

I am more than a piece of paper.

**Listening to young people as they reflect on their lived experience of
being in care and attending school.**

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Abstract

Children in residential care are some of the most vulnerable members of our society. Removed from their families and placed in the care of the state, these children deserve the best care and education experience that we can provide for them.

For all children, education should be a rich tapestry of learning, building relationships and experiencing new opportunities. However, research literature indicates that our care experienced children do not achieve as well as their peers in education. Government statistics demonstrate that these children often do not meet their potential in measurable outcomes favoured by the government. This can result in poorer outcomes in later life. The move from family to residential care should be a protective factor for children that allows them to grow up in a place of safety, a place of care. In turn, a more stable home life should result in increased success in school. This is not always the case.

This study used the qualitative method of Interpretative Phenomenological Analysis (IPA) to analyse data from interviews with ten care experienced young people. These children shared the experience of living in residential care during their school years. The voice of the child is central to this study and its findings complement the existing body of literature that has care experienced children at its heart.

The findings include the importance of education for care experienced young people, and the ambitions that the young people have for their futures.

However, it is the relationships in their lives that is key. Relationships with adults, whether they be family, carers, or professionals, are all important, but relationships with peers are vital. These peer relationships can be complex and fraught with difficulty, but true friendships are valued highly.

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Author's declaration: I declare that the thesis is my own work and has not been submitted in substantially the same form for the award of a higher degree elsewhere.

Signature . M. Rathmell

Publications derived from work on Doctoral Programmes

No sections of this thesis have yet been published.

A Note About Language

I have carefully considered the use of language and terminology in this study. It is my intention for the voice of the young people I have worked with to be at the forefront of my research, and at every step I have sought to treat their words with the utmost respect. I have also sought to use terminology that is clear and concise and reflects the identities of the young people. I have looked to the TACT Fostering and Adoption Language That Cares (2019) publication, spoken to the young people themselves and reviewed tweets from care experienced people to decide upon the language I have used. According to the TACT “language can be a weapon, but it can also be emotional armour” (2019, p. 1).

With this thought in mind, it has been a challenging process to ensure I am using language that nurtures and cares as opposed to ruptures and harms. There is not one definitive view about the “correct” terminology to use, and some people, understandably, prefer some terms above others. I have therefore chosen the language of care that sits most comfortably with my participants. The terms looked after child, or child looked after, and the acronym LAC, are uncomfortable for many children, so I will be using care experienced, or child or young person in care.

Unfortunately, within the confines of this work, it is necessary to use some universal language, that whilst not popular, will provide clarity in my study.

For the study, I have used the words 'children' and 'young person' interchangeably and there is no difference between the two.

Chapter 1: Introduction and Background

1.1 The care system today

The reasons children are taken into the care of the local authority (LA) are many and varied. Neglect, abuse, or the inability of parents to care for their child appropriately may result in them being removed from the parent's care and placed into a provision arranged by the LA. Children may be accommodated in foster placements, kinship placements, residential care homes or semi-secure settings for the short-term or for the long term. The removal of a child from the family home is never a decision taken lightly, and the aim is to provide the child with a 'better' upbringing; one that is free from harm, and affords them more opportunities than they would previously have had. When a child is taken into care, it should be to improve their life chances and help and support them to reach their full potential.

There is a widely held view in England that taking a child into care is a last resort, only to be considered when all other attempts to keep them with the family have been exhausted. The government publication, *Working Together to Safeguard Children* (2018) recognises that children are best looked after within their families, with their parents playing a full part in their lives. However, for some children, this is not possible and then compulsory intervention in family life becomes necessary.

Children may be accommodated under Section 20, (Children's Act 1989) a short-term arrangement which is a voluntary agreement between the parent/s for a child to be accommodated by the LA. This arrangement can be made for a variety of reasons, for example if the child has been abandoned, if the parent needs to make some changes to ensure they are able to look after their child safely, or if the LA needs to carry out assessments or investigations. Children under Section 20 can be accommodated with other family members or with LA foster carers or in a children's home.

In some cases, the LA may seek a full care order under Section 31 of the Children's Act 1989. The LA then assumes much more responsibility for the child and the parents lose more of their rights to have a say in the care of their child. Section 31 is a serious step and may be taken when the LA considers the child is at significant risk of harm if they remain with their parent/s.

The Government publishes statistics about children in care yearly, and the latest data available for March 2020, (DfE, 2020) shows 79% of children in care children were on a Section 31 care order, 15% were subject to Section 20, and 6% were on a placement order, awaiting adoption. In real terms, this means in England, 80,850 children were in care, an increase of 1% on the previous year. This represents 0.67% of the child population in England. The primary reason for children to be in care was abuse or neglect at 66%. Family dysfunction, family in acute stress and absent parenting accounted for a further 27%. 71% of

these children were in foster placements and 14% were in secure units, children's homes, or semi-independent living accommodation.

My interest lies in the lived experience of young people in care and the impact this has on their education.

My main research question is:

- What are young people's views about living in residential care and the impact it has on their school experience?

My supplementary research questions are:

- What do children in residential care consider to be the protective factors that enable them to succeed in education?
- Do children think they have more opportunities or more barriers to their education when they are in residential care?

1.2 A brief overview of the care system since the Second World War

The development of the care system for children in England accelerated after the Second World War. Prior to this, children were accommodated in large institutions overseen by four central government departments: the Ministries of Health, Education and Pensions and the Home Office. LA departments oversaw the care of children, along with voluntary organisations.

The strain placed on this inconsistent system during the Second World War led to the appointment of The Curtis Committee in 1945 to review the provision for children in care and make recommendations for the future (Kahan, 1979). These recommendations included abandoning the larger, institutionalised children's homes and moving towards more family-based houses, along with increased involvement of specialist social workers.

The Children Act 1948 included most of the Curtis Committee's recommendations as policy. Further developments from the 1940s to the 1970s saw the service for children in care further improved with increased training for those working with children and increased "preventative and rehabilitative work with families in their own home" (Kahan, p. 6). The Children Act 1948 was superseded by The Children Act 1989 that states "looked after children deserve the best experience in life...in order to have an enjoyable childhood and successful adult life" (The Children Act 1989, volume 2).

Whilst there have been developments in the care of children in the decades since the Second World War, there is also recognition that this is an ever-changing landscape. In 2021, the government commissioned an independent care review, chaired by Josh McAllister, and the findings of this were published in May 2022 as The Independent Review of Social Care, Final Report. The

report highlights the life journey and transition into adulthood for those with care experience. Recommendations being considered by the government include boosting foster care recruitment to ensure availability of appropriate placements, and the setting up of a National Children's Social Care Framework to ensure timely and effective support for families and protection for children.

1.3 Life outcomes for children in care

Outcomes in all areas for children in care are widely acknowledged to be significantly poorer than their peers (Jackson and Martin, 1998). Care experienced children can struggle to fully integrate into adult life. They are more likely to indulge in risk taking behaviours including drinking and drug taking and they are at greater risk of poor mental health (Evans, 2003). However, others argue that taking children into care can have a positive effect on their lives and futures.

For Berridge (2012), being in care is not inherently harmful and if it happens in a timely manner with a successful placement, it can increase a child's life chances significantly. If the move is too late, though, when the child is older and has fractured educational history and series of broken relationships, it may just be a way to halt further decline as opposed to maximise opportunities.

1.4 Education outcomes for children in care

Education plays a crucial role in the lives of all children and no less in the lives of children in care. Schools should be a safe place for children to grow, thrive and develop. It is in school that children learn how to interact with peers and adults, how to become social beings and how they learn what they need to progress to the next stage of their lives. The home-school partnership is crucial to enable the child to reach their full potential. By the age of 16, they should have achieved the qualifications and experience to move onto the next stage of their educational career. Disruption to a child's education, whether it be because of moving area, moving schools, or time off through illness, can have a detrimental effect on a child's educational outcomes. For a child in care, the educational system is even more difficult to navigate and fraught with challenges, whether they be academic or social.

In a study undertaken by Harker et al (2003), 45 % of respondents believed that their educational progress had improved since being in care. However, the impact of removing a child from their home and family, regardless of the danger they may face, cannot be underestimated. Children are not always able to appreciate or understand the reasons they have been removed, and they may not be willing or able to access the opportunities offered to them. Family bonds can be unbreakable, and if a child has formed an attachment to a parent as an infant (Bowlby, 1958) this may remain strong no matter where the child is placed. As Layard and Dunn discovered in their research for *A Good Childhood* (2009), from a child's point of view, "a loving family is the key to a

good start in life” (p. 13). Children may continue to be influenced more by their family than any guidance from the professionals working with them.

Data demonstrates that academic achievement for children in care shows an emerging gap with their peers who are not in care, by the time children reach the end of primary school (DfE, 2020). At GCSE level, the gap has widened considerably. Poor academic achievement at this stage will affect chances of securing places on further education courses which in turn means access to higher education may be thwarted. Young people in care also have a greater level of special educational need than the general school population, with 28% having an Education, Health, and Care Plan (EHCP), compared to 3% of their peers (DfE, 2020).

GCSE data from 2019 indicates that 7.2% of children in care in 2019 achieved ‘threshold’ grade 5 or above in English and maths compared with 40.1% of their peers (DfE, 2020). The average attainment 8 score (a pupil’s average score across 8 GCSE subjects) for non-looked children in 2019 was 44.6. This equates to an average grade of 5.75 per subject. In comparison, the average attainment 8 score for children in care was 19.1, an average grade of 2.38, more than 3 grades below their peers. There is a myriad of government education statistics, but regardless of which official statistic is used, children in the care system achieve poorer measurable outcomes than their after peers.

Reduced outcomes at the end of KS4 can directly impact the career path open to children post 16. At this stage, lack of educational achievement measured by GCSE results may mean that a young person is directed towards a more vocational course and away from A Levels. This then impacts on their ability to progress to higher education. In England in 2019, 6% of 19 to 21-year-old care leavers accessed higher education (DfE, 2020) compared to 50% of their peers from a home environment. These figures indicate that care experienced children encounter significant barriers to accessing higher education, and for the majority, these barriers prove insurmountable. Although each child will have their own personal circumstances and unique challenges, research suggests there are common themes that prevent them going to university, including lack of aspiration and ambition, missing education, underachievement, lack of family support, too many moves both in care and school and a care system that does not fully support academic achievement. As Gazeley and Hinton-Smith (2018) explain, children in care should receive the same amount of support, be that practical, financial, or emotional, from their LA as would be expected from any parent. However, in practice, this is rarely the case.

However, it is not only the academic outcomes of these children that fall behind their peers; their involvement in wider school life can also suffer. Children in care may have attachment difficulties that can be a barrier to them developing

healthy relationships with peers and adults (Bomber, 2007). In a mainstream secondary school, without the right nurture and support, the behaviour of these vulnerable children may be difficult to manage. In schools with binary behaviour systems, where the expectation is that children follow a prescribed set of rules or face sanctions, any perceived minor infringement of these rules may result in children in care spending disproportionate amounts of time in seclusion rooms or even isolation booths. This damages their potential to achieve in lessons, but also isolates them from their peers.

Removal from class can feel like rejection from the school community (Tillson and Oxley, 2020). This makes it harder for children to re-engage in class and can result in them being excluded from more lessons. Engagement in lessons becomes increasingly problematic, and the child may struggle to know or understand what is expected from them.

Care experienced pupils are five times more likely to have a fixed term exclusion than all children (DfE, 2020). Rates of permanent exclusion for children in care are 0.05%, lower than their peers at 0.10% because government policy dictates that these children should not be permanently excluded. The alternatives include removing them from school and placing them in alternative provisions, or in a pupil referral unit where their access to academic opportunities may be significantly reduced.

1.5 My interest in the lives of children in care

I have worked with children in care for approximately ten years, both in mainstream and specialist schools. In mainstream, I was responsible for inclusion and held the position of Designated Teacher for Looked After Children. This role involved recording and responding to attainment data for children in care and preparing and implementing their Personal Education Plans (PEP), a document that sets out goals and accounts for any additional government funding.

In my current position, I am the Headteacher of a very small school, maximum 6 pupils on roll, attached to a children's residential home. My school is part of a therapeutic provision that cares for young males between the ages of 11 and 18 whose social, emotional, and mental health needs are too complex for them to be educated in mainstream secondary schools. I work collaboratively with my fellow professionals in social care to ensure that my pupils receive an education at least comparable to that they would have if they were not in care.

1.6 My research

My interest lies in the children's perceptions of the opportunities and challenges they face in school when they live in residential care. I am curious to know about positive experiences they have had, perhaps when an intervention, or a person, has made the difference for them in their setting.

For me, there is nothing more important in this research process than listening to the voices of the young people. If we fail to consider the voice of the child in such crucial matters as where they are living and their school experience, we are missing an essential and valuable perspective. Ethically, we cannot allow adult views to be more important than that of the child. If we fail to listen to the views of the child, we may deny them their rights and their freedom of choice.

Inspiration for my research has come from engaging with the work of Layard and Dunn (2009) and their report for The Children's Society, A Good Childhood.

In my literature review, I will explore the work of those who advocate for children in care, including Berridge and Jackson and I will consider the role of children's voice, drawing on the work of Prout and Harker. My theoretical framework explores a relational theory of care. I will consider the work of Noddings, Cameron, Bomber, and others as I seek to explain the experiences of children in care and the importance of positive relationship in their lives and I will make recommendations as to how children in care can be better supported in school.

For my study, I interviewed 10 young people who had moved into care between the ages of 12 and 16. I am indebted to them for their engagement and honesty, and I hope I have done them justice.

Chapter 2: Literature Review

2.1 Introduction

To consider the literature relating to a child's perception living in residential care has on their education is to draw on several different yet interconnected themes. Considerable research has been conducted exploring various aspects of the education of children in care, including their measurable educational outcomes in relation to their starting point and in relation to their peers (Evans, 2003). Immediately, children in care find themselves at a disadvantage when their school progress is measured in restrictive terms such as their GCSE results and these are then compared to their peers living at home. The literature focused on the measurable academic achievement of children in care does not always consider that academic achievement forms only part of the care experienced child's school journey.

There is literature around the policies designed to promote the education of children in care and reviews of government documents, for example The Children Act 1989 and the Welsh Government's Children in Need Audit 2011. There is evaluation and consideration of government initiatives designed to support the education of children in care, including Virtual Heads (VH) and Personalised Education Plans (PEP) and the impact they have on outcomes. A Virtual Head is appointed to lead the Virtual School (VS), an entity with responsibility for the education of children in care. Again, there can be a

tendency for this literature to be limited to educational outcomes, with a focus on what is 'done to' children in care to attempt to improve these.

The literature that is most relevant to my research recognises that government initiatives and academic outcomes are only facets of the school experience for children in care. The holistic experience includes the ethos of the school and how this supports the development of relationships with teachers and their peers; opportunities to have their voices heard and effect change; and the opportunities and challenges care experience children encounter daily.

My aim for this review is to provide a background to the lives of children in care and to highlight how their outcomes may differ compared to their peers. I include a variety of literature that reflects the measurable educational outcomes for children in care and how these may impact in their future lives. I do not agree to limiting achievement to measurable outcomes, for example GCSE results, but I believe it is important to include this literature because this is how care experienced children are measured against their peers. I have also included literature that reflects the holistic experience of school for these children. These works consider the support the children have both in school and in their home environment, and how these can be protective factors for them in their school lives. I explore the literature around the support children can access both in school and via external partners such as the Virtual School. An area of special interest for me is inclusion for care experienced children, and

I have included literature that delves into this debate. The final section of my literature review considers the voice of the child, and how this should impact research.

In my wider reading, I considered the care system in the US and in Europe, but the literature I have reviewed focuses on the experience of children in care in the UK and Ireland. One area of literature I have not explored in depth is the role of family in the experiences of children in care and at school. This is an area I would seek to explore further in future research.

2.2 The lives of children in care

As mentioned in my introduction, children are taken into care for a variety of reasons that may include parent absence, abuse, or neglect. By the time care happens, considerable damage may have already been done to a child's life chances. Evans (2003) details the poor life outcomes for care experienced adults, including increased rates of unemployment, homelessness and poverty and involvement in crime. Care leavers account for fewer than 1% of their age group, and yet they make up 27% of the prison population (Ashcroft, 2013). The seeds for the future are sown in the care and education these children experience. Evans (2003) believes that it is difficult for LA and government to "escape the charge that in replacing "feckless parents" they have shown to be feckless themselves – that far from enhancing the lives of those cared for, they have simply added another layer of disadvantage" (p. 58). Whilst initial reading

into the outcomes for children in care may indicate this to be the case, this pessimistic view is not shared by all.

Children's own experiences of living in care are not always negative. Sinclair and Gibbs (1998) that highlight that children in the main, a ratio of 3:1, prefer residential care to foster care. Kendrick (2007) highlights experiences of domestic violence as one reason young people may prefer a residential home to a family foster placement. He also considers that acceptance into a foster family may be seen as rejecting their own birth family. A review of children in care in Scotland, cited by Kendrick (2007), states that children in residential care highlight belonging, acceptance, safety, and security amongst the positive experiences of living in care. For some children, living in a residential home may be the first time they have had access to regular meals and adults who care whether they attend school. Kendrick (2012) writes about the positive experiences of children in residential care as "like being in a family" (p. 77). He highlights the importance of relationships between staff and residents in being central to the children's experiences of care and states they are "precisely those which are linked to the caring and support of family-like relationships" (p. 82).

Regarding living in residential care and education, Berridge (2012) argues that the "care system is not inherently damaging to children's education but is generally beneficial" (p. 1172). To appreciate why this may be so, it is

necessary to consider the life of a child prior to being taken into care. The government considers that children are best brought up by their parents (DfE, 2018) but when the parents lack the capacity to parent successfully, there may be no alternative other than for the child to be removed. It is likely that by this stage the child's education has already suffered as they process and cope with their home environment daily (Burger, 2010). They may become distracted at school and no longer engaged in lessons, and the resulting decline in educational progress may be seen before their move into care. Children in these circumstances may also lack access to resources including computers, internet, sports equipment, and school trips putting them at a distinct disadvantage educationally to their peers (Layard and Dunn, 2009).

However, removing a child from a damaging situation and providing them with quality care may not be sufficient to halt an academic decline. Progress assumes the ability of a child to respond to the care and education offered to them, and for some children, this may not be possible (Sinclair et al, 2019). Innate intelligence also plays a part, as do special educational needs and disabilities, conditions that would exist prior to care experience (Welbourne and Leeson, 2013).

There is evidence to suggest that the longer a child is in the care system, the better they do educationally (Berridge, 2012). Welbourne and Leeson (2013) state that research results suggest that care benefits the attainment of children

who enter it before they are 14. For those who enter it aged 14 plus, measurable outcomes are affected not only by the child's experiences, but also by their access to continuity of education. If entering care involves a school move during KS4, the pupil may be further disadvantaged through the change of curriculum, the offer of different subjects and exams taken with different boards.

2.3 Measurable outcomes

The "under-achievement" of children in care in relation to their educational outcomes has long been recognised (Ferguson, 1966). As previously mentioned, measurable outcomes for children in care, that is, GCSE results demonstrate that they do not achieve in line with their peers (DfE, 2020). However, for Berridge (2006), the government's interest with the poor educational achievements for children in care is linked to a wider concern about the "ineffectiveness" (p. 3) of the care system in general. Berridge cites comments by the Prime Minister at the time, Tony Blair, who highlighted that £2billion was spent on children in care, and yet only 8% were achieving 5 GCSEs and only 1% went onto University, as highlighted in Wintour's article (2006).

Berridge (2006) recognises that it is not the care system per se that "necessarily jeopardises" (p.9) the educational chances of children in care,

rather the fact that care experienced children generally originate from the most disadvantaged groups. Jackson et al (2003) agree with Berridge that we cannot simply use this as an excuse to explain away poor education outcomes for children in care because we should be looking to the system to compensate for previous disadvantage and reduce it.

2.4 Educational challenges for children in care

There is a consensus throughout much of the literature that identifies the challenges that children experience both prior to their entry to care and once they are in placement. Evans (2003), Jay and McGrath (2019) and Welbourne and Leeson (2013) all highlight increased exclusions, school moves, lack of educational aspiration and social emotional and mental health difficulties as struggles these vulnerable pupils may face. It is likely that at least some, if not all, these difficulties were present before a child were taken into care. As Evans (2003) highlights, children with any form of contact with social services perform worse than their peers on all outcomes. Evans is referring to measurable educational outcomes, on which subject Welbourne and Lesson (2013) take a more nuanced view. They believe that individual achievement of children in care may be greater than expected when account is taken of their circumstances, but outcomes in relation to their peers or their own educational starting points may be poorer.

An holistic approach to working with children in care recognises, for example, that for some, increased attendance at school is an achievement; overall absence rates for these children in 2019 was 4.7%, matching the general cohort, and a considerable improvement on the 11.4% for children in need (DfE, 2020). This increased attendance, supported by foster carers or residential support staff at home and by pastoral staff in school, is a positive outcome for many children in the care system.

2.5 Opportunities in school

Gilligan (2009) believes that a positive school experience promotes resilience for children in care. Gilligan describes resilience as “doing well in the face of adversity” (p. 5). Attendance in school and engagement in all that school has to offer plays a central role in the lives of all children. For those in care, it may provide a range of activities and opportunities that help support not only their academic progress but also their social development. The support and care provided by adults in school can prove invaluable in providing a sense of belonging for vulnerable children. Gilligan identifies several ways that school can contribute to resilience, including being a safe place away from more painful areas of a young person’s life, bringing a sense of normality and sameness as their peers and helping to establish life-long interests and hobbies. He emphasises the importance of adults in school and how they can contribute to the school experience of children in care through listening to them, engaging with them and promoting “pro-social bonding between teachers and

students” (p. 51). As Quinton and Rutter remind us, “schooling constitutes a rich source of social experiences as well as an instrument for academic instruction” (p. 223).

Welbourne and Leeson (2013) contend that there is evidence to show that being in care may provide some pupils with more positive opportunities in school. Being in a stable care placement with adults to support school attendance, completion of homework and having the right equipment is hugely beneficial for children whose previous lives may have been chaos (Bentley, 2013). If a child is settled in school, they are better able to engage with opportunities, both inside and outside of the classroom (Gilligan, 2013). The introduction of the Personal Education Plan (PEP), the document that sets targets and records outcomes for care experienced pupils, comes with additional funding. Schools use this funding to improve outcomes for children through interventions, additional tutoring, or engagement in school life. Schools would be able to provide additional sports kit, for example, thereby increasing a pupil’s engagement in sport and making after school sporting activities or clubs accessible. They may use the PEP funding to provide additional tutoring so that the pupil can catch up any lost learning and close the gap with peers.

2.6 Peer relationships

Other areas of school life that Welbourne and Leeson (2013) identify children may make progress in is peer relationships. Peer relationships can take two forms; those who could be considered fellow pupils, and those with whom children form friendships (Emond, 2012). Friendships for children in care are hugely important and under discussed in literature. Lived experience of the importance of friendships is described by Ashcroft in his memoir (2013). Whilst he was at primary school, Ashcroft lived at home with his mum, stepdad, and siblings. He describes a gradual descent into a situation where he could no longer live at home. Throughout his self-penned journal, Ashcroft (2013) talks consistently about his friends and how they contribute to his life, both positively and negatively.

Ashcroft describes his time growing up in Sowerby Bridge and how much he enjoyed being at primary school. He talks of a close-knit group of friends from school and the surrounding area whom he spends time with. He also details his role as the captain and goalkeeper on his football team, and the importance of his friends' approval for this is evident in his writing. As his journey through care continues, he writes about the friends he makes who he meets in different care settings, and in secure accommodation and youth custody. He describes them as being constants in an otherwise changing world of shifting and transient adults. The negative impact they have on him, encouraging drug

taking and other risk-taking behaviours, is of secondary importance to the sense of belonging they offer him.

Emond (2012) undertook a study to investigate children in residential care and their experiences of peer relationships. She considers peer relationships to be central to the lives of children in care as they attempt to navigate “normality” and how they feel the “same or different” to their peers (p. 197). Emond states that friendships can help to buffer stress and change (Dunn, 2004) and provide social capital (Pahl, 2000).

Gilligan (2009) places the importance of friendships within the realm of resilience. In addition to school attendance, Gilligan considers several protective factors that promote the resilience of children in care including the importance of education and positive involvement of leisure activities. He also supports the notion of keeping connected to those who are important in a child’s life, including friends. Gilligan recognises the challenges of maintaining friendships, including moving placements and increased distance, carers discouraging links from the past and child protection concerns. He also recognises that for some children it is internal inhibitors that prevent them continuing friendships. For example, they may feel embarrassed or ashamed about being in care, or they may not have the words to explain their new status. Gilligan also recognises the “ghetto of care relationships” (p. 45) where young people’s social circles diminish, and they have contact only with those within

the care system. The maintenance of appropriate friendships for children in care can contribute to their resilience, but as Gilligan explains, adult involvement in childhood friendships is a “very delicate art” (p. 45).

For a child in care, like Ashcroft, to consider his relationships with his friends as being so important and vital to his sense of self and existence demonstrates how the promotion of positive peer relationships needs to be considered in the lives of care experienced children. Progress for a child in school may be establishing and maintaining a friendship group. Unfortunately, this progress may go unrecognised as there is no measurable outcome in the government’s statistics to reflect this.

2.7 Inclusion

Another area of progress for which there is no measurable statistic is improvements in behaviour for children in care in school. There are figures for exclusions, temporary and permanent, which show that in 2019, 0.05% of children in care were permanently excluded from school (DfE, 2020). This figure is misleadingly low, because government guidance recommends that no child in care should be permanently excluded from school. The alternative to exclusion is for schools to use an off-site alternative provision to educate a child if the school fails to meet the pupil’s needs and the child struggles to learn in that environment. The child remains on the school roll and the school are

accountable for progress and outcomes, but they are educated in a smaller and often less academic environment.

Poyser (2013) provides an interesting perspective on the inclusion debate. She poses the question “should young people in care always be in mainstream?” and provides a thought provoking and balanced argument that reflects my experience as a senior leader in a mainstream school. Poyser (2013) recognises that some vulnerable pupils have complex issues that mean mainstream education is not appropriate. She explains that pupils in care “need understanding, not blunt instruments like punishments and sanctions if they are to move on” (p. 132). As mainstream schools increasingly convert to academies and systems are reviewed and “improved”, the needs of care experienced pupils can be forgotten.

There is little chance of a child in care succeeding in a school with a binary behaviour system, for example. In some schools, failure to follow rules results in a period of internal isolation in the form of an exclusion booth, where the child must sit in a booth, completing work, until their allotted time has been served. Failure to complete these sanctions can result in a fixed term exclusion. If we consider Poyser’s claim that children in care require understanding and not punishments, it becomes apparent that they are never going to thrive in a punitive school environment. Poyser believes that for inclusion to work in

mainstream, it is “the education system and not just the children that has to change” (p. 133).

Poyser also considers the alternative if a pupil is deemed too disruptive for mainstream; a Pupil Referral Unit (PRU). Admission to a PRU, whilst providing the pupil with a smaller environment in which to build positive staff relationships and access some learning, limits a pupil’s opportunity for academic success.

Poyser considers that the group most poorly catered for by our current education system is the academically gifted teenagers who fall into the abyss of mainstream offering them too little pastoral support whilst alternative provisions, PRUs or special schools do not offer sufficient teaching for positive academic outcomes. She sums up this dilemma perfectly when she says, “inclusion should be regarded as a goal for the majority rather than a dogma” (p. 134).

The debate around suitable educational placements for children in care is further illuminated by Bentley (2013). Bentley is care experienced and details the role education has played in her life, resulting in her becoming a GP. The route to achieve her ambition was not easy, but Bentley firmly believes that struggles she faced were a result of her education not being “preserved and protected”, not an “abusive and loveless home life” (p. 50). Bentley describes how education should be “an affirmative counterweight to the impermanence

and inconsistency of home life” (p. 50). She believes that once she entered a care home, the care system stopped expecting her to achieve “in the way that other parents expect of their children” (p. 50).

The strong views around education expressed by Bentley reinforce Poyser’s opinion that it is the academically gifted teenagers in care that are failed most by the current education system. For Bentley in her younger years, school was a place she felt safe and included and she excelled. She credits school as building up her self-worth and “functioning as a psychological counter-weight” to her home life. In common with Ashcroft (2013), it was the last year of primary school when Bentley’s chaotic home life impacted on her education, and the transition to secondary school was overwhelming.

Poyser (2013) recognises that children in care live in a “hostile world which they cannot begin to apprehend” (p. 132) and the lived experience of both Ashcroft and Bentley would support this. Bentley was able to re-ignite her academic ambitions when she was fostered by a couple who prescribed to Maslow’s (1943) ethos that “all that a person can be, they must be” and they assumed that she would engage fully in school life, including completing all her homework and developing peer relationships irrespective of any obstacles that came her way. For Bentley, the key to academic success for children in care is the expectations for their future, and education plays a key role in this.

2.8 Government Initiatives

Government initiatives to address the educational outcomes of children in care have been many and varied. Following a pilot in 2007 in 11 local authorities (LA), The Children and Families Act (2014) made it a statutory responsibility on local authorities in the UK to appoint a Virtual School Head (VSH) (Berridge et al, 2009). The role of the VSH is to oversee the education of children in care within their authority; there are, on average, 2.5 children in care each school (Sebba and Berridge, 2019). The scope of the role is significant, so much so that many local authorities now have Virtual Schools with different roles assigned to supporting different aspects of the education of children in care, for example, secondary school lead and SEN lead.

The role of the VSH was set out in Statutory Guidance for local authorities in February 2018. VSHs are there to promote the education of all pupils in care, including those in residential care, fostered, adopted or subject to a Special Guardianship Order (SGO). The LA supports the VH by ensuring there they have sufficient time, resources, and training to fulfil their obligations which include raising aspirations, ensuring quality placements, monitoring effective Personal Education Plans, monitoring attendance, and ensuring children in care have a voice through a Child in Care Council (CCC).

It is debatable how successful the VSH have been in raising the educational achievement of children in care because very little research has been carried out to assess the impact. However, Sebba and Berridge (2019) conducted research via 16 semi-structured interviews with VSH in 2015 as part of two studies; one to identify care and education factors and their effect on academic progress and attainment of secondary school pupils, and the other to evaluate the London Fostering Achievement Programme. Interestingly, the findings highlighted that most VSH reported their function was “primarily to support those adults who come into direct contact with children in care” (p. 543).

The VSH spoke about their relationships with the LA and with social care. Concerns were highlighted around the lack of importance attributed to the educational progress of children in care and how priority is most often given to the care placement as opposed to school placement. Parker and Gorman (2013) support this view in their work with the Who Cares? Trust. They recognise that there is “gulf in understanding between social care and schools” (p. 136) and this presents a major difficulty in ensuring the best outcomes for the children.

Sebba and Berridge (2019) concluded that a lack of data makes it “difficult to say whether the presence of the VSH improves outcomes” (p. 552). Personal experience would suggest VSH provide a valuable role in managing the administrative needs of looked after pupils, but their impact on the children’s school experience and ultimately their outcomes, is limited. For example, VSH

ensure that Personal Education Plans (PEPs) are completed and relevant but has no role to play in ensuring that targets are being met.

The VS and the VSH, together with Designated Teachers (DT) and PEPs are government initiatives that provide external support for children in care. There is no doubt that there is a need for attendance to be monitored, for funding to be agreed and delivered and for the progress of children to be accounted for. However, for the children themselves, these may be remote and inconsequential initiatives that have little or no impact on their everyday experience of school.

2.9 Supporting the whole child

There is a body of work that considers how schools can truly support care experienced children and staff to achieve positive outcomes for all. There is recognition that these children may have suffered considerable trauma in their short lives, whether from abuse and neglect or loss in the family home, or through multiple placements moves (Cairns, 2013). Nurturing and educating these pupils require a different, specialised approach that considers the whole child including trauma they may have suffered, attachment difficulties, social, emotional, and mental health challenges and learning needs. This will be discussed further in my theoretical framework chapter.

Bomber (2007) advocates a person-centred approach to caring for and supporting these children in school. In my theory chapter, I will discuss attachment theory in greater detail. In practice, Bomber promotes a team-around-the-child model that ensures children have several different contacts in all levels of the school hierarchy that they are familiar with and that can offer them not only support when they are struggling, but also encouragement and congratulations for the small successes. Bomber emphasises the importance of consistent relationships between staff and pupils and the nurturing environment that children in care need in schools to feel accepted and part of the community.

Another initiative that supports vulnerable children in schools and can be hugely beneficial for children in care is nurture groups. Nurture UK (www.nurtureuk.org) provides practical resources and training for schools, both primary and secondary, to set up nurture groups in their schools. This bespoke provision enables pupils to engage in school life but within the caring and nurturing environment of a small group with trusted adults. Whilst the nurture group model is ideally suited to the primary school environment, for a secondary school committed to inclusion, it can prove a vital resource to support children in care. The groups foster a sense of belonging for the pupils and enable them to form attachments to care givers they see on a regular basis. When run successfully, children from nurture groups should be able to go on to access mainstream lessons, thereby ensuring they have the same access to lessons as their peers, and the same opportunities to succeed.

A caring approach is also advocated by Cameron et al (2015) who recognise that policies and procedures put in place by successive governments have failed to remedy the achievement gap between children in care and their peers. Cameron et al (2015), have set out to “provide an evidence-informed practical guide to supporting the education of children and young people in public care” (p. 7). For Cameron et al, the success of a child’s education is inextricably linked to their care placement, and it is through the mutual development of “learning placements and caring schools” that young people can thrive and reach their potential.

Cameron et al (2015) believe that caring should be at the heart of the school. The importance of attendance is emphasised, as are the relationships with key adults in schools, echoing the approach of Bomber. Cameron et al (2015) draw on the work of Wetz (2009) who recognises the importance of acceptance in school for children in care, and the success of consistent, caring adult relationships, coupled with a minimum amount of change in school.

Caring adult relationships are also central to schools who adopt trauma informed practice. This approach considers the effects, both physical and psychological, of trauma on young people. Informed by ACES (Fellitti et al, 1988) trauma informed practice aims to meet the children where they are with care, compassion, empathy and understanding (Sunderland, 2019).

The works of Bomber, Cameron et al, Sunderland, and Nurture UK recognise that children in care require a different approach to schooling to enable them to engage and thrive in a mainstream environment. The initiatives of governments help to manage and administer the needs of children in care but for them to feel included in a school community, the appreciation of the barriers they face in education and the development of trusting adult relationships are key to their success.

This paper has so far discussed the various approaches to supporting children in care in the education system, whether it be through government initiatives, or through a holistic approach that places the needs of the child at the forefront of practice. However, to fully appreciate the educational journey of children in care, it is vital to hear from those with lived experience. Listening to the voice of the child is essential in developing our understanding of the system that is designed to support them.

2.10 Children's voice

The importance of children's voice in research is evidenced by Warin and Muldoon (2009) who worked with Olivia in their study. When speaking about the transition from primary to secondary school, Olivia highlights the importance of being "known". She describes feeling like a "tiny, tiny dot in one of those dotty pictures" (p. 298). Olivia also explains that in primary school "you get a bit

more attention, you're not just a file" (p.298). This is how a pupil moving from primary to secondary school experiences this 'normal' transition. For a child who has moved into residential care and had to move schools, this feeling must be magnified many times. To listen to Olivia's experience is to place children's voice at the heart of research.

Children's voice is promoted in Article 12 of the United Nations Convention on the Rights of the Child that sets out the right for children and young people to express their views about issues that involve them. The Convention decrees that children have views independently to adults and they have the right to express them.

Prout (2003) recognises the importance of the child's voice and argues that children should be heard much more strongly in the process of policy formation. Caldwell et al (2019) express their concern that whilst huge gains have been made recently in considering and implementing the rights of the child, many children in care still do not feel heard or understood, and the professionals around them "lack the skills and sufficient time to ascertain the wishes and feelings of young people" (p.1).

Prout (2003) believes that social changes of the last twenty-five years "proved an essential context for understanding the emergence of children's voice" (p.

11). He (2003) points to the social changes that have resulted in greater inequality for children. This, coupled with emerging political lobbies for older generations, has left children lacking in representation. Prout (2003) considers that instead of children falling into adult ways of participating, what is needed is “institutional and organisational changes that facilitate children’s voice” (p.20). Their concern is that children’s participation is often talked about but lacking in practical application.

However, when considering the literature around children’s rights, Roberts (2003) considers it to be wrong to be “critical, or self-critical, of doing things which don’t quite get things right” (p. 35). Roberts points to the paralysis that results in in doing nothing, because it is safer than getting something wrong. Roberts believes that work around children’s voice should include learning from what has not worked well.

The process of working with children to enable their voices to be heard is fraught with difficulty. To demonstrate her point, Roberts uses Woollcombe’s (1998) descriptions of children being asked to read out statements prepared by others at the World Summit for Children. Woollcombe points out that children’s voice isn’t about watching a performance; when this happens, it dilutes the value of the children’s involvement.

Over twenty years later, the idea of children's voice has become embedded in the fabric of both the education and care systems. Children give feedback around classes in school and a children's panel is often involved in the interview selection of new teachers. The child's view forms part of care review meetings, and children are asked to contribute ideas about the running of schools through student councils. However, although the idea of children's voice is embedded in practice, the application of children's voice is often lacking, particularly in policy development.

Children's voice has been included in a variety of studies relating to the experiences of children in care. For example, Sinclair et al (2019) conducted research into the educational progress of children in care and children in need. Their results indicated that entry into care before the age of 14 benefits attainment. However, after this age it may be too late to reverse previous poor progress. In addition to analysis of quantitative data, the researchers also drew on interviews with 26 young people. The respondents all reported that "being at home had been bad for their education" (p. 456). The young people described their parents' struggles with substance misuse and mental ill health and how this was reflected in neglectful parenting. These young people reported that admission into care had a stabilising effect which benefitted their schooling. Measurable outcomes may not have been able to capture these benefits, so the importance of listening to the experiences of the children themselves cannot be overstated.

Harker et al's (2003) paper documents the views of 80 young people between 10 and 18 years living in foster and residential care placements. The paper forms part of the Taking Care of Education project designed to facilitate improvements in the education of care experienced children. Most children in this study perceived that their education was going well. However, the researchers were aware that these were "subjective opinions" and the children themselves may have "different interpretations of what doing well means" (p. 97). The young people's views of doing well did not tally with the data on school exclusions which demonstrated an over-representation of care experienced children.

The child's perception of "doing well" may have been a more holistic view, perhaps including settling into a peer group, enjoying social time in school and engaging in favoured lessons. Once again, that version of "doing well" does not necessarily translate into measurable educational achievement.

The pupils in this study were asked to identify how their educational experience could be improved. Suggestions included increasing the quantity of education for those who found themselves educated through tuition services, and the quality of education, including suggestions around focussing on "more innovative ways" (p. 96) to deliver the curriculum to increase pupil engagement. Recommendations from the report concluded professionals should listen to the children's opinions of the support they needed in school. Insightfully, the children recognised that although it might not be possible for the schools to

meet their needs, they at least wanted the opportunity to be “seriously consulted regarding decisions that affected their lives” (p. 96).

Jackson and Martin (2002) conducted a study with 38 high-achieving young people about their opinions of the best ways to improve the educational experience of children in care. Their results identified a number of features considered important to the majority of interviewees; being like other people, encouragement from others, characteristics of carers, contribution of social workers, the importance of school attendance, discrimination, practical resources, teachers, school and school support, encouragement for higher education and a “guardian angel” to take a real interest in their education experience and “who made time to listen to them and make them feel valued” (p.128). Interestingly, of the ten areas identified, eight of them are relationship and people driven and impossible to measure through quantitative statistics. The remaining two, attendance and practical resources are addressed through government policy and mechanisms in school, but clearly on their own are not enough to boost academic progress.

Holland et al (2010) conducted the (Extra)ordinary Lives project as a piece of participatory research with children’s voice at the heart. Their aim was to “explore the ordinary, everyday lives” (p. 372) of care experienced young people through participatory research that included multimedia data generations methods and took place over the course of a year. They chose not

to use prescriptive areas for their research, instead building relationships with their participants and allowing them to talk about what was important to them. Holland et al describe it as “data generation evolved through young people’s patterns of talking and recording” (p. 366). This approach yielded rich seams of data, with the young people feeling able to express themselves freely about subjects close to their hearts, including friendships and their families.

The challenge for the care and education systems is translating the child’s voice into real, palpable change that is reflected in policy. As the pupils interviewed by Martin and Jackson (2002) indicated, for them, real support is not provided by a bolt-on government initiative, but rather through the attitudes and support offered by key individuals. This is where the work of Cameron et al (2015) and Bomber (2007) and others concerned with the holistic development of vulnerable children is crucial in schools and the care system. The fact that this is recognised in ‘children’s voice’ indicates that this should be central to policies about children in care and their education.

Interestingly, Sissay (2020), who is care experienced, has written an autobiographical account of his time in care and he contends that children in care face many challenges and difficulties and their opinions and views are shaped not only by their time in care, but also their early childhood experiences. It could be argued that what they may consider best for themselves and others in a similar situation would be too influenced by their experience and

involvement in the system. The care experienced adults Kahan (1979) interviewed for her study, reflected that looking back, what they really wanted was to be back with their own families, and only with the benefit of hindsight could they recognise that although mistakes were made and their care was often lacking, certain decisions were made in their best interests.

In my experience, children in care can find it very difficult to express their true feelings and views. Many children I have worked with just want to go home. It may be something they and the professionals around them are working towards, but this overarching aim can prevent meaningful discussion around shorter-term goals. Young people in care can tell adults what they expect to hear, for example that they are settled in placement, for fear of disrupting the status quo and perhaps initiating more change. Backe-Hansen (2003) talks of social competence as a relational act; a child's behaviour takes place in relation to others. Backe-Hansen considers social competence through the lens of Berger and Luckman (1966) who believe that "an individual will expect that orderly and patterned realities of life exist independently of him or herself" (p. 178). Children in care may consider that their opinions will not alter the path that has been set for them, so it is easier not to share them.

2.11 Chapter summary

Children in care are our most vulnerable members of society, and statistics and research indicate that they are failing to reach their educational potential within the constraints of the academic outcomes prescribed by the government.

However, this analysis is simplistic and fails to recognise and appreciate the holistic progress that can and is made by these pupils in our schools. The barriers to success that children in care face daily require levels of resilience and strength of character that are difficult to understand unless you have lived experience. Research indicates that initiatives and strategies put in place to form the framework of support external to the children can only be successful to some degree. Tracking their progress, directing funding, and holding meetings may ensure we meet government targets but seems to have little impact on the children themselves. Relationships are key to education and the holistic support offered by nurture group provisions and programmes that address attachment difficulties offer schools a chance to really make a difference in a vulnerable young person's life. Holding children in care to the same standards of academic outcomes as their more fortunate peers belies the progress that they make every day in other areas such as attendance, behaviour improvements and peer relationships.

The voices of children in care need to be heard and acted upon. Several studies demonstrate that children in care recognise the importance of relationships and how they have been helped to succeed by interested, trusted

adults. The purpose of my research is to listen to children in care and find out what matters to them, and to hear from them about the relationships they value.

Although much is written about the outcomes for children in care and the initiatives that are in place to support them, there is a gap in the literature around the specific challenges faced by children who move into residential care during their secondary school years. It is difficult, if not impossible, to extrapolate the data purely for children in residential care, and then to further hone this to those who moved into their placement during their secondary school years. When we then consider the children's perceptions of how this move impacted on their education, it becomes apparent that this is an area for further research. There is literature that reviews children's outcomes in line with measurable achievements, such as exam results, attendance and exclusions as detailed in my introduction. However, there is very little that considers the whole school experience of the children in care from their perspective.

Chapter 3: Theoretical framework

3.1 Introduction

As explained in the section notes on language, I decided to use the language of care when referring to my participants, for example, ‘care experienced’ and ‘child in care’. Whilst care in the context of children’s homes implies a practical level of being ‘looked after’, which should be inherent in all care and education placements, care as an action should be a meaningful discourse between adults and children. All my participants identified relationships as being key in their lives and these relationships take many different forms, for example, with carers, teachers, and peers. Care should be at the heart of positive, nurturing relationships. However, for care experienced children, the development of such relationships is fraught with challenges.

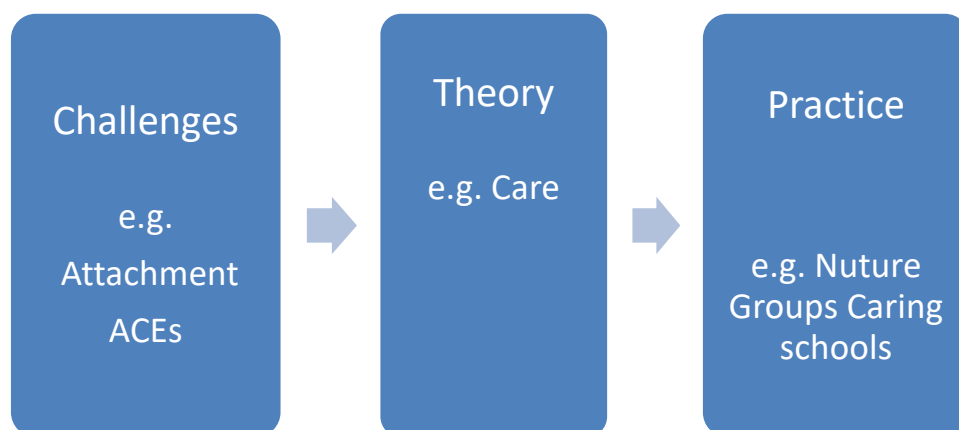


Fig. 3.1 The complexity of care: ethos and relationality

Fig. 3.1 illustrates the complexity of care for our children that I will discuss in this chapter. I will start with the challenges that children have faced in their lives prior to care and then explore care with a focus on the work of Noddings

(2012) who believes that “every human life starts in relation, and it is through relations that a human individual emerges” (p.771). I will then look at how care might present in schools in practice.

3.2 Challenges

For children in care, developing relationships is complex. As previously mentioned in my literature review, attachment theory (Bowlby, 1958) seeks to explain why these difficulties may occur. Bowlby (1969) identified the different types of attachment babies and infants may experience with their care givers. He describes attachment as “lasting psychological connectedness between human beings” (p. 194). If these bonds between caregiver and baby do not develop successfully, the impact on the behaviour of the child and their ability to form relationships in the future can be compromised.

A secure attachment to a primary caregiver can result in the child having high self-esteem and enable them to form strong relationships as they develop into adults. However, an attachment that is not secure that may be described as ambivalent, avoidant, or disorganised, may result in a child struggling to form relationships in school and beyond. The behaviour of a child with attachment difficulties may make it challenging for them in school as they struggle to make friendships and bond with the adults in a meaningful way.

Whilst attachment theory remains relevant in education, there is a feminist critique of Bowlby's over-emphasis on the maternal bond (Tizard, 1991). The theory was harnessed as a rationale for keeping women in the home as the main child-carer by pointing out the developmental 'dangers' of employed mothers. However, attachment theory has had an undoubted beneficial legacy in schools, for example in the development of Nurture Groups.

Children who have been removed from their families and placed in a residential care home may not have an experience of care to draw on to shape their future relationships. Separation from a primary caregiver, whether they were successful in fulfilling that role or not, can constitute trauma for a child (Cairns 2013). New adults may step into the caring role and be better able to provide a level of 'care' for the child, but the child may not be able to accept this or reciprocate. The mutuality of a caring relationship that Noddings (1984) describes will be impacted by an insecure attachment style and will need to be nurtured for it to develop.

A move into residential care, whatever the circumstances, can compound the trauma children have already experienced in their lives. The challenges of insecure attachments may be further magnified by childhood experiences. The Adverse Childhood Experiences Study (ACES) (Fellitti et al, 1998) sought to explore the relationship between exposure to abuse and household dysfunction in childhood and disease and risk-taking behaviours as an adult. Examples of

ACEs include living with domestic violence, living with a parent who is an addict and suffering physical, sexual or emotional abuse. Children who enter the care system are likely to score highly on ACEs, and whilst this method of identifying challenges should not define their future, it does indicate the level of trauma they may have experienced. As Bowlby (1969) explains, those who have adverse childhood experiences are more vulnerable to meeting further, similar experiences as they grow up. Bowlby states that these “ill effects can persist” (1966) and perpetuate relationship challenges in future generations.

The resulting stress of trauma can cause injuries to children’s brains and bodies (Cairns, 2013). A study by Spinazzola et al (2018) demonstrated the effects of “intentional acts by other human beings that threaten the life or bodily integrity of children” (p. 631) on children’s psychological functioning and neurodevelopment. Van der Kolk (2015) describes how trauma impacts physical and mental health that in children may manifest itself in challenging behaviours as they struggle to cope with being stuck in a cycle of fight, flight, or freeze.

When a child is placed in residential care, it will be in an entirely new situation that is alien to them and in which they know no-one. Despite the best efforts of the adult professionals involved to make the transition as successful as possible, children take time to settle and adapt to a residential placement.

3.3 Care: ethos and relationality

Nussbaum's capability approach suggests the ability to live a life that a person values can be best understood through understanding people's capabilities. Central to the ethics of care is Nussbaum's seventh capability, affiliation, being able to live with others and to "recognise and show concern for humans, to engage in various forms of social interaction and to be able to imagine the situation of another" (Nussbaum, 2011, p.34). This capability is particularly prescient for those who work with children in residential homes as they demonstrate this care daily.

In her pioneering work, Noddings (1984) explores the ethics of care in relation to families, community, and schooling. She considers the motivation for those who care and how this is recognised and reciprocated by those who are cared for. Noddings' work is crucial to this study because children in residential care rely on the care of others both at home and in school. Noddings identifies that a caring encounter involves two people, the giver and receiver of care. There may be one person who has a particular need or difficulty that can be met through the care of another. Noddings describes care as a "moral orientation" (p. 1) and considers care as being "neither domain nor gender specific" (p. 1). However, she does believe that care has its roots in the home, and in parental love. If this is the case, consideration must be given to those who have not experienced parental love in a home setting. For children in 'care' who may have experienced trauma, the giving and receiving of care is a complex

dynamic as they may have had little experience of well-formed relationships (Cairns, 2013).

Noddings identifies two different types of care; “natural” caring that “does not require an ethical effort to motivate it” and “ethical caring” that is aimed at “establishing or restoring natural care” (p. 2). For Noddings, there is an engrossment in the act of caring. She believes that caring is inherent within us and is how we respond to those we are close to. We care for our families and friends, and we engage in a reciprocal process.

Noddings quotes Buber, who emphasises, “relationship is reciprocity” (p. 18). She explains that this does not imply an equal relationship, and she recognises that in an adult-child relationship, the child should always be the one who is cared-for. However, there will be a recognition of this care that will deepen the relationship. One would hope that this mutuality of care would develop over time between carers and children in care. However, the experiences of some children results in them becoming carers in their parent-child relationship, for example through a parent’s illness or addiction, and stepping down from this role to be the cared-for may be challenging.

Fisher and Tronto (1990) suggest that caring is what we do as a “species” (p. 6) to look after our world. They challenge Noddings because they believe she

“ignores both power relations and material conditions necessary for caring” (p. 37). They highlight that caring requires more than motivation, rather it needs time, material resources, knowledge, and skill (p. 41). This view of care is prescient when considering the care system which is a complex and bureaucratic behemoth requiring human input and external resources.

For children in care, the issue of power is also relevant. The difficulty of always being the one cared for and not being able to reciprocate this care in an equal way, can result in a sense of entitlement as children struggle to understand how a truly caring relationship works. The relationship between young people and their carers is a challenging balancing act of providing care, stability, and support for vulnerable young people, whilst maintaining professional boundaries.

Fisher and Tronto (1990) discuss the “complexity of the interrelationship among caring about, taking care of and care-giving” (p. 44). They highlight the reactions of those receiving the care and the tension that can result when the caregiving “suffers from limited power and authority” (p. 44). Looking after children in care can become a one-way relationship where the carer is the giver of time, resources and care, and the young person is the receiver, unable to offer anything meaningful in return. Fostering a relationship with a child in care that enables that child to experience a reciprocity of care, without any personal or professional boundaries being breached, can be challenging.

3.4 Schools and care

The challenges that children face around building relationships undoubtedly have a negative impact on their schooling. If they remain in the same school, the “sense of shame” (Emond, 2012) they may experience from being unable to live with their parents will affect their presentation and behaviour. Walker (2015) describes shame as the feeling of being “unloveable” (p. 90). He cites the origins of shame in poor attachment and childhood trauma, both of which feature in the lives of children in care. A child who is moved into care may suffer a huge sense of shame that will impact on all their relationships.

Research suggests that children in residential care are identified as different from their mainstream peers. Living outside the family home and having to navigate between school and a residential placement (Emond, 2012) is something that that most children will never experience. Emond highlights that in some instances, parents will prevent their children from having contact with a child who has been moved into care. Without a team of adults (Cameron et al, 2015) in school to support these vulnerable children, they may be unable to adjust to transitions successfully.

For other young people, entering care may result in a change of school. Transition to a new school can be challenging for all pupils. Whilst the chance to start again in a new setting may be seen as a positive, as Warin and

Muldoon (2009) highlight “children may wish to see themselves and be seen differently, yet it appears to be increasingly difficult to recreate ‘self’” (p. 299). The sense of self of a child removed from their family and placed in care may be eroded, making it challenging for them to be able to make fresh start in a school where they know no-one.

The ethos of the school a child in care attends will have a considerable impact on their ability to engage and make progress, whether that progress is measured holistically, or by government benchmarks. Children in care have priority regarding school admissions, as detailed in Promoting the Education of looked Children (DfE, 2018). Whilst all schools have a statutory duty to provide suitable education to children in care, there is an interesting caveat in this document that states “the VSH should be consulted to avoid choosing a school that is unlikely to meet the child’s needs” (p. 14). Government recognition that some schools may not be able to meet a child’s needs indicate there is much work still to be done to make our schools inclusive for all children.

It falls to the VSH, the carers, social workers, and birth parents (if appropriate) to source a school placement for a child. What may they look for in a school? The choice may be a school with a reputation for academic achievement and a rigorous curriculum, or a school that is recognised for its ‘caring’ ethos. It is undeniable that some schools have a more enlightened approach to pupil care. A school that adheres to a binary behaviour policy (a zero-tolerance approach

to behaviour transgressions; you are either behaving appropriately, or you are not and must face the consequences) is unlikely to be able to respond appropriately to the needs of a traumatised child. A more successful approach may be a school which recognises attachment disorder and behaviours in children in care and trains its staff accordingly. Nurture group provision may also indicate a school that values its provision for vulnerable pupils. A school with an overarching ethos of care (Noddings, 2012) may also be favoured by professionals and the pupil themselves if this care translates into meaningful relationships between staff and pupils. A school that listens, supports, and carries out all the statutory duties regarding children in care without losing sight of the child themselves is one where a vulnerable child is most likely to thrive.

Care is considered by society to be a force for good. Kittay (2001) describes care as a feature of all our lives, whilst Fisher and Tronto (1990) see care as a way of ensuring we care for our world to “live in it as well as possible” (p.40). Noddings (2012) believes that caring should be central to our school and education systems, and that through caring for our pupils, teachers promote an atmosphere in which school bodies can “work together to achieve universal competence, to identify and respect a large range of talents, to provide help to students in finding out what they are suited to do” (p. 779). For care experienced children, this ethos of care and support for pupils to find their own talents is far more conducive to a positive education experience than a school wedded to measurable education outcomes.

In *The School and Society* (1913), Dewey wrote “what the best and wisest parent wants for his own child, that must the community want for all its children. Any other ideal for our schools is narrow and unlovely; acted upon, it destroys our democracy” (p. 3). The vision of schooling parents want for their own children may differ widely according to their own school experiences. We may look back fondly on our own educational and wish this for our children, or we may look back with horror and hope for the opposite. We may suggest that we want our children to be happy (Noddings, 2005), but we may not be able to define what happiness is. Our hopes as parents for ‘good’ schooling for our own children are so wide and varied that it is almost impossible to identify a homogenous schooling that would suit all. For Noddings (2005) what should be at the heart of schooling, for all pupils, is care. This notion of care, being cared for and learning to care for others and our environment in schools would be especially beneficial for our most vulnerable children.

3.5 Teachers and care

Macmurray (1964) described teaching as “one of the foremost of personal relations” (p. 17) and for most teachers, the desire to care may be one of the driving forces for entering the profession. However, as Noddings (2012) emphasises, there are different types of caring. The type of caring where the child is the focus of the care involves the carer, in this case the teacher, truly listening and paying attention to the needs the child is expressing; “the attention

of the carer is receptive” (p. 772). The child can express their view, their voice is heard and the teacher, as carer, is responsive to that expressed need.

However, this may raise conflict for the teacher; how can they meet this need in the confines of the school, their policies, and the curriculum? The needs of the pupil may also not be in their best interests, causing conflict for the teacher who wants to respond, but may not be able to provide the answer the pupil wants.

The solution is for the carer to “respond in a way that maintains the caring relation” (Noddings, 2012, p.772). This caring recognises that the child has a need, they can voice this need to a trusted adult, and then the adult is able to respond in a caring way, either to meet the need or to explain why the need cannot be met at that time.

The ethos of care does not come naturally to all, even those in the supposed caring professions. Noddings identifies another form of caring that focuses on the conduct of the teacher. She calls these teachers “virtue carers” (p. 773) and I consider this term could be applied not only to teachers, but others involved in the care of children, for example social workers and residential workers. A virtue carer is one who believes they ‘know’ what the pupil needs and “acts faithfully” (p. 773) on these beliefs. The phrase ‘some day you will thank me for this!’ is used by Noddings to demonstrate that adults in caring relationships with children assume they know what is best, through experience

of strongly held personal beliefs. Virtue caring does not listen to the voice of the child.

Virtue caring recalls meetings that are held for children in care in which the professionals decide what is best for the child, having paid scant regard for the needs the child is expressing. The opportunity for children to be heard only in a formal setting is to miss what they may truly be saying. It is the day-to-day interactions that yield the most conversation. For Buber (1965) “the relation in education is one of pure dialogue” (p. 98). If this edict was extended throughout the entire care system, the needs of the children would be the focus. Dialogue between children and the adults caring for them would imply active listening and responding appropriately to the expressed views of the child.

3.6 The challenges of caring

Whilst Noddings’ ethics of care provide a moral, nurturing school environment that would support vulnerable, care experienced pupils, the approach is not without its critics. Houston (1990) argues that caring cannot stand alone. To pin all one’s practice on the ethics of caring is to deny the existence of other emotions and practical considerations.

Hoagland (1990), objects to the “unidirectional nature of the analysis of one-caring” advocated by Noddings, believing that it “reinforces oppressive institutions” (p. 111). Hoagland is concerned that the ethics of caring is based on the maternal idea of care and the mother relationships. She also raises the issue of the care being directed in one way, from the carer (teacher) to the one receiving the care, the pupil. Noddings maintains that the teacher-pupil relationship is unequal, and yet both contribute to the care giving, the teacher by providing the care and the pupils by acknowledging the care, perhaps with a ‘thank you’ or by renewing their efforts to complete their work. Hoagland styles this “non-reciprocity-beyond-acknowledgement” and considers it “undermines the possibility of instilling the value of one-caring in the cared-for” (p. 110).

Hedge and Mackenzie (2012) recognise that relationships with others are crucial for children. For children to regulate their emotions, they need support from those they trust. To have their voice heard around self-reflection and planning, they need someone to listen, and to develop their sense, imagination and thought, they need teachers to deliver well-planned and engaging lessons that they can be part of. However, they believe that Noddings idea of care “raises issues and boundaries and limitations for over-worked teachers in busy schools” (p. 192).

However, Noddings is not advocating caring as an ‘add on’ to an overstretched education system populated by stressed teachers. For Noddings, the school

system requires an overhaul that would enable caring to be fully embedded and therefore a natural, productive way of working. Noddings advocates for caring in schools in the following ways: continuity of purpose, continuity of school residence, continuity of teachers and students and continuity of curriculum. She suggests a curriculum that is centred around caring, for us, for others and for our environment that is designed in collaboration with pupils. Noddings, as a maths specialist, details how such a curriculum could be achieved in *The Challenge to Care in Schools, and Alternative Approach to Education* (2012).

The curriculum she describes, where pupils are involved with caring for others, including those in the community, and caring for the environment, is far removed from the current system in place in England. Noddings recognises that complete change is needed, and her argument is powerful and compelling. Some would suggest, in the current climate with an education system beset by the challenges of covid, now would be the ideal time to rethink our schools and their curriculum. If some good is to come from a global pandemic, the priority given to care in schools could be top of the educational agenda.

3.7 Caring in Practice

It is my belief that the ethics of care should be central in our schools and our care system. If schools were able to adopt Noddings' caring curriculum, the benefits to our most vulnerable children would be considerable. The work of

Cameron et al (2015) has been influenced by Noddings, and they recognise that care has a place in schools, and that education has a role in the care setting. Cameron et al (2015) have developed this notion of care in education to include the flipside, learning in care. They argue “for children to thrive and flourish, and realise their potential, and particularly where they have had very difficult early childhoods, they need to be cared for in school and educated at home” (p. 7).

To provide care in school, Cameron et al refer to Noddings’ (1998) suggestion that teachers should look to parents when considering their own practice. Noddings advocates four ways in which teachers can demonstrate caring that are based on this parental ideal: modelling, dialogue, practice, and confirmation. Developing this care framework in an educational setting will enable pupils to feel a sense of community and belonging. Cameron et al cite a school improvement programme in the USA that found developing ‘caring community learners’ had a positive effect on pupil progress (Schaps et al 2004).

For Cameron et al (2015), a caring community in school is only half the support our children in care need. There also needs to be learning in care, that is creating an atmosphere in the home placement that promotes and fosters a love of learning. Cameron et al (2015) are advocating more than for carers to help with homework or attend a parents’ evening. Desforges and Abouchaar (2011) conducted a review of English language that indicated “parental

involvement in the form of ‘at-home good parenting’ has a significant positive effect on children’s achievement” (p. 4). For Cameron and colleagues, this echoes Noddings suggestions that good teaching ought to reflect good parenting. The elements of good parenting highlighted by Cameron et al include parent-child discussions, educational values and “high aspirations relating to personal fulfilment and good citizenship” (p. 70). This view is echoed by Bentley (2013). As previously mentioned, it was Bentley’s foster carer’s high education aspirations that encouraged her to succeed in school. If this is the home ethos, children were more likely to achieve their educational objectives. The challenge then for those who care for children in residential placements is how this can be achieved.

3.8 Personal experience

For children in care, the barriers and obstacles that prevent them from achieving what they want to do or be, are far more complex and challenging to overcome than those of their peers. The right education and a successful schooling that considers the holistic development of the child, as opposed to measurable academic outcomes, may be crucial to their future. To truly appreciate the lived experience of a child in care and gain the knowledge that can be used to develop social policies that support their wellbeing (Gladstone et al, 2020), researchers and professionals need to engage with the children themselves. Their knowledge of the care and education systems and their experiences of being part of the system, both positive and negative, could

contribute greatly to ensuring the system is fit for purpose, that is that it enables children to do what they want to do, or be who they want to be.

Care experienced adults have valuable views to contribute to discussions around education for care experienced children. Sissay (2019), for example, who is now a poet, MBE, and former Chancellor of Manchester University, details a fractured school experience where his early promise in primary school was disrupted by school moves in his secondary years. Bentley (2013) was care experienced as a child but went on to achieve her ambition of becoming a doctor. She credits a stable foster placement in her teenage years, and the emphasis her foster parents placed on education, for enabling her to achieve her ambition, albeit later in life than perhaps if she had had a more 'conventional' upbringing. These highly motivated and driven individuals are the exception, however, and most children in care lack the resources, support, and resilience to be able to achieve in line with their potential.

3.9 Chapter Summary

The ethos of a school, and the care children receive there, is essential to their holistic development. For children in care to succeed, they need to be cared for. All-encompassing care should include their residential placement and their school. To counteract the traumatic stress a child may have experienced in their life before care, and the trauma of moving to a residential placement,

children in care need to build stable and appropriate attachments with trusted adults who provide them with the nurture and care they need. The progress of care experienced children should be captured holistically, and not reduced to a series of measured outcomes. School should enable them to discover their talents and encourage them to become valued and valuable members of society. Noddings ethos of care and Cameron et al's learning placements and caring schools are theories and practices that could help achieve that aim.

Chapter 4: Methodology

4.1 Introduction

Research can take many different forms and I believe it is shaped by our own unique view of the world. There are different approaches to research that reflect both the subject being researched and the researcher's perspective. For example, quantitative research that involves collecting and analysing numerical data and lends itself to outcomes that include finding patterns and averages and testing causal links. However, disciplines such as psychology and sociology and professions like education require a more nuanced approach to research that considers the nature of human existence and experience.

In this chapter, I will explain my ontological and epistemological stance and discuss the rationale for my choice of research methods.

4.2 Rationale

In my opinion, we cannot reduce human experience to numbers and patterns if we wish to gain true understanding. To do this, we need to engage directly with people with lived experience. As part of this thesis, I have included statistics about the academic achievement of children in care. However, the collection of figures reduces these young people to numbers, and they tell us nothing about the story connected to each life. Analysis of statistics alone cannot help us to improve the broader educational outcomes of children in care. It is only through

learning about the lived experiences of these children that we can hope to provide the support and resources that will contribute meaningfully to their holistic school experience.

Collecting qualitative data enables the researcher to engage with participants and meet them where they are to find out what they think, feel and experience (Braun et al, 2017, Smith et al 2012). Their view of their own lives is the most powerful tool we have to understand the experiences they have been through. For children who live in residential care, we cannot hope to understand how this experience was for them without engaging with them and giving them the opportunity to share their views.

4.3 Ontology and Epistemology

My research is rooted in the work I do with pupils daily. I run a school attached to a children's residential home and I work with up to six teenage boys to ensure they attain the best possible education outcomes regardless of their circumstances. The boys I work with are trauma experienced and their move into care is to keep them safe. However, the company I work for provides care for approximately 150 children with a wide variety of both care and education experiences. The residential homes are based mainly in the northwest, and I focussed my research on homes and schools within an hour's drive of where I work. These young people have a wide variety of lived experience, and I was

interested to hear their views about how living in residential care affected their education.

My philosophical stance echoes my thoughts, feelings, and approach to children. I believe that the social world is distinct from the natural world, and it was my intention to explore the world of these young people. I wanted to value their human experience (Savin-Baden and Major, 2013) and my aim was to do this through a philosophy of care, as described by van Manen (1990). I care about the young people I work with, and this experience has led me to care about the outcomes for other young people in similar situations. As van Manen (1990) states “research is a caring act: we want to know that which is most essential to being. To care is to serve and to share our being” (p. 5).

Epistemology considers how we get to know something. In this study, I took a subjective position (Savin-Bader and Major, 2013). My role as the researcher was integral to gaining this knowledge. Necessarily, this involved sharing something of myself and giving something of myself to the interview process; my thoughts, feelings and ideas shaped the questions I asked, the direction of the interviews and the interpretation of the information that was shared.

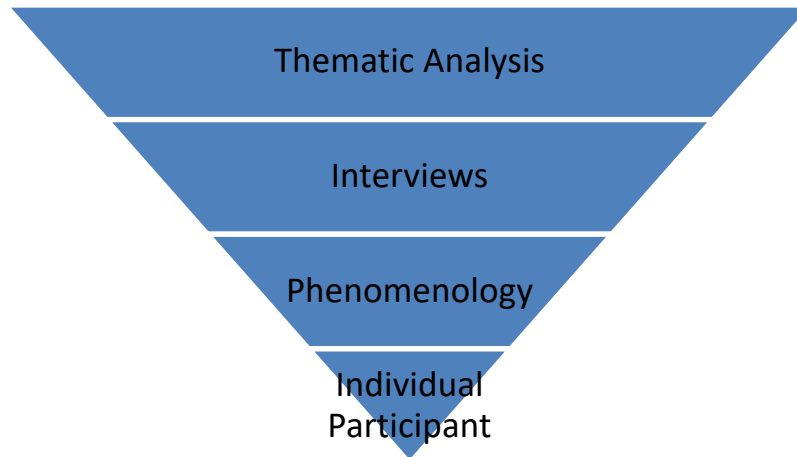


Fig. 4.1 Research lens

Fig. 4.1 is a conceptual model that depicts the lens through which I conducted my research (Savin-Baden, 2013). I began with the individual before considering the phenomenon they had experienced. I then decided upon my research method, interviews, as the most appropriate way of collecting data. I chose a thematic approach to my analysis in line with Smith's (2012) guidance for conducting Interpretive Phenomenological Analysis (IPA).

4.4 Phenomenology

I took a phenomenological approach to my research because I believe it is the best lens through which to view the experiences of children in care.

Phenomenology has its roots in the work of Husserl (1964) and Heidegger (1962) and is concerned with the lived experiences of those who have experienced a 'phenomenon', for example love or fear, or an event, such as heart surgery. According to Cohen and Manion (1994), phenomenology is

carried out to understand our human experience of the world. Polkinghorne (1989), believes that reality and knowledge reside in the mind, as the individual perceives and experiences it, so the knowledge may be discovered by exploring human experiences.

The phenomenon I identified and focused on was young people living in residential care and attending school for these young people. The young people all shared the same outward lived experience of moving from one setting to another, ultimately a residential home. My starting point was a first-person perspective and the intention to describe the essential features and elements of a given experience.

The young people I talked to came from a variety of backgrounds. Some had moved straight from the family home into residential care, whilst others had been in kinship placements or foster placements prior to their move. The abiding concern, as mentioned by van Manen (1990) that shaped my research, was the effect living in residential care had on their education. I wanted to know more about the opportunities and challenges these young people faced.

4.5 Interpretative Phenomenological Analysis

I developed my research to follow the theory and practice of Interpretative Phenomenological Analysis (IPA) as defined by Smith et al (2012). This branch of phenomenology expounds the view that people are “embedded in a world of objects and relationships, languages and culture, projects and concerns” (Smith et al, 2012, p. 21). IPA enables the researcher to relate the experiences of others to their world and relationships, rather than to consider us “creatures in isolation” (p.21).

Smith et al, 2012, recommend a small group of research participants for IPA, suggesting between three and six . They highlight the importance of the depth of the interview and suggest that participants should be interviewed twice. However, they recognise that there is a danger of generating an overwhelming amount of data and to successfully implement IPA, a sample that is too large is “more problematic” (p. 51) than a sample that is too small. For a researcher to understand the whole, they also must understand the parts, creating a circular train of thought, as opposed to a more linear style of thinking. As Smith et al (2012) explain, to make sense of a word, we look to the sentence. To clarify the sentence, we look to the meaning of all the individual words. This hermeneutic circle approach influences data analysis in IPA as the researcher moves back and forth between ideas as we consider the data.

4.6 Research methods

My research was conducted at a particularly challenging time nationally, as the country was in the throes of the coronavirus pandemic. During the time I had planned to conduct my interviews, strict procedures were in place for all the homes and schools in my company and access for external visitors was limited. At this stage, I did consider conducting interviews via a virtual platform such as Zoom. However, my own experience of using such technology made me discount this as a course of action as I believed I would not be able to develop sufficient rapport with my young participants in such an environment. This resulted in me having to wait until restrictions began to lift in April 2021. With agreement from my line manager, I was then able to go into our homes and schools to interview young people, provided I followed the company's covid protocols.

Further complications ensued that meant I was unable to visit some homes or schools as arranged because of covid outbreaks and individual home lockdown procedures and periods of self-isolation. This narrower window of opportunity resulted in me reviewing my initial aim to interview twelve to fifteen young people. As I began to explore an IPA approach in more detail, I decided to reduce the number of participants to ten. Interestingly, these interviews then naturally fell into two different categories that I have named core and additional, further details of which I will explain later. I decided therefore to follow what Smith et al call a "bolder design" (p. 52) and use my core group to generate the

emergent themes, before exploring whether these themes could be transferred to the additional group.

Smith et al (2012) recommend extracts from at least three participants for each theme, and it soon became apparent that many themes were evident across all four of my core participants interviews. Whilst IPA focuses very much on the experience of the individual and does not lend itself to generalisation, the two groups of interviews enabled me to explore “theoretical transferability” rather than “empirical generalizability” (Smith et al, 2012, p.51).

4.7 Interviews

I gave much consideration to the approach I would take when gathering data from my participants. I wanted the voice of the child to be central in my study, and for the interview process to be collaborative. I looked to the work of Holland et al (2010) who conducted the (Extra)ordinary Lives project as a piece of participatory research with children’s voice at the heart. Their aim was to explore the ‘ordinary, everyday lives’ of care experienced young people through participatory research that included multimedia data generations methods and took place over the course of a year.

Their reflective article (2010) considers the claim that participatory research is more 'authentic' than ordinary research. They cite four views of participatory research: that all research is participatory, because the young people are invited to take part; participatory research through child-centred activities, for example play, drama, and art; that children should be directly involved in all aspects of the research including the design and dissemination; and that children should carry out research into the lives of others that interest them.

Holland et al highlight the work of Gallagher and Gallagher (2008) who challenge the view that participatory research is unquestionably positive. They argue that the involvement of young people in the research is managed by the researcher, so that there is still a power imbalance in the researcher's favour. Holland et al conclude that the true benefit of participatory research with young people is "an analysis of participation can potentially examine micro-exchanges between adults and children...all of which foreground issues of power relations" (p. 361).

In the circumstances, with the country emerging from the global pandemic, I decided to use a semi-structured phenomenological interview approach. This method of research ideally suited my purpose; to gain the views and perspectives of young people in care and to forge a greater understanding of their actions and behaviours. Whilst my participants did not have a role in

forming the questions for interview, I strove to truly listen to them and give due consideration to the micro-exchanges we shared.

To best engage with my participants, I had an interview structure for guidance and to help me to remain focused (Appendix 1), but with the ability to pursue a particular thought or idea if required. I also chose a semi structured interview to help put my participants at ease. Interviewing young people comes with a unique set of challenges and I wanted them to have confidence in my ability as a researcher. I drew on my experience of working with young people to construct an interview schedule that moved through topics coherently to provide a logical sequence of progression for my interviewees. I began with generic, open questions to engage my interviewees and allow them the opportunity to talk freely in as much depth as they felt comfortable with about their living arrangements and the sort of school they attended and whether they had had to change schools when they entered care. I then moved on to ask them about their holistic school experience, including the support they have in school and the home, and their relationships with their friends. I finished the schedule with questions about opportunities and barriers to success in school and whether the young people think anything could be done differently for them.

In practice, I found the schedule very useful, but I used it with a degree of flexibility guided by my professional experience. For some children, the questions were needed to provide structure and reference points. However, for

others who spoke more freely, including James and Leah, the questions served merely as prompts for me to ensure that I maintained parity of questioning across the interviews.

Whilst I recognise that the structured element of my interviews may have meant opportunities were missed for my interviewees to share their own unique perspective in depth (Savin-Baden and Major, 2013) I do think that maintaining a structure enabled me to be a more effective interviewer. My aim was to make my participants comfortable and to listen to their thoughts and ideas without a rigid structure that may have forced the flow of questions. It was a collaborative approach with the participants that allowed them to elaborate on points that are important to them.

My interviews allowed me to get to know my participants, albeit on a relatively surface level, but sufficient to appreciate their experiences and how they have shaped their views and opinions. My aim from the interviews was to gain an insight that would allow me to provide a depth of description in my discussion. My findings section contains a plethora of direct quotes from my participants. Using their exact words and including their examples and illustrations embeds an authenticity in the research and enables the reader to engage experientially with the data. My findings section and the quotes within it are integral to the aims of my research, placing children's voice at the heart of my work.

4.8 Limitations of IPA

There are three major limitations of an IPA approach to data analysis, as highlighted in the literature. IPA advocates for homogeneity amongst participants, which can limit the possibility of generalising findings, and may result in more research being required to allow generalisation. For my study, I had four core and six additional interviewees, and my aim was to identify themes in the core group and then rather than generalise using the data from the additional group, attempt to transfer the themes and ideas and explore if they were evident in the wider group.

A further limitation of IPA that can be applied to my research is highlighted by Willig (2001) who identifies that giving a voice to experiences can be challenging for some. I certainly found this with several my participants, who at times struggled to find the word and language to give true depth to the description of their experiences. As the interviewer, it was then difficult for me not to interject and attempt to add my own language to theirs. For example, when one of my participants struggled to find the language to describe how he felt when he was being bullied, I suggested he may have felt isolated and sad. He corrected me to explain that this was not the case. He identified that his feelings were of frustration because he felt that no one was listening to him. I was projecting my experience of supporting children who have been bullied onto his situation, which, if he had not corrected me, would have influenced my interpretation of our conversation.

The third limitation is found in the interpretation of the analysis. Smith et al (2012) advocate that the researcher should view the data without being influenced by a theoretical position. In practice, this is extremely difficult to achieve, because every researcher will bring to their research their own views, morals, and opinions and to bracket these completely and maintain neutrality would be virtually impossible.

During my research, I was mindful of the above limitations. In interviews, I attempted to give my participants time and space to form their answers without me rushing in to guide them. I was also aware throughout the data analysis process of my own views and ideas. I was not able to bracket them completely, but rather I sat with them as I interpreted the words of my participants. An example of this was when children were describing time out of school. For me, this is something that should not happen, and I was aware of my own frustrations when my participants were describing weeks and months with no meaningful education. One participant was aware of the reasons why this had happened to her, but another was not, and I was mindful not to allow my opinions to cloud my interpretation of her views.

4.9 Ethics

There is much debate around the ethics for qualitative research and indeed if qualitative research itself is in fact unethical. Kellehar (1996) believes that qualitative research is ethically questionable and that it is “an unnatural social situation, introduced by a researcher, for the purpose of polite interrogation” (cited in Guillemin and Gillam, 2004, p. 271). However, the value of qualitative research is inestimable for the social sciences and researchers concerned with learning more of human experience. The only way to gain an insight into the lives of others is to observe and interact with them to better able understand their perspective.

For me, the only way I was able to gain the views of children in care was to hold a conversation with them, a two-way dialogue in which they shared their views with me. The ethical considerations around this were considerable. Not only was I hoping to gain an insight into another person’s life, the people I was working with were children and they were also vulnerable children as they were in care.

The dictionary definition of ethics, that they are the correct way of doing things and the “moral principles that govern behaviour” (Savin-Baden and Major, 2013, p. 319), acts as mere guidance, especially when working with vulnerable children. A formal ethics procedure is needed to ensure that those taking part

in any study can give their informed consent and understand what happens to their data.

It is so important that the researcher explains honestly about what is involved in the study, both to ensure their participants understand and are comfortable with what is being asked of them, and to protect the role of the researcher in general. As Savin-Baden and Major (2013) identify, social scientists have not always honoured their obligations. They cite several cases, including the Nuremberg trials and the Thalidomide scandal to emphasise this point.

As Punch (2008) states, qualitative research intrudes into people's lives. It can involve sensitive details and the "innermost matters in people's lives" (p. 281). It is therefore vitally important that the participants are treated with respect and provided with sufficient information to make an informed decision about participation.

It was also important in my research for me to ensure that the care staff working with the young people at the time of my involvement knew the nature of the interviews, and that whilst I would make every effort not to touch upon issues that may cause the young person to feel upset, if they did feel down in anyway after speaking to me, there was help and support available for them immediately from the staff team.

When considering the ethics for my research, I followed the guidance of Grix (2019), informed by Punch (2008) that the ethical issues that may arise are harm, consent, deception, privacy and confidentiality and the documents I produced to address these areas were approved by the university. I did not consider there to be any concerns around deception in my research. I was looking to the participants to be truthful with me about their experiences, and in return, I was truthful with them about my experiences working in the same environment and about my motivation for conducting the research. I told them I had worked in mainstream education but changed jobs to attempt to make an impact on the lives of children in care. I explained my belief about education as a 'protective factor' for children in care. I told my participants I wanted to hear their experiences so that I could make recommendations about how professionals could better support young people in care.

There was no risk of physical harm to my participants, but I was acutely aware that because I did not know their background prior to speaking to them, they may not want to re-live some of their experiences by speaking to me. It was therefore important to me to explain that they did not have to answer anything they did not want to, and that the care staff were there to help and support them if needed.

To gain informed consent, I prepared information sheets for the participants and a form for them to sign to indicate they consented to being involved. I read

through the information sheet and the form with the participants prior to beginning the interview, and I also explained the information to care staff. On the participant consent form, I also provided space for a counter-signatory from a social worker, parent, or carer, dependent on circumstances, for those participants under 16.

Once I had gained informed consent, I was mindful of the continuation of consent. Although my study is not longitudinal and consent was required merely for the duration of the interview, I was aware of the pitfalls signposted by Warin (2011) around young people becoming “bored, tired, or uncomfortable” during the interview process (p. 807). I saw this in practice, and I used my professional judgement to decide whether the child was reluctant to continue, and the interview needed to end, or whether re-direction to another strand or topic was appropriate. During my interviews, I found myself in both situations and acted accordingly. For one young person, it became apparent that talking about the future was a difficult topic that was making her feel uncomfortable. Once I recognised this, I was able to redirect the interview to talk about the support she accessed from staff in school, and she re-engaged in the conversation. For one young man, the approach of breaktime during the interview meant that he became distracted. Once it became apparent that his focus was elsewhere, I drew the interview to a close.

The design of my interview included no reward for participation, other than the opportunity to speak to someone with a genuine interest in the participant's life experience. I was also aware that, as identified by Gallagher (2009) there was a pre-given power imbalance. Two of my participants know me as their Headteacher. It was important for all participants to know that although I hold the position of Headteacher within the company, their participation in the study was purely voluntary and that I held no power over their education, either positively or negatively. However, I was aware, during the interviews, that, inadvertently, both through merely being an adult, and in my role as Headteacher, I did hold power and I was mindful how this may influence the content of the conversations.

Ethical considerations were of primary importance to me in my research. Children in care can be extremely vulnerable and they must engage with many professionals in their everyday lives who will be seeking their opinion or confirmation on a range of different subjects pertinent to their lives. I was mindful that I did not want to be perceived as another professional exploiting their position as a child in care for my own ends. In some cases, I was entering their home, their safe space, to interview them and it was vital that I did not impede on their feelings of safety in anyway. I was truthful about my role as a researcher and the fact that my participants would gain nothing from their participation, other than the opportunity to share their views. I was meticulous in my paperwork and ensuring that the correct procedures were in place. However, I was also acutely aware as Renold et al (2010) explain that following

procedures and gaining approval from an ethics committee rarely assists in “ethics-in-practice”. It was up to me to ensure that my interviews were conducted with sensitivity and care and that my participants’ needs were paramount.

It was gratifying to hear at the end of the interviews that several the participants found the process cathartic and enjoyed the chance to put their views across to an independent listener. One participant, Harry, told me that “it’s been quite useful. I feel like I’ve got some emotion out. Thank you for coming out today to talk to me. I feel like it’s helped a lot”.

During my research, I aspired to what Savin-Baden and Major (2013) term “excellent treatment of individuals” (p. 333). As a researcher, I felt privileged to be able to engage with young people and hear their views, and I wanted to demonstrate this by treating my participants with respect, protecting them from harm and treating all my participants equally.

4.10 Reflection and reflexivity

The nature of my research and the inherent vulnerability of my participants caused me to reflect upon the process of data gathering in several different ways (Appendix 2). Boud et al (1993) identified three different forms of reflection beginning with prospective reflection, the thought and the care that contributes to the design and the planning of the study. For me, this involved thinking about the setting I would be speaking to the children in, the way I would speak to them and the care I would take not to cause upset through my questioning. I had to think about how to manage potentially triggering questions and ensure that all my participants had a trusted adult they could speak to if they needed to. I wrote and re-wrote my questions several times and conducted a pilot study with a young person in my setting that I know well. I used his feedback to develop my questions so that the interview flowed with coherency.

During some interviews, I felt I was there merely to prompt, and the young people were happy and enthusiastic to share their views with me. With other young people, I needed to elaborate on questions, to re-explain and re-phrase. Throughout the interview process, I learned to relinquish a degree of control and allow the interview to develop in the manner that best suited the participant. Dynamic reflection during the interviews enabled me to capture the thoughts of the participants through adapting my questions and allowing the participants the space to contribute fully.

Retrospective reflection, when I took time to think back over the interviews, was a particularly useful tool because it prompted me to think about what I could do differently. Through the course of the interviews, I learned that many young people need space and time to consider the questions before giving their answers. My initial tendency to rush in with suggestions was not helpful and the more interviews I did, the better able I was to allow space for processing and contributing from the participants.

The purpose of reflection throughout the study for me was to ensure that my interviewees were safe and felt held in a comfortable and participatory process. I wanted them to be able to reflect on the interview themselves with a sense of the appreciation I had for them contributing to the process. I wanted them to feel valued and that their voices are important and heard.

I was further able to consider the process of reflection in my study through the lens of Mezirow (1981). Mezirow presented different stages of reflection for qualitative researchers beginning with basic reflection, then affective reflection, discriminant reflection, judgemental reflection, conceptual reflection, psychic reflection, and finally theoretical reflection. It was interesting for me to consider my practice through the seven stages. I identified that for me, the area I needed to be most aware of was judgemental reflection, and the recognition of the values and biases I bring to the research and how this effects my judgement. For example, I consider education to be of paramount importance

for children in care, but my expectation was that the young people themselves may not be of the same opinion. It became apparent in several interviews that this was not the case and that the young people shared my views.

Before commencing my interviews, I considered that there might be some hesitancy on the part of the participants to engage with me and share their views. I had planned various strategies including walking interviews (Tolland et al, 2020) and playing simple games whilst we were talking to break the ice and encourage the conversation. This approach was not needed in any of the interviews. All the participants were happy to engage, eager for their voice to be heard and many were extremely articulate with their answers. For those who were slightly more reticent, the best techniques I found for encouraging conversation was not to divert to an additional activity, but rather to find a relational link. For one participant, this was the therapy dog in school, and for another it was their passion for motocross. These differing personal insights allowed me to share my love of dogs and learn about a new sport from a young person who is clearly passionate about it.

England (1994) describes reflexivity as “self-critical sympathetic introspection and the self-conscious analytical scrutiny of the self as researcher” (p. 244). For Savin-Baden and Major (2013) reflexivity is the ability of the researcher to be aware of and to consider their position in the study. It encourages them to

reflect that they may impose their own meanings on the research process. I was very conscious of this throughout my data collection.

I feel that my job working with vulnerable young people is a calling, and without the drive and passion I have to improve the educational outcomes of young people in care, I would not be as effective in my position. Therefore, throughout the course of my research, I am driven by the same motivation. In my interviews, I viewed my reflexivity through the lens of Finlay (2002) who considers reflexivity as mutual collaboration. Instead of bracketing and removing my own perspective, my intention was to view my participants as co-inquirers and there was a sense that the young people worked with me to form the shape and direction of the interview. I asked the young people about topics that are of interest to them, for example animals and television. If a young person did not want to talk about something, we moved on and if a participant wanted to share more, there was ample time for this. I tried not to cut any conversation short, but instead provided space and time for it to develop and conclude naturally before moving on.

The next section of this chapter describes my research methods in more detail.

4.11 Research Questions

My main research question is:

- What are young people's views about living in residential care and the impact it has on their school experience?

My supplementary research questions are:

- What do children in residential care consider to be the protective factors that enable them to succeed in education?
- Do children think they have more opportunities or more barriers to their education when they are in residential care?

4.12 Research Design

4.12.1 Recruitment

Following approval for my research from the company CEO and my line manager, I contacted the managers of the homes I thought had children in who might be willing to speak to me. Two of the homes were chosen because I had worked with the managers previously, one in the same setting, and one when I worked in mainstream and the Designated Teacher for a young person in their care. I chose these managers and homes because I believed they would be receptive to my research and happy to help.

I also contacted the Headteacher of one of our cluster schools that is not attached to a children's home, with a view to interviewing some of his pupils. I gave the managers and Headteacher an outline of what my research is about and how I would like the young people to contribute. They then explained this to the young people, and I arranged appointments to visit them. In some cases, I did an initial visit to explain the purpose of my research, before returning to do the interviews. However, in many cases, due to covid restrictions, I was only able to make one visit.

Five of the interviews were conducted with young people in their schools and five in their homes. Upon reflection, I found the young people I interviewed in their home were more relaxed and less distracted than those I interviewed in school. Two of the young people are pupils in my school. I was apprehensive about these interviews because of the potential perception of the balance of power. I was conscious that the pupils might feel they 'had' to participate, and that they might feel they had to give me the 'right' answers in case there were any consequences for the 'wrong' answers. However, both young people volunteered to speak to me, and both had no qualms in providing me with, I believe, honest answers that reflected their perspective of their education in my school.

4.12.2 Description of Participants

During the interviews, it became apparent that the participants naturally fell into two distinct groups. Brett, Mandy, James, and Leah form my core group of interviewees. All four were enthusiastic about being involved in the research, and very open and honest in their views. They were all extremely articulate and shared valuable insights into lives in care and how they believe it had impacted their education. Rachel, Laura, Katie, Harry, Kyle and Brody were more circumspect in their interviews and found it challenging at times to articulate their thoughts and feelings. Katie, Harry, and Kyle were interviewed in their school, and this may have influenced their answers during interview. I felt that they were very much more focused on thinking about school and their school experience, as opposed to the more holistic marriage of school and care.

For me, these two distinct groups of participants reflected the variation in the design of IPA research groups as suggested by Smith et al (2012). Smith et al believe that there is no perfect sample size as the “primary concern of IPA is with detailed account of individual experience” (2012, p. 51). They recommend that IPA studies benefit from a concentrated focus on a small sample size but emphasise that there is a degree of flexibility in the approach. With my participants falling naturally into two distinct groups, it made sense for me to consider Brett, Mandy, James, and Leah as my core group of participants. The data they provided was analysed in depth and the emerging themes suggested by their interviews were then tested against the views of my extension group, Rachel, Laura, Katie, Kyle, Harry, and Brody. Working in this way allowed me to explore in depth the phenomenon of care and education from four different

perspectives, before expanding the scope of my findings and transferring them to an extension group.

Interviewee	School year	School setting
Brett	12	Specialist onsite where I am Headteacher
Mandy	10	Mainstream
James	12	Specialist offsite
Leah	11	Mainstream
Rachel	9	Specialist offsite
Laura	8	Mainstream
Katie	10	Specialist offsite
Harry	8	Specialist offsite
Kyle	10	Specialist offsite
Brody	10	Specialist onsite where I am Headteacher

Table 4.1 Participants in study

Table 4.1 above provides a brief outline of the participants in my study, their school year and the type of school setting they attend.

4.13 Data collection and transcripts

4.13.1 Interviews

I conducted and audio-recorded ten semi-structured interviews with different participants during April, May, and June 2021. The length of the interview ranged from approximately 40 mins to 90 mins.

A brief overview of the interviews follows:

Interview 1. Brett is a seventeen-year-old male who was been in care approximately 18 months. He is a pupil at a school on the same site as his home for his own safety. I am the Headteacher of this school, but Brett assured me that this would not affect his answers to my questions in anyway. Experience of working with Brett would indicate this to be true. Prior to this, he attended a mainstream secondary school in his home authority. He has an EHCP for visual impairment. Brett achieved 5 GCSEs.

Interview 2. Mandy is a fourteen-year-old girl who lives in an all-girls residential home and attends a mainstream secondary school. She is in year 10. Prior to her current placement, she was in an emergency placement for a few weeks. Mandy was engaged and focused in the interview and gave her answers much consideration.

Interview 3. James is seventeen years old and had just completed year 12 at a specialist college when I interviewed him. James is autistic and a member of the LGBT community. He has been in his home for more than two years. James enjoyed the opportunity to share his views and opinions and was keen to be heard to help other young people who follow him through the care system.

Interview 4. Leah is sixteen and leaving her mainstream school this year. Prior to living in her current home, she was in foster care for most of her life. Leah hopes to go to university and become a coroner. She is looking forward to living independently.

Interview 5. Rachel is in year 10 and attends a specialist provision for children with social, emotional, and mental health challenges. Rachel was happy to engage in the interview, although she did present as nervous at times.

Interview 6. Laura is in year 8 and not currently attending school. She has been in the home for a matter of weeks and prior to that she lived with her parents. Laura is keen to get back into school. During the interview, Laura presented as distracted and anxious, and I spoke with

her key worker following the interview to ensure she had support if she needed it.

Interview 7. Katie attends a specialist school provision for children with SEMH. She spent two years in a residential care home before returning to live with her mum a few weeks ago.

Interview 8. Harry has lived in his current home for two years, and he has been at his current SEMH school throughout that time.

Interview 9. Kyle has been in care for over two years and has attended his specialist SEMH provision throughout that time. Prior to living in care, he was a school refuser.

Interview 10. Brody has been in care for just over a year. He is in a specialist therapeutic provision with onsite school where I am the school headteacher. Prior to living in a residential home, Brody lived at home with his family and attended mainstream secondary school. He has an EHCP for SpLD.

All my interviewees were drawn from an homogenous group of young people with experience of living in care and attending education. They are all relatively close in age (from 13 years to 17 years) with a focus on their experience of secondary education. They are all white British and they all reside in the northwest of England.

According to Smith et al (2012), it is important for IPA that the group is as uniform as possible to give due consideration to the similarities and differences of experience. It is of note that whilst there is no ethnic diversity within my cohort, this is representative of the make-up of the population of children in care within my organisation. Across our homes, 95% of our young people are white British. Nationally, 75 % of children in care are white British with 56% of the total male and 44% female (Statista, 2021). The gender balance of my participants was equal, and all identified as either male or female.

I am aware that the recruitment process involving asking managers to suggest young people to participate may have influenced the cohort. All the children appeared to be happy and keen to speak to me and share their views, even if during the interviews they subsequently struggled to express their opinion. I am aware that there will be many other children within my organisation whose opinions may differ, but who were not asked to participate, or did not want to engage, or felt unable to engage in my study.

When I had completed my interviews, I transcribed the audio recordings. My intention had originally been to transcribe them following each individual interview, but in practice, with my interview schedule dictated by covid protocols, I was unable to achieve this. All the interviews recorded very clearly and returning to them for transcription then became the first step in the process of analysis. I transcribed them manually and this enabled me to fully immerse myself in the words and begin to identify emergent themes.

4.14 Data analysis

After transcribing my interviews, I began the process of analysis. I wanted to follow the IPA model as closely as possible, so I used Smith et al (2012) as a guide. According to Smith et al, the analysis should move from “the particular to the shared, and from the descriptive to the interpretive and principles (eg a commitment to an understanding of the participants view, and a psychological focus on personal mean-making in particular contexts) which are applied flexibly, according to the analytical task” (p.79). I followed closely the steps suggested by Smith et al (2012), namely:

Step	Action	Example
1	Reading and re-reading	Listening to the audio Transcribing the audio Recording observations of the interviews
2	Initial noting	Highlighting and considering: Descriptive comments Linguistic comments Conceptual comments Writing exploratory comments
3	Developing emergent themes	Developing emergent themes
4	Searching for connections across emergent themes	Abstraction – identifying patterns between emergent themes Subsumption – bring together series of related themes Polarisation – identifying oppositional relationships Contextualisation – emergent themes relating to key life events Numeration – the frequency a theme is supported Function – function within the transcript
5	Moving on to the next case	Bracketing ideas from the previous case whilst the process is repeated with each new case
6	Looking for patterns across cases	Themes for the group

Table 4.2 Data Analysis Steps

I began by reading through the interview transcripts several times to gain a greater insight and understanding of the participants and the answers they gave to my questions. As I read through the ten transcripts, it reinforced my view that they fell into two distinct groups; four that went on to form my core group, and six that became my additional group. The core group were very engaged in the process and extremely articulate in their answers. Their participation appeared to be driven by a desire not only to help me with my research, but also to share their views of their experiences. The additional group were more circumspect in their engagement and approach, and whilst they all agreed voluntarily to speak to me, they were less forthcoming with their views and opinions. Although I altered my interview technique to support and encourage them by varying the questions, I felt that they were giving me all they could in their interviews, and that perhaps they were not ready or able to provide me with anything further.

I identified my four core interviewees as Brett, Leah, James, and Mandy. The commonality of experience was that they all live in residential care during their secondary school years. Brett had been placed in an onsite education provision linked to his residential placement, Mandy had remained in her mainstream school, Leah had moved to a different mainstream school and James had been to several mainstream schools before settling in a specialist college setting.

Following reading and re-reading their interview notes several times, I moved to step 2 of the analysis process and began to take notes (Appendix 3). I used different colour highlighters to indicate instances of descriptive, linguistic, and conceptual comments. This approach enabled me to read further into the data as I considered not only what was being said, but how it was being said, and the inference behind the words. I wrote exploratory comments on the transcripts as I began to get a feel for the richness of the data and the themes that were emerging.

The next stage was to identify the emerging themes in each individual interview. As Appendix 4 demonstrates, each interview contained a wealth of data. In each of the core interviews, there were between fifty and one hundred points of interest that had the potential to become a theme. At this stage I completed a detailed analysis of the interviews of the key participants, before bracketing this knowledge and moving on to complete the process for the other participants. As Smith et al (2012) recognise, I was influenced by what I had already found, but I strove to allow new themes to emerge case by case.

As I delved deeper into these points of interest (Appendix 5) the superordinate themes began to emerge strongly through the voices of the participants. It became apparent that the theme of relationships dominated across all four interviews. In some cases, there were positive relationships like Leah and her social worker “she is like me in the future”. In other cases, the young people

had not felt supported by relationships, be they with adults or peers. For example, James's interview contained several references to times when he had felt misunderstood or let down by relationships. Other meta themes that emerged were the young people's futures, the opportunities and challenges they had faced in their education when they moved into care and the losses they experienced.

As I moved into the next stage of the analysis (Appendix 6), I developed a master table of superordinate and subordinate themes for the group. I used the process of subsumption (Smith et al 2012), where an emergent theme itself acquires a super-ordinate status as it helps to bring together a series of related themes" (p. 97). The superordinate themes were the ones that the young people's voices had advocated most powerfully in their interviews, and that in turn, I had experienced most strongly when analysing the data. The subordinate themes naturally fell into place when I considered the context of my research.

The decision around which themes to include was not taken lightly. I recognise the importance of the contribution of all my participants, and I felt the weight of every thought they shared with me in interview. In Brett's interview, for example, he expressed the concept of blame on several occasions. He appeared to accept the blame for the professionals around him being unable to provide him with the information he needed about his move into care.

However, this concept was not shared amongst the other participants. In the wider group, Mandy talked at length about technology and the impact her mobile phone has on her life. Once again, although technology was referenced by the participants, it was not sufficiently prominent to be classed as a superordinate theme.

The themes that I will be considering further in my findings and discussion are as follows (superordinate themes in bold):

The importance of relationships

- Carers
- Teachers
- Peers
- Family
- Social workers

Young people's voice

- Feeling listened to
- Being involved in decisions
- Uncertainty

Significant experiences in school

- Opportunities
- Challenges

-
- Independence
 - Positive experiences
 - Differences

Perceptions about the Importance of education

- Outcomes
- The future

In this chapter, I have explained the rationale for my research and the methods I used. I have highlighted my ethical concerns and how I constructed my interviews with the well-being of my participants at the centre of my practice. In the following chapter, their voices will be heard.

Chapter 5: Findings

5.1 Introduction

In this chapter I will present my findings from the interview data analysis, the final stage of IPA analysis. Smith et al (2012) recommend that novice researchers present a separate chapter for findings and discussion, and this is the approach I have chosen. The richness of the data from my participants deserves to be considered in detail for their voices to be heard. The structure of this chapter will therefore be an introduction that will re-visit my research questions and the aims of my study, followed by a reminder of the participants. I will then move on to look at each superordinate theme and its subthemes in more detail, including tables to indicate the prevalence of the theme amongst the core and additional participants, and direct quotes from the participants.

Whilst analysing the data to produce my findings, I held in mind the literature and the theory I have explored earlier in my study. I was alert to my participants experience of the care they receive, both at home and in school, and how they believe this contributes to their school experience. I was also mindful of the importance of children's voice and how, in this findings section, I could provide sufficient space to honour their views.

During all my interviews, ethical considerations were paramount. I explained my role as researcher to all my participants before their interviews and I talked

them through the purposed of my research. I explained that they could withdraw from the project at any time and there would be no penalty for doing this. I used my interview schedule to guide my questions, but I allowed opportunities for my participants to expand upon anything they felt was relevant. After the interviews, I asked them if they felt they needed any support. None of them did, but I spoke to care staff to ensure that they were on hand, should any of my participants have any concerns, or indeed any further questions.

5.2 Children in care

The aim of my research is to discover how children of secondary school age perceive living in residential care and the impact this has on their education. The literature gap I have held in mind is the holistic school experience of children in care, viewed through lens of an ethical theory of care. My interest in this lies in my job as the Headteacher of a school attached to a children's residential home, and as an employee of a care company that supports children in a variety of different educational settings.

Government statistics around the academic achievement of children in residential care indicate that they achieve less than their peers (DfE, 2020). 7.2% of children in care achieved the "threshold" grade 5 in English and maths, compared to 40.1% of their peers. Academic achievement is not the only

measure of success for children and particularly children in care. Engagement in school life, building positive relationships and improving attendance also shape the child's holistic school experience (Welbourne and Leeson, 2013). However, success in these areas can be hampered by punitive behaviour systems that mean children in care are five more times likely to have had a fixed term exclusion than their peers (DfE, 2020).

Berridge (2012) highlights being in residential care is not inherently harmful for young people, and if it happens in a timely manner with a successful placement, it can increase a child's life chances significantly. Too late, though, when the child is older and has fractured educational history and series of broken relationships, it may just be a way to halt further decline as opposed to maximise opportunities. The care system can be a protective factor that removes children from a dangerous situation where they are offered little care or guidance, or where they are neglected and abused, and potentially allows them to grow up in safety, with their basic needs met and access to more opportunities. In a study undertaken by Harker et al (2003), 45 % of respondents believed that their educational progress had improved since being in care.

5.3 Research

Holding in mind the Government statistics and the more positive picture painted by Berridge (2012) I began my research with the following question:

- What are young people's views about living in residential care and the impact it has on their school experience?

From this question, my supplementary questions emerged:

- What do children in residential care consider to be the protective factors that enable them to succeed in education?
- Do children think they have more opportunities or more barriers to their education when they are in residential care?

My research took the form of semi-structured interviews with each young person, and whilst I had prepared the questions in advance (Appendix 1), I also allowed the time and space for the young people to develop their answers and express their thoughts and feelings. The interviews were tailored to the individuals, and if I sensed that the young person was becoming upset by certain questions, I moved onto a different topic.

My theoretical framework is based on the work of Noddings and the centrality of care to relationships. When analysing my findings, I was holding in mind the challenges young people in care face when forming relationships, and the reciprocal nature of care they may experience in their home and school setting.

5.4 Themes

The nature and strength of relationships, whether they be with teachers, social workers, carers, peers, or family, were at the forefront of every interview and this forms my dominant superordinate theme. Before conducting my study, I recognised the importance of relationships between adults and children, but I was not fully aware of the role of peer relationships for young people. The young people I work with are very vulnerable and have all been placed out of area. They have been unable to maintain relationships with former friends and their peers are the other residents in the home. Conducting this research has enabled me to reflect on the role of peers for young people and has made me consider how the development of friendships is central to a sense of self (Emond, 2014).

Other superordinate themes I discovered through my analysis are the importance of young people having a voice, their experiences, both positive and negative that they associate with their education and care status, and the importance of education, both for them now and in the future.

My appendices demonstrate my analysis process, and they also provide an indication of the richness of the data I collected. The young people provided me with so many insights into their lives, as shown in Appendix 4, where there were more than fifty different points of interest in Leah's interview. It was

challenging to decide where to focus my findings. I went through a process of quantifying the occurrence of a particular word or phrase, such as care, friend, bullying before deciding how helpful this data was in advancing my research.

5.5 Superordinate theme – the value of relationships

5.5.1 Findings

When analysing the data, it became obvious that the key superordinate theme for all participants is relationships. Every interview contained at least two references to relationships with others that had had an impact on the participants, whether this be positive or negative. Relationships with key figures in their lives, including parents, siblings, social workers, and teachers were the dominant theme in most interviews. The table below shows the occurrence of the subordinate themes in this topic:

	Brett	Leah	Mandy	James	Rachel	Laura	Katie	Kyle	Harry	Brody
Carers	3	2	3	3	1	1	1			1
Peers	2	3	4	4	1	4	1	1	2	1
Teachers	2	2	5	2	2	2	1	1	1	1
Family			2	2		2	2	2	2	
Social workers	1	2	1					1		
Other professionals	1	1	1	1	1		1		1	1

Table 5.1 The value of relationships

When quantifying the occurrence of each subordinate theme, I have looked for more than a passing mention. For example, if a participant mentioned that care staff support them by attending meetings at school and the young person was happy with this, I have included this an occurrence. For some themes, the occurrence is not necessarily a reflection of a positive view of a relationship. For example, peer relationships were mentioned in both positive and negative terms by several participants, and this is something that will be explored further.

For clarity, 'teacher' refers to those working in a school so includes subject teachers, support staff, designated teachers and members of senior leadership teams. Other professionals refer to those involved with Virtual Schools or Special Educational Needs Departments. Both Mandy and Rachel have referenced their school nurse. I have included these references in 'teachers' as opposed to other professionals because they work in the school.

Some of the participants did not reference their family and family relationships was not something I specifically referred to in my questions, as I understand the sensitivity and complexity of the family backgrounds of some children in care.

5.5.2 Peer relationships

The first point of note when considering the findings of the value of relationships is the occurrence of references to peers in the data. For all ten participants, peer relationships feature prominently. For Mandy, James and Laura, peer relationships were referenced more often than other relationships. As previously mentioned, it should be noted that these references did not always pertain to positive peer relationships, and Mandy, James and Laura all speak of bullying and negative peer experiences. The pervading view for all the participants is the complexity of peer relationships for children in residential care. For example, when I interviewed Laura, she had been in residential care for a matter of weeks, and because of circumstances, she was unable to maintain previous peer relationships. She had moved to a new school although she wasn't attending at the time I spoke to her and a more suitable school place was being found for her. Laura talks about the importance of being in school in fostering friendships with peers:

I really want to be in school, and I really want to have a phone to speak to my mates, so going into school, I can actually speak to them. And that's really important. I've got more questions about friends and things.
(p. 11)

There is so much to unpick in these sentences that relate to Laura's care and school experience, and her relationship with peers. At the time of the interview, for safeguarding reasons, Laura was unable to have her mobile phone. This

meant that she was not able to keep in contact with friends from her previous school. As she was not attending school, she was unable to establish any new peer relationships, and peer relationships are hugely important to her. Laura talks further about her friends:

They were the ones that were keeping me going, and now I don't have them just to talk to, and I can't go out and meet them because I haven't got a phone to go and meet them. (p. 12)

Laura finds herself in a situation where she has entered residential care, is not attending school and cannot have contact with previous friends. There may be safeguarding reasons why contact with friends is not appropriate, however, for Laura, one of her main support systems is no longer there. She also expresses concern that whilst she needs her friends, they need her too:

I was going through a hard time and so was my other friend that was in care. And he needed me. (p. 12)

The importance of friendships is also highlighted by Mandy. She describes her friendship group as:

Very, very supportive, crazy idiot friends! (p. 13)

They are actually like really supportive and they know about my situation. And they know about my past. They know how to bring me

down which is really good, and they look after me. They do stupid stuff and act crazy, but they know when to stop. (p.14)

Mandy can maintain these friendships because she is in school and has daily contact with her friends. However, she does point out the difficulty of maintaining a social life outside school. When asked about meeting her friends outside school, her reply is:

Moving here there was this protocols and risk assessments. Contact hours and all that to sort out... so I don't really have contact with them out of school any more and I really wish it would change. So that has affected my friendship and socialisation times. Normally I'd be going home and getting changed and going back out with my friends after school, but I can't do that. (p. 14)

Mandy demonstrates an understanding of why she can't see her friends outside school, but this is something that she would like to change. The complexities of living in a children's residential home mean that staffing, other young people's needs, and availability of vehicles can take precedent over developing friendships. Mandy is looking forward to a time when she can socialise independently:

I don't want to be in college and that and getting picked up. I want to be like, because I want to be going out of college, going to Mc Donald's with my friends, not just going home. I can't see myself going college, getting picked up from college, coming back here and having no social life. (p. 31).

The theme of being unable to socialise with friends independently is echoed by Leah when she speaks of meeting up with her best friend:

If I wanted to, I'd just tell staff a couple of days before, o yeah, on Thursday I'm going to see someone. They don't tend to have a problem with that unless they need to get the car back for somebody else's appointment, but that's okay I can just plan it for another day. (p.10)

The level of understanding from Leah, Laura and Mandy about the challenges of seeing friends outside of school is remarkable. Whilst Mandy and Leah have remained in their mainstream secondary schools, the distance from their homes is considerable and they rely on the staff to take them and pick them up each day. From their experience, the expectations of children in care to recognise and appreciate the compromises they have to make to ensure the safe and practical running of their residential home is beyond that that may be expected of their peers living in a family environment.

Brett offers an alternative view of friendships. He is placed in a residential home with a school onsite. This means that opportunities for developing

friendships are considerably reduced. However, for Brett, this is not necessarily a negative.

It has been difficult because there are so few of us here, whereas there were a lot of people at my old school. But I feel like it's positive because we don't just say we're friends. We all know each other quite well. We are around each other really sixteen to twenty hours a day...we've got each other's backs if we need to. (p. 8)

When I spoke to Katie, she had not long moved from residential care back to the family home. She moved from an onsite school provision to a specialist SEMH provision, that brought with it challenges of its own about friendships. When asked to describe her school she replied:

A boy's school. Because it's full of boys. I'm the only girl. (p. 2)

They made me a welcome poster. (p. 2)

When asked whether she would like there to be more girls, she is unsure. Having previously been educated in a small girls' onsite placement, she is taking time to adjust. She does however describe the teachers as "nice" and she during in our interview, she asked for one of the female teachers to sit with her.

As previously mentioned, not all experiences with peers have been positive for my interviewees. My analysis of the data would appear to indicate that there are three levels of interaction with peers for my participants; friendships, as discussed above, other pupils they have regular contact with, and those that they describe as being openly hostile and bullying.

Their views of the middle group, the other pupils they have contact with, provide a fascinating insight into teen relationships. Both Mandy and Leah talk about not sharing information with others. When asked whether her peers know where she lives, Leah's response is emphatic:

The ones I trust and speak to, they know. But the others don't, but my best friend, she lives in care too so obviously I talk to her about it, but I don't really talk to anyone else about it in school because they don't need to know. (p. 8)

This sentiment is shared by Mandy, but in a slightly different context. I asked Mandy if she had to do meetings in school, something that differentiated her from her peers. She said that she didn't, and most meetings were in the home. However, she did go on to talk about things she did differently to her classmates:

There are different things that I do that most of the students hate it like, they hate it because I have my headphones in in my class in my ears to calm down and basically they're like 'o look at you' and they're trying to

get me more agitated and I have to explain I'm doing it to calm down because I can't calm down without music...I'm allowed to go out and bring myself back and the teachers help me with that. And they just hate it because they're just like 'why does she get to leave when we can't?' And obviously it's personal and private information and they don't know.

(P.12 and 13)

It is interesting to note that both Leah and Mandy continue to attend mainstream school. This expression of privacy and of not wanting people to know about their circumstances was not referenced by those participants in specialist settings. This may suggest that in smaller, specialist provisions, pupils recognise that everyone is there for a reason, and being aware of their own reasons for being there maybe makes them less curious about others, or perhaps more respectful of others' circumstances, However, this is not the case in mainstream schools. There is also a heightened awareness from Mandy about wanting to fit in:

I've felt like an outsider for a while. And sometimes I still do, because it's not like there's loads of people in high school that you probably don't know are like in care. And I know one girl that was in my year that was open about it, and I'm like, how can you be open about it? Because for me it is like something like, o my god, what happened to you to get into care? All that stuff. I get scared people will question it. And then that's

why I try and not say anything, because I feel like if I say that, everyone will treat me like I'm an outsider. (p. 26).

I will consider further the challenges faced by schools and pupils around raising awareness of children in care in schools in the discussion section. It is interesting to note, however, that whilst professionals may consider educating pupils and providing more training for teachers (Parker and Gorman, 2013) around children in care, this may be exactly what the pupils themselves do not want. For Mandy and Leah, certainly, the knowledge that they are in care is something that they do not want to share with their peers. Mandy is clear that she does not want to be questioned about why she is in care, but she is aware that others will make their own assumptions.

The final theme of peer relationships highlights bullying. James, Mandy, Rachel, and Leah all mention instances of bullying. However, the bullying is not described as being linked to them being in care, but rather it was bullying that happened before their move to care. Rachel describes her time in mainstream school, before she moved into care:

The girls in there, then that's when they just turned on me and then they kept coming up to me saying 'why are you even here, no one even likes you. Trying to bring me down. And then they added me to groups in snapchat, calling me all sort and telling me they're gonna stab me the

next time they see me and everything. So I'm just like, I can't deal with this, so I left the school. (p. 5)

Mandy describes a similar experience before she moved to her current school:

I had about two years of just pure bullying. Like physical fights. That's why I moved school. Verbal stuff, it's why I kind of fell into a lot of cracks. (p. 7)

Moving schools because of bullying can be disruptive and add to a child's fears of not fitting in. I do not know any further details of the bullying experienced by Mandy and Rachel because that is beyond the scope of this study, but I am curious to know how both situations in school deteriorated to such an extent that a school move was the outcome. I would be interested to understand the extent to which the breakdown in the school place contributed to their move into care, or if the vulnerability of these young people meant that they were unable to access school during this time in their lives.

For James, bullying appears to have been a constant throughout his time in school. James has a diagnosis of autism and recognises the challenges he faces, as evidenced by this quote when he speaks about academic achievement:

I think I did fairly well. Especially with all my difficulties with education and my own personal issues. (p. 6)

James describes having been bullied for most of his school life:

All through primary, all through secondary I got bullied and teachers weren't doing anything. (p. 7)

During the interview, James became quite emotional when he talked about the bullying, far more so than Rachel and Mandy, who spoke descriptively about what happened to them. For James, it felt as though the bullying is something that consumes him, and whilst he is now in a better place, he carries deep scars. At one point, he says:

They (people) were just very nasty. I reflect on it quite a lot, unfortunately. Just yesterday I was thinking about how people would respond to me when I ask them why are you doing this? (p. 9)

James later goes on to describe how the bullying affected him:

I got beaten up quite badly at school. I had a lot of hate crimes against me, being autistic. I had it on the bus, I couldn't escape it and that's when my first feeling of suicidal thoughts came in. (p.11)

James goes on to describe a trip to Blackpool Pleasure Beach that he was really looking forward to, but some other pupils told him he couldn't go on the ride with them, because if he did, they would throw him off. James said he didn't speak to anyone for eight months after this incident. James has struggled with peer relationships, and I will discuss later, he feels let down by the adults who should have been there to help and support him. Happily, he is enjoying his college placement much more now. He is in a specialist division of a mainstream college, and he describes it thus:

I would love to do the whole year again. It's a school to help people with disabilities and it's also a school to help people with behavioural issues. Needs to be a bit more balanced, I'd say, but apart from that amazing!
(p. 18)

My research demonstrates the importance of peer relationships, and the effect and impact peers can have on other vulnerable young people. For some, peers are friends and a source of strength and support, whilst for others they can be bullies who have a hugely negative impact on their lives. It is clear too that maintaining friendships as a child in care is challenging. Arrangements must be made in advance to suit everyone, and the necessary risk assessments must be in place. All the young people I interviewed lived a distance from their school (except for those schooled on site) and although it was not mentioned specifically, the impression was given that the participants could not invite their friends into their homes.

5.5.3 Family

The importance of relationships with family was mentioned in the interviews with six participants: Mandy, James, Laura, Katie, Kyle, and Harry. It was not within the scope of this study to delve into family relationships, so if a participant made no mention of their family, I did not question it. Equally, for those who did mention family, it was at their instigation and formed a natural part of their conversation.

From the core participants, it was James and Mandy who spoke about their family ties. For Mandy, her mum and dad are very much central in her thoughts and her life. During a discussion around parents' evening at school, and whether care staff went with her to them, Mandy said:

So I'm like you're (care staff) not doing parents' evening because it's like really weird. Although one of the staff, she's been, and the Head said, "girls, don't go up there! Oh no, you can, you're with your mum." And I said, "she's not my mum!" (p. 23)

Mandy also expressed consideration of her mum's feelings in these circumstances:

Yeah, and it's not fair on my mum. She doesn't like doing things like that, so I'm not going to ask her to go. She'd be like, "Are we done yet?"
(p. 23)

This is an example, perhaps, of a young person parenting a parent, with the reciprocity of care in the relationship flowing in the opposite direction (Noddings, 1984). Mandy does not want to attend parents' evening with a carer, because she does not want them to think they are her mum. She does not want her mum to go with her, because she knows she would feel uncomfortable. Mandy's relationship with her parents is important to her. When she had to move schools in year 8, prior to being "in the system" (p. 4), it was her mum and her dad who helped her to choose a new school. Mandy also shared her mum's views on the social care system, a view that Mandy shared:

My mum said it was like the skipping rope. And the more you're wrapped up, the more tighter the rope's going to get. (p. 29)

For James, it is his mum who is the central family figure in his life, and he mentions her frequently throughout his interview, often in the role of someone fighting for James' rights. In this quote, he mentions his parents, but a father is not referenced in any other point during the interview:

The teachers, who were supposed to be resolving the situation, they then blamed my parents. Now that's unfair because they were the ones who were fighting constantly to get these problems sorted. And the education people, they're going, "oh well sorry, you haven't done xyz, and we need to do abc." But that's not on my parents, that's on the academy. (p. 9)

Later in his interview, James talks movingly about being in a town centre and being approached by charity collectors. He describes his mum not having enough money to donate, and his protective feelings towards her:

Yeah, and it was like, how dare you? I bet you've not had anyone with cancer. And my mum bursts into tears because unfortunately her mum passed away with cancer, and that was my grandma. And they chastised her... We shouldn't chastise someone just because they can't help you. We were poor, we had nothing, what can we give you? (p. 38)

The consideration James demonstrates for his mum's feelings in this situation echoes the consideration Mandy has for her mum's feelings about attending parents' evenings.

Kyle and Harry talk about their families in their interviews but in a slightly different context. Both boys attend a specialist off site provision, and they have both been in care for more than a year. Harry talks in his interview about his love of motor cross and the injuries he has sustained whilst doing it. When I asked him to tell me more, he told me that he keeps his motor cross bike at his Nan's house and that weekend he is going to ride in his first race. It is his Granddad who will be taking him.

For Kyle, it is his brother he speaks of in our interview. He views his brother as a role model. When asked what he wants to do when he leaves school, he replies that he wants to work with his brother. When he talks of his dislike for school in general (he finds it boring), he mentions his brother's school experience and that his brother missed a year of maths. When I asked him if he looked up to his brother, he replied "yeah". (p. 3)

Interestingly, the only participants who reported a family member taking an active role in their education were James and Katie, and I saw the evidence of Katie's mum's involvement myself. Katie is educated in the same off-site specialist school as Harry and Kyle. When I arrived to do the interviews, Katie was arriving at school with her mum. Mum and the Headteacher had a chat about how Katie was feeling before the start of the school day. Katie had previously been in residential care but had recently moved back in with her

mum. It was her first week at the school. When I asked Katie if she thought home and school communicated well together, she replied:

Yeah because my mum comes in and talks to them every day and went into the classroom before I did when we were looking round! (p. 13)

5.5.4 Teachers

All the participants refer to teachers in their interviews. For the sake of this research, a teacher is someone who works in a school, and for the scope of my data includes Headteachers, Designated Teachers for children in care, Designated Safeguarding Leads (DSL), school nurse and SENCOs. One of the questions I asked was about the support they had in school so it is natural that that they would all comment. However, experiences with teachers varied considerably amongst the participants, with some of them describing excellent relationships, whilst other expressed apathy or hostility towards them. Harry, for example, refers to a previous school who got a new Headteacher who then “kicked him out” (p. 1).

Mandy spoke the most about teachers in her school, perhaps understandably because she is in a mainstream setting:

When I told my support teacher there about my situation, she was kind of like, explained to the Safeguarding Officer and the Headteacher about

the situation so then they knew why my attendance was down so low, so thankfully I didn't get put on report. (p. 3)

This level of support that Mandy describes, with clear communication between school professionals and a sensible, measured approach to Mandy's challenges with attendance, have enabled Mandy to stay in a mainstream setting. Mandy also talks about having access to the school nurse, although she says:

I don't really talk to her, I more talk to the senco teacher because I have known her since the start of year 8, so that's why I go to see her much more than anyone else. (p. 5)

From her interview, it sounds as if Mandy has a team of people around her in school to support her. She also talks of checking in with staff in the morning:

They just ask about me, ask if I'm okay and everything. I can't hide emotion and now they know me so well they will know if I'm not okay. If I'm not talking, they will definitely know I'm not okay. (p. 16)

The supportive relationships with teachers that Mandy describes is not replicated across the participants. Leah appears to have a different kind of relationship with her teachers. In the interview, Leah came across as

independent and self-contained, with a practical view of the support she needs in schools. She talks about having two Designated Teachers for children in care, but she only “sometimes” (p. 10) speaks to them because she doesn’t feel she needs to. She recognises their role in completing PEPs and attending meetings but states “they just show up every now and then” (p. 11).

However, Leah talks with fondness about her English teacher:

Yeah, it was a good book. And Miss has such a soft heart she cried as well. She couldn’t finish the chapter, so we had to do it. She was there with a box of tissues and everything. (p. 21)

This comment came about when we had an off-topic discussion about the books Leah was reading in English Literature. Leah’s love of learning and appreciation of education shone through in this discussion.

Leah doesn’t necessarily see eye to eye with the staff in school though, and she describes an incident in a history lesson when she had an altercation with a fellow pupil that she describes as a “massive racist” (p. 11). Leah speaks about standing up to him. As a result, Leah was put in isolation and the other pupil was not. Leah saw this an injustice:

But no, they didn't, because he sits next to me in history and he come in and he sat down and I was like, great, being lied to again. (p 13)

Brett's description of the relationship he has with teachers in school is coloured by the setting he is in. Brett and Brody are in a specialist school attached to their residential home where I am the Headteacher. There are a maximum of six pupils in school and at the time Brett and Brody were pupils there, two teachers. The boys in the placement also have therapeutic support from an onsite therapist, so the set-up is remarkably different to an offsite setting or a mainstream school. Brett commented on the school ethos:

(School is) a kind of a safety net, somewhere you could speak openly and you wouldn't be judged for saying certain things. We are all quite open with each other and happy to talk about things. (p. 10)

For my other core participant, James, relationships with teachers are very personal, and he highlights both positive and negative interactions. In the first example, James has been told he has to miss out on an end of term trip for not accumulating sufficient reward points. In the second example, James is talking about turning a negative relationship with a teacher into a positive one:

And I was surprised! Why have you let me go on the trip? And he said, "look, I've spoken to the other teacher (about letting you go on the trip), and she said I was bang out of order, and we have to chat with her later.

Just be grateful!” And he bought me a Tango Ice Blast! He was one good memory from that school. One of the best teachers. (p. 41)

This year I was struggling with teachers, if I’m honest. Well, with one particular teacher. She was very, how can I say this? She was very set in her ways. (p. 34)

James then goes on to describe meeting with this teacher and having a two-hour chat with her after school:

Once I’d finished speaking to her, she gave me a hug and she said “I will see you tomorrow.” And she instantly changed... She helped me so much in the end, I’ve learned new art skills, I’ve learned new skills as a person. (p. 34)

For my additional participants, the data demonstrates that for Kyle, Harry and Brody, they know the teachers are there to support them, but there is not much evidence of a closer relationship than that. Katie, however, had only been at her new school for a few days and highlights the importance of her relationships with teachers. She describes having had a “favourite” member of staff (p. 4) at a previous school and she says that getting on with the staff is more important than getting on with the other pupils:

The pupils I can get used to, but the teachers I have to know because I'll be there every day. So I have to get to know them because otherwise I won't feel comfortable. (p. 4)

Rachel attends a specialist off site provision, and she highlights the onsite counsellor as someone she could go to for help. She also makes reference to Copper, a therapy dog:

He always, every lesson, he always comes and sits next to you... A lot of people deal with dogs, a lot of people have dogs and you just like, you know if I was upset, I would just go and sit with, next to my dog and just chill with my dog. (p. 9)

It is interesting to note that for the pupils in mainstream school, Leah and Mandy, teacher relationships appear crucial. For those pupils in specialist provision, the individual teacher/pupil relationship is not highlighted so much. It may be that Brett's idea that it is the culture of the school that is important is true for the pupils in the specialist settings. It may be more difficult, or alternatively less relevant, for them to highlight pupil/teacher relationships because a certain degree of relationship is implied because of the setting.

5.5.5 Carers

All the participants spoke positively about their carers, whether in general terms or more specifically. Mandy, Leah and Rachel were all able to describe the practical help they get from carers:

They drop us off, pick us up, they obviously, like, help me if I need help with homework or something. (Mandy, p.22)

They take me to school, they bring me back from school. (Leah, p.13)

They make sure I'm up on time. They make sure I've got everything ready... And when I'm there, like, they make sure I'm okay in school. (p. 14)

James acknowledges his respect for his carers and considers how his behaviour may affect them:

But if I go swearing, how does that make me look? Rude, impatient, and horrible. I wouldn't want that. Especially not for the carers who look after me. They are really nice to me and have supported me through a lot of bad stuff. (p. 24)

Brett, Leah, Mandy and James all speak about carers offering to help with homework, prioritising education and attending PEP meetings with them.

For the additional group, there was less discussion around carers, and I wonder if once again this is because the majority of this group were interviewed in a school setting, as opposed to their home, so that, for them, the focus of the interview was different and they saw school as the main subject.

None of the participants made reference to a specific carer or described a particularly close relationship to a carer. However, carers were described positively, helping practically and demonstrating care, and no bad experiences with carers were referenced.

5.5.6 Social Workers

Leah, Mandy, Brett, and Kyle referred to social workers. Kyle, Mandy, and Brett spoke positively but generally about their social workers supporting them. Leah described in more detail her views on social workers. Leah spent year 9 out of school following an incident in her school in year 8. She refused to go back but feels that she was not listened to at the time:

I do think if people had listened, because I told them straight of the bat that I wasn't going back to that school and they just sat there and they were like, you will go back to that school. (p.26)

Whilst Leah doesn't specifically refer to her social worker in this quote, she goes on to explain that she had a different social worker at the time. She then describes him using a graphic insult that conveys her thoughts about his approach succinctly.

However, Leah does then go on to describe a much more positive relationship with her current social worker:

She has literally stayed on for me. She took another job, but she's not going until I've moved into semi-independence. It's really nice because we've got that bond. (p. 27)

The respect and appreciation Leah has for her social worker is clear in this quote and the use of the word bond is significant. Throughout her interview, Leah came across as very independent and self-reliant, but the relationship she has forged with her social worker is clearly very important for her:

She is like me, she is literally an older version of me. It is weird. She is me in the future. She understands. (p. 21)

Leah has a figure in her life that she can identify with, and for her to recognise that her social worker is her in the future.

5.5.7 Other Professionals

This subordinate theme differs slightly to the others in the relationships superordinate theme, because it is not so much about other named professionals, rather about organisations and policies that are there to support young people.

The participants were asked if they attend their Personal Education Plan (PEP) meetings and if they know who the Virtual School (VS) are and what they do. Laura was not asked these questions because she had only recently moved into care and did not have a school placement. Most of the participants knew what a PEP was, although Leah, Kyle and Ashton choose not to attend their PEP meetings. Mandy attends her meetings but describes it as “quite useless” (p. 18). When asked to elaborate on this, she said:

We talked about my grades and everything like that. I thought, this is stupid this. I don't need other people butting into my life. I have that many people, I can't even remember most of the people now! (p. 18)

None of the participants knew what the Virtual School was. Educated guesses involved something to do with online learning, an answer that may have been influenced by recent home schooling as a result of the pandemic.

5.6 Superordinate theme 2 – young people’s voice

During the interviews, it became apparent that some of the young people, particularly Leah, James, Lucy, Rachel and Brett, appreciated the opportunity to speak to me. For some, it was a cathartic experience to speak to someone who was completely impartial and could, in effect, do nothing to help or support them, other than to listen. At the end of his interview, James said:

It’s been quite useful. I feel like I’ve got some emotion out. Thank you for coming out to talk to me today. I feel like it has helped a lot. (p. 45)

5.6.1 Feeling listened to and being involved in decisions

	Brett	Leah	Mandy	James	Rachel	Laura	Katie	Kyle	Harry	Brody
Feeling listened to	1	3	3	5	2	1	1	1	1	1
Being involved in decisions	1	2	2	3	1	1				
Uncertainty	1	1	1	1	1	2				

Table 5.2 Young people’s voice

As the table above demonstrates, the theme of young people’s voice was prevalent throughout the core group of participants. For Mandy and Leah in mainstream schools and for James in specialist college provision, feeling listened to and being involved in decisions was a recurring theme. For the

additional participants, Laura, Katie, Kyle and Harry the theme was less prominent with no elaboration when I asked if they thought it was important if they felt listened to. Kyle, for example, said that people should listen to him and that his social worker does when he goes to review meetings (p. 6). Harry, however, said that he does not attend any meetings because it is “not worth it” (p. 10).

It is all about me, but I don't go to a meeting because they're allowed to say what they want and they might say bad stuff about me and I could possibly get angry about that and then I'd kick off. (p. 10)

This is an interesting perception about attending meetings. The Child Looked After (CLA) meetings are held every six months and are an opportunity for professionals, parents, and the child to meet together to talk about the child's life. The meetings are for the child, but children may choose not to attend. This may be for a variety of reasons. Meeting with so many professionals can be intimidating for young people, and for some children like Harry, there are more complex reasons. Good practice would dictate that nothing should be shared or discussed in the meeting that the child is not aware of. Prior to the meeting, the young person should have been spoken to by their Social Worker and their Independent Reviewing Officer and any issues and plans should already have been shared. For Harry to have the perception that people might say something “bad” in his meeting highlights that there may be flaws in the process, and that Harry's voice is not being heard.

James, particularly, is keen that his voice is heard and acted upon, and as the example of his conversation with his teacher demonstrates in the relationship section, he is articulate and confident and able to express his opinion. James talks about a previous school placement and explains that if he had a problem he could go and talk to someone, and they would “get it sorted” (p. 17). His language when talking about this school indicates that he had faith in the staff, and that once he had voiced his concerns, they would act in his best interests. James also talks about working with his carers:

Right, carers, we've had problems in the past, but they care... We've been through a lot and talking about emotions is probably one of the hardest things to do on the planet. But we've talked about it and resolved it and they care for me very much. (p. 33)

James makes a link between being listened to and being cared for and it is obvious in his interview that this is hugely important to him. If he finds himself in difficulty, he feels able to ask for support. If he then feels listened to, he sees this as a demonstration that people care about him. This then reinforces the positive relationships he has with others and enables him to repeat the process of seeking support and achieving a positive outcome.

Leah too stresses the importance of being listened to. Leah has a well-developed sense of justice, and in the previously described incident in the relationship section, she talks about the way an incident with a fellow pupils was dealt with. Despite the incident being in the past, it was clear from the way Leah was talking and the language she was using that throughout the incident, she had not felt heard:

We're (teachers) going to put him in isolation during your next lesson, because we only have one lesson together and it's history, so that's literally it. So they were like, we'll just put him in isolation when you've got that, blah, di blah di blah. But no, they didn't. (p. 12)

About meetings, Leah is ambivalent. She says it is up to her about whether she goes to her meetings or not, and she says, "half the time, I won't go to them" (p. 25). It is interesting that she often does not want to engage in the formal setting for sharing her opinion and I wonder if this stems from her not having felt heard in the past. Leah describes not attending school in year 9, following an incident at a previous school in year 8. She told her social worker and the school that she would not be returning to that school:

I do think if people had listened, because I told them straight off the bat that I wasn't going back to that school and they just sat there and they were like, you will go back to that school. Just watch, in a couple of weeks you will get over it and I was like, well no, I won't. (p. 26)

The failure of the adults around Leah to hear her voice and consider her wishes resulted in her having no formal education for the whole of year 9.

Mandy has a straightforward approach to making her voice heard. About listening to music in lessons to help regulate her mood, she says of the teachers who may not agree:

Some teachers don't like me having my headphones in bur I just say, listen, I'm agitated, kind of just deal with it. (p. 12)

5.6.2 Uncertainty

Brett, Leah, Mandy, James, and Laura all spoke about the uncertainty they face as a child in care. Brett, when asked if he was told much about his new school:

Erm...they said about the on-site provision, but I think it was just general stuff like we have a school, and you will be attending this school so many days a week. (p. 2)

He also expressed uncertainty about moving to a new area. The pattern of his speech, his repetition of “you know” and his hesitation all emphasise his feelings in this quote:

I was okay with it in some parts but some parts like leaving my friends and leaving known areas, erm... was a thing that I didn't like much, but I thought, you know, I'd get to know the people here, you know, and so it will get me to a stage of knowing instead of not knowing. (p. 2)

Out of all the participants, it is Laura who faces the most uncertainty. Moved into care a few weeks before I spoke to her, she had left her mainstream school and had a managed move to another school. A managed move is an agreement between schools for a pupil to try another school for twelve weeks before deciding to make the move permanent. I did not know the full circumstances of Laura's move and I did not ask. However, a managed move is often used for vulnerable young people who for various reasons can no longer safely attend their previous schools. With this in mind, Laura explained to me that she was told the move was for eight weeks, but four weeks in, the new school had said she couldn't stay. I asked her how she felt about this:

I'm pissed off really because I liked it there because I felt comfortable. I was starting to, you know, make some new friends there, so... I'm gutted. (p. 5)

Laura goes on to explain that she thinks she did not get the right sort of support in school. In similar circumstances to Mandy, she describes sometimes needing some time out of a lesson. Whereas Mandy at her school is able to do this, Laura describes her experience thus:

They just said I was walking out of lesson, but I weren't, I asked for a minute. But when they say no, I just walk out. (p. 6)

Laura herself has more insight into why the placement failed and talks about there being “loads of stuff that they don't know” (p. 7).

Laura does not now have a school place, and her care team are working with her local authority to try to get her back into school. Laura does not like being out of school. She misses the routine and the interaction with friends.

5.7 Super ordinate theme 3 – significant experiences in school

	Brett	Leah	Mandy	James	Rachel	Laura	Katie	Kyle	Harry	Brody
Opportunities	1	2	2	2	2				1	1
Challenges	1	1	2	2	1	1		1	1	1
Independence	1	1	2	2						
Positive experiences	1	2	2	3	1					1
Differences	1	1	1			1		1		

Table 5.3 Significant experiences in school

The superordinate theme of experiences was challenging to analyse. The title feels vague and abstract, but this is because everyone's experiences are different and unique to them, and I wanted to capture this. The table above shows the subordinate themes that struck me as being most significant from the data. I also wanted to identify if there were any experiences that were common amongst my participants. I wanted to understand if the young people were aware of additional opportunities they may have had whilst being in residential care, or if, alternatively, they felt they faced more challenges. The other sub themes of independence, positive experiences and differences were even more abstract as they differed greatly between my interviewees. However, I wanted to include them as I feel this further insight into the lives and views of the young people help to contextualise their answers.

5.7.1 Opportunities

The participants were split over whether moving into residential care had provided them with more opportunities regarding their education. Brett, for example, highlighted the opportunities of working in a smaller school and having more individual attention. He enjoyed engaging in different subjects, but ultimately thought the change in school had little impact on his educational outcome. This was a view echoed by Leah who believes the move into care did not impact her outcomes, but missing year 9 in school did.

Rachel's thoughts went to social opportunities, and she was undecided:

I don't know cos like being in mainstream you know you've got loads of people cos like (here) when you've only got like a few mates. But like there's a lot more in mainstream. (p.15)

Ashton was more forthright in his views:

Less opportunities (in specialist setting) cos I think if you were in mainstream education you'd get more like qualifications and stuff like that. (p. 11)

For those like Brett and Ashely who moved into specialist provisions at the time they moved into residential care, it appears more difficult to quantify their opportunities. On the one hand, socially, they are in smaller placements with less opportunity to mix with peers and develop friendships. The lack of resources in smaller placements might also mean they could no longer do some of the practical subjects they had previously enjoyed. However, they may have benefitted from more personalised teaching and greater classroom support.

5.7.2 Challenges

All the young people I interviewed, except Katie, spoke about some degree of challenge associated with school when you are a child in residential care.

Some of the challenges were practical; for Mandy and Leah, as previously discussed, it is difficult to maintain friendships when your school is far from your home, you are living communally, and you have to fit in with the plans of others. For Brett and Harry, the challenges are around lack of resources in a specialist provision compared to a mainstream school:

Brett: There was a lot like I said with the dropping of subjects, limited resources was always going to be something in school where we had to work around that. (p. 18)

Harry: I think if you were in mainstream education you'd get more like qualifications and stuff like that. (p.11)

James's challenges linked very much to how he sees himself as a person. He is open about his autism diagnosis, but he also referred to other personal challenges that he chose not to discuss in detail. However, overall, James has a positive take on challenges and often appears to view them as an opportunity for change.

The final word about challenges must go to Mandy. She talks openly about the challenges she faces as a young person in residential care: When asked what she thought social care and education could do to support her with her future, she replied:

But like not just read off a piece of paper. Because that is what the majority of like social workers and social care team do. They don't know you very well. Some are alright. They don't read you off a piece of paper to start with. But some just read you off a piece of paper and treat you like that. So like, oh this girl's got really bad grades in school, and she's been doing this or that... And I feel like when people read you off a piece of paper, they don't actually see the real you. (p. 29)

5.7.3 Independence

Independence was highlighted by my core group of participants, and not reflected in the additional group. This may be because Brett, Mandy, Leah and James are at different stages in their care journey and are perhaps beginning to think more about the future. Mandy talks of wanting more independence when she goes to college. As mentioned previously, she wants to return home and sees herself going to college independently and being able to meet with her friends. Brett talks about being involved in decision making about his future. Leah discusses moving into semi-independent living next year and starting college. James expresses his independence through his entire interview. He talks of the support he gets from carers in the home to help him with his day, but he also talks of interactions with others in college that demonstrate his desire to have autonomy over his life and to be independent.

5.7.4 Positive experiences

The core group, and Brody and Laura from the additional group, all speak about positive experiences connected to education. Brody talks about going off site for a day a week to an alternative provision where he goes fishing and learns about fishery management:

It is time away from everyone else. I like the peace and quiet. I wouldn't have done this if I had been in mainstream school. (p. 6)

Laura identifies PE as providing her with a positive experience in school, especially rugby:

I am in my own world when I do it, I'm not thinking about anything else. (p. 17)

Interestingly, both Brody and Laura identify that their positive experiences are something that take them away from others and afford them a form of escape. This may indicate that not all the relationships they have with others in the home are positive. Children who live in residential homes can often be surrounded by adults and young people, and the opportunity to do something for themselves, by themselves, is clearly valued.

Ben describes being able to do things he would not have been able to do at his previous school. Ben has a visual impairment but because he is in such a small setting, he has had the opportunity to engage in a variety of physical activities such as skateboarding and BMXing that may not have been possible if he had been in a mainstream school. Ben also talks about his positive experience of school work:

There have been experiences while I have been at this school, like the courses that I've done that I wouldn't even have known existed. And some of the work we have been done has been really interesting to be honest because some of the stuff I'd really never have thought about. (p. 5)

5.8 Superordinate theme four – perceptions about the importance of education

	Brett	Leah	Mandy	James	Rachel	Laura	Katie	Kyle	Harry	Brody
Outcomes	2	2	1	3	1	1	1		1	1
The future	1	3	2	4	1	1	1	1	1	1

Table 5.4 Perceptions about the importance of education

The table above shows the frequency the importance of education occurred in the interviews. It was encouraging to see that all pupils have a degree of

ambition for their future, and for the majority, this is linked to their achievement at school. For Kyle, his ambition is to work for his brother, but he sees no benefit in school and does not think that his academic outcomes are linked to his future ambitions. Of all the interviews I did, it was the interview with Kyle that highlighted the hopelessness that some young people in care experience.

Kyle has very little interest in education, invariably describing it as “boring” (p. 4) and admits that he “just can’t be bothered” (p. 4). It is Kyle who would like to work with his brother when he leaves school, so he does have ambition. However, there seems to be no link for him between academic outcomes and future employment prospects, although if we explore Kyle’s interview in more depth, he admits that prior to his current school placement, he was out of school for “about a year and a half” (p. 1). Prior to that he had been in a pupil referral unit (PRU) having “got kicked out of mainstream” (p. 2) for not attending lessons. When the prior picture is taken into consideration, there has been a degree of progress for Kyle. He has gone from not attending school to attending full time, and whilst the ideal would be for him to engage in all his lessons and make academic progress, this expectation belies the progress he has made.

Outcomes for the core group of Brett, Mandy, Leah and James all involve them achieving some level of academic qualification before moving on to further

education. James was in year 12 when I interviewed him and he had already experienced some academic success:

Do you know what, I think I did fairly well, especially with all my difficulties with education and my own personal issues. I would say I did extremely well; (p. 6)

He is studying animation in his current setting and would like to pursue this as a career. Other than career ambitions, James has a very clear idea of the sort of person he wants to be:

I am going to be the most successful person I can because I have this mindset. (p. 23)

At the end of his interview, James says:

I want to help other children. I don't want there to be another child like me. I want them to be really successful. (p. 45)

Interestingly, Mandy's ambitions also focus on a job helping others as she is looking to a career in the police. She is undecided about whether to go to college and then university, or to college and then get a job. She spoke knowledgeably about her future career path and her school targets and she

spoke about being well supported by her school and home with her future plans. Mandy's final comment in her interview:

(School) is about true friendships and intelligence and increasing your prospects. (p. 34)

Another participant to mention university was Leah. Her plans involve college, then university to study law to ultimately become a coroner. Like Mandy and James, Leah also expresses a desire to help others:

Because it is something that will interest me and something that will help other people as well. (p. 4)

Leah goes on to explain that she had a friend who suffered the loss of a baby and describes the process of an autopsy as "closure" (p. 4).

I feel that would help other people to have the closure that they need. (p. 4)

Finding answers and gaining closure is clearly important to Leah and her future ambitions reflect this.

Brett expressed his concern that he should have more of a say in his future.

When he was discussing decision making, he said:

I could make, maybe that should be left to my choice because it is my future we're talking about. (p. 21)

For Brett, it is important that he has some agency over his future and he whilst he recognises that some decisions are out of his hands, he wants to be fully involved in those that he can make.

This ambition for their own futures was clear in the interviews with the additional participants as well. Katie is torn between hairdressing and decorating, Harry wants to pursue his motor cross as a career, Kyle wants to work with his brother and Brody wants to be a mechanic. Laura wants to be a lawyer and knows that to do this, she must not have a criminal record (p. 16). Rachel would like to become a mental health nurse, once again echoing the desire of Leah, Mandy, and James to help each other.

Once again, the final word on a subject must go to Mandy, who explains her view of school:

*It's about true friendships and intelligence and increasing your prospects.
(p. 34)*

5.9 Chapter Summary

The key insights from this findings chapter are:

- For children in residential care, relationships are key. Relationships with adults, including family, teachers, social workers, and carers, can all have a positive impact on the lives of young people in care. However, peer relationships and friendships are perhaps even more crucial for these young people, and negative interactions can cause significant issues. Government initiatives designed to support outcomes for children in care have very little impact on the children's perceptions of what matters to them, such as relationships
- Young people want their voices to be heard. They want to share their opinions, ideas, and experiences. They understand if they cannot be acted upon, but they need to be heard
- Most of my participants reported numerous positive experiences associated with their education and living in residential care
- Most young people in my study value their education. They have aspirations and ambitions, and they recognise that education is important in their quest to achieve these. There are some children in care who do not value their education, and this may impact their outcomes and their future

In the next chapter, these key insights will be discussed considering the research literature as well as considering my personal experience.

Chapter 6: Discussion

In this chapter, the main findings will be reflected upon in relation to the research literature. The findings will be interpreted from my perspective and my personal experience as the researcher, following the IPA method. According to the structure of the findings section, the most important findings will be briefly reintroduced and then discussed within the four main sections:

- The value of relationships
- Young people's voice
- Significant experiences in school
- The importance of education

6.1 The value of relationships

Having worked with young people in care for several years, before I began this study, I was aware of the value of relationships for them. I understood that consistency of workers is vital to ensure the successful operation of a children's home, and that key figures in school are important for supporting children. However, I underestimated how important some relationships are for the children themselves.

Participants in my study reported both positive and negative experiences of relationships that had clearly had an impact on their lives. In relationships with adults, the children are seeking those who will listen to them and treat them

with kindness and care, whether that be in the school or care setting, or with other professionals.

6.1.1 Relationships with adults

The importance of relationships is referenced in my literature review and theoretical framework through the work of Bomber (2007), building on attachment theory developed by Bowlby (1958). For children in care who may not have developed secure attachments with their care givers in their infancy, Bomber (2007) advocates a person-centred approach for supporting them in school.

Leah and Mandy, both pupils who have remained in mainstream secondary schools following their move into residential care, have described a strong level of support in their schools reflective of Bomber's team-around-the-child model. Both pupils report having contacts at different levels of the school, including senior leadership level. Interestingly, Mandy discussed accessing support, particularly from the SENCO, the school staff member whom she had known for the longest. For Leah, the support in school is there, but she is less likely to seek it out. Although she reports good relationships with teachers, for her, one of her key adult relationships is with her social worker, and it is clear she feels a level of attachment and care towards her. The word Leah uses to describe this is 'bond' which emphasises the strength of the relationship. These key

relationships for both Mandy and Leah indicate a reciprocity as described by Noddings (1984). The social worker has cared for Leah, and Leah has responded by recognising their bond. The SENCO in school has nurtured and cared for Mandy, and she has responded by returning to access further support from her.

This attachment to a significant figure spoken of by Leah, Mandy, and James in their interviews, is echoed in Emond's research (2002). The quote from Fergus encapsulates the impact an adult can have in the life of a young person in care: "you've got to find a teacher that has faith in you...there was one teacher who paid me in particular lots of attention...she helped me pass my exam" (p. 31).

Johnson (2008) identifies many ways in which teachers can "enhance" (p. 395) resilience in their pupils, including having empathy with and an understanding of their students' circumstances and making themselves available to support them when needed. The support that my participants have from caring adults has had a significant impact on their ability to access and engage in school life.

For the pupils in specialist education provision, the support from individual staff members was not referred to as it was by those in mainstream. This could be because of my use of the term 'teacher' in my questions. In a mainstream school, the distinction between teachers and support staff is perhaps more

obvious than in a specialist provision. In a school where a child is seeing many different adults in a day, the importance of key supportive adults cannot be overestimated. However, in a school where all the pupils are from similar backgrounds, and the staff choose to work there with them, a level of care and understanding should be innate.

Out of the eighty-two references made to relationships with others, only eight of these references related to other professionals, including those who work for the Virtual School (VS). These references may also have only been made because I asked specifically if the young people knew what the VS is and whether they had any direct contact with them. Sebba and Berridge (2019) highlighted in the findings of their study that in their own perception, VS Heads considered their function was to “primarily support those adults who come into direct contact with children in care” (p. 543). It seems however, that a lack of engagement with children in care themselves results in a service that has little direct impact on their education.

6.1.2 Family

Family relationships were referenced twelve times by six of my participants. This was a relatively low occurrence of references, but I was mindful that not all young people in care have any form of family time, so I was wary of probing too much into this area. Appendix 1, interview schedule, demonstrates that I asked

no specific questions about family circumstances. For those who did volunteer family information, mentions were not limited to parents, but also included grandparents and siblings. Returning to families was mentioned as an aim for Laura, Kyle, and Harry. Laura, Mandy, and James also mentioned family involvement in fighting for school places for them. However, there were few references to ongoing family support and encouragement around education. Mandy talked about her mum not wanting to attend parents' evenings because of her bad experiences in school and her consideration for her mum's point of view perhaps highlights the dynamics of their relationship, with Mandy in the caring role.

6.1.3 Peer Relationships

Whilst relationships with adults are clearly important to children in care, whether these relationships be with carers, social workers, teachers, or family, the most references to relationships belong to those with their peers. I use the term peers deliberately to encompass all interactions the young people have with those of a similar age (Emond, 2012). I also recognise that there is a significant difference between peer relationships and friendships and my participants spoke about both.

For all the young people, peer relationships are complex and challenging. Leah, Mandy, Rachel, and James all reported instances of bullying that had a

significant and detrimental effect on their engagement in education. However, they, and Brett and Laura, also went on to describe and explain how important friendships are to them. This echoes Ashcroft's (2013) experience of school and friendships. Ashcroft writes movingly of his happy time in primary school and the close-knit group of friends he had then. When he then moves through care, secure settings, and youth custody, he writes about the importance of his friends who he manages to stay in contact with as a variety of adults pass through his life.

Laura, Mandy and Brett all describe a reciprocity of care (Noddings, 1984). They recognise that their friends support them, but they also contribute to this caring relationship. Brett describes 'having his friends' backs', if they need him to, and Laura talks about feeling upset about not being able to speak to her friend on the phone when she knows he is struggling.

Maintaining contact with friends is difficult for children in residential homes. The complexities of community living can be enormous and as Mandy and Leah have found, when you live a considerable care journey away from school, planning is challenging. Going to friends' houses and having friends round is also hampered by risk assessments and other necessary paperwork. School then may become the only place a child in care can meet and socialise with their friends. Gilligan (2209) stresses the importance of friendships as a protective factor for children in care, but he also recognises that the

practicalities of this may be difficult. He also considers that some carers may not be in support of maintaining some friendships, and this may be what is happening in Laura's case. Whilst Laura wants to support her friend, it may not be in her best interests to do this.

For various reasons, some of the young people I interviewed, including Mandy and Laura, do not have mobile phones and are unable to use social media, so they are unable to contact their friends in the evenings and at weekends, further isolating them from their peer group. As Hammond et al (2018) advise, social media risks need to be managed against benefits. It is up to professionals to support young people's "digital resilience development". According to Hammond (2018), research into the use of social media by young people to form and maintain relationships "suggests accessibility to social capital is enforced by social media use" (p. 2060). Social capital is vital for care experienced children who may experience "physical and psychosocial isolation" (Hammond et al, 2018). The effects of relationship moving on through social media that a care experienced child is excluded from can alter the landscape of their friendships on a daily level, potentially leaving them feeling confused and isolated.

Winstone et al (2021) agree, but also recognise "social media can play both a beneficial role in reinforcing existing positive connections with peers and family, and a deleterious role in exacerbating an already poor social environment

through the propagation of mistrust” (p. 294). Hammond’s suggestion that social work practice needs to “rapidly begin to think, talk and do differently” (2018) around social media use for young people in care is a rallying cry.

It is not only circumstances and practical reasons that prevent children in care forming and maintaining friendships. As Emond (2012) highlights, being in care for many children was associated with a “sense of shame” (p. 199). This is particularly true for Mandy who thinks that others will be thinking about what happened to her for her be in care. Emond explains how children in care struggle with the reality of their situation, and then they may construct accounts of why they are unable to live with their parents. Often, their “vague reference to parents being unable to care for them” (p. 199) belied the trauma they may have been through. Emond also identifies the feelings of same and different that children in care may experience. They long to belong and may affiliate themselves with others to establish a group identity. Equally, children in care can be “consumed by anxiety” (p. 198) about being perceived by their peers as being different and risking being excluded from the group. Mandy describes being treated as an “outsider” (p.121). Emond suggests that children in residential care need help to “tell their story, indeed, to have a coherent story, to have friendships and the advice, support and training to facilitate this” (p. 201). Whilst this may help some children in care, for those like Leah, with a strong sense of self, further adult involvement in her story may not be appropriate or necessary.

The importance of relationships for children in care cannot and should not be underestimated. The role of adults to care, listen and take an interest in the young people's lives could make a significant difference to their outcomes. Equally, if not more important, for the young people themselves, are friendships. Friends could be an important protective factor for young people in care, and further consideration should be given to how these positive friendships could be facilitated in complicated circumstances.

6.2 Young people's voice

According to Prout (2003), during the last two decades prior to the publication of his work, there has been "an accelerating movement towards the idea about children's participation and voice" (p. 11). Article 12 of the UN Convention on the Rights of the Child has influenced policy in the UK and there have been numerous formal opportunities, including the establishment of the Children and Young People's Unit and In Care Councils (ICC) to promote the voice of the child. However, Caldwell et al (2019) have identified that whilst huge gains have been made recently around implementing the rights of the child, professionals still "lack the skills and sufficient time to ascertain the wishes and feelings of young people" (p. 1).

In practice, this can be seen in the opportunities children in care are given to have their voice heard. They have regular care reviews, and there is a section

of the review paperwork that records their voice. Children in care also have Personal Education Plan Reviews (PEPs), and again there is a section of the paperwork that records their voice. Some children in care also have Education, Health and Care Plans, with yet another section of the paperwork that they can contribute to. However, in my professional experience, it is rare that a young person expresses much of note in these formal settings. Filling in paperwork and attending meetings along with a group of professionals are not conducive environments for young people to feel heard. Prout (2003) explains “too often, children are expected to fit into adult ways of participating when what is needed is institutional and organisational change that encourages and facilitates children’s voice” (p. 20). As Roberts (2003) states, we should be learning from what has not worked well, and perhaps these “formal” opportunities to hear children in care would fall into that category.

6.2.1 Everyday conversations

From my research, I would also suggest that along with formal opportunities for children’s voice to be heard, the real opportunity to hear the voices of children in care is in the everyday interactions with those who care for or educate them. The distinction I am making here is that whilst it is important for children to have their voices heard through formal channels at a national level, and for children in care to have their voices heard through their official meetings, listening to the child on a micro level, during day-to-day interactions and activities is going to be the most beneficial way to help them to feel personally heard. In school, it is

their teachers and support staff who will be the first to listen. At home, it will be the carers who are on shift. By listening actively, we can identify a child who is in distress, who misses their family, who is struggling in lessons, who feels they have no friends. We can work alongside them to support them and help them to make sense of their feelings or their situation. Everyday practice with young people in care demonstrates that sometimes, for them, feeling listened to is enough.

6.2.2 The voice of my participants

Interestingly, as I was planning my research, I was concerned that the young people would not want to talk to me. I was conscious that those that I had not met before might be reserved and find it difficult to engage, and that the young people from my school might be reluctant to speak openly to me in my capacity as researcher, but this was not the case. All my participants agreed to speak to me for no other reason than sharing their views with someone who is interested in their lives. As is evident from my findings, some young people were more forthcoming in answering my questions than others, but overall, I felt that the young people were enjoying the opportunity to talk to someone unconnected from their usual support network who promised them nothing, other than to listen to them.

I was encouraged by earlier research around children in care that has produced some excellent feedback from the young people themselves. For example, Martin and Jackson (2002) conducted a study referred to in my literature review. They engaged with 38 high achieving young people about their opinions of the best ways to improve the education of young people in care. The richness of the data and the engagement of the young people make this a valuable piece of research in which the voice of the young people is paramount. Other studies have provided similar opportunities, for example Harker et al (2002) whose paper documents the views of eighty young people living in care and foster placements.

In my research, James, Leah, Mandy, Laura, and Ben all spoke about needing to be heard, whether that was by teachers, social workers, or carers. They all needed adults to listen to them, explain situations to them and support them. For James, this was in his school setting where he needed teachers to have a better understanding of his needs. He was able to voice this need, and the teacher was then able to act upon what he had said and help to improve the situation.

Laura felt that she was not being listened to by her school. She was on a managed move and felt it unfair that the school had terminated her move without giving her sufficient time to fully settle in. Laura's frustration with this was evident in her interview. She had a desperate need to be heard but felt that people were not listening. She also felt that the explanations she was

being given about why she could not stay were not good enough. Leah describes not being listened to by her social worker when she refused to return to school. This led to her missing a whole school year. Brett also talked about not feeling listened to by those in social care who were making decisions about his placement. He felt that he should have more opportunity to be involved in decisions around his future, and this was not happening.

It is apparent from previous studies and my research that young people in care want their voices to be heard. They want to feel listened to, and they also have the capacity to understand if what they say cannot always come to fruition. However, it is the process of feeling heard that is crucial.

6.3 Significance experiences in school

Moving into residential care can be a positive for children. As I discussed in my literature review, the reasons children are taken into care are many and varied and include neglect, abuse, learning difficulties and family breakdown. Whilst the government recognises that children are best brought up by their parents (DfE, 2018), if parents lack the capacity to parent successfully, there may be no alternative than to take the child into care. It is difficult to argue with this view following the recent deaths of children including Star Hobson and Arthur Labinjo-Hughes at the hands of those who were in the parental role. However, for some, including Evans (2003), removing children from their families and

placing them in residential care results in adding another “layer of disadvantage” (p. 58) to these children’s lives.

This view is challenged by Berridge (2012), who argues that the “care system is not inherently damaging to children’s education but is generally beneficial” (p. 172). By the time a child is taken into care, their education may have already suffered. Moving into care may not reverse this trend, but it may halt the decline. Welbourne and Leeson (2013) highlight evidence to suggest that the longer a child is in the care system, the better they do educationally. The length of time the young people I interviewed had been in care varied from over two years to several weeks. Most of them had entered residential care at age thirteen or fourteen, a crucial time in their school lives. My research was not detailed enough to compare the experiences of those who had been in care for a long time with those who had not. However, my research did highlight that school placement had a significant impact on the children’s experience of school life. For example, children in mainstream school face specific challenges around maintaining positive peer relationships, whilst those in specialist provisions highlighted that they have fewer academic opportunities.

My findings section about experiences was an attempt to directly address my research question about whether the children thought that being in care had positively or negatively impacted their education. The findings indicated that there were mixed views, depending mainly on the education setting they were

in. Several of the children recognised that when they moved to a specialist school provision, there were less opportunities regarding measurable outcomes including qualifications. They highlighted a lack of choice of subjects and a lack of resources for potentially reducing their opportunities to achieve academically. However, this was challenged by the view from some participants that they had greater opportunities to try different things. Interestingly, Brett was able to see both the positives and the negatives that moving into care had on his education. He highlighted the lack of resources leading to lack of choice regarding qualifications but felt that this was offset by increased teacher support. He also recognised that his specialist setting afforded him to try different activities like BMXing that he would not have been able to do if he had remained in mainstream school.

The challenges highlighted by my participants around school life focused on experiences relating to friends. For those in specialist provision, there is a lack of peers that they could call friends. For those in mainstream, including Leah and Mandy, friends are a source of support, but the practicalities of seeing friends out of school sometimes prove too complicated. Relationships with peers are also seen as challenging by some. James and Leah particularly highlighted instances of bullying that impacted negatively on their school experience.

The core participants in my study, Leah, James, Brett, and Mandy, all talk about independence and how they are preparing to be more independent in the future. Leah is in year 11 and looking to move into semi-independent accommodation in the summer. Whilst independence is seen as a positive by my participants, there is a current debate around the care provided for those care experienced young people aged 16+. Currently, semi-independent placements at this age are not regulated as residential children's home are, and care experienced people are campaigning to change this. It is difficult to see how a sixteen-year-old living semi-independently, as Leah will be, could fully engage with their education at KS5. Most of their peers would still be living in the family home at this age with the support of parents, not having to budget, pay bills and cook for themselves.

For my participants, positive experiences for those in specialist settings were linked to doing things they might not have been able to if they had remained in mainstream school. Brody, for example, accessed an offsite provision once a week to learn to fish and about fisheries management. Brett was able to go BMXing, that he would not have been able to do in mainstream. Leah talked about a school trip abroad. Whilst she says she would have been able to go on this, she would not choose to. Finances should be no bar to children in care accessing school trips or visits. There are funding mechanisms in place to enable them to access these events in line with their peers. However, there may be other considerations, such as risk assessments, that might prevent them being included.

6.4 Perceptions about the importance of education

All apart from one of my interviewees perceived education to be important, both for the experience of attending school, and for the achievement of qualifications that could then benefit them in the future. The only participant, Kyle, who did not see the benefit of education was, nevertheless, attending school full time. His future ambition, to work with his brother, did not, in his opinion, require any educational outcomes. However, his attendance in school indicates some level of engagement and some appreciation for education on a very basic level.

For the other young people, going to school did not appear to be a chore. None of them reported issues with attendance, and for Leah and Mandy, who had had a period out of school, school attendance was crucial to them achieving their future ambitions. For Lucy, who did not currently have a school place, the recognition that she was missing out socially and academically was a cause of significant anxiety for her.

Interestingly, government statistics referred to in my literature review indicate that overall absence rates for children in care matched the general cohort (DfE, 2020) at 4.7%, as did the figure for persistent absentees at 10.9%. These figures are much improved from those children on the edge of care, where 32% are classed as persistent absentees. This would indicate that moving into care has a positive impact on a child's school attendance. There could be several

reasons for this, including increased support to attend school from carers, routines in the home that encourage school attendance, and the support to have the right equipment and uniform. Once in school, pastoral support is crucial to encourage good attendance, as is positive relationships with teachers and support staff. Children in care who do not attend school should be identified quickly and support put in place to prevent them becoming school refusers.

The suitability of education placements may also be key to school engagement for children in care. My interviewees represented two different categories: those in mainstream school and those in specialist provisions. For both groups, attendance was good and the majority self-reported that they were doing well in school. However, for Lucy, the situation was not so simple. Lucy had been in mainstream school, and when she moved into care, she was subject to a managed move to another school. When this placement broke down, she was left without a school place. Lucy is an intelligent, engaging young person whose needs would best be served in a mainstream school. However, the school would require significant skills around nurture, attachment, and trauma to provide Lucy with the education she needs. In such circumstances, it may be that a specialist provision would be a better option for Lucy. As Poyser (2013) suggest, "inclusion should be regarded as a goal for the majority rather than a dogma" (p. 134). Poyser believes that children in care require understanding and not punishments and the structure and ethos of some mainstream schools, particularly those that employ a binary behaviour policy,

may not be a suitable environment for a child in care who requires understanding and nurture.

Interestingly, none of my participants highlighted that they experienced any significant behaviour issues when they were in school. Harry explained that he had struggled in the past and had been prone to outbursts, but in his current placement, he was more settled. Lucy spoke about her behaviour struggles on her managed move. Through her telling of her challenge, it is difficult not to conclude that she could have received more help and support from the school. Olsen and Montgomery (2018) suggest that evidence demonstrates that current educational systems are not able to accommodate the educational challenges of many children in care. The option of a more specialist provision with staff trained in a nurturing, trauma informed approach may improve school outcomes for children like Lucy.

Bentley (2013) views the care system, not school, as being at fault for not supporting her academic ambitions. She describes school as a place of safety and somewhere she excelled, despite her chaotic home life. However, when she entered the care system, she found that the system “stopped expecting” (p. 50) to achieve in the same way parents might. Both Bentley and Poyser make an important point that it is academically gifted teenagers that are failed most by the current education system, and my research would corroborate this. Leah, for example, missed the whole of year 9 in school, because her social

worker failed to consider her view that she would never return to her previous school following an incident. Leah is an intelligent young woman and recognises that that year out of school has impacted on her academic achievement, and whilst she will achieve good grades in her GCSEs, they may not be as good as she is capable of. Brett also recognised that being in a specialist provision meant that he had to change subjects and may not have achieved what he could have if he had remained in a mainstream provision.

6.5 Care

Bomber (2007) recognises the importance of relationships in her work about attachment theory. Babies and young children need to form attachments with a key adult in their early years for them to form secure attachments to others throughout their lives. Children in care may have been subjected to neglect in their early lives, impacting on their ability to form positive relationships with others. Training in attachment theory is gaining credence in some mainstream schools, and training in these schools is being extended from pastoral staff to all staff, often through provision from the Virtual School. The development of supportive relationships in school is also at the heart of the practice of Trauma Informed Schools UK (TIS UK) and The Nurture Group.

I did not directly ask the pupils in my study if they had any knowledge of any training staff had had. However, it was clear from the way the children who

attended specialist provisions talked about school staff that the school ethos was based around the importance of relationships and listening to pupils. For those in mainstream school, the picture was slightly different. Specific members of staff were identified as sources of support, and good relationships had been built with those who had knowledge of the child's background. However, in the wider school, it seemed that class teachers, for example, were not always so understanding and that supportive relationships were not as evident. In mainstream education, this gap between those with a direct role supporting children in care and those who teach them can be viewed through the lens of care.

As discussed in my theoretical framework, Noddings (2012) does not advocate for care as an 'add on' in an overstretched education system populated by overstretched teachers, but rather as a whole school system that is built on continuity of purpose, continuity of school residence, continuity of teachers and students and continuity of a curriculum that is centred around care. When considering the lives of my participants, whilst they have experienced 'pockets' of care from those with a direct responsibility for caring for them, the deeply embedded care that is expressed by Noddings has not been evident. Children in care would benefit enormously from the continuity described by Noddings, but in most cases, this continuity is not possible. It is necessary for safeguarding purposes for some children to move out of area when they are taken into care, fracturing any continuity of school and teachers. For other children, a move into care coincides with a move from mainstream education

into a specialist provision, or a period out of school, once again breaking continuity. It appears that our most vulnerable pupils, who may value continuity more than most, are often those who are subject to most change.

6.6 Chapter Summary

Children in care want their voices to be heard, even if it is not possible for their views to be acted upon. Whilst Prout (2003) and Roberts (2003) advocate for improvement in the way children's voice can be formally recorded, my research demonstrates that it is the everyday listening by those in a caring role that will have the most impact on a young person's life.

As reported by most of my participants, school is important to them, both for the social aspects and for educational achievement. Several my interviewees are ambitious, with plans that they recognise cannot be achieved without gaining the same qualifications as their peers. Evans (2003) highlights that child in contact with social services perform less well than their peers in all outcomes. Those with a set career path in mind, for example going to college and then joining the police or training to be a nurse, are keenly aware of the importance of adhering to the government expectations of achieving GCSEs in at least English, maths and science. For the others whose ambitions lie in different areas for example hairdressing or working with family, the level of achievement

is not so significant, but acknowledgement of the requirement for some measurable academic success is there.

Many of my participants considered living in residential care had a positive impact on their education. For some, this meant that they were able to attend school after a period out of school, or that they were able to attend a specialist provision when that became appropriate. For others, the encouragement from home staff and the additional support they have in school have helped them to engage more fully in school life.

The findings from my study relate to the relationships my participants have developed with those around them. For every young person, relationships with caring adults are crucial. There were many examples of the reciprocity of care (Noddings, 1984) as my participants described working harder in school for teachers they like or thanking the care staff for bringing their PE kit in when they had forgotten it. Care was also a feature of their relationships with family, although for some like Mandy, it was child caring for parent as opposed to parent caring for child.

Viewing my research through the lens of care it is apparent that care is experienced through specific relationships with family, carers, social workers, and teachers. Noddings' (2007) view of care places emphasis on the continuity

of relationships, which is something that is often lacking. For my participants, the adults they seek out in school for support are often those they have known the longest. Care is also experienced through the ethos of a school. Cameron et al (2013) advocate for close links between care settings and schools and my participants spoke of good communication between home and school, with care staff attending meetings and appointments and supporting children with equipment and homework.

The key finding of this work, however, is that peer relationships are central to the lives of children in care. Positive peer relationships can be difficult to maintain on an emotional and practical level, but they are vitally important for children navigating school and out of home placements.

Chapter 7: Conclusion

In this concluding chapter, my key findings will be restated to reflect my research questions with a view to exploring how this research could be implemented on a practical level to improve the educational experience of young people in care. I will also consider the limitations of the study and suggest areas for further research. Finally, I will consider the contribution to knowledge that this study makes.

7.1 Key findings

I conducted my study to explore the education of young people in care. My main research question is:

- What are young people's views about living in residential care and the impact it has on their school experience?

My two supplementary research questions are:

- What do children in residential care consider to be the protective factors that enable them to succeed in education?
- Do children think they have more opportunities or more barriers to their education when they are in residential care?

The care experienced young people I interviewed were forthcoming with their views about living in residential care and their education. They were open,

honest, and considered in our conversations and happy to be involved in a process that had no benefit to them other than to have their voices heard. My data analysis method was IPA and because my job entails working with care experienced children daily, I felt very involved and immersed in the process. Whilst my aim was to have a truly homogenous groups of participants, there was perhaps more of a variety of circumstances than I had anticipated, due not least to the impact of covid that limited my access to certain homes. This range of circumstances, particularly regarding educational placements, meant that there was greater variety in the conversations about the opportunities and challenges the young people experience than there would have been if they had all remained in mainstream provision, for example. However, across the spectrum of interviews, there was commonality as well as differences in experiences that all added to the richness of data.

7.2 Relationships

The findings of my research indicate that the key protective factor for all my participants is relationships. All my participants recognised the importance of their relationships with others, be they teaching staff, social workers, or care staff. Relationships are the key protective factor for children in care and their school experience. Gilligan (2009) identifies positive relationships as contributing to resilience for children in care, and the experiences of my participants reflects this. The reciprocity in relationships expressed by some of

my participants reflects Kendrick's (2007) view of care placements as a form of family.

Whilst I had anticipated to some degree how important relationships are, I had not recognised the significance of peer relationships for children in care. My participants were vociferous in their recognition of the positive and negative aspects of peer relationships. Incidents of bullying discussed by some of my participants had had a significant impact on them and further increased the complexities of school life for these already vulnerable pupils. The difficulties of talking about why they are in care (Gilligan, 2009) and the shame they feel around this (Emond, 2002) were apparent in our interviews. The importance of social media and the challenges of not having it, and the difficulty in connecting with friends outside school were both cited as barriers to maintaining peer relationships.

My participants also described a general lack of understanding from their peers about their circumstances and additional support they might require in class, for example, the option of taking time out, or the use of fidget toys. However, for some of my participants, this lack of understanding is juxtaposed by their need for privacy. These young people recognise their care status as something private and personal to them. They are not seeking understanding for this, but rather understanding in general for those whose circumstances may differ to their own. We do not need to know the reason why adjustments may need to

be made for some certain pupils, and indeed that is nobody's business but their own. Greater understanding and empathy for all would improve the school experience for any child who does not fit the stereotypical pupil mould.

Many of my interviewees highlight the importance of positive peer relationships. They speak of friends who understand, friends who support them and friends who cheer them up. However, maintaining these relationships in complex circumstances is a source of frustration and challenge. For those who are in schools a significant distance from their homes, meeting with friends after school can rely heavily on logistics and resources and may need to be planned well in advance. Visiting friends' houses may involve risk assessments and further perceived invasions of privacy. Children in care are often not able to have friends in their own home. Once school ends, there may be no opportunity for the important continuation of friendships. This can be further compounded if the young person is not able to have a phone. This may be for reasons of safeguarding, but so much of the lives of young people are conducted through mobile phones via social media, that the lack of access to this can be hugely detrimental to young people in care.

7.3 Opportunities and barriers

The reflections around whether the young people consider they have more opportunities or more barriers in education now they are in residential care are

interesting. For some, opportunities include being able to go on trips that previously they might not have been or having support from specific members of staff in school. Increased understanding of their circumstances from school staff was a benefit from some participants, but not for all. Several participants, especially those who remained in mainstream, spoke movingly about their right to privacy, about not wanting other people to know about their circumstances.

Barriers to education were more clearly identified by those who were in smaller, more specialist provisions. Moving schools often meant changing subjects and not having access to a full range of subjects, particularly those with a practical element. However, this was sometimes counteracted by more personal experiences of education, increased support in the classroom, and the opportunity to try different activities.

7.4 Summary

When I started my research, my experience of working with young people in care meant that I had some recognition of the importance of relationships in their lives. In my school, relationships are at the forefront of all we do. Time and resources are invested in building positive relationships between staff and pupils because we believe meaningful learning cannot take place until trust has been established. However, I had not fully appreciated the importance of peer

relationships for care experienced children, whether these be positive or negative. It is evident that my key and most innovative finding in relation to literature and research gaps is the complexity of maintaining friendships on a practical and emotional level for children in care is crucial to their school experience, and it is this finding that will influence my recommendations.

7.5 Recommendations

My study supports the importance of caring relationships at school and home for children who are unable to live with their families. The implications for theory are that further research is needed to explore how care presents itself in peer relationships for children brought up in the care system, and how these relationships can be better understood both in the home and at school.

My recommendations fall into two categories, policy, and practice. Policy recommendations will apply to government and local authority policies as well as care providers.

7.6 Policy

My main recommendation is that greater consideration should be given to the friendships of children in care and these friendships should be recognised as a protective factor that can positively influence a care experienced young person's life.

- Care experienced young people should be given the opportunity to speak about their friendships to those involved in their care and to have their friendships considered when deciding on potential home or school moves
- Positive friendships should be nurtured, and efforts should be made to ensure that contact with friends is maintained in and out of school. Where children in care live a considerable distance from school, the school should consider ways to support friendships, for example by providing safe spaces for friends to meet and relax
- Where appropriate, assistance should be provided to the families of children in care to help them support continued friendships. This could include working with family mentors who could help complete risk assessments and facilitate contact

My second recommendation around relationships and policy is that children in schools, and school staff, should be educated to gain a greater understanding

of the care system. For staff, this should start with teacher training. There is currently no statutory provision to educate trainee teachers about the care system and the impact being in care may have on our young people. There should then be regular opportunities in school to inform and upskill teachers, support staff and leaders about the challenges faced by children in care.

Reasonable adjustments for children in care should be implemented when necessary. In my opinion, all children in care should have an Education Health and Care Plan (EHCP). This view may be challenged by some who would advocate that the child in care do not have a special educational need.

However, I would contest that moving into care, whatever the circumstances, is a significant cause of trauma for children. An EHCP would ensure that the support that they need in schools is formally recognised.

Whilst some of the participants in my study value their privacy and do not want others to know of their circumstances, without educating the wider school population we are limiting the opportunity for change. Care experienced children should have the opportunity to contribute to curriculum developments without compromising their privacy. I recommend that any curriculum developments to support the education of the pupil body around the care system and children in care should be part of an expanded PSHE curriculum that looks at the experiences of other marginalised groups, for example asylum seekers. Curriculum developments should be informed by the experiences of young people in care, and they should have direct input into the lessons that

are delivered. Curriculum content about the experiences of children in care should be delivered with the utmost sensitivity and respect.

- Trainee teachers should be educated about the care system as part of their training, and school CPD should include relevant updates on a regular basis
- Children in school should be educated about the care system and other marginalised groups as part of PSHE lessons, with due sensitivity
- Any training or education should be planned collaboratively by children in care, care experienced people and professionals from education and social care. The planning of a new curriculum should reflect the policies and initiatives suggested in my recommendations

7.7 Practice

In practice, greater efforts should be made to nurture the positive friendships of young people in care. This may include:

- facilitating after school activities with friends and visiting friends' houses. Whilst risk assessments may need to be completed and transport arranged, this should not be a bar to young people maintaining their friendships

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- Consideration should be given to allowing young people in care to have visitors to their own home. Once again, this would have to be risk assessed and managed and consideration given to other residents, but it should not be assumed that because a child is in care, they cannot have visitors to their house
 - Emotional support for children who find friendships challenging
 - Identification of children who are being bullied and a joined-up approach amongst professionals to ensure that the child is well supported, and any issues addressed promptly

7.8 Dissemination

I intend to seek publication of my research in suitable journals, such as Journal of Children's Services, Children and Youth Services Review, and Childhood. My work would be suited to these journals because of the focus on children's voice and the implications for multi-disciplinary teams. Certain aspects of my research related to teacher training and to pupil outcomes may be suitable for education journals, such as British Journal of Educational Studies.

I will be presenting my research to the Board and Senior Leadership Team of the company I work for and encouraging them to adopt my recommendations for policy and practice. Through my work in this sector, I have developed

professional relationships with colleagues in other residential children's care providers and I would welcome the opportunity to share my research with them.

There is also scope for me to share my research with professionals outside of education, including social workers and virtual schools.

7.9 Strengths, boundaries of the inquiry, further research

The strength of my research is the clarity of the children's voice. Through my interviews, I provided care experienced young people to express their views about living in residential care and their education. The focus in all the interviews was not on measurable academic achievement, but rather the experience of school as a whole. The young people identified opportunities and challenges that a move into residential care had brought, and they recognised relationships as a protective factor that improved their school experience.

The boundaries of the inquiry relate to the application of IPA. As my inquiry progressed, it became apparent that the homogeneity I recognised in my participants, that they have all moved into residential care and should be accessing schooling, in fact contained degrees of variation that impacted my findings. For example, the type of school provision they attended, mainstream or specialist, influenced their perception of their school experience. The presence of covid and the relating restrictions also meant that my access to participants was limited. A second interview may have enabled me to develop

a deeper rapport with my participants that may have yielded further insights, but this was not possible in the circumstances.

I also feel that more information about family circumstances may have been beneficial for context in my research. During my interviews, I was conscious of the boundaries of my inquiry and the vulnerabilities of my participants. I had not prepared questions around family relationships, but their relevance to the study became apparent. Follow up interviews with the core participants may have afforded them the opportunity to speak more about their life in care and any continued family contact.

I would like to continue this research with a study to focus on children in care and their friendships. Whilst friendships are highlighted as a protective factor in this study, I would like to explore further the dynamics of friendships for children in care and how professionals can best support them. I am interested in the views of children in care about sharing information about their circumstances with their friends and how this can impact friendships. There may also be implications for schools about how they deal with bullying.

7.10 Contribution to knowledge

My contribution to knowledge is the recognition of the importance of care experienced children's peer relationships on their school experiences. The strength of this study is the prominence given to children's voice. Their first-

hand experience of the care system and education adds to the richness of research that has their voice at the heart of it.

The importance of children's friendships as a protective factor when considering their whole school experience contributes to a growing body of literature that seeks to improve the educational outcomes of children in care. The challenges faced by children in school are widely recognised as having a negative impact on their measurable outcomes, and my study offers an avenue of exploration as to how fellow pupils are well-placed to provide their care experienced counterparts with friendships that can make a real difference. My research supports Noddings' theory of care (1992) and whilst my participants do not attend schools with care embedded as Noddings recommends, they all highlight the importance of caring relationships. My research also reflects the theory of Cameron et al's learning placements and caring schools and the importance of collaborative working between care placements and schools to ensure children are learning in both. I would like to conduct further research into this area to explore the learning that takes place in residential children's homes and how this support school engagement for the young people.

Consideration is also given in my study to the training that school staff receive in relation to children in care. This contributes to the body of literature that recognises children in care face considerable challenges in their engagement

with school, and it is with knowledge, care and understanding that school staff are better able to meet their needs.

This study highlights the importance of children's voice when considering their school lives. Providing space and time for young people to share their views of their lived experience yields a richness of data that will enable professionals to better support them.

As the voices of my participants have been the foundations on which I have built this thesis, it is only fitting that the last words should be from one of them. Experiences of school varied for my participants, but this quote from Mandy perfectly encapsulates what we, as professionals, would want for all our care experienced pupils in school:

"It's about true friendships and intelligence and increasing your prospects."

Appendix One – Interview questions

<p>Opportunities and challenges: the child’s view of the impact a move into residential care has on their education.</p>
<p>General questions for all</p> <ul style="list-style-type: none">• How long have you been living in this home?• What sort of school do you go to?• What school year are you in now?
<p>Questions around transition for those who moved school</p> <ul style="list-style-type: none">• Were you asked about your thoughts around moving school?• Was anything put in place to support your start at the new school eg phased introduction, part time timetable, peer support• Did you have to change lessons/subjects when you changed schools? How do you think this will affect your exam results?
<p>Questions for those who didn’t change school</p> <ul style="list-style-type: none">• If you didn’t move school, can you tell me about anything that changed at school when you moved into the home?• Did you have any more support from the staff in school? If so, who? What was their role in school? What was their role for you?
<p>Questions for all about friendships</p> <ul style="list-style-type: none">• How do you find making friends in school?• Are you able to socialise with your friends after school?• Do you think your friends treat you differently now you live in a home? How?
<p>Questions for all about school support</p> <ul style="list-style-type: none">• Who can you go to in school if you need any help? How often do you see them? How does this support help you?• Are you making progress in school? How do you know?• Do you know who your Designated CLA Teacher is in school? How often do you speak to them?• Do you know who your Virtual School Headteacher is? The VS link for secondary school?• Do you know what a PEP is? What is on yours? Does this help you?
<p>Questions for all about the support for education in the home</p> <ul style="list-style-type: none">• How do the staff in the home support your education?• How often do they have contact with the school?• Do you think the home and the school work well together to support your education? Why/why not?
<p>Closing questions for all</p> <ul style="list-style-type: none">• Do you think you have more opportunities in school now or less?• What are the barriers to your success in school?• What do you think schools and the care system could do differently to reduce the challenges you faced?

Appendix Two – Reflexivity Exercise Prior to Data Analysis

Source of questions: Langdrige, 2007, p.59

Why am I carrying out this study?

I am carrying out this study because I have worked with young people in the care sector for several years. On a personal level, whilst I do believe that individuals can make a difference to outcomes for care experienced children, I believe that the system of care and education could do things differently to better support the school experience for these young people.

What do I hope to achieve with this research?

I hope to give the young people participating in the study the opportunity to have their voices heard. I hope to raise awareness of the child's view a move into care has on their education. I want to identify the positives the children highlight that a move can have, as well as shedding light on the challenges they face.

What is my relationship to the topic being investigated?

I am the Headteacher of a specialist school provision for young people in care who are unable to attend mainstream school. I am actively involved in the care and education of care experienced young people.

Am I an insider or an outsider?

I am an insider with a vested interest in the school outcomes for young people in care.

Do I empathise with the participants and their experience?

I work alongside care experience young people every day, and I wouldn't be able to do my job if I didn't have empathy for them and their experiences.

Working with a wider range of young people with care experience for this study has increased my awareness of the challenges they face.

Who am I and how might I influence the research I am conducting in terms of age, sex, class, ethnicity, religion, disability and any other relevant cultural, political or social factors?

I am a middle aged, middle class white woman with Christian beliefs. I am bringing to my research a will to better understand how care experienced children view their world. I have no personal experience of being in care, but I have years of experience working with disadvantaged young people in mainstream schools and specialist provisions.

How do I feel about the work?

I feel passionate about the experiences of young people in care. I enjoy working with young people and supporting and encouraging them to achieve their ambitions.

Are there external pressures influencing the work?

No. The company I work for support my research and there are no other external pressures.

How will my subject position influence the analysis?

I work with two of the participants of my study. I will be aware of this as I analyse the data. I explained to all the young people before I interviewed them that their participation would have no bearing on their education or care placements and that I have no influence or authority over them regarding the study.

How might the outside world be influencing the presentation of findings?

There is much concern in the outside world currently about young people in the care of local authorities. There is a government backed, independent care review taking place and there has been coverage in the media recently about regulation of care provision for young people age 16+.

How might the findings impact on the participants? Might they lead to harm, and if so how can I justify this happening?

I do not anticipate that the findings of my study will impact on the participants, other than to raise awareness of their views. It will not lead to harm.

How might the findings impact on the discipline and my career in it?

Might they lead to personal problems, and how prepared am I to deal with these should they arise?

I do not anticipate that the findings will lead to any personal problems for me, other than consideration of the emotional impact of immersing myself in the children's stories. I will look to my professional and personal support systems should this present challenges. I am hoping that I will be able to disseminate my findings to my company in order to progress our policies and practise.

How might the findings impact on wider understandings of the topic?

The findings will support the agenda for promoting the voice of care experienced children. It will also lead to a greater understanding of the children's views a move into residential care has on their schooling.

How might colleagues respond to the research?

I hope colleagues would be interested to read my research and would use it to better inform their practice.

Appendix Three – Annotated Transcript

Appendix 2 Annotated transcript for Leah

The first stage of the analysis process, an excerpt of the annotated transcript for Leah (pages 3 and 4), demonstrating recognition of the emergent themes.

linguistic *conceptual* *descriptive*

Emergent themes	Speaker	Original transcript	Exploratory comments
	Interviewer	Some of the young people I work with are moving on in the summer as well so I know how frustrating it is when we don't know what we're doing and where we are going, but it's really good that you've got your education sorted out first. You must be really pleased about that.	
	Participant	Yeah.	
	Interviewer	What do you want to do eventually then?	
<i>Future, ambition</i>	Participant	Err, I would like to be a coroner.	<i>Aspires to work for coroner</i>
	Interviewer	Wow!	<i>Good thinking</i>
<i>aspirations</i>	Participant	It is kind of like my dream job.	
	Interviewer	Yeah.	
<i>Helping others</i>	Participant	Because it is something that will interest me and something that will help other people as well.	<i>wants to help, use experience, give back?</i>
	Interviewer	Yeah, definitely.	
	Participant	Because there was this girl that I knew and she had a baby but the baby passed away and there was no	

	Interviewer	apparent reason that her baby had passed away and she always blamed herself for it.	
	Participant	And it was like if someone could take her baby and do an autopsy on it and figure it out, it would then be like closure, and I feel that would like help other people to have the closure that they need.	closure? important concept for care experienced people?
	Interviewer	That's brilliant. Really good. What a well thought out and interesting career path. That's great that, well done you! So you are at this school now, have you always been there throughout your secondary school experience, or have you been to other schools?	
<i>Peer relationships</i>	Participant	No, so I went to (names school) erm but there was a lot of bullying and stuff so in year 8 I was like, I'm not going back, you're not telling me to go back, so I missed the whole of year 9.	bullying - year 8 told crucial story. being told to counteracting bullying
<i>Voice,</i>	Interviewer	Did you?	
	Participant	Yeah. My social worker didn't believe that I was going to go back, and by the time he'd figured out that I wasn't going to go back, it was too late to then start looking for schools and then I started going to school again in year 10.	Not being listened to. Not being protected? Mixed advice.
<i>Peer relationships</i>	Interviewer	And do you like it? Is it a good school?	
	Participant	Erm, I like the school, I just don't like the people.	
	Interviewer	Right okay.	<i>Some heartwrenching.</i>
	Participant	Because they can be very self-centred people.	
	Interviewer	Okay.	
<i>Advice</i>	Participant	But I have some friends.	
	Interviewer	Yeah, that's good. So when you moved to this school, did you have a choice? Did you get to look round? Did	<i>Recognition of friendships</i>

<p><i>Decision Making Voice</i></p>	<p>Participant</p>	<p>people ask your opinion? Was it the only school with a place? Erm, it wasn't my first choice of schools that I wanted to go to. I didn't really get to look around. I went in for a meeting but I didn't kind of, it was just a meeting for me to choose my options. I was in year 10 and I just had to choose my options. At that point in time there wasn't a lot of options left for me to choose from.</p>	<p><i>Insufficient. Lack of involvement in decision making process. Lack of options. CLA priority?</i></p>
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Appendix Four –Chronological list of Emergent Themes

This represents the initial stage of the three-part IPA analysis process. This list of themes emerged from the data from Leah's interview, the first one I analysed.

- 1 Future education plans
- 1 Career plans
- 1 Ambitions
- 1 Future opportunities
- 2 Realistic goals
- 2 Educational outcomes
- 2 Keeping options open
- 2 The importance of education for the future
- 3 Being in the care system
- 3 Being fostered
- 3 Feeling settled in placement
- 3 Moving on post 16
- 3 Plans in place for moving on

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- 3 Sharing information about the future
 - 3 Understanding and appreciation for how the care system works
 - 4 Career ideas
 - 4 Ambition and aspiration
 - 4 Wanting to give back and care for others
 - 4 Friendships
 - 4 Helping people
 - 5 Bullying in school
 - 5 Leaving school
 - 5 Not wanting to be in a particular school
 - 5 Not being listened to by professionals
 - 5 Not having views considered by professionals
 - 5 Negative attitudes of peers
 - 5 Small friendship group
 - 6 Lack of information being shared
 - 6 Expressing an opinion but it not being acted on
 - 6 Lack of options in school

6	Getting on with it
6	Reducing opportunity to engage in different experiences
6	School expectations
7	Making decisions
7	Challenges from missing school
7	Challenges from starting a new school
7	Recovering lost ground
7	Pride in achievement
8	Academic improvement
8	Personal goals
8	Friendships with trust
8	Sharing limited information with peers
8	Keeping information private
8	Friend with similar experiences
9	Shared experiences
9	Seeing friends out of school
9	Care staff supporting friendships practically

9	Living communally and sharing resources
9	Maintaining peer relationships
9	Self-awareness
9	Offer of support in school
9	Knowledge of Designated Teacher
10	Support from school staff available if needed
10	Knowledge of the Virtual School
10	Knowledge of PEP
11	Awareness of PEP targets
11	Teachers' contributions to PEP
11	Relationships with teachers
11	Peer relationships
11	Standing up to injustice
11	Recognising triggers
12	Injustice, not being dealt with fairly
12	Lack of understanding in school processes
12	Wanting to see justice

13	Being lied to
13	Knowing own mind
13	Being independent
13	Practical support from home staff
13	Not needing encouragement
13	Being self sufficient
13	Perception of self
14	Attending parents' evenings
14	Care staff supporting future ambitions
14	Continuing education
14	Being independent
14	Self-reliant
14	Being part of the system, working with the system
15	Extra-curricular opportunities
16	School trip opportunities
16	Covid restrictions
16	The effect of challenges on school outcomes

16	Covid and missing a year given equal status
16	Being in care no impact
17-20	Sharing a love of education and particularly literature
21	Teacher as a human being expressing emotion
22	Love and value of education
22	Achieving good outcomes
22	Recognition of importance of exam results
23	Encouragement of teachers
23	Looking to the future with positivity
23	Love of education
24	Looking for new peer relationships and experiences
24	Self-doubt, feeling less than others
25	Choice about attending meetings
25	Not feeling different in school
26	Frustration about not being listened to
26	Professionals not acting quickly enough to ensure education provision

27	Need for practical help and support on occasions
27	Importance of relationship with social worker
27	Bond with social worker
27	Appreciation of social worker support and relationship
28	Education ambition
30	Ongoing support
30	Financial support
30	Independence, looking for work
30	Moving on, no plans to return

Appendix Five Superordinate themes and themes from one participant

For the second part of the analysis process, I have constructed a table using the data from Brett's interview. This clusters the themes into superordinate themes and their subordinate themes.

Theme	Page	Quote
Relationships <ul style="list-style-type: none"> • Care staff • Teachers • Peers 	13	“We’ve got each other’s backs if we need to.”
	14	<p>“When we had school holidays we went out and did some stuff that would help the courses I was doing and I did a bit of typing up for that, so that got even more ticked off so they are there for if I want to do anything extra for the curriculum or I want to do something for my course that they can help with, they are happy to help.”</p> <p>“If we say we had a bad night it may be passed over in school and they might be like “he might be a bit off today, give him a bit of extra support”.”</p>

		<p>“They work had together to support us as much as possible.”</p> <p>“ they always tell us to do your best, so if I went across and said that I’m struggling with a certain topic, they just, all they would say is do your best, that’s all you can do, so they are really supportive if I am struggling with something.”</p> <p>“We all have our laughs.”</p> <p>“Could come in the morning thinking we normally have so and so on this day, but God knows how everyone is going to feel, God know who might be up for what, so you kind of just get used to roling with and hoping for the best (laughs).”</p> <p>“Some days we just come in and we’re really not feeling it. We’re not feeling up to doing anything so plans have to change.”</p>
<p>Consultation</p> <ul style="list-style-type: none"> • Lack of voice • Decisions made with no discussion 	<p>2</p>	<p>“We have a school and you will be attending this school.”</p> <p>“There was a lot of mystery.”</p>

	20	<p>“we don’t know where we are going with this, we don’t know who’ll be doing what” .”</p> <p>“I’m growing up now, it should be some of the choices...like the big, big ones, yeah, fine but the little ones that maybe I could make, maybe that should be left to my choice because it’s my future we’re talking about.”</p> <p>“I feel like they were looking to other people for decision making.”</p> <p>“make them do what we tell them, pretty much.”</p>
<p>Care</p> <ul style="list-style-type: none"> • Feels cared for • Listened to 	12	<p>“We get every single health and safety thing ticked off so with the...the stickers around the steps in the classroom, that’s easy to see so I can see them and I don’t trip up in them.”</p> <p>“I think the support here is good.”</p> <p>“we’re all quite open with each other and happy to talk about things.”</p>

<p>Opportunities</p> <ul style="list-style-type: none"> • More • Experiences • Support 	<p>11</p>	<p>“A lot of things that I’ve done that I wouldn’t normally have expected to be doing, so you know there have been experiences while I have been at this school like the courses I have done that I wouldn’t even have known existed and some of the work we have done has been really interesting to be honest because some of the stuff I’d never really have thought about.”</p> <p>“Yeah, so we have all these experiences that we’ve got to do that I never thought would be possible.”</p> <p>“I had more one to one, so help with my studies, whereas in mainstream school we had a teacher trying to teach 30 different kids all at once the same thing, so you don’t really have that teacher to student time, whereas here I felt I got a lot more support with my lessons.”</p>
<p>Challenges</p> <ul style="list-style-type: none"> • Differences • Academic outcomes 	<p>13</p>	<p>“Yeah, it has been difficult because there are so few of us here, whereas there were a lot of people at my old school. But I feel like it’s positive because we don’t just say</p>

		<p>we're friends. We all know each other quite well. It's a better relationship between all of us because we know each other more and we're not just like friends who hang out every now and then. We are around each other really 16-20 hours a day."</p> <p>"I think I only got about what was expected, really, so I don't think I did any better really here."</p> <p>"The dropping of subjects, limited resources was always going to be something in school where we had to work around that."</p>
<p>Importance of education</p>	<p>15</p>	<p>"So I've always felt like if I did well in school, then I will be able to get a good job and do something in the future to help instead of feeling like I am less than everybody else, so that I kind of feel that education has been a massive thing really, kind of a build up for me."</p>

Resilience	2	"I'd get to know this area, I'd get to know the people here."
Looking to the future		
Loss	2	"leaving my friends and leaving known areas erm... was a thing that I didn't like much."
Uses the word "think" a lot	2	Uncertain? Unsure? Doesn't want to say the wrong thing? Wants to please?
Takes the blame for not knowing about SEN department, VS etc	11	When asked about people in LA who support: "Erm...no, not really, no." "I'm not too good with erm putting faces to jobs and things like that." "Yes, I have heard the name, but..."

Appendix Six – Superordinate and subordinate themes

Quotes from the four core interviews with Brett, Leah, Mandy and James.

Participant	Quote	Page Number
THE VALUE OF RELATIONSHIPS		
Relationships with carers		
Brett	They are there for if I want to do anything extra for the curriculum or I want to do something for my course that they can help with.	13
Leah	I don't need encouragement from staff to do that, so I guess if I asked them they would help, but I don't really need their support.	14
Mandy	Say I was having a bad day, they would come and pick me up. And then they would watch me and help and support me at home.	22
James	They are my family, they have helped me so much.	33
Relationships with peers		

Brett	It has been difficult because there are so few of us here. It's a better relationship between all of us because we know each other more.	7 8
Leah	The ones I trust I speak and I speak to they know. But the others don't.	8
Mandy	I only have a small group of friends. Too many friends, like 30 odd friends, just asking for drama.	13
James	The bullies came up to me and said if you come on this ride with us, we are going to throw you off.	11
Relationships with teachers		
Brett	We're all quite open with each other and happy to talk about things.	10
Leah	It just depends if I like the teacher or not.	11
Mandy	I more talk to the senco teacher because I've known her since the start of year 8, so that's why I go to her more than anyone else.	5
James	My own form tutor hated me.	10

Relationships with family		
Leah	I've been in the foster system pretty much all my life.	3
Mandy	It's not fair on my mum. She doesn't like doing things like that, so I'm not going to ask her to go.	23
James	The only person I would engage with was my mum.	12
Relationships with social workers and other professionals		
Brett	I feel like they were looking to other people for decision making.	21
Leah	She has literally stayed on for me. She took another job, but she's not going until I've moved into semi-independence. It's really nice because we've got that bond. She is like me; she is literally an older version of me. It is weird. She is me in the future. She understands.	27
Mandy	I don't need other people butting into my life. I have that many people, I can't even remember most of the people now!	18

James	They have definitely helped me, but it is something I have developed myself.	29
YOUNG PEOPLE'S VOICE		
Feeling listened to		
Brett	There is always someone who would listen, someone who cares what we think about things.	23
Leah	My social worker didn't believe I wasn't going back.	5
Mandy	We talked about my grades and everything like that. I thought this is stupid this is. It felt proper weird because it's like my education's fine.	18
James	I've heard too many times, well I don't know how to handle it. If you are my support network and I've asked you a question, what is the point of you being my support network?	40
Being involved in decisions		
Brett	I'm growing up now, it should be some of the choices...that maybe I could make.	21

Leah	I could've had a tutor the whole time they were looking for new schools, they could have round me q new school in that period before everyone was looking.	27
Mandy	I had a choice.	4
James	All they did was say he's very good at speaking to people, he's very good at articulating.	12
Uncertainty		
Brett	It will get me to a stage of knowing instead of not knowing	2
Leah	We have to wait for the people above my social worker to say yeah, and once they've said yeah, we can sort all the places out.	3
Mandy	That (moving to a new school) took quite a few weeks to get the hang of.	2
James	So originally it was for me to go to a different school, but I though no, there is no way I am going there.	14
EXPERIENCES		

Opportunities		
Brett	In school we may to do drop certain things, but that's given us more time to work on different things.	19
Mandy	It (rock climbing) was good. Definitely pushed me way past my physical boundaries!	20
James	There were opportunities to go to different schools.	17
Challenges		
Brett	Dropping of subjects, limited resources was always going to be something in school where we had to work round that.	18
Leah	When I then started my new school they got this set of exams to see which sets I should be in and I was put in quite low sets and then obviously I have had to build it up and build it up.	7
Mandy	The feeling of being like an outsider.	25
James	It was very stressful getting into a new routine.	31
Independence		

Brett	I'm quite independent with my education so I do like all my revision and my homework and that myself.	13
Leah	Sometimes I speak to them, but I don't really need it (support).	10
Mandy	I don't need other people butting into my life.	18
James	I am going to be one of the most independent people that has ever lived.	23
Positive experiences		
Brett	A lot of things that I've done that I wouldn't normally have expected to do. We have all these experiences that we've got to do that I never thought would be possible.	5 6
Mandy	I'm getting better and improving, and the grades are higher, which is the main thing.	17
James	It definitely opened up more clubs, more opportunities for LGBT.	
Differences		
Brett	At mainstream it was go in in the morning and you do your day, you go home at night, you do	17

	exactly the same thing the next day, so you know, it was very repetitive, whereas with here, you come in of a morning and you have no clue where the day is going to go.	
Leah	I don't think it's (being in care) made a difference. I think it's just about the same.	17
Mandy	I think that people judge you because you are in care, and they don't know the situation why.	27
James	I had to grow up. I had to realise that I needed to be mature.	25
THE IMPORTANCE OF EDUCATION		
Outcomes		
Brett	I only got about what was expected to really, so I don't think I did any better really here.	16
Leah	I'm not expecting the best results, but I am expecting to pass the subjects I want to pass.	2
Mandy	Education to me is proper like important. It will help me all my life really.	9
James	I want to pass, I think I have the determination and the willpower to do it.	

The future		
Brett	<p>So I've always felt like if I did well in school then I will be able to get a good job and do something in the future to help instead of feeling like I am less than everybody else, so I kind of feel that education has been a massive thing rally, kind of a build up for me.</p> <p>It is my future we're talking about.</p>	<p>15</p> <p>21</p>
Leah	<p>I'm going to uni after college.</p> <p>I would like to be a coroner.</p>	<p>1</p> <p>4</p>
Mandy	<p>I know all about having to go to college and uni and stuff and I'm looking at polic cadets.</p>	8
James	<p>One of my dreams is to have a mansion when I am older.</p>	23

Appendix Seven – Identifying Current Themes

Identifying recurrent themes – additional participants							
Super-ordinate themes	R	L	K	K	H	B	More than 50%
The value of relationships	Yes	Yes	Yes	Yes	Yes	Yes	Yes
The importance of feeling listened to and involved	Yes	Yes	Yes	Yes	Yes	No	Yes
The influence of experiences, both positive and negative	Yes	Yes	No	Yes	Yes	Yes	Yes
Importance of education	Yes	Yes	No	No	Yes	Yes	Yes

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