# Exploring the contribution of educational psychology services to children in care: towards a framework for trauma-informed educational psychology practice

THESIS
submitted in partial fulfilment
of the requirements for the degree of
Professional doctorate in Child, Community & Educational Psychology

by
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May, 2023

# PREFACE/DECLARATION

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

All the work described in this thesis was carried out at the Tavistock & Portman NHS Trust, under the supervision of Dr Adam Styles. This dissertation is my own work and contains nothing which is the outcome of work done in collaboration with others except as specified in the text.

This thesis is not substantially the same as any that I have submitted, or is being concurrently submitted, for a degree or diploma or other qualification at the University of Essex or any other University or similar institution. It does not exceed 40,000 words, excluding footnotes, tables, figures, bibliography and appendices.

# ACKNOWLEDGEMENTS

*The work presented in this thesis would not have been possible without the contributions of many brilliant people, to whom I am very grateful. I would like to acknowledge the time and support given to me by my colleagues at the Virtual School.*

*My thanks also to the tutors at the Tavistock & Portman NHS Trust for their guidance and support, particularly to my supervisor Adam Styles.*

*I would like to thank my family and especially Solomon and David for their unwavering support and encouragement to help me persist in the completion of this research.*

*They told me*
*This was me, my family, my home*
*But I still ended up, alone*
*Once again I packed my smaller suitcase*
*Another loss of trust on a wild goose chase*
*Like a knot in a shoe lace,*
*They thought they did it best*
*But the more they pulled the harder the case*
*And who ended up with less*

*And now through the jungle of paper theory and pen*
*I just only find out my name is Lemn*
*An I bin cheated beated pushed and hit*
*Now mi name a Lemn and de fire bin lit*
*Now after I learnt dem say I mus' learn*
*Throw water on the fire but the fire still burn*

by Lemn Sissay

Reported by J Yates
Principle Educational Psychologist
Wigan, July 1984

# ABSTRACT

The aim of this research is to contribute to the growing literature for how educational psychology services can support the outcomes of care experienced children and young people. Outcomes for children in care have been well documented and include educational under-attainment, under-representation in further education, over-representation in the criminal justice system, as well as a high prevalence of special educational needs and mental health disorders.

By way of background to the present research, a systematic review of literature is presented, identifying the key features and components of interventions that support trauma-experienced children and young people in school. Rationale for the present study and research questions is offered.

Data was extracted from the psychological reports of 36 children in care (aged 5 – 15) written by educational psychologists between 2017 and 2022. Qualitative document analysis explored the assessment methods, psychological formulations and recommended provision. Findings reveal (a) the range of assessment methods undertaken, (b) the psychological formulations offered to guide professionals in developing understanding of trauma-experiences and their impact on learning and related behaviours,

and (c) the common themes in respect of recommended education provision for improving learning and wellbeing outcomes for this population.

Findings are considered in relation to wider research for trauma-sensitive classroom practice. Implications for research and practice are considered with the introduction of a proposed framework for practice that may be helpful to educational psychologists working with children in care.

# CONTENTS

# FIGURES

# TABLES

# ABBREVIATIONS

| | |
|---|---|
| ADHD | Attention Deficit Hyperactivity Disorder |
| ASC | Autism Spectrum Condition |
| CAMHS | Child and Adolescent Mental Health Services |
| CiC | Children in Care |
| CYP | Children and Young People |
| EP | Educational Psychologist |
| EPS | Educational Psychology Service |
| EHCP | Education Health Care Plan |
| EHCNA | Education Health Care Needs Assessment |
| LA | Local Authority |
| NICE | National Institute for Health and Clinical Excellence |
| NHS | National Health Service |
| SEMH | Social, Emotional, Mental Health |
| SEND | Special Educational Needs and Disabilities |
| SLCN | Speech, Language and Communication Needs |
| TEP | Trainee Educational Psychologist |
| VS | Virtual School for care-experienced children |

# 1 INTRODUCTION

## 1.1 OVERVIEW OF CHAPTER

This chapter introduces the population of children and young people at the centre of this study. It describes the national and local context within which this study took place and presents a definition of trauma in respect of the early experiences of children and young people in care. The purpose of the current study will be outlined, together with its relevance to education psychology practice. The chapter concludes with a summary of the research aims and questions.

## 1.2 CHILDREN IN CARE

### 1.2.1 Terminology and characteristics

The aim of this research is to contribute to the growing literature for how education psychology services can support the outcomes of care experienced children and young people in England. ‘Looked after’ children are identified under the Children’s Act, 1989, as young people under the

age of 18 who have been accommodated by a local authority for a period of 24 hours of more. This may be voluntarily, in agreement with parents, or as a result of a care or placement order obtained by the courts. Most often, children are placed in foster care (71%), followed by residential care[1] (17%), kinship care (7%) or with prospective adopters (3%; Bach-Mortensen et al., 2022). Although multiple terms are used for this population across research and policy, the term child in care (CiC) will be used throughout this thesis in line with the wishes of the young people at the centre of this research (NSPCC, 2019).

According to the most recent statistical release (Department for Education, 2022) there were 82,170 CiC in England in 2022 (up 2% from 2021), although more may pass through the care system in a single year as children enter and exit care by way of reunification, adoption, Special Guardianship Orders, Child Arrangement Orders, or reaching adulthood. In England, the number of CiC has increased every year since 2008 (NSPCC, 2021).

In all forms of placement, the age at which the young person is first placed is a strong predictor of their mental health and wellbeing. The younger the child is at the time they went into care, the more likely their placements will

[1] Including secure units, children's homes, semi-independent living accommodation, care homes, schools and custody (Bach-Mortensen et al., 2022).

succeed and the child's wellbeing will improve (Luke et al., 2018). In contrast, the most disturbed and persistent difficulties are often found in children who are placed late and these can persist in spite of nurturing home environments and skilled parenting (Biehal et al., 2010).

### 1.2.2 Outcomes for children in care

Outcomes for CiC have been well documented and include educational under-attainment, under-representation in further education, over-representation in the criminal justice system and NEET (not in education, employment or training) communities (Fletcher-Campbell, 1998; Goddard, 2000; Jackson, 1988; Jackson & Sachdev, 2001). Poor educational and health outcomes for this population are attributed to a range of factors including adverse early experiences prior to coming into care; poor corporate parenting; inadequate care environments; lack of educational priorities; inappropriate expectations; care-placement instability; and disruption to school placements (Norwich, Richards & Nash, 2010).

As part of the response to improving educational outcomes for CiC in England, a number of initiatives have been introduced. These include the statutory requirement for Local Authorities (LAs) to appoint a Virtual School Head teacher to promote the education of CiC in their authority's care (Children and Families Act, 2014). The Virtual School Head is the

lead officer responsible for improving educational outcomes by monitoring progress and working with partners (schools, parents and involved professionals) to ensure the needs of CiC are better met (Drew & Banerjee, 2019), including those placed outside of the home authorities' boundaries. Since 2018, all schools in England are now required to appoint a designated teacher for children currently and previously in care (DfE, 2018). CiC are also provided with funding (Pupil Premium Plus) that allows schools to plan and deliver tailored support to meet their educational needs (DfE, 2019). Virtual Schools also hold a statutory responsibility to ensure educational attainment and progress data is monitored as well as ensuring sufficient information about a CiC's mental health and SEND is made available to their education setting so that appropriate support can be put in place (DfE, 2018)

In spite of such initiatives, educational outcomes for CiC continue to lag behind their peers who are not in care. In 2020, CiC scored an average Attainment 8 score of 19.1 compared to 44.6 for all children at key stage 4; 7.2% of CiC achieved the expected threshold of grade 5 or above in English and maths, representing a decrease from 7.7% in 2018 (DfE, 2021).

### 1.2.3 Special educational needs & disability

There is a high prevalence of special educational needs and disabilities (SEND) within the CiC population. CiC are nine times more likely to have an education, health and care plan (EHCP) than their peers (DfE, 2018) and the rate of mental health disorders attributed to CiC is 45%, compared to 10% of 5 to 15-year-olds in the general population (NICE, 2021). This is born out in data showing that social, emotion and mental health (SEMH) is the most identified primary SEND among CiC (DfE, 2021).

### 1.2.4 Early adversity & child development

Although each child and young person has a unique journey into care, many have experienced severe disadvantage. 66% of children become looked-after as a result of abuse and neglect (NICE, 2021) and often children have experienced more than one type of maltreatment or trauma (Trickett & McBride-Chang, 1995). Abuse maybe physical, sexual and/or emotional and often occurs alongside physical and emotional neglect. Many will have also experienced pre-birth exposure to alcohol, drugs or maternal stress; disrupted relationships and other adverse environmental effects (DeJong, 2010). These experiences are considered to be profound adverse childhood events (ACE's; Felitti et al., 2019), they often occur in early childhood, are relational in nature and are endured over long periods of time. The effects of such experiences can have a pervasive impact on development (Glaser, 2014).

From a developmental perspective, early childhood is a time of great sensitivity. Piaget's view was that infants construct their knowledge through interaction with people and their environment (Piaget, 1952, 1966). More recently, cognitive neuroscience has added to this understanding, highlighting the biological factors that influence early development. Neuro-constructivism suggests that some aspects of development, such as eye and skin colour, are genetically predetermined, while others, such as auditory and visual abilities rely on the infant's early introduction to the complex sights and sounds of early experiences (Mareschal et al., 2007). The absence of certain experiences can lead to delays or impairments. For instance, children affected by middle ear infections in the early years are at risk of later difficulties in speech and language acquisition (Roberts et al., 2004).

Experience-dependent aspects of development are those that respond to specific environmental demands, such as learning to play an instrument (Pantev et al., 2003), or acquiring multiple languages (Kuhl et al., 2016). Young children are highly adaptive to the social and cognitive demands of their environment and whilst these early years offer considerable opportunity for development, they are also the periods of greatest vulnerability. The infant brain needs protection from hazardous drugs, a lack of essential nutrients and sustained exposure to stress (Thompson, 2001). Undoubtedly, the most significant aspects of the environment to influence a child's development are their relationship experiences and in

situations of maltreatment and abuse, the absence of positive adult relationships is found to increase the risk for behavioural and emotional difficulties in school settings (McCrory et al., 2010).

Chronically elevated levels of stress have long lasting effects on development and prior research illustrates that insufficient cognitive stimulation, neglect, abuse and trauma during infancy has a measurable impact on cognitive function (Noble et al., 2005) social relationships, self-regulation and self-concept extending from childhood through to adolescence and into adulthood (Van der Kolk, 2017). Children exposed to maltreatment, family violence or loss of caregivers are more likely to be diagnosed with clinical disorders such as anxiety, depression, conduct, social communication, eating, oppositional defiance, sleeping, post-traumatic stress and attention-deficit/hyperactivity (Sadler et al., 2018). Each of these diagnostic labels within this constellation captures a limited aspect of the child's difficulties and it is likely that presenting behaviours will be overlapping and complex.

It should be acknowledged that children in care are not a homogenous group. It is true that many will have experienced trauma and maltreatment and will require support to cope with their experiences, others will have adjusted well to being in care and may be flourishing. Some authors (e.g. Caspi et al., 2002) emphasise the differences in susceptibility to the effects of maltreatment on development, depending on the individual's experiences and their coping responses to adversity. The recently updated

National Institute for Health and Care Excellence (NICE, 2021) guidance for Looked-after Children and Young People emphasises the importance of acknowledging the diversity of backgrounds for children in care and that practitioners must ensure that steps are taken to avoid further marginalisation on the grounds of race, religion or ethnicity. The expectation of competence in delivering psychological services to children and families from diverse backgrounds is a requirement for practicing educational psychologists (EPs; BPS, 2021) and in their work with CiC, EPs must consider how trauma-sensitive strategies and interventions can be modified to meet the diverse needs of CiC from distinct communities and ethnic groups that may face additional disadvantage (NICE, 2021).

## 1.3 EDUCATIONAL PSYCHOLOGY PRACTICE

### 1.3.1 Professional & legislative context

The Children & Families Act (2014) sets out the specific duties that schools have in relation to identifying and supporting all children with SEND, including those in care. A key requirement of the SEND Code of Practice (DfE, 2015) is that schools use a graduated approach, described as a cycle of assessment, target setting, intervention and review (’Assess-Plan-Do-Review; NASEN, 2014). Where response to intervention is

limited, or children fulfil statutory criteria, schools are expected to employ specialist expertise, including EPs.

The role of the EP in assessing and identifying SEND on behalf of the LA was introduced in the 1981 Education Act and led to the requirement that EPs provide legally binding psychological advice as part of the LA Statutory Assessment process Statutory guidance (DfE, 2018) explicitly emphasises the role of the EP in identifying and understanding the mental health needs of CiC and enabling their access to appropriate support.

### 1.3.2 EPs are well placed to describe the SEND of CiC as well as recommending provision to address those needs. Due to the high prevalence of SEND in CiC, there is a high likelihood that this population will have received some involvement from educational psychology services. The role of Educational Psychologists

Sue Roffey (2015) describes the educational psychologist as an ‘agent of change’ who understands the factors that facilitate optimal development of children, young people, their families and supporting adults. EP services may offer guidance and support to the education and wellbeing of CiC

directly through assessment and intervention, or indirectly through training, consultation with carers and professionals and wider local authority systems (Frederickson & Cline, 2009).

There has been some attempt in the literature to understand the contribution of EP services in supporting the needs of CiC in the UK. In their review of research into foster care families, Sinclair et al. (2005) examined the association of outcomes for fostered children and the support they received from education and health professionals. In the 23% of cases where EPs were involved, school and home placements were less likely to break down. Furthermore, carers and social workers rated EPs as the most valuable form of support they received. EPs were also valued as consultants to residential homes who reported that levels of truancy, running away and placement breakdown were reduced in cases where there had been EP involvement. Sinclair et al. (2005) provide little detail on the nature of EP work reported in their study, nevertheless their findings suggest that EPs have an important role to play in supporting the needs of these children and that the impact of EP input extends well beyond specialist contribution to the statutory assessments of special educational needs for CiC.

In 2006, the Division of Educational and Child Psychology (DCEP) reported an increase in EP involvement with fostered and adopted children and highlighted the specialist skills EPs offer schools with understanding

and supporting the education and wellbeing of CiC. The scope of EP involvement includes supporting school attendance; reducing exclusions; enhancing emotional well-being; supporting continuity in school placements; and promoting attainment (DCEP, 2006).

A recent doctoral study (Thomson, 2021) explored the EP's role in supporting CiC at risk of exclusion. The young people reported that they did not always feel listened to and experienced a lack of advocacy from social workers and teachers. These young people spoke of the importance of their educational aspirations and the contrast they experienced with adults who had low expectations of them due to their early trauma experiences. In her discussion of implications for EP services, Thomson (2021) emphasises the importance of the EP role in advocating for the aspirations of CiC.

A study of five EP Services in England found that the majority of EPs (83%) provided support to CiC through school consultation (Norwich et al., 2010) Other research has highlighted the role of EP support to teachers of CiC through supervision (Edwards, 2016). Osborne et al. (2009) surveyed 84 Principle EPs (PEPs) from 84 different LAs in the UK who were asked to consider the aspects of their multidisciplinary work with families, social workers and wider professionals in fostering and adoption services. PEPs emphasised the expertise EPs bring to multi-disciplinary working in this

area including knowledge and understanding of attachment principles, emotional well-being, as well as family and school relationships. In the context of multi-disciplinary work, some PEP respondents questioned the unique contribution of the EP role within a context where a range of other involved professionals often appeared to already be working effectively. Such responses reflect a debate within the EP profession itself about what the EP's unique contribution is for CiC.

This question, in respect of the children and young people at the centre of the present study, is particularly relevant for the proposed research which seeks to explore the unique EP contribution as captured within the written psychological reports EPs produce for CiC.

## 1.4 PSYCHOLOGICAL REPORTS

Whilst there has been some attempt in the literature to describe the contribution that educational psychology services provide CiC, as yet there has been no exploration of the specific contribution of the written advice that psychologists produce in support of this population.

The Education Act (1981) promoted the EP's role in the assessment of children with SEND and local authorities have a statutory duty to meet the special educational needs of children and young people aged 0 to 25,

including the requirement for psychological assessment of needs to inform Education and Health Care plans (EHCPs; Children and Families Act, 2014). The SEND Code of Practice (DfE, 2015) emphasises the role that EPs have in the psychological assessment of SEND but holds back from making specific recommendations for how to do this, indicating that such decisions should be based on professional judgement and best evidence relevant to the child's difficulties (Rees et al., 2003).

The DCEP introduced guidance to EPs (Kates et al., 1991) recommending that psychological reports include: 1) the views and aspirations of the child and their parents/carers; 2) a description of the child's EHC needs; 3) the desired outcomes; 4) the recommended provision necessary to meet the child's needs. The guidance acknowledges the EP's skill in drawing together and synthesising a range of information and expressing this within a case formulation relevant to the learning environment. Furthermore, the guidance suggests that psychological reports should provide information on progress over time; hypotheses should be explicitly articulated; reference made to relevant research; and above all, the voice of the child should permeate (BPS, 2015).

Each CiC has a unique presentation of strengths and needs that are complex and specific to them. The factors that contribute to these needs, as well as the interventions that are likely to support them, will also be

unique to each young person. Trauma-sensitive practice involves recognising the impact of trauma on the child's development and creating safe and supportive learning environments (Blaustein & Kinniburgh, 2018). Understanding and supporting schools with developing trauma-sensitive practice in the reports they produce is central component of the EP role for this cohort.

In respect of the EP's evaluation, Kates et al. (1991) recommend that assessment information is gathered from multiple interpersonal contexts in which the CiC lives and includes: information on how the child develops trust within attachment relationships; evidence of the emotion regulation strategies the young person utilises; and the extent to which the child feels a sense of safety and belonging. Although Kates et al. (1991) write from the perspective of assessment for child and family therapy, these recommendations are relevant for EP services responding to referrals for CiC in school context.

Much of the research on best practice in psychological report writing has been undertaken in north America, although at the time of writing, no prior studies in this field have specifically considered children in care. The Canadian Psychological Association (2007) highlight the significant skill required to write psychological reports, acknowledging the breadth of knowledge required by School Psychologists in areas of child and

adolescent development, assessment, ethical practice, teaching and learning interventions, psychopathology, culturally sensitive practice, and case formulation.

Deciding how to psychologically evaluate the needs of a young person and provide advice and recommendations for intervention is one of the central tasks of the EP. The DCEP emphasises the importance for EPs to have the freedom to exercise their professional judgement on what to include in their psychological reports. In practice, it is likely that the approach to psychological evaluation is influenced by a number of factors. These may include differences between psychologists' epistemological beliefs about the nature of learning and disability and may also depend on the EP's training, professional experience and preferences (Finn, 2020).

### 1.4.1 Impact of coronavirus pandemic

In March 2020, high infection and mortality rates from the COVID-19 pandemic led to the sudden closure of schools all around the world (Holmes, 2020) Teachers turned to remote learning solutions, adopting digital technologies to enable the virtual teaching of children at home. Even once schools reopened to some students, limitations on in-person visits to schools remained in place. Fluctuating restrictions imposed on education settings and peripatetic EP services led to significant

adaptations to the working practices of educational psychologists who found new ways to connect to young people, carers and professionals through remote consultation and assessments methods. Hassard (2022) describes the different tools that EPs report using during the pandemic to support with information gathering processes required for statutory needs assessments. Examples of these newly adopted tools include video-based assessment tools, virtual observations, video-conferencing with young people, use of shared documents to gather pupil views and assessment information on a young person's ability, as well as outsourcing of checklists and observations to school staff and other stakeholders.

In some EP services, vulnerable groups such as CiC were prioritised and statutory demands for psychological advice remained throughout the pandemic (Hassard, 2022). As will be seen, the involvement of EP services in psychological assessment of CiC at the centre of the current study continued throughout the pandemic.

## 1.5 PERSONAL EXPERIENCE

This study is justified by the personal experience of its author. During many years of practice, initially as a teacher, then as a specialist SEND teacher and now as a trainee Educational Psychologist, I have observed a wide range of practice in respect of the understanding and sensitive

responding to care-experienced children in mainstream and specialist education settings.

In my present role within a LA Virtual School, I am both a consumer and a producer of the written reports that EPs create for CiC. Through this work it is apparent that outside of the range of recommended parenting or clinic-based therapeutic interventions (e.g. NICE, 2021) there is a lack of clear guidance for school-based interventions for CiC. Over decades of research and practice in improving academic outcomes, volumes of educational interventions have been published (e.g. Brooks, 2016; Dowker, 2004) yet few of these evaluations have been undertaken with care-experienced children and young people. Whilst policymakers work to reduce inequality for CiC through statutory mandates for schools and LAs, it seems that research has overlooked this population, raising important questions for the responsibility that educational psychology has to address ongoing disadvantage (BPS, 2021) through high-quality evaluations of interventions tailored to meet the unique needs of CiC.

Despite multiple calls over the past 40 years (Miller & Santos, 2020), researchers continue to find that school-based professionals feel unprepared to support children who have experienced trauma (Alisic, 2012). From personal experience, it is apparent that a range of practice exists for the way in which EPs approach assessment, psychological formulation and recommendations for provision for this cohort. A priority in

my role as a Virtual School trainee EP is to offer insight and understanding of the contribution that EPs make to this population through the reports they write. In so doing, I hope to gain understanding of the range of educational interventions that can best support care-experienced children in school, as well as the professionals who work closest with them.

## 1.6 THE CURRENT STUDY

The proposed research considers the Educational Psychologist's role in supporting CiC with SEND. As has been stated, given the prevalence of CiC with SEND, this cohort are four times more likely to have specialist EP involvement than their non-looked after peers (DfE, 2021). The aims of the present study are to describe the common principles that underpin EP practice in the reports they produce for CiC in a UK local authority. The necessary components of a psychological report for the assessment of special educational needs are outlined by the DCEP (BPS, 2015) and are generally adopted by all local authorities with few modifications. In order to understand the child's history, learning strengths and needs, and the supportive systems around them, it is likely that the EP will have spent a number of hours in consultation with the young person, their carers, teachers and wider professionals (e.g. social worker). To support the generation of hypotheses, methods of information seeking may be formal (e.g. screening questionnaires) or informal (observation, pupil-centred

activities). This process typically leads to the generation of a psychological formulation and number of desired outcomes for the child. Classroom adjustments, strategies and interventions are recommended to facilitate the young person's progress towards the stated outcomes.

The current study aims to address a number of important questions that are not well explained by prior research. These can be summarised under the following general aims:

- to understand the approaches EPs use to assess and understand the needs of CiC;
- to explore how EPs support education professionals, through the reports they write, to understand the impact of a CiC's early experiences and respond sensitively to them;
- to describe the different types of provision (interventions and components) that are recommended by EPs in support of the education and wellbeing of CiC;
- to understand how EP recommendations for interventions relate to published evidence from wider literature on school-based interventions for CiC.

To address these aims, the current project analysed the contents of 36 EP reports written between 2016 and 2022 in a UK LA ("LA-X"). Results from this analysis are considered alongside a review of current literature

summarising the evidence for school-based interventions that are found to support positive outcomes for this population of children and young people.

## 1.7 THESIS OVERVIEW

The thesis is structured into five chapters, beginning with this introduction. Chapter two summarises the research evidence from the literature review of relevant school-based interventions for this population. From this critical evidence, the chapter justifies the relevance of this study and raises the central questions of concern to the thesis. Chapter three summarises the methodologies used for qualitative data collection and de-identification, providing an explanation of the decisions related to the study's design as well as the approach taken for data analysis. Chapter four reports the findings of this study, beginning with the results emerging from the document analysis. Finally, chapter five presents the final discussion, summarising the main findings of the study in respect to the existing body of literature, it acknowledges the study's limitations and discusses its contributions and implications for future research and practice.

# 2 REVIEW OF RELEVANT LITERATURE

## 2.1 CHAPTER OVERVIEW

This chapter describes the systematic approach that was taken to identify and critically appraise the published research literature investigating school-based interventions that support the children and young people at the centre of this study. Evaluating the features of school-based approaches and interventions that support children in care offers important insight into the strength of the evidence from which intervention decisions can be justified, as well as revealing any gaps in the knowledge base that might be considered a priority for future research (Siddaway et al., 2019).

The purpose of this literature review is to explore answers to the following literature review question:

- *What are the key features and components of empirically evaluated school-based interventions that improve outcomes for care-experienced children and young people?*

The chapter is presented in five sections. Section 2.2 begins by describing the systematic process by which articles were identified and critically

evaluated. A critical overview of the literature is presented in section 2.3, followed by a summary of the features of the evaluated interventions and their individual components in section 2.4. Section 2.5 provides a narrative synthesis of the key themes arising from the literature in respect of the literature review question posed above. The chapter concludes (section 2.6) with a summary of the literature reviewed and the implications for the present research.

## 2.2 SYSTEMATIC LITERATURE REVIEW METHOD

### 2.2.1 Search strategy

A number of searches were completed between January and December 2022 using five databases: PsychINFO, PsyArticles, Psychology and Behavioural Sciences Collection, Eric and Web of Science. Boolean operator terms were used to ensure all terms were included within each article using AND and OR to allow for a wide range of terms to be included.

Initial literature searches were limited to intervention evaluations for care-experienced children but due to the limited number of results that were produced (16 results), the search strategy was widened to include children that had experienced complex, relational or developmental trauma.

Searches are listed below:

i. (interventions OR strategies OR best practices OR program) AND (education OR school OR learning OR teaching OR classroom) AND (care experienced children OR looked after children OR LAC OR foster care OR children in care OR out of home care)
ii. (interventions OR strategies OR best practices OR program) AND (education OR school OR learning OR teaching OR classroom) AND (developmental trauma OR complex trauma OR relational trauma)

### 2.2.2 Literature selection

To maximise relevance to the present context and current practice, results were limited to peer reviewed articles published in the English language, within the last ten years. No restrictions on geography were enforced as it has been widely acknowledged (e.g. Sweeney et al., 2016) that much of the work relevant to early adversity and trauma originates from research within North America.

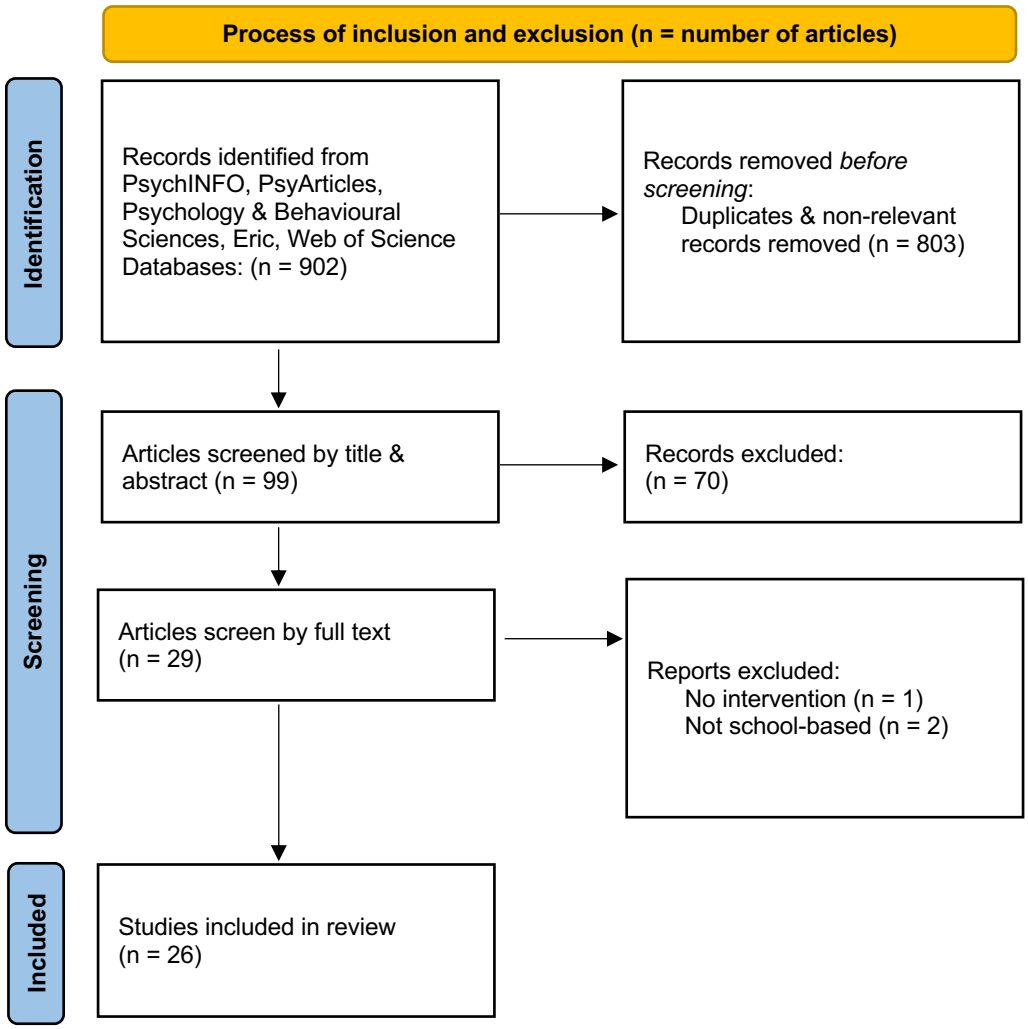



***Figure 2.1: PRISMA*** *(Preferred Reporting Items for Systematic Reviews and Meta-Analyses) flow diagram; adapted from Page et al.* (2021).

#### 2.2.2.1 Inclusion/eligibility criteria

In order to maximise relevance for the EP reports of interest to the present study, this review considered qualitative, quantitative and mixed-method studies that evaluated interventions delivered in education settings. Using a three-tiered system of service delivery as the selected framework (where the level of support increases across tiers), the implemented interventions

had single or multiple components of which at least one component was delivered at the targeted or specialist level of provision (see figure 2.2) in line with the description provided in the SEND Code of Practice (DfE, 2015). The three levels are closely aligned with the Multi-Tiered System of Supports framework (MTSS; Stoiber, 2014) which can be broadly described as tier 1 (universal) support provided to all students; tier 2 (targeted) support provided to some students, and tier 3 (specialist) programmes provided to few students, typically delivered in small groups or to individual students. This review considered studies that included at least one of the following outcomes: child wellbeing, mental health, behaviours, attainment.

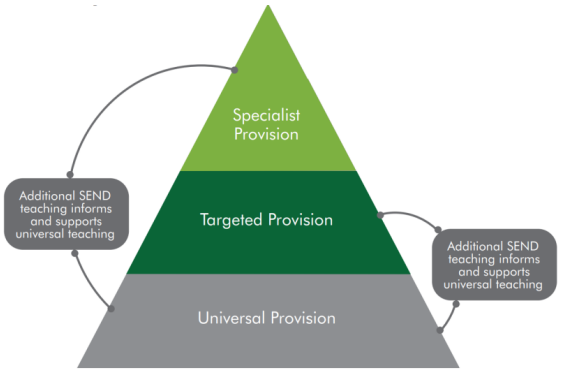



***Figure 1.2**: Three tiers of SEND provision* (NASEN, 2014)

Following the systematic search, a total of 902 articles were returned. A first pass review involved reading the titles of all articles and excluding duplicate studies or those that were clearly irrelevant (Yannascoli et al., 2013). A second-pass review was then conducted of the remaining 99 articles, which involved reading the abstracts of identified articles and

evaluating them against the inclusion and exclusion criteria (see table 2.1) for their relevance to this review. A total of 70 articles were excluded during this process (see figure 2.1). Articles were most frequently excluded if they were conceptual rather than evaluation studies; they did not measure change in the target population (i.e. student outcomes following intervention); or they were delivered in a non-school setting (e.g. clinic or prison).

**Table 2.1:** Inclusion / exclusion criteria for literature reviewed

| | Inclusion | Exclusion | Rationale |
|---|---|---|---|
| 1. | Peer-reviewed academic journal | Studies not peer-reviewed | Quality of articles has been assessed by academic peers as acceptable standard for publication |
| 2. | Studies conducted in English language | Studies conducted in non-English languages | Applicability to practice in UK schools |
| 3. | Published in/after 2012 | Published prior to 2012 | Limited to most recent 10 years to offer range of studies in a limited field, whilst maximising the relevance of studies to current socio-political context |
| 4. | Interventions in education or residential settings | Interventions delivered by clinicians in related services (e.g. social care, health) | Focus on relevance to EP practice on psychological consultation to education settings & school staff |
| 5. | Studies delivered to small group &/or individual students | Tier 1/ universal intervention only | To increase relevance to the central focus for this study |
| 6. | Interventions for children and young people up to age 25 | Interventions for adults | To increase relevance to the central focus for this study |
| 7. | Qualitative or quantitative measure of change in student outcomes. May include other-reporters (parent/teacher) of changes in student outcomes | Measure changes or outcomes in teacher | To increase relevance to the central focus for this study |

## 2.3 OVERVIEW OF LITERATURE

A total of 26 articles were included in the review. A data extraction table was compiled to record the methods and findings of each study (see appendix 1).

Although different in their approach to conceptualising 'student outcomes,' the included literature describes a range of both qualitative and quantitative methodologies and approaches. Whilst it is necessary to appraise the quality of research that has evaluated outcomes for this population, the literature review question does not seek to present a 'what works' judgement in respect of the strength of impact or effect sizes of study outcomes. For the present review, quality appraisal considers whether an included study is well executed and has utility in answering the review question (Gough, 2007). As such, the priority for this synthesis of studies is the quality of their description of the individual components, strategies and approaches as well as the implications that are of relevance to the work of EPs supporting the young people at the centre of the present research. In this section, an overview of the 26 articles is presented.

The reviewed studies spanned ten years, the oldest of which was published in 2012 (Barfield et al.) and the most recent in 2022 (Elswick et al.; Pepic et al.). Participant ages ranged from preschool (age 3 - 5; Razza et al., 2020) up to higher education (age 12 - 21; D'Andrea et al., 2013), with the majority of participants across (24) studies falling within UK

primary and secondary school age range (5 – 18). Almost all interventions had no gender restrictions, although one (Somers et al., 2021) solely addressed females in a residential care setting and another, *Play to the Whistle,* was implemented in an all-female sample (D'Andrea et al., 2013). Another study (Dowdy et al., 2020) implemented a sensory integration intervention in an all-male sample in a residential centre. One study did not report any gender or other participant demographics (Barfield et al., 2012).

Of the 26 included studies, the vast majority (19) were conducted in the USA, reflecting the limitation of evidence in respect of its generalisability to a UK context. Five other countries, including the UK, contributed a small amount of academic activity. The UK work comprised of one paper, which was a single tier study of literacy interventions for care-experienced children (Raspin et al., 2019a). Two studies took place in Australia (Diggins, 2021; Ooi et al., 2016) and one each from Canada, New Zealand and Japan (Harper & Schmidt, 2012; Hunter-Dehn, 2021; Ito et al., 2021) indicating a growing international interest in developing trauma-informed (TI) teaching practice in education settings. Four studies took place in residential settings (D'Andrea et al., 2013; Day et al., 2015; Somers et al., 2021; Warner et al., 2013) and two in specialist therapeutic schools (Barfield et al., 2012; Diggins, 2021). One study took place in a youth corrections centre (Dowdy et al., 2020).

Occurring in 17 of the 26 studies, pre-test - post-test research designs were the preferred method to compare participant groups and measure the degree of change, (Day et al., 2015; Diggins, 2021; Dorado et al., 2016; Herres et al., 2017; Ito et al., 2021; Mancini, 2020; Mendelson et al., 2015; Michalek et al., 2021; Pepic et al., 2022; Raspin et al., 2019) and seven of these studies included a comparison / control group (D'Andrea et al., 2013; Dowdy et al., 2020; Harden et al., 2015; Harper & Schmidt, 2012; Hutchison et al., 2020; Razza et al., 2020; Rishel et al., 2019). The remaining studies utilised mixed (Connors et al., 2021; Crosby et al., 2018; Elswick et al., 2022; Harden et al., 2015; Shamblin et al., 2016) and descriptive methodologies (Somers et al., 2021; Hunter-Dehn, 2021). Just one study (Ooi et al., 2016) employed a randomised controlled trial (RCT), with a waitlist control group. As has been discussed elsewhere (e.g. Connolly et al., 2018), the use of RCTs in education research has been the subject of sustained criticisms and Ooi and colleagues (2016) faced a number of difficulties in respect of the stringent procedures for true randomisation as well as difficulties controlling for non-treatment factors and confounders such as not being able to blind parents from the group allocation.

Almost all studies employed multiple measures. Most commonly, quantitative questionnaires were utilised to assess change in mental health indicators (e.g. Strengths & Difficulties Questionnaire; Goodman, 1997) or trauma symptoms (e.g. PTSD Checklist; Weathers et al., 1994)

using multiple child, teacher and parent informants. School level quantitative data were included in a number of studies measuring changes to the number of school suspensions (Crosby et al. 2018); academic attainment (Harper & Schmidt., 2012; Raspin et al., 2019; (Harper & Schmidt, 2012; Raspin et al., 2019b; Wall, 2021); self-regulation (Razza et al., 2020); physical restraints (D'Andrea et al., 2013) and acts of violence (Dowdy et al., 2020). Qualitative measures included surveys (Dorado et al., 2016); classroom observations (Rishel et al., 2019), focus groups (Somers et al., 2021; Crosby et al., 2018; Connors, 2021) and interviews (Harden et al., 2015; Hunter-Dehn, 2021; Wall, 2021). Teacher confidence and teacher mental health (including PTSD) measures were included in two studies (Shamblin et al., 2016; Razza et al., 2020).

The majority of literature reviewed included quantitative measures and researchers employed statistical tests that compared pre- and post-measures using t-tests and ANOVA (analysis of variance). One study did not provide any details of the analysis that was performed to compare differences between pre- and post-test scores (Raspin et al., 2019). Thematic analysis was the most common methodological approach used to analyse qualitative data (Crosby et al., 2018; Dowdy et al., 2020; Hunter-Dehn, 2021; Somers et al., 2021), and two qualitative studies used a grounded theory analytical approach (Connors et al., 2021; Harden et al., 2015). One study (Wall, 2021) undertook a qualitative content analysis

approach to analyse teacher reports on student emotion and behaviour change.

Appendix 1 provides a detailed overview of all 26 studies included in this review and lists the wide range of outcomes measured across studies. Teacher outcomes include competence, confidence, satisfaction, mental health and post-traumatic stress symptoms. Student outcomes include resilience, self-regulation, suspensions, academic attainment, school suspensions, mental health, post-traumatic stress symptoms, interpersonal skills and empowerment, As can be seen (appendix 1), whilst some studies provide quantitative measures of change, others offer qualitative descriptions of observed changes during and following intervention. All of the included studies reported a range in positive benefits to these outcomes following the intervention period, emphasising the efficacy of trauma-informed school-based interventions, not just for children with a history of trauma and adversity but also for the professionals that work alongside them in their education settings.

## 2.4 IDENTIFYING INTERVENTION COMPONENTS

Of central relevance to the present study are the features and components of the interventions that were evaluated. An overview of the implemented interventions across all studies is presented in table 2.2. Overall, 26

interventions were implemented across the 26 studies. This diverse range of interventions provides an indication of the lack of cohesion across the field of school-based interventions for trauma-experienced children and offers a barometer of the developing nature of the present field. There is evidently much work to be done to identify the features and components of interventions that are most effective for addressing different types of trauma experiences and diverse populations that can be delivered in education settings.

The interventions listed in table 2.2 are separated into multi-tier and single-tier. The details for each intervention – name (abbreviation), primary goal, implementation within school, frequency, duration and implementing professional - have been extracted from each of the reviewed studies. The majority of interventions were manualised or included a manualised component and where available, a url link to the intervention authors, trainers or manual is included. A brief description of the intervention components is also included in table 2.2. These are defined as the discrete elements and strategies, described by the authors, that support and promote change towards improving participant outcomes.

The primary goal of the multi-tiered interventions reviewed was largely to build resilience and coping strategies as well as reduce trauma-related symptoms. Other primary goals listed include: improving classroom behaviour and self-regulation (Crosby et al., 2018; D'Andrea et al., 2013;

Diggins, 2021; Harden et al., 2013; Mendleson et al., 2015; Razza et al., 2020; Wall, 2021); progress in academic attainment (Elswick et al., 2022; Harper & Schmidt, 2012; Hunter-Dehn, 2021; Hutchinson, 2020; Wall, 2021); improving relationships (Day et al., 2015; Wall, 2021) increasing mindfulness (Ito et al., 2021; Mendleson et al., 2015) and transition support (Hunter-Dehn, 2021).

Five of the interventions were based on trauma-focused cognitive behavioural therapy (CBT) or used CBT-based components (Connors et al., 2021; Elswick et al, 2022; Ooi,et al., 2016; Shamblin et al., 2016; Mendleson et al., 2015).

Interventions took place within the education setting, either as part of the scheduled timetable or as extra-curricular activity. One study implemented some elements of the intervention on Saturdays (Harden et al., 2015) and another continued with intervention implementation after the end of the term and throughout the summer holiday (Barfield et al., 2012).

**Table 2.2:** Features and components of evaluated interventions in the literature review.

| **Intervention** (acronym) [publication] | **Primary goal** (Target Population) [Type/Basis] | **Implementation at school** (setting) | **Frequency & duration** | **Implementing person** | **Intervention components** |
|---|---|---|---|---|---|
| **Multi-tier interventions** | | | | | |
| Content removed prior to publication | Please contact author for details | | | | a. |
| **Single-tier interventions** | | | | | |
| | | | | | a. |

Interventions were primarily delivered to groups of pupils, although *HTL* (Day et al., 2015) *HEARTS* (Dorado et al., 2016) and *TIES* (Rishel et al., 2013) all included components that were delivered as part of whole class tuition. *NMT* (Barfield et al., 2012)*, TF-CBT* (Connors et al., 2021; Shamblin et al., 2016)*, Sensory processing* (Dowdy et al., 2020) was delivered to individual pupils and *Monarch Room* (Crosby et al., 2018) allowed for pupils to participate as frequently as their needs required throughout the school day.

A wide range of interventions and components are evaluated throughout the literature reviewed, measuring a number of complex mental health, behaviours and school-based outcomes. Across the literature, it is apparent that there is a great deal of uncertainty in respect of the most suitable intervention components to support trauma-experienced children and young-people in school. In the section that follows, the common features and themes of these studies will be discussed in more detail.

## 2.5 KEY FEATURES OF SCHOOL-BASED INTERVENTIONS FOR TRAUMA-EXPERIENCED CIC

In respect of the question posed in section 2.1, the literature highlights several themes worthy of further discussion in support of the work of

educational psychology in planning interventions for child victims of trauma. This section provides a narrative synthesis of the central themes arising from the literature of relevance to the literature question previously posed. The themes to be discussed include:

Theme1: Theoretical framework and justification

Theme 2: Whole system change

Theme 3: Individualised, specialist intervention

Theme 4: Cultural adaptation & ethnic sensitivity

Theme 5: The role of specialist support

#### 2.5.1.1 Theme 1: theoretical framework and justification

As has been described in section 1.2.4, abuse and neglect have long-lasting effects on child development, causing difficulties with self-regulation, cognitive processes and relationships (Van der Kolk, 2017). The literature reviewed acknowledges a number of different psychological theories underpinning the evaluated interventions. These include child development (Shamblin et al., 2016); neuro-development (Barfield et al., 2012), behaviourism (Harper & Schmidt, 2012), ecological systems (Day et al., 2015) and resilience theories (Hutchison et al., 2020; Ito et al., 2021). Most of the included studies draw upon more than one theory. For instance, a number of studies (D'Andrea et al., 2013; Dorado et al., 2016;

Rishel et al., 2019) make use of the ARC framework (Blaustein & Kinniburgh, 2018) which incorporates theory underpinning Attachment, Self-Regulation and Competency.

The theories most frequently described across the literature reviewed include (i) Attachment, (ii) Self-Regulation (including emotion and sensory regulation) and (iii) Cognitive Behavioural theory. These are briefly summarised below:

(i) Most frequently described across the literature reviewed, Attachment theory considers the psychological effects of attachment relationships on classroom learning and behaviour. Day et al. (2015) acknowledge that maintaining safe, supportive connections is essential to creating caring classroom environments for traumatised students. They suggest that attachment-driven interventions are more effective than punitive approaches and that classroom behaviour is heavily influenced by developing positive relationships between students and teachers.

John Bowlby (1953) was influential in establishing the significance of early relationships on mental health and his notion of ‘attachment’ was developed by the work of Mary Ainsworth. Together with colleagues (Ainsworth et al., 1978) she developed the Strange Situation test, an experimental procedure in which infants are separated from their mother, left with a stranger, left alone and then reunited with their mother. The pattern of child behaviour observed during this process led to the

identification of the ‘securely attached’ child who seeks proximity to their mother, prefers their mother to the stranger, is distressed when she leaves the room but is quickly relieved on her return (Whitebread, 2011).

Whilst those children with secure attachments seek out comfort from caregivers to regulate their distress, those who experience caregiving as inconsistent, frightening and abusive are likely to develop insecure attachments. Three ‘insecure attachment’ behaviour patterns have been identified: 1) avoidant; 2) ambivalent; and 3) disorganised (Main & Solomon, 1986). Avoidant or ambivalent attachment behaviours tend to, respectively, minimise or maximise proximity-seeking to the caregiver in order to resolve distress at the carer’s departure. Children with disorganised attachment behaviour rarely display any coherent strategies to access their caregiver and instead show confusion, apprehension or controlling behaviours (Mubarak et al., 2017). Disorganised attachment has been associated with frightening parental behaviours and child maltreatment (Cyr et al., 2010). For these children, their potential source of comfort is also a source of fear (Main & Hesse, 1990).

There has been considerable debate about the interpretation of attachment behaviours across cultures. Ainsworth’s original exploratory study was undertaken in Uganda with a small sample of mothers that was not representative of different cultures, each with its own patterns of caregiving. A further criticism of attachment theory is that it is only the mother who is viewed as the primary attachment figure when children

have multiple attachments to adults including fathers and siblings. Attachment behaviours are also influenced by individual temperament and personality suggesting that the quality of attachments is more complex than Ainsworth originally suggested (Whitebread, 2011). These questions in respect of applicability of attachment theory across diverse cultures and identities is an important consideration given the cultural diversity of participants across the reviewed literature (see appendix 1).

(ii) In line with wider research and practice, almost all of the reviewed literature acknowledges the importance of self-regulation for school readiness. Difficult to fully define within the scope of this research (but see Kopp, 1982) the processes that allow children to respond to their environment adaptively are termed ‘self-regulation’ (Bandura, 1991) and include aspects of attention, emotion and behaviour as well as sensory regulation. Day et al. (2015) highlight the importance of early nurturing relationships in the development of self-regulation, acknowledging the impact of adverse events on these developing processes.

The theoretical foundations for emotion regulation accommodates both the outward behavioural expressions as well as the underlying physiological responses associated with emotion reactivity and its regulation. According to (Eisenberg et al., 1996) individuals regulate their cognitive and affective responses on an ongoing basis, at times automatically and unconsciously, at others consciously and with control. In the reviewed literature, reducing emotion dysregulation is a central focus. For example, Hunter-Dehn

(2021) evaluated a nurture group intervention to prepare trauma-affected CYP for transition to mainstream school through psycho-education approaches (emotion recognition and labelling). These included regulatory activities such as play, music, mindfulness as well as encouraging empathy, problem solving and communication. Interviews with school staff describe a positive impact on teachers and classroom behaviour and highlight the benefits of using calming tools and techniques to reduce emotionally dysregulated behaviours such as screaming and violence.

Two studies (Crosby et al., 2018; Wall et al., 2022) highlight the impact of early trauma on the developing child's sensory regulation. Crosby et al. (2018) evaluate a sensory room intervention to address the dis-integration of sensory experiences that are found in child victims of trauma. This work underscores wider research (e.g. Fisher et al., 1991; Joseph et al., 2021) that shows how children who have experienced little sensitive handling or abusive touch may mis-interpret touch experiences and demonstrate aversive physical or emotional responses to non-threatening tactile stimuli, emphasising the importance of considering sensory components for interventions directed at care-experienced CYP who may not feel safe in their own bodies, have a limited sense of where their bodies are in time and space and may struggle with the physical experience of making connections with others.

(iii) Cognitive-behaviour theory is the third theoretical framework most referred to across the reviewed literature. Cognitive-behaviour theory is based on the idea that the way we think about situations can affect the way we feel and respond. This theory underpins interventions such as Trauma-Focused Cognitive Behavioural Therapy (TF-CBT; Mavranezouli et al., 2019), a talking therapy that is well supported by empirical studies in the treatment of child victims of trauma. Cognitive-behaviour theory was the focus of four of the reviewed studies (Elswick et al., 2022; Day et al., 2015; Connors et al., 2021; Ooi et al., 2016). In their mixed-methods study, Connors et al. (2021) trained 31 clinicians (school psychologists, school social workers and counsellors) to deliver TF-CBT across 13 urban public schools. Barriers and facilitators to implementing TF-CBT in school were identified through survey and focus groups with the implementing clinicians. Clinicians reported that the psychoeducation, relaxation, emotion regulation and cognitive coping skills were helpful in reducing trauma symptoms. However, the authors acknowledge a number of challenges of implementing mental health interventions within a school setting, including access to a private, confidential therapeutic space in under-resourced school settings. It was also difficult to adhere to recommended treatment session lengths (45-60 minutes) when students are typically missing out on teaching time. A further reported concern for the clinicians was the acceptability, feasibility and appropriateness of exploring the trauma narrative phase of the intervention – a core

component of TF-CBT – in a school climate that is not trauma-sensitive enough to the safety needs of students, or when students were expected to return to class following therapy to take a test. This underscores the importance for whole school staff sensitivity in successful implementation of TF-CBT but also raises important questions for schools who may be considering bringing traditionally thought of as clinic-based therapies into the school setting.

Nevertheless, the principle that the therapist is 'meeting the kids where they are,' i.e., in their everyday setting, is notable in respect of the ecological validity of this work and despite the challenges, wider studies (e.g. Jaycox et al., 2012) indicate that school-based trauma treatment is far more accessible to families than clinic-based trauma treatment.

#### 2.5.1.2 Theme 2: whole school system change

A number of studies evaluated multi-component interventions that were implemented across all three tiers of service provision (table 2.2 provides a summary of the included interventions). Such an approach is one where the entire school organisation or system recognises trauma and its impact, and this guides the delivery of support services and trauma-specific intervention components (SAMHSA, 2014).The priority in multi-tiered, whole school approaches is that all administrative staff, senior

management and any teacher could work in a trauma-informed way (Hunter-Dehn, 2021).

Dorado et al (2016) describe the introduction of HEARTS (Healthy Environments and Response to Trauma in Schools) across four schools in the United States with the aim of increasing student engagement, wellbeing and success, as well as building staff capacity to support trauma-impacted students. The intervention includes multiple components: 1) Whole staff training to establish a common language and understanding of the effects of complex trauma on the learning brain and related student behaviour. Training was augmented through a series of follow-up sessions and 'mental health' consultations to school staff addressing different concerns such as burn-out, secondary trauma and self-care. 2) Staff consultation to develop trauma-informed individualised behavioural support plans as well as school behaviour policies that were less punitive and sought to avoid re-traumatisation through the understanding and sensitivity towards the individual trauma-experiences of students. Plans were designed to be strength based, prioritising recognition of positive behaviours over consequences for unwanted behaviour. 3) On-site, trauma-specific, culturally congruent therapy for trauma-impacted students, working alongside parents, caregivers and wider family. Parents were provided support and therapists worked together with staff to integrate student knowledge into their formulation to promote integration of

individualised trauma awareness into teacher's daily interactions with students.

In another whole school, multi-tiered approach, Somers et al. (2021) used a qualitative interview and focus group methodology to explore the perspectives of CiC and their teachers in a residential setting where study participants had experienced maltreatment and separation. Residential centres offer specialist, individualised care and support, often including on-site education, therapeutic support and an individualised plan to support the young person emotionally, behaviourally and academically. Teachers typically receive specialist training to support young people with managing the academic demands of school life alongside their mental health needs, trauma experiences and behavioural reactions. The Somers et al., (2021) study was focused on understanding teacher and student perceptions of the academic environment, with a specific focus on female students. Their findings underscored the importance to students of having their learning strengths and needs fully understood in order that lessons can be individualised to engage and challenge learners at different levels. This was a theme also recognised by teachers who sought greater understanding of their students' trauma in order to make lesson content meaningful and relevant to their experiences. Teachers also felt that a more in-depth understanding of a student's trauma history could allow them to plan sensitively for lesson content that could serve as a reminder of previous trauma.

The strongest theme that was reported by students in the Somers et al. (2021) study was the need for preventative strategies for de-escalating behaviours. Possible calming tools and techniques suggested by the student-participants included taking classroom breaks, reading or listening to music. Relaxation and movement strategies have been found to significantly benefit students exposed to trauma by offering an awareness of their internal feelings and developing relaxation and self-soothing skills to recognise and address dysregulation (Ayres, 1965; Ayres & Robbins, 2005). This idea of physical, sensory or somatic regulation is an important contributory component to a number of the multi-tiered interventions approaches reviewed (e.g. Elswick et al., 2022; Rishel, 2019; Mendelson et al., 2015).

A further aspect to be acknowledged within the theme of whole system change is the length or duration of the interventions implemented (table 2.2). The study with the shortest intervention period was a 60-minute mindfulness-based practice for trauma-experienced children (Ito et al., 2021). The studies with the longest intervention durations were those that introduced multiple components over multiple tiers, across a whole school (or network of schools) over a number of years. A number of studies ran for two years (Rishel, 2019; Shamblin et al., 2016; Somers et al., 2021; Day et al.,2015; Hutchison et al., 2020; Connors et al., 2021), with the longest running implementation studies conducted over 3 or more years (Dorado et al., 2016; Wall, 2021), allowing time for capacity building of

trauma-sensitive practice throughout the whole system of teachers, leaders and administrative staff.

#### 2.5.1.3 Theme 3: individualised, specialist intervention

In contrast to the whole school, multi-tiered intervention studies described in the previous section, nine of the selected studies describe interventions that were implemented at the specialist (tier 3) level for individual or groups of students (Herres et al., 2017; Ooi et al., 2016; Pepic et al., 2022; Harper & Schmidt, 2012; Raspin et al., 2019; Warner et al., 2013; Barfield et al., 2012; Dowdy et al., 2020; Mancini 2020). See table 2.2.

With the exception of Harper & Schmidt (2012) and Raspin et al. (2019), these studies were led by external, clinically trained counsellors and therapists. Dowdy et al. (2020) and Mancini (2020) employed Occupational Therapists to lead specialist sensory processing interventions to reduce physiological and somatic symptoms of trauma and increase self-regulation.

A number of studies reviewed the efficacy of introducing therapies for reducing distress and strengthening emotional skills, resilience and mental health. These interventions included: Neurosequential model of therapeutics (NMT), combined with Filial Therapy (Barfield et al., 2012); Traumatic Grief Component Therapy for Adolescents (TGCTA; Herres et

al., 2017); Teaching Recovery Techniques (TRT; Ooi et al., 2016); Art Therapy (Pepic et al., 2022) and 'We Love Reading' (Michalek et al., 2021).

It has been well established that providing mental health services in school settings not only enhances wellbeing but can also improve academic performance (e.g. Jaycox et al., 2012). However, it must be acknowledged that not all interventions reviewed in the identified literature are suitable for all children with trauma histories due to heterogeneous factors such as age or individual profile of support needs. A common reflection for each of these studies was the importance of tailoring the intervention to suit the needs of the participant within the particular school context. For instance, Mancini (2020) offered 36 migrant and refugee children (aged 6-11) individualised, one to one opportunities for somatic-based activities (physical movement, play, relaxation and mindfulness) led by supportive therapist interaction. The purpose was to explore whether a low level, school-based trauma intervention, focused exclusively on somatic symptom reduction could reduce traumatic stress (hyperarousal, dissociation, dysregulation), depression and anxiety, and improve self-regulation behaviour in class. Development of a strong therapeutic alliance was a central part of the programme to support participants with developing awareness of their internal states as well as the relaxation and self-soothing skills necessary to recognise and reduce dysregulation.

This theme of adapting interventions to the specific needs of the individual young person is one that reoccurs across the literature reviewed and is of central relevance to the current investigation in respect of the role of the EP in supporting the implementation of specialist interventions for individual care-experienced children. Offering young people the opportunity to understand their unique physiological and psychological experiences is an important component of developing social-emotional competence. Social-emotional competency is characterised by the ability to acquire knowledge of internal states and apply this knowledge and the skills necessary to understand and manage emotions (Hutchison et al., 2020). Social-emotional competence has been identified as a protective factor that can mitigate against the risks associated with early (Luthar & Barkin, 2012) and the development of self-concept, awareness of internal states and the capacity to integrate self-states is found to be compromised in children that have experienced early adversity (Blaustein & Kinniburgh, 2018).

The findings from Mancini (2020) showed large effect sizes, and are supported by wider research (e.g. Dowdy et al., 2020) showing that addressing the somatic effects of trauma through school-based sensory interventions has a significant impact on behavioural and emotional wellbeing and mental health in traumatised children.

One concern to be acknowledged for programmes that are led by trained professionals from outside the school setting is the specialist level of training required to deliver interventions. Barfield et al. (2012) evaluated the impact of implementing NMT on the social-emotional development and behaviour of 28 preschool children. Key to the individualised intervention was the assessment that was completed by an experienced NMT clinician who examined the children's developmental and relational histories as well as their levels of central nervous system functioning. Although there is no description of the assessment tools that were employed by the researchers in this study, the authors claim that the NMT assessment found the participants had "significant impairment in their brainstem and diencephalon functions" (p. 69). A particular limitation, as illustrated by this study is the difficulty it would present in implementing this approach as a school-based intervention. Not only was a qualified clinician required to complete the NMT assessment, but many hours of teacher training were also necessary for its delivery. Such programmes may be costly for schools to implement and likely to be a barrier for schools with limited or declining resources (Adelman & Taylor, 2000).

Additional concerns have been raised on the sustainability of "add on" programmes led by external professionals in respect of the extent to which these programmes can be integrated into the school setting and teaching practice. This was emphasised by the teachers in the Mancini (2020) study who called for greater communication with treating therapists in

order that they could better understand and reinforce strategies for coping skills that participants were learning as part of the therapeutic intervention. Teachers expressed frustration about the lack of communication between therapists and school staff in the implementation of trauma-informed school policies and practice suggesting this was a missed opportunity to upskill teachers with developing trauma-informed classroom practices.

Two studies focused specifically on improving the academic attainment of care-experienced children (Harper & Schmidt, 2012; Raspin et al., 2019). Raspin et al. (2019) utilised a computer-based intervention with a sample of children in care in the UK. ARROW (AURAL - Read - Respond - Oral - Write) is an intervention designed to improve spelling and reading and based on the theory that inner, or private speech is an important component of language development. Participants were 33 children (age 8-11) who received the intervention via personal laptops and headphones and analysis showed that over the one- month period of intervention, participants made spelling and reading gains of seven to ten months. This supports wider research using similar private speech concepts to improve children's reading (e.g. Gwernan-Jones et al., 2018). One of the distinctive aspects of Raspin et al.'s (2019) study is the theoretical argument they present. Private speech is believed to be a 'personal language' tool of thought that supports with planning, organisation and goal-directed behaviour (Vygotsky, 1978). Some authors have proposed that children who have experienced abuse and neglect may rely on private speech to a

greater extent than children who have not. Nolin and Ethier (2007) suggest that in the context of maltreatment and in the absence of responsive adult caregiving, children develop a reliance on their own resources to monitor and respond to their environment. Such rationale offers promise for interventions that draw upon strengths in private speech to support CiC in their learning and may reinforce the argument for a tailored, individualised approach not only to the selected intervention but also to the theoretical justification that supports a particular approach.

#### 2.5.1.4 Theme 4: cultural adaptation & ethnic sensitivity

Trauma-informed interventions that are culturally sensitive pay specific attention to cultural variations in the child's experience of and response to trauma. Research from biology, psychology and sociology shows that whilst the biological process underlying the stress response are universal, sociocultural factors influence the experience of trauma and subsequent biopsychosocial response to traumatic stress (Christopher, 2004). For trauma-sensitive professionals, this requires a sensitivity to the ethnocultural factors that influence the individual's vulnerability to, experience and expression of traumatic events, as well as their response to intervention (SAMHSA, 2014). This notion is critical for EP practice and is a reoccurring theme throughout the reviewed literature.

One reviewed study that employed a culturally sensitive approach is Elswick et al. (2022) who implemented ‘Trauma Healing Club’ for traumatised African Refugees. Adaptations were made to the CBITS (Cognitive, Behavioural Intervention for Trauma in Schools) programme, a school-based group and individual evidence-based intervention designed to reduce PTS symptoms, depression and behavioural problems as well as improve attainment and attendance. Student participants (aged 12 to 18) had experienced a number of ACEs, exacerbated by ongoing trauma experiences during displacement and asylum-seeking, including family separation and less than stable camp environments.

Trauma-healing club is described as a cultural and gender sensitive expressive arts program that includes African drumming; spiritual experiences; meditation and mindfulness as well as culturally tailored snacks. A key component is the psycho-educational learning utilising multi-generational pyramid mentoring. This is congruent with an Afrocentric world view that privileges family and elders of the community supporting the growth of its youth (Washington et al., 2014). The Trauma Healing Club was designed to reduce cultural alienation and contribute to cultural socialisation utilising multiple generations of elders in a pyramid of social interaction. Cultural socialisation includes information about the strengths and knowledge that African elders have acquired, within which safe group setting students are able to explore values, attitudes and behaviours that nurture healthy development, including culturally centred

life skills such as pro-social behaviours, emotional regulation and critical thinking abilities (Washington et al., 2014).

In another example of interventions that reflect ethnic & cultural heritage, Pepic et al. (2022) evaluated the impact of a 12-week culturally orientated art therapy curriculum for Native American youth living in southwest USA. Native populations around the world have experienced immense loss of life, forced deculturization and suppression of their traditions and culture leading to shared vulnerabilities that undermine health and wellbeing (Gone et al., 2019). Weekly art therapy sessions included 6 key elements: 1) movement & sound, 2) breathing & medication, 3) bi-lateral scribble, 4) bi-lateral drawing, 5) art activity and 6) closure/discussion. Each element was adapted to include Native language, spirituality, traditions, honouring family, ancestry, community and nature. Participants reported a significant decrease in perceived stress following the 12-week intervention as well as a significant improvement in participant mood in 10 out of the 11 intervention weeks.

In contrast to studies that made culturally sensitive adaptations to existing interventions, a common reflection across the reviewed literature was the limitations to the practice of adhering to a manualised intervention that out of concern for intervention fidelity, does not allow for culturally sensitive modifications. This was particularly the case where interventions were tested in populations of students from multiple racial groups (see appendix

1). In one example, Hunter-Dehn (2021) implemented a pilot study, nurture group model in a New Zealand school where 50% of the trauma-experienced child participants (age 5 to 7 years) were indigenous. Children were offered support to develop emotion regulation, psychoeducation, self-regulation strategies (e.g. mindfulness; breathing; safe space) and social skills. Although the results show promise, the authors acknowledge the need to incorporate culturally specific elements, incorporating Indigenous approaches to understanding and treating collective trauma experiences that better fit with the New Zealand context.

Whilst the studies reviewed in the current section are limited in respect of the specific population samples from which they draw, they nevertheless highlight the critical debate concerning the implementation of school-based interventions. This acknowledges the tension between fidelity to manualised intervention standards, and the need to modify interventions for individual differences of race, culture and religion. A further, related consideration for the population of interest to the present study is the concept of intersectionality that highlights the way in which multiple social categories (e.g. race, gender, ability) affect the lives of young people that have experienced early adversity and trauma.

#### 2.5.1.5 Theme 5: The role of specialist support

In wider studies, involvement of EPs for children in care has been described by carers as among the most useful input they receive (Gibbs et al, 2015) yet there is little understanding of the nature of this involvement. As such, the role of specialist support practitioners in the implementation of the reviewed interventions for trauma-experienced children is of central relevance to the current study. Across the literature reviewed, a number of specialist practitioners were instrumental in delivering interventions, including clinicians trained as school psychologists, counsellors, therapists, social workers, mental health specialists and university psychology researchers. Each of the 52 classrooms participating in Rishel et al.'s (2019) evaluation were paired with a Master's licensed liaison who served as an on-call consultant for teachers. Clinical liaisons strove to build strong relationships with individual teachers, reinforcing and building upon the strengths of each teacher, offering feedback and seeking permission to introduce new ideas to support attachment in the classroom and promote emotional regulation for students. Specific responsibilities of the clinical liaisons included: observing in the classroom, supporting teachers with evaluating environmental issues that may trigger a child, modelling caregiver co-regulation and attunement, reinforcing consistent responses and facilitating the development of a common language of trauma-informed practice for school staff and parents/ carers. This justification for the role of the trauma-specialist in supporting teaching staff

to avoid re-traumatisation is one that reoccurs across included studies (e.g. Hunter-Dehn, 2021).

Wider research (e.g. Howley et al., 2019) has demonstrated that therapeutic intervention for trauma-experienced children is beneficial when the practitioner is physically present in the school, integrated within school routines and has ongoing relationships with students and staff. With consent from carers, the clinical liaisons in Rishel et al. (2019) were also trained to assess children and provide direct intervention within the school and home settings. Although this study did not measure participant level information, the authors report a statistically significant increase in emotional support time and classroom organisation in the participating classrooms, compared to comparison classrooms that showed a decline in the same measures (Rishel et al., 2019).

Diggins (2021) emphasises the role of the school psychologist in implementing trauma-informed practice within a multi-tiered practice model. This study took place in a small, Australian specialist alternative provision in which many students have diagnosed emotional and behavioural differences requiring a high level of classroom adjustment. One component of the Diggins (2021) study was the practice of debriefs that took place approximately weekly, involving all staff who observed an incident and attended by the school psychologist. The incidents described in this study included: 1) dangerous or highly disruptive student

behaviours; 2) community concerns; 3) student escape or absconding; 4) injury sustained by a student or staff member; 5) property damage; 6) physical assault. The debrief process ran for 90 minutes and included reflective practice and behavioural analysis. Additional individual reflective practice and coaching opportunities were offered to teachers in regular supervision as well as clinical discussions with the psychologist. These occurred two or three times each term.

The intervention model implemented by Diggins (2021) is based on the Australian Berry Street Education Model (Bailey & Brunzell, 2016) which offers an alternative to the clinician-led manualised programmes such as CBITs and TF-CBT evaluated internationally. BSEM uses a range of teacher-led, classroom-based strategies and activities to increase self-regulatory abilities and improve student's psychological coping. The specialist school setting context within which this study took place, had a high student-adult ratio, as such the generalisability of findings to mainstream schools and classrooms is limited. Furthermore, the non-standardised protocol of the BSEM model may have limited replicability to wider classroom contexts. Nevertheless, the role of the school psychologists in supporting the implementation of TI practice is an important consideration for the present context. EPs are trained to be consultants, evaluators, behaviour analysts as well as trainers and in the context of reducing the impact of traumatic stress in schools, their interpersonal skills and reflective practices offer staff and students the

opportunity for recovery from difficult or dangerous incidents that may occur in their place of work.

## 2.6 SUMMARY OF LITERATURE REVIEWED

The aim of the current systematic literature review was to identify the key components of evaluated school-based interventions that aim to improve outcomes for children in care. Due to the limited literature addressing this particular population, a wider search was created to include a broader conceptualisation, or 'proxy' sample of participants that have experienced developmental, complex or relational trauma. A total of 26 papers were included within the review. Articles drew upon a number of different theoretical frameworks, used a range of methodologies to evaluate outcomes across a range of educational settings and tested a wide variety of interventions.

Across the literature reviewed, five main themes have been identified and are briefly summarised here:

1. The literature draws upon the three main psychological theories of Attachment, Self-regulation (including emotion and sensory regulation) and Cognitive-Behavioural theory to offer understanding and explore rationale behind proposed interventions for addressing the long-lasting effects of abuse and neglect on child development.

2. There is a strong emphasis on multi-tiered interventions that require the whole school system to work in a trauma-informed way, involving teachers, administrative staff and senior management.
3. A common aspect of the wide range of school-based interventions evaluated across studies is the emphasis on tailoring interventions to meet the individualised needs of each young person.
4. Trauma sensitivity requires the consideration of ethnic and cultural factors that influence how individuals experience and respond to trauma. The literature highlights the need to strike a balance between intervention fidelity and adapting interventions for children and young people from diverse ethnic, racial and religious backgrounds.
5. The crucial role of specialist support practitioners, such as Education Psychologists and mental health specialist is highlighted in the implementation of interventions. These practitioners play a significant role in supporting teachers to avoid re-traumatisation of students as well as the long term relationships with students and staff.

#### 2.6.1.1 Implications for the present study

In their assessments of CiC, psychological theory is an important component that underpins the EP's formulation. Clinical formulation

provides a hypothesis about the young person and their difficulties and may draw upon a particular or number of psychological theories (Johnstone & Dallos, 2013). Its purpose is to support the understanding of why a CYPs difficulties have arisen and are maintained, as well as serving a guide for which intervention(s) are appropriate to achieve positive change.

With the exception of one study (Dorado et al, 2016) clinical formulation was not directly referred to in the literature reviewed, although the majority of studies provided training to teachers that included elements of formulation, including theoretical perspectives on the impact of trauma on attachment, emotion and self-regulation.

Theory is an important element of the EP report in its contribution to shared understanding and awareness of trauma-experiences in order to promote empathy and trauma-sensitive responses among teachers and supporting professionals. Attachment theory has been privileged across the literature and this review has acknowledged the limitations of this theory in that it does not well account for the racial and cultural diversity of samples across studies. Cultural identity is an important consideration for EP practice in respect of the CiC population they serve, some of whom may have grown up in care families whose ethnicity is different from their own and may experience cultural alienation due to the nature of their early experiences with biological parents.

Another important component of clinical formulation for trauma-experienced children that has emerged from this review is the importance of avoiding re-traumatisation. Re-traumatisation occurs when a person experiences something in the present that reminds them of past trauma. It often reactivates emotional and physiological responses that mirror earlier traumatic experiences or relationship dynamics (Bryce et al., 2022). School are contexts where principles of authority, control and powerlessness may exist that can retraumatise survivors (Bloom & Farragher, 2010). Planning for known triggers and avoiding re-traumatisation is a theme that arises across the literature reviewed (e.g. Hunter-Dehn, 2021; Crosby et al., 2018; Diggins, 2021) and is an important component of trauma-sensitive care (SAHMSA, 2014).

The question of how to avoid re-traumatisation is one that is of central importance for the work of EPs in their support for CiC. EPs themselves may have limited access to knowledge about a child's adverse early experiences and when that information is available, ethical concerns exist regarding the sharing of confidential information as well as how to avoid vicarious traumatisation of supporting staff. How do EPs support school staff with this crucial necessity for children that have experienced trauma? Some triggers can be known and anticipated (e.g. family anniversaries, raised voices, physical touch) and others may be unknown (e.g. seasonal reminders of the time of year they were taken into care; feeling hungry; relational dynamics) is it possible to include some of this awareness within

the context of the EP report without sharing full confidential, trauma history?

Several of the studies were multi-tiered and integrated multiple intervention components across one, two or three different tiers of service provision (see figure 2.1 in section 2.2.2.1). Whilst integrating trauma-specific interventions within a broader-informed service is advocated from a theoretical perspective, as noted by Greenwald et al., (2012) the inclusion of complex interventions makes it difficult to identify the key active ingredients for positive change.

A systemic approach to change emphasises the inclusion of all levels within schools and highlights the importance of teacher leadership and professional learning (Sigurðardóttir et al., 2022). Long-duration interventions allow for a complete change cycle within school cultures with the benefit of increasing the sustainability of the intervention. On this basis, we would expect that the schools where programmes are running for the longest period of time have the most significant improvements (e.g. Dorado et al., 2016). Long-duration interventions also allow for the individualisation of interventions over time as well as accommodating change across teachers, leaders and administration staff working within an education setting. This creates a complete change in culture which is needed to embed trauma-informed practice and support with upskilling new staff.

## 2.7 THE PRESENT STUDY

The most critical findings of the literature reviewed are that a) school-based interventions are both feasible and beneficial for the improvement of outcomes for trauma-experienced children and young people, and that b) trained school staff, supported by mental health professionals are able to implement interventions and trauma-informed practices at school. The review recognises that the majority of work in this field has taken place in the U.S. and whilst findings have relevance and applicability to EP practice in the UK, it reveals the absence of clear understanding for recommended intervention and provision for EP practice in the present context.

The current study is interested in the British perspective and seeks to explore how EPs support school staff with developing trauma-awareness and sensitivity as well as intervention to improve the learning and wellbeing outcomes for CiC. This question will be explored through an analysis of 1) how EPs are understanding the special educational needs of children in care; 2) how they guide and support school staff through their formulations in the reports they write for individual CiC, and 3)the extent to which EPs are promoting and encouraging trauma-sensitive ways of working and interventions for care-experienced children and young people in the UK.

# 3 METHODOLOGY

## 3.1 OVERVIEW OF CHAPTER

This chapter describes the methodology employed in the present study, commencing with a discussion of the research aims and questions, and providing justification for the exploratory, descriptive nature of this research. The philosophical and epistemological stance adopted for this research will be considered, together with a summary of the rationale for this approach, after which a description of the methods selected for data collection and analysis procedures will be presented. This includes a discussion of the ethical considerations, as well as the steps taken to establish trustworthiness and credibility of the data.

## 3.2 RESEARCH AIMS

This project is concerned with the educational experiences of children and young people who are in the care of a UK local authority. The study is both

exploratory and descriptive. It aims to explore how educational psychologists address the special educational needs that undermine educational attainment and wellbeing in this group (Drew & Banerjee, 2017). It will describe the common principles that underpin EP practice in support of this population through a qualitative document analysis approach. These aims can be summarised as:

a) to explore how EPs understand and address the factors that undermine educational and related outcomes for children in care, and

b) to describe the common principles that underpin EP practice in support of this population.

### 3.2.1 Research questions

From these overarching aims, three research questions were formulated:

1. What methods do EPs employ to assess the special educational needs of children in care?
2. What types of provision (interventions and their components) are recommended by EPs in support of the education and wellbeing of children in care?
3. How do EPs psychological formulations contribute to understanding of the education, health and care needs of children in care?

### 3.2.2 Research design

This study utilised a qualitative, document analysis design to analyse the contents of psychological reports written for CiC who have received input from EP services. Document analysis involves the systematic examination and analysis of existing written records. Document analysis is well established in psychiatry, nursing and public health and has been selected for the present research as it is both sensitive to content as well as useful to analyse large volumes of qualitative data (Elo & Kyngäs, 2008).

The documents for analysis were drawn from the local authority Virtual School roll. Psychological reports have been selected as the documentary data source as they represent a central product of the EP contribution to the provision of support for the child. The necessary components of a psychological report for the assessment of special educational needs are outlined by the DCEP (2015) and are generally adopted by all local authorities with few modifications. In order to understand the child's history, learning strengths and needs, as well as the context around them, it is likely that the EP will have spent a number of hours in consultation with the young person, their carers, teachers and wider professionals (e.g. Social Worker; Clinical Psychologist). To support this work of information-gathering and formulation generation, the methods EPs use may be formal (e.g. screening questionnaires, cognitive assessments) or informal (observation, pupil-centred discussion activities). This process typically

leads to the generation of a number of desired outcomes for the child alongside recommended classroom adjustments and interventions that will facilitate the young person's progress towards the stated outcomes.

For the present study, two different document analysis strategies were employed. As an initial step, the assessment methods and recommended provision were analysed using *content analysis*. This analysis approach allows for the exploration of the documents to determine the presence and frequency of certain words and concepts (Mayring, 2004). Psychological formulations were then explored using *thematic analysis*, a method that involves identifying, analysing and interpreting themes within qualitative data (Braun & Clarke, 2006). Document analysis has been selected for this research as it offers the tools to (a) systematically analyse the content of report recommendations, for the identification and quantification of assessment and provision data, whilst (b) supporting the recognition of patterns and interpreting key themes that emerge from the psychological formulations, through thematic analysis.

## 3.3 EPISTEMOLOGICAL CONSIDERATIONS

Creswell (2003) outlines a number of epistemological positions that inform research enquiry, including positivism, constructionism and interpretivism. These epistemological positions provide different perspectives for how knowledge is acquired and they influence the theoretical perspective of the

researcher as well as their chosen methodology (Crotty, 1998). This study adopts a post-positivist, critical realist perspective which is particularly appropriate for research in practice-based professions (Robson, 2011) such as educational psychology. Post-positivism argues that reality cannot be directly observed or measured but is a socially constructed and interpreted phenomenon (Guba & Lincoln, 1994). Critical realism aligns with components of both positivist and constructivist approaches and believes that multiple perceptions about reality exist and that it is not possible to gather a single, absolute understanding of the world (Tikly, 2015). Critical realism is concerned with the nature of causation, agency, structure and relations (Brown et al., 2002). It is an approach which promotes the role of research in explaining social events and suggesting practical recommendations to address social problems (Fletcher, 2017).

In critical realism, ontology and epistemology are closely connected and both are essential for understanding how knowledge is produced and what it can tell us about the world. Ontology refers to the nature and structure of reality and what is possible to know about the world (Archer et al., 2013). Epistemology refers to the nature of knowledge and the ways in which it is produced. Critical realists argue that knowledge is always fallible and incomplete but that it can nonetheless provide us with valuable insight into the world (Robson, 2011). It accepts that individuals interpret information differently depending on how they construct reality yet also seeks to find a

consensus within these interpretations. Critical realists argue that the theories generated by people within their particular context can offer understanding of the phenomena rather than produce absolute knowledge (Crawford, 2010).

Critical realism is a theoretical position that is well suited to research undertaken by a trainee educational psychologist within a local authority context as it recognises that the knowledge to be gained is constrained and shaped by social, cultural, political and historical factors (Lane & Corrie, 2007). Moreover, critical realism promotes critical reflection which seeks to expose issues of power, social justice and inequality in educational practices (Archer, 2000). The examination of power dynamics, social structures and cultural ideologies that shape education practice is a central component of educational psychology in respect of the profession's responsibility to advocate for equity, inclusion and positive change.

Of particular interest for critical realists is how different patterns within social structures can facilitate (or impede) change. As such, the critical realist epistemological stance is conducive to the qualitative document analysis approach selected for the present enquiry. Critical realism allows for different types of data to be used within the same study because this perspective accepts multiple levels of reality and can utilise both

quantitative and qualitative data to produce a unified interpretation (Leung & Chung, 2019).

In order to produce the reports to be analysed for the present research, the authoring EPs have raised questions to be explored, employed different (assessment) methods to discover answers to these questions, offered interpretation and understanding (formulation) of the CiC's strengths and needs and recommended a range of interventions (provision). This is an internal reality experienced by the authoring EPs, made explicit into an external reality through the production of their reports. This external reality is shared with the report's audience of professionals, as well as with the researcher, who are limited by the current social and political context. Critical realists accept that an objective reality exists although it is mediated by individual perceptions and can only be partially known (Maxwell, 2012). Using the hybrid approach of content and thematic analysis to produce quantitative and qualitative data, the present study aims to provide an understanding of the objective reality of the EPs contribution to this cohort, as well as offering understanding of the individual perceptions and societal and cultural factors that mediate this reality.

## 3.4 METHODS

This study calls for greater understanding of the support and recommendations that EPs make for children in the care of a local authority. Undoubtedly, the content of EP reports plays a role in the decisions professionals make regarding the provision put in place to support their needs and is likely to influence the child's future outcomes. Document analysis was used to analyse the contents of the reports written by EPs in support of children in the care of a local authority. Both quantitative and qualitative analytical methods were employed to address the research questions previously presented.

A key consideration in the selection of methods was the priority to act in accordance with the wishes expressed by care-experienced children in the current Virtual School LA context. These young people consistently express frustration at the turnover of professionals in their lives and wish to minimise introductions of new professionals, i.e. the researcher (see section 3.6.2 for ethics discussion). A further influence was the priority for the Virtual School leadership to make use of the extensive source of existing knowledge, information and expertise produced by EPs in support of their cohort.

### 3.4.1 Document analysis

As far as it is known, this is the first study of its nature to explore the content of psychological reports written for children in care. One of several

qualitative research methods for analysing documentary data, document analysis provides a systematic means of describing and interpreting written documents (Neuendorf, 2017). It allows for the organisation of qualitative data into specific and broad categories in order to enhance understanding of phenomena of interest (Eastman et al., 2019).

Document analysis involves the analysis and interpretation of data generated from the examination of documents, it allows for the exploration of multiple perspectives and interpretations from within the documents and is particularly applicable to research that seeks to produce rich and nuanced descriptions of a single phenomenon, event, or programme (Bowen, 2009). Within the document analysis method, a number of different analytical approaches are possible, including discourse analysis, thematic analysis, content analysis and grounded theory (Vaismoradi et al., 2013). Compared to other qualitative methods such as ethnography, or phenomenology that are often used to explore the subjective experiences of a small number of individuals who have lived that experience, document analysis allows researchers to identify patterns and themes in large amounts of data and can support the deductive categorisation of data according to a predetermined framework or criteria (Hsieh & Shannon, 2005).

Documents can be analysed through a quantitative, content analysis approach which prioritises systematic coding and counting of words and

phrases, or a qualitative, thematic analysis that accommodates a deeper exploration and interpretation of underlying themes or meaning within the data (Vaismoradi, 2013). Given the scope of the available EP reports and the opportunities they offer for research enquiry, it was decided that both content analysis and thematic analysis approaches would be adopted to address the research questions posed in section 3.2.1.

In a doctoral-length study of limited scope, document analysis can provide valuable insight into EP practice over a number of years and is an efficient way to collect data, especially in circumstances such as the present context, where ethical considerations would prohibit the collection of original data from the CiC participants.

A number of notable limitations to document analysis must be acknowledged. Document analysis is time-consuming, particularly when large data-sets are involved. It is also highly reliant on the quality of the data source, in this case EP reports written on behalf of the LA, within the context of competing statutory demands and pressures (Fallon et al., 2010). Poor quality data can limit the insights that can be gained from document analysis (Vaismoradi, 2013). Document analysis can be criticised for being highly susceptible to researcher bias due to the possibilities of subjective interpretation. However, for studies such as the present one, whose priority is to capture the individual perspectives, psychological beliefs and distinct recommendations of practicing EPs,

capturing this subjectivity is a key contribution to the knowledge that is being sought from this research to inform the EP profession.

### 3.4.2 Sample

This study employed a purposive sampling method, which was guided by a specified criteria for eligibility. The population of interest for this research were children in the care of a local authority who had been identified with SEND and had received involvement from Educational Psychology services. National statistics (DfE, 2021) for the period 2020 - 2021 report that 59% of CiC in the care of LA-X have identified SEND. This compares to the 60.9% mean for England (DfE, 2021), indicating that in respect of the proportion of children with SEND in the care of LA-X, the present sample is representative of the national picture.

At the time of data collection (June 2022) there were 287 children in the care of LA-X with identified SEND (SEN Support[2], EHCNA[3] or EHCP[4]). These children are placed across 93 different schools and settings, of which 31 are located within the LA-X county borders and 62 are out of county. A further 21 have no recorded school placement.

[2] SEN Support: receiving additional special educational support to access education
[3] EHCNA: Undergoing LA-X needs assessment for an Education, Health & Care Plan
[4] EHCP: With an Education, Health and Care Plan

In order to qualify for inclusion in the present study (see table 3.1), participants were required to have received involvement from an educational psychologist that had resulted in the writing of a report. Following the ethical requirements agreed with LA-X Research Governance Framework panel (see section 3.6.2) the researcher was provided access to a convenience sample of de-identified reports, these were sorted according to the inclusion/exclusion criteria summarised in table 3.1. A number of additional practical factors influenced the final sample selection.

(i) There were limited reports available for CiC under the school statutory age.

(ii) CiC at the older age of the sample (those of secondary school age) were less likely to meet the inclusion criteria as many of their reports had been written prior to the 2015 Code of Practice.

A final sample of 36 reports were included (19 males). Ages ranged from 4 to 15 years old. Six of the 36 reports were authored by EPs from five different UK local authorities outside of LA-X.

### 3.4.1 De-identification & preparation

To support with the preparation and analysis of data, MAXQDA software was used. Computer-assisted, qualitative data analysis software can

support with the processing of large volumes of numerical and textual data as well as offer visual representations and outputs of this process that support with interpretation (Krippendorff, 2018).

**Table 3.1**: Participant inclusion / exclusion criteria

| | Inclusion | Exclusion | Rationale |
|---|---|---|---|
| 1. | CiC (up to age 18) | Older than 18 | Relevant population for this study |
| 2. | EP report available | No report available | Report available for analysis |
| 3. | Report produced after 2015 | EP reports written prior to 2015 | To maximise the relevance of studies to current socio-political context (post 2015 Code of Practice) |
| 4. | CiC assessed during Covid | | Representative of current social and statutory context for EP involvement |
| 6. | CiC with SEND | CiC with profound & multiple learning difficulties | Cohesion required across reports to facilitate meaningful analysis |
| 7. | Reports written by EPs from within and outside of county | | Representative of current cohort and wider context |

Once a report had been identified as suitable for inclusion in the study, it was imported into the MAXQDA software. As a preparatory step, and in accordance with the requirements of the Research Governance Framework protocol agreed with LA-X (appendix 5d), a de-identification process took place in which any variables that had not already been de-

identified in the preliminary screening phase were removed to ensure anonymity (see table 3.2).

**Table 3.2** De-identification process completed across reports

| Data variable | De-identification method |
|---|---|
| Name of child | Replaced with case number |
| Date of birth | Deleted |
| Chronological age at time of report | Replaced with school phase |
| Name of school | Replaced with description e.g. mainstream primary |
| Name of parent/carer | Deleted |
| Name of professionals | Deleted |
| Author of report | Deleted |
| LA logo/ address/contact | Deleted |
| File name | Replaced with report number |

The British Psychological Society (2015) sets out guidance for EP reports, including six central required components. These include: 1) strengths of the child; 2) areas of special educational need; 3) the child's views; 4) psychological formulation; 5) recommended outcomes, and 6) advice on provision required to meet outcomes.

According to Robson (2011), when selecting the content to analyse, researchers should be guided by the research questions of the study. As such, the initial focus of documents for analysis in the present study were the sections of each report that described (a) the psychological formulation, (b) the assessments undertaken by the practicing EP, and (c) the recommended provision (interventions and their components).

As part of the data preparation phase a familiarisation exercise was completed with an initial sample of 10 reports. As a result of this,

additional sections of the reports were identified for analysis, including: (d) participant characteristics, (e) history of early adversity, (f) externally involved services, (g) externally provided treatment, and (h) details of SEND, including diagnoses. This additional information allowed for a more complete description of the CiC sample as well as understanding of their trauma-experiences.

The selected areas for analysis are visualised in a sample document portrait (figure 3.1). The document portrait provides a visual breakdown of the structure of coded segments within one report for illustrative purposes. Coded segments are represented by a particular colour and codes of the same colour are grouped together. This provides an indication of the sequence in which the coded segments occur within the report, as well as the proportion (or weight) of each coded section within a report. As can be seen in figure 3.1, the psychological formulation (green segment) is the largest segment of this sample report, followed by the coding of EP-recommended provision for intervention and their components (purple segment).

The document portrait allows for a comparison of the areas of interest within each of the EP reports and it is possible to see how particular topics are discussed in different areas of the report. For example, in the report visualised (figure 3.1) the EPs description of the child's experiences of early adversity and trauma (orange segments) are initially captured within

the views of the carer and further description is provided in the later section detailing the description of SEMH needs.


**Figure 2.1 Document portrait.** Visual representation of coded segments for a sample report

Coded segments:

- participant characteristics
- psychological formulation
- externally provided treatment
- history of early adversity
- assessments
- SEND / diagnoses

Recommended provision:

- multi-tiered / training
- referral to external services
- intervention components

## 3.5 DATA ANALYSIS

The aim of this section is to present a detailed description of the procedures involved in the preparation and analysis of the documents. Table 3.3 summarises the steps that were taken to analyse the data and produce the findings, by research question (RQ). Critical realism allows researchers to explore a phenomenon from multiple realities with data collected using different methodologies and qualitative document analysis offers the flexibility to produce both quantitative or qualitative data. In order to prepare the data to address each of the research questions, both deductive and inductive approaches were utilised to produce quantitative content analysis and qualitative thematic analysis.

**Table 3.3** Methods of data analysis & reporting for the present study, by research question

| RQ | Contents | Analysis | Reporting |
|---|---|---|---|
| 1 | Assessments methods undertaken | content analysis (deductive coding) | - summary of assessments completed by report<br>- frequencies & percentage of assessments reported across reports |
| 2 | Recommended provision (interventions & components) | - content analysis<br>- development of coding scheme<br>- deductive coding across reports | frequencies & percentage of provision used across reports |
| 3 | Psychological formulation | - inductive coding<br>- development of coding frame | thematic analysis |

For the first research question (assessment methods), coding categories were deductively coded. During initial familiarisation of the contents of documents, assessments were identified and classified as either standardised (e.g. WISC-V) or non-standardised (e.g. classroom observation). Separate subcodes were created for each reported assessment. A full summary of this analysis for each document is presented in chapter 4 (section 4.3).

A similar deductive approach was completed for the preparation of data for the second research question (recommended interventions and their components). As an initial step, categories were created for each of the four areas of SEND listed within the Code of Practice (DfE, 2015): 1) communication and interaction; 2) cognition and learning; 3) social, emotional and mental health; 4) physical and sensory. Within each of the four areas, subcategories were created for each of the recommended interventions and components within the documents. A detailed coding scheme was developed for each of the four areas of SEND and is presented in section 3.5.1.1.

Analysis for the third research question (psychological formulations) of interest to this study was based on the principles of inductive content analysis. This process included open coding during which categories and themes were created. Both content and thematic analyses approaches will be discussed more fully in the section that follows.

### 3.5.1 Content analysis

Through content analysis, it is possible to distil words into fewer content-related categories, allowing for the analysis of large volumes of qualitative text, such as the EP reports produced in the present context.

Content analysis can be influenced by whether an inductive or deductive approach is used. For inductive analysis, researchers begin with few preconceptions about a topic and a coding framework is developed through an iterative 'bottom up' process (Elo & Kyngäs, 2008). Deductive content analysis is used when the analysis is operationalised on the basis of previous knowledge or theory (Elo & Kyngäs, 2008). For the present research, a deductive approach was used to analyse data across the EP reports since the purpose of the present research is to build upon existing knowledge (Finfgeld-Connett, 2014) relating to assessment methodologies and intervention components identified during the literature review presented in the previous chapter.

The key feature of content analysis is that the many words of the text are categorised into much smaller content categories (Burnard, 1996). In accordance with the guidance of Krippendorf (2019), the coding scheme was developed over 6 main phases: 1) Initial development of the coding scheme during the pilot phase using a small number of selected reports, 2) coding of the main corpus of report data, 3) adjustments made to the

original scheme to improve descriptions and example excerpts for each of the codes, 4) review of data and coding scheme by EP peers and in supervision discussions, 5) final modifications to the scheme, 6) final coding of the complete data set.

The need to engage reflexively was particularly important during the data analysis stage of the present study due to the subjective nature of decision-making involved in the classification of individual interventions and their components. Qualitative content analysis has been defined as "a research method for the subjective interpretation of the content of text data through the systematic classification process of coding and identifying themes or patterns" (Hsieh & Shannon, 2005, p. 1278). Many of the recommendations for provision detailed by the authoring EPs were interrelated and overlapping. For example, an intervention that is recommended to support the development of a child's speech and language skills may also improve their social and emotional wellbeing. This decision-making task of component separation and categorisation is visualised in the coding scheme presented in the following section. For transparency, a series of code matrix browsers for each of the codes included in the final coding scheme is included in appendix 4b, illustrating each code and its frequency of occurrence across documents.

#### 3.5.1.1 Coding scheme for content analysis

For presentation purposes, the coding scheme has been separated into a table for each area of SEND. These are displayed in tables 3.4 to 3.7. In addition to the four areas of SEND, it was necessary to create a number of additional coding categories as some of the provision recommended in the documents did not fall within a particular area of SEND. These are listed in tables 3.8 and 3.9. Table 3.8 includes a number of additional provision components, including referrals that were made to services that are external to LA-X services, such as therapeutic provision (e.g. Trauma-Focused Cognitive Behavioural Therapy; Occupational Therapy) and table 3.9 describes the coding scheme for provision recommendations for staff training and support.

**Table 3.4** Coding scheme of recommended communication and interaction interventions and their components

| Code | Definition | Intervention / component (author) | *Example from report [report number]* |
|---|---|---|---|
| **Communication & Interaction** | | | |
| Interpersonal skills | Activities to promote interpersonal skill building, collaboration, problem solving & team-work | • Circle time<br>• Parachute games<br>• PSHE social activities<br>• Team bonding games<br>• Paired / group working<br>• Social stories<br>• Social skills (non-specific)<br>• Comic Strip Conversations<br>• LEGO based therapy | *…will benefit from circle time structures for group interaction & turn-taking [24]*<br><br>*Activities should provide opportunities to practice more complex social interaction such as being assertive, interpreting other's intent, dealing with peer pressure [27]* |
| Speech, language & communication | Activities to develop speech, language & communication skills | • Elklan<br>• Time to talk<br>• Talkabout<br>• Talking map<br>• Talking tin<br>• Scripts<br>• Blank's Level questions<br>• Colourful Semantics | *Pre-teaching of topic vocabulary to enable him to participate more fully in class & extend knowledge & understanding [5]*<br><br>*Opportunities to develop language skills in a range of contexts with adult support to ensure generalisation of key skills [26]* |
| Friendships, empathy & prosocial skills | Activities that support development of friendships, empathy & prosocial skills | • The Friendship Formula<br>• My Friends Youth<br>• Socially speaking<br>• Circle of Friends<br>• Peer support<br>• Role play<br>• Mentalisation<br>• PEERS, Elizabeth Laugeston | *Individualised & evidence-based intervention to build his social skills & confidence interacting with peers [3]*<br><br>*…will need an individualised programme of support aimed at developing his social skills, will include explicit focus on social skills as well s opportunities to use these skills in both unstructured & learning contexts [13]* |

**Table 3.5** Coding scheme of recommended cognition and learning interventions and their components

| Code | Definition & approach | Intervention / component (author) | *Example from report [report number]* |
|---|---|---|---|
| **Cognition & Learning** | | | |
| **Learning skills development across subjects** | Executive function approaches: learners plan, monitor, evaluate and make changes to their own learning | • 5Bs (Brain, Book, Board, Buddy, Boss)<br>• Mind mapping<br>• Visual reminders<br>• First & then board<br>• Task breakdown<br>• Understanding Working Memory (Gathercole)<br>• Metacognitive approaches<br>• Executive Skills in Children & Adolescents (Pawson & Guare) | *…visual checklists (e.g. timetable, equipment needed, sentence starters) including 'first & then' schedule {4}*<br><br>*Environmental support to manage task initiation & completion including task breakdown/check list [27]*<br><br>*Encourage X to use 'self-talk when completing tasks in order to fix ideas more firmly in his mind [7]*<br><br>*Teach X how to teach another person how to complete a specific activity [16]* |
| | Individualised teaching & learning | • Tailored to interests & strengths<br>• 1:1 adult support<br>• Differentiation<br>• Accommodations<br>• Processing time<br>• Task modelling<br>• Personalised timetable<br>• Strengths based | *Learning opportunities grounded in real-life contexts that are relevant & meaningful to X [4]*<br><br>*Special arrangements for school assessments & exams (e.g. extra time, working with a reader, rest breaks) [16]*<br><br>*Reviewing the day's timetable with X, starting with interest-based, motivating activity [25]*<br><br>*Access to opportunities to develop her skills & interests [29]* |
| | Small group or paired learning | • Reduce social demands<br>• Buddy<br>• Small group instruction<br>• Paired working or play<br>• Increasing independence | *Teaching in small groups to reduce the social demands of school so he can focus on learning [5]*<br><br>*Access to small group learning using a reverse integration approach supporting settlement in school & working with others [11]* |
| | Small steps learning | • Short, structured tasks | *Opportunities to build confidence in small steps with learning [3]* |

| | | | |
|---|---|---|---|
| | | • Little & often<br>• Distributed learning | *One-step, specific instructions, increase to two- & three-step [35]* |
| | Errorless learning approach | • Task success<br>• Error-free learning | *…tasks are modelled by adults ("my turn") & then completed alongside X ("together") before she attempts them independently ("your turn") [4]* |
| | Play-based learning | • Child-led play activities<br>• Imaginative / role play<br>• Maths games<br>• Word games (Boggle, Scrabble) | *…learning that involves physical activity & concrete learning materials that support engagement [13]*<br><br>*…use Scrabble letters to make CVC words [16]*<br><br>*…using games to foster X's motivation & enjoyment of maths [20]* |
| | Interleaved learning: repetition of existing knowledge, interleaved with new | • Interleaved learning | *…frequent repetition of previously learning material interleaved in new learning [16]*<br><br>*…teach new materials alongside that which the pupil already knows [7]* |
| | Assistive tools & technology | • ITC programmes<br>• Educational applications<br>• Word Shark<br>• Voice to text/text to voice<br>• Touch type<br>• Talking tin/Dictaphone | *…alternative methods of recording thoughts, ideas & knowledge including ICT, scribing, mind-maps, recording [15]*<br><br>*..assistive technology for longer writing tasks, integrated into usual pattern of working in preparation for exam conditions [27]*<br><br>*…develop expertise in using memory aids (audio recorders, computer software) [23]* |
| **Maths interventions** | General approaches to maths skills development | • Overlearning<br>• Pre-teaching vocab<br>• Evidence-based intervention<br>• Skills/gap analysis<br>• Arithmetic<br>• Maths facts | *…will benefit from tracking back on the maths curriculum with targeted evidence-based intervention to support development of numeracy skills [29]*<br><br>*…targeted intervention to support development of maths skills. Intervention choice should be guided by specific assessment of skill & difficulty [2]* |
| | Maths manipulatives: physical objects or tools to visualise mathematical concepts | • Concrete resources<br>• Visual representations<br>• Charts<br>• Numicon<br>• Geometric shapes<br>• Number lines | *…use pictures / diagrams/ concrete manipulatives [16]*<br><br>*…concrete / visual materials (e.g. Numicon) may help X's understanding of non-verbal patterns in maths [13]* |

| | | | |
|---|---|---|---|
| | Precision teaching for maths: frequent, short-duration repetition of learning tasks based on identifying specific skills | • Precision Teaching for maths<br>• Repeat exposure techniques<br>• Revision & overlearning | *…an intervention such as Precision Teaching should be used to help develop accuracy in number skills such as number bonds & multiplication [6]* |
| | Catch up maths | • Catch up Numeracy®<br>• Maths booster group | *…intervention to help her develop basic numeracy skills [4]* |
| **Literacy interventions** | General approaches to literacy skills development | • Evidenced-based intervention<br>• High frequency word learning<br>• Overlearning<br>• Cumulative learning<br>• easyspellingaid.com | *…teach word families with High Frequency words [16]*<br><br>*…core literacy skills to be taught through an effective, evidence-based programme of direct instruction [35]* |
| | Precision teaching for literacy: frequent, short-learning tasks based on identifying specific skills | • PT for reading fluency<br>• PT for spelling<br>• PT for phonics<br>• Expanded Rehearsal Technique | *…staff should use an evidence-based intervention such as precision teaching to teach key skills such as phonic acquisition or whole word regulation [23]*<br><br>*…Precision Teaching or Expanded Rehearsal Technique can be used to support fluency & accuracy in sound & word identification [6]* |
| | Phonics: letter sound correspondence | • Phonemic awareness<br>• Cambugs Apps | *…would benefit from continued implementation of a phonics intervention sessions [16]* |
| | Cued spelling | • Cued spelling | *…practice cued spelling programmes with target words [22]* |
| | Reading interventions | • Daily reading<br>• Lexia Reading<br>• Word Shark 3<br>• Reciprocal reading<br>• Reading Rockets<br>• Paired reading<br>• Inference / comprehension<br>• Hi-lo books<br>• Eye-tracking | *…will benefit from daily reading with an adult to consolidate her skills. Ensure that you choose a text that is within 90% of her level of mastery [19]*<br><br>*…will benefit from an evidence-based programme of reading support, undertaken at least twice/daily [8]*<br><br>*…will benefit from an evidence-based programme of reading comprehension & increased emphasis on reading for meaning [18]*<br><br>*…may benefit from using her finger or a ruler to assist with eye tracking skills [16]* |

**Table 3.6** Coding scheme of recommended social, emotional and mental health interventions and their components

| Code | Definition | Intervention / component (author) | *Example from report [report number]* |
|---|---|---|---|
| **Social, emotional & mental health** | | | |
| | Emotion recognition & labelling | • Adult modelling of emotion regulation<br>• Emotional Literacy Support Assistant<br>• Emotion coaching<br>• Zones of Regulation<br>• Incredible 5-point scale<br>• Feelings fan<br>• Feelings thermometer<br>• Traffic light<br>• Rating scales<br>• Mirror-work<br>• 'A Volcano in my Tummy'<br>• 'wondering' aloud | *…individual sessions to explore different emotions, using visual resources to increase emotional literacy [1]*<br><br>*…use mirror work to develop understanding of emotions [2]*<br><br>*…an emotional literacy programme to support X developing awareness & understanding of his emotions / arousal levels [5]*<br><br>*…adults to model & commentate on emotional states [10]*<br><br>*…psychoeducation around feelings & managing these feelings using programmes such as Zones of Regulation [12]*<br><br>*…ELSA input to develop comprehension of her own feelings & expression of them [14]* |
| | Wellbeing monitoring | • Mental health<br>• Anxiety mapping<br>• Observation | *…use observation techniques such as an anxiety map to establish a consistent pattern of triggers [7]*<br><br>*…anxiety will need to be carefully monitored for staff to be aware & flexible to ensure anxiety does not act as a barrier to his learning [30]* |
| | Trauma-sensitive framework / model | • Cairns model<br>• Attachment-aware<br>• ACE aware<br>• Trauma Perceptive Practice<br>• Wolpow et al., 2016<br>• PACE approach (Hughes, D)<br>• Inside I'm Hurting (Bomber, L) | *…Cairns model incorporates three stages of stabilisation, integration & adaptation [4]*<br><br>*…'attachment aware' …relates to building warm relationships, understanding triggers for stress/anxiety [3]*<br><br>*…those supporting X may find it useful to bear in mind the six teaching principles to support compassion, resiliency & academic success for children that have experienced traumatic events [11]* |

| | | |
|---|---|---|
| | • Settling Troubled Pupils to Learn (Bomber, L)<br>• The Whole-Brain Child, (Siegel & Bryson)<br>• Attachment in the Classroom (Geddes, H)<br>• Beacon House<br>• Bruce Perry (Neurosequential model)<br>• Attachment in Common Sense and Doodles (Silver, M)<br>• Attachment and Emotional Development in the Classroom (Colley, D & Cooper, P)<br>• Why Can't My Child Behave? (Elliot, A) | *…in developing trusting relationships with X it may be helpful to adopt a PACE approach which uses the principles of Playfulness, Acceptance, Curiosity & Empathy [8]* |
| Relational approaches | • Trusted adult<br>• Relational connection<br>• Transitional object<br>• Circle of security<br>• Consistent language<br>• Nurture group<br>• Safe relational spaces<br>• Co-regulation<br>• Empathy<br>• Mentalisation<br>• Acceptance<br>• Planned endings<br>• Attunement / VIG | *…presence of key worker/attachment figure to mentalise his emotional state [5]*<br><br>*…anticipate what may cause stress for X & seek to contain her when she feels distressed [16]*<br><br>*…develop a genuine positive relationship, give her a feeling of being liked & valued & a sense of belonging [2]*<br><br>*…a high level of routine, consistency, boundaries & structure…preparation for any anticipated changes to routines & transitions [5]*<br><br>*…X needs adults to communicate unconditional positive regard & acceptance [6]* |

| | | | |
|---|---|---|---|
| | Trauma-sensitive components | • Avoid triggers / re-traumatisation<br>• Avoid shaming | *…it is important to avoid any raised voices near to X [2]*<br><br>*…avoid situations were X feels trapped [27]*<br><br>*…care & sensitivity will be needed…it is very likely he will not want to stand out from his peers [10]* |
| | Individualised response plan | • Behaviour plan<br>• Risk reduction plan<br>• De-escalation plan<br>• Transition plan | *…regularly reviewed de-escalation/risk reduction plan shared & known to wider relevant staff to promote consistency. Plan will involve views of key adults, pupil and carer [25]*<br><br>*…a planned, supported transition back into education setting [7]* |
| | Self-esteem | • Positives diary<br>• Achievement book<br>• 'I am special' book/display<br>• Growth mindset<br>• Effort-based praise<br>• Because We're Worth It (Collins, M)<br>• Building Blocks of Self Esteem (Borba, M) | *..a personalised achievement book where he can add 'one new thing I tried today' [1]*<br><br>*…give praise & appreciation for an idea, gesture or kind deed [2]*<br><br>*…X may benefit from being supported to develop a 'growth mindset' where she sees performance as related to effort rather than fixed abilities {8]* |
| | Behaviourist approaches | • Reward chart<br>• Rewards<br>• Consequences<br>• Certificates<br>• Positive reinforcement<br>• Sand timers | *…consistent structure & boundaries reinforced with a positive behaviour management system [3]*<br><br>*..time with staff members of her choice, ideally in exchange for complying with change [14]*<br><br>*…rewards for occasions when she has successfully limited any impulsivity in her communication [28]* |
| | Mentoring: others & self | • Teaching others<br>• Peer mentoring<br>• Adult mentoring<br>• Life coaching | *…may benefit from some life coaching activities such as those suggested in Nikki Giant's Life coaching for kids' [15]*<br><br>*..may enjoy the opportunity to do with with a carefully chosen peer or younger child whom he can offer support to [10]* |
| | Restorative approaches | • Restorative justice<br>• Restorative Conferences<br>• Conflict resolution | *…restorative approaches to help repair relationships if he falls out with staff or peers [18]* |

| | | | |
|---|---|---|---|
| | | | *…supportive & non-judgemental approach to resolving conflict to develop his perspective taking skills e.g. Restorative Justice [31]* |
| | Narrative approaches | • Life story work<br>• Tree of Life | *…structured personalised programme to develop X's sense of self… understanding of his values & personal strengths [15]*<br><br>*…use of Narrative therapeutic approaches such as 'Tree of Life' could be helpful to reflect on X's life experiences & develop his sense of identity [21]* |
| | Resilience approaches | • Resilience Wheel | *..to address & strengthen different areas of a vulnerable child's life [25]*<br><br>*…support to develop resiliency skills in response to challenging situations [35]* |

**Table 3.7** Coding scheme of recommended physical & sensory interventions and their components

| Code | Definition | Intervention / component (author) | *Example from report [report number]* |
|---|---|---|---|
| **Physical & sensory** | | | |
| | Environmental assessment & modification (to manage sensory stimulation) | • Safe space (physical)<br>• Reduce noise stimuli<br>• Low distraction environment<br>• Identify sensory sensitivities<br>• Calm / quiet time<br>• Ear defenders<br>• Alternative access | *Use a sensory checklist to support observations aimed at noting sensory sensitivities across all environments, times of day & at home [10]*<br><br>*Regular access to established calm & quiet times & safe space (outside of class) [11]*<br><br>*..alternative access arrangements such as side door entrance & exit so he can avoid busy periods [7]* |
| | Multi-sensory instruction | • Visuals<br>• Kinaesthetic<br>• Flash cards<br>• Song<br>• Actions<br>• Concept book | *…to have access to multisensory teaching input [1]*<br><br>*…use music, actions and graphics [4]*<br><br>*…use pictures, visual structures or mult-sensory approaches to develop concepts & develop a 'concepts book' to record & revisit learning [23]* |
| | Sensory-physical exercises & tools to support with relaxation & regulation | • Movement breaks<br>• Gym equipment<br>• Trim trail<br>• Mindfulness<br>• Relaxation<br>• Fiddle tools<br>• Wobble cushion<br>• Theraband<br>• Yoga ball<br>• Weighted cushion<br>• Sensory box<br>• Sensory circuits<br>• Blanket wrap | *…relaxation techniques to support X's concentration and emotional regulation [1]*<br><br>*…staff will trial a range of sensory experiences when she is not distressed, or showing very mild distress & observe which seem to support her to calm [10]*<br><br>*…appropriate soothing strategies such as a squeezy ball, taking a sensory walk (noticing 5 things she can see, 4 things to hear, 3 things to touch, 2 things to smell, 1 thing she likes best of all) [9]* |

| | | | |
|---|---|---|---|
| | | • Water play<br>• Bubbles | |
| | Motor skills & handwriting | • Copying<br>• Handwriting intervention<br>• Handwriting Without Tears<br>• Finger writing<br>• Finger gym | *…opportunities to develop foundation skills for writing, e.g. copying letters, numbers or words [10]*<br><br>*…structured programme to develop handwriting skills based on initial assessment [13]*<br><br>*…writing with a finger in sand/shaving cream/the air [19]* |
| | Self-care & safety programmes | • Personal care<br>• Sexual health<br>• Substance misuse<br>• Self-harm<br>• Healthy relationships | *…would benefit from sensitive support in areas of self-care & toileting [5]*<br><br>*…in the event of self-harming, staff should explore alternatives or modifications [28]*<br><br>*…should take part in a programme on healthy relationships [32]* |

**Table 3.8** Coding scheme of recommended additional intervention components, including referrals to external services

| Code | Definition | Intervention / component (author) | *Example from report [report number]* |
|---|---|---|---|
| | Preparing for adulthood | • Vocational training<br>• Work experience<br>• Volunteering<br>• PATH | *…explore opportunities for volunteering or work experience with animals [31]*<br><br>*…PATH to include young person's voice & connected others to build a future oriented plan towards X's hopes & aspirations [25]* |
| | Independent living skill | • Transport training<br>• TITAN<br>• Road safety<br>• E-safety<br>• Brake.org.uk | *…a programme to develop X's independent living skills, awareness of safety (including e-safety) & community participation [24]*<br><br>*…support with skills needed for successfully travelling around his local community including reading & understanding signs & timetables… [30]* |
| | Home-school partnerships | • Home-school link book<br>• Diary<br>• Emails home | *…carers should be aware of this programme & how they can support progress [8]*<br><br>*…it is essential that we take time & effort to invest in home & school partnerships [34]* |
| | External referrals | • Paediatrician<br>• Vision / eye test<br>• Animal assisted therapy<br>• Play therapy<br>• CBT / TF-CBT<br>• Therapeutic support<br>• Occupational Therapy<br>• SALT<br>• Hearing test<br>• Music intervention<br>• Medical professional | *…access to play therapeutic approaches to help X process & understand his experiences & emotional responses in a safe context [11]*<br><br>*..Occupational Therapist who can advise on sensory regulation methods for young people with developmental trauma [25]*<br><br>*…it would be helpful to request further advice from relevant medical professionals regarding how this might impact his access to education [31]* |

**Notes**: CBT: Cognitive Behavioural Therapy; PATH: Planning alternative tomorrows with hope; SALT: Speech & Language Therapy; TITAN: Travel independence training across the nation

**Table 3.9** Coding scheme of recommended staff training and support

| Code | Definition | Intervention / component (author) | *Example from report [report number]* |
|---|---|---|---|
| **Staff training & support** | | | |
| | Trauma-awareness & understanding | • Attachment-awareness<br>• Trauma-informed practice<br>• Adverse Childhood events<br>• Developmental trauma<br>• FASD | *…to be taught by staff who are appropriately trained in a Trauma Informed approach & attachment-based strategies [12]*<br><br>*…trained in Foetal Alcohol Spectrum Disorder, Attachment Difficulties & Trauma [30]* |
| | SEMH training | • ELSA training<br>• Therapeutic approaches<br>• STEPS<br>• DDP | *Whole staff training may be helpful (e.g. STEPS, ACE-Aware) in developing staff skills responding to children with relational difficulties [11]*<br><br>*…training in therapeutic approaches e.g. DDP [32]* |
| | SLCN & Autism | • ASD<br>• Autism Education Trust | *…should be taught by staff who have an understanding of…ASD [30]* |
| | Staff supervision | • Group<br>• Peer<br>• Individual | *…planned supervision to ensure that practice is informed by an understanding of developmental & relational trauma [13]*<br><br>*To reduce risk of secondary trauma, staff working on a 1:1 basis with X will need regular reflective supervision [32]* |
| | Network co-ordination | • Systemic practitioner | *A co-ordinated trauma-informed network plan & approach, working towards sequenced goals, stability in placements, sensory regulation & felt-safety. Co-ordinated by a named professional holding multi-disciplinary regular reviews [25]* |
| | Whole school approach | • Multi-tiered trauma-informed approach | *An attachment aware school where all adults have a clear understanding of traumatised young people, their history & the reasons behind their behaviours [24]*<br><br>*…co-ordinated, multi-professional & consistent approach [36]* |

### 3.5.2 Thematic analysis

Thematic analysis was selected as the method to analyse the psychological formulations. Thematic analysis allows for an exploratory approach from which emergence of themes or patterns arise from the data. Joffe and Yardley (2004) describe thematic analysis as:

"…*able to offer the systematic element characteristic of content analysis, but also permits the researcher to combine analysis of the frequency of codes with analysis of their meaning in context, thus adding the advantages of subtlety and complexity of a truly qualitative analysis*" (Joffe & Yardley, 2004, p.57).

Thematic analysis provides a systematic and rigorous approach that can be made transparent in order that future researchers can reference the origins of themes for replication or development (Joffe, 2011). Consistent with the theoretical position of the present study, (Braun & Clarke, 2006) argue that thematic analysis is compatible with a critical realist perspective in that it facilitates the analysis of both the observable phenomena and the unobservable, latent structures that shape the themes emerging from the data. For the present study, this supports the exploration of contextual factors such as the theory, beliefs and experiences that influence EP formulations for this cohort, as well as the exposure of the researcher's own perspective and biases that influence the interpretation of data.

Like any research method, thematic analysis has its limitations. Guest et al. (2011) argue that thematic analysis may lack transparency if themes are derived from coded data which can be difficult for others to understand and reproduce. Braun and Clarke (2006) note that thematic analysis may have limited generalisability beyond the specific context or population being studied. Thematic analysis also requires a willingness to immerse oneself in the data. For the present study and cohort, this immersion is particularly challenging, given the nature of the content of the EP reports that often describe the early traumatic experiences of children who have suffered abuse and neglect (see later discussion on researcher reflexivity, section 3.6.1). For the researcher, these limitations emphasise the care that must be taken in the analysis to ensure that codes are meaningful and strongly representative of the chosen theme.

#### 3.5.2.1 Thematic analysis process

Braun and Clarke (2006) offer detailed guidance on the thematic analysis research method that is consistent with the exploratory nature of this research. A six-step approach is suggested: 1) the researcher familiarises themselves with the data, 2) initial codes are generated to capture ideas within the data; 3) initial themes are generated by grouping related codes, 4) themes are reviewed in relation to the whole data set; 5) themes are defined and named; 5) a report of the analysis is produced.

During the initial familiarisation phase, the researcher used MAXQDA qualitative data analysis software to identify the segment where the formulation was described within each document. As has been described, in the document portrait visualised in figure 3.1 the psychological formulation codes are indicated by the green segment.

An inductive approach to coding was adopted which provides the flexibility to modify the coding scheme as new codes and meaning emerge. The process developed from descriptions of the text through to interpretations and constructions of meaning derived from each of the documents (Braun & Clarke, 2006). The codes initially generated in MAXQDA are visualised in appendix 4c. Throughout this phase, the researcher kept notes, thoughts and reflections to consider the impact of their own beliefs, experiences and judgements that may have impacted the development of themes (a sample of the researcher's notes is included in appendix 4a).

Once all the formulation data had been coded and categorised, the task of identifying the broader themes was then undertaken. A validation process was taken together with a number of trainee and qualified EP colleagues, and separately with two different EP supervisors, during which the coding scheme and development of themes were reviewed. The consequence of these discussions led to the refinement of the description and operationalisation of the coding framework (Joffe, 2011). See table 3.10 for a sample.

**Table 3.10:** Section of the coding framework

| Theme: *Safety* | | |
|---|---|---|
| Code name | Definition | Examples |
| Relationships | Importance of safe adult & peer relationships | *'Importance of school & home being a 'secure base' for…with consistency, routine & clear boundaries which will help him to feel contained.'* [report 29]<br><br>*'Working to build sense of felt safety in relationships using the repertoire of therapeutic parenting and schooling approaches.'* [report 25]<br><br>*'She requires trusting relationships with adults who can provide her with the safety that she needs in order to develop emotional security and to increase her confidence that the world can be experienced in a safe way.'* [report 20] |

Table 3.10 describes a section of coded segments from the full thematic analysis coding scheme provided in appendix 3. Once all reports had been coded, descriptions refined and codes combined into main themes, a visual thematic map was created. This final thematic map is presented alongside the research findings presented in chapter 4 (section 4.5).

## 3.6 TRUSTWORTHINESS AND CREDIBILITY

Elo et al. (2014) emphasise the importance of addressing trustworthiness at every phase of the document analysis process including the preparation, organisation and reporting of results. Lincoln and Guba (1986) offer a helpful framework for achieving trustworthiness that includes credibility, dependability, transferability and confirmability. The following steps were undertaken to improve the trustworthiness of the data analysis and interpretation for the current research:

*Credibility*

Credibility can be enhanced in a number of ways, including the use of multiple sources of information, triangulation of data and corroboration of findings. Triangulation of data across multiple EP reports was employed to make logical links and explore patterns between reports. Multiple EP reports were obtained for this purpose, from authors working across a total of six different LA contexts.

The task of psychological assessment is complex, especially in the statutory context of SEND appeals and tribunals. CiC referred for EP assessment exhibit a complex matrix of problems and the EP draws upon multiple sources of information to produce a psychological assessment of SEND, including those that are closest to the young person (teacher, carer, social worker) to assess cognitive function, communication, perception, social skills, approaches and attitudes to learning, attainment, self-image, interests and behaviour (Cameron & Monsen, 2005). Data collected from this wide range of sources was triangulated to make sense of complex problems and a synthesis is presented within the psychologist's report that enables LA colleagues to draft an EHCP. Inherent within this process is the corroboration of findings between professionals that in turn, enhances confidence in the credibility of this research.

*Transferability*

This refers to the potential for the findings to be transferred to other contexts or groups and highlights the importance of ensuring high quality results and reporting of the analysis process, including clear descriptions of the culture, contest, selection and characteristics of the sample (Elo et al., 2014). As will be seen, the present research findings are reported alongside the results of wider research literature into school-based intervention for trauma-experienced children. Transferability is also evident within the detailed reporting of the sample characteristics. This allows the findings to be considered in relation to other, comparable contexts with greater confidence (Graneheim & Lundman, 2004).

*Dependability*

Detailed documentation of the research process, including the research design, data collection, analysis and interpretation is crucial for achieving dependability, allowing other researchers to verify and replicate the research process and findings, thereby enhancing the trustworthiness of the research (Creswell & Creswell, 2017). In document analysis, dependability can be achieved through the careful selection and documentation of the data sources, transparency in respect of the criteria used for selecting documents and the methods used to analyse the data (Elo et al., 2014). In the writing up of the present thesis, a trail has been documented detailing the data selection, de-identification process, coding schemes and decisions

made during the analysis have been documented and explained. This has been overseen by regular research supervision from the Tavistock & Portman NHS Trust.

*Confirmability*

Member checking can enhance credibility by providing opportunities for participants to confirm or refute the findings and improve trustworthiness (Lincoln & Guba, 1986). Face validity can also be used to increase the trustworthiness of studies in which the findings are presented to people familiar with the research topic who then evaluate how the results compare with their experience and reality (Elo et al., 2014). To support category-production and resolve coding questions that arose during document analysis, the researcher sought to engage in dialogue among co-researchers. A sample of coded work was reviewed during research supervisions; as well as with a number of trainee and qualified EPs working within LA-X, and also with an experienced EP within a separate LA Virtual School.

### 3.6.1 Researcher reflexivity

Bhattacharya (2017) encourages the qualitative researcher to be vigilant “in order to reflect and address the role of subjectivities in research with academic rigor and trustworthiness” (p.36). For the present study, this

involves an on-going process of consideration for how the researcher's personal experiences, preconceptions and assumptions influence or bias the selection of sources, analysis of data, identification of themes and interpretation of findings (Krippendorff, 2018). A number of personal experiences of the researcher are acknowledged, these include: (i) my role as both an author and consumer of EP reports; (ii) the institution within which I am training to practice educational psychology; (iii) the Virtual School context within which I have been practicing over the past two years; (iv) extensive reading and immersion within relevant published literature in relation to the present study.

I came to this research as a trainee EP following several years of teaching trauma-experienced learners in schools, and later as a LA specialist teacher supporting children and professionals. I now undertake psychological assessments for children and young people with SEND and am regularly writing reports to guide LA planning for their education, health and care needs. From my experience within the Virtual School, I have found that the assessment and report writing process for CiC has particular challenges and complexities due to a number of factors such as the timing and nature of their distinct trauma-experiences, disruptions to family and caring relationships, changes to involved professionals, placement disruptions, as well as their harrowing stories of abuse and neglect. My position is strongly influenced by the extensive literature on school-based interventions that I have reviewed both as part of this project, and in wider research completed

during training at the Tavistock and Portman NHS Trust where attachment, psychodynamic and systemic theories are prioritised.

I have come to view EP assessment of CiC as a complex phenomenon, influenced by a number of factors (psychological, social, emotional, biological) and that no single theory can offer a complete understanding. In my own practice, I privilege attachment, neuro-constructivism and self-regulation theories in respect of the psychological understanding and provision that I recommend for CiC. I also place a high priority on supporting the adults working most closely with the CiC and believe this support is fundamental to provision.

Throughout the data analysis there was an attempt to remain as close to the data as possible and avoid imposing my ideas. Ponterotto (2005) emphasises the importance of reflexivity in research into sensitive areas of enquiry such as that of the present thesis. Dickson-Swift et al., (2008) note that trauma research involves a degree of emotional risk for the researcher due to the likelihood that the researcher has their own personal experiences with childhood trauma.

The present research utilised secondary analysis of the reports written by EPs. It has felt like an enormous privilege to access the narrative of children's lives and their trauma. Likewise, to have the opportunity to learn through the eyes of experienced EPs and observe the compassion and professional sensitivity clearly demonstrated in many of the reports written

in support of this population. In relation to the community that is being studied in the present thesis, I am aware of the privilege of my stable family background, as well as the particular sensitivities that I have in relation to my own family's shared experiences with the children that are at the centre of this enquiry. It was not possible to distance myself from my own family narrative and experience of being a child to parents that each had distinct childhood experiences of abuse and being taken into residential care.

At times the analysis process was disrupted by the emergence of emotional distress as a result of the descriptions of the traumatic experiences of the children and young people, also at times by reports that were negative and problem-saturated, or when behaviourist approaches to conditioning unwanted behaviour (Skinner, 1985) were advocated, a theoretical approach to which I am misaligned. A number of self-care strategies were undertaken throughout this process, including personal supervision, stepping back from the data to overcome difficult emotions or at least mute their intensity and the recording of reflections in a reflexive diary (see excerpt in appendix 4a). The effect of these narratives on the researcher during analysis are acknowledged in the findings and discussion chapters that follow.

In summary, my interests, experiences and interpretations have been influential within the research process. It is hoped that the sharing of these motivations, alongside the explicit articulation of decisions made during

each phase of the study will provide transparency and increase trustworthiness. Arguably, it is not necessary to control or ignore subjective reactions within qualitative research but through the systematic exposition and examination of self-reflection, new insights and deeper understandings can be achieved (Frank, 1997).

### 3.6.2 Ethical considerations

This study follows the BERA (2011) Guidelines for Educational Research and the BPS Code of Ethics and Conduct (2021). This research utilised document analysis to examine existing written resources, as such there were no ethical requirements in respect of research with human subjects. A key concern for the proposed study is that the rights of the child and authoring educational psychologists are protected with regards to intellectual property and ownership of data (BPS, 2021). In respect of these concerns a number of steps were taken, including ethical approval from the University ethics committee and the Research Governance Panel at the local authority. These processes are fully articulated in appendix 5.

## 3.7 CHAPTER SUMMARY

This chapter has described the research questions of this thesis, providing a detailed account of the sample and methods involved in the study's data

collection and the initial preparation phase and subsequent analysis. The next chapter describes the findings in respect of the three research questions previously posed.

# 4 FINDINGS

## 4.1 OVERVIEW OF CHAPTER

As previously stated, the central aims of this study were to explore how educational psychologists understand and address the factors that undermine educational outcomes for children in care, and to describe the common principles that underpin EP practice in support of this population. Described in the previous chapter, the methods and data analyses were selected to address the research questions previously listed.

This chapter reports the findings arising from the analysis previously described. Section 4.2. summarises the general characteristics of the sample, providing a brief overview of their experiences of early adversity, including relevant details of external services (e.g. CAMHS, NHS) that are reported to have provided support for their education, health or care. Sections 4.3 and 4.4 present findings from the content analysis of EP reports. Thematic analysis of psychological formulations is presented in section 4.5.

## 4.2 SAMPLE

In order to prepare the findings to gain a more complete understanding of the sample and address the research questions under investigation, a number of preliminary analyses were undertaken the results of which are described in this section.

### 4.2.1 Sample characteristics

Initial quantitative data (frequencies and percentages of overall sample) was generated through coding of the reports to describe the general characteristics of the sample including gender, ethnicity (where available), school phase and setting. These are described in table 4.1.

As can be seen, 52.7% of the sample were male and 47.2% were female. Nationally, males are slightly over-represented in the CiC population (56%), compared to 51% of males in the overall child population in (Department for Education, 2022). As such, this sample is largely representative of the national picture.

In the present sample, CiC are predominantly older. Based on the date of which the reports were issued, 77.7% of the sample were in school years 3 to 9 (aged 7 to 14); 13.8% were in school years 0 to 2 (aged 4 to 7); and 5.5% were in years 10 to 11 (aged 14 to 16).

Ethnicity is reported in just three of the 36 reports. Due to the requirement for de-identification of the sample, it was not possible to cross-check the ethnicity of the sample with alternative sources, however published national data would suggest that children from black, mixed and other ethnic groups are over-represented in the numbers of children in care (DfE, 2022).

**Table 4.1** EP reported characteristics of sample (n=36)

| | n | % |
|---|---|---|
| Gender | | |
| Male | 19 | 52.8 |
| Female | 17 | 47.2 |
| Ethnicity | | |
| Not reported | 33 | 90.2 |
| Black British | 1 | 2.8 |
| Mixed white/black Caribbean | 1 | 2.8 |
| Roma | 1 | 2.8 |
| School phase | | |
| Primary y3-6 (age 7-11) | 15 | 41.6 |
| Secondary y7-9 (age 11-14) | 13 | 36.1 |
| Primary y1-2 (age 5-7) | 4 | 11.1 |
| Secondary y10-11 (age 14-16) | 3 | 5.5 |
| EYs y0-2 (age 0-5) | 1 | 2.8 |
| Setting | | |
| Mainstream | 21 | 58.3 |
| Academy | 4 | 11.1 |
| Tutoring | 4 | 11.1 |
| Special education | 3 | 8.3 |
| Out of school | 3 | 8.3 |
| Residential | 1 | 2.8 |

A majority of the sample were in either mainstream (58.3%) or academy-run (11.1%) schools. 19.4% of CiC were out of school, either receiving tuition (11.1%) or with no education provision (8.3%) and 11% were in residential or special education placements.

### 4.2.2 Experiences of early adversity and abuse

Figure 4.1 is a visual quantification of the codes from across all reports that capture details of the CiC's history in respect of early adversity and experiences of abuse. Neglect was the most common form of child abuse reported across the sample (52.8%), followed by sexual (25.0%), domestic (19.4%), emotional (16.7%) and physical (16.7%) abuse.

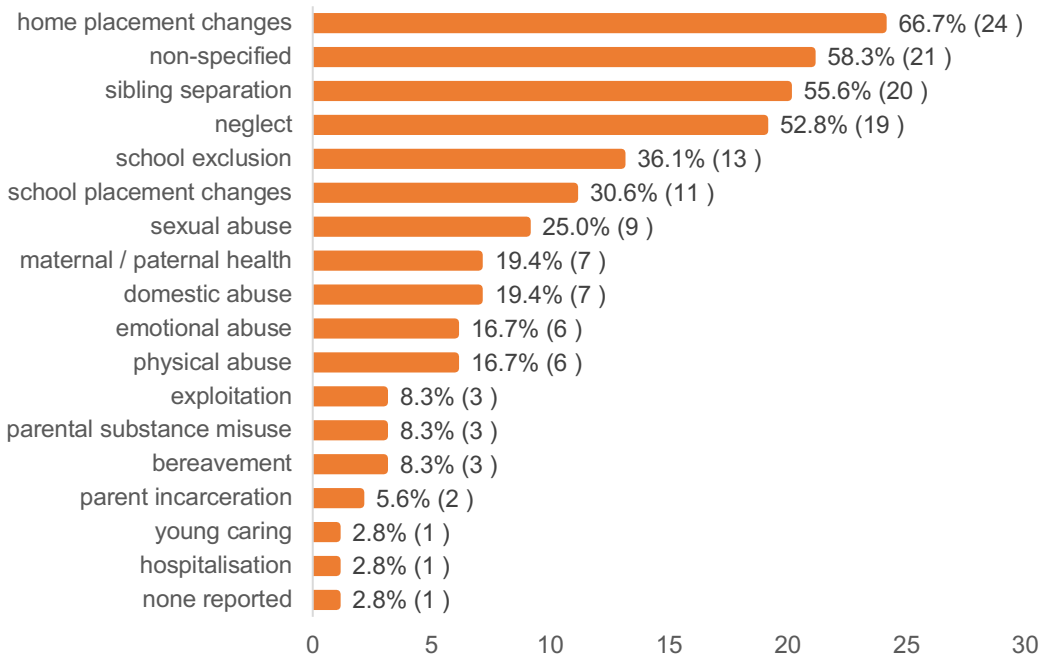



***Figure 3.1: Sample experiences of adversity.*** *Frequency and nature of adverse experiences described across sample reports (n = 36)*

In their reporting, EPs often referred in general terms to the trauma-experiences of the young person but provided limited or no detail regarding the nature of these experiences. These were coded as 'non-specified trauma' and were featured in 21 (58.3%) of the documents. In one instance

(2.8%), no explanation was provided of the experiences that resulted in the young person being taken into care.

The list of adverse experiences displayed provides an indication of the nature of the life experiences of CiC in this sample and are indeed representative of the well-reported care-experiences across child and adult populations (e.g. Trickett & McBride-Chang, 1995). For example, 66.7% of the present sample were reported to have experienced multiple home-placement changes and 55.6% have been separated from their biological siblings.

**Table 4.2** Frequencies and percentages of externally involved services recorded across reports

| | *f* | % |
|---|---|---|
| Service | | |
| *None recorded | 17 | 47.2 |
| Clinical Psychologist / CAMHS | 8 | 22.2 |
| Speech & Language Therapy | 8 | 22.2 |
| Community Paediatrics | 7 | 19.4 |
| Occupational Therapy | 3 | 8.3 |
| Audiology | 2 | 5.6 |
| Behaviour support | 2 | 5.6 |
| Dentist | 2 | 5.6 |
| Ophthalmology | 2 | 5.6 |
| Physiotherapy | 2 | 5.6 |
| Clinical genetics | 1 | 2.8 |
| General Practitioner | 1 | 2.8 |
| Psychiatry | 1 | 2.8 |

**Notes:** CAMHS: Child and adolescent mental health services; *reports in which no record of external service involvement was reported.

### 4.2.3 Externally involved service involvement

Due to the nature of their SEND and wider needs, many of the sample had received prior involvement from services such as Community Paediatrics, or Child and Adolescent Mental Health Services (see table 4.2). It should be noted, that in the present local authority context, all children taken into care undergo an initial assessment with a designated LAC Paediatrician. The data summarised in table 4.2 represent additional, specialist assessment and/or involvement from the listed services.

The services most often recorded as having prior involvement with the present sample were Clinical Psychology (usually CAMHS; 22.2%); Speech and Language Therapy (22.2%) and Community Paediatrics (19.4%).

Table 4.3 describes the frequencies (and percentages) of diagnoses or description of SEND recorded for the current sample. As previously discussed, (in section 1.2.4) this summary reflects that which has been established more widely in the literature, that CiC experience a substantial number of different physical, medical, neurodevelopmental and mental health difficulties resulting in a range of diagnoses that may contribute to understanding of their needs.

Information regarding diagnoses for the current sample was generally reported as having been gathered from external sources and prior records. Developmental trauma was the most common description of need identified across 27.8% of reports. As can be seen, some of the codes listed in table 4.3 are descriptions of difficulties rather than formal diagnoses listed in

medical guidance (e.g. NICE Guidelines) or diagnostic manuals (e.g Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition; International Classification of Diseases, 11th Revision).

**Table 4.3** Frequencies and percentages of special educational needs / disabilities recorded across reports

| | *f* | % |
|---|---|---|
| Diagnosis / description | | |
| Developmental trauma | 11 | 27.8 |
| *None recorded | 10 | 27.8 |
| Attachment disorder | 8 | 22.2 |
| Physical / medical | 8 | 22.2 |
| ADHD | 4 | 11.1 |
| Foetal Alcohol Syndrome Disorder | 4 | 11.1 |
| Self-harm | 4 | 11.1 |
| Substance / alcohol use | 4 | 11.1 |
| Suicidal ideation | 4 | 11.1 |
| Autistic Spectrum Condition | 3 | 8.3 |
| Chromosomal Condition | 2 | 5.6 |
| Moderate Developmental Delay | 2 | 5.6 |
| Anxiety | 1 | 2.8 |
| Depression | 1 | 2.8 |
| Developmental co-ordination condition | 1 | 2.8 |
| Early puberty (prior to age 8) | 1 | 2.8 |
| Global Developmental Delay | 1 | 2.8 |
| Learning Disorder | 1 | 2.8 |
| Microcephaly | 1 | 2.8 |
| PTSD | 1 | 2.8 |

**Notes:** ADHD: Attention deficit hyperactivity disorder; PTSD: Post-traumatic stress disorder; *reports in which no record of externally provided diagnoses was reported.

Related to the data summarising prior involved external services and diagnoses for the present sample, table 4.4 describes the list of previous or ongoing treatment that CiC were receiving to support their needs (at the time of EP involvement). As can be seen, therapy treatment (e.g. animal, play, counselling or TF-CBT) was most frequently recorded (in 38% of

reports). 11% of the sample were receiving medication at the time of EP involvement.

**Table 4.4** Frequencies and percentages of (current or prior) externally provided treatment recorded across reports

| | *f* | % |
|---|---|---|
| Externally provided treatment | | |
| *None recorded | 24 | 66.7 |
| Art / play / drama therapy | 4 | 11.1 |
| Medication (e.g. methylphenidate) | 4 | 11.1 |
| Animal therapy | 3 | 8.3 |
| Counselling | 3 | 8.3 |
| Family / Systemic therapy | 3 | 8.3 |
| Trauma-focused therapy | 1 | 2.8 |

*reports in which no record of external provided treatment was reported.

## 4.3 CONTENT ANALYSIS: EP ASSESSMENTS FOR CIC (RQ1)

As evidenced in section 4.2, CiC are a unique group, who as a result of multiple trauma and disrupted early life experiences, often present with complex needs. In order to develop a meaningful formulation and recommend suitable provision for these young people, a good understanding of their needs is paramount. This section reports the findings of assessment approaches that were recorded by authoring EPs to gather SEND information. Qualitative excerpts from individual participant reports are also included to enrich understanding of EP approaches.

Table 4.5 describes the complete list of assessment methods that were conducted and recorded across all 36 reports. The table is arranged by report number and includes the date of which it was completed. Assessment methods have been separated into *indirect* (e.g. consultation with a carer, parent or professional) and *direct* methods, for which the EP directly assessed the CiC either in-person or during a remote video meeting.

As can be seen, the number of remote consultations with professionals and CiC reflect the impact of pandemic restrictions (described in section 1.4.1) which began in March 2020. The dates of each report have been included in table 4.5 for reference. As can be seen, in spite of lockdown restrictions, EPs continued to meet with and collect assessment information directly from the young people, either in person or via video-conferencing.

**Table 4.5** Range of reported consultations and direct assessments undertaken by authoring EPs across documents.

| Report | Date of report | Indirect (consultation) | Direct assessment |
|---|---|---|---|
| 1 | 27.06.2018 | Carer/parent(s)<br>Teachers(s) | Classroom observation<br>The Ideal School |
| 2 | 09.07.2021 | Carer/parent(s) | None |
| 3 | 25.06.2020 | Remote: social worker<br>Remote: teacher(s)<br>Remote: carer/parent(s) | Remote: CiC consultation<br>Emotional Literacy checklist<br>Myself as a Learner |
| 4 | 14.11.2018 | Remote: social worker<br>Teacher(s) | Sentence starter cards<br>School Aspect rating scales<br>Classroom observation<br>Resiliency Scales |
| 5 | 07.09.2017 | Carer/parent(s)<br>Teacher(s) | Classroom observation |
| 6 | 24.06.2022 | Teacher(s)<br>Carer/parent(s) | Tree of Life<br>Classroom observation<br>BAS-3 |
| 7 | 14.08.2020 | Remote: teacher(s)<br>Remote: carer/parent(s)<br>Remote: social worker | Remote: CiC consultation |
| 8 | 06.03.2021 | Remote: teacher(s)<br>Remote: carer/parent(s) | CiC consultation<br>BAS-3<br>PASS |
| 9 | 22.07.2021 | Remote: teacher(s)<br>Remote: carer/parent(s) | Remote: CiC consultation<br>BRIEF2<br>“What’s wrong with this picture?”<br>CFD<br>16-word memory test<br>Child’s Drawing |
| 10 | 22.09.2022 | Carer/parent(s)<br>Remote: teacher(s) | Classroom observation<br>Pupil views questionnaire |
| 11 | 23.04.2020 | Remote: teacher(s)<br>Remote: carer/parent(s) | Sentence starters (outsourced) |
| 12 | 01.07.2021 | Remote: carer/parent(s)<br>Remote: teacher(s) | Classroom observation |
| 13 | 24.04.2021 | Remote: carer/parent(s)<br>Remote: social worker | Remote: CiC consultation |
| 14 | 08.10.2021 | Remote: carer/parent(s) | None |
| 15 | 01.12.2021 | Remote: teacher(s) | Resiliency Scales<br>Myself as a Learner<br>Emotional Literacy checklist (teacher & carer report) |
| 16 | 08.12.2020 | Social worker<br>Carer/parent(s)<br>Teacher(s) | CiC consultation<br>WISC-V<br>WRAT-5<br>BASC-3 |
| 17 | 22.12.2020 | Carer/parent(s) | CiC consultation<br>ABAS-3 (carer report)<br>BRIEF2 (carer report) |
| 18 | 16.01.2020 | Teacher(s)<br>Carer/parent(s)<br>Remote: social worker | CIC consultation<br>Classroom observation<br>WIAT-III<br>Resiliency Scales |
| 19 | 28.04.2020 | Remote: teacher(s)<br>Remote: carer/parent(s) | CIC consultation<br>Scaling activity |
| 20 | 28.05.2021 | Remote: teacher(s) | CiC consultation<br>Scaling activity |

| | | | |
|---|---|---|---|
| | | | School Aspects rating scale<br>Butler's Self-Image Profile |
| 21 | 09.02.2017 | Social worker<br>Teacher(s)<br>Carer/parent(s) | Classroom observation |
| 22 | 22.05.2019 | Teacher(s)<br>Carer/parent(s) | Classroom observation<br>CiC consultation<br>Child's Drawings<br>Work samples (maths; writing) |
| 23 | 25.03.2020 | Teacher(s)<br>Remote: carer/parent(s) | Classroom observation<br>CiC consultation<br>SLPT |
| 24 | 19.09.2019 | Carer/parent(s) | CYP consultation<br>Classroom Observation<br>WISC-V<br>WIAT-III |
| 25 | 20.04.2021 | Social worker<br>Carer/parent(s) | CYP consultation |
| 26 | 26.01.2018 | Carer/parent(s)<br>Teacher(s) | Butler's Self-Image Profile<br>Classroom observation<br>CYP consultation<br>BAS-3<br>BPVS-III<br>WIAT-III<br>WISC-III<br>Resiliency scales<br>Self-Esteem Indicator (Nelson) |
| 27 | 15.07.2021 | Teacher(s) | ABAS-3<br>BRIEF2 |
| 28 | 05.04.2022 | Remote: Social worker<br>Carer/parent(s) | CiC consultation<br>Classroom observation |
| 29 | 22.08.2019 | Carer/parent(s) | CiC consultation<br>Classroom observation<br>Resiliency Scales<br>CRIES |
| 30 | 13.07.2019 | Carer/parent(s) | CiC consultation<br>Strengths cards |
| 31 | 02.12.2020 | Social worker<br>Carer/parent(s)<br>Teacher(s) | None |
| 32 | 27.12.2020 | Social worker<br>Carer/parent(s) | CiC consultation |
| 33 | 18.09.2019 | Teacher(s)<br>Carer/parent(s) | CiC consultation<br>BRIEF2 (tutor, carer, CiC)<br>BAS-3 |
| 34 | 12.02.2019 | Teacher(s) | Classroom observation<br>BAS-3<br>WIAT-III<br>Strengths cards<br>Resiliency Scales<br>NEPSY-II<br>Child's Drawings |
| 35 | 05.05.2020 | Teacher(s) | None |
| 36 | 30.11.2017 | Social worker<br>Carer/parent(s) | None |

**Notes:** ABAS-3: Adaptive Behaviour Assessment System, 3rd edition; BAS-3: British Ability Scales, 3rd edition; BASC-3: Behaviour Assessment System for Children, 3rd Edition; BPVS-III: British Picture Vocabulary Scale, 3rd edition; BRIEF2: Behaviour Rating Inventory of Executive Function, 2nd edition; CRIES: Child Revised Impact of Events Scale; SLPT: Speech, Language & Communication Progression Tool; NEPSY-II: Developmental Neuropsychological Assessment, 2nd edition; PASS: Pupil Attitudes to Self & School; WIAT-III: Wechsler Individual Achievement Test, 3rd edition; WISC-V: Wechsler Intelligence Scale for Children, 5th edition; WRAT-5: Wide Range Achievement Test, 5th edition.

Standardised measures of assessment were used by EPs in 14 (39%) of the participant's reports. Non-standardised measures were used in 22 reports (61%). Nine reports (25%) did not record the use of either standardised or non-standardised assessments. Standardised assessments (SAs) were administered to assess a wide range of SEND related needs including cognitive assessments (BAS-3; WIAT-III; WISC-V); executive functions (BRIEF 2; NEPSY II); academic achievement (WRAT 5); adaptive behaviours (ABAS; BASC-3); vocabulary (BPVS III), pupil attitudes (PASS), resiliency (Resiliency Scales) and trauma symptoms (CRIES).

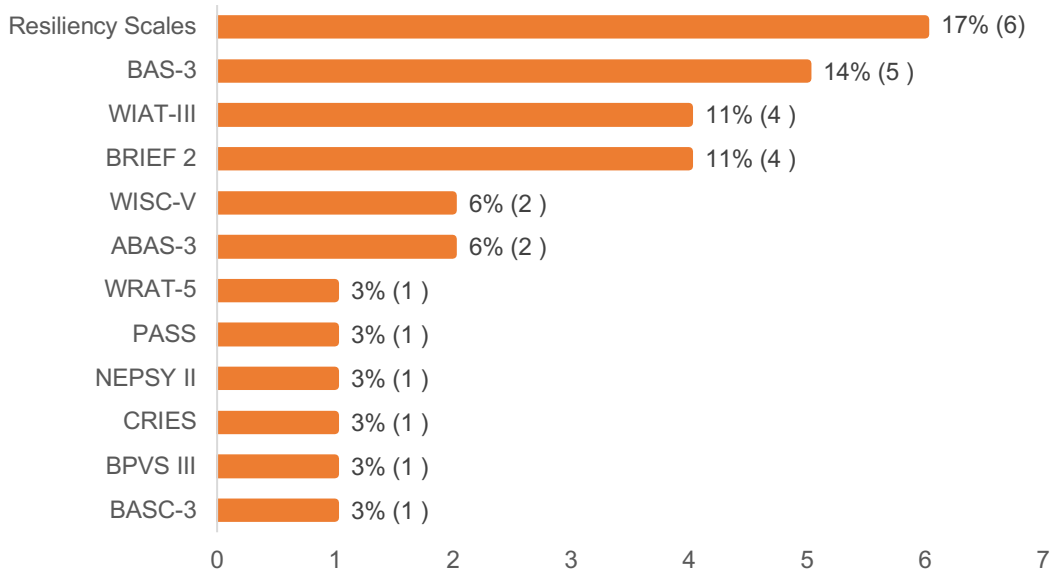



***Figure 4.2: Standardised assessments.*** *Frequency and percentage of standardised assessments administered by EPs across reports (14 documents)*

Figure 4.2 shows the percentages and frequencies of standardised assessments that were directly administered to the sample CiC. In total, 12 different standardised assessments were used, assessing a range of cognition, learning, language, behaviour and pupil attitudes (see appendix 2

for assessment details in relation to the four areas of SEND). The most frequently administered standardised assessments reported, were the Resiliency Scales (16.7% of reports) BAS-3 (13.9%), the WIAT-11 (11.1%) and the BRIEF 2 (11.1%). Cognitive assessments were administered to 8 of the CiC sample (22.2%). The CRIES was the only assessment administered that measured post-traumatic stress symptoms.

Figure 4.3 shows the percentages and frequencies of non-standardised assessments (N-SAs) methods that were used by the authoring EPs directly with CiC. In total, 16 different N-SAs were used to gather a range of information including pupil views and attitudes towards school, memory, self-image, self-esteem, speech, language, communication, and emotional wellbeing. N-SAs were used in 22 reports (61.1%). Observations were the most common form of non-standardised methods recorded in 15 (41.7%) reports. Scaling activities were the second most administered method (4 reports; 11.1%). Only one report incorporated dynamic assessment to gather information on cognition and learning needs, including both the Complex Figure Drawing and a 12-Word memory test.

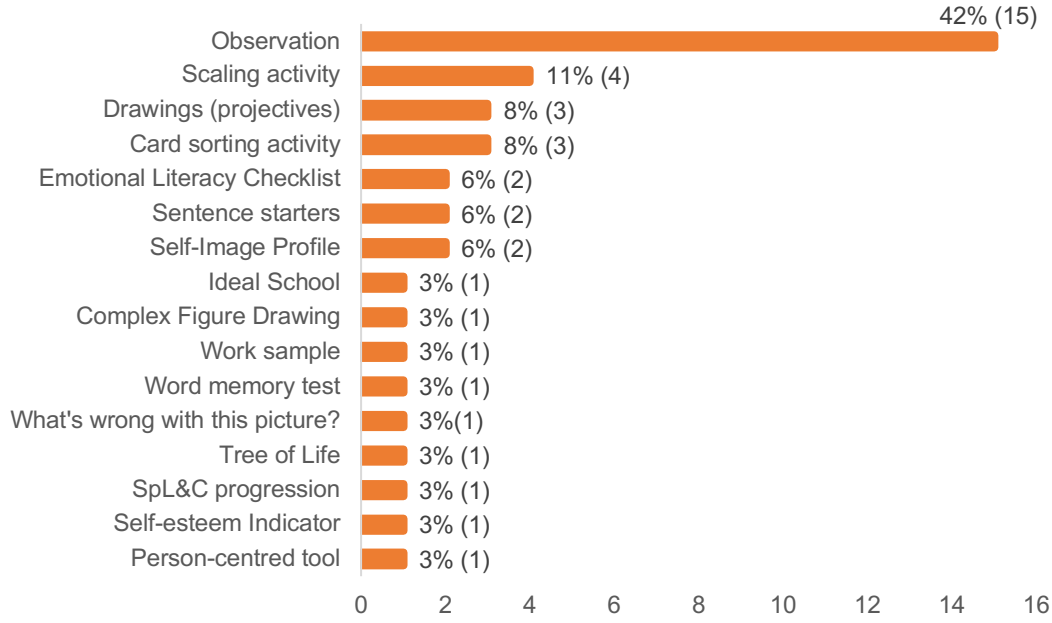



***Figure 4.3: Non-standardised assessments.*** *Frequency and percentage of non-standardised assessments administered by EPs across reports (22 documents)*

As can be seen from the data presented in table 4.5, in five cases the EPs did not meet directly with the CiC for consultation or to gather assessment information. In two reports, the rationale for this was explained by the authoring EP. This is exemplified in the following excerpt:

> *'In view of the unsettled care situation for…at the time of my virtual meeting with her, and knowledge of her high levels of anxiety about her future, I did not interview her directly about her long term hopes and ambitions but instead have referred to the comments and reflections of those who know her well throughout this report.'* [report 9]

In another illustrative excerpt, the EP describes how the data gathering sentence-starter tool was outsourced to the carer to complete with the young person:

> *'I am aware that…can experience difficulties meeting new and unfamiliar people. Hence in considering the current situation, his developmental level and emotional needs, it was felt more appropriate for [carer] to obtain his views and feedback. As part of this assessment, I gave the carer the below 'Sentence Starters' to explore and facilitate conversation regarding his views, hopes and aspirations.'* [report 11]

### 4.3.1 Summary: EP assessments for CiC

Qualitative content analysis of the EP reports indicates a range of indirect, direct, standardised and non-standardised methods of assessment for children in care. These have undoubtably been influenced by the Covid-19 pandemic, particularly in reports produced between March 2020 to March 2021 when there were fluctuating restrictions on in-person visits to schools and families. As illustrated by the qualitative excerpts, there were differences noted in respect of the EP's sensitivity to meeting with the young person, as well as the young person's willingness to engage with the EP professional.

## 4.4 CONTENT ANALYSIS: INTERVENTIONS & COMPONENTS FOR CIC (RQ2)

As detailed in chapter 3 (section 3.5.1) a series of coding schemes were developed to categorise individual interventions and their components. A deductive “top down” method of content analysis guided the coding and synthesis of intervention components. These were extracted from the published literature reviewed for the present study that was presented in chapter 2 (section 2.4).

Following the structure of the coding scheme (tables 3.4 to 3.9, section 3.5.1), the findings are reported here in the following sequence: (i) area of SEND, (ii) recommendations for staff training and development, (iii) recommended additional intervention components, including referrals to external services.

The data describes: (a) the name of the recommended intervention component (corresponding with the sequence of code names previously presented in section 3.5.1); (b) the number of reports within which the intervention component is recommended, and (c) the percentage of EP reports that included that intervention component.

### 4.4.1 Communication & interaction

Table 4.6 provides a summary of EP recommendations for intervention components to support the development of communication and interaction needs for the participant CiC.

The recommended intervention components most recommended by EPs to support communication and interaction needs were *interpersonal skills* (80.6% of reports) and *friendship, empathy and prosocial skills* (72.2%), emphasising the support that the authoring EPs believe is required for CiC to develop positive social skills with peers and adults. Speech, language and communication interventions were recommended in 47.2% of reports, indicative of the proportion of the sample that require support for SLCN.

**Table 4.6** Intervention components to support communication and interaction needs recommended by authoring EPs

| Intervention component | No. of reports | % reports |
|---|---|---|
| Interpersonal skills | 29 | 80.6 |
| Friendships, empathy & prosocial skills | 26 | 72.2 |
| Speech, language & communication | 17 | 47.2 |

### 4.4.2 Cognition & Learning

Table 4.7 summarises the recommendations for intervention components to support the development of cognition and learning needs for the sample. As can be seen, 23 different intervention approaches and components have

been recommended to support the development of general learning skills, as well as more specific intervention components for improving maths, literacy and reading outcomes.

There is a general tendency for the authoring EPs to recommend intervention components that target general learning skills, with the most frequent of these approaches described as *individualised learning* support (91.7%), *executive function* skills development (83.3%) and *small group/ paired learning* activities (69.4%).

**Table 4.7** Intervention components to support cognition and learning needs recommended by authoring EPs

| | Intervention component | No. of reports | % reports |
|---|---|---|---|
| **Learning skills** | Individualised approaches | 33 | 91.7 |
| | EF approaches | 30 | 83.3 |
| | Small group / paired learning | 25 | 69.4 |
| | Small steps learning | 23 | 63.9 |
| | Assistive tools & technology | 16 | 44.4 |
| | Play-based learning | 7 | 19.4 |
| | Errorless learning | 4 | 11.1 |
| | Interleaved learning | 4 | 11.1 |
| **Mathematics** | General approaches | 8 | 22.2 |
| | Precision teaching for maths | 7 | 19.4 |
| | Maths manipulatives | 3 | 8.3 |
| | Catch up maths | 2 | 5.6 |
| **Literacy** | General approaches | 8 | 22.2 |
| | Precision teaching | 8 | 22.2 |
| | Phonics | 5 | 13.9 |
| | Cued spelling | 1 | 2.8 |
| **Reading** | General approaches | 9 | 25 |
| | Inference / comprehension | 5 | 13.9 |
| | Reciprocal reading | 2 | 5.6 |
| | Paired reading | 2 | 5.6 |
| | Reading rockets | 1 | 2.8 |
| | Hi-lo books | 1 | 2.8 |
| | Eye tracking | 1 | 2.8 |

**Notes:** EF: Executive Functions

Literacy and reading intervention components (both general approaches and programme specific interventions) were recommended more frequently than the equivalent intervention components for mathematics. *Precision teaching* was the most popular programme-specific intervention recommended to support outcomes in both maths (19.4%) and literacy (22.2%). *Inference/comprehension* programmes were the most recommended interventions for improving reading outcomes (13.9%).

### 4.4.3 Social, emotional and mental health

In total, there were 12 different social, emotional and mental health intervention components recommended by authoring EPs (see table 4.8). The SEMH intervention components most recommended across reports were those for *emotion regulation and labelling* (91.7%), *relational approaches* (86.1%) and *self-esteem* (77.8%).

**Table 4.8** Intervention components to support social, emotional and mental health needs recommended by authoring EPs

| Intervention component | No. of reports | % reports |
|---|---|---|
| Emotion regulation | 33 | 91.7 |
| Relational approaches | 31 | 86.1 |
| Self-esteem | 28 | 77.8 |
| Wellbeing monitoring | 18 | 50.0 |
| Mentoring | 18 | 50.0 |
| Behaviourist approaches | 15 | 41.7 |
| Trauma-sensitive framework | 14 | 38.9 |
| Individualised response plan | 14 | 38.9 |
| Restorative approaches | 11 | 30.6 |
| Narrative approaches | 6 | 16.7 |
| Trauma-sensitive components | 4 | 11.1 |
| Resilience approaches | 2 | 5.6 |

Notably for the present cohort, *behaviourist* approaches were suggested in 41.7% of reports and intervention components that explicitly acknowledged the need to take steps to avoid *trauma-sensitive* triggers or re-traumatisation were recommended in just four reports (11.1%).

### 4.4.4 Physical & sensory

In total, there were five different intervention components recommended to support physical and sensory needs (table 4.9). The most frequent of these was the recommendation to offer *sensory-physical* regulation exercises (72.2%), Reducing the CiC's sensory stimulation through making adjustments to the teaching and learning *environment* were recommended for 63.9% of the sample and *multi-sensory instruction* techniques for 30.6% of the CiC.

**Table 4.9** Intervention components to support physical and sensory needs recommended by authoring EPs

| Intervention component | No. of reports | % reports |
|---|---|---|
| Sensory-physical exercises | 26 | 72.2 |
| Environmental adjustments | 23 | 63.9 |
| Multi-sensory instruction | 11 | 30.6 |
| Motor skills & handwriting | 8 | 22.2 |
| Self-care & safety | 7 | 19.4 |

### 4.4.5 Additional components & external referrals

Tables 4.10 and 4.11 describe the additional provision recommendations that were coded separately from the four categories of SEND previously presented.

Table 4.10 lists a number of additional components of which the importance of positive *home-school partnerships* were emphasised in 63.9% of reports. Intervention components to support *preparation for adulthood* (13.9%) and *independent living skills* (33.3%) were more likely to be recommended in reports written for CiC in the older years of secondary school, for whom the prospect of leaving care and moving into independent accommodation was more relevant than for the younger members of the sample. Referrals to external services were recommended in 5.6% of reports.

**Table 4.10** Additional intervention components and external referrals recommended by authoring EPs

| Intervention component | No. of reports | % reports |
|---|---|---|
| Home-school partnerships | 23 | 63.9 |
| Independent living skill | 12 | 33.3 |
| Preparing for adulthood | 5 | 13.9 |
| External referrals | 2 | 5.6 |

Table 4.11 lists the frequency of intervention components that are recommended to support education staff working with CiC. Training in *trauma-awareness*, including understanding of the impact of trauma on CiC is the most suggested training (50%) across reports. More broadly, a recommendation for *SEMH training* is made in 22.2% of reports and training

for SCLN or ASCs is recommended in 8.3% of reports, reflecting the proportion of CiC that have relevant diagnoses from external services (see section 4.2.3).

Of interest to the present study, particularly in relation to the literature review presented in chapter 2, are the findings that *whole school*, multi-tiered approaches to trauma-informed practice are recommended in 19.4% of CiC reports. Supervision for supporting staff is suggested in 11.1% and systemic *network co-ordination* in just one (2.8%) report.

**Table 4.11** Intervention components recommended to support staff

| Intervention component | No. of reports | % reports |
|---|---|---|
| Trauma-awareness training | 18 | 50 |
| SEMH training | 8 | 22.2 |
| Whole school approach | 7 | 19.4 |
| Staff supervision | 4 | 11.1 |
| SLCN & Autism training | 3 | 8.3 |
| Network co-ordination | 1 | 2.8 |

### 4.4.6 Summary: interventions & components

This section has presented the findings of the quantitative content analysis that sought to determine the range of school-based interventions and components that are recommended by UK educational psychologists to support children in care with SEND. As has been seen, recommendations for all four areas of SEND have been presented, together with additional provision for preparing CiC for adulthood, training support staff and with home-school partnerships. The question of how these findings relate to the

published literature on school-based intervention for trauma-experienced children and young people will be explored in depth in the Discussion chapter that follows.

## 4.5 THEMATIC ANALYSIS: PSYCHOLOGICAL FORMULATIONS (RQ3)

As described in chapter 3 (section 3.5.2), thematic analysis of the psychological formulations contained in the EP reports was carried out in accordance with the method described by Braun & Clarke (2006). The key themes (dark green) and sub-themes (light green) are visualised in figure 4.4. The relationships between key themes and their associated subthemes are represented by solid lines. As will be explained dotted lines highlight themes that are indirectly related. Each theme is discussed in detail below together with excerpts from EP reports to illustrate analyses (see appendix 3 for full description of the coding scheme).

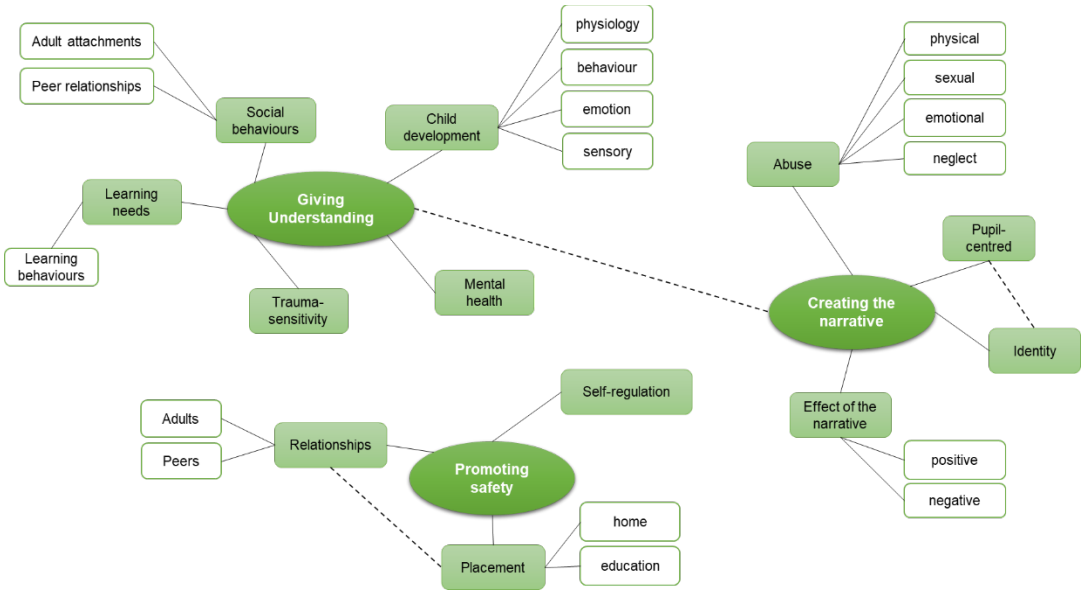



***Figure 4.4: Mapping formulations**: Thematic analysis of psychological formulations written by educational psychologists for children in care.*

### 4.5.1 Giving understanding

The main theme of "*giving understanding*" attests to the authoring EP's evaluation and integration of information into a coherent and comprehensive psychological formulation. The giving of psychological understanding was evident throughout the reported formulations for CiC and different factors contribute to the *giving understanding* theme. These are categorised into five sub-themes: (i) child development; (ii) learning needs; (iii) social behaviours; (iv) mental health; (v) trauma sensitivity.

*Child development:* The authoring EPs sought to explain the impact of early adversity and trauma on the CiC's development. Visualised in figure 4.4,

various factors contributed to these explanations that refer to the impact of early adverse experiences on the development of physiology, behaviour, emotion and sensory regulation. Reference to the term 'fight, flight, freeze' was often made to explain the CiC's automatic or instinctive physiological responses to perceived threat and their consequential defensive, confrontational or attentional behaviours.

> *'…reactions associated with affect dysregulation are often classified as 'hyperarousal', where young people are reactive, hypervigilant, alarmed, prone to aggression or flight; or 'dissociation', where they are disengaged, numb, compliant and inattentive. Both hyperarousal & dissociation are adaptive human responses to unresolved early attachment disruption and/or abuse.'* [report 24]

Some formulations would recognise the maladaptive nature of these behaviours for the young person, whilst also emphasising the need for understanding and compassion from professionals:

> *'…she does need to be supported in managing these behaviours because they are intensely unhelpful for her and those around her, they must not be interpreted as a negative character trait but must be understood as a direct consequence of the trauma and neglect that she has experienced in her young life.'* [report 27]

*Social behaviours*: Explanations of social and relational behaviours of the CiC were frequently observed and emphasised. Social behaviours include those that were described in relation to both adults and peers. Often, the formulations would make reference to attachment theory.

> *'…presents with significant attachment difficulties as a result of early trauma, and significant relational trauma and loss.'* [report 24]

Often, brief theoretical explanation for attachment behaviours was included, at times, with signposting towards wider resources that could be referenced for deeper understanding.

> *'Children who present with ambivalent attachment style may have difficulty with concentration and attention, reading emotions, appear overly dependent on adults and prefer to play alone.'* [report 1]

> *'His described behaviour, according to Attachment Theory, fits with that of children classified with an 'insecure avoidant' attachment style. (Chapter 2 'Inside I'm hurting' by Louise Michelle Bomber 2008).'* [report 15]

By contrast, attachment theory was acknowledged in a superficial way in some reports, with little explanation offered as to what disrupted or abusive early attachment relationships might mean for the young person, their current and future relationships, or their ongoing support.

> *'She has also been identified as having coercive ambivalent/anxious attachment difficulties as a result of unsupportive, inconsistent and neglectful parenting.'* [report 27]

Complexities in social behaviours were often described, giving understanding for how these might impact the CiC's relationships.

> *'… she has been observed to want to please those around her and as such she struggles with sharing her own wishes and feelings. This has resulted in her saying one thing but doing the opposite and this can impact on her friendships. She often struggles with making and sustaining them.'* [report 28]

Less often, the young person's strengths and traits in social interactions and relationships were described, such as being a good listener, or having a sense of humour.

> *'…can be kind and caring towards adults and other children. He has a good sense of humour. He is compassionate and loyal. He likes playing games. He is able to play games in a small group of children, when supported by an adult.'* [report 24]

*Learning needs:* As has been highlighted in section 4.2.2, a clear feature of early experience for this population is the number of home and school

placement breakdowns they have experienced. This is emphasised in the descriptions of learning needs within this sub-theme. In particular, the formulations suggest progress may be idiosyncratic with some skills better-developed than others as a result of placement disruptions and reluctance to engage in learning.

> *'…has considerable gaps in her knowledge. This is likely to be due to multiple school moves she has encountered throughout her primary education.'* [report 23]

> *'…felt that his maths skills were good, and that this gap was as a result of gaps in his subject knowledge due to the broader difficulties he has had in engaging comfortably with education.'* [report 10]

EPs suggest that for some CiC, who show clear strengths in cognitive ability, learning needs are influenced by the young person's self-regulatory capabilities, particularly in their emotional response to task-demands, as well as difficulties with attention regulation.

> *'…has a high general fear of failure, this can be particularly difficult around exam times. He has a high sense of shame and when faced with a challenge, he is more likely to avoid it if he senses there is a risk he may fail at it.'* [report 30]

> *'His attention can be fleeting, in which he struggles to switch and share attention to adult initiated tasks.'* [report 11]

The thematic analysis also highlights individual factors that influence learning needs such as epilepsy and chromosomal deletion, indicating that a multi-faceted, individualised approach is necessary to support the individual's unique learning needs and strengths.

*Mental Health*: The analysis emphasised the profound impact of early adversity, abuse and trauma on the mental health of the sample, often resulting in pervasive and persistent fear states. These manifest in various ways, including hearing voices, intrusive memories or flashbacks, disrupted sleep, high levels of anxiety, bed-wetting, and suicidal ideation.

> *'…sleep is disturbed and she frequently has intrusive memories or flashbacks to the abuse'* [report 29]

> *'…expresses feelings of sadness, loneliness, intrusive thoughts and suicidal ideation.'* [report 31]

The reports describe a number of coping mechanisms employed by the sample CiC, including self-harm, substance abuse, externalising or internalising behaviours which may be helpful to manage overwhelming emotions, distress or anxiety.

*'…when in crisis she may display externalising behaviours, such as throwing items, shouting or hitting others. More recently, she has displayed more internalising responses to her dysregulation, by appearing withdrawn, crying or being very quiet and not initiating engagement with trusted adults.'* [report 6]

*'…has admitted to smoking cannabis and taking cocaine in social situations.'* [report 32]

The EPs call for recognition and compassion from professionals with regards to the impact on the young person's mental health of change and transitions, including changes in home or school placement or resuming contact with a birth family.

*'It is anticipated that he will continue to feel unsettled over the next year as he settles into his new foster family, makes a transition to a new school and resumes contact with his birth family. As a result, he is likely to display emotional distress and challenging behaviour at times.'* [report 3]

For a small number of CiC, the reports highlight the importance of open communication about appropriate sexual relationships and behaviours as an important factor in managing the risk of sexual behaviours and promoting healthy relationships.

> *'There is evidence from research in this area indicating that openness with children and young people about appropriate sexual relationships and behaviour and importantly, about what is not appropriate and why, were absolutely key in effectively managing the risk of, and reducing sexually inappropriate and abusive behaviours.'* [report 17]

*Trauma sensitivity:* A number of reports emphasised the need for professionals to be sensitive to the possible triggers, or experiences of the CiC that may be re-traumatising. For some young people, triggers arose from situations that were reminders of past experiences:

> *'situations where…may feel lonely or hurt could trigger panic or reminders of past experiences leading to the onset of extreme emotional dysregulation.'* [Report 21]

> *'He finds sharing exceptionally difficult; sharing things, space, and in particular, adult attention. I understand that difficulties sharing adult attention were a significant factor in some of his escalated behaviours in relation to his siblings, his peers in school and other children in his previous and current residential settings.'* [report 17]

At other times, EP's described emotional triggers without a clear explanation of the CiC's lived experiences that may have contributed to

their responses, highlighting the complexity within the relational dynamics that may never be fully understood.

> *'She seems to become triggered by adults who attempt to hold authority, it can amplify her need to wrestle back power and control, perhaps to keep herself safe from threats and attack.'* [report 25]

> *'TA reports…eyes 'going dead' at times of behavioural outburst and his face turning very red. The triggers are commonly not being picked in class when his hand is up, the learning objective label not being stuck in his book and refusal to do work set. At these times he often paces up and down the room saying how much he hates his life, mentioning his Mum and brother.'* [report 22]

### 4.5.2 Creating the narrative

The theme of "*creating the narrative*" describes the authoring EP's integration of information into a coherent and comprehensive narrative. This theme describes the meaning that EPs make of the CiC's experiences that are recorded in their reports. These are categorised into four sub-themes: i) abuse; (ii) pupil-centred; (iii) identity; (iv) effect of the narrative.

*Abuse:* The reported formulations provide powerful narratives to summarise the CiC's experiences of abuse. These acknowledge the significant psychological and emotional challenges of managing feelings such as

shame, worthlessness and self-blame. Some of the reports attempt to explain a young person's pattern of current behaviours in light of past trauma.

*'…may be re-enacting when she is in a high state of dysregulation (sudden, seemingly unprovoked mood switching, eruption of violence, including to those she seems to prefer, who offer nurture). It may help build understanding of the lived experience of…as a child, trying to seek attachment proximity and then being harmed in relationships.'* [report 25]

Many of these narratives reflect the bravery of the abuse survivor in disclosing revelations of past abuse, or in one case, confronting her biological parents about her abuse.

> *'…confronted her parents about past abuse. [Carer] reported how her parents made some oblique reparative steps toward her (buying treats and gifts).'* [report 25]

As the CiC sample grows older, different effects of the abuse become apparent, including cognitive distortions about '*relationships and sexuality'* [report 27] following premature exposure to sexual behaviours at an age where they were unable to understand.

> *'It is very important that the narrative is not around him as a sexual threat but as a child who has not been able to make sense of a chaotic world and who needs help with this.'* [report 17]

Despite these challenges, the abuse narratives often highlight moments of resilience and courage whilst encouraging professionals to recognise these moments and offer support, empathy and a non-blaming approach.

> *'…has experienced trauma, disruption and neglect in ways unimaginable to the majority of young people and adults; any achievements and successes she experiences at all, however minor, should be appreciated and celebrated in the context of this and considered to reflect courage, strength of character and likely an extremely high level of effort.'* [report 27]

*Pupil-centred:* The theme of pupil-centredness considers the CiC's individual wishes, their views and autonomy in decision-making and can be identified in several ways across a number of the reports. Excerpts illustrate how the CiC's desires and preferences are important and valued by the authoring EPs.

> *'Having one friend is one of her wishes'* [report 25]

Considering the young person's views in decision-making is also prioritised in some reports.

> *'she has identified that she would like to find her 'forever home'. In determining her permanent placement, it is important that her views are considered in decision making processes.'* [report 21]

Visualised in figure 4.4, the pupil-centred sub-theme is related to the identity sub-theme that emerged from the analysis of formulations.

*Identity:* A number of reports highlight different aspects of the CiC's identity that were discussed in formulations, suggesting that culture, ethnicity and gender play significant roles in shaping their identity and how they perceive their differences from others. Excerpts highlight how the CiC's experiences and emotions have shaped their perceptions of themselves as having a fragile self-image or lack of self-worth.

> *'…likely to have an insecure, fragile self-image/severe lack of self-worth.'* [report 9]

> *'…may be experiencing her foundation as a wobbly 'peg''* [report 25]

> *'His negative self-talk is an indication of his underlying fragile sense of self.'* [report 18]

Self-worth is connected to a sense of belonging and acceptance from family, peers and the community and EPs emphasise the need for '*unconditional positive regard'* [report 33] from supporting adults. One EP describes the CiC's struggle of having *'a "monster" inside that he has to*

*keep in check'* [report 30] which may suggest a fear of not being accepted as one's authentic self, or of unwelcome aspects of the young person's self that might be passed down from parents.

A number of formulations refer to issues of cultural, ethnic and gender identity, emphasising the importance for CiC of '*fitting in and not appearing different to peers*' [report 27] as well as a desire to express identity in ways that are specific to the CiC's background such as their Traveller culture or mixed racial heritage.

> *'…she chooses to use the words to describe herself such as 'mixed race,' 'brown' or 'white' to express her ethnic heritage.' [report 32]*

> *'she wants to transgender from female to male and she recently signed herself as 'X' on the contract for her residential placement.' [report 28]*

One report mentions the CiC's experience of prejudice and discrimination for expressing aspects of her identity.

> *'she wants to be able to express herself in ways which are specific to her Traveller background and culture, and she feels discriminated against about the way she wants to wear her hair and the cross she wants to wear. She argued that she felt no child of another religion or background would be asked to change themselves.'* [report 32]

*Effect of the narrative*: This theme refers to the effect of the narrative on the person experiencing the narrative (refer to reflexivity section 3.6.1 for more detailed explanation). For the researcher, at times, this was experienced as positive or strength-based and at other moments, as negative or problem-saturated. For example, it became apparent during analysis that some of the reported formulations prioritised the strengths and positives of the young person as well as their ability to cope with adversity. These narratives focused on the individual's resilience and determination.

> *'…is a brave and resilient boy who has shown these virtues in the context of significantly adverse childhood experiences.'* [report 13]

> *'…developing a number of coping strategies based on a very particular view of the world*.' [report 6].

Perceptiveness was another highlighted strength in respect of the development of social skills.

> *'…has said 'he knows how to get under people's skin,' whilst indicated in a negative way, also demonstrates a perceptiveness he has about different people and can be positive as he continues to develop his social skills.' [report 30]*

By contrast, a number of the reported formulations were experienced as negative and problem-saturated. These narratives often focused on the young person's deficits.

> *'He will also take items at home without asking and will now admit to doing this. He also helps himself to particularly sweet food items in large quantities.'* [report 26]

> *'She will communicate her emotions by ripping things off the walls, knocking items off surfaces, shifting chairs and tipping tables. When she starts to find situations difficult, she makes odd noises to get attention, rocks on her chair and talks in a baby-like voice, sometimes ignoring anyone who is trying to help.'* [report 14]

At times, the negative narratives would present little by way of psychological interpretation of the problem. For example, in the following excerpts [report 19 and 24] there is little explanation for the context that might explain the behaviours or any suggestion that they could be meeting the young person's regulatory needs.

> *'It's important that he finds other ways of expressing his emotions/feelings without the need for eating/sucking on inedible things.'* [Report 19]

> *'He can find it difficult to take responsibility for his behaviour and learning. He is hypervigilant to what the adults are doing and is easily distracted, at times avoiding work or doing the minimum. He finds it difficult to concentrate and focus on tasks. He relies on feelings rather than his knowledge to guide his behaviour and has a poor understanding of cause and effect. He has poor stress tolerance, which detracts from his learning.'* [report 24]

### 4.5.3 Promoting safety

The third central theme that emerged during thematic analysis is "*promoting safety.*" This theme underscores the emphasis made across reports that CiC are helped to feel safe and secure in respect of their (i) relationships; (ii) self-regulation; and (iii) placement.

*Relationships:* This sub-theme highlights the significance of relational safety in creating secure, trusting and supportive environments for CiC who have experienced trauma, adversity and disruption.

> *'Working to build a sense of felt safety in relationships using the repertoire of therapeutic parenting and schooling approaches.'* [report 25]

> *'She requires trusting relationships with adults who can provide her with the safety that she needs in order to develop emotional security*

> *and to increase her confidence that the world can be experienced in a safe way.'* [report 20]

Reports emphasise the need for consistency, routine, boundaries and trauma-informed approaches within relationships as a prerequisite for emotional security, confidence and well-being. Some of the formulations acknowledge the need to approach boundaries in a trauma-sensitive manner, prioritising the emotional needs of the CiC, rather than enforcing authority.

> *'Importance of school & home being a 'secure base' for [26] with consistency, routine & clear boundaries which will help him to feel contained.'* [report 26]

> *'She is beginning to respond to the consistent boundaries being implemented and these should certainly continue. However, consistent and firm boundaries should not be conflated with authoritative approaches and in any setting she will need to experience boundaries but within the framework of trauma informed approaches. The emphasis must be on managing the emotional response to adult demands and boundaries and not on submission to their authority.'* [report 27]

*Self-regulation:* The formulations describe both the difficulties CiC have with self-regulation as well as the importance for professionals to recognise the

need for support with self-regulation. The selected excerpts for this section include aspects of emotion, behaviour and sensory regulation.

Many children have challenges with emotion regulation and may demonstrate '*significant difficulties understanding and regulating*' [report 3] their feelings. These regulatory abilities may be linked, within the formulations, to the difficulties the young people have in understanding and communicating emotions.

> *'This presents as…regularly experiencing emotional dysregulation, resulting in a number of externalising or internalising behaviours. She is not yet confident in making sense of her varying emotions, including identifying and labelling her feelings, identifying her own triggers and physiological responses to emotions, or strategies to apply to support her self-regulation.* [report 6]

Some of the reports highlight sensory regulation difficulties. For instance,

> *'She took part in sensory circuits each day in order to help her settle, to develop her organisational skills and to support her fine motor development.'* [report 4]

Another described the young person's tendency to put '*inedible objects (such as glue, clay, rubbers)*' [report 19] into his mouth at times when he appeared anxious.

Self-regulation difficulties are described as having an impact on learning and social interactions for both the child and the supporting adults, suggesting that regulatory needs must be addressed in both the CiC and the supporting adults for overall well-being and development.

> *'These behaviours have prevented him from consistently accessing learning opportunities at school; as a result, he is currently achieving below age-related expectations.' [report 3]*

> *'Working to build adaptive regulation, to disarm her survival responses, gradually teaching her through experiences of sensory regulation through co-regulation in a stable context, with safe adults – who are also helped to manage regulation of their own emotions in the face of powerful relational processes, including threats to their safety.' [25].*

*Placement:* The theme of promoting safety in respect of home and education placement is prominent across formulations. Chaos and instability in care placements is contrasted with the desire for the CiC to experience consistency and security. Sometimes described as a 'safe base' by the authoring EPs who indicate that safety and stability in the home and education environment is crucial for well-being and learning progress.

> *'Her behaviour appears strongly related to the perceived chaos and instability of her care placements. It is likely that the recent*

*breakdown in her permanent care placement will have had a profound impact on her emotional wellbeing. It is important that she receives a highly supportive and nurturing home environment from adults she knows and trusts in order to come to terms with what has happened.'* [report 21]

*'…as she starts to experience her care situation & school as consistent, secure & safe bases, she has the potential to thrive in terms of learning.'* [report 9]

Some of the formulations also recognise the inevitability of change in home and education placements for CiC and recommendations are made for supporting the young people with future transitions.

*'Approached with a solid plan of extended transition so that…can experience opportunities to develop new relationships and have positive endings to current relationships.'* [report 17]

*'Her planned move to an educational setting closer to her new home is likely to be a very positive one, particularly if thoughtful attention is given to marking her ending with staff and peers at her current school.'* [report 34]

## 4.6 CHAPTER SUMMARY

This chapter has explored the common principles that underpin EP practice in assessing and understanding the special educational needs of children in care, as well as the provision that is recommended by EPs in support of this population. Qualitative content analysis has highlighted the complex and multi-faceted needs of the CiC in this sample resulting from their early experiences of trauma and abuse. CiC are most likely to be referred to EP services between the ages of 7 and 14 years old and by then, have often already received support from a range of health services. Taking into consideration the unique backgrounds and circumstances of CiC, the findings provide insight into the diverse standardised and non-standardised methods used by EPs to gather information on the CiC's views, hopes and aspirations as well as their SEND-related needs. Content analysis has also revealed the key intervention components recommended by EPs to support the different developmental needs of CiC across the four areas of SEND. Overall, EPs prioritise interventions related to cognition and learning as well as SEMH needs, of which executive functioning and emotion regulation supports are most often recommended.

Thematic analysis of psychological formulations has provided understanding into the impact of trauma experiences on CiC, as well as the individual narratives that EPs create for these young people. This contributes to developing trauma understanding, awareness and sensitivity.

EPs emphasise the importance of supporting children and young people to feel safe at home, school and within their relationships.

The next chapter presents the discussion of these findings, summarising the main results of the study in relation to wider research.

# 5 DISCUSSION

## 5.1 INTRODUCTION

This study has examined the contribution of written reports that psychologists produce in support of children in care, with the aim of understanding the common principles that underpin EP practice in support of this population. Since the commencement of the Children and Families Act (2014), Local Authorities have a statutory duty to meet the special educational needs of children and young people, including the requirement for EPs to provide advice to inform education, health and care plans. Through the reports they produce, EPs have the power to influence resourcing decisions that are legally binding and may have lasting repercussions for care-experienced children.

CiC are a vulnerable group who often face disadvantage, marginalisation and discrimination due to their experiences of being separated from their birth families and living in care settings (Featherstone et al., 2018). Many volumes of published research have investigated a wide range of school-based, classroom interventions for children with SEND yet few of these studies have been undertaken with care-experienced children or young

people. Whilst policymakers work to reduce inequality for CiC through statutory mandates for education services, it seems that research continues to overlook this population, raising important questions for the responsibility that education psychology has to address ongoing disadvantage (BPS, 2021) through research enquiry into high-quality interventions tailored to meet the needs of CiC.

The purpose of this chapter is to a) summarise and discuss the findings emerging from the present study, and b) consider how these findings relate to the wider literature investigating school-based interventions for children in care. The first section (5.2) discusses the preliminary findings describing sample characteristics and trauma-experiences of the sample. The second section (5.3) summarises the study's main findings in respect of the central research questions under investigation. These findings will be discussed in relation to the wider literature on supporting care-experienced children in the school context. The third section (5.4) discusses the theoretical, methodological and empirical limitations and contributions of this research, and the final section (5.5) provides implications of this study for future education psychology research and practice. The chapter concludes with a final summary of the thesis.

## 5.2 PRELIMINARY FINDINGS

Findings from the content analysis discussed in this section are considered in turn by a) sample characteristics, b) experiences of early adversity, and c) externally involved services and treatment. Findings are initially described in respect of how they support prior research, followed by consideration of any unexpected findings.

### 5.2.1 Sample characteristics

The findings provide insight into the characteristics of the sample in terms of gender, ethnicity, school phase and setting. Consistent with the population of children in England, the included sample has slightly more males (52.7%) than females. The most representative school phase for referral to EP services was key stage 2 (age 7 to 11), followed by key stage 3 (age 11 to 14). The majority of the sample (70%) were in mainstream or academy-run schools whilst the remainder were in alternative education arrangements, indicative of the specific needs or challenges faced by these CiC.

It is well understood that trauma, neglect and abuse can disrupt a child's developmental trajectory leading to delays in cognitive, emotional and social development (Trickett & McBride-Chang, 1995). The effects of early adversity and trauma can vary greatly from one child to another and the particular age at which a child may begin to have difficulties at school and

require specialist support from EP services is likely to depend on multiple factors. These may include the nature and severity of the adversity as well as the child's individual characteristics and resilience. It is also possible that cumulative effects of ongoing stress and trauma may have an increasing impact on cognitive, social and emotional functioning (Shonkoff et al., 2012). For the present sample, it seems that school requests for specialist SEND support emerge in the latter phase of primary school, at a time when young people are faced with increased academic demands. This is perhaps indicative of a stage where prior coping strategies or protective factors that have been supportive in the early years are now less effective and underlying SEND becomes more apparent (Sapienza & Masten, 2011).

Notably, the reports provided limited information about the ethnicity of the sample, with no ethnicity reported in the majority of reports. As has already been stated, due to the de-identification requirement, it was not possible to ascertain ethnicity of the sample, however current data from the LA-X Virtual School roll show that 68.5% of CiC are of White (British, Irish, other) ethnicity and 29.8% are from mixed, Asian or Black ethnicity (L. Cole, personal communication, April 11, 2023). Ethnic diversity of the included sample cannot be known, and it could be argued that for 90.2% of the sample, racial and ethnic identity was not relevant in respect of the exploration of their learning, academic achievement and mental well-being. Nevertheless, NICE (2021) guidance for this population emphasises the importance of acknowledging diversity of backgrounds for CiC and places

the responsibility on professionals to reduce the negative impact of marginalisation on the lives of CiC who already face significant challenges due to the circumstances that led to their placement in care. Furthermore, recent discourse (e.g. Kumar & DeCuir-Gunby, 2022) has brought into sharp focus the lack of diversity in the EP profession, as well as its dark history in respect of colonialism and oppressive practices (Hill, 2005). Cultural competence is an expectation and requirement for the delivery of educational psychology services to children and families from diverse cultural and ethnic backgrounds (BPS, 2021) and cultural-sensitivity is a central component in trauma-sensitive intervention (SAMHSA, 2014). EPs who work with CiC from diverse backgrounds must seek to understand the ways in which culture influences their views of others, as well as other's views of them.

### 5.2.2 Experiences of early adversity

The sample described in the present study highlight the adverse experiences of CiC and the effect of these on their wellbeing and education. EPs recorded a range of adverse experiences, including abuse (physical, sexual, emotional), neglect, as well as household dysfunction such as witnessing domestic abuse, substance abuse, parental mental and physical illness (Felitti et al., 2019). Corresponding with prior research, the CiC in the current sample face ongoing challenges and stressors within the care

system itself such as home placement breakdown and sibling separation (Hughes et al., 2017). In two-thirds of the reports, no specific details were provided regarding the young person's trauma experiences. For one CiC, there was no record of trauma or adverse childhood experience reported, highlighting the difference in approach between EP authors, some of whom provided a much greater level of the CiC's trauma history than others. This disparity raises a debate regarding the impact of recording (or not) the CiC's history in their psychological reports, relevant not only for the young person themselves but also for the professionals supporting them. On the one hand, CiC have a right to confidentiality and privacy and they may worry about who can access their personal information, how it will be used and the potential implications of psychological assessment (BPS, 2021). However, it has been well-established that because of their early experiences and living away from their birth families, CiC often have an incomplete development of self-identity which can undermine the recovery from prior trauma and the development of a positive sense of self and well-being (Staines & Selwyn, 2020). Identity development may be an important contribution of the psychological report for both the young person and professionals around them. Supporting children to understand and integrate their history has been recognised as a critical developmental task for children and is especially complex for those living in care (NICE, 2021) who may develop feelings of self-dislike, shame or distrust (Staines & Selwyn, 2020).

### 5.2.3 Externally involved services and treatment

Throughout this thesis, the prevalence of SEND in the CIC population has been emphasised. As evidenced in the findings, just over half of the sample had received support from external services with CiC most likely to have been referred to clinical psychology / CAMHS, speech and language services, corresponding with wider research indicating mental health difficulties and language delay in care-experienced children (e.g. Vig et al., 2005). In many of the reports, EPs recorded prior diagnoses, or diagnostic descriptions of SEND. 'Developmental Trauma' was the most frequently recorded diagnostic description across the sample reports. Others include ADHD, anxiety, attachment disorder, ASC, depression and learning disorders. Although the majority (66.7%) of the sample had no recorded prior or current treatment for their needs, therapy was the most frequently recorded treatment. Medication treatment was reported in four (11.1%) of the reports.

### 5.2.4 Summary of preliminary findings

A number of important findings have emerged in this section, largely supporting findings observed by previous work. To briefly summarise:

- The CiC sample has more males than females and most are in mainstream schools. The majority of referrals for CiC to EP services take place during key stage 2 and 3 (between the ages of 7 and 14).

- In line with wider literature (e.g. Meltzer et al., 2003), this study has highlighted the complex and diverse special educational needs of CiC, indicating a wide range of physical medical, neurodevelopmental and mental health difficulties.

- CiC with SEND often require specialised assessment, intervention and treatment to address their complex needs and have a history of accessing such services prior to referral to EP services.

- Ethnicity details are limited, with no ethnicity recorded in most cases. Questions regarding aspects of cultural sensitivity in respect of race and ethnicity have been discussed.

- EPs report a wide of range of trauma-experiences including abuse, neglect and household dysfunction. Varying levels of information about the young person's trauma experiences are included, raising questions about the impact of this for both the young person and supporting professionals.

Overall, the preliminary findings highlight the complex and multifaceted needs of CiC and the importance of a coordinated approach in support of their well-being and learning.

## 5.3 RESEARCH QUESTION 1: ASSESSMENT METHODS

The psychological assessment of children can be defined as “an exploratory, hypothesis-testing process in which a range of developmentally sensitive and empirically validated procedures is used to understand a given child [in order] to formulate and evaluate specific intervention procedures” (Ollendick & Hersen, 1993 p. 6). In line with wider research, this enquiry has identified the unique needs and challenges faced by this CiC sample. Assessments can provide valuable detail into the cognitive, emotional and behavioural functioning of these needs which can inform the development of appropriate intervention and support.

Content analysis has identified the range of assessment methods administered to CiC by EPs. N-SAs were preferred over SA assessments and these were most often undertaken directly with the young person. The findings describe twelve different SA methods employed to assess a wide range of SEND-related needs, including cognition, executive functions, academic achievement, adaptive behaviours, vocabulary, pupil attitudes,

resilience and trauma symptoms (see appendix 2 for details). A small number of reports incorporated SA from other informants (teacher and carer). The most frequently administered SA were the Resiliency Scales (Prince-Embury, 2015), followed by the British Ability Scales (BAS; Elliott & Smith, 2011), the WIAT-III (Wechsler, 1992, 2001) and the BRIEF 2 (Gioia et al., 2015). Notably, for the current study, the only mental health measure administered was the CRIES (Children and War Foundation, 2005) in one case report.

According to Coelho et al. (2005), N-SAs can provide valuable understanding, especially in circumstances when assessing domains for which there are no standardised tests (e.g. discourse) or identifying the cognitive demands of a real-world context, such as the classroom. The N-SAs recorded by EPs in the present study gathered information on pupil views, attitudes towards school, memory, self-image, self-esteem, speech, language, communication and emotional well-being (see appendix 2 for more detail). Observation was the most common form of N-SA reported by the authoring EPs, followed by scaling activities (e.g. Myself as a Learner; Burden, 1998) . Only one EP used dynamic assessment (Complex Figure Drawing; Osterrieth, 1946 and 16-word memory test).

The findings note that in five cases (13.9%), the EPs did not meet directly with the young person to gather assessment information. These findings were likely to have been influenced by the restrictions on school visits

during the time of school lockdowns. In two reports, the EPs made explicit their rationale for not meeting with the CiC, due to concerns regarding the impact of difficulties the young person might experience when meeting new professionals. This perhaps reflects a sensitivity to concerns raised by CiC on roll at the current LA-X Virtual School, as well as in the wider literature (e.g. Thomas & O'Kane, 1999) regarding the number of "strangers" (p. 227) and professionals they are often required to meet due to their care status. It also suggests that some EPs are sensitive to the possibility that changes in routine, or new people coming into their lives could well be a source of distress and challenge for CiC.

These findings have highlighted a number of contrasts with the wider published research and current EP practice in respect of the assessment of SEND in CiC. The literature reviewed in chapter 2 (section 2.3) assessed trauma-experienced children against a number of school-relevant measures including academic attainment, self-regulation and mental health. In accordance with the current findings, these prior studies administered a range of quantitative (e.g. questionnaires, acts of violence, physical restraints) and qualitative measures (e.g. classroom observations, interviews). In contrast to the findings reported in the present research, not one of the studies previously reviewed included standardised measures of intelligence. Given the long history of cognitive assessment within school-based psychology, this can be viewed as a departure from the tradition of

cognitive assessments that are often expected in the assessment practices of EPs in the UK.

Norm-referenced tests are those that have been administered to a sample of a population in order to gain information about the typical performance that can be expected from that community. Concerns have been raised around the use of cognitive assessments in particular populations, such as those at the centre of this study. An important ethical consideration for EPs (BPS, 2021) is the extent to which any traumatic attachment experiences, early adversity and anxiety would impact cognitive performance during such assessments and wider literature has shown how care-experienced children score well below the average range in standardised instruments (Rees, 2013) providing limited understanding of the cognitive capacities of children who come from such disadvantage (Frederickson & Cline, 2009).

Another notable difference between the prior literature and the assessment practices reported here, is the limited formal assessment of mental health difficulties undertaken by EPs. Traumatic and adverse experiences are reported for all CiC (with one exception). EPs describe some of the consequences of these experiences for the CiC as resulting in ‘pervasive and persistent fear states’ and a number of traumatic stress symptoms (Dayan et al., 2022; Ford et al., 2008; Kisiel et al., 2014) are recorded in the findings such as hearing voices, intrusive memories or flashbacks, sleep disturbance, high levels of anxiety, bedwetting and suicidal ideation. Yet

very little exploration of mental health difficulties was undertaken by EPs in their assessments and there is little explanation for this within the findings. EPs are well placed to provide such assessment and many EPs are trained to deliver therapeutic interventions.

MacKay (2007) describes the influence of increasingly demarcated professional boundaries whereby ‘clinical work’ and ‘therapy’ are specialist terms that only certain people are qualified to carry out. He proposes that over time, as a result of legislation and the depletion of resources, EPs have transformed from a broad ‘child psychology’ discipline into a narrow ‘educational’ specialism. In such a context, it is possible that there is a lack of clarity for EPs in respect of their role in relation to mental health assessment. What is clear from the present findings is that many of the CiC require specialised support and interventions that go beyond education provision and EPs are in a position not only to more fully articulate the needs of CiC but to work collaboratively with mental health professionals to provide a comprehensive approach to supporting CiC, including trauma-focused interventions with efficacy for reducing trauma symptoms in children.

### 5.3.1 Summary of assessment findings

These findings have highlighted the unique needs and challenges faced by this population and emphasised the importance of using a range of

developmentally sensitive and empirically validated procedures to assess their cognitive, emotional and behavioural functioning.

In respect of EP assessment practices with this population, this study has emphasised a number of differences in relation to wider research:

- The study found that non-standardised assessments were preferred over standardised assessments. This approach aligns with the view that N-SAs can provide valuable understanding, especially in circumstances when no standardised test is available or suitable for the population for which it has been validated.

- In contrast to the wider literature where none of the studies reviewed previously included standardised measures of intelligence, UK EPs may administer cognitive assessments with CiC highlighting the importance of EPs being mindful of the potential impact of traumatic experience and early adversity on cognitive performance.

- EPs may not be formally assessing mental health difficulties in CiC despite the prevalence of trauma experiences and related mental health symptoms in the sample.

## 5.4 RESEARCH QUESTION 2: PROVISION

The content analysis of reports reveals a wide range of intervention components recommended to support the different developmental needs of children and young people in care. The findings presented provide insight into the most commonly recommended intervention components related to all four areas of SEND.

### 5.4.1 Communication and interaction

For communication and interaction needs, interpersonal skills, friendship, empathy and prosocial skills were the most recommended intervention components. This highlights the importance of supporting CiC in developing positive social skills and is consistent with research that highlights the importance of social skills development for trauma-experienced children (Van der Kolk, 2017). CiC have disrupted development of healthy relationships. Interventions that focus on building positive social skills can help with the development of meaningful connections with peers and adults, which can in turn, support their overall well-being and resilience.

Compared to social skills intervention components, speech and language interventions were less commonly recommended by the authoring EPs. Wider studies indicate that trauma-experienced children often have delays with vocabulary comprehension and production, conversational skills,

receptive and expressive language, semantic skills, including difficulties with multiple work and sentence meanings (Hyter et al., 2003). Research and practice are increasingly interested in the cumulative impact of prenatal alcohol exposure and trauma. Compared to other neurodevelopmental domains, language development in particular, appears to be negatively impacted by prenatal exposure to alcohol in the presence of trauma, contributing to the child's limited coping strategies and authors have emphasised the importance of early identification for school intervention (Henry et al., 2007).

### 5.4.2 Cognition and learning

In respect of cognition and learning needs, the most frequently recommended intervention components were those that target general learning skills, such as individualised learning and executive function approaches, including metacognition. Individualised or personalised learning intervention components are tailored to meet the specific learning needs and preferences of students and recognise the individual's strengths and interests in the provision of customised learning experiences. Individualised learning is a way for teachers to remove many barriers to learning and can free a student to choose (or not) content that is manageable for them, giving them some autonomy within the classroom (Ziegler et al., 2022).

The content analysis of cognition and learning intervention components also revealed a range of specific skills interventions for mathematics and literacy. Of these, precision teaching was the most popular program-specific intervention recommended across reports. Precision teaching approaches are aligned with individualised approaches in that they utilise data collection and analysis to inform instructional decision-making. Precision teaching approaches aim to build fluency and are characterised by accuracy and speed through the continuous measuring and monitoring of progress. Precision teaching approaches have been successfully applied to a broad range of academic skills with notable outcomes (Ramey et al., 2016). However, published research on precision teaching approaches for care-experienced children is limited and careful consideration is required in respect of its suitability for trauma-experienced children. Precision teaching instructional strategies are often structured and highly consistent, which may provide a form of predictability and stability for CiC that is supportive. However, some authors have criticised precision teaching for its over emphasis on behaviourist approaches (Raybould & Solity, 1988) which may not always align with the principles of trauma-sensitive practice. Further research is required to better understand the effectiveness and appropriateness of precision teaching for the CiC population.

### 5.4.3 Social, emotional and mental health

Recommendations to support SEMH needs were addressed through various intervention components with emotion recognition/labelling, relational approaches and self-esteem building as the most frequently recommended interventions across reports. Behaviourist approaches were also suggested in 41.7% of reports, indicating a range of perspectives from the authoring EPs on how best to support CiC. Notably, only four reports explicitly acknowledge the requirement for staff to take steps to avoid triggers and re-traumatisation. It is well-understood that early trauma can have a profound impact on a child's emotional and mental health, and interventions that promote emotion awareness and regulation, support positive relationships and build self-esteem can be critical to supporting the overall well-being and resilience of trauma-experienced children in school. Supporting CiC to understand and recognise their own emotional arousal and taking steps to regulate feelings is also referred to as 'psycho-education' which is well supported in the wider literature for trauma-informed practice (e.g. Jaycox et al., 2012). These interventions aim to provide young people with understanding of emotions, coping skills and strategies to regulate their emotions and may include components of CBT and social skills training. However, a number of studies highlight the complexities of implementation in populations who have experienced sustained exposure to stress, abuse and neglect within early relationships. Barriers to implementation in schools include the impact of supporting traumatised students on the mental health of teachers as well as conflict

between SEMH and academic demands, staff resistance to change, punitive disciplinary policies (Wassink-de Stigter et al., 2022). These complexities underscore the paramountcy of supporting education professionals with the implementation of psycho-education and related interventions. Whilst the majority of teachers consider supporting their students' mental health needs as part of their role, they feel unprepared to support children who have been exposed to abuse and neglect (Miller & Santos, 2020). A clear priority for EP practice must therefore be to support school staff with building self-efficacy in respect of effective instructional practices for trauma-experienced children and young people.

### 5.4.4 Physical and sensory

For physical and sensory needs, content analysis revealed that environmental adjustments and sensory-physical exercises were the most recommended intervention components for CiC suggesting that EPs recognise the importance of providing sensory integration support for CiC.

A number of studies show the impact of early trauma on the developing child's sensory regulatory capabilities. Fisher et al., (1991) showed how children that have experienced little sensitive handling or abusive touch may mis-interpret touch experiences and may demonstrate aversive physical or emotional responses to non-threatening tactile stimuli. Bhreathnach (2018) found that traumatised children develop an over

reliance on the visual and auditory systems resulting in these children presenting with auditory and visual hypervigilance. More recent studies have identified positive correlations between adverse childhood events and sensory avoiding behaviours (Dowdy et al., 2020). Joseph et al. (2021) described the dis-integration of sensory experiences in child victims of trauma, who may not feel safe in their own body, have a limited sense of where their bodies are in time and space and may struggle to make connections with others in their environment.

The theoretical basis for sensory integration intervention is well articulated in the literature and has led to the development of a range of sensory based interventions for child victims of trauma that have infiltrated clinical and classroom practice (Sensory Circuits; Horwood, 2009; The Neurosequential Model; Perry & Hambrick, 2008; Sensory Attachment Intervention; Stephens, 2018). Yet there has been an absence of rigorous research that supports the use of sensory approaches (Bailliard & Whigham, 2017) and recent reviews demonstrate limited empirical support for the efficacy of sensory interventions with child victims of trauma (Joseph et al., 2020).

Whilst the literature highlights the impact of early trauma on children's sensory regulatory capabilities and the importance of addressing sensory integration in child victims of trauma, EPs should approach the use of such interventions with caution and critically evaluate the available evidence to ensure that their interventions are evidence-based and effective for CiC.

### 5.4.5 Additional intervention components

In addition to the intervention components discussed above in relation to the four areas of SEND, the content analysis recommended a number of additional components that were prioritised for CiC in their reports. In line with legislative regulations (*Children's Act*, 1989) that require LAs to put in place care planning for young people preparing to leave care at age 18, the content analysis offers recommendations for supporting the older CiC in the sample who are preparing to transition out of care into independent living.

Home-school partnerships were emphasised in the majority of reports, indicating the significance of collaborative efforts between school staff and carers in supporting CiC. This finding aligns with wider literature which underscores the importance of building strong relationships and partnerships between caregivers, schools and other professionals to create consistency amongst the network of supporting professionals (e.g. Happ et al., 2018).

Trauma-awareness training for school staff was the most commonly recommended training, emphasised in half of the reports. Related to this, whole school, multi-tiered approaches to trauma-informed practice was recommended in 19.4% of reports, which aligns with the literature previously presented in chapter 2 emphasising the need for whole school system change to supporting the unique needs of CiC.

### 5.4.6 Summary of provision findings

Overall, the findings in respect of intervention components have highlighted the following:

- EPs draw from a wide range of school-based interventions and components to support the different developmental needs of children and young people in care.

- For communication and interaction needs, EPs recommend interventions that focus on building positive social skills to help with the development of meaningful connections with peers and adults, which can in turn support well-being and resilience for CiC.

- In respect of cognition and learning needs, individualised and executive function approaches are recommended as effective ways to remove many barriers to learning. These approaches can provide CiC with a choice of learning tasks that are manageable for them, providing some autonomy and independence in the classroom.

- For SEMH needs, interventions that promote emotion regulation, support positive relationships and build self-esteem are critical for supporting well-being and resilience of trauma-experienced children in school, though implementation of these approaches may require support from external professionals.

- Interventions to support physical and sensory regulation are well justified by the literature but as yet there is limited empirical support for the efficacy of sensory interventions for trauma-experienced children. EP services may benefit from collaboration with occupational and physical therapists to ensure physical and sensory interventions are integrated and evidence based.

- Recommended interventions for older CiC highlight the importance of continued support into independence, suggesting the need for collaboration between different agencies and services such as social care, health and housing to ensure successful transitions for care leavers.

In relation to the wider literature, it is important to note that the findings reveal some areas where recommendations for trauma-informed practice were less frequent, such as reducing trauma-sensitive triggers, the value of whole school, multi-tiered approaches, as well as the role of the specialist in providing ongoing support and supervision for school staff.

## 5.5 RESEARCH QUESTION 3: PSYCHOLOGICAL FORMULATION

The third main aim of this thesis was to consider how psychological formulation contributes to understanding the education, health and care needs of CiC. Findings from the thematic analysis of formulations are discussed in this section. Three main themes were identified: *Giving understanding*, *Creating the narrative*, and *Promoting safety*, these will be discussed in turn with reference to the wider literature.

### 5.5.1 Giving understanding

"Giving understanding" attests to the authoring EP's evaluation and integration of information into a comprehensive formulation offering understanding of the impact of early adverse and traumatic experiences on the CiC's development, social behaviours and learning needs. Five subthemes were identified under this subtheme: *child-development*, *social behaviours*, *learning needs*, *mental-health and trauma-sensitivity*.

EPs explain the impact of early adversity and trauma on child development in respect of their physiology, behaviour, emotion and sensory regulation. Unwanted behaviours are recognised in the context of the CiC's exposure to threatening environments in which they learn to maintain vigilance to threat and as a result, are exposed to high levels of emotional arousal resulting in prolonged alertness or hyper-vigilance, which over time alters the biological stress response and negatively impacts effective regulating (Gunnar & Quevedo, 2007). EPs highlight the learning needs of CiC as

being influenced by the young person's capacity to self-regulate. The need for understanding and compassion from professionals is emphasised across reports.

The complexity of social behaviours is also described, with some explanation offered for how these might impact the CiC's relationships with peers and adults. Attachment theory is often referenced, with some reports providing brief theoretical explanations and signposting wider resources, whilst others offer limited or superficial explanations. Trauma-sensitivity is also discussed in respect of supporting adults to understand possible triggers that the young person might be experiencing in school. Whether conscious or unconscious, trauma memories may preoccupy children and reduce their capacity to concentrate.

The thematic analysis of formulations paints a grim picture of the mental health struggles faced by CiC and the importance for understanding of trauma and its impact on mental health and related behaviours. The impact of early experiences of domestic abuse and inadequate parenting on mental health, self-esteem, and emotional regulation is highlighted. Symptoms and behaviours are described, including anxiety, self-harm and post-traumatic stress, consistent with well-established research findings on the mental health of children in care (Sadler et al., 2018). Findings also report common behavioural signs of traumatic stress including sleep disturbances, intrusive memories, flashbacks, and constant high arousal levels. The risk of self-

harm and suicidal ideation is also noted, alongside the need for a balanced professional reaction.

### 5.5.2 Creating the narrative

The second main theme of “Creating the narrative” focuses on the authoring EP’s integration of information into a coherent and comprehensive narrative. Thematic analysis identified four sub-themes: *abuse; pupil-centred; identity; effect of the narrative*. The abuse sub-theme reflects the EP’s creation of the CiC’s narrative in respect of their experiences of physical, sexual, emotional abuse and neglect. The significant psychological and emotional challenges that arise as a consequence of abuse are acknowledged, alongside important strengths, such as the resilience and courage of the CiC survivors. The pupil-centred and identity sub-themes are closely related in the created narratives. These consider the CiC’s self-worth in relation to their culture, ethnicity and gender identity and these are prioritised through narrating the young person’s individual wishes, views and autonomy in respect of the decisions that are made with and for them. The final sub-theme described the effect of the narrative on the person experiencing the narrative. At times the narratives were problem-saturated and at others the narratives focused on the strengths and resilience of the young person in the face of adversity.

These findings are consistent with existing literature highlighting the importance of creating coherent narratives that incorporate the experiences and perspectives of CiC (Holland, 2009). Relational trauma can lead to an insecure, fragile self-image and a significant lack of self-worth, and creating a narrative together with the young person can help with feelings of shame, worthlessness and guilt. Such approaches have been shown to play a significant role in how individuals make sense of their experiences and construct their identities (Watson et al., 2015).

### 5.5.3 Providing safety

"Promoting safety" encompasses the necessity for professionals to support CiC to feel safe and secure within their *relationships*, with *self-regulation* and in home/school *placements*. The significance of relational safety is emphasised in creating secure, trusted and supportive environments for CiC. Consistency, routine, boundaries and trauma-informed relational approaches are crucial for emotional security and well-being (Barfield et al., 2012). Safety in respect of providing the necessary support to develop safe ways to regulate emotions, behaviour and sensory stimulation are described as having an impact on learning needs and social interactions. Analysis also suggests that regulatory needs must be addressed in both the CiC and the supporting adults, although only one report explicitly highlights the risk of secondary trauma and stress on supporting adults. The theme of

promoting safety in respect of home and education placements is prominent across findings and the inevitability of change in home and education placements is acknowledged with recommendations for supporting CiC with future transitions.

The findings are consistent with the wider literature that emphasises the need for trauma-experienced children to experience safety and security to promote well-being and development (e.g. Lieberman et al., 2005). A number of studies (e.g. Pollak, 2008) demonstrate that how the biological threat systems are altered in trauma-experienced children leading to dysregulation of the autonomic nervous system. In line with these wider studies, the findings presented here emphasise the importance of co-regulation with trusted adults in secure relationships as necessary support for emotional, sensory and physiological regulation (Porges, 2017).

### 5.5.4 Summary of formulation findings

The findings discussed in this section aimed to consider how EP's psychological formulations contribute to understanding the education, health and care needs of children in care. Thematic analysis identified three main themes: Giving Understanding, Creating the Narrative and Providing Safety. In this regard, EP formulations emphasise:

- Understanding of the impact of early adverse and traumatic experiences on the CiC's development, social behaviours and learning needs is crucial to promote awareness, compassion and trauma-sensitivity from supporting professionals. Some variation in the depth of explanations may be provided in EP reports, particularly in relation to attachment theory.

- Coherent narratives that incorporate the experiences and perspectives of CiC are important for supporting young people in their journey towards recovery as well as offering validation and recognition of their experiences.

- The priority to promote safety, both in terms of emotional security and well-being as well as supporting CiC to develop safe ways to regulate emotions, behaviour and sensory stimulation.

- Wider research suggests that psychological formulations should include acknowledgement of the risk on staff of secondary trauma and stress on adults supporting child victims of trauma.

Overall, the findings presented here, considered alongside recommendations from the wider literature, suggest that psychological formulations have a vital aspect of the contribution of EP practice for both CiC and the adults supporting their education and wellbeing.

## 5.6 STUDY LIMITATIONS AND STRENGTHS

Whilst this research has produced some interesting and useful findings, it is important to acknowledge the limitations of this enquiry. This section describes a series of limitations and strengths in respect of the design of the study and the analysis of data reported in the previous chapter. A number of issues emerged whilst the study was being carried out and these are also summarised below.

### 5.6.1 Limitations of the methodology

Arguably the most obvious and significant constraint in this study is that whilst six reports were written by EPs from other LAs, the sample documents were all drawn from one local authority source, raising the important question of whether the final sample of reports are generalisable to other LA contexts. What is more, due to the de-identification of the reports, it was not known how many different authors were represented amongst the sample.

Document analysis research is limited to the information contained within the documents themselves and does not capture the nuances of the context in which the document was created nor the perspectives of the individual EPs that authored the reports. Documents may not provide a complete or accurate representation of the phenomenon being studied. For example,

relevant information (such as ethnicity) may be missing, or information may have inaccuracies. Document analysis is also a one-way communication process, in which the researcher is not able to ask questions or clarify information with the authoring EPs or other stakeholders. For instance, it was not always known what documents or reports were drawn upon to inform EP assessment decisions and, in some cases, the EP may have reported scores that had been extracted from cognitive assessments completed as a result of an external service involvement but this was not always made explicit. This is likely to have influenced the assessment decisions that were made by authoring EPs.

This study falls short of being able to show which of the interventions and components recommended by EPs are efficacious in respect of the impact they have on children and young people in care. One of the limitations of using de-identification meant that it wasn't possible to ascertain more detail about the participants in respect of their own experiences of EP involvement, how helpful or otherwise the EP assessment process had been and most significantly, what the outcomes were for those young people.

All reports were coded and analysed by the researcher. Within the constraints of the available resources, attempts were made to reduce obvious sources of bias. For instance, content and thematic coding schemes were reviewed and discussed with EP colleagues who are familiar

with the nature of EP reports. An attempt to further reduce this bias was made through a planned dual coding of a portion of the reports by an independent colleague but this was unable to proceed for pragmatic reasons. Given the resources available and the attempts to attend to the most obvious sources of bias, although this is a concern, it is not seen as a significant factor in limiting the efficacy of this enquiry.

### 5.6.2 Issues emerging during the study:

Two unexpected issues arose during initial data collection and analysis phases of this research. First, it should be noted that the initial plan for data collection was to gain informed consent from CiC participants, their carers and social workers. Initially more than 200 eligible participants were invited to volunteer for the study but only seven responses were received. One contributory factor that emerged during the course of contacting potential participants, was that their contact details were not always recorded accurately or up to date. At times, the contact details for CiC on the LA VS database, did not always match the contact details from the LA social care database and many responses were received from foster-carers indicating that the CiC had moved on to a new placement. The implications of these data discrepancies for EP practice will be considered in section 5.7.1.

The remaining issue that arose was during the analysis. There was a wide variation in respect of the space allocated within EP reports for

psychological formulation. At times, a detailed, lengthy formulation was offered, at other times, the formulation was a brief summary and limited in quantity. It was apparent that some EPs had a tendency to formulate across several sections of their reports. Under supervision, the decision was made to include only the sections that were clearly identified as formulation to reduce ambiguity in the coding for the present study and also to offer transparency in respect of any future replication of this approach.

### 5.6.3 Strengths of this study

A number of strengths of this study can be acknowledged.

1. Document analysis has provided access to archival data which offers insight into EP reports of the experiences of children in care over a period of several years. This is a rich source of data that has shed light on the histories and experiences of the CiC cohort at different time points in their education, allowing for the identification of patterns and themes through analysis.

2. The methodology selected for this study has been non-intrusive which is particularly important for research involving children who have experienced trauma. This method does not require the researcher to have direct interaction with the CiC and also respects

their wishes to minimise the numbers of professionals they meet (Thomas & O'Kane, 1999).

3. Document analysis research can help to reduce researcher bias by providing a structured and systematic approach to data collection and analysis. This can be particularly important when working with sensitive or emotionally difficult data in respect of the trauma experiences of the CiC cohort.

The current research has identified differences in EP practice in relation to prior research. This allows for discussion in respect of these differences and their contribution and implications for EP practice. These factors will be discussed in the section that follows.

## 5.7 CONTRIBUTIONS & IMPLICATIONS FOR RESEARCH & PRACTICE

The findings of this study add to the existing body of literature on the contribution of UK EPs to CiC in respect of the assessments they select, the psychological formulations they create and the recommended provision for school-based intervention.

### 5.7.1 Access to records

As explained in section 5.6.2, there were a number of challenges in respect of gaining access to CiC records during the data collection phase of the present study. This arose for a variety of reasons, including incomplete record-keeping, miscommunication between services and agencies, or failure to update information as the child moves through different care placements or transitions out of the system.

Fragmentation of data in their files speaks to the reality of the transient nature of the lives of children in care and the concern that LA record keeping is not always able to keep up with the pace of change in their lives. Although statute requires local authorities to retain the care-records of care-experienced children for a period of 75 years from the child's 18th birthday (Care Planning, Placement and Case Review Regulations, 2010), similar concerns of 'patchy data' have been reported elsewhere (e.g. Jacklin et al., 2006). The question for the LA corporate parents is how this lack of knowledge of 'our' children impacts the quality of services for CiC that are lost to the system?

The notion of 'isomorphism' within systems theory occurs when the professionals within an organisation are pulled by formal and informal pressures and convergence in patterns of communication and relationship occurs across systems (Powell & DiMaggio, 1991). Organisations, such as

those that are funded by the state, with limited resources, are under economic pressures to create efficiencies and are more likely to suffer from isomorphic pressures in order to ensure their survivability (De Simone, 2017). The adverse experiences of a child that has been removed from the care of their parents, by definition, are ones in which parents have been unable to hold their child's needs in mind and prioritise these, leading to child protection proceedings. It is possible to observe parallels between the fragmented parenting of the CiC's biological parents with those of the LA corporate parent who is unable to hold the CiC's information in mind in respect of their case records, leading to circumstances of fragmented or forgotten history of the CiC's records and narrative, potentially perpetuating patterns of inadequate support due to lost or outdated records.

Accurate and up-to-date records are crucial for ensuring continuity of care and appropriate support for the child. When information is lost or outdated, it can be difficult for the child's caregivers and supporting professionals to fully understand the child's trauma history as well as result in difficulties in assessing the CiC's academic levels, identifying learning needs and providing appropriate support. As the child approaches adulthood, access to health and care records may be even more crucial in planning for transition such as finding suitable housing, education or employment opportunities.

In relation to the reports and records that EPs create in respect of this population, this finding has a number of implications for practice. Clarity in respect of the audience for reports may be an important contribution in respect of emphasising the responsibilities and importance of record keeping for future stages in the CiC's education or future employment.

Due to the potential for placement breakdown and fragmented recording of a CiC's history, the use of timelines may be helpful to record data which could highlight continuities and discontinuities of information about a CiC and their schooling as well as provide evidence of interventions over time. Addressing concerns regarding data governance is vital for CiC and requires improved record-keeping systems, better inter-agency communication and a commitment to ensuring the CiC's information is consistently updated and accessible to those responsible for their care and well-being.

### 5.7.2 Proposed framework for practice

By way of guidance for EPs providing specialised support and advice for this cohort, this section returns to the central aims of this study and proposes a framework for practice that brings together: (a) the implications from the present findings, with (b) the key features of school-based interventions for trauma-experienced children and young people reviewed in prior studies (section 2.5).

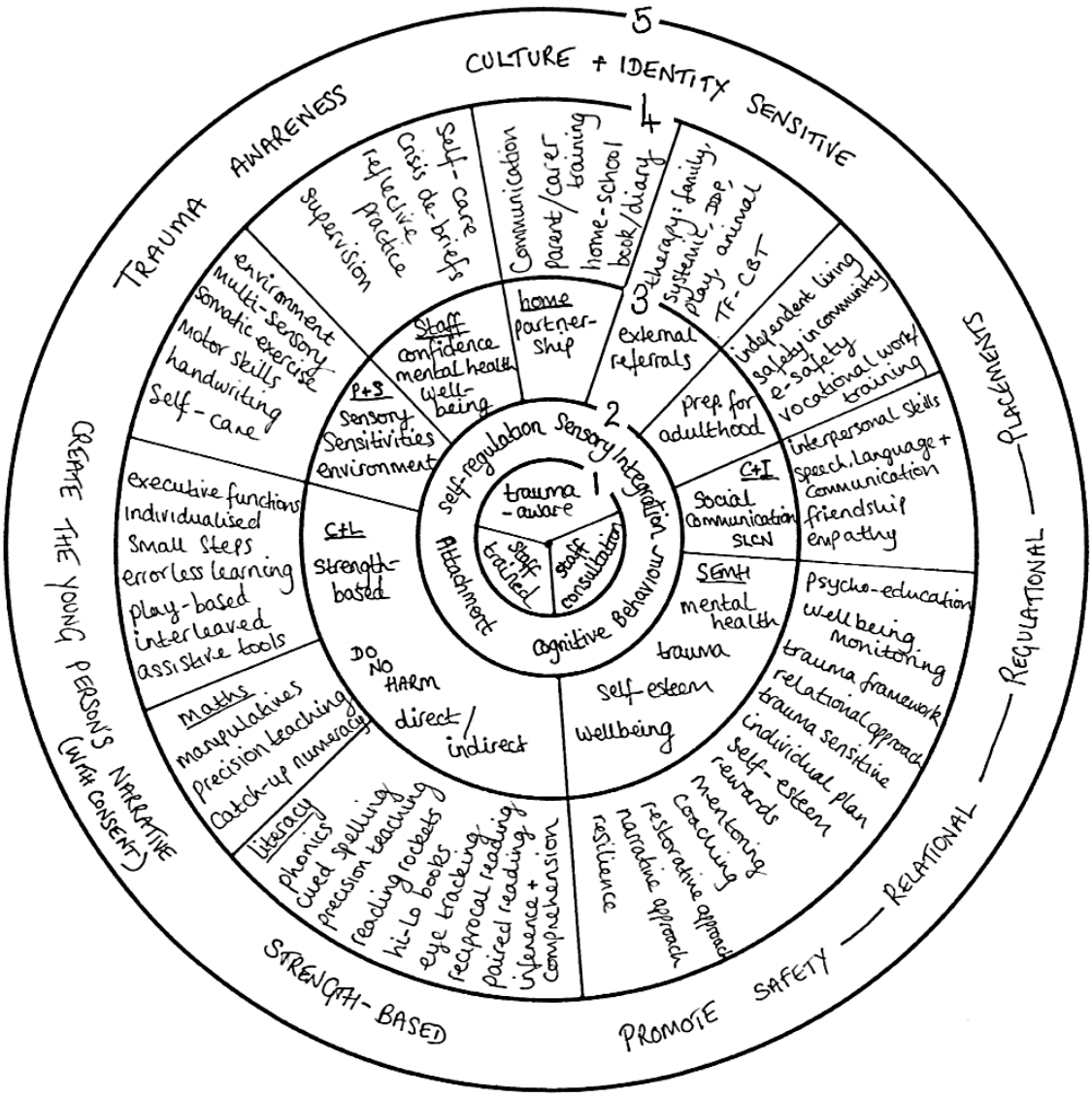
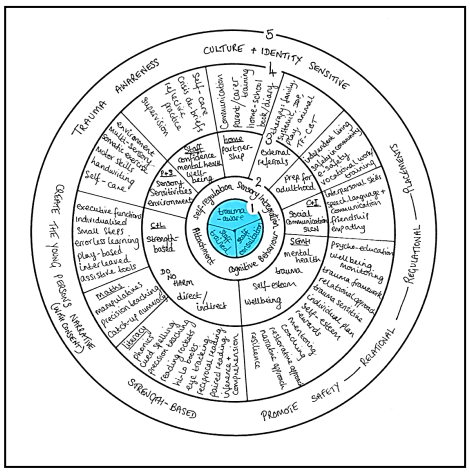



***Figure 5.1:*** *Model of EP practice for evaluating the SEND of CiC*

To frame this discussion, a model of EP practice is proposed and visualised in figure 5.1. The model has five main segments, each will be summarised briefly. It is not the intention to duplicate any previous discussion but to offer a consolidation of findings from the present thesis for the EP profession that

can be disseminated in a visual form for practitioner consideration, reflection and critique

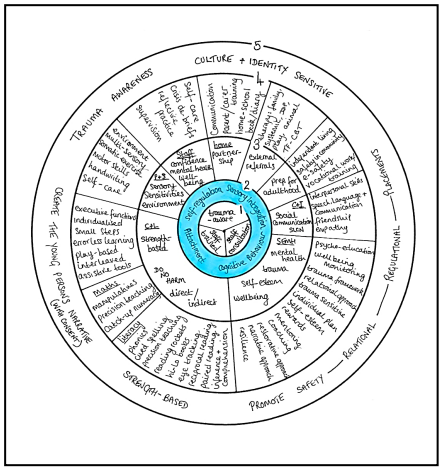
*1. Whole school approach*



The theme of whole school system change in relation to EP practice with trauma-experienced CiC is represented within the central segment of the model (figure 5.1) and highlights the importance of a multi-component, whole-school approach that is supported by staff training and ongoing consultation. This approach requires the entire organisation to recognise trauma and its impact on young people and adults, and respond appropriately. This guides the delivery of support services and trauma-specific intervention components at the whole class, group or individual levels. Wider research and practice advocates for a whole-service approach to supporting trauma-experienced children and young people (SAMHSA, 2014), meaning that any teacher, administrator or senior manager could work in a trauma-informed way. Whole school trauma-informed approaches emphasise the importance of building a supportive community that can work together to promote recovery and resilience. Such approaches promote ongoing training and consultation to support staff.

This approach may feel at odds in the context of the specialised teaching and wider service supports required for a child with an EHCP in which a targeted approach is needed to address their specific learning and related needs. While the whole school approach is focused on building a supportive culture for all students, the specialised intervention approach is focused on the needs of one particular child. These approaches do represent different levels of intervention and support. This thesis has presented emerging evidence that schools are a critical system to address childhood trauma (e.g. Dorado et al., 2016; Somers et al., 2021) and this study has discussed the role that psychologists can play in planning and delivering training and consultation alongside their statutory role of providing psychological advice for individual CiC. Recent theory and research suggest that trauma-sensitive policies and practices are often absent from school inclusion approaches and that schools become settings where social injustices and power inequities remain unchallenged leading to 'traumatising cultures' that reproduce and perpetuate the social exclusionary experiences of our most vulnerable children (Liasidou, 2022). This thesis has presented compelling evidence from wider literature that whole school trauma-informed practices offer safe and supportive learning environments that benefit all students (e.g. Dorado et al., 2016). It is likely that local replication of such studies would be necessary to influence policy and practice in UK schools.

*2. Theory underpinning practice*

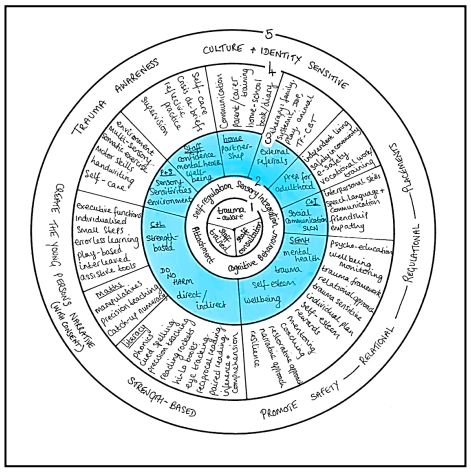



A relatively consistent theoretical approach has been identified in both the present findings as in the wider literature reviewed. As has been discussed and visualised in the second segment of the model (figure 5.1), the theoretical frameworks most commonly underpinning the interventions evaluated in the reviewed research were Attachment, Self-Regulation (including Emotion Regulation and Sensory Integration) and Cognitive-Behavioural theories. These theories were also privileged in the findings of the present study, although there was wide variation in the depth of theoretical explanation articulated in reports. It is argued here that theory provides necessary understanding for the complex and interrelated factors that contribute to a child's behaviour and their development and that articulation of these complexities within EP guidance for school staff can be a helpful step towards improving much needed staff confidence to support trauma-experienced children and young people (Miller & Santos, 2020). Sharing an understanding of these theoretical factors can support practitioners with making sense of a child's experiences and behaviours and in turn, facilitate collective and collaborative working as well as

sensitive responding to ensure that the CiC receives a consistent approach from supporting professionals.

For children in care, who have experienced significant trauma and disruption to their lives, better understanding of the psychological underpinnings of their experiences may have significance, not just for the informed response from supporting professionals but also for the young person themselves with comprehending their history and its impact on their learning and social experiences. The reports that are written about children growing up in care have multiple purposes and audiences but for CiC, whose childhood experiences are marked by discontinuity, this documentation can serve as a resource for understanding their identity later in life (Humphreys & Kertesz, 2012). Many CiC will return as adults to access their records (Kirton et al., 2001) and choose to read the psychological records that have been written about and for them. This is an important consideration for EP professionals to reflect upon in the narratives they create for this cohort.

*3. Trauma-sensitive assessment*



Little prior research has explored the assessment practices of educational psychologists with young people in the care system. The proposed model (segment 3, figure 5.1) makes a number of assessment recommendations that are drawn from both the wider research and EP practice revealed through this enquiry. This study has discussed the wide range of assessments used in respect of this population. Apparent from both the EP reports and the literature reviewed, there is no definitive gold standard for the assessment of children with a history of adversity and trauma. In contrast to the range of mental health assessments undertaken within the literature reviewed (appendix 1) the findings from this study suggest that in their psychological evaluations, EPs may not formally assess mental health difficulties in CiC despite the prevalence of trauma-related symptoms in this cohort. One related concern raised in the clinical literature is that PTSD is frequently under-diagnosed in trauma-experienced children, especially in situations where there is a lack of information from parents, such as for care-experienced children (Grasso et al., 2009). EP services have a critical role in supporting the mental health needs of CiC and this finding raises concerns that mental health needs may be overlooked, potentially leading to ongoing or increased mental health

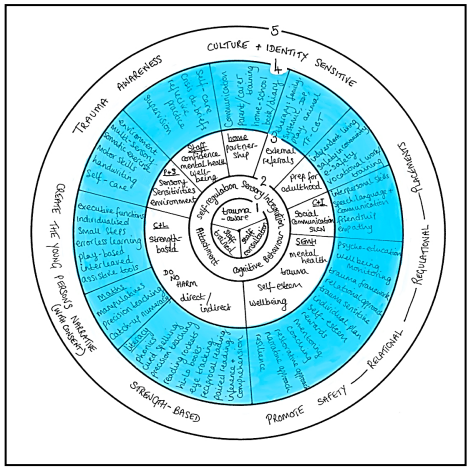
difficulties and further impeding the CiC's learning. Given the extraordinary numbers of children who enter the care system with a history of trauma and abuse, many authors call for an embedded process in which children are routinely screened for trauma exposure and reactions (e.g. Conradi et al., 2011). This is an important consideration for EP practice and services may benefit from professional development in the administration of trauma screening tools and practices to ensure they are confident to identify these needs as well as sign-posting relevant, evidence-based treatments.

The model in figure 5.1 emphasises the principle of "first do no harm," a central tenet of medical ethics that requires healthcare practitioners to prioritise the safety and wellbeing of their clients (Inman, 1860). This principle has implications for EP's when making assessment decisions for trauma-experienced children who may experience emotional distress or re-traumatisation when new people come into and exit their lives. It is also important to reflect upon the use of cognitive assessments with CiC that were recorded in some of the EP reports. These usually require the young person to experience successive failures to reach the ceiling point within a battery of tests. These may not be appropriate for CiC children who have unique developmental trajectories and cultural backgrounds (Rees, 2013) and may be more likely to suffer from anxiety and low self-esteem (Berridge, 2017).

Within the limitations of this study, it has not been possible to fully explore the question of how the particular context influences the decisions for which assessments EPs select. In their (2010) review, Fallon et al. found that the model of EP service delivery influences the nature of the EPs role and the skills they are able to employ. Some LAs may have specific requirements or expectations for the administration of particular batteries of tests by way of minimising the threat and cost of defending litigation from parents dissatisfied with educational provision (Harris, 1998). The consideration of assessment practices for CiC are almost certainly influenced by these and other contextual factors. Assessments for CiC require careful consideration. Both the wider research and findings from practice presented in this study reinforce the important consideration for sensitivity in the assessment decisions EPs make for trauma-experienced children and young people.

One approach of potential utility to guide decision-making for assessment-selection is described by Robert Bornstein (2017) who suggests that the principles of evidence-based practice in psychology should be applied to psychological assessment. Such an approach is particularly important as psychological assessment continues to widen its focus from standardised tests towards a broader range of assessment approaches. Further research is necessary to establish evidence-based assessment guidance for practice that is sensitive to the experiences of this cohort.

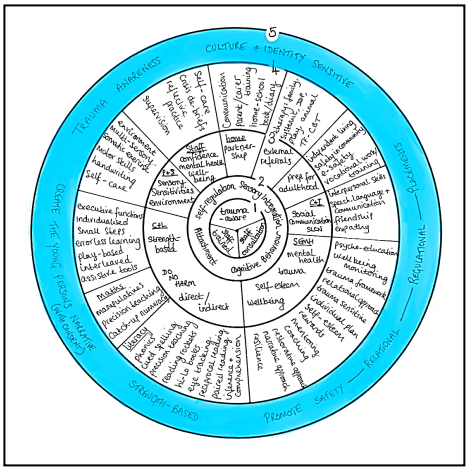
*4. Intervention components*




The fourth segment of the model (figure 5.1) illustrates the study's findings in respect of the intervention components that were recommended by the authoring EPs. Each of the four different categories of SEND (cognition and learning; communication and interaction; social, emotional and mental health; physical and sensory) are represented alongside three other areas for intervention (home partnerships; specialised external referral; preparation for adulthood). The literature reviewed also had a strong theme of individualised specialist intervention for trauma-experienced students (discussed in section 2.5.1.3). One key area of intervention for which the study's findings and wider literature are aligned is with the physical and sensory regulatory intervention components. These offer young people opportunities for somatic-based activities such as physical movement, play, relaxation and mindfulness with the goal of reducing physiological symptoms and improving self-regulation (e.g. Crosby et al., 2018; Dowdy et al., 2020; Mancini, 2020). These three studies reported large effect sizes, offering strong argument for the inclusion of provision of physical regulation intervention in the recommendations EPs make for CiC.

Many of the interventions evaluated in the wider literature were led by external clinically trained counsellors and therapists working with individuals or groups of students. In the context of declining resources, it is likely that the degree to which UK schools can justify funding external specialists may be limited (Adelman & Taylor, 2000). Nevertheless, there are clear benefits to schools when specialists are involved in the support for CiC (Gibbs et al., 2004) and EPs are well placed to offer psychological support to the network of professionals around CiC, as well as guidance and training for the implementation of interventions. EPs can also work with school leadership as well as teachers to ensure that interventions are integrated into the school's existing support structures and aligned with the school's values and policies (Dowdy et al., 2020).

*5. Formulation*




The fifth, outermost segment of the model (figure 5.1) highlights the importance of the psychological formulation for supporting CiC. As previously described, the model emphasises the critical contribution of the formulation in providing supporting professionals with information and guidance. This promotes (a) awareness and understanding of trauma and its impact; (b) a strength-based narrative

for the young person, and (c) the integration of support to bolster the CiC's feelings of safety in respect of their relationships, regulation and placement. Promoting safety in respect of the supporting adults is also a critical component of the formulation. It is well understood that working with trauma-experienced children places professionals at risk for secondary trauma and compassion fatigue (Newell & MacNeil, 2010). The findings presented in this thesis, call for EP practice to routinely recognise the regulatory needs of supporting adults who may be impacted by the traumatic experiences and complex behaviours of CiC they are working with each day.

The model highlights the importance of cultural and identity sensitive practice and challenges EPs to ensure that culture and and values are fully incorporated in the process of formulation. This is a strong theme within the literature reviewed with many of the studies paying attention to the cultural variations in the child's experience of trauma as well as considering the adaptation of interventions to reflect the child's ethnic and cultural heritage. This includes limitations in adhering to manualised interventions that require culturally sensitive modifications.

In creating psychological formulations for CiC, EPs should be mindful of the concept of intersectionality, which highlights the way in which multiple social categories (e.g. race, ability, gender) affect the lives of care-experienced young people (Crenshaw, 2017). Intersectionality challenges us to reflect on

how our own positions, perceptions and experiences influence our professional approach and encourages us to consider the world through the eyes and experiences of the CiC. Research has shown that children in care who experience discrimination or marginalisation are at higher risk of poor outcomes in various domains of life, including education, employment, mental health, and social relationships (e.g. Jackson, 1994). A study in the UK found that CiC who identified as LGBTQ+[5] faced particular challenges in acceptance of their sexual orientation or gender identity (Schofield et al., 2019). Discrimination and marginalisation can also affect the way that children in care perceive themselves and their place in the world. In their psychological formulations, EPs have an opportunity to raise the awareness of school staff, caregivers and social workers for the potential impacts of discrimination and marginalization on CiC and to foster support towards creating environments that are sensitive and inclusive. This should include advocating for practices that address discrimination and marginalisation and empower CiC to have a voice in the decisions that affect their lives.

Johnstone & Dallos (2014) ask an important question in respect of *who the formulation is for*? This is a central consideration for the present study. The model proposes that the psychological formulation is for multiple audiences that includes supporting professionals as well as the young person themselves. The findings from this study have emphasised the importance

[5] Lesbian, gay, bisexual, transgender, queer or questioning, plus: including all gender identities & sexual orientations that are not specifically covered within these initials

of creating coherent narratives incorporating the experiences and perspectives of CiC. These narratives should support the young person to make sense of their experiences and consider how they contribute to aspects of their identity. This discussion recognises that there may be challenges in determining how much of the young person's story should be shared within an EP report and stresses the importance of engaging the young person in the decision-making process, ensuring their views and wishes are respected and that appropriate consents are sought and gained before formulations are shared with a wider audience. The implication for sensitive EP practice is whether it is helpful, or otherwise, for the EP to create the formulation together with the young person. The model suggests that such decisions will depend on how this joint creation might be viewed in terms of its usefulness to the CiC, either in the present or at a future stage of their development/adulthood.

## 5.8 DIRECTIONS FOR FUTURE RESEARCH

Whilst this study has considered the wider research evaluating school-based interventions to support trauma-informed practice, very little of this work has been completed in the UK. There is a need for rigorous evaluations of the school-based interventions recommended by UK EPs for CiC who have experienced trauma. Future research should investigate the effectiveness of these interventions in improving the academic and social

outcomes for trauma-experienced children and young people. There is a particular need to replicate studies from the wider literature that have found strong positive effects from the introduction of sensory and physical interventions. Replication in the UK would be needed to influence education policy and practice in UK context.

In contrast to the wider literature reviewed in this study, there is a heavy emphasis in the EP reports on improving academic skills for CiC. Only two of the reviewed studies were focused on improving spelling, reading and writing (Harper & Schmidt, 2012; Raspin et al., 2019). Over decades of education research and practice, numerous interventions have been developed to improve reading and writing in children and young people. One of the most cited guides for practitioners making intervention decisions was produced by Greg Brooks (2016) who evaluated a wide range of literacy interventions across the primary and secondary age range. None of these evaluations have been undertaken with care-experienced samples. It seems that research has overlooked this population, raising important questions for the responsibility that educational psychology has to address ongoing disadvantage (BPS, 2021) through high quality research evaluations into literacy and maths interventions for care-experienced children and young people.

It is apparent from the literature reviewed that there is no consensus across studies and practice reports for the assessment of CiC. In research and

practice, the quality of assessment tools is crucial to selecting empirically supported intervention (Cohen et al., 2008). Assessment is a central part of the EP role and providing transparent, ethical assessment is an important priority to justify the efficacy of intervention (BPS, 2019). It seems that there is work to be done to reach agreement across the field on the most valid and reliable measurement tools for accurate formulation and decision-making to support interventions for CiC.

## 5.9 DISSEMINATION OF FINDINGS

In respect of the reports that they write for CiC, this study has relevance for EPs in their work for the young people, their Carers and supporting professionals. There will be a number of opportunities to disseminate the information contained within this study. An initial dissemination session is planned to the VS team within the current LA to be delivered during a whole service INSET (in-service training) day. The focus for this session will be on the lessons learned from the wider literature on school-based interventions for CiC as well as the findings from EP practice reports in the UK.

A second phase of this study is planned with a view to developing a framework for EP practice. The intention is to bring together a community of practicing EPs with a shared interest in supporting the education and wellbeing of CiC through trauma-informed EP practice. Community

members will be invited to consider the empirical findings presented in the present thesis, alongside the five themes described in the wider international literature. It is hoped that the community will engage in knowledge-sharing in respect of the ways in which they assess, formulate and recommend provision for CiC. Through this community of practice, EPs will acquire knowledge and learn new strategies for how to understand and address the evolving needs of CiC clients, their carers and supporting professionals in respect of the reports that we contribute to this population.

It is hoped that this research might also find a broader audience, via peer-reviewed journals dedicated to EP practice, or perhaps social care publications who may benefit from information about assessment, formulation and interventions for trauma-experienced children.

## 5.10 CONCLUSION

In his 1969 article, psychologist George Miller argued that psychology has an important role to play in addressing the major social and political issues of the day such as poverty, discrimination and inequity. He argued that psychologists have a responsibility to promote human welfare by using their expertise to help solve these problems, rather than “giving away” their potential by focusing on narrow, academic and theoretical research (Miller, 1969). This study has endeavoured to respond to Miller’s invitation through

its examination of the contribution that educational psychology services make to care-experienced children in respect of the reports that are written for this cohort.

Children in care are particularly vulnerable to traumatic experiences by virtue of the events that brought them into care, through their removal by child protection services, separation from parents and siblings and as a result of the breakdown of home and education placements they experience. Trauma-focused treatment practices have utility in helping children heal from traumatic stress, although their efficacy has largely been established in clinical research, delivered in clinical settings, by therapists and clinical psychologists. In the UK, few prior studies have evaluated school-based interventions suitable to address the education and related wellbeing of CiC with SEND. This study has taken a step towards addressing this gap. It has explored and described the school-based intervention components recommended for trauma-experienced children in the care system through a systematic review of the wider literature and in a qualitative documentary analysis of EP reports written in support of this population.

As has been seen, document analysis has offered understanding of the practices of EPs working with CiC, specifically in relation to the assessments they select, the psychological formulations they create and the school-based interventions they recommend. A framework for EP

practice is proposed that incorporates present findings alongside the central features of school-based interventions for trauma-experienced children and young people reviewed in prior studies. This framework offers an opportunity for EPs to reflect upon their practice in relation to the specialised support they provide CiC and the professionals that work alongside them in schools.

From the personal perspective of this author, the work involved in the development of this thesis has brought about much sought-after understanding of the contribution of the profession to supporting CiC as well as guidance for supporting the adults working with these young people.

By highlighting the contribution that EPs make to CiC, a population that often faces significant challenges and inequities, this study is aligned with Miller's (1969) view. Using psychological knowledge and expertise to share understanding of trauma-sensitivity and guidance for recommended intervention provision for CiC with SEND, EPs can promote the wellbeing of CiC, as well as plan future research to develop effective interventions that address the unique needs of CiC and improve outcomes for this vulnerable population.

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