]

Sparling, E. (2021). Evaluation of an ACE-informed whole-school development project. Unpublished theses. Retrieved from: Evaluation of an ACE-informed Whole-school Project Development — Research Explorer The University of Manchester [Accessed 18.12.2023].

Sroufe, L. A. Egeland, B. Carlson, E. Collins, W.A. (2015). *The development of the person: the Minnesota study of risk and adaptation from birth to adulthood.* New York. Guilford Press.

Stafford, C. (2022). "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. Unpublished theses. Retrieved from: https://orca.cardiff.ac.uk/id/eprint/152366/13/Charlotte%20Stafford.pdf [Accessed 17.11.2023].

Stats Wales. (2022). Children looked-after at 31st March by local authority, gender and age. Retrieved from: https://statswales.gov.wales/Catalogue/Health-and-Social-Care/Social-Services/Childrens-Services/Children-Looked-After/childrenlookedafterat31march-by-localauthority-gender-age) [Accessed 21.08.2023]

Statistics for Wales. (2018). Services and places regulated by CIW, 31 March 2018. Retrieved from: https://www.careinspectorate.wales/sites/default/files/2018-

06/180627-statistical-release-services-places-en_0.pdf [Accessed 29th August 2023]

Steels, S. Simpson, H. (2017). Perceptions of children in residential care homes: a critical review of the literature. *British Journal of Social Work, 47*, 1704-1722.

Sugden, E. J. (2013). Looked-after Children: what supports them to learn?. *Educational Psychology in Practice*, *29*(4), 367-382.

TACT Fostering and Adoption. (2019). Language that cares: changing the way professionals talk about children in care. Retrieved from: TACT-Language-that-cares-2019_online.pdf (tactcare.org.uk) [Accessed 20.01.2024]

Thompson, R. A. (2016). Early attachment and later development: reframing the questions.

Tomlinson, P. Gonzalez, R. Barton, S. (2011*). Therapeutic residential care for children and young people: an attachment and trauma-informed model for practice.* Jessica Kingsley Publishers: London.

Webster, E. M. (2022). The impact of adverse childhood experiences on health and development in young children. *Global Paediatric Health, 9.*

Welsh Government (2014). Social services and wellbeing Wales Act 2014. Part 6 Code of practice (looked-after and accommodated children. Retrieved from: https://www.gov.wales/sites/default/files/publications/2019-05/part-6-code-of-practice-looked-after-and-accommodated-children.pdf [Accessed 29.08.2023]

Welsh Government. (2022). Children looked-after by local authorities April 2021 to March 2022. Retrieved from: https://www.gov.wales/children-looked-after-local-authorities-april-2021-march-2022-html#:~:text=Main%20points-

,At%2031%20March%202022,of%20115.1%20in%202020%2D21. [accessed 03.08.2023]

Welsh Government. (2023a). Children and young people lead radical reform of care services in Wales. Retrieved from: https://www.gov.wales/children-and-young-people-lead-radical-reform-of-care-services-in-wales#:~:text=The%20declaration%20comes%20as%20the,be%20part%20of%20their%20community. [Accessed 29.08.2023].

Welsh Government, (2023b). Proposals for primary legislation in relation to children's social care, continuing health care, mandatory reporting and regulation and inspection. Number: WG47837. Retrieved from: https://www.gov.wales/sites/default/files/consultations/2023-06/summary-of-responses_0.pdf [Accessed 29.08.2023]

Winter, S. M. Dittrich, K. Dörr, P. Overfeld, J. Moedbus, I. Murray, E. Keraboycheva, G. Zimmerman, C. Knop, A. Voelkle, M. Entringer, S. Buss, C. Haynes J. D. Binder, E. Heim, C. (2022). Immediate impact of child maltreatment on mental, developmental, and physical health trajectories. *Journal of Child Psychol Psychiatry* 2022, 63, 1027-1045.

World Health Organization. (2004). Promoting mental health: concepts, emerging evidence, practice. Summary report. Retrieved from: untitled (who.int) [Accessed 31.10.2023]

Wales Centre for Public Policy (WCPP). (2021). Children's social services and care rates in Wales: A survey of the sector. Retrieved from: https://www.wcpp.org.uk/wp-content/uploads/2022/03/220216-Childrens-social-services_en_final.pdf [Accessed 06.10.23]

"Meeting the needs of these children is everyone's business and we all have a responsibility to support the needs of the most vulnerable young people and children in the local authority."

Exploring the Educational Psychologist's Role in Supporting the Educational Experiences of Children Living in Residential Care in Wales

Section B: Major Empirical Study

Word Count: 11, 594

Abstract

Research has demonstrated that care experienced individuals (particularly those with experience of living in residential care) are more likely to experience poorer educational and life outcomes than that of the general population. Researchers and policy makers have therefore been motivated to focus on supporting care experienced children and young people in education, to ensure effective coordination of support, and to improve educational outcomes. Research has indicated that to better understand how to support care experienced individuals with a focus on the whole system around the child, rather than solely on the individual may be valuable to inform ways to support (Ridley & Leitch, 2019). Whilst there is some research into supporting care experienced children's education and wellbeing outcomes, there is a paucity in literature pertaining to the role of the educational psychologist (EP) in supporting, particularly within Wales.

This study explores experiences of supporting residential care experienced individuals in Wales, from the perspective of the EP. The aim of the study is to explore EP's views on the response to supporting this population group, which of whom are often framed as among the most vulnerable within our society. The experiences of the EPs is understood in relation to Bronfenbrenner's (bio)ecosystemic theory (Bronfenbrenner and Ceci, 1994). Data was gathered across local authorities in Wales. Six semi-structured interviews were conducted with EPs who have experience working to support the educational and wellbeing outcomes of children living in residential care in Wales. These interviews were transcribed verbatim, and reflexive thematic analysis (RTA) was used to synthesise patterns of meaning across the dataset. Given my own employment experiences within residential care and personal beliefs, RTA was chosen because it

views a researcher's positionality as integral to the analysis process. Four overarching themes were generated: *'Considering (bio)ecological systems'; 'EPs as vehicles of empathy'; 'Therapy vs. therapeutic';* and *'What defines success?'*. Implications for practice are discussed, with possible avenues for future research, as well as an appraisal of the current study. **Key words: children in care, residential care, care experienced children, educational outcomes, educational psychologist.**

1 Introduction

1.1 The current context and summary of the literature

The phrase ‘looked-after’ originates from legal terminology outlined in The Children Act 1989 and refers to children and young people who have been placed in the care of a local authority (LA). There are two common routes that result in a child becoming looked-after: 1. Being accommodated under Section 20 of The Children Act 1989, or 2. Being made the subject of a Full Care Order, under Section 31 of The Children Act 1989 (The National Archives, 2022a, 2022b). A court may only make a care order or supervision order if it is satisfied that the child concerned is suffering, or likely to suffer significant harm, that the harm (or likelihood of harm) is attributable to the care given to the child, or the child is considered beyond parental control (The National Archives, 2022b). Thus, most children who are placed into care have experienced, or were at risk of experiencing, significant neglect and abuse (Children’s Commissioner, 2023). Care experienced children census data indicates that there were 7080 children looked-after by Welsh LAs in March 2022 (StatsWales, 2022). This figure encompasses children placed in multiple care provisions, such as foster care, informal kinship care, formal kinship care, and residential care. Wales has the highest rate of children who are looked-after away from home in the UK, with a rate of 112.3 per 10,000 (Welsh Government, 2022).

Residential care is a form of care available for children who do not live with their birth family. Children are cared for by a team of paid professionals, commonly known as

residential care workers (RCWs), within a children's residential home. At present, there are 168 residential childcare provisions providig 926 spaces within Wales that are regulated by Care Inspectorate Wales (CIW), with 588 children being recorded as living in a form of residential care in 2023 (Senedd Research 2023). Care for children in residential settings is often considered an alternative to foster care (Andrews, 2017), and is popularly characterised as the last resort for children who have experienced multiple placement breakdowns and often have high levels of complex therapeutic needs (Elliot et al, 2017).

The heterogeneity of this population is considerable: age; length of time in care; circumstances leading up to becoming looked-after; type of placement; experience of placement and the purpose of care varies substantially across every individual (Bywaters et al, 2020). There are many reasons why social services would deem it appropriate to place a child within the accommodation of the local authority (LA). Common reasons a child may become subject to a care order under Section 31 of the Children Action 1989 (Department of Health, 1997) include:

- Physical or emotional abuse, whereby harm is caused (or likely to be caused) to the child by a parent or caregiver (although these terms can be used interchangeably, I have only used 'parent' from this point onwards for ease of reading)
- Neglect of a child's physical and emotional needs
- Parental illness or death
- Parental incarceration

- Abandonment
- A child being considered beyond a parent's control, whereby the parent is no longer able to keep the child safe (Lightfoot, 2014).

Research indicates that these experiences may contribute to disrupted attachments with primary caregivers (Bowlby, 1969), and the disruption or loss of this bond with a caregiver can have a long-term impact on a child's emotional and psychological development, as well as having an impact on future relationships (Bowlby, 1969, 1980). Trauma and attachment theories, together, can provide a useful interpretive framework for professionals to better understand the needs and barriers to development for children who have experienced developmental trauma (Tomlinson et al, 2011). Children who become looked-after by the LA within a residential home each have their own unique attachment experiences. Whilst they are a heterogeneous group, it is likely that many of these children will have experiences of loss, rejection, abuse, neglect and trauma (Ferrier, 2011). These experiences can be exacerbated by placement moves (Coman & Devaney, 2011). It is very common for children with experience in residential care to have had multiple placements beforehand, such as foster care, that have been unsuccessful; over 75% of residential placements occur following previous placement breakdowns (Narey, 2020).

In addition to attachment-related needs, children in residential care are likely to have experienced developmental trauma and toxic stress (Lightfoot, 2014; Bettman, et al, 2015), and research as consistently demonstrated that factors such as childhood adversity and prolonged stress exposure shape an individual's mental and physical

development and wellbeing across the lifespan (Asmussen et al, 2022; Bright et al, 2016; Winter et al, 2022). Given the high proportion of children in residential care who have experienced childhood adversity and stress, it is crucial to understand both the risk and resilience factors for children in residential care, to ensure that support is consistent with their needs.

Evidence from British Cohort Studies suggest that quality of life into adulthood is closely linked to education, and higher educational attainment and positive educational experiences are associated with improved mental health, employment, income, and relationships, as well as lower rates of substance misuse and involvement in the criminal justice system (Jackson & Simon, 2005). The educational outcomes of children living in residential care have garnered significant attention and concern and although there is a paucity of UK-based research exploring the educational outcomes specifically for children living in residential care, the research that does exist appears to reflect the unique and multifaceted challenges and vulnerabilities faced by this population. Research indicates that children living in residential care experience the poorest educational outcomes in comparison to children living in other types of care provision, and the general looked-after population (Fleming et al, 2021). Care experienced children in Wales have consistently shown lower educational achievement than other children, from foundation stage through to university (Social Care Wales, 2022). Several areas relevant to residential care were highlighted as barriers to learning, such as multiple placement moves, little support for emotional wellbeing, missed education, education provision moves that did not take into consideration a young person's cultural needs, varying resources available, lack of support with transitions, and low

expectations from adults involved in the children's lives (House of Commons, 2022). Research has highlighted that care experienced children in England are more than five times more likely to have a fixed-term exclusion in comparison to the general population of children (Department of Education, 2019), are more likely to experience transitions from primary to secondary school as challenging (Brewin and Statham, 2011), and care leavers are more likely than the non-looked-after population to be not in employment, education, or training (NEET) between the ages of 19-21 years (Department of Education, 2022).

There has been some research exploring potential protective factors that contribute positively to the educational outcomes and wellbeing of children living in residential care. For example, the quality of residential placements has been identified as a crucial factor impacting educational outcomes. Supportive and stable residential settings, placing an emphasis on providing attachment-informed care can serve as a protective factor, contributing positively to the attainment of children in their care (Porter et al, 2020; Steels & Simpson, 2017). Additionally, having supportive friends, access to a trusted adult and a role model have been linked to improved educational outcomes such as attendance (Bellis et al, 2018). Given that the EP role often encompasses supporting the system around the child through a range of approaches such as staff training, supervision and consultation (British Psychological Society, 2023), EPs have the potential to play a valuable role in supporting both residential care experienced young people and the adults around them.

1.2 The current study

The literature review highlights a breadth of UK based literature focusing on the educational and wellbeing outcomes of residential care experienced individuals. Research indicates that supporting all levels of Bronfenbrenner's socio-ecological model (2005) is crucial to gaining a rich and nuanced understanding of the factors impacting a child's development and allows the adults working or caring for the child to implement effective interventions and approaches that may contribute to meeting their educational and wellbeing needs (Abraham et al, 2022; Ridley & Leitch, 2019). However, there continues to be a paucity of research, exploring the potential role of the EP when supported care experienced individuals living in residential care, particularly in Wales. Therefore, the current study aims to explore the views of EPs who practice within Wales, with regard to supporting the educational and wellbeing needs of residential care experienced individuals, in order to provide localised and contextualised knowledge about how EPs can provide support to the children, the RCWs and their education provision.

1.3 EP relevance

EPs often work with care experienced children and the residential care homes in which they live (Lightfoot, 2014). Additionally, research suggests that adult quality of life including ones mental and physical health, employment, and relationships, is closely interrelated with educational attainment (Jackson & Simon, 2005). Thus, understanding the multiple, complex influences on how residential care experienced children learn and

experience education, to facilitate a positive learning environment and effective support around the child, could be considered a crucial part of the EP role. Despite the high level of contact between care experienced children, the systems around them, and EPs (Jackson & Mcparlin, 2006), research exploring the support available from an EP perspective is lacking, particularly in Wales. Given their role in drawing on psychological theory to unstick barriers to learning for children and facilitating collaborative working between education provisions and parents/carers (British Psychological Society, 2023), EPs can play a crucial role in advocating and supporting children living in residential care. However, it is evident from the literature that there is no standardized role or guidance for EPs to support residential care experienced individuals. Existing research has focused on children in care generally which may result in generalising a diverse and heterogeneous group as one, therefore, placing more in-depth focus on residential care experienced individuals, and creating space to highlight what support is available and what is currently being done, through the lens of the EP, feels pertinent.

1.4 Research questions

The research seeks to explore the following questions:

- What are EP's perceptions of the educational experiences and needs of children living in residential care?
- What can EPs do, or what do they currently do within their role to support the outcomes of children living in residential care?

1.5 Positionality statement

Researchers have an ethical responsibility to recognise the potential influence our experiences and beliefs have on the decisions we make with regard to conducting research (Shepard et al, 2022). Two integral foundation blocks for maintaining research integrity include reflexivity and awareness of positionality in research that is conducted. Braun and Clarke define reflexivity as the ongoing process and practice of a researcher critically reflecting on how their disciplinary, theoretical, and personal assumptions and their design choices inevitably impact the type of research they produce (Braun & Clarke, 2022b). Practicing reflexivity throughout the research process requires a researcher to have an awareness of how their perspective and identity might influence all aspects of the process and noticing the impact on the research (Hamdan, 2009). The term positionality "reflects the position that the researcher has chosen to adopt within a given research study" (Savin-Baden and Major, 2013 p.71). Thus, it feels pertinent to consider how my own identity and beliefs has led me to my chosen topic and has shaped the direction in which I will be taking this research project. Throughout this research project, and following guidelines outlined by Braun and Clarke (2022b), I intend to outline how my own positionality as a researcher, which has been shaped by personal, work, and research experiences, will inevitably influence the research itself. My interest in conducting research within this area stems from my personal work history supporting children who have experienced attachment and trauma and working within residential care. Through such work, I formed the belief that children living in care (particularly residential care) were more likely to have complex and significant needs than those without experience living in care. This is supported by the fact that children in

residential care are less likely to access a regulated education provision, leaving them less likely to access services, including educational psychology ones, from which they may benefit (Lightfoot, 2014).

My previous role as an assistant psychologist, working alongside registered psychologists and RCWs, motivated my interest in this research area. It felt important to ensure mechanisms to explore the ways in which my experience or beliefs influence not only the data analysis, but the entire research process. Therefore, I acknowledged my own beliefs and values within supervision sessions, and with the use of a reflexive research diary.

2 Methodology

2.1 Philosophical considerations

Axiology refers to how values impact on research, involves ethical considerations (Brown & Dueñas, 2019) and “what is ought to be” within a field of research (Deane, 2018). It is considered an important starting point in research, as it considers what would be of value to research and how to go about conducting ethical research within that domain. I felt this was particularly important to consider, given an EP’s duty to conduct research within ethical guidelines [e.g., the British Psychological Society’s (BPS) *Code of Human Research Ethics* (2021)]. It felt important to acknowledge my values as well as reflect on how these could potentially influence: the research area chosen; the methodology; the analysis and interpretation of the result (this is expanded upon in Section C).

A belief that guides and underpins this research, is that children with experience of living in residential care are generally more vulnerable than the non-care experienced population. The current research aims to contribute to a growing body of literature that provides an insight into supporting this population. Additionally, it is my own belief that EPs are well placed within the child’s system to be involved in this work, and children in residential care would benefit from consistent access to their support, to facilitate positive change and support the significant needs of those children living in residential care.

I have formed the belief, based on personal experience working within the field of residential care as well as through previous research activities, that the current model of service delivery, whereby educational psychology services tend to focus much of their practice within the school environment, fails to serve the needs of children in residential care, many of whom do not attend a regulated education provision, or do not do so on a full-time basis, and thus 'slip through the net'. Thus, I believe adapting individual EP practice, and the educational psychology service (EPS) more widely, to support within the residential home, such as providing staff training, consultation, or supervision opportunities to RCWs within the home would be a valuable model of service delivery.

First developed and popularised by Bhaskar in the 1970s, critical realism is defined as a philosophical approach that aims to merge the ontological realism of the natural sciences, with the social aspects of human existence. Bhaskar (2013) describes critical realism as a framework for understanding this relationship between the observed world and our knowledge of it. It acknowledges that an external reality exists independently of human perception and belief, however our understanding of reality is mediated through human perception and interpretation. This research project is underpinned by a critical realist ontology, with a key tenet being that reality is unattainable in its pure form, given that perception of reality is influenced by social context, social positioning and language (Braun & Clarke, 2022b). I felt that adopting a critical realist lens in relation to this real-world research would be most suitable, given that it acknowledges the values and beliefs of participants, whilst accepting that a reality exists. Thus, I would assert that there is an external reality where children in care are a vulnerable population who

currently experience poorer life and educational outcomes in comparison to their non-looked-after peers. However, each participant would have constructed their own interpretation of their role in relation to supporting residential care experienced children, based on their prior knowledge and experiences. Consistent with this notion that the participants of this study construct unique perceptions of their role in supporting care experienced individuals, based on their own experiences and conceptual frameworks and theory that guide them, I adopted a constructivist stance on epistemology. This approach enables the view that people are active in their meaning-making, rather than passively perceiving the world around them (Burr, 2015); that is, participants involved have made sense of their job role and reality in accordance with their pre-existing knowledge and experiences.

2.2 Research design

A key principle I adopted for this study was to reflect the participants' accounts of their attitudes, opinions and experiences as faithfully as was possible, while also accounting for the reflexive influence of my own interpretations as the researcher. I felt reflexive thematic analysis (RTA) was highly appropriate in the context of the underlying theoretical and qualitative paradigmatic assumptions of my study. Thematic analysis (TA) is an umbrella term, used to describe a popular method for analysing qualitative data across many disciplines and fields. The purpose of thematic analysis is to generate patterns of meaning (i.e., 'themes') across the data, that addresses a specific research question (Braun & Clarke, 2022b). Patterns are developed by the researcher

undertaking a process of data familiarisation, data coding, theme development and revision (Braun & Clarke, 2019).

Since the publication of their paper in 2006, Braun and Clarke's approach has arguably evolved into one of the most thoroughly delineated methods of conducting TA (Byrne, 2022). Whilst TA generally can be described as a methodology concerned with patterns of meaning, developed over a process of coding, there are various TA approaches that are situated within this broad paradigm that shape the method (Braun & Clarke, 2022a). The term RTA was recently coined by Braun and Clarke (2019), to define a TA approach that recognises the value of embracing the subjective and reflexive nature of the researcher, in response to misconceptions evident in the literature regarding the nature of different TA approaches. Braun and Clarke have reiterated throughout their recent articles, for researchers who choose to adopt their approach, to adhere to their contemporary research (Braun & Clarke, 2019, 2022a). The variation of RTA used within this study is outlined in Table 4.

Table 4

The variation of reflexive thematic analysis used in the current study, adapted from Braun & Clarke (2022b)

Orientation to data	*Inductive*: analysis is located within, and coding and theme development are driven by the data content.
Focus of meaning	*Semantic* - analysis explores meaning at the explicit level, and;

	Latent – where analysis explores meaning at the more underlying and implicit level.
Qualitative framework	*Experiential* - where analysis aims to capture and explore participants own perspectives and understanding of their role in supporting residential care experienced individuals.
Theoretical framework	*Critical Realism ontology* - holds the ontological position of realism, with the epistemological position of constructionism (Bhaskar, 2013) *Constructivist epistemology* – acknowledges the active role of the participant in constructing knowledge and understanding (Burr, 2015).

RTA includes approaches fully embedded within the values of a qualitative paradigm, which then inform research practice. Such paradigms can be defined as comprehensive value systems encompassing assumptions and principles that guide our notions about ideal research practice (Grant & Giddings, 2002). A Big Q framework provides a

foundation for RTA and the current study, whereby all aspects of the research are underpinned by qualitative principles, rather than using an ‘off the shelf’ qualitative methodology whilst still adhering to principles underpinned within positivist research. A useful example whereby a qualitative methodology may be situated within a quantitative research paradigm includes the consideration of the role of the researcher. Within a quantitative research paradigm, the researcher aims to be an impartial observer of the data, whereby objectivity is sought, and subjectivity is seen as a threat. If a researcher’s role were to be underpinned by a qualitative, Big Q research paradigm, their subjectivity is valued and they’re considered an active interpreter of meaning of the data (Braun & Clarke, 2022b). Research underpinned by Big Q principles embraces the unavoidable subjectivity of data coding and analysis, as well as the researcher’s active role in coding and theme development (Gleeson, 2011; Braun & Clarke, 2022b). My analysis of the data will be informed by my previous research activities (Abraham et al, 2022), and experience working within the residential care sector, as well as a trainee educational psychologist in Wales. This is further expanded upon in Section C. Considering the key differences between qualitative and quantitative research paradigms can further justify the purpose of the current research project. Whereas quantitative principles would guide research to seek explanatory models or theories, this research project is underpinned solely by qualitative principles, as I aim to generate a localised and contextualised exploration on the topic area.

2.3 Data collection

A semi-structured interview to gather a rich picture of participants' experiences and perceptions was used within the study, with emphasis on gathering good quality data, an important consideration for RTA (Connelly & Peltzer, 2016). Data should ideally be rich, complex, detailed and nuanced (Braun & Clarke, 2022b), thus particular attention was paid to prompts and probes as well as developing a positive and trusting relationship between the researcher and participant with the hopes of achieving good data quality. Guided by Braun and Clarke (2013), I developed my own question schedule to guide the interviews (appendix E). The schedule did not dictate the precise course of the interview but facilitated the participants in describing their individual experiences. I aimed to adhere to the basic agenda to ensure that outlined research questions were addressed, however, discussions were guided by both what I as the researcher, and the participants felt meaningful to focus on with particular emphasis on using probes to delve deeper into participants' responses. The aim was to facilitate a space that more closely resembled the natural flow of real conversation, rather than providing a uniformly structured account (Braun & Clarke, 2022b). Furthermore, Willig (2001) posits that research adhering to Big Q research principles should aim to resemble an adventure, rather than recipe-following procedures, providing justification for utilising a less rigid interview style.

2.4 Participants

Participants were a mix of EPs working within Welsh local authorities and private EPs who specialise in supporting the needs of children living in care within Wales. Participants were recruited using an opportunity sampling method by advertising the study via email through all Welsh EPS's, LA owned residential homes, and private residential home companies.

Whilst it is difficult to obtain an ideal sample size figure that is large enough to obtain a new and richly textured understanding of experience', because this is a matter of subjective judgment (Fugard & Potts, 2015), prior research has sought to suggest some figures. Guidelines provided by Braun and Clarke (2013) for TA categorise suggestions by the type of data collection and size of the project and recommend recruiting between 6-10 participants when conducting interviews. These recommendations were followed in the current study. Information about recruitment of participants is outlined in Appendix J.

2.4.1. Participation criteria

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

Table 5

Inclusion and exclusion criteria for participants

Inclusion criteria	Exclusion criteria
The EP is HCPC registered and works with children in Welsh local authorities.	The EP is practicing outside of Wales only, due to the nature of this study focusing on practice within Wales.
The EP currently works to support care experienced children, either in their individual role or at a whole-EPS level	EPs had been qualified for less than two years, as it's likely that they would have had little experience within this area in a short period of time and would have had less opportunity to specialise in their first two years post qualifying.

2.4.2. Participants recruited

Six EPs were recruited to take part in the study. Six EPs took part and worked in various posts, such as:

- Welsh LA EPS'
- Multi-disciplinary teams within Children's Services, with the aim of supporting care experienced individuals, their families, carers and residential care staff within Wales.

- Employed by a private residential care company to support the educational needs of children living in residential care and attending residential schools within Wales.

2.5 Interview Procedure

A pilot interview was carried out with a peer to obtain insight and determine the efficacy of the questions in relation to their relevance to the research questions. Following the pilot interview, I felt that no changes needed to be made to the interview questions. The interviews took place on Microsoft Teams. Further exploration into the interview procedure is outline in Section C of this thesis.

2.6 Ethical Considerations

The Cardiff University School of Psychology Ethics Committee granted ethical approval for this research in March 2023. The research adhered to the ethical guidelines outlined by the Health and Care Professions Council (HCPC) (2016) and the BPS Code of Human Research Ethics (2021). Detailed ethical considerations are provided in Appendix H, and in Section C of this thesis.

2.7 Validity of research

Yardley's (2017) framework was utilised to ensure the validity and reliability of the current research and analysis. An overview of this process is provided in Appendix I.

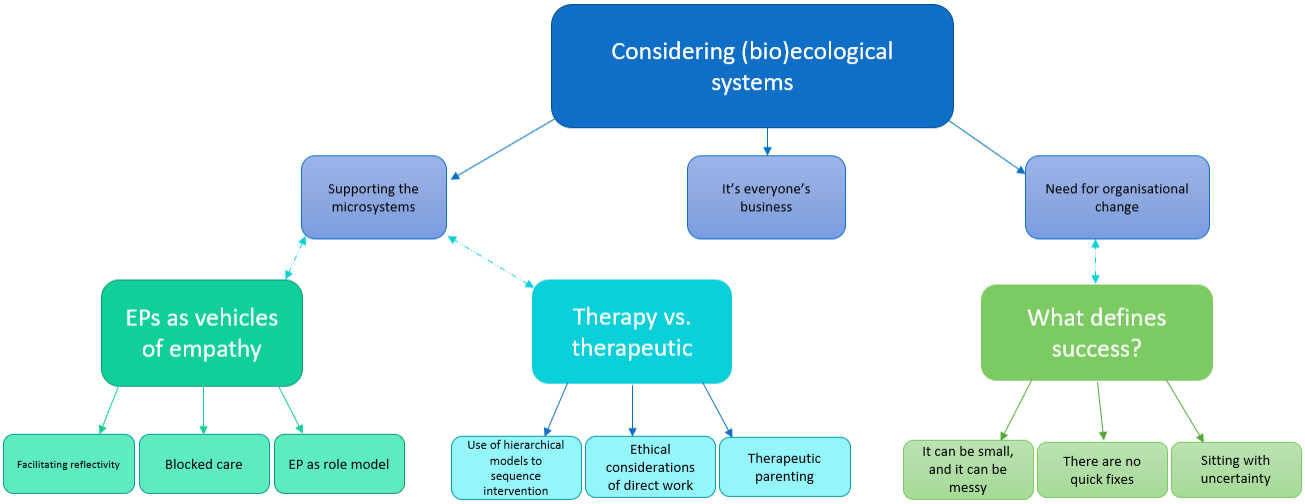
2.8 Data analysis

Following the thematic analysis framework, outlined by Braun and Clarke (2022b), a six-step process to data analysis was conducted, outlined in Appendix K. Further reflections on the data analysis are outlined in Section C of this thesis.

3 Findings

Six interviews were completed using RTA (see Appendix K – AB for a detailed account of the process undertaken). The aim was to preserve the individual experiences of each participant whilst simultaneously highlighting patterns of shared meaning organised around central concepts generated from the data. This resulted in the development of four overarching themes, comprising of 12 subthemes. These themes are presented in a thematic map (Figure 6) and explored in more depth in the discussion. A big Q qualitative style of reporting contains an overall 'analysis' section, rather than separate 'findings' and 'discussion' sections whereby the analytic narrative is situated within the context of existing research, psychological theory and the scholarly field the work is situated within. Reasoning for this includes the notion that distinct findings and discussion sections echoes the positivist-ideal that supposedly objective findings should be separated from the researcher's interpretation of them. Given the requirements of this doctoral thesis, an overall analysis section was not possible, thus, guidelines from Braun and Clarke (2022b) were followed in that themes are initially described in the findings section in a descriptive manner, with the majority of interpretive content being situated in the discussion section of this study.

Figure 6.
Thematic map.



3.1 Overarching theme 1 – considering (bio)ecological systems

This theme reflects the discourse developed from the data regarding the importance of systemic thinking, supporting the systems around the child, and the need for change at the organisational level to reduce barriers to supporting residential care experienced children. Links to Bronfenbrenner's (bio)ecological model (Bronfenbrenner, 1979,2005; Bronfenbrenner and Ceci, 1994) were made within this theme, given the emphasis it places on the importance of understanding child development within the context of multiple systems, each influencing an individual's development. Such systemic thinking in EP practice allows the recognition of the complex and interconnected nature of the

systems that care experienced children exist within, and the opportunities to support them.

3.1.1 Subtheme 1: supporting the microsystems

The term microsystem is used to describe the immediate relationships and environments that directly influence a child's development (Bronfenbrenner, 1979, 2005). For children in residential care, this could include their birth family, the residential home they are living in and the staff working there, school, and interactions with their caregivers and peers. Participants explored the idea that a valuable aspect of the EP role includes supporting adults who directly work with and care for the child to understand the impact of a child's early life experiences, to inform their practice.

P001 – *"I think that's a real like a really valuable thing that we can bring as psychologist is that just kind of helping staff and teachers and foster carers kind of understand the impact of some of those experiences and just think differently about kind of the, you know, the behaviours that they're seeing, especially when they don't understand where those behaviours are coming from."*

P001 – "*So working with that team around the kids rather than necessarily doing direct work, although I have done some direct work, but quite a lot of work around supporting, kind of the adults around that that child to understand the their experiences and to begin to kind of mentalize and hypothesize about the impact of those experiences and kind of drawing some kind of psychology around trauma and around attachment into that*"

Emphasis was placed by most of the participants, on the important role they play in supporting the overall wellbeing of adults within the microsystem, such as RCWs and school staff, to allow for those adults to be more emotionally available for the child, thus indirectly supporting them.

P004 – *"But I think what was really important about this bit of work is I spent time with this young person, but also with her foster parents. And they said afterwards to bear in mind she was like, coming up to 16, and they said, "I think that's the first time anybody's actually listened to us"."*

P004 – "*it is through you as the adults, and that's for, you know, especially crucial for our children in care, because it's about the conversations that we have with the adults working with those young people. That's where we are more powerful. The listening, a group reflection or even "oh, how's your day been?" and for them to be able to say it was really bad and talk about what happened, and for somebody to say "wow. That sounds really tough*."

3.1.2 Subtheme 2 – it's everyone's business

Participants highlighted the need for collaboration amongst professionals involved in supporting care experienced individuals. A prevalent theme underpinning each interview was the perceived value of collaborative working, and the EP role in promoting communication and information sharing between different systems. Participant P001 highlighted that collaborative working allows for EPs to gain a holistic understanding of the child's needs, by drawing on insights from multiple perspectives.

P001 – *"We need to be kind of reliable and consistent and there's some I really like about the coproduction and collaboration there with all the adults around the child there. Like we're able to go in and even though we are using psychology, this is something we can all get involved in and think about. We can all think about if these are the experiences, what might, what might be, we think or feel about this."*

Participants expressed a need to develop a shared language across professionals and adults within a child's system to foster an environment which is conducive to facilitating positive change.

P004 – *"And have some shared understanding of what's happening for that child or what has happened because that's so powerful. And how can you have that if people aren't talking to each other?"*

Participant P005 felt strongly that supporting the needs of care experienced children requires shared responsibility amongst the various professionals and agencies involved, suggesting no single professional or team can fully understand and address the complex range of needs alone.

P005 – *"The approach we have is meeting the needs of these children is everyone's business and we all have a responsibility to support the needs of the most vulnerable young people and children in the local authority".*

3.1.3 Subtheme 3 – the perceived need for organisational change

By discussing support for care experienced individuals through a systemic lens, participants were able to identify the need for organisational change, regarding multiple different factors. Firstly, there was a belief from participants that adults within the child's microsystem were often viewed through a deficit-model, i.e., "what are they doing wrong?", and this was perceived to be a barrier to building their confidence. This was

also linked to the idea that carers and RCWs are often undervalued, and the challenges associated with their role were not recognized by the systems they exist within.

P001 – *"I think particularly working within the children services context like particularly with birth parents, but also with like residential workers or foster carers, there is they're often quite criticised and they often are feel like there isn't a lot of empathy within the system for them. And there's often a reasonable amount of scapegoating and finger pointing that goes on because the system itself is quite traumatized*."

Participants highlighted a need to move away from looking at children through an individualistic, within-child lens that serves to be pathologizing and fails to provide a comprehensive understanding of the complexities surrounding care experienced children and how we can support their educational and life outcomes.

P002 – "*we're constantly looking at these children's needs through a trauma lens and not slipping back into that kind of quite pathologizing kind of individualized model of difficulty. And I think that is hugely important and it has been pivotal to the outcomes of the kids because it remains about the environment and support in a way that's, you know, kind of not punitive."*

P005 – "*I think I often reflect on the role of the EP, because how do you sit within a system that is based on deficits? And I think for children in care, that's even more pronounced because they are already vulnerable and face so many challenges, and then we're working within a system that just works on "oh, how many deficits do you have?" or "oh, this child has more deficits than this child" and so they get the support*."

The use of behaviourist approaches to managing behaviour within schools is common practice within the UK (Oxley, 2021). Participants recognised the downfalls of using these approaches in isolation when supporting the needs of care experienced individuals. For example, behaviourist approaches tend to focus solely on externalizing behaviours and fail to address the emotional, social, or trauma-related needs underlying the behaviour that children may be attempting to communicate (Hughes, 2009; Jones et al, 2023). Additionally, the use of reward/punishment strategies may serve to reinforce the negative internal working models commonly observed in care experienced individuals, that they are inherently “bad” or “not good enough”, which may contribute to low self-esteem, feelings of shame, and low levels of self-confidence (Dolezal & Gibson, 2022).

P004 – *“And me and him, we rewrote the company and schools, behaviour policy because it wasn't like relational. It was just behaviourist say we've rewritten that as a kind of like, actually, this is what we're aiming for. You know, we want a much more relational approach to behaviour.”*

P005 – *"You ramp it up don't you? And then you think about in a job. If I want to get a, you know, promotion and the deputy is watching me and I'm having this lovely conversation to a child who's just hit somebody, there's a lot of judgement isn't there? And lots of the idea of what discipline is and isn't, and the whole thing around class charts. And it does work for a lot of kids. It does work for the majority of kids, but it doesn't work for children or doesn't work all the time for children who are looking to reinforce that negative view of themselves. "*

3.2 Overarching theme 2 – EPs as vehicles for empathy

This theme reflects the discourse developed from the data regarding beliefs around empathy and how it relates to EP practice when supporting care experienced children. This theme reflects the view that promoting and demonstrating empathy are crucial components of the EP role, with the aim of facilitating a more compassionate and supportive environment for all. Opportunities to facilitate reflectivity with the aim of responding empathically to adults in the child's system, as well as promoting those adults to lead with empathy were discussed. Throughout the interviews, EPs continually acknowledged the complex and multifaceted challenges faced by carers, schools and agencies around the child when supporting care experienced children. Some participants discussed this within the context of blocked care, and what can be done to prevent this and support adults who are experiencing it.

3.2.1 Subtheme 1 – facilitating reflectivity

Participants shared the belief that a crucial part of their role is collaborating with the adults in the child's microsystem, within a structured process of reflective supervision. EPs described examples of facilitating reflectivity through group reflective supervision with RCW's, whereby the aim was to provide emotional containment within a safe space for staff, where their experiences were listened to, empathized with, and emotions validated. There was the belief across participants that engaging in reflective supervision promoted empathy and facilitated open communication amongst each other. Participants also gave example of work they had engaged in on an organisational level to promote a reflective culture in RCW practice.

P005 – "*Yeah, I mean, we've been doing that quite a lot. So we've offered our children's homes reflective space sessions and we've been looking at the paperwork for when an incident occurs and how we can be more gentle with that and make it more of a learning experience and not a shameful experience. That's been rolled out and greeted well by managers. I think the staff themselves, cause it was done with staff, have you know, appreciated that, that's about some more gentler approach to trying to support practice in general*"

P001 – *“quite a lot of the work I've done is with foster carers as well. Just again, just having what I call, I don't know what I call them, reflective caring sessions, or something like that. We sometimes do them once a fortnight with foster carers and it gives them a safe, reflective space with no judgement where they can share what’s been going on, what’s going well, what’s not going well, and then just sitting with that for a bit, validating how hard it is, but also going, ‘I wonder what was going on for that child in that moment’, and wondering out loud if we can link this in any way to some of their past experiences.*

P003 considered the possibility that by facilitating reflective practice, this may promote second-order change by shifting the underlying assumptions, values, and beliefs held by RCWs, allowing them to embrace a new way of thinking, interacting, and supporting the young people they work with.

P003 – “*residential staff do the circle of understanding. It was so valuable doing it with the staff. Yeah. Yeah, so, so, so valuable. And every time you do it, you're not quite sure how it's going to make a difference. You're not gonna quite sure which key piece of information or which key reflection is gonna going to help. Some people really gain empathy and change how they interact with that young person and but yeah, I found it. An incredible tool*.”

3.2.2 Subtheme 2 - blocked care

The phenomenon of blocked care is a term coined by Hughes and Baylin (2012) within the context of Dyadic Developmental Psychotherapy (DDP). Blocked care can occur when caregivers are experiencing unmanageable levels of stress and feelings of helplessness and can result in them struggling to remain open and engaged to the child's emotional and developmental needs, and they are more likely to interpret a child's behaviour from a negative, blaming perspective. Participants identified and empathised with the experiences of carers and RCWs, as potential risk factors that contribute to the experience of blocked care. The idea that EPs can play a role in preventing and supporting those with blocked car was shared by most of the participants.

P001 – *"Like if they don't feel heard or validated, they could just think "I'm going to stick to my belief that this is hard, and this child is horrible" because it's easier to stick to that belief because otherwise you feel helpless and like you are not making a difference. So, it's easier to just sit, shut down and say you know it's not working."*

P005 – "*We need to think about things like blocked care. You know, like the real stuff that people don't want to talk about or don't, you know, feel it's a judgment or something that's happened."*

P005 alluded to the tendency, when adults are experiencing blocked care, to blame others as a coping strategy, to alleviate feelings of helplessness or overwhelm, by externalising responsibility for a situation.

> **P005** – *"People go into blame when things are difficult. So, if you've got a child that's very hard to play with, or very hard to educate, and you know social worker will often blame the school or the foster carer."*

P003 highlighted one way in which EPs can play a role in preventing and supporting those experiencing blocked care, through training programmes that place emphasis on providing a supportive, reflective space for trainees to share their experiences with others.

> **P003** – *"That's what I love about the circle of understanding is, I think, especially for those members of staff who are experiencing compassion fatigue, and coming to work but completely checked out, blocked care. blocked care. Umm, but just to take part in the circle of understanding and even just, I imagine it's quite cathartic just to be able to offload and say I'm finding it really difficult*."

3.2.3 Subtheme 3 – EP as role model

There was an idea that by acknowledging and empathizing with the emotions of the adults within a child's system, as well as demonstrating self-reflectivity, the adults EPs work with may then in turn be more likely to engage in empathic and reflective practice.

P003 – *"You know, some of the exercises that we support staff to carry out, but at the end of the day, if you could just kind of all pin it down to one thing that makes that difference is us as EP's being able to build safe connections with adults. So that they have the emotional availability to build safe connections. With those children and young people and it takes a lot of empathy and a lot of understanding and a lot of patience and a lot of kind of self-healing to be aware of your own triggers."*

P001 – *"but it's really important to hold empathy and to try and mentalize that young person, but actually it's also really important to hold empathy for that carer and hold empathy for the teacher who's struggling with XY and Z and hold empathy for the social worker."*

P005 – *"and that's all we can do is come from that understanding. Yeah, it's accepting that we're not there every day so it's easy for us to see what could have been done."*

There were multiple examples of participants embodying a 'PACEful' way of being (Hughes, 2009), with a particularly focus on empathy for other professions and the pressures upon them. Throughout the interviews, EPs displayed what I perceived to be a self-awareness, whereby participants recognised the importance of exploring their own thoughts, emotions, and triggers in the context of their role.

P002 – *"it's modelling the model as well because you know we're we are asking these staff to look after these very traumatized, very, very anxious, very needy kids and kind of, you know, look after their needs, keep them safe, celebrate their achievements and kind of reflect on anything else they need, and I think as an ed psych, you know, modelling that model for staff meeting their needs and keeping them safe and reflects on anything else they need in terms of training or, you know, just a space to go like, oh, this is really tough."*

3.3 Overarching theme 3 – therapy vs. therapeutic

Participants compared the related concepts of direct therapy and working therapeutically with a child or therapeutic parenting. The role of therapy was discussed within the context of EPs conducting direct work with a young person to deliver a therapeutic intervention, and how this may not be the most effective or ethical use of EP time to support care experienced individuals, despite this being a common expectation.

Questions around when it would be appropriate for a young person to engage in therapy were discussed, which highlighted the value in using hierarchical models of trauma to inform the sequence of intervention and support approaches. This also gave rise to discussions around the ethical implications of EPs conducting direct work with care experienced individuals who have experienced neglect and trauma, and possible alternatives to this way of working.

3.3.1 Subtheme 1 – use of hierarchical models to sequence intervention

The use of an operational framework to support adults to sequence their approaches for children in a trauma-responsive manner was identified as valuable by participants. Participants shared the idea that healthy development and challenging behaviour reduction is unobtainable without a child's basic physiological and psychological safety needs being met, as well as their need to develop a secure base and trusting relationships with appropriate adults.

P006 - *"And with children in residential care, it's a big barrier when children move about because they arrive more dysregulated than ever because they have just had a transition, another placement has broken down, and they arrive again at a school setting, in you know, a state of chaos."*

P001 – *"Like we need a kind of basic level of safety and consistency before we can even, you know, even do anything about processing trauma or thinking about whatever else is going on for them or thinking about why they hit a teacher or whatever it is. Like, actually like is it any wonder if they if they're genuinely don't know what their tomorrow or next week looks like?"*

These core ideas were explored either by identifying specific psychological frameworks (Maslow, 1943; Skuse & Matthew, 2015), or core assumptions of these frameworks appearing to implicitly inform what participants were saying.

P002 – *"So for example, a kid who's had multiple placements in the last year, who's not settling, who's struggling with school, you know, who doesn't seem to be able to attach very well to it to any adults, really, and who might be self-harming and have difficulties with hygiene and stuff, we would look at the Trauma Recovery Model and look at right, this kid is right at the bottom of the minute, you know, he he's really struggling. So he just needs consistency and stability and kind of constant positive regard. All of that, and then as he moves up, we'd review it and progress it and kind of adapt our intervention that way."*

P001 described interventions they perceived to be effective when working directly with a child living in care, only after using a trauma-informed psychological theory to inform their decision-making regarding intervention timing and content.

P001 – *"Like sometimes, if a child is quite settled or is in like quite a good reflective space or is in a space to be able to kind of process some of their trauma. I've done stuff like the Tree of Life, like the narrative therapy technique that's worked really well with a couple of young people. I've just done some reflective sessions, like a reflective space for with some young people and done some kind of play based so like relationship-based play between a child and a foster carer, that's been quite nice and something different."*

3.3.2 Subtheme 2 – ethical considerations of direct work

There were lots of conversations around the ethical considerations of EPs working directly with a young person. Despite this work sometimes being requested by adults in the microsystem, it was felt by most participants that this wasn't an effective or ethical use of EP time.

P005 – *"So there's lots of uh, lots of sort of involvement in terms of direct involvement with children and young people, and it became clear that it's very tricky to provide direct support if you're someone who's moving in and out of a situation."*

P005 – *"What I've learned most is we want to do individual work because we've all got a bit of a saviour instinct in us to want to be the adult that fixed things, but when you're there it it's it might be the least effective way of using our time because of the way our role is.*

Ethical concerns were based on the assumption that many young people living in residential care would likely have experienced multiple relationship breakdowns, and so building a therapeutic relationship with an EP who will then leave again after a set number of sessions, may serve to reinforce maladaptive internal working model beliefs such as “adults will leave” or “adults can’t be trusted” (Bowlby,1969). Participants agreed that supporting adults who are consistently within the child’s system to work therapeutically is a more effective use of time and takes into consideration the attachment-related needs that many young people living in residential care experience.

P005 – *“So either if you're not based in school, if you're not based in the residential home, or you know very close to the foster carers, it can be very tricky to make sure that you're not creating more trauma for that young person by developing a relationship and then moving away.”*

3.3.3 Subtheme 3 – therapeutic parenting

Participants highlighted the value of supporting relationship dyads between the child and their key adult (for example, their keyworker within a residential home), and supporting carers to parent therapeutically. The development of a strong child-caregiver relationship was considered one of the most important factors when supporting a child’s development and wellbeing, having a significant impact on a child’s ability to form secure attachments, regulate emotions, and developing a sense of safety and security.

P005 *– "You know, like what do you think is going to make a difference here? And it always comes back to relationships.*

P005 *– "If you got one or two key adults that get the child that make that child feel like they're liked, seeing loved, cared for, and kept in mind, that's what makes the difference."*

P001 *– "I often say to carers and care staff "look, you are the best person to do some of this work because you are there for the child, and I can support you to do it. You are there 24/7. You are there when they want to talk, and you are there when they don't want to talk. You can show them through how you are about how consistent and predictable and reliable you are. You can show them like different ways of fixing and repairing relationships."*

P001 felt there was an opportunity to use principles from DDP, an attachment-focused therapeutic approach (Hughes & Baylin, 2012), to inform their practice, given its focus on nurturing attachment relationships and supporting symptoms of developmental trauma.

P001 *– "Umm, in general I found out like my best work I feel is most effective is the kind of dyadic work, working to help build a relationship between a carer and a child or a worker and a child or whoever. Using Dyadic Developmental Psychotherapy."*

3.4 Overarching theme 4 – what defines success?

The discourse around success in the context of supporting children living in residential care was a prevalent theme across the data. Multiple participants appeared to share the view that there is a tendency for professionals to be unrealistic regarding their goals for the children they work with. Participants expressed the desire to collaborate with the adults in the child's system, to reflect on, and reframe how success is conceptualised, and what constitutes a 'successful' intervention. Participants often reflected on the erroneous assumption that EPs are an expert within a situation, and someone who will 'know the answers'. It was evident that participants wanted to support others to slow down and get comfortable with the uncertainty that is often experienced when supporting the complex needs of care experienced individuals.

3.4.1 Subtheme 1 – it can be small, and it can be messy

There were discussions around scaling back how we define success, and seeing success in the small, everyday tasks that others do to support children living in residential care, and the achievements of those children. Interventions are not often perfect, and sometimes, just spending one-on-one time with a young person on a shared activity can be viewed as an effective intervention.

> **P003** – *"You know, sitting next to somebody on the sofa or watching something on the TV is an intervention."*

When thinking about the goals others hold for the young people they work with, there was an emphasis on noticing the small steps of success, such as a placement remaining stable, rather than solely focusing on the goals that have not been achieved yet.

> **P005** – *"Then you know we can think about those other stories, and sometimes just remaining in a school is a huge success. It might not be perfect."*

> **P005** – *"It might not be or remaining at home with a carer might be the huge success and yeah, thank you. It's nice to remember that."*

3.4.2 Subtheme 2 – there are no quick fixes

There were discussions around participants sometimes feeling pressured to know the solution to a problem, and how the notion of there being a 'quick fix' with regards to managing difficulties and experiences sometimes faced by residential care experienced children is unrealistic.

P006 – *"And helping them appreciate, you know, that change is going to be slow. And even though they say it, there is a part of them that wants it to be quick. And of course, they want it to be quick because it can be really challenging, the physical assaults or really major meltdowns every day, of course you want that to be quick because It's exhausting."*

P001 – *"There aren't any quick fixes to this. We can't just undo all this like 15 years' worth of trauma that this child's kind of suffered. All we can do is what we can do, right?"*

Supporting someone who has experienced developmental trauma was framed as a complex and nuanced process that requires long-term stability and consistency. P001 shared that often the idea that providing a stable and predictable environment where the child can begin to feel emotionally secure and develop a sense of trust with caregivers can be a source of comfort for those working with children, because they know they are doing what they can to support the child. However, in some situations this can be difficult to hear when adults are eager to see tangible improvements to a child's situation or behaviour.

P001 – *"but actually a lot of the time I think especially with children who are looked-after and like very traumatized, a lot of the time, it is like there's nothing kind of magical or quick you can do. So it is just about what can you do to be consistent and to hold this through this difficult time, umm and sometimes I think that's really love like people really like to hear that and that's really reassuring. And other times they don't really like it very much because they'd like you to give them just a way of fixing it."*

3.4.3 Subtheme 3 – sitting with uncertainty

There appeared to be a view amongst the participants that the EP role is not one of truth seeking in the sense of searching for objective truths, with the aim of solving problems. Rather, a key skill of the role is holding multiple perspectives in mind to increase understanding around the specific and contextualized needs of children living in residential care, as well as the adults supporting them. Participants placed emphasis on the importance to be able to acknowledge and grapple with uncertainty.

P001 – *"Sometimes it doesn't matter to know exactly what's happened, what matters is about what this child needs right now and actually you know that there's a there's a power in in being able to kind of hold that.*

P001 *– "Just kind of being able to sit with that and that, I mean, you know that's hard, but I think you know, DDP has got a lot to say about that whole kind of like sometimes it's alright just to sit and sit and be with that as opposed to trying to fix it or solve it or think of a solution around it."*

P001 shared their view that whilst it is important for EPs themselves to sit with the uncertainty, a key part of their role is also to take the adults supporting the child's focus away from solution-seeking, and to support them accept the process of healing from developmental trauma as one that is individual to the child, and a non-linear process that requires patience, empathy and persistence on their behalf.

P001 *– "Like you know, right here, right now sort of thing and and I guess being able to sit with that and hold with hold that without trying to fix it I guess give I guess it gives it also gives the other adults permission to do that with the child. It's very natural to go, oh gosh, let's like fix that or I can think of. Let me try and think of a solution or a way that you don't have to deal with that, or a way that that to make that better and actually to sometimes just go to know what there isn't really a way to make that better."*

4 Discussion

This exploratory design has highlighted a range of perspectives from EPs working to support residential care experienced children and young people. The aim was to gain a richer understanding of how children living in residential care in Wales are supported by EPs, with regard to their educational and life outcomes. This discussion explores the findings of the four overarching themes from interviews with EPs, within the context of the research questions, and relevant psychological theory. Within this discussion, the findings from the RTA, combined with information collated in the literature review are presented together to provide a rich and comprehensive summary of EPs perceptions on factors that contribute to the educational and wellbeing outcomes of residential care experienced children, and what role EPs can play in supporting those outcomes. Implications for EP practice, the strengths and limitations of the current study, and potential future research avenues are considered.

4.1 Research Question 1

What are EP's perceptions of factors contributing to residential care experienced children's educational outcomes and wellbeing, and their role in supporting them?

My analysis of the data within the theme *'considering (bio)ecological systems'* highlighted a shared perception from participants regarding the importance of systemic thinking, working with the systems around the child, and the need for change at the organisational level across a range of different factors. Interviews with the participants

drew attention to the systemic factors that contribute to the educational outcomes and wellbeing for residential care experienced children. These subthemes were reflective of the multiple systems outlined in Bronfenbrenner's (bio)ecological systems theory (Bronfenbrenner, 1979; 2005), and the complex interaction between children and their environment. This model highlights the interconnected and dynamic relationship across these systems, highlighting that child development is influenced by complex factors operating across multiple levels.

Participants placed emphasis on the importance of supporting the immediate environments in which the child interacts with, otherwise known as the microsystem (Bronfenbrenner, 1979), such as schools and residential homes. Participants explored the idea that the relationships children have with school staff, and RCWs have a significant influence over the child's educational outcomes and wellbeing, with the dominant narrative from the interviews placing value on EPs becoming involved at supporting on the microsystemic level. I have explored the link between this subtheme, and the overarching theme '*therapy vs. therapeutic'*, by outlining examples of how EPs in Wales currently work to support at this level in section 4.2 of this thesis, with reference to relevant literature and theory.

Bronfenbrenner's (bio)ecological systems theory highlights the interconnectedness of the different systems that influence a child's development (Bronfenbrenner, 1979). The subtheme '*it's everyone's business'* reflects a dominant narrative shared by participants that collaboration across the different agencies and professionals working with and caring for a child living in residential care is crucial to successfully facilitating positive change in relation to an individual's educational outcomes and wellbeing. This shared

belief is reflective of the mesosystem in Bronfenbrenner's (bio)ecological systems theory (1979), which involves the connections and relationships between different microsystems. Interactions between these systems have a significant influence on a child's development, thus participants felt strongly about their role in promoting communication and joined up working across these systems. The value of information sharing across professionals was also viewed as a crucial component of supporting children living in residential care within the context of collaborative working. This touches on the chronosystem level, which highlights the importance of gaining an understanding of the early life experiences of each child and the transitions they have experienced (for example, their care history, significant experiences, and family dynamics) – something that can be done most effectively through multi-agency working.

The conceptualisation of the subtheme *'the perceived need for organisational change'* referred to the shared perspective that some of the systems children exist within may operate on outdated or unhelpful beliefs that act as barriers to supporting care experienced children's educational and wellbeing needs. Participants highlighted a lack of consistency regarding processes for children and the adults around them to access support and support available from both EPS's and other agencies across Welsh LA's. This perceived barrier to supporting need, is reflective of the exosystem which encompasses external environmental settings that indirectly impact the child, such as LA processes and policy.

Within this context of the exosystem, participants also highlighted the indirect influence that school ethos and policy can have on the educational and wellbeing outcomes of childing living in residential care. In UK schools, the predominant system of behaviour management tends to be based on rewards and punishment, which is underpinned by operant conditioning in behaviourism (Watson, 1913). These methods are echoed by regulatory bodies such as Care Inspectorate Wales (CIW) and Estyn, who arguably promote a behaviourist approach by rewarding schools and residential homes respectively with an 'Excellent' grading (Oxley, 2021; Estyn, 2023). Welsh Government has also reinforced this approach, with guidance produced for headteachers and classroom teachers on practical approaches to behaviour management quoting behaviour theory: "a child will repeat a behaviour if it is being rewarded. A child will be less likely to repeat a behaviour if sanctions are issued." (Welsh Government 2012, pg. 9). Participants recognised the downfall of using these approaches in isolation, particularly with children living in residential care, who have likely experienced developmental trauma. Behaviourist approaches tend to only focus on observable behaviours, rather than exploring the underlying cause, leading to an incomplete picture of the child's needs. Further, behaviour management strategies may promote consequences that could elicit and reinforce feelings of shame in children who have experienced developmental trauma, which can serve to perpetuate negative internal working models that influence their self-belief and self-esteem (Dolezal & Gibson, 2022). Some participants discussed the value in embedding alternative models of behaviour management that are informed by the established literature base regarding the effect of trauma on child development and the long-term impact of ACEs (Trauma

Informed Schools, 2023), such as a relational model of behaviour management (Lavis & Robson, 2015).

There was an underlying notion across the dataset that society tends to conceptualise care experienced children, and the adults around them through a deficit model. The behaviourist models of practice that are embedded within education, that impact the educational experiences of care experienced children, arguably align with society's tendency to view care experienced children (and the professionals supporting them) through a deficit model. For example, both behaviourism and practice using a deficit lens tends to focus efforts on reducing negative behaviours, and potentially ignores systemic and relational factors that influence the challenges experienced by care experienced individuals.

For the adults supporting care experienced children, having others judge their job performance on what they are not doing well enough was seen as detrimental to their confidence and capacity to be emotionally available for the children and young people they support. Participants also highlighted a need to move away from society's seemingly default position of looking at care experienced children through an individualistic, within-child lend that serves to be pathologizing and fails to provide a comprehensive understanding of the complexities surrounding care experienced children and how we can support their educational and life outcomes. There were numerous links to be made between this discourse around the need for organisational change, and the theme '*what defines success?*'. For example, there was a discrepancy between what participants in the dataset chose to use as examples of successful outcomes (for example, a child's placement remaining stable, or them having a positive

day in school), and what they considered other professionals or society more generally deeming a successful outcome. Professionals working with care experienced children (and children more generally) may be under pressure from various stakeholders (such as senior management or regulatory bodies) to demonstrate positive outcomes and improvements or meet certain targets within specified time limits. This pressure may contribute to feelings of exasperation or put professionals that EPs work with in a position where they feel necessary to seek out interventions that offer quick, observable improvements to behaviour and outcomes, rather than accepting a reality that supporting a child who may have experienced developmental trauma takes significant time, consistency and relationship building, rather than set interventions that seek to 'fix' a situation (Hughes, 2009). Further, different organisations may have differing definitions of success. Schools may focus on attainment such as exam results, whereby Children's Services may consider family reunification (Ford & McKay, 2024) or a move from residential care to foster care as an important goal to work towards. These divergent definitions of success may be elucidated through the lens of systems-psychodynamics, such as Open Systems theory, which originates from Bertalanffy's (1969) research on systems in biology, and applying it to social systems (Rice, 1953). Rice posits that organisations are like that of a living entity, in that they are open systems that take in elements from outside themselves, transform them, and release them. A key tenet of this theory, that can be applied to '*what defines success?*', is the notion that each system has a primary task that is defined as a task the system must do to survive, with alignment across all sub-systems being key to optimal output (Roberts, 1994; Eloquin, 2016). Thus, if the different systems a child exists within operate with

their own definition of the primary task, there is potential for conflict to arise should the primary task differ across systems. The need for subsystems to align their construction of the primary task highlights the importance of multi-agency collaboration (outlined in the subtheme *'it's everyone's business'*) to bridge-gaps in understanding and meet a consensus regarding the primary task to work towards. This insight can be developed further by examining how different organisations define their primary task based on their ethos, perspectives, and priorities by integrating a social constructionist perspective. Social constructionism asserts that reality, and the construction of social identities is shaped through language discourse and social interactions within societies (Burr, 2015). Within the context of this discussion, societal assumptions and narratives around care experienced individuals may play a role in the construction of their perceived identities and needs, thus influencing the primary task of each system involved in supporting the individual's needs. Schools, educational psychology services and Children's Services may construct differing primary task definitions based on the dominant social constructions regarding care experienced individuals within their system. For example, societal narratives that assume care experienced children have poor educational outcomes (Fleming et al, 2021) may lead schools and education services to define their primary task in a way that prioritises academic, behaviour and attendance support. This highlights the importance of challenging taken-for-granted assumptions across systems that contribute to their understanding of the needs of care experienced individual, as well as the need for a holistic approach that promotes multi-agency working and considers the complex and individual circumstances of each individual, to allow for a comprehensive understanding of their needs (Brewin & Statham, 2011).

The perceived importance of consistency and stability shone through the dataset. For example, the subtheme '*there is no quick fix'* encapsulates participants' feelings around being pressured to provide strategies that aim to reduce whatever difficulty a child is facing with their education or wellbeing. Where difficulties were thought to be related to trauma and attachment experiences, participants shared the view that successful interventions needed to be centred around stability and consistency in placement and relationships, to foster a sense of psychological safety and trust. This is congruent with current research that advocates for key adults to function as a secure base to aid in the reorganisation of attachments and IWMs, and to build resiliency against early developmental trauma (Ferrier, 2011; Harder et al, 2012). This provokes discussion around what EPs can do to support those who are providing consistency and stability to children in residential care, which is discussed further in section 4.3.

The theme '*EPs as vehicles of empathy'*, explored the idea of EPs being role models, in the sense that they frequently acted in ways that were consistent with their perceptions on how adults can best support residential care experienced young people. For example, all participants considered it essential for adults to demonstrate empathy towards the children they work with and care for and viewed this as a key skill needed as part of EP practice. I noted several instances where participants themselves acted empathically towards others throughout the interviews, by demonstrating their understanding of the emotions, perspectives, and pressures on other professionals, such as social workers, school staff, and RCWs. There were several examples of participants imagining themselves in the perspective of another, recognising the difficult

emotions that could be felt in the role, and acknowledging potential challenges they come up against. Similarly, where participants shared their belief around the value in responding to children's behaviour with an accepting stance, this was mirrored in their non-judgmental attitude towards other adults involved in a child's care who may have a different perspective or work in a way that the EP would not necessarily advocate for. Both empathy and acceptance are components of the PACE approach, which is a therapeutic framework developed with the aim of supporting adults to build safe and trusting relationships with children who may have experienced developmental trauma. This approach focuses on providing a foundation for self-esteem, emotional connections, containment of emotions and a sense of psychological safety (Golding & Hughes, 2012; Hughes, 2009).

Research indicates that working in a trauma-informed manner places focus on supporting the child to feel psychologically safe first and foremost, with subsequent support being focused on fostering a trusting relationship with a key adult in their life (Skuse & Matthew, 2015). Discussions around EPs doing direct work raised several ethical concerns about a child's attachment and trauma related needs, with an EP coming in for a set amount of time and then leaving again being seen as a potentially traumatic experience for a young person, particularly if they have experienced prior rejection from adults in their life. Participants discussed the potential for this type of work to perpetuate negative internal working models around the self (for example, "I am not good enough") or others (for example, "adults won't stick around"), and the need for this work to only be done following a serious consideration of the child's needs. Thus,

incidences of professionals requesting that an EP conduct direct assessment or therapeutic interventions appeared to be perceived as evidence to the participants, that professionals they work with sometimes may not have a comprehensive understanding of a child's attachment and trauma related needs. Implications for this finding are discussed in section 4.3.

4.2 Research question 2

What do EPs do within their role to support the outcomes of residential care experienced children and young people?

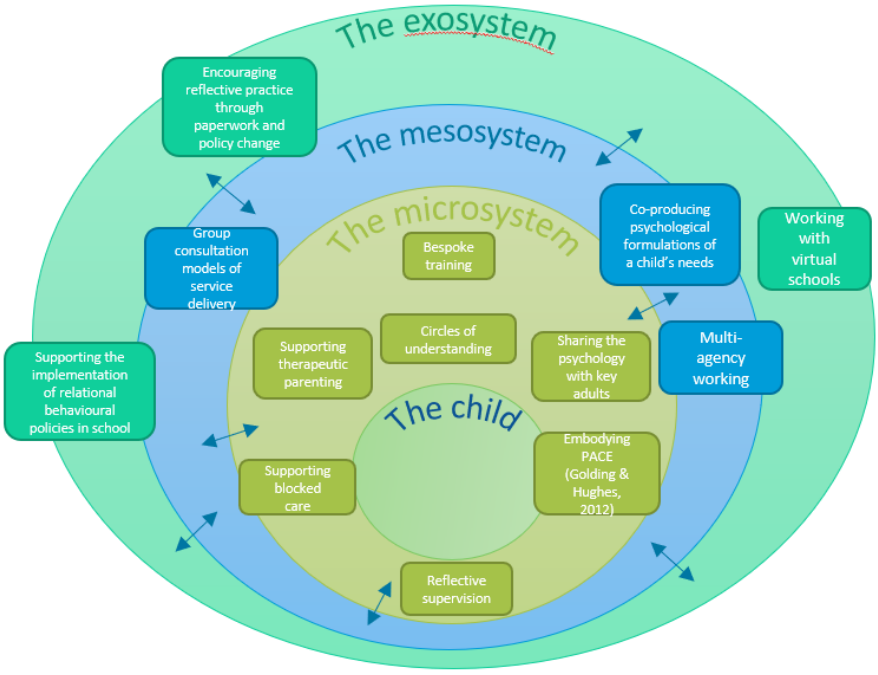
Findings suggest that residential care experienced children in Wales are currently being supported by EPs across multiple levels with regards to their educational outcomes and wellbeing. Support appears to be principally centred around creating a shared understanding amongst professionals around attachment-related needs and developmental trauma, supporting the adults around a child to work in a therapeutic manner that places emphasis on psychological safety and relationship building, information sharing across professionals, and supporting the wellbeing of the adults around the child. The approaches discussed by participants are subsequently provided in Figure 7 at three levels; 1. The microsystem; 2. The mesosystem, and; 3. The exosystem. It is adapted from Bronfenbrenner's (1979) ecological systems model to highlight the influence of multiple interacting systems, and to outline support currently in place across different Welsh LAs.

Figure 7 outlines the multiple different ways EPs who were involved in this study are currently supporting residential care experienced young people and the adults around

them. It should be noted that there was a lack of consistency regarding what support is offered and how it is accessed across each LA, with a perceived ambiguity regarding the EP role in relation to supporting this group. Specific examples of support available in some Welsh LAs include:

Figure 7.

A visual representation of the range of support available involving EPs across Welsh LAs, adapted from Bronfenbrenner (1979).



Facilitating reflectivity

Some participants discussed their role within the LA, facilitating a supportive and safe space for staff to discuss their experiences, through a structured process of reflective supervision. EPs described examples of this being carried out with school staff, foster carers, social workers and RCWs, on both an individual or group level. The aim of this work was to provide emotional containment for staff through discussions whereby their experiences were listened to, empathised with, and emotions validated. Research exploring RCWs perspectives on how EPs can facilitate positive change in residential children's homes highlights that RCWs value EP approaches that are underpinned by curious reflection and support, and reflective spaces can enable RCWs to unpick positive practice and explore alternative approaches (Meyrick, 2021).

Supporting blocked care

'Blocked care', often associated with the DDP approach (Hughes et al, 2012), is a term coined by Hughes and Baylin (2012), to describe a neurological position that RCWs may fall into, whereby their emotional availability or responsiveness with a child is decreased, which impacts their capacity to sustain loving and empathic feelings within the caregiver-child relationship. This can happen following periods of prolonged caregiving related stress and is thought to be an unconscious response that acts as a defence against a child's trauma, which can presents itself as the child being emotionally dysregulated, and engaging in behaviours that the carer perceives as challenging. Participants in the current study recognised several signs of blocked care

that have been exhibited by adults they have worked with, such as feelings of defensiveness, focusing on behaviour rather than the meaning of the behaviour, feeling overwhelmed and being reactive rather than proactive (Hughes & Baylin 2012). They also described several ways in which they support adults to prevent blocked care, as well as supporting those who are already experiencing it. For example, facilitative reflective practice, and encouraging RCWs to treat themselves with compassion was discussed by some of the participants. Furthermore, participants shared experiences within their practice, where they had acknowledged and empathised with the emotions and actions of adults within a child's system, in order to 'model the model', and encourage them to treat themselves with acceptance and compassion. There were numerous examples of EPs embodying a 'PACEful' way of being (Golding & Hughes, 2012; Hughes, 2009) within their practice in response to RCWs experiencing stress within their role.

Therapeutic Parenting

The conceptualisation of this theme reflects the research surrounding relationships as a protective factor for care experienced children. The perception that EPs are well-placed to support the adults who have more direct relationships with children living in residential care to build therapeutic adult-child relationships, shone through the dataset. Several participants described examples of practice that facilitated key elements of therapeutic parenting, as outlined in DDP (Hughes et al, 2012), such as:

- Working collaboratively with RCWs and school staff to understand a child's attachment patterns, promote attuned and responsive caregiving, and facilitate

secure attachment bonds within adult-child dyads. Ways in which this is achieved includes facilitating reflective sessions, consultations and supporting caregiver wellbeing.

- Training on the PACE approach (Hughes, 2009).
- Supporting caregivers to understand the impact of developmental trauma on a child's emotional and social development. This was often done on a bespoke basis, for example, using the Circles of Understandings (Hughes et al, 2012) approach with RCWs and school staff during consultations, which created a shared understanding and narrative of a child's experiences.
- Encouraging RCWs and school staff to engage in reflective practice to facilitate more attuned and responsive caregiving

4.3 Implications for EP practice

Supporting at the microsystemic level

- EPs are well placed to provide school staff, RCW's and relevant professionals with consultation and training, to expand their knowledge and understanding of the needs of children living in residential care. This could include sharing psychological theory to make sense of a child's attachment and trauma related needs, and the ways in which we can support resilience. EPs can promote components of DDP, such as PACE (Hughes & Baylin, 2012; Hughes, 2009) and therapeutic parenting, and help adults apply it to the context they are working in.
- EPs can support staff with decision making regarding where interventions and support need to be directed, by sharing ideas underpinned by the relevant psychological models such as TRM (Skuse & Matthew, 2015).
- They can facilitate group or individual reflective spaces for RCWs, school staff and social workers.
- EPs can reflect with schools and residential homes about the importance of children developing a sense of psychological safety in their environment, by encouraging schools to provide pupils with a space to go if feeling overwhelmed, and an allocated trusted adult they can access if needed.
- EPs can be a source of empathy and compassion for RCWs and school staff to support their emotional wellbeing.

Supporting at the mesosystemic level

- EPs can be an advocate for the adults directly involved in the children's care, and support communications to be built between the different adults involved in a child's care or education. This can be achieved through group consultations and a general focus on multi-agency working.
- This study suggests that there is value in sharing information between EPs, school staff, RCWs, and any other professionals involved in the child's education and care.

Supporting at the exosystemic and macrosystemic level

- It may be valuable for EPs to recognise their role within wider political and social systems to challenge the perceived national discourse around residential care experienced children generally, and society's tendency to view them through a deficit model.
- EPs can play a role in supporting the future implementation of virtual schools across Welsh LAs, who will have a statutory responsibility to promote the educational and welfare needs of children living in care.
- EPs can advocate for the use of reflective language and practice across professions that work to support care experienced children.
- Care experienced children would benefit from developments from Welsh Government that focus on providing a consistent approach across each LA so it is clear what support can be accessed for each young person who may

benefit from it. EPs can offer a well-informed and unique view around providing consistent support across each LA, at multi-levelled layers.

- EPs are well-placed to support schools to move away from punitive, behaviourist models of behaviour policy to avoid perpetuating feelings of rejection and shame for children living in residential care, and towards a more relational approach that takes into consideration the established literature base on the effect of developmental trauma, or the impact of ACEs (Bettman et al, 2015).
- Currently there is no standardised definition, training, or guidance around trauma-informed practice. EPs can contribute to promoting the implementation of trauma informed organisations, through work within their current role and existing relationships with school staff and residential homes and other agencies.

4.4 Strengths and limitations of the present study

Strengths:

The qualitative design was reflective of the epistemology, paying particular attention to the views and beliefs of participants, whilst acknowledging that a reality exists regarding the educational and wellbeing outcomes for care experienced children. The use of semi-structured interviews can be viewed as a strength of the study, because it allowed for a participant-centred and contextually rich exploration of EP experiences. This method allowed for the data collected to be detailed and nuanced, whilst ensuring it was guided but what I as the researcher, and the participants felt valuable to discuss. This data collection method allowed for the study to honour the

Big Q research paradigm, where subjectivity is valued and the researcher is considered an active interpreter to meaning of data (Braun & Clarke, 2022b), rather than a threat to knowledge production.

Limitations:

If someone were to read this research whilst holding the idea that generalisability is an important part of research, one may report the lack of generalisable findings, owing to the small participant number, as a limitation of the current study. However, the aim of the current research was not one of generalisability of findings, but to provide a rich and deep analysis of participant's subjective meanings. Many qualitative researchers suggest that rather than judging qualitative research on the generalisability of findings, to consider the notion of transferability instead (Braun & Clarke, 2022b), which is seen as more qualitatively situated. Transferability of research considers the extent to which richly contextualised, qualitative research can be safely transferred to another context or setting. Given the similarities across LAs with regard to the themes generated (E.g., 'organisational change' is would arguably be beneficial across all LAs), I would suggest there are multiple elements of the findings that could be usefully transferred to inform EP, school staff and RCW practice. Whilst the responsibility of determining whether findings in the current study are transferable to their own context or setting is placed on the reader, researchers should demonstrate 'sensitivity to context' (Yardley, 2017) in reporting their work to increase transferability. This has been explored with relation to the current study in Appendix I.

Existing research suggests that terminology used to label care experienced individuals can be experienced negatively by those who are labelled. Research by

TACT (2019) spoke to care experienced individuals, who reported their dislike of the use of legal terms and acronyms such as CLA, with this terminology feeling overwhelming or holding negative connotations. Throughout the study, I avoided the use of these terms and referred to this population group as ‘care experienced’, to honour their feelings regarding the language used. However, it should be noted that children living in residential care all have their own unique experiences and circumstances, as well as unique preferences regarding the language used to label them. Thus using a general label to describe everyone who belongs to this group may serve to suggest homogeneity of the population and even go against the wishes of some.

The current study only explored the educational outcomes and EP role in supporting children living in residential care, who were subject to compulsory measures of supervision. This likely excluded some children who live in residential care, such as those with long-term physical health needs and disabilities, of which whom there is very little research exploring their outcomes and wellbeing.

4.5 Potential future research avenues

- Gaining the view of residential care experienced children. In order to conduct this research in an ethical and trauma-sensitive manner, this could be conducted by adults who have pre-existing and consistent relationships with the potential participants.
- Gaining the view of other systems, such as the experiences of RCWs, school staff, or social workers.

- There is scope for action research to be conducted, such as an Appreciative Inquiry (Barrett & Fry, 2005), to explore what works well with regard to supporting the educational and wellbeing outcomes of children living in residential care, to create a rich and contextualised understanding of good practice.
- It would be of interest to explore the impact of government legislation and policy on the educational and wellbeing outcomes on care experienced children.

5 Summary

This research utilised a qualitative methodology to offer an in-depth exploration of EPs' perceptions on factors contributing to the educational and wellbeing needs of residential experienced children and young people, as well as their role in supporting this population group within Wales. During the process of RTA, themes were explored through the use of psychological frameworks such as Bronfenbrenner's (bio)logical systems (Bronfenbrenner and Ceci, 1994). This highlighted the value of EPs engaging in the multiple systems surrounding residential care experienced children, to support their education and wellbeing. There were four overarching themes developing from the qualitative analysis: "Considering (bio)logical systems"; "EPs as vehicles of empathy"; "Therapy vs. therapeutic" and; "What defines success?". These themes contribute to previous research around supporting the educational and wellbeing outcomes of care experienced children, with a particular focus on residential care and the Welsh context, of which there has been very little research thus far. The research provides some consideration for EP practice regarding supporting care experienced children and the adults around them, across Welsh LAs. EPs have the potential to play a facilitating role in supporting the systems around the child to practice in a more trauma-sensitive manner, incorporate reflectivity within their practice, and focus on helping children develop a sense of psychological safety and relationship building, as an initial foundation to support education and wellbeing.

6 References

Abraham, L. Elgie, S. Soares, V. Beale, C. Hiller, R. (2022). A Qualitative Study of the Views and Experiences of Those Working in Residential Children's Homes. *Scottish Journal of Residential Care,* 21(2). in residential care: A case study', *Journal of Social Work, 8*(2), 117-134

Andrews, D. (2017). Meeting the duty? An Explorative Study of Four Welsh Local Authority Looked-after Children's Education (LACE) Teams and Views of their Interventions from Looked-After Young People. Unpublished thesis. Retrieved from: https://orca.cardiff.ac.uk/id/eprint/99703/12/Darren%20Andrews%20-%20Final_v2.pdf [Accessed 15.08.2023]

Asmussen, K. Masterman, T. McBride, T. Molloy, D. (2022). Trauma-informed care: understanding the use of trauma-informed approaches within children's social care. Early Intervention Foundation. Retrieved from: trauma-informed-approaches-within-childrens-social-care.pdf [Accessed 10.12.2023]

Barrett, F. & Fry, R. (2005). Appreciative Inquiry: A Positive Approach to Cooperative Capacity Building. Chagrin Falls, OH: Taos Institute Publishing.

Bellis, M. A. Hughes, K. Ford, K. Hardcastle, K. A. Sharp, C. A. Wood, S. Homolova, L. Davies, A. (2018). Adverse childhood experiences and sources of childhood

resilience: a retrospective study of their combined relationships with child health and educational attendance. *BMC Public Health, 18.*

Bertalanffy, L. V. (1968). *General system theory: Foundations, development, applications*. G. Braziller.

Bettmann, J.E. Mortensen, J.M. Akuoko, K.O. (2015). ‘Orphanage caregivers' perceptions of children's emotional needs’, *Children and Youth Services Review*, 49, 71–9.

Bhaskar, R. (2013). *A realist theory of science*. Routledge.

Bowlby, J. (1969). Attachment and loss: Volume 1: attachment. In Attachment and Loss Volume 1: Attachment (pp. 1-401). London: The Hogarth Press and the Institute of Psycho-Analysis.

Bowlby, J. (1980). Attachment and loss: Volume III: Loss, sadness and depression. In Attachment and Loss: Volume III: Loss, Sadness and Depression (pp. 1-462). London: The Hogarth press and the institute of psycho-analysis

Braun, V. Clarke, V. (2006) Using Thematic Analysis in Psychology. *Qualitative Research in Psychology*, 3, 77-101.

Braun, V. Clarke, V. (2013). *Successful qualitative research: A practical guide for beginners*. London: Sage.

Braun, V. Clarke, V. (2019). Reflecting on reflexive thematic analysis. *Qualitative Research in Sport, Exercise, and Health, 11*(4).

Braun, V. Clarke, V. (2022a). Conceptual and Design Thinking for Thematic Analysis. Qualitative Psychology, 3-26.

Braun, V. Clarke, V. (2022b). Successful qualitative research: A practical guide for beginners. Sage

Brewin, M. Statham, J. (2011). Supporting the transition from primary school to secondary school for children who are looked-after*. Educational Psychology in Practice,* 27(4), 365-381

Bright, M. A. Knapp, C. Hinojosa, M.S. Alford, S. Bonner, B. (2016). The comorbidity of physical, mental and developmental conditions associated with childhood adversity: A population based study. Maternal and Child Health Journal, 20(4), 843-853.

British Psychological Society. (2021). Code of ethics and conduct. UK. Retrieved from: https://www.bps.org.uk/sites/www.bps.org.uk/files/Policy/Policy%20-%20Files/BPS%20Code%20of%20Ethics%20and%20Conduct.pdf

British Psychological Society (2023). Educational psychologist job profile. Retrieved from: https://www.bps.org.uk/educational-psychologist-job-profile [Accessed 09.01.2024]

Bronfenbrenner, U. (1979). *The ecology of human development*. Harvard University Press: Cambridge MA.

Bronfenbrenner, U. (Ed.). (2005). *Making human beings human: Bioecological perspectives on human development.* Sage Publications Ltd.

Bronfenbrenner, U. Ceci, S. J. (1994). Nature-nurture reconceptualized in developmental perspective: A bioecological model. *Psychological review*, 101(4), 568-586.

Brown, M. Dueñas, A. (2019). A medical science educator's guide to selecting a research paradigm: building a basis for better research*. Medical Science Educator, 30,* 545-553.

Burr, V. (2015). *Social Constructionism* (3rd Ed). Routledge Ltd.

Byrne, D. (2022). A worked example of Braun and Clarke's approach to reflexive thematic analysis. *Quality and Quantity,* 56. 1391-1412.

Bywaters, P. Scourfield, J. Jones ,C. Sparks, T. Elliott, M. Hooper, J. McCartan, C. Shapira, M. Bunting, L. Daniel ,B. (2020). Child welfare inequalities in the four nations of the UK. Journal of Social Work, 20 (2), pp. 193-215. Retrieved from: https://doi.org/10.1177/1468017318793479 [Accessed 13.10.23]

Chapman, D. P., Whitfield, C. L., Felitti, V. J., Dube, S. R., Edwards, V. J., Anda, R. F. (2004). Adverse childhood experiences and the risk of depressive disorders in adulthood. Journal of Affective Disorders, 82(2), 217-225.

Child Law Advice. (2022). Local Authorities' Duties in Relation to Looked-after Children. Retrieved from Local Authorities' duties in relation to Looked-after Children - childlawadvice.org.uk

Children's Commissioner. (2023). Looked-after children who are not in school. [online]. Retrieved from: https://assets.childrenscommissioner.gov.uk/wpuploads/2023/05/cc-lac-not-in-school.pdf [Accessed 17.11.2023]

Coman, W. Devaney, J. (2011). Reflecting on outcomes for looked-after children: An ecological perspective. *Child Care in Practice*, *17*(1), 37–53. doi:10.1080/13575279.2010.522976.

Connelly, L. Peltzer, J. (2016). Undeveloped Themes in Qualitative Research: Relationship with Interviews and Analysis. *Clinical Nurse Specialist*, 52-57.

Connor, D. F., McIntyre, E. K., Miller, K., Brown, C., Bluestone, H. Daunais, D. (2003). Staff retention and turnover in a residential treatment centre. Residential Treatment for Children and Youth,20, 43-53.

Deane, P, A. (2018). A guide for interdisciplinary researchers: adding axiology alongside ontology and epistemology*. Integration and Implementation Insight*s. Retrieved from A guide for interdisciplinary researchers: Adding axiology alongside ontology and

epistemology – Integration and Implementation Insights (i2insights.org) [Accessed 12.02.2023]

Department for Education. (2019). *Timpson review of school exclusion*. Retrieved from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/807862/Timpson_review.pdf [Accessed 15.11.2023].

Department for Education. (2022). Children looked-after in England including adoptions. Retrieved from: Children looked-after in England including adoptions, Reporting year 2021 – Explore education statistics – GOV.UK (explore-education-statistics.service.gov.uk) [Accessed 23.10.2023]

Department of Health (1997). Children Act 1989 Guidance and Regulations, retrieved from: www.lbcma.org.uk/guidelines2.pdf

Dolezal, L. Gibson, M. (2022). Beyond a trauma-informed approach and towards shame-sensitive practice. *Humanities and Social Sciences Communications, 9*(214)

Early Intervention Foundation. (2022). Children Living in Residential Care. *What works for Children's Social Care*. Retrieved from Children living in Residential Care - What Works for Children's Social Care (whatworks-csc.org.uk)

Elliot, M. Staples, E. Scourfield, J. (2018). *Childcare in practice: Northern Ireland journal of multi-disciplinary childcare practice, 24 (3)*, p.2317-330

Eloquin, X. (2016). Systems-psychodynamics in schools: A framework for EPs undertaking organisational consultancy. *Educational Psychology in Practice*, *32*(2), 163-179.

Estyn. (2023). Inspection explained. Retrieved from: https://www.estyn.gov.wales/inspection-process/inspection-explained [Accessed 18.01.2024]

Ferrier, M. (2011). Life story work in the context of attachment-led care planning. *Scottish Journal of Residential Child Care, 10* (1).

Fleming, M. McLay, J. Clark, D. King, A. McKay, D. Minnis, H. Pell, J. (2021). Educational and health outcomes of schoolchildren in local authority care in Scotland: A retrospective record linkage study. *Public Library of Science, 18, 11.*

Ford, J. McKay, E. (2024). *Home again: understanding reunification practice in the children's social care system in England*. Action for Children. Retrieved from ACT0037 Home again Report Final digital.pdf (actionforchildren.org.uk) [Accessed 11.04.2024]

Fugard, A. Potts, H. (2015). Supporting Thinking on Sample Sizes for Thematic Analyses: A Quantitative Tool. International Journal of Social Research Methodology, 18(6), 669-684.

Golding, K. Hughes, D. (2012). *Creating Loving Attachments: Parenting with PACE to nurture confidence and security in the troubled child*. Jessica Kingsley Publishers: London.

Gleeson K. (2011). Polytextual thematic analysis for visual data: Pinning down the analytic. In P. Reavey (Ed) Visual methods in psychology: Using and interpreting images in qualitative research (pp. 314–329). *Psychology Press.*

Grant, B. Giddings, L. (2002). Making sense of methodologies: A paradigm framework for the novice researcher. *Contemporary Nurse*, 13(1), 10-28.

Harder, A. T. Knorth, E. J Kalverboer, M. E. (2012). A secure base? The adolescent-staff relationship in secure residential youth care. *Child & Family Social Work*, *18*(3), 305–317.

Health and Care Professional Council. (2016*). Standards of conduct, performance and ethics.* Retrieved from: standards-of-conduct-performance-and-ethics.pdf (hcpc-uk.org)

House of Commons Education Committee. (2022). Educational Poverty: How Children in Residential Care Have Been Let Down and What to do About it. Retrieved from Children's Homes (parliament.uk)

Hughes, D. A. (2009). Attachment-focused parenting: Effective strategies to care for children. WW Norton & Company

Hughes, D. A., Baylin, J. (2012). *Brain-based parenting: The neuroscience of caregiving for healthy attachment*. WW Norton & Company.

Hughes, D. Golding, K. Hudson, J. (2012). Dyadic Developmental Psychotherapy (DDP): the development of the theory, practice and research base. *Adoption and Fostering, 39*(4).

Jackson, S. McParlin, P. (2006). The education of children in care. The Psychologist, 19(2), 90-3.

Jackson, S. Simon, A. (2005). The costs and benefits of educating children in care. In E. Chase, A, Simon. S, Jackson. (Eds.) In care and after: A positive perspective (pp.44–62). London: Routledge.

Jones, R. Kreppner, J. Marsh, F. Hartwell, Brettany. (2023). Punitive behaviour management policies and practices in secondary schools: A systematic review of children and young people's perceptions and experiences. *Emotional and Behavioural Difficulties, 28*(2-3), 182-197

Lavis, P., & Robson, C. (2015). *Promoting children and young people's emotional health and wellbeing: A whole school and college approach*. Public Health England.

Lightfoot, L. (2014). The Role of Practitioner Educational Psychologists in Supporting a Residential Setting to Meet the Needs of Looked-after Children. Unpublished thesis. University of Manchester.

Maslow, A. H. (1943). A theory of human motivation. *Psychological Review, 50*(4), 370–396. https://doi.org/10.1037/h0054346.

McParlin, P. (2001). Perceptions of Educational Motives, Expectations and Behaviours within Long-term Fostering. PhD thesis, University of Leeds.

Meyrick, R. (2021). An exploration of how educational psychologists can facilitate positive change in residential children's homes: perceptions of residential care workers. Unpublished theses. https://theses.ncl.ac.uk/jspui/bitstream/10443/5494/1/Meyrick%20Rachel%20Lily%20Final%20ecopy%20submission.pdf

Narey. (2016). Residential Care in England: Report of Sir Martin Narey's independent review of children's residential care. Retrieved from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/534560/Residential-Care-in-England-Sir-Martin-Narey-July-2016.pdf [accessed 21.08.23].

Ofsted. (2021). The education of children living in children's homes. Retrieved from: The education of children living in children's homes - GOV.UK (www.gov.uk)

Oxley, L. (2021). Alternative approaches to behaviour management in schools: diverging from a focus on punishment. Unpublished theses. University of York. Retrieved from: https://etheses.whiterose.ac.uk/29696/ [Accessed 12.01.2024].

Porter, R. B., Mitchell, F. Giraldi, M. (2020). Function, quality and outcomes of residential care: Rapid Evidence Review. CELCIS, Glasgow: www.celcis.org

Rice, A. K. (1953). Productivity and social organization in an Indian weaving shed: An examination of some aspects of the socio-technical system of an experimental automatic loom shed. *Human Relations*, *6*, 297–329.

Ridley, J. Leitch, S. (2019). *Restraint Reduction Network (RRN) training standards 2019.* First Edition. Birmingham, British Institute of Learning Disabilities & Restraint Reduction Network. Retrieved from: (PDF) Compassion Fatigue In Teachers Working With Children Whose Distress May Present As Behaviour That Challenges. Action Urgently NeededCompassion Fatigue. (researchgate.net) [Accessed 22.12.2023].

Savin-Baden, M. Howell, C. (2013). *Qualitative Research: The Essential Guide to Theory and Practice.* Routledge.

Senedd Research (2023). Care Experienced Children: Statistical Briefing. Retrieved from: https://research.senedd.wales/media/bkditkus/23-01-care experienced-children-web.pdf [Accessed August 2023]

Shepard, J. Noble, E. Parkin, J. (2022). Positionality and reflexivity for early career researchers and graduate researchers. The British Educational Research Association (BERA). Retrieved from: Positionality and reflexivity for early career researchers and postgraduate researchers | BERA

Skuse, T. Matthew, J. (2015). The Trauma Recovery Model: Sequencing youth justice interventions for young people with complex needs. *Prison Service Journal,220*,16-25.

Social Care Wales. (2022). Planning for moving on from residential child care. Support children living in residential child care… | Social Care Wales [Accessed 19.12.2023]

StatsWales. (2022). Children looked-after at 31st March by local authority, gender and age. Retrieved from: https://statswales.gov.wales/Catalogue/Health-and-Social-Care/Social-Services/Childrens-Services/Children-Looked-After/childrenlookedafterat31march-by-localauthority-gender-age) [Accessed 21.08.2023]

Steels, S. Simpson, H. (2017). Perceptions of children in residential care homes: a critical review of the literature. *British Journal of Social Work, 47*, 1704-1722.

TACT Fostering and Adoption. (2019). Language that cares: changing the way professionals talk about children in care. Retrieved from: TACT-Language-that-cares-2019_online.pdf (tactcare.org.uk) [Accessed 20.01.2024].

The National Archives (2022a). The Children Act 1989: Section 20. Retrieved from: https://www.legislation.gov.uk/ukpga/1989/41/section/20 [Accessed 03.08.2023].

The National Archives (2022b). The Children Act 1989: Section 31. Retrieved from: https://www.legislation.gov.uk/ukpga/1989/41/section/31 [Accessed 03.08.2023].

Tomlinson, P. Gonzalez, R. Barton, S. (2011). *Therapeutic residential care for children and young people: an attachment and trauma- informed mode for practice*. London: Jessica Kingsley.

Trauma Informed Schools UK. (2023). *What is a trauma and mental health informed school?* Retrieved from: What is a Trauma Informed School? (traumainformedschools.co.uk) [Accessed 21.12.2023]

Watson, J. B. (1913). Psychology as the behaviorist views it. *Psychological review, 20*(2), 158.

Welsh Government. (2012). Practical approaches to behaviour management in the classroom: a handbook for classroom teachers in primary schools. Retrieved from: practical-approaches-to-behaviour-management-in-the-classroom-a-handbook-for-classroom-teachers-in-primary-schools.pdf (gov.wales)

Welsh Government. (2022). Children looked-after by local authorities April 2021 to March 2022. Retrieved from: https://www.gov.wales/children-looked-after-local-authorities-april-2021-march-2022-html#:~:text=Main%20points,At%2031%20March%202022,of%20115.1%20in%202020%2D21. [accessed 03.08.2023]

Willig, C. (2001). *Introducing qualitative research in psychology: Adventures in theory and method*. Buckingham: Open University Press.

Winter, S. M. Dittrich, K. Dörr, P. Overfeld, J. Moedbus, I. Murray, E. Keraboycheva, G. Zimmerman, C. Knop, A. Voelkle, M. Entringer, S. Buss, C. Haynes J. D. Binder, E. Heim, C. (2022). Immediate impact of child maltreatment on mental, developmental, and physical health trajectories. *Journal of Child Psychol Psychiatry* 2022, 63, 1027-1045.

Yardley, L. (2017). Demonstrating the validity of qualitative research. *The journal of positive psychology*, *12*(3), 295-296.

"Meeting the needs of these children is everyone's business and we all have a responsibility to support the needs of the most vulnerable young people and children in the local authority."

Exploring the Educational Psychologist's Role in Supporting the Educational Experiences of Children Living in Residential Care in Wales.

Section C: Major Research Reflective Account

Word count: 8718

Overview

This reflective account seeks to provide a reflective and reflexive account of the research process undertaken. This critical appraisal will be discussed in two parts, Part 1: contribution to knowledge and Part 2: critical account of the research practitioner. I hope that this section provides a layer of transparency to the research decisions and provides context to the process of research. I will continue to write in the first person, as I have done throughout the doctoral thesis, to emphasise my role as a reflective and reflexive researcher (Willig, 2017).

Part 1: Critical account of the development of the research and researcher

1.1 Development of the research focus

Researchers have an ethical responsibility to acknowledge the potential influence our experiences and beliefs have on research decisions we make (Shepard et al, 2022). Two integral foundation blocks for maintaining research integrity include reflexivity and awareness of positionality in research that is conducted. Braun and Clarke define reflexivity as the ongoing process and practice of a researcher critically reflecting on how their disciplinary, theoretical, and personal assumptions and their design choices inevitably impact the type of research they produce (Braun & Clarke, 2022). Thus, it is important to provide the reader with an understanding of how my own experience and beliefs has led me to this research focus and shaped the decisions I made.

A significant proportion of my professional career thus far has involved supporting children and young people who are residential care experienced, as well as supporting the adults within their system. I have witnessed residential care experienced children and young people struggling within the education system, with regards to their attainment, wellbeing, and education provision stability. Working with children who were living in residential care meant that I worked with many children who had experienced significant adverse life experiences, such as physical, emotional and sexual abuse, a caregiver who was not able to consistently meet their physical and emotional needs, witnessed domestic violence, parental substance use, parental mental health difficulties, and so on. I saw firsthand the impact these experiences can have on an individual's emotional regulation skills, stress response, executive functioning, attachment and relationships, self-concept and self-esteem, social skills, cognitive functioning, and behaviour. I also developed the view that supporting placement stability had a significant impact on a child's sense of security and belonging, emotional wellbeing, and overall development. From my experience, stable home placements facilitated educational placement stability for children, and vice versa. When children were able to enjoy school life, have a sense of belonging, positive relationships with staff or peers in school, this supported care placement stability. However, when school life was not going well (for example, the child did not enjoy school or was receiving multiple exclusions), this often had the power to put pressure on home life, potentially influencing the stability of placements.

Within my previous role, I also spent a lot of time supporting residential care workers (RCWs) by delivering training and workshops to upskill staff and facilitating reflective group supervision to support their wellbeing. It was clear to me that RCWs have a very physically and emotionally demanding role and providing them with a strong

support network can help to protect their wellbeing, reduce blocked care and compassion fatigue, allowing staff to be more emotionally available, ultimately having a positive impact on the children in their care. I also conducted research exploring the perspectives of RCWs with regard to their role in supporting children who have experienced significant developmental trauma (Abraham et al, 2022),

Subsequently, I have developed a strong sense of justice for care experienced children and young people, as well as the adults that exist within their system, particularly those with complex needs that potentially make them vulnerable to poor educational outcomes. When I became a trainee educational psychologist (TEP) and started my professional placements as part of the course, I was struck by how well-placed EPs are to support the educational needs of care experienced children and young people, as well as the adults around them. From here, I knew I wanted to use the thesis as an opportunity to explore how EPs can and do support care experienced young people who may experience struggles within the education system. My first-year placement was in an English educational psychology service (EPS), and second year was spent in a Welsh EPS, which allowed me to compare how each service works to support care experienced children. I came to find out that across each local authority (LA) in England, it was compulsory to have a 'virtual school', which refers to a specific entity within each LA that is responsible for overseeing and promoting the education of care experienced children and young people. Within Wales, there is no such integrated approach developed to support the educational outcomes of care experienced children. Additionally, through my placements and conversations with EPs, I found that there was significant variation across each Welsh EPS' regarding what EP support is available specifically for care experienced children, as well as the adults around them. When narrowing down

research topics, these experiences pushed me to focus on what EP's are currently doing to support care experienced children in Welsh LAs, as well as their perceptions around what their role is or could be given the opportunity. I developed a view that children in residential care in particular were susceptible to 'slipping through the net' of EP support, given that they were the population of care experienced individuals that were most likely to be educated out of regulated education provisions, which limited opportunities for EPs to support, which drove me to focus research particularly on the EP role in supporting residential care experienced children and young people.

1.2 Review of the literature

The thought of conducting an in-depth literature search and detailed review initially presented as an overwhelming task, due to my limited experience in planning and writing literature reviews in such detail. Previous research I had conducted had either not required such an in-depth literature search, and when I tried to do this independently, I found myself overwhelmed by the sheer amount of research papers that came through when I typed in my search terms, and I was concerned that the educational and wellbeing outcomes perspective of the research meant the topic was too broad to navigate. I found a lot of the literature I was reading was not relevant, despite thinking carefully about my search terms, and every database was different which made it a difficult process for someone with limited experience and technology skills. At this point, I sought support from the library service in Cardiff University which was hugely valuable with regard to developing my skills in exploring different databases, and establishing a clear exclusion and inclusion criteria to find research that would be suitable and relevant for my research.

During this planning and searching stage of the literature review, I became acutely aware that my understanding of literature reviews was based on the positivistic-empiricist notion that research is a truth-seeking exercise, where we identify 'gaps' of knowledge in the existing literature, produced either through a paucity in research in a given area, or existing knowledge being inadequate. I held the assumption that all literature reviews were based around this *establishing a gap* model, whereby a rationale needed to be provided by summarising not just what is known about a topic but identifying limitations or gaps in existing knowledge (Braun & Clarke, 2022). This model, which I assumed was the default way of conducting a literature review, perpetuates the idea that there is a 'right' way to do research, and that there is a universal truth that we are searching for through research. This model of literature review did not align with my epistemological or ontological positioning, which was producing a sense of discomfort within me when I was preparing to write the literature review. However, through reading Braun and Clarke's body of work, particularly their guide to thematic analysis (Braun & Clarke, 2022), I learned that these assumptions I held around how a literature review should be done were inaccurate. Thus, I felt reassured learning about the *making an argument* model, advocated by Braun and Clarke (2022), which felt consistent with reflexive thematic analysis (RTA) and the Big Q qualitative research paradigm that I was planning to adopt.

Once I had got my head around the general structure and had familiarised myself with the existing literature that was relevant to the current study, I thoroughly enjoyed writing the setting the scene section of the literature review. I found it valuable to draw upon relevant psychological theories, to enrich my own understanding around supporting children who have experienced developmental trauma and are care

experienced. I endeavoured to include theories that informed how we support children who have experienced developmental trauma, rather than solely focusing on theories that may just explain difficulties often faced by these children, to present a balanced and strengths-based picture of the needs of children. This section of the literature review also had a positive impact on my own TEP practice whilst on my third-year placement, and I found myself sharing this psychology with different adults I worked with, who were supporting or caring for children who had previously experienced some adverse life experiences.

Through extensive reading to familiarise myself with the literature review process, I developed an understanding of systematic and narrative reviews and the differences between them. A systematic review follows a rigorous and systematic process to identify, critically appraise, and synthesise existing and relevant studies around a research topic (Siddaway et al, 2019). As discussed, I was adopting a Big Q qualitative research paradigm, where the aim was to increase understanding around the complexities and subjective experiences of EPs working to support residential care experienced children within Wales. This approach to research involved exploring meaning and perspectives within a contextualised and localised context, thus, it felt like adopting a literature review approach that was congruent with this would be more valuable. A narrative review felt more appropriate and allowed me to provide a contextualised summary of relevant existing literature, that was guided by my own judgement of what was relevant and significant to include, with the aim of expanding understanding (Siddaway et al, 2019). Additionally, a narrative review approach allowed me to incorporate ‘grey literature’ such as government reports and publications from residential care home companies and charities, which was crucial

to tell the story of the educational and wellbeing outcomes of care experienced children within the UK.

I felt that the narrative approach that I adopted was congruent with the underlying epistemological and ontological positions I held as a researcher and allowed me to examine and present relevant literature in a way that contributed to an existing 'tapestry of understanding' (Braun & Clarke, 2022, pg. 120) that multiple researchers are working on in different locations, contexts and time. Whilst I felt that this approach was the most appropriate for my literature review, in hindsight, there were limitations to my review. Green at al (2006) highlight the lack of objectivity in a narrative review, especially if a researcher only selects findings consistent with their held position. Whilst I endeavoured to select and present research in a critical and balanced manner, I recognise the risk that I unconsciously looked for and selected research that served to support my belief that children and young people living in care are generally more vulnerable to poor educational and wellbeing outcomes than the general population, as a result of early life experiences. Although I stand by my decision to conduct the literature review through a narrative approach, I recognise that a systematic literature review may have offered a level of transparency and coherence that a narrative review arguably cannot.

As part of the narrative literature research, I selected a wide breadth of search terms (Appendix A) that enabled me to gain an accurate picture of the amount of literature that existed with regard to the educational and wellbeing outcomes of children living in residential care. It became clear that there was a paucity in research focusing on just children living in residential care, with most research focusing on the outcomes of care experienced children in general. This made me feel uneasy, because

grouping all care experienced children in care together as one population arguably assumes homogeneity in experiences and outcomes, in what is a heterogeneous group with individual circumstances and experiences. I opened my inclusion criteria to search for research exploring the educational and wellbeing outcomes of care experienced children more generally and found a breadth of research within this area. Whilst I tried to focus only on UK based studies, when there was little available, I drew on literature from countries with comparable care systems, care provisions, legislation, and socio-cultural context in order to provide discussion.

I made the decision to exclude any research that focused on children who were living in residential settings solely due to physical disabilities or complex health needs. The current study focused on the outcomes of children who have been placed in care following involvement from Children's Services, so I wanted to literature review to reflect their experiences only. I feel like this was an appropriate decision regarding my inclusion and exclusion criteria, to ensure relevance and focus of the research, and to acknowledge that children who have experienced developmental trauma are often faced with unique challenges and needs that are associated with their past experiences. However, there is little research focusing on the educational and wellbeing outcomes of children with disabilities and complex health needs who are looked-after, and upon reflection, I worried that my decision to exclude this subgroup, had I inadvertently perpetuated a pattern of overlooking this group of arguably vulnerable children? Their experiences and outcomes are of equal importance and deserving of support, particularly within the context of exploring how we can support the unique and multifaceted challenges faced by children living in residential care. I took this to supervision to work through feelings of unease and felt reassured in the knowledge that although I was not able to focus on this subgroup for this particular

research project, there will be future opportunities to focus on this subgroup, whose story has gone largely untold within the academic literature thus far.

1.3 Methodological considerations

1.3.1 Philosophical considerations

The aim of this research was to explore the EPs perspectives on their role in supporting the educational and wellbeing outcomes of children living in residential care. Before embarking on the research, I had to reflect on my own ontological and epistemological positioning. Braun and Clarke (2022) define ontology as what we think we know about the world, and epistemology as how we think we know it. Prior to beginning the DEdPsy course, I was not experienced or familiar with considering my own ontological and epistemological positioning, rather I just assumed the default position of a realist ontology, and positivist epistemology, by which I saw research as truth seeking exercise, whereby an objective reality was obtainable through studying it. This idea of there being one accessible and objective reality would have been incongruent with my own assumptions as a researcher regarding how participants view their role in supporting the educational and wellbeing outcomes of children in residential care. Further, adopting a positivist stance within this research project would have meant my own subjectivity as a researcher would be considered a limitation of the research, rather than as something to be embraced as part of the research process This would not have aligned with my research aims. Through my research experience and supervisions with my research supervisor, I have become more familiar with the different philosophical positions one may take during research, and my view of the purpose of research has changed significantly.

Berger (2020) posits that a researcher's understanding of their own personal epistemological and ontological positioning is imperative, given its influence on the way in which we choose to produce knowledge. I really wanted the positioning I adopted to be consistent with my own personal beliefs around how knowledge had been constructed. Prior to the doctoral thesis, I had engaged in some research and academic assignments whereby I had utilised a relativist ontology, which was consistent with my own personal belief that there can be multiple truths, and reality is a subjective experience (Levers, 2013). Whist this relativist positioning did match with some of my personal beliefs, it did not encompass my belief that there is an external reality that exists, but everyone perceives this differently, through their own lens of prior experience and knowledge. The current research was centred around the belief I have developed through experience and consulting the literature, that children in residential care are generally a vulnerable population that may benefit from support. Thus, a constructivist epistemological and critical realist ontological position were adopted. These appeared to be congruent with the aims of the current research project and allowed me to place value on what could be learnt from my own subjective perspectives as a researcher, as well as the subjective perspectives and experiences of the participants that explored local realities (Robson, 2011). Adopting a critical realist lens in relation to this research felt most appropriate, given that it acknowledges the values and beliefs of participants whilst still accepting that a reality exists (the reality being that children in care are a vulnerable population that currently experience poorer life and educational outcomes in comparison to the general population).

Furthermore, the epistemological position of constructivism was adopted, which claims that people perceive reality in accordance with their pre-existing knowledge

and experiences, and knowledge is actively produced by individuals and groups rather than simply being passively received from the external reality. I felt that this was consistent with the RTA I wanted to conduct as part of my research, given its emphasis on knowledge being subjective, and its dependency on the perspectives, experiences and interpretations of participants.

In hindsight, I with feel that I already knew what my beliefs were with regards to what exists, and how we think about what exists, I had just not spent much time reflecting on this and linking them to pre-existing philosophical stances that I didn't really know existed. Through supervision and my own reading, I became more familiar with the different philosophical positionings out there and found two that I felt were consistent with my own personal beliefs that guided what type of research I would like to conduct. Consulting the literature around critical realism and constructivism provided me a sophisticated language through which I could outline how I already thought but wasn't able to articulate in a way that would be suitable for doctoral level writing.

1.3.2 Developing the research questions

I went into the current research actively trying to steer away from the *establishing a gap* model to reviewing literature, given its typical association in positivist research paradigms. I did not aim to seek for gaps where empirical data is lacking or inadequate, whereby further exploration is needed to confirm understanding on the topic (Braun & Clarke). However, I naturally did find some gaps in the literature that I felt valuable to explore; given the tendency for existing research to focus on care experienced children as one group, I wanted to place a more in-depth focus on residential care experienced children and young people. When exploring Welsh LA EPS practice and comparing it to England's virtual school model of supporting care

experienced children, I also felt there would be value in exploring how EPs currently view their role in supporting this population, as well as learning about what support they currently engage in within Wales, given a variation across LAs. I aimed to keep the research questions broad and open-ended, to be consistent with the exploratory purpose of the research.

1.3.3 Semi-structured interviews

My ontological and epistemological choices heavily guided by research methods and design. I utilised semi-structured interviews, to gather a rich picture of the participants' experiences and perspectives, with emphasis on producing good quality data, which is a crucial aspect of RTA (Connelly & Peltzer, 2016). To foster an environment where participants felt comfortable to openly share their perspectives and experiences, I focused on several factors:

- ***Developing positive and purposeful rapport:*** I spent a considerable amount of time at the beginning of each session ensuring the participant appeared to be comfortable and relaxed, and allowed space for any questions they had to be answered prior to the interview beginning. I believe my way of being with participants reflected some of the research within the literature review as well as the findings of this study regarding the importance of embodying PACE (playfulness, acceptance, curiosity, and empathy) (Hughes, 2009) within my interactions with participants to promote a level of trust that was conducive of open and rich conversations. By keeping this acronym in mind, I was able to remind myself to slow down during the conversation and

get curious about participant responses, and allowing this curiosity to guide the direction we took, rather than sticking to a rigid question schedule.

- ***Encouraging natural conversation***: I wanted the interviews to resemble messy, back-and-forth style of real-life conversation. Although I had set questions to ask to ensure the discussion was guided by the overall research questions, I paid particular attention to prompts and probes, to engage in that 'back-and-forth' style of communicating. I wanted a more naturalistic conversational style to encourage the participants to express their views in an authentic way, rather than communicating within the constraints of a formal interview schedule. I hope that this led to richer, more nuanced, and genuine responses that captured the participants' views and experiences more accurately.
- ***Be willing to explore the unexpected***: the semi-structured interview format allowed for flexibility within the conversation, to enable myself as the researcher to follow-up on unexpected topics voiced by the participant or discuss something that came up in an answer in more detail than would be allowed within a more structured interview setting. On reflection, I believe this more flexible style of data gathering led to gathering insights that may or may not have emerged in a structured interview.
- ***Promoting trustworthiness:*** I feel that by enabling a more natural flow of communication, this allowed for participants to feel more comfortable and able to share authentic and open responses to the questions asked, which arguably enhanced the validity of the data collected, because it likely reduced the likelihood of participants responding to questions in a way that they perceived to be expected or desirable to myself as the researcher.

- ***Contextualising responses***: as a researcher, I aimed to explore localised and contextualised knowledge, produced by participants, around how EPs currently or can support residential care experienced children regarding their educational and wellbeing outcomes. By encouraging a natural back-and-forth conversation, I hoped to encourage a conversation that was rich in contextual information, whereby I gained an understanding of the contextual influences that shaped a participants' perspectives.

1.3.4 The importance of language

Before beginning the write-up if this thesis, I had a dilemma with regard to the language I was going to use throughout my research. After familiarising myself with existing literature, policy and governmental reports I noted that Children Looked-After (CLA) or Looked-After Children (LAC) were most commonly used to describe children and young people who currently lived in the care of the LA. When writing the thesis proposal, I automatically assumed these acronyms within my writing, without much thought. However, when reading my own work, I was struck by a feeling of unease, and felt uncomfortable with the idea of boiling a significantly heterogenous population, full of individuals with differing stories and experiences down into a couple of acronyms. This did not feel aligned with my own values or the purpose of this research, but I recognised that this shouldn't be about myself, rather it should be about considering how care experienced children and young people would like to be described. The Language that Cares project, led by TACT Fostering and Adoption Agency (2019) highlighted the importance of language as communication, and consulted with care experienced individuals, to explore what language is preferred.

This research confirmed my suspicion that many dislike the use of acronyms, as they perpetuate this idea that being care experienced is a person's whole identity, rather than just something that described an individual's circumstances. I made the decision to use full terms such as 'care experienced', to avoid reducing children and young people who are looked-after in a way that could be perceived as suggesting homogeneity of experiences/outcomes within the population. Although I feel more comfortable with the language I have used within my writing, I do want to emphasise that language preference is something that varies across time, places, and individuals, and this should be considered as such when working with individuals.

1.4 Participants

1.4.1 Inclusion and exclusion

Before decided on this specific research study, I spent a considerable amount of time deciding on who's voice to focus on. Something that stuck with me was a conversation I had with a university tutor who asks herself the questions "whose voice has not been heard?" and "whose voice is needed?" before embarking on research. When considering this first question, I felt it was important to consider the possibility of enabling dialogue with children and young people who have experienced living in residential care, to gain the voices of members of an arguably vulnerable population, whose story has been largely untold (particularly by them) in the existing literature. After in-depth reflection and informal discussions with peers and supervisors, and consideration of several factors such as time frame for research project, purpose of it, and how recruitment would take place, I decided the ethical cost of this would be too great in this instance. Research highlighted in the

literature review shows that children living in residential care have more than likely experienced significant developmental trauma and experience attachment-related difficulties, possibly making building and maintaining relationships difficult. It did not feel ethical to try and build new relationships and then promptly end these relationships once the data collection had taken place. Authenticity is a value that is central to my own personal practice, thus I felt uncomfortable building relationships with children and young people for the sole purpose of conducting a university required research project. There were also practical constraints to speaking to children and young people such as the recruitment process. It takes time to establish trusting relationships with organisations or staff within local authorities who support children living in care and care leavers, and these relationships are imperative to engaging young people in the research. Additionally, if young people have left care and no longer access these services or keep in touch with leaving care teams, it can be difficult to make contact. As I did not have pre-established relationships with such organisations, and I was limited by time constraints, I didn't feel able to pursue this option any further. However, I recognise that gathering the voices of children living in residential care could be a valuable implication for future research. Perhaps it would be more conducive to conduct this research in circumstances where there is more time to build relationships between participants and researchers, or where the researcher already plays an active role in the child's care, thus having built a trusting rapport with participants prior to research taking place. These worries I had about involving children directly were echoed within the dataset I collected for Section B, whereby many EPs shared their concerns around engaging in direct work with care experienced young people, due to some of these ethical concerns around relationship building. This confirmed to me that I made the right choice in this

instance regarding not involving children and young people directly with the participant selection.

This brought me back to the second question the university tutor asked herself – “whose voice is needed?”. I felt EPs were a good place to start, to explore what support is currently being offered in Wales, and whether EPs thought they were well placed to engage in this support. Although EP voices are often heard within research generally, there was a lack of research exploring the EP role in supporting care experienced children. Additionally, I don’t view this research project as one in isolation, rather a foundation laid for future research to build upon, to collect the voices of the adults and services that exist within the child’s system, and potentially children and young people themselves.

1.4.2 Recruitment

Braun and Clarke (2013) highlight the importance of using a form of advertising to recruit participants; this was done by using a recruitment flyer (Appendix G). This flyer was shared via email to Welsh principle educational psychologists (PEPs), and they were asked to share this with EPs they worked with. Through this process, I hoped to recruit between 6-10 participants, due to the requirements of RTA outlined by Braun & Clarke (2022). The recruitment window was left open from June 2023 to September 2023, to allow time for potential participants to get in touch. Thankfully, I got 6 responses within this period, from participants who expressed an interest in taking part in the research. Once I was in touch with potential participants, the process of gaining informed and written consent and scheduling the interview was relatively easy.

1.5 Data analysis

The study aims of this project are consistent with the qualitative method of enquiry, which highlights the value of subjective experience and multiple perspectives (McLeod, 2011). A big Q research paradigm was adopted, which meant that the beliefs, assumptions, values and practices across the whole research project were informed by qualitative techniques (Kivunja et al, 2017) rather than conducting a qualitative study, within a quantitative paradigm which is referred to as a small q qualitative research paradigm. There was never any doubt with my decision to use Braun and Clarke's (2006, 2013, 2022) six stage process of RTA to analyse my data. Previous experience conducting RTA proved this process to be a robust and adaptable framework that would be appropriate to qualitatively analyse my data. The emphasis on researcher reflexivity being core to RTA drew me to this approach, as it allowed me to conduct research in a way that valued my subjective interpretation as adding something to knowledge production, rather than being perceived as a barrier to reliability as it would be in other methodological approaches. Additionally, the flexible and exploratory nature of RTA was consistent with my research questions and overall aim of research. To ensure I reflexively engaged in the research process, I kept a research diary and wrote reflections alongside the entire project, which was provided a foundation for the content outlined in this critical appraisal.

At phase one of analysis, I gave myself time to listen to the interview recordings several times, with time between each listen, often spent getting outside and walking the dog (this was a time where I felt most able to slow down and enter a reflective headspace) to think about the content of the dataset. I found that much of my preliminary thinking at this stage, that formed the basis for a nuanced analysis, were

captured in voice recordings I made whilst walking, where ideas seemed to pop into my head more freely and frequently. At this stage, I remember feeling 'in control' of the research process, and grateful that I had afforded myself the time to get to know the dataset, rather than having to rush through analysis. I consider myself a visual thinker and producing a 'familiarisation doodle' (Braun & Clarke, 2022, p.46) as a way of informally capturing my thoughts and gain familiarity with the data set (appendix R) was helpful. Throughout phase two (systematically coding the data), I initially felt concerned that my own experiences and beliefs were shaping the codes I created. Although I understood that my subjectivity would be influencing this process, and I wanted to embrace this, I still wanted to maintain an awareness of integrity and responsibility to try and accurately reflect what the participants were communicating within the analysis. At this stage, I paused and did some reading around confirmation bias in research, which is defined as "defining, seeking constructing, remembering, judging or interpreting evidence in a way that gives priority to confirming a pre-established attitude, believe or claim" (McSweeney, 2021, p.1064; Weaver, 2022). McSweeney argued that this type of research bias often operates on the unconscious level, and this was something I wanted to keep in mind and reflect on whilst analysing my data. Myself and others within my year group set up weekly (sometimes daily) Teams Calls, where we often sat and worked in silence, but were able to access each other whilst writing up our research, as a safe space to share concerns such as confirmation bias impacting our potential findings. This space, alongside research supervision and the regular use of a research diary helped promote my own ethical research practice.

Following on from this process, themes were developed as a means of producing shared meaning from the codes and collated data (Braun & Clarke, 2022). The process of creating initial themes is outlined in Section B and appendices W and X. At this stage, I was conscious that I wanted themes to accurately reflect what I believed to be the participants' meaning, and so I found it helpful think of theme titles as spoken in the first person, imagining my participants saying them, to ascertain whether they reflected what I think the participants were communicating. Additionally, I found it difficult to leave this stage and move onto theme development. I felt I could have kept on refining and finalising my code labels, and it was difficult to judge when to stop, and when the coding was 'good enough'. Terry et al (2017) shared a test for researchers to use at this stage of analysis, to informally judge whether their coding was thorough enough to move on. I imagined that I had lost my dataset and was left with just the code labels I had produced and asked myself "does this provide me with a summary of the diversity of meanings contained in the data set?" and "Do they provide an indication of my own analytic take?". When I was satisfied with the answers to these questions, I knew I was able to move on with my analysis. As I worked my way through the stages of analysis, I began making meaningful links to relevant psychological theory and disciplines, such as Dyadic Developmental Psychotherapy (more specifically, PACE) (Hughes, 2009; Hughes et al, 2012) and Bronfenbrenner's (bio)ecological systems theory (Bronfenbrenner, 1979; 2005) which took my analysis to a deeper level. Moreover, Braun & Clarke (2022) advocate for the importance of connecting your analytic interpretation to the scholarly field your research exists within.

Prior to this project, I had viewed the six stages of RTA as a linear process, whereby I would work through each stage methodically, whereby at the end I would be presented with the findings wrapped neatly in a bow, a reward for the fruits of my labour. I quickly realised that this would not be the case, and the analysis would be a more iterative process, whereby I would often take two steps forward, one step back, when a new idea or concept would prompt me to return to the earlier stages of analysis to rework something.

1.6 Tensions between 'good RTA' and thesis requirements

Across the entirety of this research project, I have been flummoxed when comparing the recommendations tailored to reflexive thematic analysis (RTA) (Braun & Clarke, 2022), with the marking requirements for the doctoral thesis. The expectations for each set of recommendations differed significantly, which often led to me feeling confused about which path to take, and worried that I would be penalised for either inclusions or omissions of certain conflicting recommendations. For example, within the thesis summary checklist, it outlines that examiners are expected to check that "key research studies relating to the research question(s) posed are subject to critical evaluation", but it is my understanding from reading around Big Q qualitative research, that this need to critically evaluate is an example of positivism creeping into qualitative research practices, and effectively perpetuates the positivist-empiricist notion that research is truth-seeking, where there is a paucity in knowledge caused by either a lack of adequate research, or of any research at all. Braun and Clarke (2022) assert that RTA and Big Q qualitative research aims to provide a contextualised and detail understanding of a topic, which contributes to our existing understanding of an issue, rather than competing to be the 'right'

understanding. I did not feel that a comprehensive critical analysis of existing evidence relating to my research question, was consistent with the underlying assumptions of Big Q qualitative research.

Fitting Section A and Section B into the given word count was something I found difficult with a qualitative research study, in comparison to previous quantitative research projects I have been involved in. Qualitative research tends to require more space that is needed by quantitative, to allow for in-depth rationale of the methodological choices, transparency around how data analysis led to findings, and natural language exposition of findings with quotations (Levitt et al, 2017). Furthermore, on the Cardiff University DEdPsy course, the thesis guidelines require researchers to have Section C as a discrete section to discuss in detail their reflections and engagement with the research as a reflexive researcher. However, Braun and Clarke assert that good quality qualitative research, particularly RTA, requires a researcher to document their reflection as an ongoing process within the body of the research, in which you consciously return to in all phases of the research (Braun & Clarke, 2022, Luttrell, 2019). I aimed to find to strike a balance between documenting my reflexivity alongside Section A and B (as much as the word count would allow), and then expanding upon this in Section C.

Following suit from what I believed to be ‘good’ research writing, I initially adopted a third-person voice by default. It was only after reading more of Braun and Clarke’s (2022) work, that I reflected on why this may be – had I assumed that the role of the researcher was one that is passive, and not actively involved in the decision making and analysis? Despite this potentially clashing with the expectations of doctoral research, I subsequently adopted a more qualitative-central style of reporting, which

felt more congruent with the ethos and values of Big Q qualitative research, and reflected the emphasis placed on my own subjectivity being central to the process.

Across the entirety of the research project bringing these tensions to supervision, each one slightly different but with the same underlying theme of worrying about being penalised for following a particular recommendation when I knew it would go against the advice of another. My research supervisor was hugely beneficial in this area and something I am truly grateful for, is the confidence he gave me to go with my gut instinct and finding comfort in the fact that if I was questioned on my decision making, I would be able to defend each choice I made using informed and reasoned action. Whilst there were some suggestions from Braun & Clarke (2022) that I did not take on board for this project for fear of rocking the boat a little too much (for example, merging the findings and discussion section), I reached a point where I felt comfortable steering away from research expectations that I felt were rooted in positivism, because my confidence as an independent researcher had developed across the course of the project. I believe my initial worries around being penalised for making the ‘wrong decision’ stemmed from a lack in self-confidence to articulate my decision making with the reader or examiner, rather than a genuine worry that I would fail the doctoral thesis because of said decision making.

Part 2: Contribution to knowledge

2.1 Contribution of the research

Although I had not intended to ‘fill a gap’ in the existing literature, I did come across a lack of research exploring how the educational outcomes of children living in residential care were supported within Wales. Where such research existed, it either explored it at a UK level, or it explored how we can support the educational outcomes of all children living in care. The literature review offered the opportunity to make links between research around attachment and developmental trauma, with the educational and wellbeing outcomes of care experienced children, with some focus on evidence-based support and interventions for children who have experienced developmental trauma. There were some related themes in the findings of Section B and the literature review, as well as new avenues of consideration relevant specifically to children living in residential care. The use of semi-structured interviews within a Big Q qualitative paradigm allowed for an in-depth exploration of the experiences and perspectives of EPs, whereby nuances insights were captured to provide a contextualised understanding of how EPs currently work to support residential care experienced children within Wales. The exploratory nature and methodological choices allow for transferability of research, whereby the reader can consider how these richly contextualised findings can transfer to their own practice or setting. The findings highlight the breadth of support currently available within some Welsh LA’s, across the individual, organisational and societal levels. Emphasis was placed on the importance of EPs working systemically to support the adults caring for children in residential care, as well multi-agency practice.

Making theoretical links between the dataset and psychological theory, such as PACE (Hughes, 2009) helped to highlight examples of EPs utilising their skills such as empathy and curiosity when talking about their role supporting others. Viewing the data through a lens of Bronfenbrenner's (bio)ecological systems theory (1979;2005) allowed for data analysis to reach a richer level and helped to highlight the influence of multiple interacting systems that the child exists within, as well as outlining EP support currently in place across various Welsh LAs. The use of RTA enabled me as the researcher to develop a holistic understanding of the data, by exploring both latent and semantic meanings within the transcripts. By using my own reflexivity as a resource to analyse potential underlying assumptions, values and beliefs embedded in the date, I hope the findings provide a rich, nuanced and contextually grounded understanding of how EPs can support residential care experienced individuals.

2.2 Relevance of research to educational psychology practice

Implications for the present research in educational psychology has been explored across Section A and Section B of this thesis. The primary aim of the current research was to provide a detailed insight into the experiences and perspectives of EPs who have experience working to support residential care experienced individuals, to draw attention to the diverse range of support currently available across different Welsh LAs. Thus, implications for EP practice and beyond were central to the findings of the study. Additionally, it is hoped that the findings highlight examples of best practice to inspire other EPs and services to integrate this knowledge into their practice. The use of RTA provided opportunity for EPs to discuss in-depth their professional experiences supporting children living in

residential care, their perspectives on how EPs can use their skills to support them, to discuss where they feel EPs are best placed to support in the child's system, as well as discussing any potential barriers to this support.

As a TEP who has worked within a team that specialises in supporting the educational needs of care experienced children in my final year of placement, the findings of the current study have had a significant impact on my professional practice and has given me the confidence to use my skills creatively to support the educational and wellbeing needs of children and the adults around them. The overarching themes discussed in the findings of Section B reflect the powerful learning that can inform EP practice more generally. For example, highlighting the perceived importance of systemic thinking, and working within the system around the child have significant implications for EP practice. Participants placed value on supporting the immediate environment the child interacts with (also referred to as the microsystem) (Bronfenbrenner, 1979), such as schools and residential homes. Participants appeared to hold an underlying belief that relationships between children and school staff, and children and RCWs, have a significant influence over a child's educational outcomes and wellbeing. Thus, there is value in EPs becoming involved to support these relationship dyads. Additionally, the findings highlighted a salient narrative shared by participants, that working within multi-agency groups with the adults around a child is imperative to successfully facilitating positive educational and wellbeing outcomes for care experienced children. This provides implications for EP practice, with emphasis being placed on promoting joined up working and collaboration across individuals and professionals who are involved in a child's care and development.

The conceptualisation of the subtheme *'the perceived need for organisational change'* has implications for the systems EPs work with and within. This theme highlighted the shared perspective that an organisation move away from outdated assumptions would serve to remove perceived barriers to supporting residential care experienced children. For example, behaviour policy rooted in behaviourism (Watson, 1913) was deemed unhelpful, given its potential to lead to an inadequate picture of the child's needs by solely focusing on observable behaviours, as well as eliciting feelings of shame in children who may have experienced developmental trauma. Thus, and implication of the current research could include EPs becoming involved in helping schools, LAs and Welsh Government to adopt alternative behaviour policies that promote relational models of behaviour management.

2.3 Avenues for future research

As previously mentioned in the *Participants* section of this critical appraisal, there are several potential areas of future research that could use the current study as a foundation on which to build.

There has been an accelerating movement within recent years, promoting the importance of children's participation, and listening to their voice has become a critical concept in research with children and young people (Welsh Government, 2015). We need to gain an understanding of what support makes a different in within the narratives of residential care experienced children themselves. Thus, gathering the voices of children living in residential care would be a valuable implication for future research. I believe this research would be most appropriately conducted whereby there is either more time and scope within a researcher's role to build organic relationships with the children and young people involved, or where the

researcher has pre-established, positive and trusting rapport with potential participants. It was interesting to note the lack of research pertaining specifically to children living in residential care, as opposed to children living in care in general. Perhaps future research can focus on exploring their experiences within education, to provide some insight into what support may be beneficial.

A closer look at some of the support already in place across Welsh EPS' may be beneficial. For example, many participants discussed their role in supporting RCWs through facilitating reflective spaces. It would be important to speak to RCWs who are receiving this support, to extrapolate facilitative factors, and potential barriers to this support, as well as the potential impact providing this support has on their emotional wellbeing. Alternatively, an Appreciative Inquiry approach (Coghlan et al, 2003) may allow for a strengths-based exploration of the impact of EPs facilitative group reflective spaces, to uncover rich insights, strengths, and opportunities for enhancing EP practice, whilst placing value on collaboration. More generally, it would be beneficial to use research to increase understanding of how RCWs make sense of a child's educational experiences and wellbeing, and what support they perceive to be needed.

Exploring intersectionality, particularly focusing on the experiences of care experienced individuals who also belong to other social identities such as an ethnic minority group, or lesbian, gay, bisexual, transgender, queer (or questioning, intersex and others (LGBTQI+) would be a valuable avenue for future research. It is important to acknowledge that individuals have their own unique experiences of discrimination and oppression, thus future research may benefit from adopting an intersectional

framework to qualitatively explore the interconnected nature of social identities with the experience of living in care.

A recent survey by the Trade Union Congress found that teachers' work demands continue to surpass sustainable levels, with cuts to support staff and cuts to other children's services contributing to this. More than half of teachers polled working over 50 hours a week, with some working more than 70 hours (Creagh, 2023). Additionally, evidence within Section A suggests that school staff are expected to balance the typical stresses of their role, with managing the emotional and behaviour needs of children who are struggling within education, which can compound feelings of burnout and compassion fatigue (Paterson et al, 2019). School staff may feel particularly overwhelmed by the emotional demands placed on them, so future support could look at the ways school staff could be better supported with regard to their emotional wellbeing.

2.4 Disseminations of findings

Danermark (2019) asserts that dissemination of research findings is imperative to successful intervention and support, and such dissemination requires careful consideration. Additionally, I feel an ethical duty to share the results of this research and have reflected on how best to share these findings in an accessible and tangible way, to EPs, whole EPSs and LAs. In light of this, dissemination of the findings of the current research will involve:

- Arranging to present my research findings to the participants involved.
- Sharing the findings with the EP service I am currently on placement with, to enable dialogue around operationalising some of the implications of future research avenues locally.

- I accepted a job role with the Therapeutic Families Team who work within Children's Services to support the educational and emotional wellbeing of care experienced individuals, as well as supporting families who are on the edge of care. I plan to develop a research poster or PowerPoint to share my findings with the team in September 2024.
- I hope to publish this research in a peer-reviewed journal such as Educational Psychology in Practice, and the BPS' Division of Education and Child Psychology journal. I plan to familiarise myself with publishing guidelines over the coming months. It is hopes that wider dissemination of this research will promote a drive to implement more consistent EP support across Wales within this area.

2.5 Closing comments

This research is based on the underlying assumption that most children who have experience living in residential care are there because they have experienced a form of developmental trauma. This is a belief I have formed through careful consideration of the existing literature, from anecdotal evidence from a previous role whereby I became familiar with the early life experiences of hundreds of children living in residential care homes, as well as previous audits into the early life experiences of children living in residential care that I have been involved in. The very nature of this research, focusing on how EPs support residential care experienced children more generally, may perpetuate the notion that this population should be labelled as vulnerable, or may suggest homogeneity within the group. I want to stress the importance of listening to and respecting individual stories, rather than solely being

guided by research that merely seeks to provide a general overview. My research supervisor and I had many conversations around striking a balance between respecting each individual has their own experience and circumstance, whilst also acknowledging that children in care are more likely to face serious disadvantages within the education system, that directly impacts their life and wellbeing outcomes. I hope this research has done this justice.

I am so grateful to the participants who contributed to this research, who were open and reflective, and exuded empathy for the children, young people, and adults they support in their day-to-day practice. Our conversations taught me so much about how we as practitioners can support care experienced individuals (and the adults around them) to promote positive educational and wellbeing outcomes. Not only the content of the discussion, but their general way of being influenced my practice immediately. It was such a brilliant opportunity to learn about the amazing practitioners and teams within Wales that work to support care experienced individuals, and more specifically, the adults who care/teach them every day.

3 References

Abraham, L. Elgie, S. Soares, V. Beale, C. Hiller, R. (2022). A Qualitative Study of the Views and Experiences of Those Working in Residential Children's Homes. *Scottish Journal of Residential Care,* 21(2). in residential care: A case study', *Journal of Social Work, 8*(2), 117-134

Berger, J. (2020). Perceptual consciousness plays no epistemic role. Philosophical Issues, 30(1), 7-23.

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. Qualitative Research in Psychology, 3(2), 77–101.

Braun, V., & Clarke, V. (2013). Successful qualitative research: A practical guide for beginners: sage

Braun, V. Clarke, V. (2022). Successful qualitative research: A practical guide for beginners. Sage.

Bronfenbrenner, U. (1979). *The ecology of human development*. Harvard University Press: Cambridge MA.

Bronfenbrenner, U. (Ed.). (2005). *Making human beings human: Bioecological perspectives on human development.* Sage Publications Ltd.

Coghlan, A. T., Preskill, H., & Tzavaras Catsambas, T. (2003). An overview of appreciative inquiry in evaluation. *New directions for evaluation*, *2003*(100), 5-22.

Connelly, L. Peltzer, J. (2016). Undeveloped Themes in Qualitative Research: Relationship with Interviews and Analysis. *Clinical Nurse Specialist*, 52-57.

Creagh, M. (2023). Work Intensification: the impact on workers and trade union strategies to tackle work intensification. *Trade Union Congress*. Retrieved from: https://www.tuc.org.uk/research-analysis/reports/work-intensification

Danermark, B. (2019). Applied interdisciplinary research: a critical realist perspective. *Journal of Critical Realism, 18*(4), 368-382.

Hughes, D. A. (2009). Attachment-focused parenting: Effective strategies to care for children. WW Norton & Company.

Hughes, D. Golding, K. Hudson, J. (2012). Dyadic Developmental Psychotherapy (DDP): the development of the theory, practice and research base. *Adoption and Fostering, 39*(4).

Kivunja, C., & Kuyini, A. B. (2017). Understanding and applying research paradigms in educational contexts. *International Journal of higher education*, *6*(5), 26-41.

Levers, M.J. (2013). Philosophical Paradigms, Grounded Theory and Perspectives on Emergence, SAGE Open.

Levitt, H. M., Motulsky, S. L., Wertz, F. J., Morrow, S. L., & Ponterotto, J. G. (2017). Recommendations for designing and reviewing qualitative research in psychology: Promoting methodological integrity. *Qualitative psychology*, *4*(1), 2.

Luttrell, W. (2019). Reflexive qualitative research. In G. W. Nobitt (Ed), *The Oxford encyclopaedia of qualitative research methods in education*. Oxford: Oxford University Press.

Mannay, D. Staples, E. Hallett, S. Roberts, L. Rees, A. Evans, R. Andrews, D. (2015). Understanding the educational experiences and opinions, attainment, achievement and aspirations of looked-after children in Wales. Retrieved from: Understanding the educational experiences and opinions, attainment, achievement and aspirations of looked-after children in Wales | GOV.WALES [Accessed 21.10.23]

McLeod, J. (2011). Qualitative research in counselling and psychotherapy (2nd ed.). London: SAGE.

McSweeney, B. (2021). Fooling ourselves and others: confirmation bias and the trustworthiness of qualitative research–Part 2 (cross-examining the dismissals). Journal of Organizational Change Management, 34(5), 841-859.

Paterson, B. Taylor, J. Young, J. Walker, L. (2019). Compassion fatigue in teachers working with children whose distress may present as behaviour that challenges. Action urgently needed? Retrieved from: (PDF) Compassion Fatigue In Teachers Working

With Children Whose Distress May Present As Behaviour That Challenges. Action Urgently NeededCompassion Fatigue. (researchgate.net) [Accessed 22.12.2023]

Robson, C. (2011). Real World Research: A Resource for Social-Scientists and Practitioner-Researchers (3rd ed). Oxford: Blackwell Publishing.

Shepard, J. Noble, E. Parkin, J. (2022). Positionality and reflexivity for early career researchers and graduate researchers. The British Educational Research Association (BERA). Retrieved from: Positionality and reflexivity for early career researchers and postgraduate researchers | BERA

Siddaway, A. P., Wood. A. W. Hedges, L. V. (2019). How to Do a Systematic Review: A Best Practice Guide for Conducting and Reporting Narrative Reviews, MetaAnalyses and Meta-Syntheses. *Annual review of psychology, 70*(1), 747-770.

TACT Fostering and Adoption. (2019). Language that cares: changing the way professionals talk about children in care. Retrieved from: TACT-Language-that-cares-2019_online.pdf (tactcare.org.uk) [Accessed 20.01.2024].

Terry, G. Hayfield, N. Clarke, V. Braun, B. (2017). Thematic Analysis. In Willig, C. Stainton Rogers, W (Eds.). *The SAGE handbook of qualitative research in psychology* (2nd Ed). London: SAGE.

Watson, J. B. (1913). Psychology as the behaviorist views it. *Psychological review, 20*(2), 158.

Weaver, C. (2023). *" This is your last chance to prove to us you can be here, we've tried everything to help you"-Exploring the use of reduced timetables as exclusionary practice for young people in Wales* (Doctoral dissertation, Cardiff University).

Willig, C., & Rogers, W. S. (2017). *The SAGE handbook of qualitative research in psychology:* Sage

Appendices

Appendix A – Keyword search terms for literature search

Database	Search Terms
APA PsychINFO	“Children in care” OR “Residential” OR “Foster care” OR “Local authority care” OR “corporate parent” OR “social care” AND “Education*” OR “Learning” OR “Attainment” OR “Attendance” OR “Absence” OR “Emotionally Based School Avoidance” OR “Exclusion” OR “Transition*” OR “Post-16” OR “NEET” OR “Wellbeing” OR “Social*” OR “Emotion*” OR “Self-esteem” OR “Mental Health” OR “Relationships” OR “Interactions” OR “Friendships” OR “Resillience” OR “Developmental trauma” OR “Adverse Childhood Experienced” OR “ACEs” OR “Protective factors”
Scopus	“Children in care” OR “Residential” OR “Foster care” OR “Local authority care” OR “corporate parent” OR “social care” AND “Education*” OR “Learning” OR “Attainment” OR “Attendance” OR “Absence” OR “Emotionally Based School Avoidance” OR “Exclusion” OR

	"Transition*" OR "Post-16" OR "NEET" OR "Wellbeing" OR "Social*" OR "Emotion*" OR "Self-esteem" OR "Mental Health" OR "Relationships" OR "Interactions" OR "Friendships" OR "Resillience" OR "Developmental trauma" OR "Adverse Childhood Experienced" OR "ACEs" OR "Protective factors"
British Education Index	(Children in care OR Residential OR Foster care OR Local authority care OR corporate parent OR social care AND Education* OR Learning OR Attainment OR Attendance OR Absence OR Emotionally Based School Avoidance OR Exclusion OR Transition* OR Post-16 OR NEET OR Wellbeing OR Social* OR Emotion* OR Self-esteem OR Mental Health OR Relationships OR Interactions OR Friendships OR Resillience OR Developmental trauma OR Adverse Childhood Experienced OR ACEs OR Protective factors)

Applied Social Sciences Index and Abstracts (ASSIA)	noft("Children in care" OR Residential OR "Foster care" OR "Local authority care" OR "corporate parent" OR "social care") AND noft(Education* OR Learning OR Attainment OR Attendance OR Absence OR "Emotionally Based School Avoidance" OR Exclusion OR Transition* OR "Post-16" OR NEETOR Wellbeing OR Social* OR Emotion* OR "Self-esteem" OR "Mental Health" OR Relationships OR Interactions OR Friendships OR Resillience OR "Developmental trauma" OR "Adverse Childhood Experienced" OR ACEs OR "Protective factors")

Note. An asterisk indicates a truncated search term e.g., "emotion" would also include the words "emotions" and "emotional".

Appendix B – Inclusion and exclusion criteria for literature search.

Inclusion and exclusion criteria for literature search

Inclusion Criteria		Rationale
Language of publication	English and Welsh articles only	Accessibility and comprehension. No Welsh language articles were found during the search of the literature.
Date of publication	Articles published between 2004-2023	All research included would be following the introduction of the Children's Act 2004, an amendment of the Children's Act 1989. The updated legislation had significant implications

		for children living in care, for example, the push for a focus on collaboration and multi-agency working. Thus, this date was an appropriate starting point to ensure that the literature used was relevant to up-to-date legislation.
Geography	UK based data and studies	I have focused on UK based data and studies to ensure the literature reviewed was relevant to the local context. Initially, I endeavoured to focus solely on Wales based studies given the empirical research exploring the experiences of children (and EPs who support them) who are looked-after in Wales. However, in many instances this exclusion resulted in no research being found, so this limiter was removed. Where there were no UK based studies to draw from, literature from countries with similar care systems, care provisions, legislation in place, and a socio-cultural context were looked at.
Reason for child living in care	Under a supervision order/as part of social service intervention	The current study focuses on EP perceptions on supporting children living in residential care, with relation to those children who have been placed in care following involvement from Children's Services. Thus, I wanted the literature review to reflect their experiences.

Appendix C – Information sheet for participants

Information sheet

Exploring the Educational Psychologist's Role in Supporting the Educational Experiences of Children living in Residential Care in Wales

This research is being conducted by Lucy Abraham, a trainee educational psychologist currently studying in Cardiff University. Lucy has previous work and research experience, as well as a keen interest in supporting children and young people who are either living in care or care experiences, as well as the adults who are involved in the care of these children and young people.

I would like to invite you to participate in the following study. Please read the following information before deciding whether you would like to participate.

1. **What is the purpose of the study?**

The purpose of this study is to explore your experiences of working to support care experienced individuals, in particular children in care who are living in residential homes. I am interested in accessing educational psychologist's experiences, as well as perceptions of what their role is in relation to supporting this population group, and an exploration of ways in which you may have already supported children who live/have lived in residential care. I will be gathering this information via the medium of a semi-structured interviews.

2. **Why have I been invited?**

You are a qualified EP, potentially working in some capacity to support children or young people living in residential care, care experienced individuals or residential care workers who work with children and young people.

3. **Do I have to take part?**

I appreciate the busy nature of the EP role and the time you undoubtedly have already committed to supporting young people, and participating in research. Your participation is completely voluntary and you can withdraw at any time before or during the study. You can withdraw your data after the interview before transcription takes place (within two weeks following the interview). After this, the data will be used for the research but will be anonymised. If you would like to withdraw, please email one of us (please see email addresses in the 'Contact Details' section at the end of this Information Sheet). If you would like to withdraw your interview responses, please email us within two weeks of the date of your participation in an interview and your responses will be destroyed.

If you do choose to withdraw from the study, you will still have access to debrief forms and a conversation with the researcher about the purpose of the study afterwards.

4. **What will I have to do?**

If you would like to take part in our study, then please complete the consent form and email it to one of us before the date and time of your interview. In response to your email expressing an interest in the study, we will email to arrange your participation in an interview, during a time that is convenient for you and other participants. These interviews will take place on Microsoft Teams and will be recorded for transcription. It is anticipated that they will last approximately 1 hour. Please be advised that signing the consent form and/or arranging an interview time does not mean that you are obliged to take part in this research study. You may withdraw your participation at any time. You will also be able to omit questions asked within the interview if you do not wish to answer them.

5. **Will my taking part in the study be kept confidential?**

Please note that you will be identified by a participant code (and not by name) and any data will be kept in a locked file on a password protected computer. The recording will be stored securely in the researchers' password protected electronic files. Information will be shared only with the researcher and research supervisor. After we have analysed the data, the interview recordings will be destroyed. Any information that is then taken back to the Educational Psychology Service will be anonymous and confidential. Formal write-ups of the research data will also be anonymous.

6. **What will happen to the results of the research study?**

The findings from this research will be written up for the purposes of a doctoral thesis, and will be published on Cardiff University's Institutional Repository, Online Research @ Cardiff (ORCA). There may also be potential for this research to be presented during Cardiff University's EP conference days, or to individual local authorities as per request. There is also scope for wider publication of this empirical study.

You can contact the researcher (please see email address below and on the Debrief Form that will be presented to you post interview) should you wish to see our findings. Your participation (or decision not to participate, or to withdraw) in this research will not affect your relationship with Cardiff University in any way.

7. **What if there is a problem?**

If you have any questions relating to the research, please contact the researcher on the email addresses provided below. We have also provided contact details for the research supervisor, Dr Dale Bartle, as well as Cardiff University's Ethics Committee.

Contact Details:

- Lucy Abraham, Researcher & Trainee Educational Psychologist: abrahaml2@cardiff.ac.uk
- Dr Dale Bartle, Research Supervisor: BartleD@cardiff.ac.uk

Any complaints may be made to:
Secretary of the Ethics Committee
School of Psychology
Cardiff University
Tower Building
Park Place
Cardiff
CF10 3AT
Tel: 029 2087 0707
Email: psychethics@cardiff.ac.uk

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Appendix D – Consent forms for participants

Participant Consent Form

Thank you for your interest in this research. If you would like to continue and participate in the interview, please read this consent form and indicate below whether you are comfortable with the terms stated. Please remember, participation is voluntary and there are no repercussions for declining at any stage.

Please tick the following:

☐ I have been informed of the nature, format and intent of this study and I consent to taking part.

☐I understand that my participation is voluntary and that I have the right to withdraw at any time before or during the interview and that I do not need to give a reason for this.

☐I understand that my interview responses will be anonymised following transcription and stored securely and confidentially on a password-protected computer until it has been transcribed by the researchers, at which point the recording will be deleted.

☐I understand that the conversation from my interviews including quotations may be used in the discussion and write-up of this study, but that these will be anonymised.

☐I understand that I can withdraw my data from the study at any point within one week of the date of the interview. I understand that after this my responses in the interview may be used as part of the findings of the research, and as such would be unretractable.

☐I have had the opportunity to ask any questions I may have about the research, and I know who I can contact if I have any further questions, concerns, or comments.

Signature: _____

Date: _____

Participant code:

_____

For queries relating to the research, please contact the researcher via the below email address:

Lucy Abraham, Researcher & Trainee Educational Psychologist:
abrahaml2@cardiff.ac.uk

Research Supervisor contact details:
Dr Dale Bartle, Research Supervisor: BartleD@cardiff.ac.uk

Any complaints may be made to:
Secretary of the Ethics Committee
School of Psychology
Cardiff University
Tower Building
Park Place
Cardiff
CF10 3AT
Tel: 029 2087 0707
Email: psychethics@cardiff.ac.uk

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Appendix E – Interview schedule

Interview Questions

Bold refers to main questions, *italics* to probing/elaborative questions. Please note that there will an emphasis on the researcher spontaneously responding to the participants' unfolding accounts to allow for a more flexible and fluid experience, that more closely resembles real-world conversation. These questions and prompts provide a basic schedule to follow to provide useful prompts for the participants and ensure research questions are addressed, rather than aiming to provide a uniformly structured account from each participant.

1. **Could you discuss your personal experiences supporting care experienced individuals, particularly residential care experienced individuals?**

2. **Can you think of ways in which care experienced individuals (with particular focus on residential care experienced individuals) are currently supported within your local authority?**

Further prompts: Think about ways in which your EPS or wider team (depending on where participants currently work) supports care experienced individuals

3. **Are there any examples of how your own individual EP practice, or work carried out at a systemic, whole-EPS level, facilitating positive change with regard to the educational experiences and outcomes of children living in residential care?**

Further prompts: What impact did this have on you?
What impact did this have on your practice?

4. **As a group, could you discuss how your skills and experience as EPs lends itself to the role of supporting children living in residential care, or not?**

5. **Is there anything you would like to say that we haven't discussed already?**

Appendix F – Debrief form for participants

Debrief Form

Exploring the Educational Psychologist's Role in Supporting the Educational Experiences of Children living in Residential Care in Wales

Thank you very much for taking part in this research. Your time and contribution have been greatly appreciated.

What was the purpose of the study?

The purpose of this study was to explore your experiences of working to support care experienced individuals, in particular children in care who are living in residential homes (CLARH). I am interested in accessing educational psychologist's experiences, as well as perceptions of what their role is in relation to supporting this population group, and an exploration of ways in which you may have already supported CLARH.

What will happen to my information?

The information collected via Microsoft Teams interviews will be stored securely in the researchers' electronic password protected files. Information will be shared only with the researchers and research supervisors. After the information has been analysed, the recordings of the interviews will be destroyed.

We hope that by gaining your voices we can provide helpful feedback to the Educational Psychology Services in Wales with regards to what you think about how professionals can support the life and educational outcomes of children living in residential care. The findings from this research will be written up for the purposes of a doctoral thesis, and will be published on Cardiff University's Institutional Repository, Online Research @ Cardiff (ORCA). There may also be potential for this research to be presented during Cardiff University's EP conference days, or to individual local authorities as per request. There is also scope for publication of this empirical study.

Should you feel you no longer want your responses to be part of this research, please contact the researcher on the details below within two weeks of the date and time of the interview

you attended. Please provide your participant code in doing so. If you have any questions relating to the research, please contact Lucy Abraham (researcher and trainee educational psychologist), on the contact details provided below.

Thank you again for your time. We hope the research findings will be useful for your setting and that you enjoyed your participation.

For queries relating to the research, please contact the researcher via the below email address:

Lucy Abraham, Researcher & Trainee Educational Psychologist (AbrahamL2@cardiff.ac.uk)

Research Supervisor contact details:
Dr Dale Bartle: BartleD@cardiff.ac.uk

Any complaints may be made to:
Secretary of the Ethics Committee
School of Psychology
Cardiff University
Tower Building
Park Place
Cardiff
CF10 3AT
Tel: 029 2087 0707
Email: psychethics@cardiff.ac.uk

Cardiff University is the Data Controller and is committed to respecting and protecting your personal data in accordance with your expectations and Data Protection legislation. The University has a Data Protection Officer who can be contacted at inforequest@cardiff.ac.uk. Further information about Data Protection, including your rights and details about how to contact the Information Commissioner's Office should you wish to complain, can be found at the following: https://intranet.cardiff.ac.uk/staff/supporting-your-work/manage-use-and-protect-data/data-protection

Appendix G – Recruitment flyer

STAFF RESEARCH OPPORTUNITY

Lucy Abraham, a trainee educational psychologist at Cardiff University, is hoping to recruit educational psychologists (EPs) who have experience supporting children currently living in residential care, or previously experienced living in residential care, to take part in a study looking to better understand how these children can be supported, as well as the role EPs can play within this important work.

If you would like to take part, you will be asked to join a semi-structured interview which will last around an hour. The discussions will be held over Microsoft Teams.

If you are interested in taking part in this study, please email one/all of the researchers on the email addresses provided below

Thanks very much

Contact Details:

- Lucy Abraham, Researcher & Trainee Educational Psychologist: abrahaml2@cardiff.ac.uk

Appendix H – Ethical Considerations

Ethical Consideration	How was this addressed?
Confidentiality and anonymity	Whilst interviews conducted via Microsoft Teams cannot be considered to be confidential, participants were reminded at the beginning of each interview that the content discussed would only be used in an anonymous format. Participants were also told that only the researcher had access to the video recordings of the interview. Names mentioned within the interview were changed to pseudonyms, and each participant was assigned an anonymised participant number. Video recordings were destroyed after transcription had taken place. This was made clear to the participants via the information sheet and debrief form. It was crucial to promote consistency and anonymisation practices to avoid the risk of jigsaw identification of participants, and the people or incidents discussed within the interview. This was particularly relevant when gathering information regarding the participants' roles. Research was utilised to ensure a thorough understanding of jigsaw identification and how this can be avoided (O'Hara, Whitley and Whittall, 2011; Brophy, Perry and Harrison, 2015). The following measures were adopted: - Numbers were assigned to each participant, and pseudonyms were used if another person, local authority, school, or company was named within the interview. - Participants' individual roles were not disclosed. Only an overview of the different roles held by the

	participants as a group was shared. - Date of birth of participants was not recorded. - Detailed descriptions of incidents experienced by the participant, whereby other people were involved were not reproduced. These problems/incidents may be familiar to children, carers, residential care staff or school staff involved when read in the context of this research. Although these steps were taken to protect confidentiality, this cannot be fully guaranteed, given that participants may share information within their interviews that is specific to their job role, thus may be identified. Participants were reminded of this before each interview.
Right to withdraw	Participants were made aware and reminded that they could withdraw participation at any time, without having to give reason. If participants chose to withdraw from the interview, any information given would be destroyed and their information would not be part of the analysis of data. Interview recordings were held for a fortnight after the initial interview to allow participants the opportunity to withdraw their input. However, participants were reminded that once the information had been transcribed and made anonymous after that fortnight, it would not be possible to withdraw.
Risk of harm and debrief	A debrief form was shared with each participant following their participation in the interview (Appendix F). This encompassed a summary of their involvement and a reminder of how this information would be used within the

	study. Contact details were provided for the researcher, the project supervisor and the ethics committee should the participants have any questions or concerns with regard to the study.
Choosing to participate	Participants may have had concerns that their decision to participate or not participate in the study, or the content of their answers within the study may have impacted their relationship with the LA or company they work for (for example, if a participant highlighted a potential barrier to providing support on an EPS-wide level). These potential concerns were acknowledged in the information sheet, and consent form, to reassure prospective participants that their information would be held anonymously from their employer.
Data storage and security	Interviews were recorded via Microsoft Teams, and this recording was then password protected and stored on end-to-end encrypted software, as per ethical guidelines. Data will only be shared between the researcher and supervisor. Participants were told that putting their camera on is optional, and not a requirement to engage in the research.

Appendix I – Use of Yardley's (2017) criteria to evaluate the validity of qualitative research.

Yardley (2008;2017) outlines four overarching criteria for assessing validity within qualitative research: sensitivity to context, commitment and rigour; transparency and coherence, and; impact and importance. The following table outlines the attempts made to address each criterion:

Core principles and criteria for validity of research (Yardley, 2008; 2017)	**How this study meets this criteria**
Sensitivity to context	• An extensive narrative literature review was conducted in Section A of this thesis which developed the researcher's awareness of the context of the study topic. Relevant research is also outlined in the introduction section of Section B of this thesis. • The sample was recruited using clear inclusion and exclusion criteria, to gain a breadth of different experiences and perspectives of EPs supporting residential experienced individuals within Wales. • Open-ended questions within a semi-structured interview were utilised to provide opportunity for participants to express their views in a comprehensive manner. • Coding of transcript data was completed individually before conducting RTA to the whole data set to better understand the shared meaning of responses. • The relevance of this study to EP practice is discussed.
Commitment and rigour	• Six semi-structured interviews were conducted. • An interview schedule was generated through discussion with my research supervisor (Appendix D). This was used to ensure research questions were addressed and the researcher

	chose to be led by participant responses, and probe further to gain further detail or clarification. • A research journal was used to maintain a record of the research activities undertaken, which informed to content discussed in Section C of this thesis. • Regular supervision was engaged in to explore decision points across all aspects of this research. • Options for appropriate methodology were explored with my research supervisor. • Options for the appropriate approach to data analysis were considered fully, by following recommendations outlined within the literature (Braun and Clarke, 2022b).
Coherence and transparency	• A clear description of research decisions is provided in the methodology section of Section B of this thesis, and expanded upon in Section C. • Examples of theme development are outlined in Appendix AA-AC, and participant quotes are given in the findings section of Section B to demonstrate evidence of the researcher's analytic journey (Braun and Clarke, 2019) • I reflection on my own positioning as a researcher (as seen in Section C of this thesis) and how this would have impacted all aspects of this research process.
Impact and Importance	• The importance and implications of this research on EP practice has been considered in 'the EP role' section in Section A and throughout the discussion section in Section B. • The findings generated in Section B deeply contextualised, thus it is suggested that the

	reader considers the transferability of these findings to their own settings. This is reflected upon in the discussion section of Section B. It is not appropriate to generalise the findings of this research to the wider population. • Dissemination opportunities of the findings and the impact on my own practice is explored in Section C.

Appendix J – Recruitment procedure

Stage 1	Recruitment flyer detailing the current research sent to Principal EP (PEP) of local authorities within Wales, as well as individual EPs (Appendix H)
Stage 2	EP research pack, containing an information sheet (Appendix D), consent form (Appendix E) and available dates for research interviews disseminated to all EPs who expressed an interest in response to the recruitment flyer. If there was no response to the research pack, EPs were approached again via email. EPs were approached a maximum of twice.
Stage 3	Semi-structured interviews were arranged and carried out with those who consented and were available during the data gathering dates.
Stage 4	Ongoing recruitment took place via snowballing through participants
Stage 5	Subsequent semi-structured interviews took place

Appendix K - Six phases to RTA, as outlined by Braun and Clarke (2022b)

6 phases of RTA	
Phase 1: data familiarisation	By completing each aspect of data collection myself (for example, developing the interview schedule, conducting the interviews, transcribing them verbatim manually), I fully immersed myself in the data from the outset. The interview experience allowed me to establish a trusting rapport with participants, jointly explore their experiences and then immerse myself in the data through listening to the recordings multiple times in order to transcribe the data set, thus feeling familiar with the data before formally engaging in data analysis. I feel that transcribing the interviews manually allowed me the opportunity to slow down and pay focus on important aspects of the interview that I may have missed during the initial interview process. During the transcribing

	process, I made preliminary notes about analytic insights and ideas I had (see Appendix M-R), relating to each data item and the dataset as a whole. I produced a 'familiarisation doodle' (Braun & Clarke 2022b, p. 46) as a way of gaining deep familiarity with the dataset (see Appendix S). The familiarisation process involves not only immersion in the dataset but critical engagement, thus asking myself critical questions about the content of the dataset was a crucial part of the familiarisation process (see Appendix T, and Section C of this thesis).
Phase 2: systematic data coding	I systematically worked through the dataset in a fine-grained manner and applied codes to segments of data that I identified as meaningful (Appendix U-Z). The majority of this coding was semantic (exploring meaning at the explicit level and sticking to the participant's understanding of their own experiences), however, as increasingly

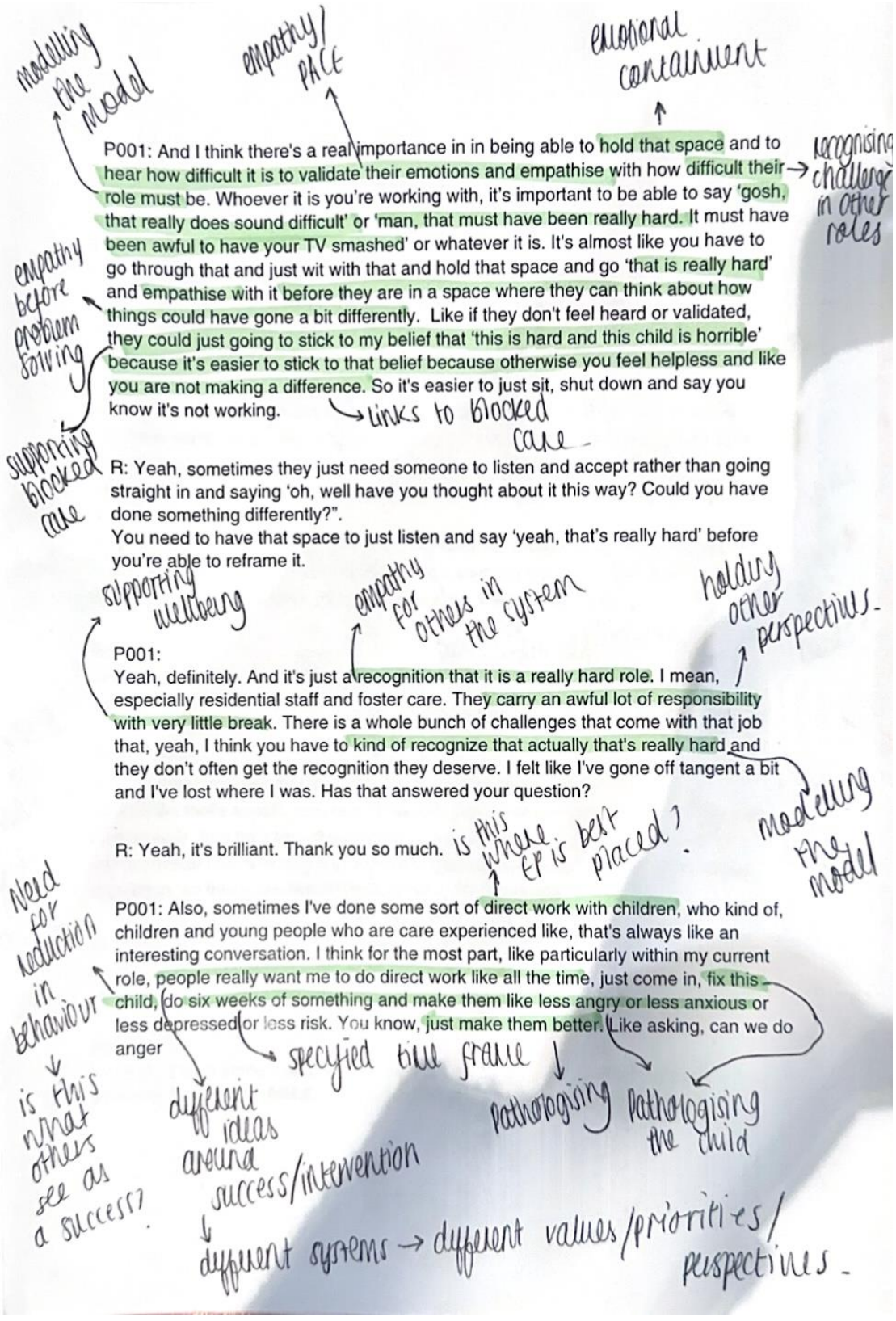
	immersed myself in the data, some latent coding was carried out, that aimed to explore implicit meaning within the dataset. When this process was complete, I collated the code labels and compiled the relevant segments of data for each code. Throughout this process, I used a research diary to reflect on my own experience coding the data, to explore how my own beliefs and experiences may be influencing my analysis of the dataset.
Phase 3: generating initial themes from coded and collated data	Once initial coding was complete, I compiled clusters of codes that seemed to share a core concept or notion, to construct larger patterns across the dataset (See Appendix AA and AB). During this process I found it valuable to think of theme titles as spoken in the first person, and imagine the participant saying them, as a way of judging whether they reflected the dataset and what I believed to be the participants' meaning. I strived to approach this

	stage using an inductive approach, with theme development being driven by the dataset rather than pre-existing theory and ideas, whilst also acknowledging my role as a researcher in the production of themes (Braun & Clarke, 2022b). This is expanded upon in Section C of this thesis. Once potential themes were captured in relation to the dataset and research questions, the coded data was collated into candidate themes.
Phase 4: developing and reviewing themes	Provisional candidate themes were then assessed against the full dataset (see Appendix AC for corresponding quotations for developing themes), to check whether these initial themes were faithful to the coded extracts and to the overall data. Thematic maps were created to illustrate ways in which participants shared their experiences

	across the dataset, highlighting areas of similarity and contradiction. I found the thematic maps to be a powerful visual tool to analyse how I had connected different patterns of meaning within the dataset (see 6).
Phase 5: refining, defining and naming themes	This phase involved refining the analysis to ensure that each theme was developed around a strong core concept and told a story about a pattern of shared meaning related to the dataset. At this point, sharing the generated themes and articulating how I felt the theme fitted into the overall story about the data during research supervision provided clarity regarding what could be defined as a theme and how ideas were organised into sub-themes. Concise and informative names for each theme were then developed, with the aim of each theme-name

	reflecting the participants' voice within the data.
Phase 6: writing the report	The final write-up of the analysis is encompassed within the analytic process in RTA, where an analytic narrative is weaved together with extracts from the dataset, whilst providing the reader links to the research questions, existing literature and relevant psychological theory, as well as implications for the role of the EP. I found that this phase entailed an iterative process of going back to previous phases to ensure that themes being presented were faithful to the participants' voice, as well as being relevant to the outlined research questions. The process of linking themes to existing literature allowed for further my interpretation of the data and reflect on my understanding of the participants' experiences.

Appendix L - Phase 1 of reflexive thematic analysis (familiarisation) with transcript P001



P001: And I think there's a real importance in in being able to hold that space and to hear how difficult it is to validate their emotions and empathise with how difficult their role must be. Whoever it is you're working with, it's important to be able to say 'gosh, that really does sound difficult' or 'man, that must have been really hard. It must have been awful to have your TV smashed' or whatever it is. It's almost like you have to go through that and just wit with that and hold that space and go 'that is really hard' and empathise with it before they are in a space where they can think about how things could have gone a bit differently. Like if they don't feel heard or validated, they could just going to stick to my belief that 'this is hard and this child is horrible' because it's easier to stick to that belief because otherwise you feel helpless and like you are not making a difference. So it's easier to just sit, shut down and say you know it's not working.

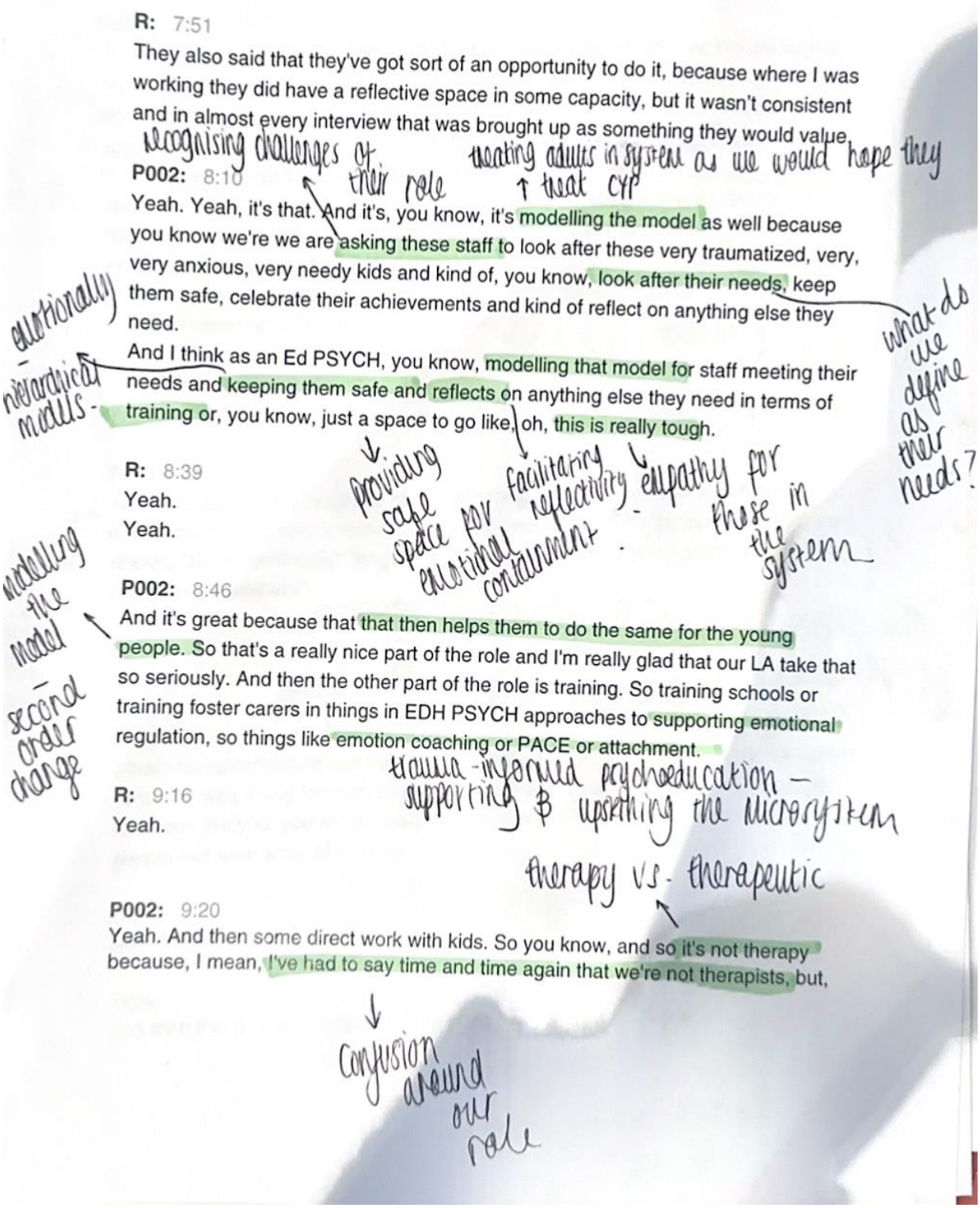
R: Yeah, sometimes they just need someone to listen and accept rather than going straight in and saying 'oh, well have you thought about it this way? Could you have done something differently?".
You need to have that space to just listen and say 'yeah, that's really hard' before you're able to reframe it.

P001:
Yeah, definitely. And it's just a recognition that it is a really hard role. I mean, especially residential staff and foster care. They carry an awful lot of responsibility with very little break. There is a whole bunch of challenges that come with that job that, yeah, I think you have to kind of recognize that actually that's really hard and they don't often get the recognition they deserve. I felt like I've gone off tangent a bit and I've lost where I was. Has that answered your question?

R: Yeah, it's brilliant. Thank you so much.

P001: Also, sometimes I've done some sort of direct work with children, who kind of, children and young people who are care experienced like, that's always like an interesting conversation. I think for the most part, like particularly within my current role, people really want me to do direct work like all the time, just come in, fix this child, do six weeks of something and make them like less angry or less anxious or less depressed or less risk. You know, just make them better. Like asking, can we do anger

Appendix M – Phase 1 of reflexive thematic analysis (familiarisation) with transcript P002



R: 7:51
They also said that they've got sort of an opportunity to do it, because where I was working they did have a reflective space in some capacity, but it wasn't consistent and in almost every interview that was brought up as something they would value.

recognising challenges of their role

treating adults in system as we would hope they treat CYP

P002: 8:10
Yeah. Yeah, it's that. And it's, you know, it's modelling the model as well because you know we're we are asking these staff to look after these very traumatized, very, very anxious, very needy kids and kind of, you know, look after their needs, keep them safe, celebrate their achievements and kind of reflect on anything else they need.

emotionally - hierarchical models

what do we define as their needs?

And I think as an Ed PSYCH, you know, modelling that model for staff meeting their needs and keeping them safe and reflects on anything else they need in terms of training or, you know, just a space to go like, oh, this is really tough.

providing safe space for emotional containment

facilitating reflectivity

empathy for those in the system

R: 8:39
Yeah.
Yeah.

modelling the model - second order change

P002: 8:46
And it's great because that that then helps them to do the same for the young people. So that's a really nice part of the role and I'm really glad that our LA take that so seriously. And then the other part of the role is training. So training schools or training foster carers in things in EDH PSYCH approaches to supporting emotional regulation, so things like emotion coaching or PACE or attachment.

trauma-informed psychoeducation - supporting & upskilling the microsystem

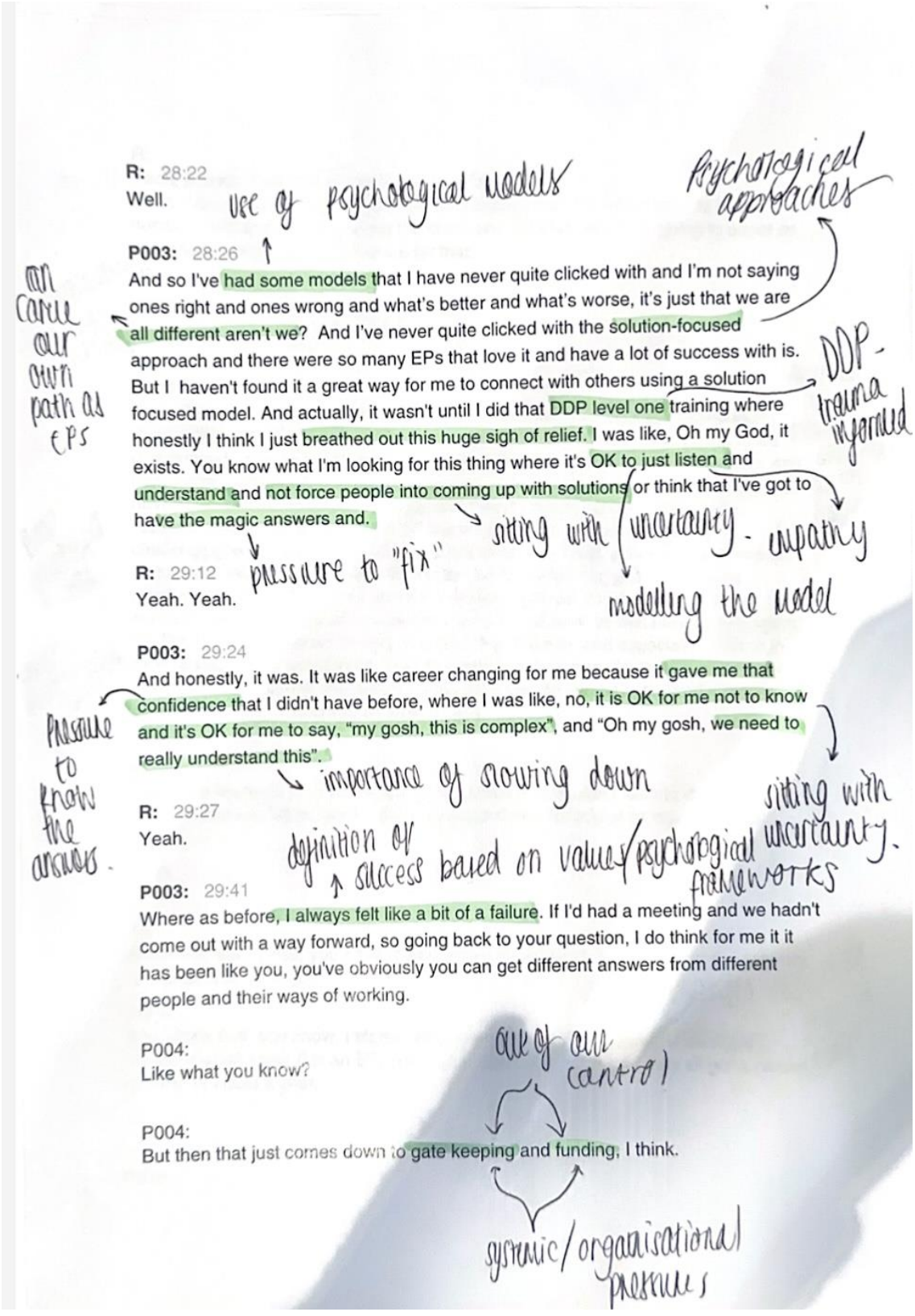
R: 9:16
Yeah.

therapy vs. therapeutic

P002: 9:20
Yeah. And then some direct work with kids. So you know, and so it's not therapy because, I mean, I've had to say time and time again that we're not therapists, but,

confusion around our role

Appendix N – Phase 1 of reflexive thematic analysis (familiarisation) with transcript P003



R: 28:22
Well.

use of psychological models

Psychological approaches

P003: 28:26
And so I've had some models that I have never quite clicked with and I'm not saying ones right and ones wrong and what's better and what's worse, it's just that we are all different aren't we? And I've never quite clicked with the solution-focused approach and there were so many EPs that love it and have a lot of success with is. But I haven't found it a great way for me to connect with others using a solution focused model. And actually, it wasn't until I did that DDP level one training where honestly I think I just breathed out this huge sigh of relief. I was like, Oh my God, it exists. You know what I'm looking for this thing where it's OK to just listen and understand and not force people into coming up with solutions or think that I've got to have the magic answers and.

DDP - trauma informed

sitting with uncertainty - empathy

modelling the model

pressure to "fix"

R: 29:12
Yeah. Yeah.

P003: 29:24
And honestly, it was. It was like career changing for me because it gave me that confidence that I didn't have before, where I was like, no, it is OK for me not to know and it's OK for me to say, "my gosh, this is complex", and "Oh my gosh, we need to really understand this".

importance of slowing down

sitting with uncertainty.

definition of success based on values/psychological frameworks

R: 29:27
Yeah.

P003: 29:41
Where as before, I always felt like a bit of a failure. If I'd had a meeting and we hadn't come out with a way forward, so going back to your question, I do think for me it it has been like you, you've obviously you can get different answers from different people and their ways of working.

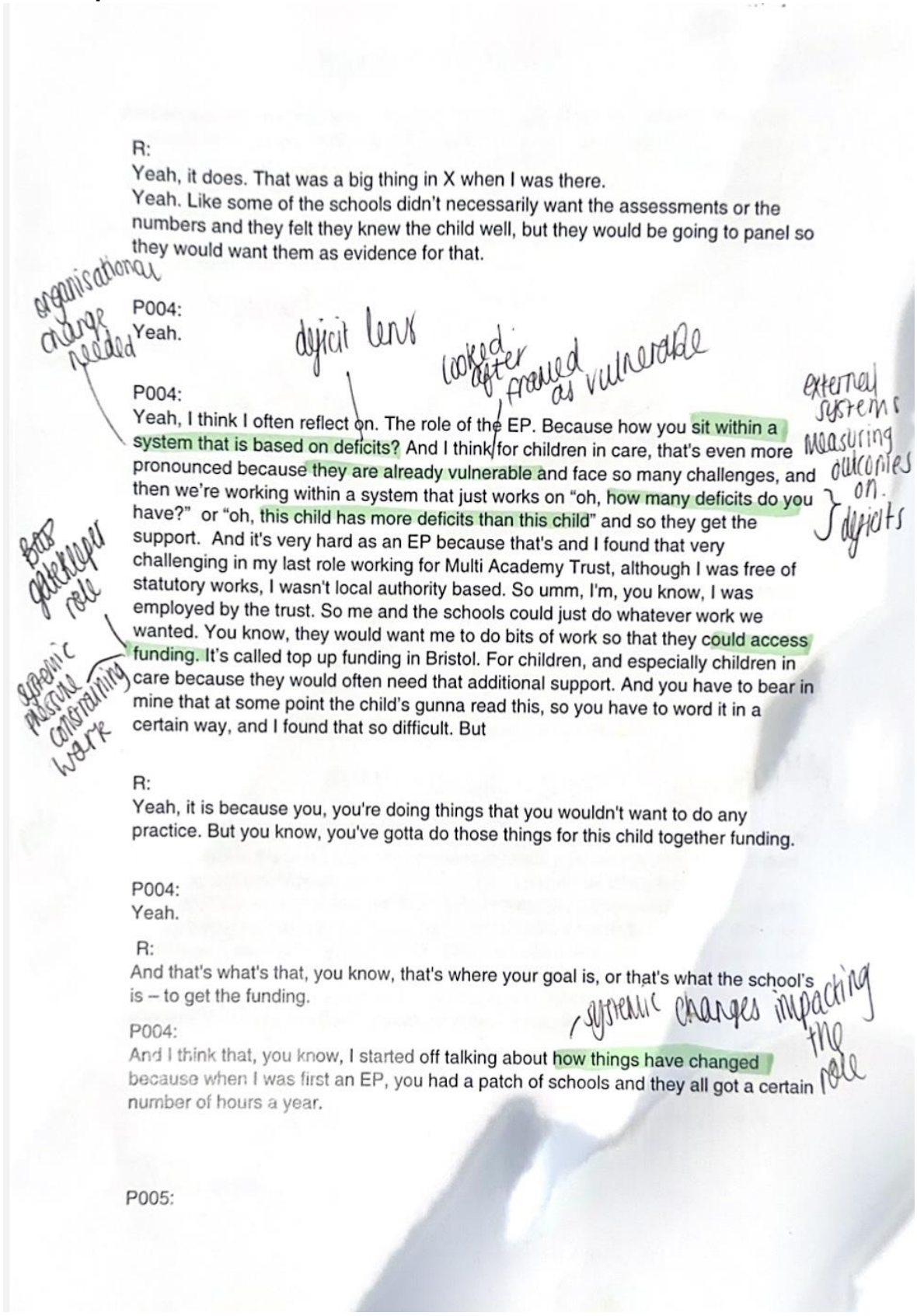
P004:
Like what you know?

P004:
But then that just comes down to gate keeping and funding, I think.

out of our control

systemic/organisational pressures

Appendix O – Phase 1 of reflexive thematic analysis (familiarisation) with transcript P004



R:
Yeah, it does. That was a big thing in X when I was there.
Yeah. Like some of the schools didn't necessarily want the assessments or the numbers and they felt they knew the child well, but they would be going to panel so they would want them as evidence for that.

P004:
Yeah.

P004:
Yeah, I think I often reflect on. The role of the EP. Because how you sit within a system that is based on deficits? And I think for children in care, that's even more pronounced because they are already vulnerable and face so many challenges, and then we're working within a system that just works on "oh, how many deficits do you have?" or "oh, this child has more deficits than this child" and so they get the support. And it's very hard as an EP because that's and I found that very challenging in my last role working for Multi Academy Trust, although I was free of statutory works, I wasn't local authority based. So umm, I'm, you know, I was employed by the trust. So me and the schools could just do whatever work we wanted. You know, they would want me to do bits of work so that they could access funding. It's called top up funding in Bristol. For children, and especially children in care because they would often need that additional support. And you have to bear in mine that at some point the child's gunna read this, so you have to word it in a certain way, and I found that so difficult. But

R:
Yeah, it is because you, you're doing things that you wouldn't want to do any practice. But you know, you've gotta do those things for this child together funding.

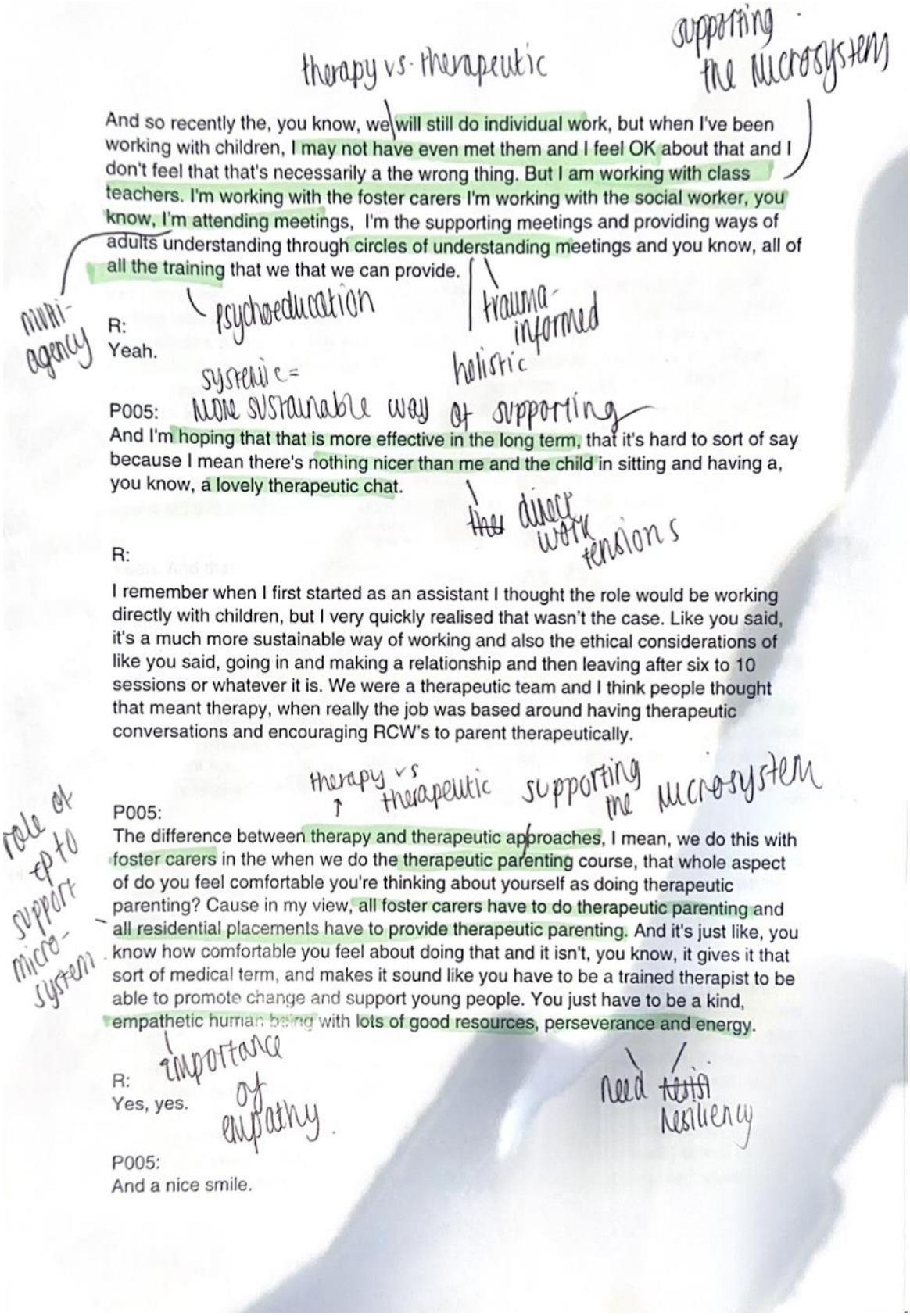
P004:
Yeah.

R:
And that's what's that, you know, that's where your goal is, or that's what the school's is – to get the funding.

P004:
And I think that, you know, I started off talking about how things have changed because when I was first an EP, you had a patch of schools and they all got a certain number of hours a year.

P005:

Appendix P – Phase 1 of reflexive thematic analysis (familiarisation) with transcript P005



therapy vs therapeutic

supporting the microsystem

And so recently the, you know, we will still do individual work, but when I've been working with children, I may not have even met them and I feel OK about that and I don't feel that that's necessarily a the wrong thing. But I am working with class teachers. I'm working with the foster carers I'm working with the social worker, you know, I'm attending meetings, I'm the supporting meetings and providing ways of adults understanding through circles of understanding meetings and you know, all of all the training that we that we can provide.

multi-agency

psychoeducation

trauma-informed

holistic

systemic

R:
Yeah.

P005: more sustainable way of supporting
And I'm hoping that that is more effective in the long term, that it's hard to sort of say because I mean there's nothing nicer than me and the child in sitting and having a, you know, a lovely therapeutic chat.

direct work

tensions

R:
I remember when I first started as an assistant I thought the role would be working directly with children, but I very quickly realised that wasn't the case. Like you said, it's a much more sustainable way of working and also the ethical considerations of like you said, going in and making a relationship and then leaving after six to 10 sessions or whatever it is. We were a therapeutic team and I think people thought that meant therapy, when really the job was based around having therapeutic conversations and encouraging RCW's to parent therapeutically.

therapy vs therapeutic

supporting the microsystem

role of EP to support micro-system

P005:
The difference between therapy and therapeutic approaches, I mean, we do this with foster carers in the when we do the therapeutic parenting course, that whole aspect of do you feel comfortable you're thinking about yourself as doing therapeutic parenting? Cause in my view, all foster carers have to do therapeutic parenting and all residential placements have to provide therapeutic parenting. And it's just like, you know how comfortable you feel about doing that and it isn't, you know, it gives it that sort of medical term, and makes it sound like you have to be a trained therapist to be able to promote change and support young people. You just have to be a kind, empathetic human being with lots of good resources, perseverance and energy.

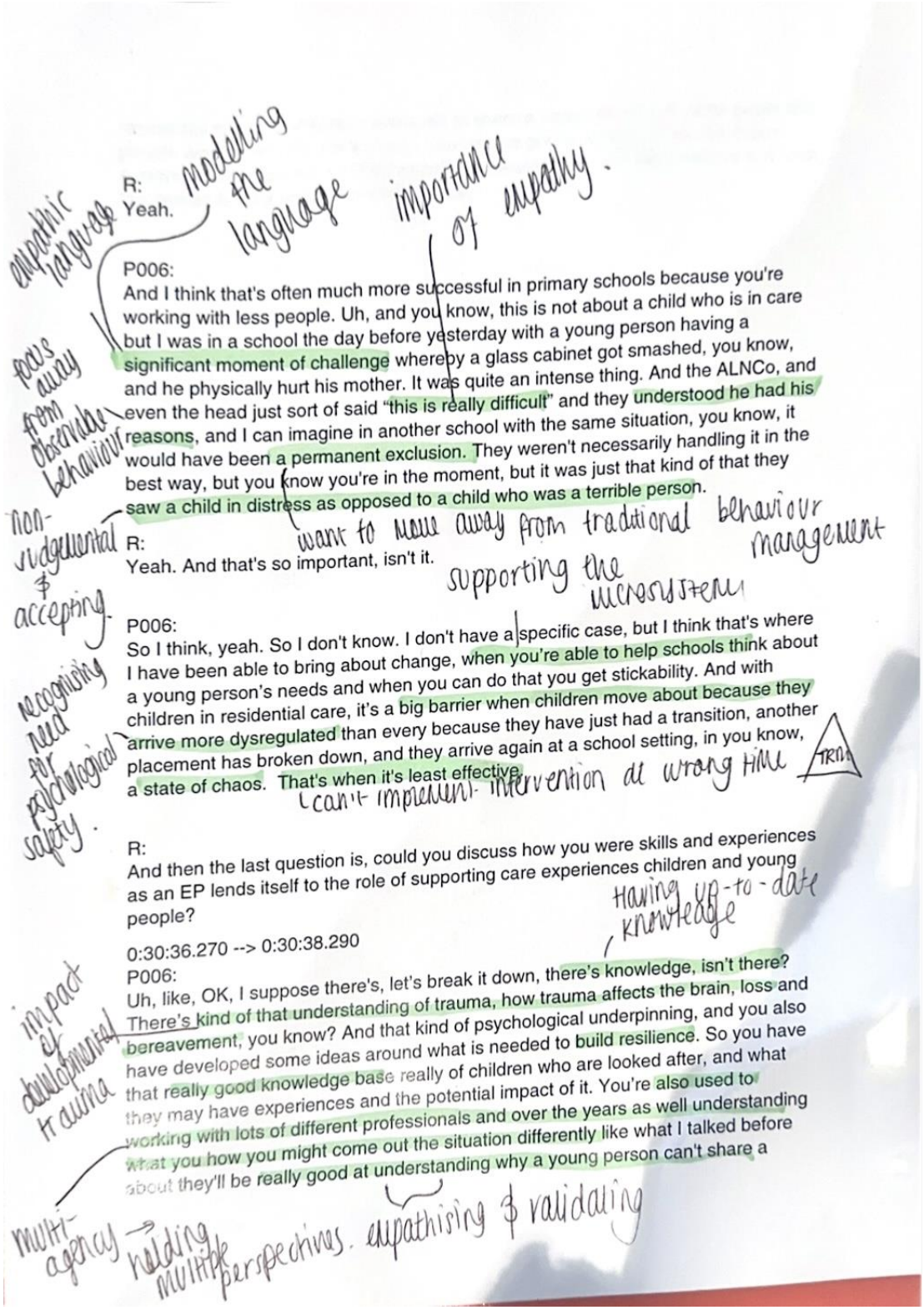
importance of empathy

need resiliency

R:
Yes, yes.

P005:
And a nice smile.

Appendix Q – Phase 1 of reflexive thematic analysis (familiarisation) with transcript P006



R:
Yeah.

P006:
And I think that's often much more successful in primary schools because you're working with less people. Uh, and you know, this is not about a child who is in care but I was in a school the day before yesterday with a young person having a significant moment of challenge whereby a glass cabinet got smashed, you know, and he physically hurt his mother. It was quite an intense thing. And the ALNCo, and even the head just sort of said "this is really difficult" and they understood he had his reasons, and I can imagine in another school with the same situation, you know, it would have been a permanent exclusion. They weren't necessarily handling it in the best way, but you know you're in the moment, but it was just that kind of that they saw a child in distress as opposed to a child who was a terrible person.

R:
Yeah. And that's so important, isn't it.

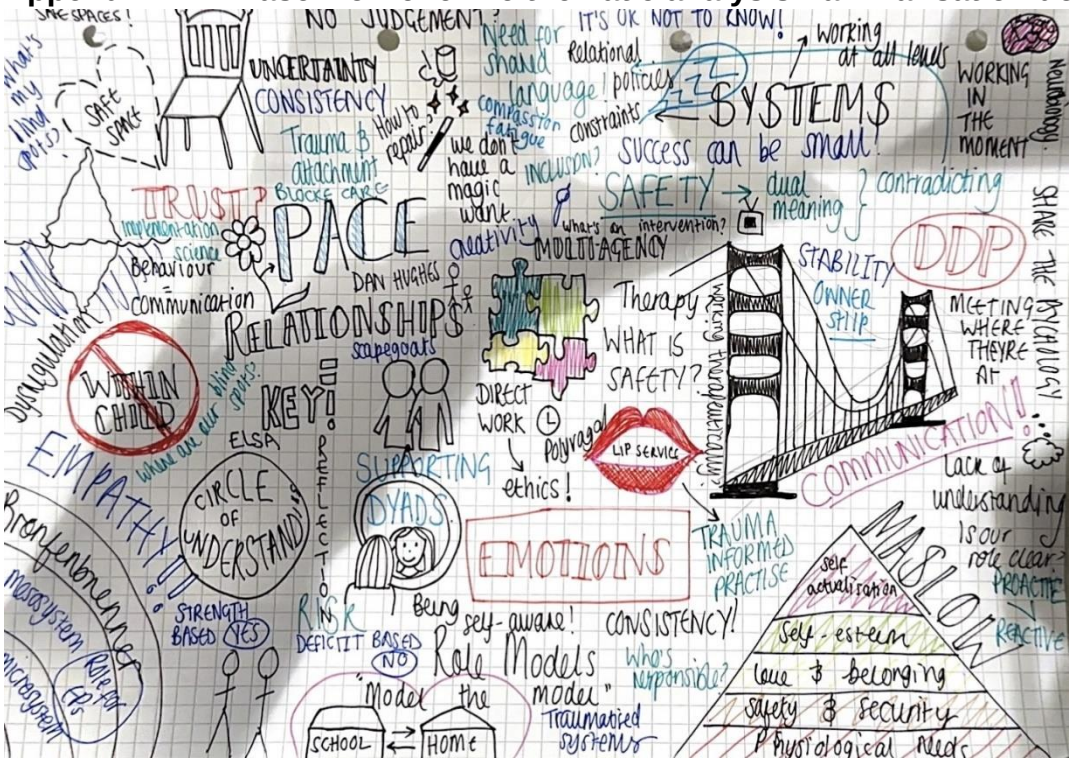
P006:
So I think, yeah. So I don't know. I don't have a specific case, but I think that's where I have been able to bring about change, when you're able to help schools think about a young person's needs and when you can do that you get stickability. And with children in residential care, it's a big barrier when children move about because they arrive more dysregulated than every because they have just had a transition, another placement has broken down, and they arrive again at a school setting, in you know, a state of chaos. That's when it's least effective.

R:
And then the last question is, could you discuss how you were skills and experiences as an EP lends itself to the role of supporting care experiences children and young people?

0:30:36.270 --> 0:30:38.290

P006:
Uh, like, OK, I suppose there's, let's break it down, there's knowledge, isn't there? There's kind of that understanding of trauma, how trauma affects the brain, loss and bereavement, you know? And that kind of psychological underpinning, and you also have developed some ideas around what is needed to build resilience. So you have that really good knowledge base really of children who are looked after, and what they may have experiences and the potential impact of it. You're also used to working with lots of different professionals and over the years as well understanding what you how you might come out the situation differently like what I talked before about they'll be really good at understanding why a young person can't share a

Appendix R – Phase 1 of reflexive thematic analysis: familiarisation doodle



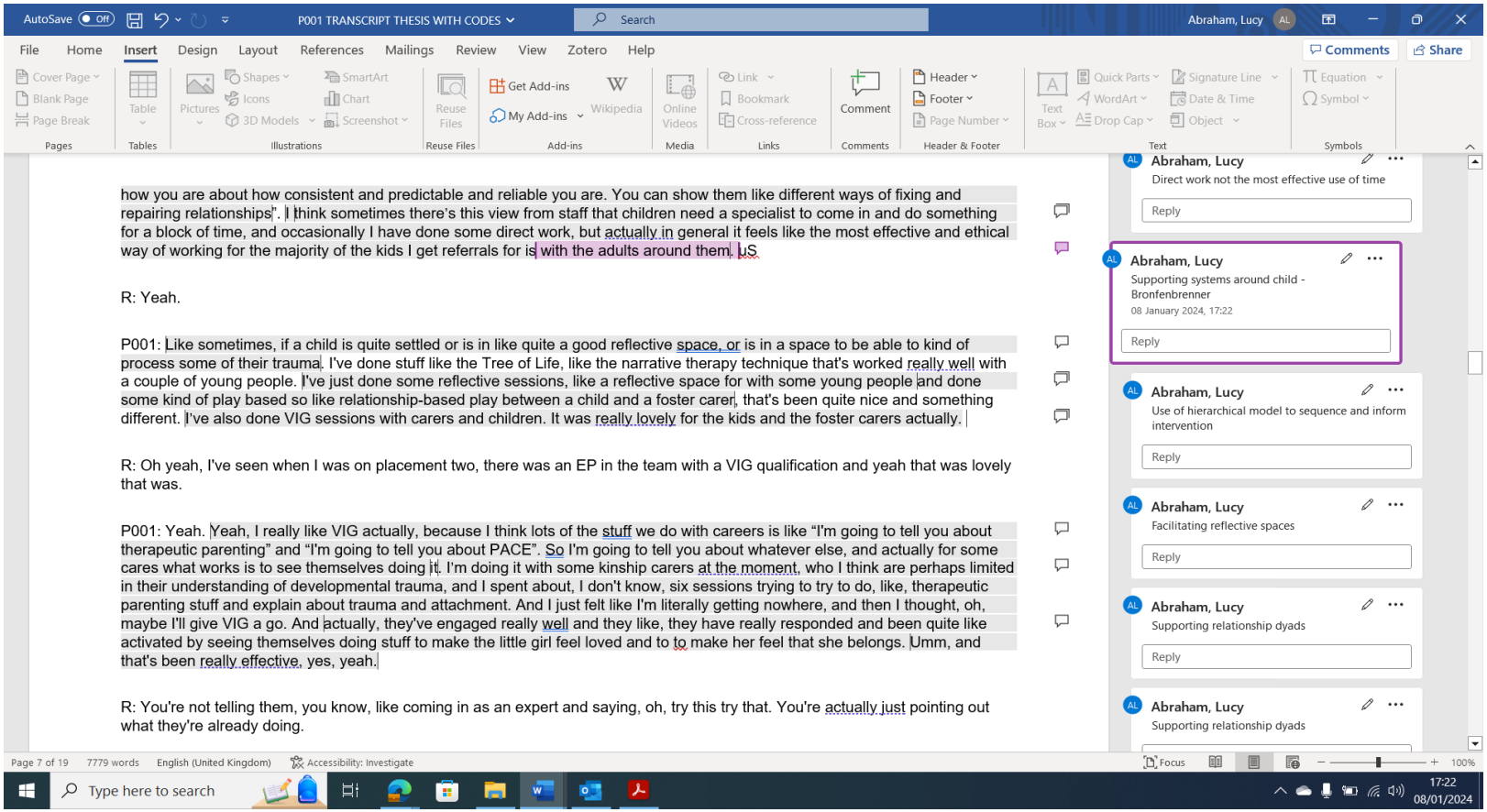
Appendix S – Critical questioning of the dataset during familiarisation stage of reflexive thematic analysis, adapted from Braun and Clarke (2022b, page 45)

Question directed at the dataset	Notes
What assumptions are being made within the dataset about care experienced children and young people?	I noticed across nearly every dataset that immediately, there was the implicit assumption that all care experienced individuals have experienced neglect and possibly trauma. There is the underlying assumption that all children we support in care, are placed in care as a result of involvement from Children's Services in relation to neglect and trauma. Often, there was the assumption that other professionals did not fully understand the complex needs that a care experienced individual may have. I felt there was an underlying assumptions that the systems in which I child exists can often constrain the work an EP would be able to do otherwise. Systems that the adults around the child are in are traumatised.
How are care experienced children characterised?	Similarly to the above, the language used across all the transcripts suggested to me that participants consider care experienced children to be a particularly vulnerable group of young people in comparison to the wider population, with relation to their learning, wellbeing, social and emotional needs. For example, discussions around support offered often highlighted that EPs specialising in supporting care experienced individuals were part of a 'Vulnerable Learners' EP team. They were characterised as a population group who on the whole, would benefit from significant support at the individual, group and organisational level.
What purpose are EPs imagined to serve, within this context?	• All participants views the EP as playing a valuable role in supporting the educational and

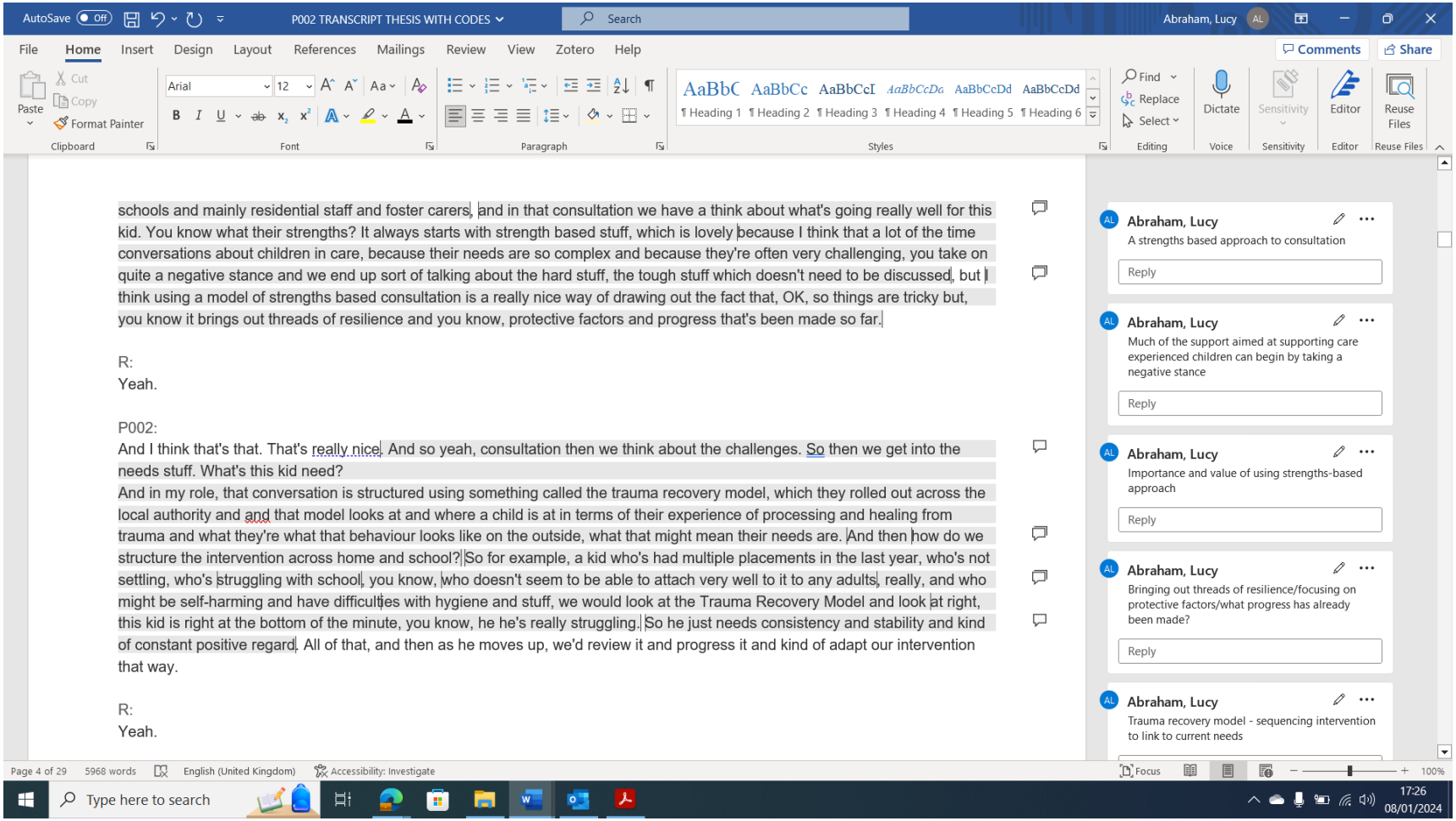
	life outcomes of care experienced individuals. • Consultation led model of service delivery deemed valuable. • Playing a role in building bridges of communication within the mesosystem. • Seems that a significant proportion of the role is spent supporting the adults within the child's system. • Sharing the psychology with other professions and agencies through training and communication. • Relationships at the heart of what EPs do. • Lots of varied training opportunities. • Direct work with young people (although issues surrounding this were highlighted).
What theory underpins conversations within the dataset?	• Almost every EP either explicitly or implicitly drew upon hierarchical models of need, with these models being based on the assumption that foundational needs need to be supported before we can begin to direct support at other needs. Examples include Maslow's hierarchy of needs (1943) and the Trauma Recovery Model (Skuse and Matthews, 2015). • Lots of discussions around attachment and theories relating to the impact of developmental trauma (Bowlby, 1969). • PACE (Golding and Hughes, 2012). • Dyadic Developmental Psychotherapy (Hughes, Golding and Hudson, 2015). • The notion that relationships underpin all support. • Bronfenbrenner's (2005) bioecological systems model.

What sorts of assumptions are made about how society is – or should be – organised?	• I felt an underlying assumption that society as a whole works against supporting children in care. For example, an idea that came through implicitly was that we as a society, tend to fall back on behaviourist approaches to managing behaviour within UK schools, but this does not work for all children, and can reinforce negative self-beliefs held by some care experienced individuals. • I felt there was the idea that EPs approach is too 'soft' or 'wishy washy' in the eyes of our society.

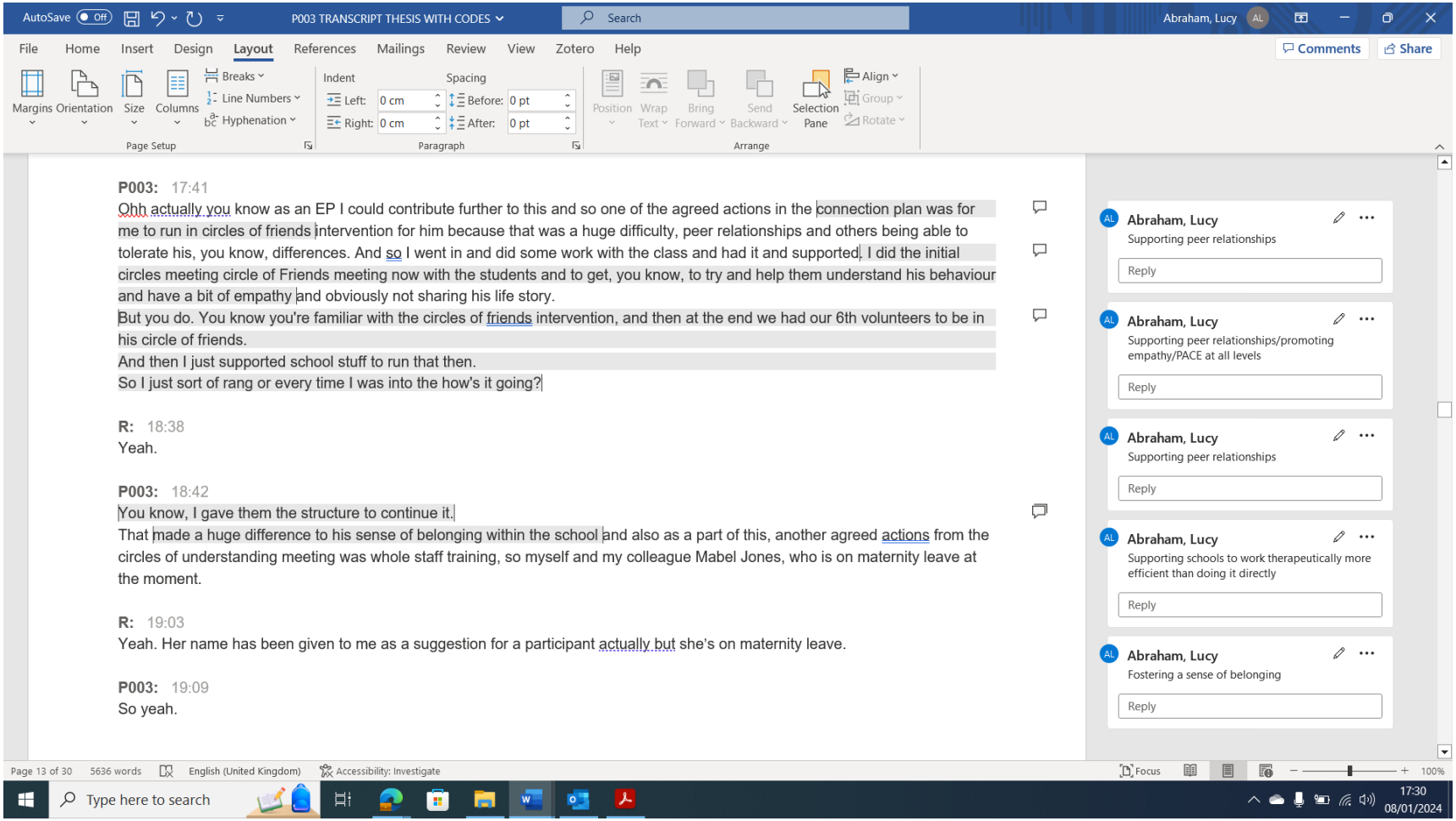
Appendix T – Snapshot of Phase 2 of data analysis (coding) with transcript P001



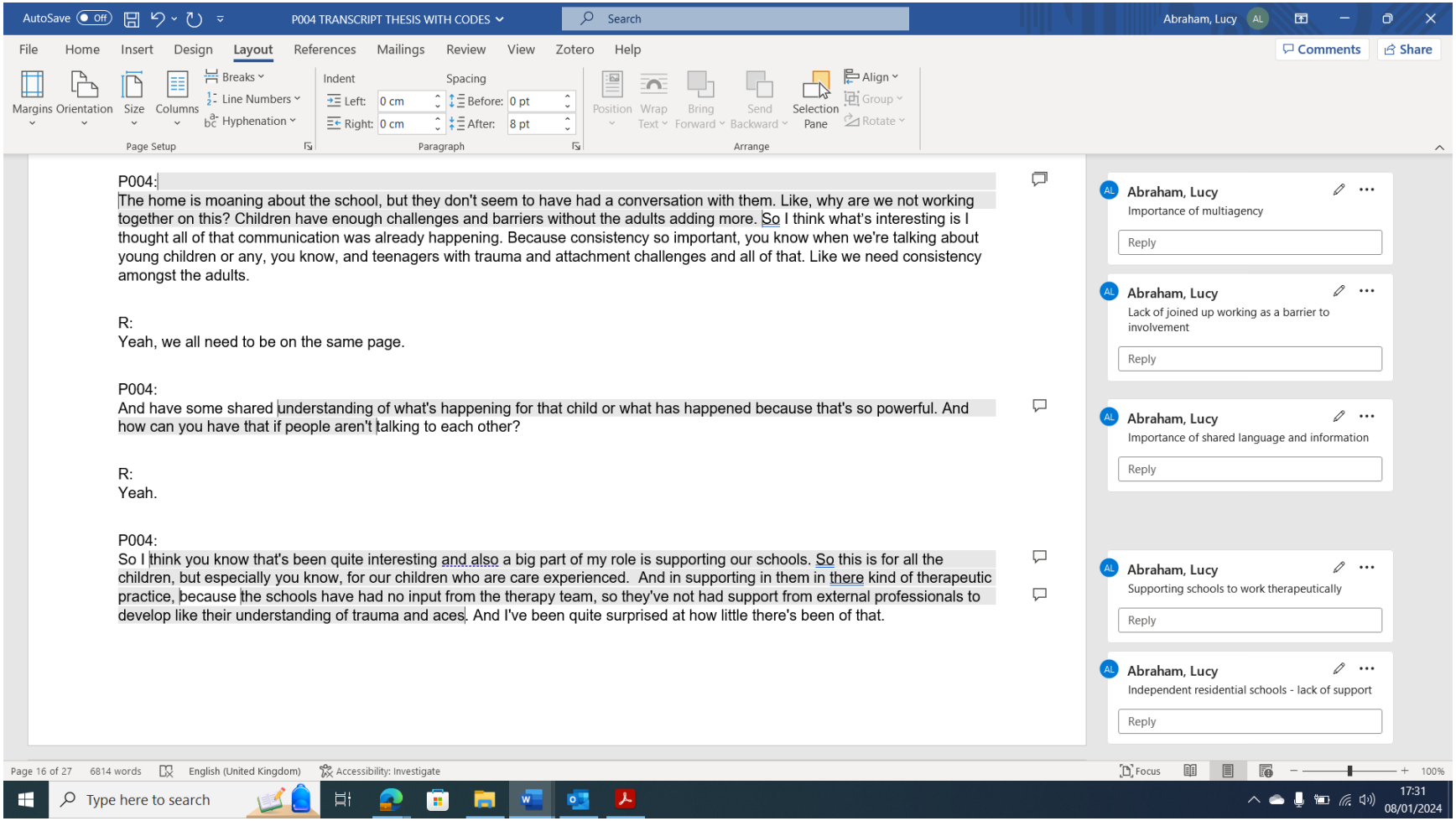
Appendix U – Snapshot of Phase 2 of data analysis (coding) with transcript P002



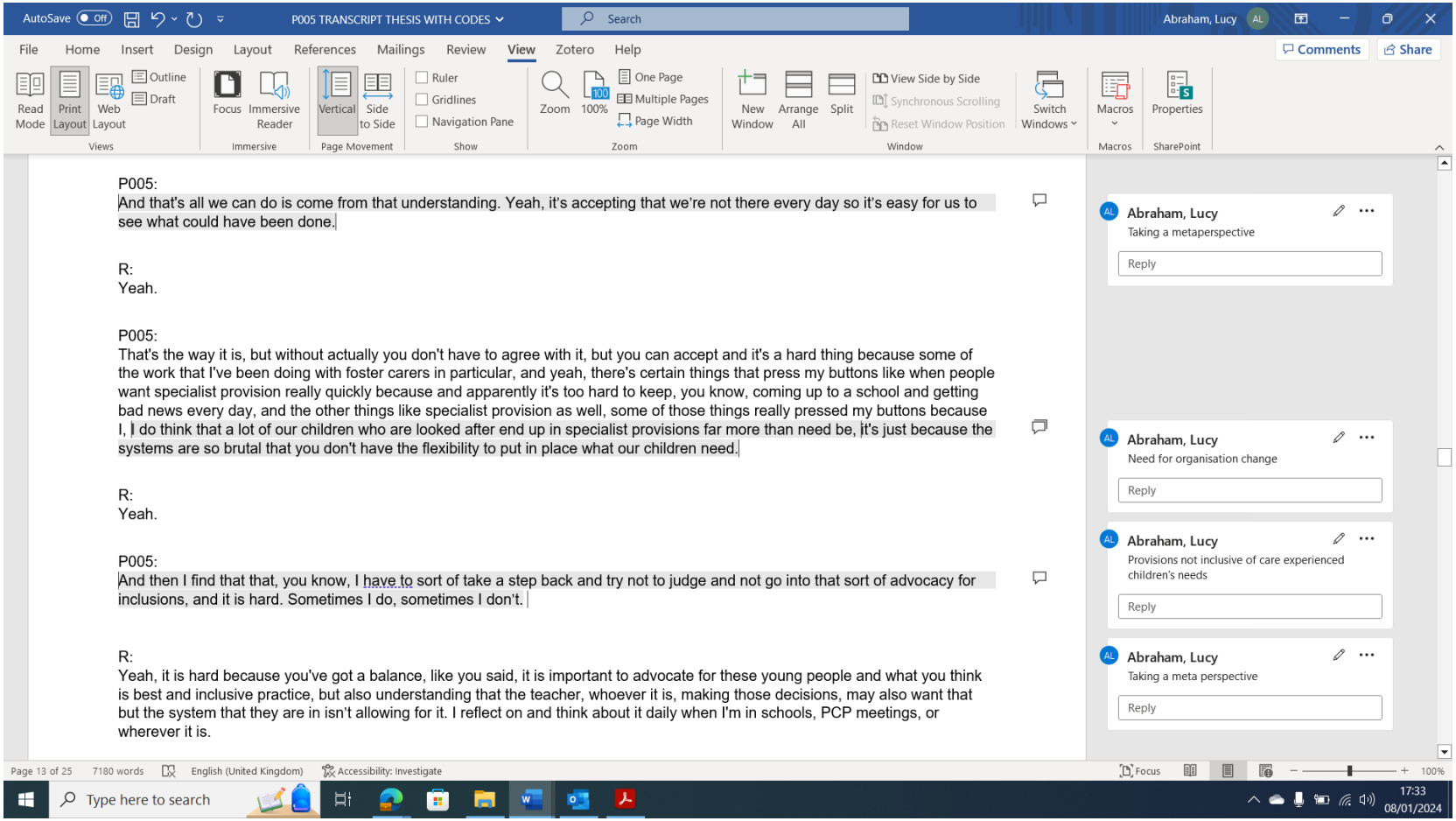
Appendix V – Snapshot of Phase 2 of data analysis (coding) with transcript P003



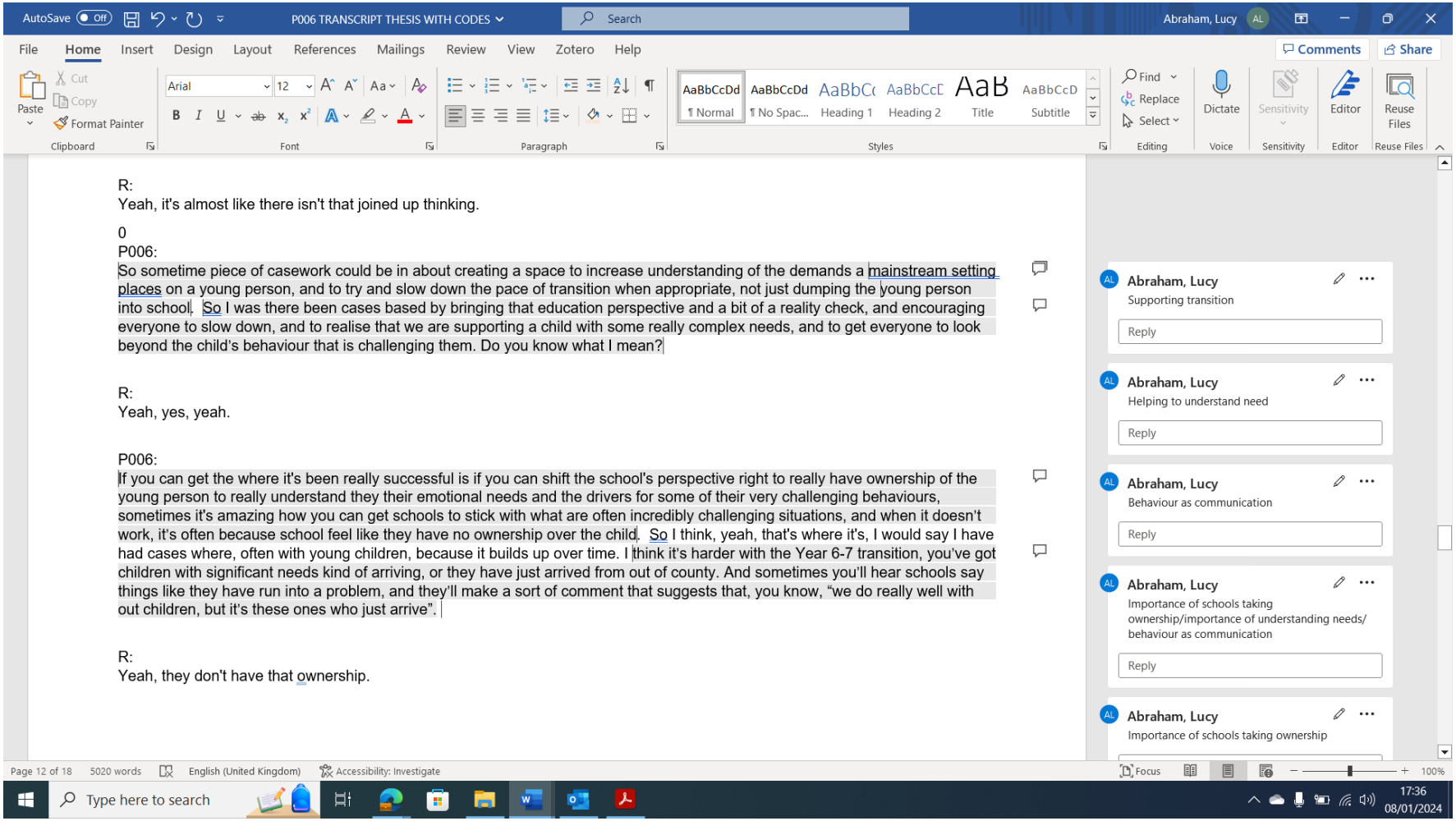
Appendix W – Snapshot of Phase 2 of data analysis (coding) with transcript P004



Appendix X – Snapshot of Phase 2 of data analysis (coding) with transcript P005



Appendix Y – Snapshot of Phase 2 of data analysis (coding) with transcript P006



Appendix Z – Phase 2 of thematic analysis (generate initial codes)

Working with systems around the child	Internal Working Models	Assumption of trauma
Supporting key adults to understand need	Relationships are key	EPs as role models
Valuable role for EPs	Trust and communication is key	Importance of information sharing
No consistency across Wales	Teaching and supporting PACE	Value in co-production
Role in Children's Services	Embodying PACE within practice	Support needs to be accessible and feasible
Relationships central to the role	Support for RCWs	Facilitating and supporting relationships
Creativeness in role	Facilitating reflective spaces	Supporting transitions
Variation in role	Trauma Recovery Model (Skuse and Matthew, 2015)	Supporting adults to understand attachment-related need
Attachment and trauma theory underpinned approaches (training, TRM, Circles of Understanding, ECM)	Use of hierarchical model that sequences intervention	Preventing/supporting compassion fatigue/blocked care
Leading with empathy	Facilitating change	Reflect, reframe, reconstruct
Challenging role of carer	Direct work with children and young people	Ethical considerations within the role
Supporting relationship dyads	Strength-based over deficits-based	Working with rather than doing to
Empowering carers	Acknowledging challenging role	High staff turnover barrier to support
Regular and consistent support	Value in training and upskilling carers and RCWs	Supporting carers to therapeutically parent
Bespoke training	Erroneous assumptions around role of EP	Therapy vs. working therapeutically
Responding to need	Grief and loss	Ok not to know the answers
No quick fix	Sitting with uncertainty	Supporting carers with consistent responses
Psychological safety	Supporting whole schools	Supporting school staff
Enhanced Case Management	Video Interactive Guidance	Virtual schools being developed within Wales
Lack of available EPs is a barrier	Multi-agency working	Lots of care experienced children that should have access to support if needed
Heterogeneous group	Maslow's hierarchy of needs	Hard to plan/predict support
Behaviour as communication	Reinforcing Internal Working model (ethical consideration)	Pressure on other professionals e.g. social workers
Lots of examples of facilitating positive change	Recognising success can be small	Supporting whole family dynamics
Psychoeducation	Focusing on what is already working well	Dyadic Developmental Psychotherapy principles

COVID changes	Every case is different	No consistency with agencies across Wales
Taking a holistic view	Role transparency – do we describe EP role efficiently?	Need for shared language
Slipping through the net	Lots of professionals involved	Using psychology to inform support
Building communication links with residential homes	England Vs. Wales model of service delivery	Dual roles
There are no quick fixes	Dyadic work is important	EPs can play a role in enabling conversations
Helping to give others a voice and make sure the voice is heard	Supporting transitions back to birth family following a period in care	Supporting transitions from one care placement to another
Success in supporting a placement to remain stable	Empathy as core skill of all EPs	Range of skills needed for the role of EP supporting care experienced children and young people
EPs unconsciously using PACE/PACE as a way of being	Success isn't always a nice, neat story	It's a long process
Thinking about the needs of other professionals and allowing that to inform the work	The importance of holding and accepting multiple perspectives at one time	Empathy as a prerequisite to positive change
What are the child's needs right now?	Sometimes no empathy for adults around the child	Adults around the child observed through a deficit-model (what are they doing wrong?)
Carers within a system that doesn't empathise or acknowledge their difficult role	Culture of blaming others	Systems around the child are traumatised
All we can do is what we can do, right?	Encouraging others to sit in the uncertainty	Providing emotional containment
Giving others the permission not to have the answers	It can be difficult to lead with empathy and not rush to problem solving	Importance of consistency
Knowing that there are no quick fixes can be scare but reassuring for carers	Feelings of inadequacy within the EP role	Carers value reassurance regarding their practice
Different professionals work with different definitions of safety and these definitions can be contradictory	Importance of engaging in self-reflection	EPs need to be aware of their own blind spots
Importance of understanding the culture and social norms within the areas that we work	Understanding decision making from the parent/carers' perspectives	Putting ourselves in the shoes of other professionals
ELSA is a useful framework to supporting residential care staff	Looking through the lens of developmental trauma	Variety of ways EPs can work – not always through LA EPS

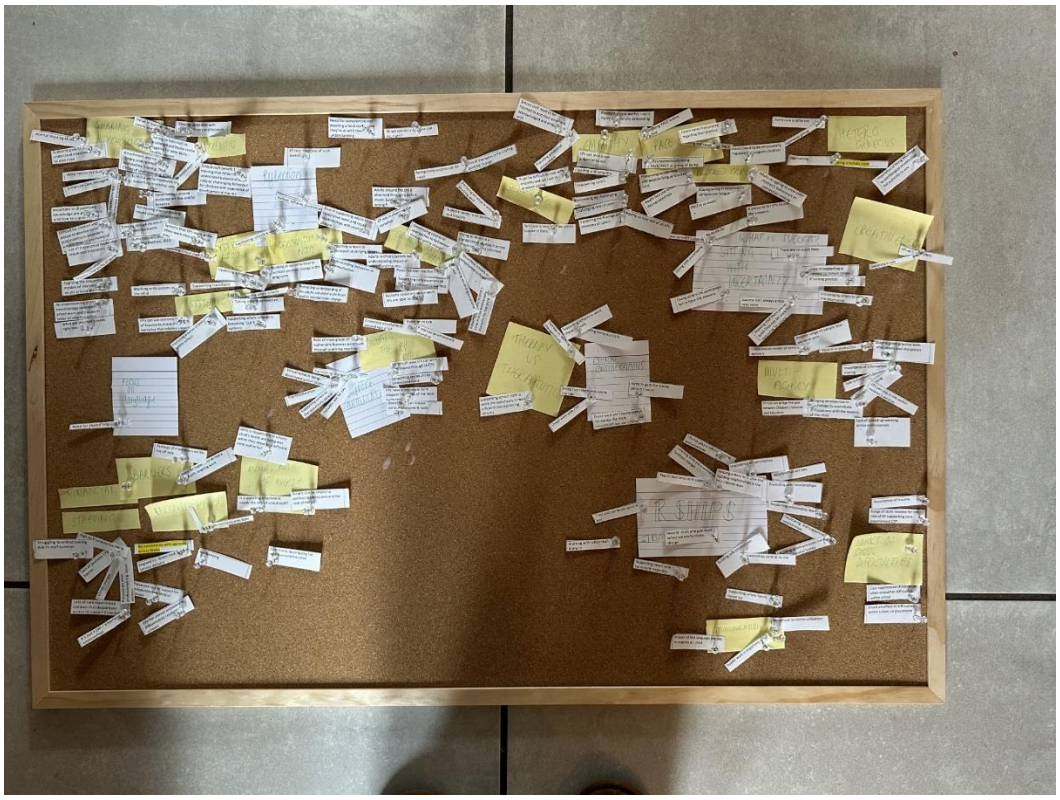
EPs can play a role within children's services	A rewarding and enjoyable role	Consultation model of service delivery
Changing the narrative – taking a strengths-based approach	Much of the support aimed at supporting care experienced children can begin by taking a negative stance	Bringing out threads of resilience
Focusing on protective factors	What progress has already been made?	Importance of linking intervention/approach to child's needs in that moment
Supporting the mesosystem	Value in joint-up working	Supporting individuals who have experienced significant change and loss
How can we support children who are struggling to make and maintain relationships?	Often the young person is struggling with school and has limited capacity to learn	Supporting adults to show children constant positive regard, to change inner beliefs
Residential care worker role is underestimated and undervalued	Residential care workers' need to vent and discuss feelings around incidents	EPs modelling the model
Supporting staff to feel psychologically safe	EP role in delivering training across professions	Emotion coaching
Lack of understanding regarding role of EP	Use of evidence-based approaches	Is this a specialist role?
Circles of Understanding	Training for foster carers and residential care staff seen as valuable	Examples of EPs being accepting, curious and empathic throughout interviews
Importance of being accessible and approachable	Other agencies facilitating trust between family and EP	Important to revisit training – content is lost if we don't imbed as a culture
Embedding a trauma-informed culture through supervision	Default model of practice tends to be within-child/pathologizing	A need to move away from an individualised/pathologizing way of thinking
Behaviourist approaches outdated and can be harmful for children and young people who have experienced developmental trauma	Using paperwork to embed a shared language and reflective practice	Facilitating reflective conversations between residential care workers
Providing a framework to think about what helped a situation	Value in developing shared language across professionals and adults within a child's system	Sharing psychology leads to better outcomes
EP as the vehicle to share the psychology	Adults need to feel confident and supported	Consultation skills are imperative
Helping adults feel psychologically safe and enabling difficult conversations	Use of scales in direct work with children and young people	Problem-solving skills and frameworks (COMOIRA, Monson)

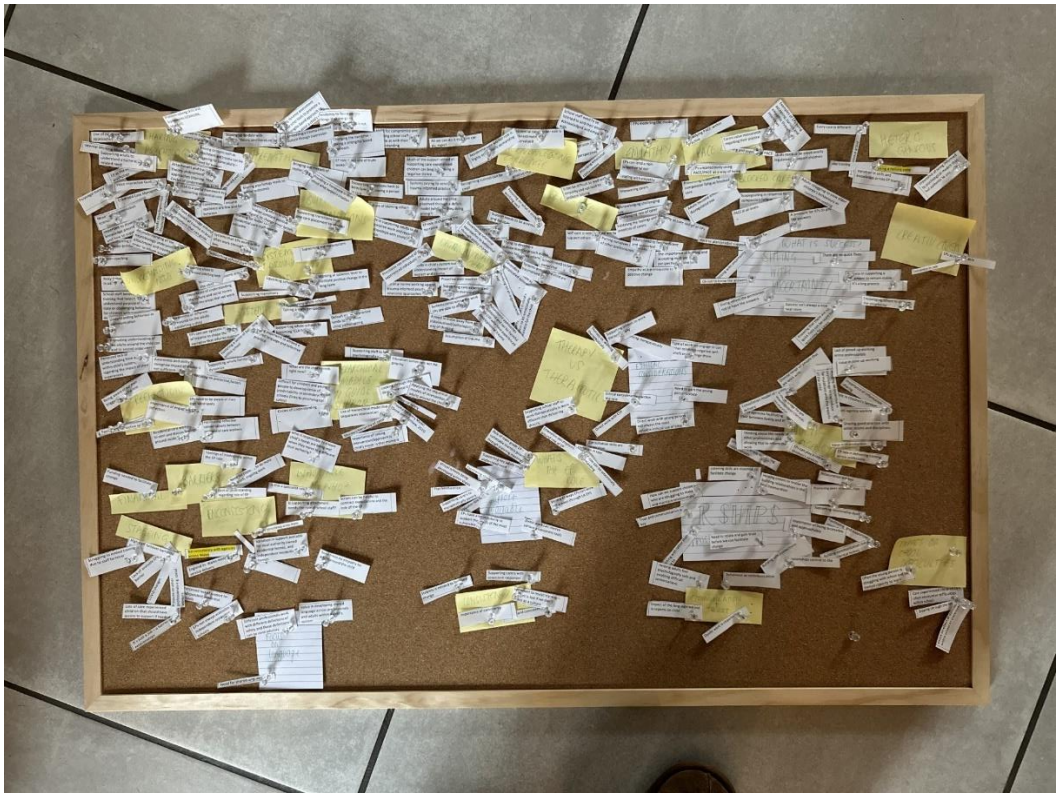
Using dynamic assessment over other tools to promote a strengths-based approach to thinking about a child's needs	Tendency to focus on the things that are going wrong/things the child is not very good at	Type of work we engage in can either reinforce negative self-beliefs or challenge them
EPs have knowledge around the impact of trauma on brain development that can guide support	Polyvagal theory	Variation in skills and knowledge across EP teams
Conversations around resilience are few and far between	Important to disseminate knowledge around resilience and how to support it	EP role in changing the narrative
EPs can use systemic models of trauma to shape the narrative that informs support	EP role can bridge the gap between Children's Services and education	EPs can lend a non-judgemental ear
Role of main grade EP – vulnerable learners prioritised through planning meetings	Supporting schools to understand underlying needs	Upskilling school staff
Supporting whole-schools to becoming 'CLA friendly' - systemic	Validating the feelings and emotions of carers	Need for capacity to do more in-depth, ongoing work
Bringing an expertise in psychology to coproduce formulations with the experts of the child	Building safe connections	Helping others to realise that building relationships is the best intervention
Who is responsible to ensure child's needs are being met when they move to a different local authority?	Lack of joined up working across professionals	School staff benefit from training that helps them understand purpose of some risky or challenging behaviour for children with experience of developmental trauma
Understanding behaviour as communication	Secondary schools as complicated systems	Difficult for children and young people to develop sense of predictability in secondary schools (links to psychological safety)
Working therapeutically	Promoting understanding of the adults around the child can lead to second order change	PACE at all levels
Promoting peer relationships	Supporting school staff to work therapeutically is more efficient than delivering directly	Fostering a sense of belonging within school
Working on an organisational level	Diverse range of people that we work with	Training on topics such as attachment and trauma can be triggering for some adults – need for support.
Adults struggling to view older children's behaviours as connection seeking	Is supporting attachment needs the role of school staff?	Direct work with young person not always the most valuable/ethical use of time

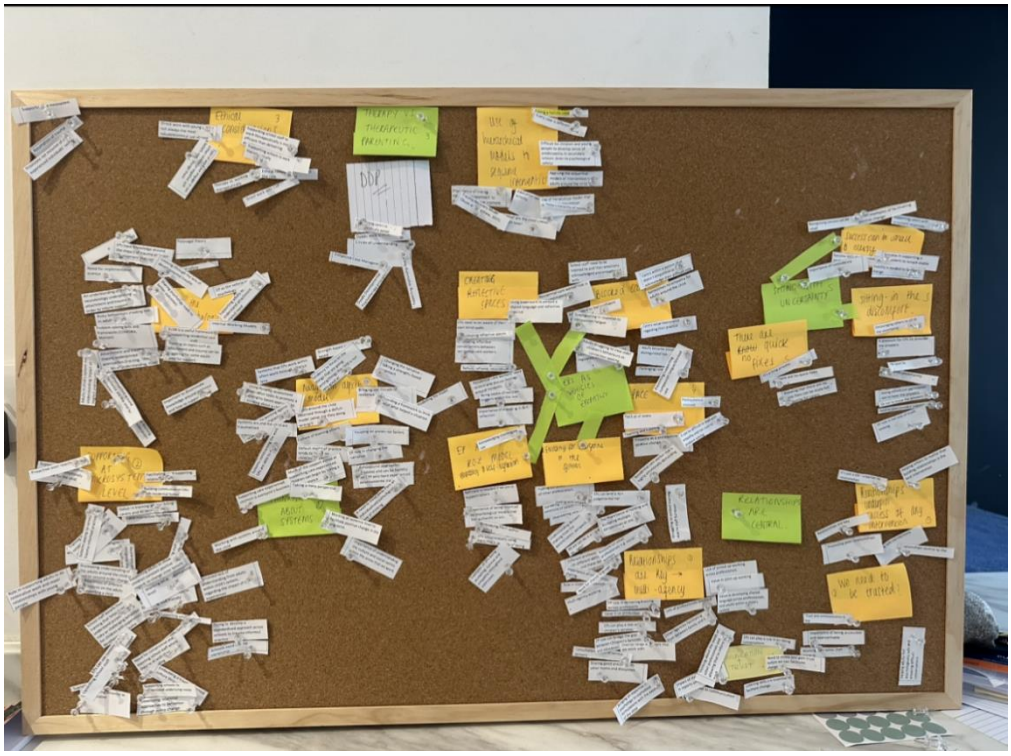
Importance of being informed by psychological models that feel authentic to you	A pressure for EPs to provide the answers	Scripts can be helpful to contract expectations and the role of the EP
Working at systemic level to facilitate positive change in the long-term	Supporting adults in child's system to be emotionally available for the child	Self-care is needed if we are to support others
Changing landscape of EP work	Funding constraints impacting type of work EP can do	Need for prioritisation of care experienced children within main grade EP work
EPs not always accessible to independent residential schools	Need to gain the young person's voice	Direct work can involve various assessment tools
Systems constraining the work EPs are able to do	Systems that EPs work within often work through a deficit lens	Gatekeeping
Impact of the language we use in reports on child	Supporting schools to work therapeutically	Perceived lack of support for independent residential schools
Struggling to embed training due to staff turnover	Need for compromise and meeting school staff where they're at with their understanding	School staff need to be listened to and their emotions acknowledged and empathised with
Developing relational approaches to behaviour through policy change	Applying the sequential models of intervention to the adults around the child	Need to relate and gain trust before we can facilitate change
Adults become emotionally dysregulated too	Adults need to be emotionally regulated to support children	Role in supporting adults to do restorative work and repair relationships with young people
Care experienced children can often encounter difficulties within school	Listening skills are essential to facilitate change	Staying up-to-date with relevant theory and literature
EPs have a responsibility to support the needs of the most vulnerable	Supporting care experienced children is everyone's business	Care experienced children are considered vulnerable
Knock on effect of difficulties within school on placement	Trying to develop a standardised approach across schools to trauma informed practice	Sharing good practice with other teams and disciplines
EP role can be emotionally demanding	Proactive over reactive	It's just a job – a barrier to relationships
Residential care worker role is highly emotionally demanding	Adults in child's system not understanding impact of neglect and trauma	Taking a meta perspective
Awareness of different pressures on the adults supporting a child	Being aware of our own triggers within the role	Provisions not inclusive of care experienced individuals' needs

Systems paying lip service to trauma informed practice	Need for implementation science	Awareness and ability to recognise impact of trauma is not sufficient
Societal norms working against trauma informed practice and relational approaches	Funding needed to facilitate change	Risky behaviours invoking fear in adults
EP role is not one of truth seeking	Scapegoating in response to compassion fatigue	An understanding of the neurobiology underpinning attachment and trauma in order to inform support
Having a support network within this role is crucial	Ensuring educational provisions can meet the multifaceted and complex needs of care experienced individuals	Cynicism towards independent education providers offering a bespoke education package
Education sometimes not the priority	Variation in support available for local authority owned residential homes, and independent residential homes	Perceived lack of understanding from adults within child's system, regarding the impact of their experiences
Schools need to take ownership	Stability is needed to facilitate change	

Appendix AA – Phase 3 of data analysis (searching for themes)







Appendix AB - Corresponding quotations for developing themes

Overarching theme 1: Considering (bio)ecological systems	
Subtheme	**Illustrative quotes**
Subtheme 1: supporting the microsystems	P001 – “So working with that team around the kids rather than necessarily doing direct work, although I have done some direct work, but quite a lot of work around supporting, kind of the adults around that that child to understand the their experiences and to begin to kind of mentalize and hypothesize about the impact of those experiences and kind of drawing some kind of psychology around trauma and around attachment into that” P001 – “umm and just I think helping adults kind of empathize and be curious about what's going on for children and young people.” P001 – “And then the middle one is like needs. So you know, if I believe that adults aren't going to stick around, what is my need? Maybe my need is to learn to trust that some adults will stick around. And then you would develop a kind of connection plan, like Ok, how can we help them learn to trust that adults will stick around? “ P001 – “. I think that's a real like a really valuable thing that we can bring as psychologist is that just kind of helping staff and teachers and foster carers kind of understand the impact of some of those experiences and just think differently about kind of the, you know, the behaviours that they’re seeing, especially when they don’t understand where those behaviours are coming from”

	“we've got the kind of the setup with the residential homes, umm and the regular kind of monthly supervision for staff, and then we've also kind of got it set up where we are doing what we call Trauma Informed Practice like training for new starters” P002 – “Obviously, as a psychologist or trainee we used the ELSA model of supervision with the residential care stuff around, supporting them to kind of think about the children's needs at home and at school and sort of how to support them, looking through a lens of developmental trauma I guess. “ P002 – “. Actually with recent conversations, Jenna and I have had with heads of the rescue services and the head of the EP team as well, and the Children’s Services seniors team have been about and doing monthly, monthly or three-monthly trauma informed training” “You're just going kind of you just wonder aloud about what might be happening and you kind of generate hypotheses together and you support the people in the room who are with that child all the time to to understand that are they know what this kid needs and and they know how to do it. Using consultation skillfully is a really beautiful way of supporting children in care because it generates hypotheses about their needs” P003 – “So I started off with a circles of understanding, meeting with the social worker and his carers and the key adults within the school and that in itself was a really effective intervention.”

	P003 – “We used to do work very similarly to those who worked on the therapeutic families team we would go into residential homes and for example, for training and reflective supervision. You know the ELSA training, we also did ELSA for residential workers and we went in and did sort of a 6-week course for them and then we would just regularly drop in to see how things were going for them.” P003 - “So for me, that's our unique contribution to supporting, you know, children and young people who are looked-after and the adults around them. But I've really had, you know, I've had to defend that position a lot.” P001 – “. And it's just a recognition that it is a really hard role. I mean, especially residential staff and foster care. They carry an awful lot of responsibility with very little break. There is a whole bunch of challenges that come with that job that, yeah, I think you have to kind of recognize that actually that's really hard and they don’t often get the recognition they deserve” P004 – “So I think you know that's been quite interesting and also a big part of my role is supporting our schools. So this is for all the children, but especially you know, for our children who are care experienced. And in supporting in them in there kind of therapeutic practice, because the schools have had no input from the therapy team, so they've not had support from external professionals

	to develop like their understanding of trauma and aces” P004 – “EP we can bring about change for young person, but it is through you as the adults, and that's for, you know, especially crucial for our children in care, because it's about the conversations that we have with the adults working with those young people. That’s we’re we are more powerful. The listening, a group reflection or even “oh, how’s your day been?” and for them to be able to say it was really bad and talk about what happened, and for somebody to say “wow. That sounds really tough” P005 – “I've been part of a group of EP's and line managed the CLA Education team which involved supporting the education of children who were looked-after in the local authority and some of that role was supporting other people that were working with those, those young people” P005 – “, but when I've been working with children, I may not have even met them and I feel OK about that, and I don't feel that that's necessarily the wrong thing, but I am working with class teachers, I'm working with the foster carers, I'm working with the social worker, you know, I’m attending meetings, I'm supporting meetings and providing ways of adults understanding through circles of understanding meetings and you know, all of all the training that we that we can provide.”

	P005 – “We do a lot of reflection on care experiences and what happened to them as a parent and as children, and how they were parented, and what that might have meant for them. We reflect on how foster caring is different to our parenting experiences. So it's been a really nice way of getting to know some foster carers and RCWs and the challenges and each time we do these courses I learn so much more and we have tried to recognise the challenges of their role, which helps us support them in a way that is helpful. And I think it's just as important for teachers in schools to have it, and that will be our next step is to provide it for schools.”
Subtheme 2: Supporting care experienced children is everyone’s business	P001 – “We need to be kind of reliable and consistent and there's some I really like about the co- production and collaboration there with all the adults around the child there. Like we’re able to go in and even though we are using psychology, this is something we can all get involved in and think about. We can all think about if these are the experiences, what might, what might be, we think or feel about this.” P001 – “, you know things like this aren’t always perfect, but actually that transition was a real success, and I think that was because we were able to all come together and share so much information about his experiences” P001 – “But yeah, there is the Virtual School and well, it'd be nice actually to work more closely with the Virtual School, but it's not something that we've particularly done thus far. I think they're still finding their feet.” P002 – “And it always starts with consultation and that's the model that we use really. So consultation to

	parents, consultation to carers, consultation to the staff that are involved, looking after that child, that might include the social worker, youth workers and schools and mainly residential staff and foster carers” P002 – “We need to look at it through a systemic lens. We need to. we need it, it needs to be about what the adults around them can do to support” P004 – “And I think because one of the key things I would say about working with children in care is it tends to be most effective when it's a multi-agency approach.” P004 – “And have some shared understanding of what's happening for that child or what has happened because that's so powerful. And how can you have that if people aren't talking to each other?” P005 – “So it involved developing roles, making sure that we were working together, using all of our skills, and supporting not just the children directly, but the adults around the children and working very closely with our colleagues in children's services. The approach we have is meeting the needs of these children is everyone’s business and we all have a responsibility to support the needs of the most vulnerable young people and children in the local authority, and education was seen as a vital part of that, because if education isn’t right, it really puts pressure on placement and during that time I would attend the CLA reviews, I would attend and SEN reviews, uh, we would go into schools and do multi-professional meetings”

	P006 – “my mind at the moment, and I only found out his residential placement was breaking down when the tutor turned up last week and the young person wasn’t there. He had changed social worker, so the new social worker probably doesn’t even know that I am currently involved. Sometimes it just feels so disjointed”
Subtheme 3: Organisational shift away from outdated models	P001 – “Yeah, like, let's have a look at what you're doing. What are you doing here? And I think there is something really powerful about seeing yourself doing it already, especially in the context of children's services where carers and parents and everyone else spends a lot of time getting told what they're doing wrong.” P001 – “And and I think particularly working within the children services context like particularly with birth parents, but also with like residential workers or foster carers, there is they’re often quite criticised and they often are feel like there isn't a lot of empathy within the system for them. And there's often a reasonable amount of scapegoating and finger pointing that goes on because the system itself is quite traumatized” P002: “It always starts with strength based stuff, which is lovely because I think that a lot of the time conversations about children in care, because their needs are so complex and because they're often very challenging, you take on quite a negative stance and we end up sort of talking about the hard stuff, the tough stuff which doesn't need to be discussed,”

	P002 – “we're constantly looking at these children's needs through a trauma lens and not slipping back into that kind of quite pathologizing kind of individualized model of difficulty. And I think that is hugely important and it has been pivotal to the outcomes of the kids because it remains about the environment and support in a way that's, you know, kind of not punitive.” P002 – “because I think with children care specifically when everybody knows that they're finding loads of stuff difficult and often the reports are always he's not very good at this and he's low ability in this and he's, you know, and how many more negative reports about this kid do we need?” P002 – “it's so necessary because it it creates conversations between children's services and education. It it kind of bridges that gap massively and it also I think Ed psychs are so much better place than clinical psychologists because they used systemic models of trauma rather than the kind of more pathologizing mental health narrative” P003 – “You know that kind of knock-on effect when we work changed the system and yeah.” P004 – “You get it with and SENCOs in schools where there the kind of not believed by the local authority, you know, and often they'll say, OK, you know, as the EP, can you come in and do this for me because I need the evidence.” P005 – “, I think I often reflect on the role of the EP, because how you sit within a system that is based on deficits? And I think for children in care,

	that's even more pronounced because they are already vulnerable and face so many challenges, and then we're working within a system that just works on "oh, how many deficits do you have?" or "oh, this child has more deficits than this child" and so they get the support" P004 – " And me and him, we rewrote the keys, schools, behaviour policy because it wasn't like relational. It was just behaviourist say we've rewritten that as a kind of like actually this is what we're aiming for. You know, we want a much more relational approach to behaviour" P005 – "We were developing training and we we put together a a way of schools and auditing where they were in terms of meeting the needs of children who are looked-after our children had experienced developmental trauma and those sorts of opportunities where we we sort of put in in a, in a sort of format where they could get a CLA friendly status at different levels" **P005 – "**So we really wanted to make a consistent understanding of what schools needed to do to support children who are looked-after" **P005 – "**do think that a lot of our children who are looked-after end up in specialist provisions far more than need be, it's just because the systems are so brutal that you don't have the flexibility to put in place wh2at our children need." P005 – "You ramp it up don't you? And then you think about in a job. If I want to get a you know, promotion and the deputy is watching me and I'm having this lovely conversation to a child who's just hit somebody, there's a lot of

	judgement isn't there? And lots of the idea of what discipline is and isn't, and the whole thing around class charts. And it does work for a lot of kids. It does work for the majority of kids, but it doesn't work for children or doesn't work all the time for children who are looking to reinforce that negative view of themselves. " P005 – "So should we be looking at that, you know, a different type of or could we be looking at a different type of curriculum? Schools are really fixed places in general"

Theme 2: EPs as vehicles for empathy	
Subtheme	**Illustrative quotes**
Facilitating reflectivity	P001 – "for local authority residential homes we offer like monthly reflective group supervision spaces for their staff and then three or four times a year we offer a space for the home managers as well for the local authority homes" P001 – ". And so, yeah, quite a lot of the work I've done is with foster carers as well. Just again, just having what I call, I don't know what I call them, reflective caring sessions or something like that. We sometimes do them once a fortnight with foster carers and it gives them a safe, reflective space with no judgement where they can share what's been going on, what's going well, what's not going well, and then just sitting with that for a

	bit, validating how hard it is, but also going, 'I wonder what was going on for that child in that moment', and wondering out loud if we can link this in any way to some of their past experiences. P001 – ": And I think there's a real importance in in being able to hold that space and to hear how difficult it is to validate their emotions and empathise with how difficult their role must be." P001 – "but it's really important to hold empathy and to try and mentalize that young person, but actually it's also really important to hold empathy for that carer and hold empathy for the teacher who's struggling with XY and Z and hold empathy for the social worker." P001 – "actually being able to kind of hold empathy for all the players, I think that like it's really tricky, but it's a real skill and I think it can really lead towards kind of movement or shifting in a case" P002 – "I do supervise the residential children's home staff and that's brilliant. So that's using the ELSA model or something similar, really. And that's a big reflective, really safe space for staff to to check in with how they're doing, cause it's hard looking after children in care and you know it's I think it's a really underestimated role, residential care staff. " P002 – "So I think one of the things that the me that stood out for good practice really is the fact that the reflective supervisions were put in place to keep the trauma informed, training live."

	P002 – “I really like that it's giving them the language. That's exactly what it is. It's giving them the language and a framework to support them think about what has actually happened, what was that behaviour about, and what did they do that helped the situation? Rather than just go, oh my god, that was an awful half hour and the TV is broken. “ P003 – “, it's EP's giving ourselves permission to sit with a problem, to sit with the feelings and to do listening visits and to prioritize understanding to contain emotions, to name the elephant in the room P005 – “Yeah, I mean, we've been doing that quite a lot. So we've offered our children's homes reflective space sessions and we've been looking at the paperwork for when an incident occurs and how we can be more gentle with that and make it more of a learning experience and not a shameful experience. That’s been rolled out and greeted well by managers. I think the staff themselves, cause it was done with staff, have you know, appreciated that, that’s about some more gentler approach to trying to support practice in general” P005 – “, I think the training element and having that over overriding approach which always to me comes back to being as PACEful as you can and using PACE and being aware of PACE as much as you can. But it’s hard because I don’t think PACE is used much in schools, you know you see it

	written in EP reports, use PACE, and they say what PACE is, but you can't just say "use PACE". You have to unpick it. You have to understand it. It takes ages to imbed it, and even then you still don't feel like you are being PACEful all the time or you know, some of the time. P002 – "they need a safe space to vent and to talk about, you know, incidences and their feelings around the incident says, which they don't often have."
<u>Blocked care</u>	**P001** – "Like if they don't feel heard or validated, they could just think "I'm going to stick to my belief that this is hard and this child is horrible" because it's easier to stick to that belief because otherwise you feel helpless and like you are not making a difference. So it's easier to just sit, shut down and say you know it's not working." P001 – ". And it's just a recognition that it is a really hard role. I mean, especially residential staff and foster care. They carry an awful lot of responsibility with very little break. There is a whole bunch of challenges that come with that job that, yeah, I think you have to kind of recognize that actually that's really hard and they don't often get the recognition they deserve" P002 – ", they need a safe space to vent and to talk about, you know, incidences and their feelings around the incident says, which they don't often have." P002 – "And they need someone who's going to lend a non-judgmental ear, because I "always feel like they they have to deal with these such big

	incidents where they are often sleep deprived themselves." P003 – "That's what I love about the circle of understanding is, I think, especially for those members of staff who are experiencing compassion fatigue, and coming to work but completely checked out, blocked care. blocked care. Umm, but just to take part in the circle of understanding and even just, I imagine it's quite cathartic just to be able to offload and say I'm finding it really difficult." P005 – "So and it's also I think a lot of times people going to blame when things are difficult. So if you've got a child that's very hard to play with, or very hard to educate, and you know social worker will often blame the school or the foster carer." P005 – "We need to think about things like blocked care. You know, like the real stuff that people don't want to talk about or don't, you know, feel it's a a judgment or something that's happened. And I think, yeah, that's important to sort of understand and to say, yeah, just got to think about what's happening for that child at that moment in time."
<u>EP as role model</u>	**Lots of examples of participants embodying a PACEful way of being, particularly with regard to empathy for other professions and the pressures upon them:**

	P001: “it's it always feels like a lot more work for the social workers, and that's a big like, that's a big ask, yeah. **P001** – “but it's really important to hold empathy and to try and mentalize that young person, but actually it's also really important to hold empathy for that carer and hold empathy for the teacher who's struggling with XY and Z and hold empathy for the social worker.” P001 – “Whoever it is you’re working with, it’s important to be able to say ‘gosh, that really does sound difficult’ or ‘man, that must have been really hard. It must have been awful to have your TV smashed’ or whatever it is. It's almost like you have to go through that and just wit with that and hold that space and go ‘that is really hard’ and empathise” P001 – “And I think sometimes it's really important to just just be aware of your own kind of like blind spots in that area” P002 – “it's modelling the model as well because you know we're we are asking these staff to look after these very traumatized, very, very anxious, very needy kids and kind of, you know, look after their needs, keep them safe, celebrate their achievements and kind of reflect on anything else they need, and I think as an Ed Psych, you know, modelling that model for staff meeting their needs and keeping them safe and reflects on anything else they need in terms of training or, you know, just a space to go like, oh, this is really tough.” P002 – “just to get someone who really goes in there and the non judgey kind of attitude non-judgmental just here to help just here to have a conversation.”

	P002 – “Yeah, it's consistency, isn't it? And again, you're modelling the the model like if you're consistent with the staff, they're gonna be more consistent with the kids “ P003 – “residential staff do the circle of understanding. It was so valuable doing it with the staff. Yeah. Yeah, so, so, so valuable. And every time you do it, you're not quite sure how it's going to make a difference. You're not gonna quite sure which key piece of information or which key reflection is gonna going to help. Some people really gain empathy and change how they interact with that young person and but yeah, I found it. An incredible tool” P004 – “so I've had some models that I have never quite clicked with and I’m not saying ones right and ones wrong and what’s better and what’s worse, it’s just that we are all different aren’t we?” P003 – “You know, some of the exercises that we support staff to carry out, but at the end of the day, if you could just kind of all pin it down to one thing that makes that difference is us as EP's being able to build safe connections with adults. So that they have the emotional availability to build safe connections. With those children and young people and it takes a lot of empathy and a lot of understanding and a lot of patience and a lot of kind of self-healing to be aware of your own triggers.”

	P004 – “actually the social worker was great I think she was just really under pressure.” P005 – “We're so good at listening, but also trying to, you know, like I was talking earlier about those conversations between home and residential, home and school, about how skilled we are in managing those conversations to make sure everybody feels heard. But we're moving forward all the time and that's, you know, that's such a skill.” P005 – “And I think a lot of it depends on the management structure as well. So we are people that come in and out, but you know we we don't have the pressures that same in schools, we don't have the pressures of everything else that they're under and it's just been a bit mindful of that too.” P005 – “And that's all we can do is come from that understanding. Yeah, it’s accepting that we’re not there every day so it’s easy for us to see what could have been done.” P005 – “ I think just the importance of looking after ourselves. I think that has to be built into the role for anyone who does this work a lot. We need to be really mindful of, of how we keep ourselves safe, cause you know, running reflective sessions going into situations which I will feel like they're bit

	crisisey and hearing really difficult situations and stories about someone's past and that has an impact, doesn't it? So, we need to help each other to sort of manage that and support each other, yeah.”

Theme 3: Therapy vs. therapeutic	
Subtheme	**Illustrative quotes**
Use of hierarchical models to sequence intervention	P001 – “So in an Enhanced Case Management, it’s based on the Trauma Recovery Model, if I've done that for a child previously and then that child has moved into a private residential home, then I would offer to go into the new residential home and talk them through some of the some of the information that came out of that. Similarly for something like a Circles of Understanding, which is another tool that we use quite a lot, yeah.” P001 – “Like sometimes, if a child is quite settled or is in like quite a good reflective space, or is in a space to be able to kind of process some of their trauma. I've done stuff like the Tree of Life, like the narrative therapy technique that's worked really well with a couple of young people. I've just done some reflective sessions, like a reflective space for with some young people and

	done some kind of play based so like relationship-based play between a child and a foster carer, that's been quite nice and something different." P001 – ". And that I think that's a massive challenge for working with this sort of cohort is that whole things just change in an instant. And actually, I always kind of say like, you know, like, what would be the point in in trying to provide therapy for this young person if they don't even know where they're gonna be sleeping next week?" P001 – "Like we need a kind of basic level of safety and consistency before we can even, you know, even do anything about processing trauma or thinking about whatever else is going on for them or thinking about why they hit a teacher or whatever it is. Like, actually like is it any wonder if they if they're genuinely don't know what their tomorrow or next week looks like? " "And when I say safety, I'm really, I'm kind of talking about psychological safety. Like, do they, do you know, do they know where they're going to sleep next week? Like, have they got a kind of routine? Do they feel like things are roughly consistent and predictable as much as you know as anything is?" P002 – "So for example, a kid who's had multiple placements in the last year, who's not settling, who's struggling with school, you know, who doesn't seem to be able to attach very well to it to any adults, really, and who might be self-harming and have difficulties with hygiene and stuff, we would look at the Trauma Recovery Model and look at right, this kid is right at the bottom of the minute, you know, he he's really struggling. So he just needs consistency

	and stability and kind of constant positive regard. All of that, and then as he moves up, we'd review it and progress it and kind of adapt our intervention that way." P003 – "trauma recovery model knowledge to really help them build safe connections with the young people that they were working with. And it always seemed to be to helpful to them, to take a million steps back because they were going in at a guidance level and they wanted to teach these young people and they wanted to do kind of planned interventions with these young people and they would just pitching it at a level too far ahead in terms of relationship building." P003 – "So we sort of helped them to take it back to when a baby's born to understand all the different stages of, of developing safety and relationships and to help them analyse where the young person is in that journey and where they then need, you know, to to be supported" P005 – "it's the thing that I've sort of noticed and as keep going back to this is the needs we're trying to meet such ordinary needs, but because they've not been met, you know it's a need to be loved." P005 "It's there needs to belong. It's a need to feel safe, you know, it's all these things are just what you you

	expect to happen in in the world, but when they're not met, they become very difficult to meet." P005 – "I think we can have those conversations and to get into focus, you know, does it really matter about him doing algebra at this point that at the needs somewhere around, you know, safety and feeling like they belong." "P006 - often there's just so many complex things going on that education and often the thing that you know, to have that very traumatized young people in their educational setting, things get pushed to the bottom of the pile. Even though this young person is really key, very academically able, not emotionally able, umm, and you know has hopes and aspirations, but everything else seems to get in the way. " P006 –". And with children in residential care, it's a big barrier when children move about because they arrive more dysregulated than ever because they have just had a transition, another placement has broken down, and they arrive again at a school setting, in you know, a state of chaos"
<u>Ethical considerations of direct work</u>	P001 – "people really want me to do direct work like all the time, just come in, fix this child, do six weeks of something and make them like less angry or less anxious or less depressed or less risk. You know, just make them better. Like asking, can we do anger management? I'm having lots and lots of conversations about like, is this the right time? Does this child or young person actually want to work with someone else? Is it really appropriate or is it ethical to bring in another person who's going to leave? And I think like

	that's always been like a real push pull, particularly when working with children in residential care." P001 – ". I often say to carers and care staff "look, you are the best person to do some of this work because you are there for the child, and I can support you to do it. You are there 24/7. You are there when they want to talk and you are there when they don't want to talk. You can show them through how you are about how consistent and predictable and reliable you are. You can show them like different ways of fixing and repairing relationships" P001 – "I think sometimes there's this view from staff that children need a specialist to come in and do something for a block of time, and occasionally I have done some direct work, but actually in general it feels like the most effective and ethical way of working for the majority of the kids I get referrals for is with the adults around them" P001 – "There's that whole thing about like, what's the point of, like, I could go in and build a lovely relationship with them. But like, what's the point? It would just reiterate that adults don't stick around and you know everyone leaves me eventually and is that really fair or ethical for when there are other resources available? So I tend to push against that and push to support adults around the child, and support them to work therapeutically with a young person, and that's worked really well for some cases." P002 – "And then some direct work with kids. So you know, and so it's not therapy because, I mean, I've had to say time and time again that we're not

	therapists, but, umm, taking a therapeutic approach to working with children who've got a very specific need." P003 – "So it was the circles of understanding meeting, I did a circle of friends, I did whole staff training and did normal consultation and reviews and but really avoided meeting the young person, not avoided, but I have just always had this view that he could share his views through safe adults that he already had an ongoing relationship with, yeah." P005 – ". So there's lots of uh, lots of sort of involvement in terms of direct involvement with children and young people, and it became clear that it's very tricky to provide direct support if you're someone who's moving in and out of a situation." P005 – "So either if you're not based in school, if you're not based in the residential home, or you know very close to the foster carers, it can be very tricky to make sure that you're not creating more trauma for that young person by developing a relationship and then moving away" P005 – ". What I've learned most is we want to do individual work because we've all got a bit of a saviour instinct in us to want to be the adult that fixed things, but when you're there it it's it might be the least effective way of using our time because of the way our role is. R:
<u>Therapeutic parenting</u>	P001 – "But again, actually my feeling is that that work would be better done by the workers in the home. but what I've said is look, I'll try and what I've done

	before is I've done a couple of sessions and then I've done a joint session with one or two of the key workers and then we've done a session where I've shared some resources and stuff like that, and actually that's worked really well. I've had some really lovely pieces of therapeutic work that have been delivered by residential home staff” P001 – “Umm, in general I found out like my best work I feel is most effective is the kind of dyadic work, working to help build a relationship between a carer and a child or a worker and a child or whoever. Using Dyadic Developmental Psychotherapy (DDP).” P001 – “I think like that's a real kind of useful tool. I think that the dyadic work, the work between you know a child and a parent or a career or whoever in whatever form” P001 – “I think it is really helpful and I've done quite a lot of, like play, like with younger children like play based, work around that. And again, that's been really like I think some really kind of valuable work I've done some really nice work where children have come out of care and gone in, gone back to live with birth parents” P001 – “Just kind of being able to sit with that and that, I mean, you know that's hard, but I think you know, DDP has got a lot to say about that whole kind of like sometimes it's alright just to sit and sit and be with that as opposed to trying to fix it or solve it or think of a solution around it” P004 – “But I think what was really important about this bit of work is I spent time with this young person, but also with her foster parents. And they said afterwards to bear in mind she was like, coming up to 16, and they said “I

	think that's the first time anybody's actually listened to us"." P005 – "You know, like what do you think is going to make a difference here? And it always comes back to relationships. P005 – "If you got one or two key adults that get the child that make that child feel like they're liked, seeing loved, cared for, and kept in mind, that's what makes the difference." P005 – "And I'd like to do the parenting with PACE course for residential staff because I think they are parents, and that's what they're doing 24/7" P005 – "You go back to the repair, then don't you, you go back to "it's ok to have got that wrong, but lets see how we can make it right now". And the adult has to take responsibility don't they? " P005- "They got somebody to support him and really thought about who would be the best fit for him. It was a male adult and I felt like that's what was best for him, and they really understood the importance of focusing on one relationship as well. It's absolutely amazing and it was the teacher in the class that made that difference"

Theme 4: What defines success?	
Subtheme	**Illustrative quotes**
<u>It can be small and messy!</u>	P001 – "I guess there's the case we were talking about earlier with UM, the kinship carers where we did VIG and

	that I mean that you know, it's not perfect, but actually that that has been a real kind of positive case in so far” P003 – “You know, sitting next to somebody on the sofa or watching something on the TV is an intervention.” P003 – “and feel less pressure to do like all these fancy, planned interventions” P005 – “Then you know we can think about those other stories, and sometimes just remaining in a school is a huge success. It might not be perfect.” P005 – “It might not be or remaining at home with a carer might be the huge success and yeah, thank you. It's nice to remember that.”
<u>There are no quick fixes</u> - STABILITY AND CONSISTENCY	P001 – “There aren't any quick fixes to this. We can't just undo all this like 15 years’ worth of trauma that this child's kind of suffered. All we can do is what we can do, right? “ P001 – “but actually a lot of the time I think especially with children who are looked-after and like very traumatized, a lot of the time, it is like there's nothing kind of magical or quick you can do. So it is just about what can you do to be consistent and to hold this through this difficult time, umm and sometimes I think that's really love like people really like to hear that and that's really reassuring. And other times they don't really like it very much because they'd like you to give them just a way of fixing it. “ P005 – “to be outside of education and social. I think helps us and to be thinking around the whole child and not

	to be caught up in, in trying to fix, but just recognize what that developmental trauma might impact. “ P006 – “And helping them appreciate, you know, that change is going to be slow. And even though they say it, there is a part of them that wants it to be quick. And of course they want it to be quick because it can be really challenging, the physical assaults or really major meltdowns every day, of course you want that to be quick because It’s exhausting”
<u>Sitting with uncertainty</u> <u>EP ROLE IS NOT ONE OF TRUTH SEEKING</u>	P001 – “think staff kind of go,’ Oh my goodness, how do we respond to it?’ and ‘what do we say?’ And actually just giving them permission to, to empathize and to notice, and to be curious about it” P001 – “Sometimes It doesn’t matter to know exactly what’s happened, what matters is about what this child needs right now and actually you know that there's a there's a power in in being able to kind of hold that. P001 – “Like you know, right here, right now sort of thing and and I guess being able to sit with that and hold with hold that without trying to fix it I guess give I guess it gives it also gives the other adults permission to do that with the child. It's very natural to go, oh gosh, let's like fix that or I can think of. Let me try and think of a solution or a way that you don't have to deal with that, or a way that that to make that better and actually to sometimes just go to know what there isn't really a way to make that better P001 – “, I guess being able to like being able to hold the difficulty. I think

	there's sometimes an expectation that, like we, as psychologists are the experts and we're going to come in and just tell people what the answers are. And I think kind of coming to terms with the fact that there aren't any answers as difficult, difficult for me, it's difficult for other people as well that actually being able to hold that this is really difficult." P001 – "I think we all felt a bit useless when we're when we're presented with like intractable problems that we don't really have a solution for. We all feel a bit like, oh, crap, they're gonna find out I'm not a real psychologist now, cause I'm just like, I don't know how to fix this problem. It sounds horrendous, but actually to go, you know what, that does sound horrendous and there isn't a quick fix, but let's you know we can think about a few little ways we might make it better, but actually maybe we can just sit and hear how difficult it is. And actually having permission to be able to do that and giving yourself permission to do that rather than to jump straight in, I think it's really is helpful. Umm, yeah." P005 – "So we can we can unpick all the different layers of need with people and the way that we collaborate on a hypothesis within a consultation, you know not coming in as experts not coming in as people who are gonna, you know, make it all all better because that's not no it's not possible. But just to give people time to reflect on the actions and the responses and the things that they're doing and make it OK to think about things differently. " P006- "Yes, so it's so I think that is that that ability to try and hold multiple perspectives in your head at the same

	time and try and find ways to kind of, finding opportunities for change, or opportunities for people to come together. You know, I think that I think you do have to kind of see things from lots of different angles and think about, OK, well, what? What's gonna be helpful here?”

References

Brophy, J., Perry, K. Harrison, E. (2015). A review of anonymised judgments on Bailii: Children, privacy and ‘jigsaw identification’.

O'Hara, K., Whitley, E. Whittall, P. (2011). Avoiding the jigsaw effect: experiences with Ministry of Justice reoffending Data.