The role of Educational Psychologists, Virtual Schools and Designated Teachers in supporting Previously Looked After Children

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Abstract

Children previously in care (CPiC) often experience social, emotional and mental health issues and have poorer educational outcomes. This is usually attributed to adverse childhood experiences and experiences whilst in care. Most support stops once children are adopted or under special guardianship, but virtual schools (VSs) and designated teachers (DTs) have a statutory responsibility to support this cohort and educational psychologists (EPs) are well placed to do so. This research aims to explore the views of DTs, VSs and EPs about their role in supporting CPiC, due to a lack of research in this area. 22 participants (six DTs, seven VSs and nine EPs) took part in semi-structured interviews. Thematic analysis was used to identify themes for each participant group, then a further level of analysis was carried out to establish themes across all groups including 'advocacy', 'relational approach', 'greater certainty needed', 'whose responsibility?', 'working systemically' and 'importance of communication'. DTs and VSs recognised their statutory responsibility to raise the profile of CPiC and EPs were passionate about applying psychology to support understanding of their needs. A relational approach was central to this; DTs emphasised the importance of individualised support and EPs discussed therapeutic work and emotional containment for parents/carers and professionals. There was a high level of inconsistency in the level of support provided for CPiC between the DTs, VSs and EPs interviewed. Participants across all groups encountered systemic barriers including a lack of capacity and uncertainty about processes and systems in place. Many DTs showed uncertainty about their statutory role and wanted to be held more accountable by VSs, who felt there were limits to what they could offer. EPs and VSs experienced a clash between their preference for systemic work and requests for individual casework from schools. Participants across all groups did not think that others recognised or understood their roles in supporting CPiC. Multidisciplinary work and stronger communication are needed to join up support for this cohort across LAs and

develop clear strategic plans. Despite the inconsistencies reported, the research highlights examples of positive practice by DTs, VSs and EPs for supporting CPiC across all ecosystemic layers. The findings contribute to a gap in the literature relating to how professionals support CPiC.

Keywords: Children previously in care, previously looked after children, adoption, special guardianship, designated teacher, virtual school, educational psychologist.

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List of abbreviations

ACE	Adverse childhood experience
ADHD	Attention deficit hyperactivity disorder
APDR	Assess Plan Do Review
ASF	Adoption support fund
ASGSF	Adoption and special guardian support fund
CAO	Child arrangement order
CiC	Children in care
CLA	Children looked after
CPD	Continuing professional development
CPiC	Children previously in care
DDP	Dyadic Developmental Psychotherapy
DfE	Department for Education
DSL	Designated safeguarding lead
DT	Designated teacher
EHCP	Education, Health and Care Plan
EP	Educational psychologist
EPAC	Education Plan for Adopted Children
FASD	Foetal alcohol syndrome disorder
LA	Local authority
LAC	Looked after children
LSA	Learning support assistant
NVR	Non-violent resistance
PACE	Playfulness, acceptance, curiosity, empathy
PATH	Planning Alternative Tomorrows with Hope

PEP	Personal Education Plan
PLAC	Previously looked after children
PP+	Pupil premium plus
PTMF	Power Threat Meaning Framework
SALT	Speech and language therapist
SEMH	Social, emotional and mental health
SEN	Special educational needs
SENCO	Special educational needs coordinator
SGO	Special guardianship order
SLT	Senior leadership team
TA	Thematic analysis
TAF	Team Around the Family
VERP	Video enhanced reflective practice
VIG	Video interaction guidance
VS	Virtual school
VSH	Virtual school head
WoE	Weight of Evidence

Chapter 1: Introduction

Overview of the chapter

This research explores the role of designated teachers (DTs), virtual schools (VSs) and educational psychologists (EPs) in supporting children previously in care (CPiC). This chapter defines key terminology and outlines the historical and societal context of the research. The background, including relevant theories and research relating to the experiences of CPiC, is outlined. The current context of adoption and special guardianship in the UK is discussed, including support available for CPiC. The chapter concludes with the rationale, aims and purpose of the research.

Definition of terms

CPiC are those who "are no longer looked after by a local authority (LA) in England and Wales because they are the subject of an adoption, special guardianship order (SGO) or child arrangements order (CAO); or were adopted from 'state care' outside England and Wales" (Department for Education (DfE), 2018a). There are over 56,000 CPiC in England (Adoption UK, 2022).

Adoption is the legal process where a child or a group of siblings who cannot be brought up within their birth family become full, permanent and legal members of a new family (Adoption UK, 2024). Adoption legislation in the UK began in 1926 (Adoption of Children Act, 1926) but since then, the nature of adoption has changed significantly. A high proportion of adoptions are of children in care (CiC), rather than at birth (Lowe & Fenton-Glynn, 2023). The number of intercountry adoptions is relatively small (MacKay & Greig, 2011).

An SGO is a legal order which gives carers the main responsibility for the child's care and upbringing but retains contact with the birth family (Harwin, Alrouh, et al., 2019). SGOs were introduced in 2002 (Adoption and Children Act, 2002) and implemented in 2005 to provide permanency for children whose age might make adoption unlikely and who have strong family ties (Harwin, Alrouh, et al., 2019). Special guardians are often a relative of the child; grandparents make up the largest cohort of special guardians (Mcgrath, 2021).

CAOs were introduced to provide legal permanence where adoption or special guardianship is not appropriate (Children and Families Act, 2014). They grant parental responsibility to the carer for the duration of the order, without discharging parental responsibility from the child's parents. This research focuses on adopted children and children under special guardianship; CAOs are often made within the family court during a divorce to agree on custody arrangements so their needs could be different (Partridge, 2022).

There are several terms used to describe CiC, including 'looked after children' (LAC) or 'children looked after' (CLA). Originally the term 'previously looked after children' (PLAC) was used in this research to ensure consistency with legislation, but throughout the research process, the researcher discovered the term CPiC which will be used throughout. Issues have been raised regarding the 'LAC' and 'PLAC' terminology; for example, children have reported feeling devalued by this language (TACT, 2019). The term 'PLAC' will only be used in data extracts from participants. The DfE (2018) guidance requires DTs and VSs to support all CPiC as a collective group, but the researcher acknowledges that adopted and special guardianship children have different needs and circumstances.

The experiences of CPiC

Developmental trauma refers to adverse childhood experiences (ACEs) that impact the child's neurological, social, emotional, physiological and cognitive development (Treisman, 2016). These include abuse, neglect, domestic violence, or loss of parents; most CPiC have experienced ACEs which led them to be taken into care (Gore Langton & Boy, 2017). Polyvagal theory can explain the link between the brain and behaviour in response to ACEs (Porges, 1995). Exposure to ACEs can trigger 'fight, flight or freeze' responses in the nervous system, leading to angry outbursts or withdrawal (van der Kolk, 2015). Frequent exposure to stressors can cause hypersensitivity to threat cues even after they transition into a safe environment (Perry et al., 1995). Children who are adopted later encounter more difficulties than those adopted earlier as they experienced adverse conditions for longer (Howe, 1997; van den Dries et al., 2009).

Relational trauma refers to children who have experienced trauma within the context of their relationships (Treisman, 2016). CPiC may have experienced inconsistency and rejection, so learn that the adults they depend on to meet their needs are unpredictable and unsafe (Gore Langton & Boy, 2017; Harwin, Alrouh, et al., 2019). According to attachment theory, children's experiences of their relationship with their primary caregiver shapes their 'internal working model' which influences their future interactions (Bowlby, 1969). Children's patterns of relating to others can be classified as secure or insecure (avoidant, ambivalent or disorganised) (van den Dries et al., 2009). Insecurely attached children may show avoidance, resistance, or be fearful around others (Ainsworth et al., 2015). Adoptive parents used attachment theory to describe their children's behaviours; some resisted intimacy and comfort whereas others were 'overly affectionate' (Selwyn et al., 2014).

Although attachment was a core issue for many, it could not fully explain adopted children's difficulties (Randall, 2009).

There are several critiques of attachment theory. Interpreting children's behaviour through a western, middle-class perspective of attachment styles does not consider the diversity of parenting practices across the world, so a culturally responsive lens to understanding attachment is needed (Patel et al., 2023). Also, 'attachment disorder' has drifted from attachment theory and may be over-diagnosed in adopted children, which has negative consequences (Woolgar & Scott, 2014). Attachment theory can be 'pathologising'; it views the problem as within the child, instead of helping families to develop stronger relationships and considering the wider environmental context (Barth et al., 2005). It does not consider the impact of positive relationships with other carers, friends and teachers which can moderate the effects of ACEs (Brown et al., 2019; Harwood et al., 2013). Two-thirds of children in successful placements had a close attachment to at least one adult, and the strength of the bond between the carer and child was a predictor of the success of the SGO placement (Wade et al., 2014). Attachment experiences shape neural pathways, but the brain's capacity for plasticity means it continues to grow in response to later relationships, which facilitates resilience (Siegel, 2001).

Moving to the care system may be in the interest of the child's safety, but coming into care disrupts family memberships and can impact children's sense of security, identity, self-esteem, and emotional well-being (Peake, 2011). Once in the care system, adopted children on average wait two years and three months before their adoption order (Gore Langton, 2017). Adopted children are likely to have two or more moves before being placed with their adoptive family, whereas 38% of children on SGOs did not experience any moves

after their first placement (Selwyn et al., 2014). Frequent placement changes impact children's emotional well-being and attainment (Clemens et al., 2018; Rubin et al., 2007). Adopted children may grieve the loss of their birth family, even when they experienced abuse or neglect (Fineran, 2012). Children are likely to move schools when adopted, so have to build new relationships and make sense of their identity whilst processing their past trauma (Gore Langton & Boy, 2017).

Adopted children found relationships with peers difficult and several had been bullied about their adoptive status (Crowley, 2019). 70% of adopted children expressed some dislikes about school relating to social relationships, bullying and school work (Cooper & Johnson, 2007). Adopted children might have difficulty regulating their emotions, have low self-esteem or try to control their environment due to anxiety (Selwyn et al., 2014). Whilst every child's experiences are unique, they encountered common challenges in school as a result of their early experiences and teachers' responses to their needs was a key determinant in their overall experience (Templeton et al., 2022). 47% of children under special guardianship arrangements had social, emotional and mental health (SEMH) difficulties (Wade et al., 2014) including behaviour that challenges others, anxiety, school attendance concerns and school exclusion (Harwin, Alrouh, et al., 2019). School transitions and developmental changes, e.g. puberty, were identified as particularly difficult times for CPiC (Selwyn et al., 2014).

ACEs can impact children's behaviour and learning in the classroom, through the relationships between the pupil, teacher and task in a 'learning triangle' (Geddes, 2006). Children who have experienced trauma may not feel safe in the classroom, which impacts their ability to focus on learning and regulate their emotions (van der Kolk, 2015). Children

may have a fear of failure so find it hard to attempt new tasks (Barratt, 2012). Trauma can impact executive functioning and cognitive development which leads to difficulties processing information (Lansdown et al., 2007). 69% of adoptive parents thought that their child's learning is affected by their emotional well-being and many CPiC have experienced disrupted learning (Adoption UK, 2018). Teachers can work therapeutically with greater insight into understanding pupils' experiences and focus on building relationships and containing their anxiety (Geddes, 2006).

In addition, 75% of adopted children may be exposed to alcohol in the womb, which puts them at high risk of neurodevelopmental disorders and Foetal Alcohol Syndrome Disorder (FASD) (Gregory et al., 2015) which has been associated with executive functioning/attention difficulties (Autti-Rämö, 2002). The profile for special guardianship children was similar, including drug and alcohol misuse in the birth family (Wade et al., 2014). 62% of adopted children had special educational needs (SEN), including SEMH difficulties, speech and language difficulties, attention deficit hyperactivity disorder (ADHD), sensory processing disorder and specific learning difficulties (DeJong et al., 2015). CPiC can experience challenges at school and there is increased risk of poor educational outcomes or exclusions (McIntosh et al., 2022); 23% of children had received a fixed period exclusion and 14.5% of these had been excluded more than ten times (Adoption UK, 2017).

The Power Threat Meaning Framework (PTMF) provides an alternative lens that shifts away from 'medical model' thinking and considers the systemic causes of behaviour (Johnstone & Boyle, 2018). It views behaviours as adaptations to traumas that allowed the person to cope in the past environment. Instead of 'what's wrong with you?' it asks 'what happened to you?', 'how did it affect you?', 'what sense did you make of it?' and 'what did

you do to survive it?'. It acknowledges the influence of power; CPiC may have been influenced by relationship power and legal power, which impacts their sense of safety, belonging and identity. The PTMF can be used as a resource for mental health services (Sweeney et al., 2018) and social workers in practice (Fyson et al., 2019). The PTMF can enhance the empowerment and agency of clients and facilitate reflection about the systemic causes of issues, although it does not consistently lead to a focus on systemic solutions (Milligan, 2022).

Support available for CPiC

Although the education system makes special provision for CiC, after leaving care these children become 'invisible' (Barratt, 2012) and there is a common misconception that all previous problems cease (Dunstan, 2010). Teachers showed a lack of awareness of the impact of ACEs on children's development and there was no specific support system for adopted children (Cooper & Johnson, 2007; King, 2009). Most adoptive parents felt ignored by schools and had to fight to have their children's needs met through support and intervention from services (Clarke, 2020; Gore Langton & Boy, 2017). The majority of adoptive parents were dissatisfied with the overall response from the LA and found it difficult to access services, often feeling blamed by professionals who felt powerless to help (Selwyn et al., 2014). Adoptive parents wanted professionals to show empathy, understanding of individual circumstances and lead communication and provision to reduce the pressure on them to fight for support (Stout, 2019).

Special guardians reported that school staff failed to understand children's needs in relation to their experiences of trauma and care histories, and thought their family identity was viewed negatively (Hillier, 2021). Special guardians had to fight to secure resources,

often in circumstances with little certainty or support, leaving them feeling forgotten, isolated and worn down (Glynn, 2019). Special guardians reported tensions within the family, social and emotional challenges, concerns about their ability to provide long-term care (e.g. age/health problems/financial difficulties) and difficulty getting enough support (Harwin, Simmonds, et al., 2019; O'Sullivan, 2022; Wade et al., 2014). Special guardians felt a strong obligation to take on the role and felt unprepared for what to expect (Woodward, 2019). The lack of support impacted their wellbeing and how they viewed their grandparent special guardian identities (Mcgrath, 2021). The way special guardians engage with support is complex and shaped by their previous experiences of services, structural barriers and their relationships with social workers, family and friends (Mcgrath, 2021).

In 2014, Pupil Premium Plus (PP+) funding was extended to CPiC due to recognition of the long-term impact of ACEs and the importance of schools supporting this cohort (Department for Education (DfE), 2018b). PP+ provides £2530 per pupil per year and is managed directly by the school; parents and guardians must disclose their child's previously in care status to receive this funding (DfE, 2024). However, only 46% of adoptive parents agreed that their child's school is using PP+ appropriately for their needs (Adoption UK, 2023).

The DfE introduced the adoption support fund (ASF) in 2015 to provide therapeutic support for children and families. In 2016, they extended this to all CPiC including those under special guardianship (now called ASGSF – adoption and special guardian support fund) (Gieve et al., 2019). In 2024, the ASGSF included £2500 per child per year for specialist assessment and £5000 per child per year for therapy (DfE, 2018). 83% of parents/carers found the funding helpful and mental health difficulties of school-aged

children improved (Burch et al., 2022). The most frequently accessed supports were Dyadic Developmental Psychotherapy (DDP), therapeutic life story work, play therapy and parent training such as Non-Violent Resistance (NVR) (Burch et al., 2022). However, only 40% of adoptive families received ASGSF funded support during 2022 (Adoption UK, 2023).

The DT role in schools has developed over time. In 2000, non-statutory guidance suggested that schools should have DTs who are "an advocate for young people in public care, accessing services and support" (Department for Education and Employment, 2000). Every school had to appoint a qualified teacher as a DT (Department for Education and Skills, 2007) and statutory guidance was published on the DT role (Department for Children, Schools and Families, 2009). In 2018 the DT role was extended to promote the educational achievement of CPiC (DfE, 2018b). A summary of the key points from the guidance (DfE, 2018b) is included in Appendix A.

The VS was developed in 2007 after a pilot in 11 LAs to provide a team to "oversee the education of CiC in their authority, and those children in the authority's care who are placed out of authority" (Department for Education and Skills, 2007). Virtual school heads (VSHs) should work closely with schools to monitor the progress, attendance and attainment of CiC (Department for Education and Skills, 2007). The Children and Families Act (2014) stated that LAs must have a VSH to implement Personal Education Plans (PEPs) for CiC and deliver training to schools (Children and Families Act, 2014). In 2018 the role of VSs for CiC was extended to support CPiC (Department for Education (DfE), 2018a). A summary of the key points from the guidance (DfE, 2018a) is included in Appendix A.

The DfE (2018) guidance shows that the government recognises CPiC as a group who need support. However, these systems were designed for CiC and the belated addition of CPiC does not take into account their differences, e.g. legal status (Adoption UK, 2022). There is also limited awareness of this support; 51% of adoptive parents knew who the DT was and 43% of adopters had never met with the DT at their child's school (Adoption UK, 2023). 66% of adopters were aware of the VS's responsibilities towards adopted children (Adoption UK, 2023).

There is no requirement for schools to implement PEPs for CPiC, however, this has been recommended to identify needs, plan interventions and evaluate outcomes (Adoption UK, 2022). Similarly, the Education Plan for Adopted Children (EPAC) was developed to facilitate communication between home and school and plan support (Syne et al., 2012). 49% of parents/carers had completed an education plan e.g. EPAC or PEP and those who had completed one thought that it improved outcomes and reported higher scores for happiness and academic progress (Adopt South Virtual Schools, 2022). The use of an education plan for CPiC has increased significantly in the last few years, as before this, only 25% of parents/carers had completed an EPAC (Hampshire County Council, 2019).

Different systems of support can be understood through ecological systems theory (Bronfenbrenner, 1979). Several ecosystemic layers impact their development: the microsystem (immediate environment e.g. peers, parents/carers, teachers), mesosystem (interactions between microsystems e.g. between home and school), exosystem (social structures e.g. LAs), macrosystem (cultural attitudes) and chronosystem (changes over time). The systems are interrelated and interact with each other. This provides a holistic framework for understanding CPiC's educational experiences, within the wider socio-political and

historical context. An adapted model of Bronfenbrenner's ecological theory (Stanger, 2011) is included in Figure 1 below.

Figure 1

An illustrated model of Bronfenbrenner's Ecological Theory from Stanger (2011)
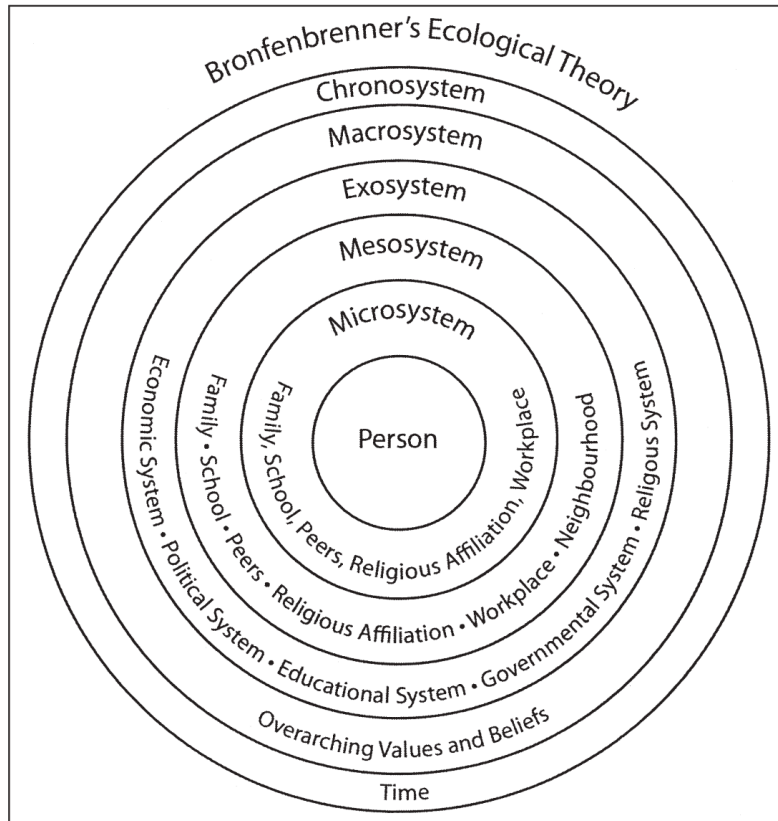
EPs are well placed to support CPiC due to their knowledge and relationships with schools and position within LAs (Gore Langton, 2017). Most EP services have a specialist EP for CiC (Gore Langton, 2017) and 69% of LAs reported involvement in work in this area, although twice as much time was spent on CiC compared to adopted children (Osborne et al., 2009). Little has been written about the role of EPs in adoption; it is a growth area for the profession in the future (MacKay & Greig, 2011). EPs embrace five core functions of consultation, assessment, intervention, training and research across multiple ecosystemic levels (MacKay & Greig, 2011). At an individual level, EPs can undertake assessment and

consultation to support understanding of CPiC's needs, in addition to providing therapeutic interventions e.g. video interaction guidance (VIG) (Gore Langton, 2017). 50% of children had been supported by an EP post-adoption due to learning difficulties and 44% had received additional classroom support; parents felt the system was unresponsive to their needs and wanted behaviour management advice, multidisciplinary assessment and intervention (Sturgess & Selwyn, 2007). Many adopted children experienced difficulties accessing education, but few teachers accessed support from outside agencies and training was limited (Stewart, 2017).

Other professionals tend to link EP involvement with Education Health and Care Plans (EHCPs) but the EP role expands wider than this. At the microsystem level, EPs can provide training about the impact of attachment and trauma and support schools to become 'adoption friendly' (Gore Langton & Boy, 2017). EPs can support groups of staff to manage the impact of secondary trauma and their wellbeing, in addition to support groups for adoptive parents (Dawson, 2021; Gore Langton, 2017). At the exosystem level, EPs can work with adoption and special guardianship teams within LAs and provide consultations and training. They can join together education and social care services so that CPiC do not fall through the gaps in statutory services (Gore Langton, 2017).

Current research

This research will focus on the role of professionals in supporting CPiC in schools. The research aims to understand DTs' and VSs' experiences of their expanded role in supporting CPiC. It also aims to understand EPs' experiences of supporting CPiC and how they work with other professionals. The purpose is to improve support for CPiC, and the researcher hopes that involving professionals in the research will lead to changes in their

practice. By gaining insight into professionals' views, this research aims to inform practice

and policy development at school, LA and national level.

Chapter summary

CPiC often experience SEMH difficulties, resulting in poorer educational outcomes,

which is often attributed to ACEs and their experiences in care. Statutory guidance (DfE,

2018a; DfE, 2018b) extended VS and DT roles to include supporting CPiC, although the

support available to children and families varies in each LA. EPs are well placed to support

CPiC but there is a lack of research in this area. This research focuses on the role of DTs, VSs

and EPs in supporting CPiC in school. The next chapter reviews the existing literature

relating to the topic area.

Chapter 2: Literature review

Overview of the chapter

This chapter provides an overview of the existing literature relating to the role of DTs, VSs and EPs in supporting CPiC. A literature review was conducted in August 2023 and reviewed again in March 2024 to check for recently published papers. The review questions were:

1. What does the literature say about the DT role in supporting CPiC?
2. What does the literature say about the VS role in supporting CPiC?
3. What does the literature say about the EP role in supporting CPiC?

A systematic approach was used to provide clarity around the methodology, increase the internal validity and reduce selection bias (Booth et al., 2016). The literature review followed the SALSA approach (Search, AppraisaL, Synthesis and Analysis); this involves using a "specific and reproducible method to identify, select, and appraise studies…the results of the studies are then analysed and summarised" (Booth et al., 2016). This method of review was chosen to give a deep examination of the literature in the area, including the quality of included studies. This allowed the researcher to give a trustworthy answer to the review questions and identify gaps in the literature (Booth et al., 2016).

Literature search strategy

To find articles relevant to the review questions, EBSCO Host was used to carry out a comprehensive search of the databases Academic Search Ultimate, APA PsycInfo, British Education Index, Child Development and Adolescent Studies and Education Research Complete. These databases were selected as they contain the journals most relevant to the topic. Studies that did not include CPiC were excluded from the literature review to keep it

focused on the review questions; a large volume of literature about professionals supporting CiC was excluded. One inclusion criterion was that articles focus on the role of DTs, VSs or EP, so studies with other professionals e.g. clinical psychologists and social workers were not included. Another inclusion criterion was primary research, meaning review and position papers were excluded. Only studies available in English and written in the context of the UK education system were included. The searches were limited to papers published since 2009 when the DT role was made statutory. The inclusion and exclusion criteria used for the search are stated in Table 1. The studies excluded from the literature review and reasons are shown in Table 2 in Appendix B.

Table 1

Inclusion and exclusion criteria

Inclusion criteria	Exclusion criteria
Articles focus on CPiC (adopted and special guardianship children) from 0-18 years old and their parents/carers.	Not enough focus on CPiC, e.g. only focus on looked-after children.
Primary research published in peer-reviewed journals and unpublished doctoral theses.	Secondary research e.g. review articles and position papers, book chapters, reports, and blogs.
Articles focus on the role of professionals e.g. EPs, DTs or VS	Not enough focus on the role of professionals e.g. EPs, DTs or VS
Written in the context of the UK education system	Written in the context of a non-UK education system
Full text available in English	Articles not written or available in English
Published after 2009	Published before 2009
Full-text available	Abstract only

The following search terms were used to search the databases: ("Previously looked after child*" OR "child* previously in care" OR "care experienced" OR "adopt*" OR "special guardian") AND ("educational psychologist" OR "virtual school" OR "designated teacher") which retrieved 294 papers to be considered for the review. 134 papers were removed before screening due to duplicate records. In addition to these keyword searches, an additional Subject Index search on APA PsycInfo using Subject Terms was undertaken, using the search terms ((DE "Adopted Children") OR (DE "Adoptees") OR (DE "Adoption (Child)")) AND ((DE "Educational Psychologists") OR (DE "Educational Psychology") OR (DE "Virtual School") OR (DE "Designated Teacher")). Due to a lack of published articles on the topic of DTs and VSs, searches were carried out on EThOS to find unpublished theses for the literature review, using various combinations of terms including "previously looked after children", "children previously in care", "care-experienced", "adopted children", special guardianship", "educational psychologist", "designated teacher" and "virtual school". This retrieved 168 papers to be considered for the review. Additional methods such as hand-searching reference lists produced another two papers for the review. Following this, the remaining 330 papers were screened by title and abstract; 305 papers were excluded after not meeting the inclusion criteria. 25 articles were assessed for eligibility by reading the full text, which resulted in 13 being excluded due to a lack of relevance to the review question. This produced 12 studies for the synthesis. The PRISMA diagram in Figure 2 shows this process.

Figure 2

PRISMA diagram showing identification of studies for literature review
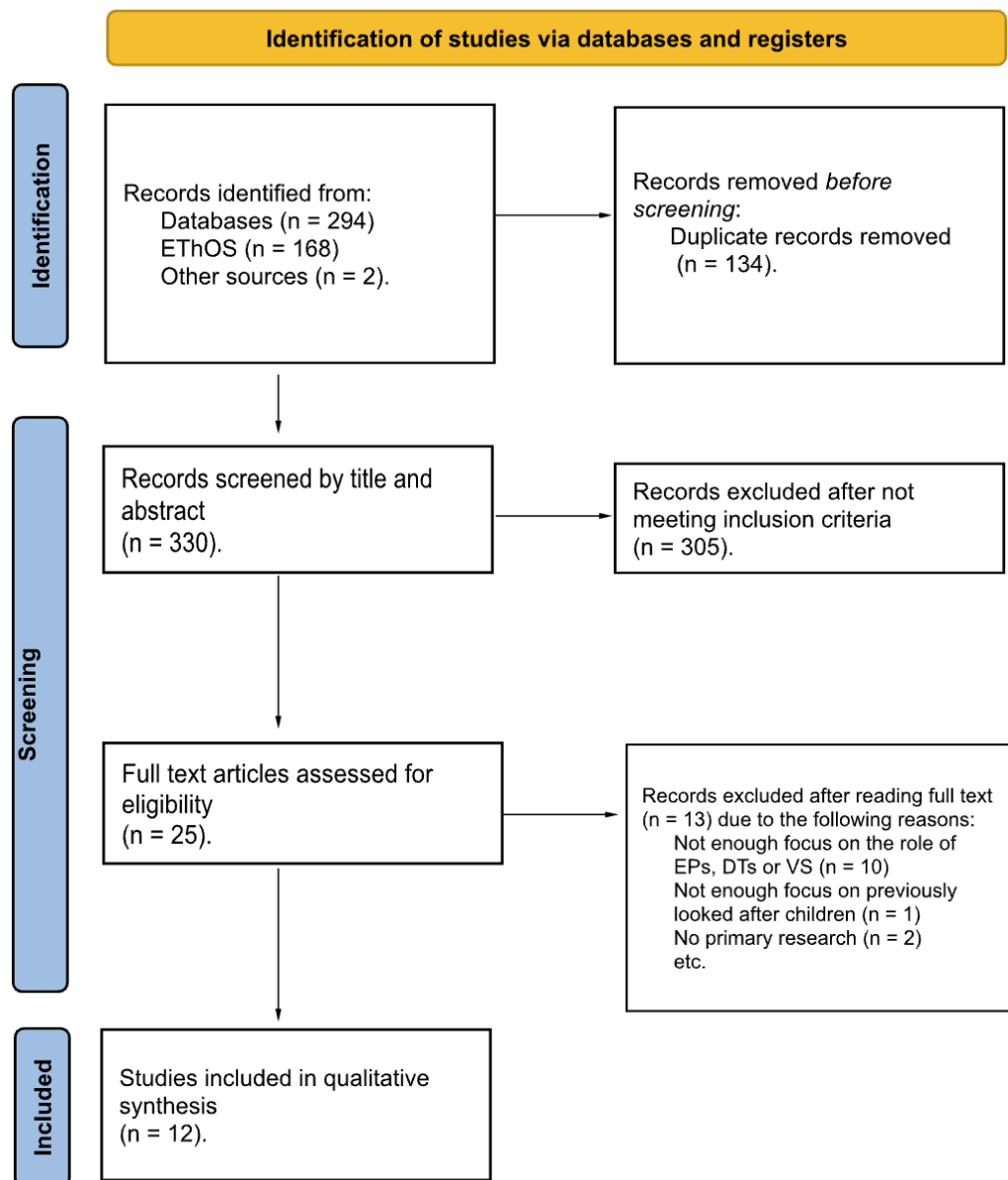
Weight of Evidence

A critical appraisal involves a careful and systematic assessment of a study's trustworthiness or methodological rigour, and contributes to assessing the credibility of the findings (Tod et al., 2022). The appraisal process first involved reading each paper and recording the methodology and findings. The researchers took a range of positions, including social constructionist (Best et al., 2021), interpretivist (Harris, 2020; Ramoutar & Hampton, 2024) and critical realist (Boesley, 2021; Dawson, 2021; Partridge, 2022; Warwick, 2023). Studies were underpinned by theoretical frameworks including Bronfenbrenner's (1979) ecological systems theory (Partridge, 2022; Warwick, 2023), Bronfenbrenner's (2005) bioecological theory of human development (Best et al., 2021; Bronfenbrenner, 2005), Deci and Ryan's (1985) self-determination theory (Boesley, 2021; Deci & Ryan, 1985) and Bowlby's (1969) attachment theory (Partridge, 2022). The study characteristics are included in Table 3 in Appendix B.

To determine the quality of the 12 papers and their relevance to the review questions, studies were evaluated and critiqued based on their methodological strengths and weaknesses using the Weight of Evidence (WoE) framework (Gough, 2007). Three judgements were made (WoE A, B, C) about the quality, execution and appropriateness of each study, which can be 'low, medium or high'. This was combined to produce an overall WoE judgement (WoE D) for each paper. Gough (2007) describes each WoE judgement below:

Weight of Evidence A: Generic and non-review specific judgement about the coherence and integrity of the evidence, including the transparency, accuracy, accessibility and specificity.

Weight of Evidence B: This is a review-specific judgement about the appropriateness of that form of evidence for answering the review questions. For example, the relevance of research design for answering the question. This includes considering purposivity.

Weight of Evidence C: This is a review-specific judgement about the relevance of the research focus for the review questions. Utility and propriety are considered.

Weight of Evidence D: These three sets of judgements (WoE A, B, C) can be combined to form an overall assessment of the study's contribution to answering the review questions.

In addition to WoE, the TAPUPAS (transparency, accuracy, purpose, utility, propriety, accessibility, specificity) framework (Pawson et al., 2003) was considered in the critical appraisal. The WoE framework was integrated with TAPUPAS as suggested by Gough (2007) which is shown in Figure 3 below.

Figure 3

Fit between TAPUPAS dimensions and the WoE framework from Gough (2007)

Weight of Evidence A: Generic on quality of execution of study
Transparency: clarity of purpose
Accuracy: accurate
Accessibility: understandable
Specificity: method-specific quality

Weight of Evidence B: Review specific on appropriateness of method
Purposivity: fit for purpose method

Weight of Evidence C: Review specific on focus/approach of study to review question
Utility: provides relevant answers
Propriety: legal and ethical research

The WoE judgements for each paper are shown in Table 4 below and the methodological strengths and weaknesses contributing to each WoE decision (including TAPUPAS judgements) are included in Table 5 in Appendix B.

Table 4

Weight of evidence judgements for studies in the literature review

Study	WoE A: Coherence and integrity of research evidence.	WoE B: Appropriateness of methodology.	WoE C: Relevance to the review question.	WoE D: Overall weight of evidence
Best et al. (2021)	High	Medium	Medium	Medium
Boesley (2021)	Medium	High	Medium	Medium
Dawson (2021)	High	Medium	High	High
De La Fosse (2023)	High	Medium	Medium	Medium
Harris (2020)	Medium	Medium	High	Medium
Midgen (2011)	Low	Low	Medium	Low
Osborne and Alfano (2011)	High	High	Medium	High
Osborne et al. (2009)	Medium	Medium	Medium	Medium
Partridge (2022)	Medium	High	High	High
Ramoutar and Hampton (2024)	High	High	Medium	High
Syne et al. (2012)	Medium	Low	Medium	Medium
Warwick (2023)	Medium	High	Medium	Medium

Following the critical appraisal of the studies, four studies had 'high' overall WoE judgements (Dawson, 2021; Osborne & Alfano, 2011; Partridge, 2022; Ramoutar & Hampton, 2024) indicating coherence and integrity of research evidence, appropriate methodology and relevance to the review questions. Seven studies had 'medium' WoE judgements (Best et al., 2021; Boesley, 2021; De La Fosse et al., 2023; Harris, 2020; Osborne et al., 2009; Syne et al., 2012; Warwick, 2023) and one had 'low' WoE (Midgen, 2011). This study was included because there is a lack of research in the area, and it provides some useful examples of EP work in adoption.

The next section will synthesise and analyse the findings of the studies to answer three review questions, whilst considering the WoE judgements. Findings from each study were coded line-by-line and the codes were assimilated into topic headings to allow for synthesis (Booth et al., 2016). This provided a method of identifying common patterns and gaps within the findings of the studies.

What does the literature say about the DT role in supporting CPiC?

Six studies retrieved for the literature review focused on the role of DTs and their methodological strengths and weaknesses will be outlined briefly. DTs were interviewed about their role in five studies and the number of DTs interviewed ranged from three to 16 (Boesley, 2021; De La Fosse et al., 2023; Harris, 2020; Partridge, 2022; Ramoutar & Hampton, 2024). Five studies used thematic analysis (TA) (Braun & Clarke, 2006) to develop themes from the data (Best et al., 2021; Boesley, 2021; De La Fosse et al., 2023; Partridge, 2022; Ramoutar & Hampton, 2024). Three studies were unpublished doctoral theses (Boesley, 2021; Harris, 2020; Partridge, 2022) and three studies were doctoral theses that were later published (Best et al., 2021; De La Fosse et al., 2023; Ramoutar & Hampton,

2024). A benefit of doctoral theses is that they provide a high level of detail around the methodology and findings, consider the relationship between researcher and participant, and discuss ethical issues. However, they have not been through the peer review process that occurs through publication.

Two of these studies explored the DT role in supporting CPiC specifically (Harris, 2020; Partridge, 2022). In addition to DTs, one study interviewed five adoptive parents and five special guardians about CPiC which is highly relevant for the current review, hence the 'high' WoE rating (Partridge, 2022). The other study focusing on CPiC used interpretative phenomenological analysis (IPA) which is valuable for understanding the DTs' perspectives in detail. However, only three participants were interviewed, so is not generalisable. It was awarded a 'medium' WoE score despite the high relevance to the review question (Harris, 2020).

One study focused on school belonging in special guardianship children; seven DTs, seven children and seven special guardians were interviewed through a case study design (Ramoutar & Hampton, 2024). There is a lack of research involving special guardianship children and this published research is highly relevant to the review question, so was awarded a 'high' WoE rating. One study focused specifically on adopted children; they gathered a range of perspectives by conducting interviews with 11 adoptees, a focus group with six adopters and presenting the findings to 20 DTs within a workshop to create implications for practice (Best et al., 2021). This research has valuable findings, but it does not explore the views of DTs about their role in depth, so was given a 'medium' WoE score.

Two studies explored the DT role in supporting both CiC and CPiC (Boesley, 2021; De La Fosse et al., 2023). In addition to interviewing 16 DTs, one study used questionnaires to gather the perspectives of 142 DTs and members of 44 VSs, which is valuable due to its large sample size, and it is the only study to include VSs (Boesley, 2021). However, it does not specifically focus on CPiC, hence the 'medium' WoE score. Similarly, another study investigated the DT role in supporting all care-experienced children (De La Fosse et al., 2023). It was conducted on a small scale, but the findings are valuable and the research is published. It was awarded a 'medium' WoE score.

The findings from the six studies that focused on the role of DTs in supporting CPiC (Best et al., 2021; Boesley, 2021; De La Fosse et al., 2023; Harris, 2020; Partridge, 2022; Ramoutar & Hampton, 2024) have been synthesised and summarised under the headings below to answer the review question.

Raising awareness of CPiC's needs

An important aspect of the DT role is raising awareness of the needs of CPiC so that staff develop a greater understanding of how to support them. After hearing the views of adopted children and parents, DTs thought it was important to raise awareness about the needs of adopted children and include adoption in the school curriculum to increase understanding and acceptance in the school community (Best et al., 2021). DTs highlighted that systemic working is key to changing staff attitudes and practice, for example, introducing whole school approaches e.g. attachment-aware schools, and adapting the behaviour policy (De La Fosse et al., 2023). For this to happen, there needs to be an increase in capacity through the development of the DT role and changes in the wide school environment (Harris, 2020). Parents and carers felt it was important for staff to have a true understanding of the

enduring impact of trauma and attachment; DTs thought that the profile of CPiC needs to be raised, as there is a lack of training for teachers about their needs on a local and national level (Partridge, 2022). CPiC were not mentioned as frequently during questionnaires and interviews with DTs, yet they are a vulnerable group, so it is important that their needs are recognised, and they are given additional support (Boesley, 2021). There is a strong argument for the extension of the DT role and PP+ funding into post-16 settings, so that CPiC continue to access support as they move into adulthood (Best et al., 2021).

Prioritising SEMH needs

DTs highlighted the importance of prioritising SEMH needs and DTs, parents and carers thought that mental health should come first (Partridge, 2022). DTs discussed supporting adopted children's emotional needs by finding ways to help them cope with difficult feelings and understand their emotional experiences (Best et al., 2021). DTs recognised that SEMH is a priority over learning and academic progress, and suggested a holistic and child-centred approach to supporting individuals (De La Fosse et al., 2023). DTs shared the importance of managing individual needs and piecing things together to better understand the child (Harris, 2020). DTs emphasised co-regulation and relational approaches with a responsive key adult to ensure school belonging and a sense of safety; a shared DT and special educational needs coordinator (SENCO) role enhanced their understanding (Ramoutar & Hampton, 2024). Although DTs spoke of attachment theory underpinning practice, whole-school reward/sanction systems were used in larger secondary schools where relational approaches were more difficult to maintain (Ramoutar & Hampton, 2024). In contrast, specialist schools can provide more individualised support, flexibility and higher staff-to-student ratios (De La Fosse et al., 2023).

Home-school relationships

Another key part of the DT role is developing strong home-school relationships that promote collaborative working. Relationships with key adults and peers are key for care-experienced children to develop a sense of belonging in school (De La Fosse et al., 2023). DTs highlighted the importance of developing relationships between adopted children, adoptive parents and school staff, as DTs can lead conversations about their needs, strategies and confidential information (Best et al., 2021). Similarly, DTs thought that working collaboratively, engaging parents and managing parental expectations about support for their child was a key part of the role (Harris, 2020). However, DTs reported that it can be difficult to form these relationships with parents/carers if they do not disclose their child's CPiC status; this can be a sensitive topic which parents do not always want to discuss with the school (Boesley, 2021). Although DTs considered information sharing about a child's early life to be helpful in meeting their needs, some were reluctant to proactively ask for this detail and preferred for guardians to approach them first (Ramoutar & Hampton, 2024). School size and staff stability impact information sharing and trust between home and school (Ramoutar & Hampton, 2024).

Uncertainty about the role

DTs reported a sense of uncertainty about expectations for supporting CPiC, in addition to difficulties identifying CPiC if parents/carers don't share this information (Boesley, 2021). DTs thought that the DfE (2018) guidance is necessary, but there is a huge disparity between the systems in place for CiC and CPiC (Partridge, 2022). For example, PEPs were found to be effective but there was no mention in the research of PEPs for CPiC (De La Fosse et al., 2023). Special guardians highlighted the disparity between fostering, adoption and special guardianship due to differences in the systems and support available and

impact on family relationships (Partridge, 2022). In addition, DTs did not have knowledge of their responsibilities towards children under SGOs (Ramoutar & Hampton, 2024). Parents and guardians often did not know who the DT was and although most were aware of PP+, there was a lot of variability in how this was spent (Partridge, 2022). DTs could advocate for PEPs for CPiC and could work with parents or carers to decide how to spend the PP+ funding (Best et al., 2021). The lack of support in place for CPiC may be related to DTs having conflicting priorities due to multiple responsibilities in school, which limits the time they have (Boesley, 2021; Harris, 2020). DTs would find it helpful to have networking opportunities with other DTs, to share best practice (De La Fosse et al., 2023; Partridge, 2022).

Summary

DTs highlighted the importance of raising awareness of the needs of CPiC by developing staff understanding of the impact of early trauma. DTs prioritised SEMH needs, developed home-school relationships and worked collaboratively with parents/carers. The findings indicated that DTs were often uncertain about their role for CPiC compared to CiC. All of the studies were conducted between 2020 and 2024, so after the DfE (2018) guidance was published. Two of the studies had 'high' WoE judgements (Partridge, 2022; Ramoutar & Hampton, 2024) and four had 'medium' WoE (Best et al., 2021; Boesley, 2021; De La Fosse et al., 2023; Harris, 2020). Only three of the studies have been published (Best et al., 2021; De La Fosse et al., 2023; Ramoutar & Hampton, 2024), indicating a lack of published research in the literature. The literature suggests there is uncertainty about the DT role for CPiC, and a lack of understanding of their needs in schools.

What does the literature say about the VS role in supporting CPiC?

There was only one study retrieved for the literature review that included VS staff as participants (Boesley, 2021), indicating a lack of research in this area. This study will be discussed below, alongside some of the studies mentioned in the previous section; although they focus on DTs, there are some valuable implications for VSs.

Relationships and support

The importance of strong relationships between VSs and DTs was highlighted in the research; clear lines of communication between schools and professionals were beneficial and VSs are well placed to coordinate communication between education and social care (Boesley, 2021). Effective VSs worked collaboratively with schools, were present in PEPs and available throughout the term for practical guidance and support; VSs were recognised as being 'champions' for DTs in the same way that DTs are advocates for care-experienced children (Boesley, 2021). DTs valued the relationships they had with VSs who provided support through advice-giving, signposting and information sharing, but they found it challenging when working with multiple VSs (De La Fosse et al., 2023). DTs wanted VSs to facilitate cluster meetings specifically for CPiC to improve the consistency in following the statutory guidance (Partridge, 2022).

Training

VSs could provide specific training on how to support CPiC and raise awareness in schools about the vulnerability that arises from early trauma and adoption (Best et al., 2021). VS training opportunities helped to build DTs' skills and knowledge and made them feel valued; however, some DTs thought that the training could be improved e.g. simplifying information and making it available if they have CPiC but no CiC in their school (De La

Fosse et al., 2023). DTs were unclear about their role in relation to CPiC so more training and multi-agency work would be valuable (Harris, 2020). Special guardians should have access to the same training that foster carers or adoptive parents are offered, even if their child was not previously in care, to reduce the likelihood of placement breakdowns (Partridge, 2022).

Role for CPiC

The VS's involvement for CPiC is more limited; CPiC were not mentioned as frequently during questionnaires with VSs (Boesley, 2021). DTs felt forgotten about and reported limited engagement with VSs for CPiC compared to CiC (Harris, 2020). All of the DTs found it difficult to conceptualise the VS role in supporting CPiC (Harris, 2020). The VS could scrutinise the paperwork that DTs have created to document the support they have in place for CPiC, to ensure consistency and accountability; this could involve annually regulated PEPs (Best et al., 2021; Partridge, 2022). Some DTs thought that VSs should provide more support around identifying CPiC, but VSs place the responsibility on schools to develop their own systems (Boesley, 2021). Consideration needs to be given to special guardianship children who were not in the care system, as they are not eligible for PP+ funding (Partridge, 2022). Special guardianship families often have a complex pattern of contact with birth parents and siblings and the support should be extended to them (Ramoutar & Hampton, 2024). Despite frustration, DTs recognised that VSs were facing difficulties with capacity for this role (Harris, 2020).

Summary

In summary, only one study in the literature review included VS participants (Boesley, 2021), indicating a significant gap in the literature. Despite this, there were some valuable implications for the VS from the findings in studies focusing on the DT role, which were

discussed. These included building relationships and providing support to DTs, training to raise awareness of CPiC's needs in schools and supporting foster carers, adoptive parents and special guardians. However, there was a lack of support and limited engagement from the VS around CPiC. There is a lack of research from the VS perspective about supporting CPiC since the DfE (2018) guidance, indicating that further research is needed.

What does the literature say about the EP role in supporting CPiC?

Five studies focused on the EP role in supporting adopted children (Dawson, 2021; Midgen, 2011; Osborne et al., 2009; Osborne & Alfano, 2011; Syne et al., 2012) and one included all care-experienced children (Warwick, 2023). Their methodological strengths and weaknesses will be outlined briefly.

Two studies explored the range of EP practice related to adoption by asking EPs to complete questionnaires, but did not evaluate the impact of the work (Midgen, 2011; Osborne et al., 2009). The national study was completed by EPs in 84 LAs in England, although it also explores EP work in fostering, which makes it difficult to understand EP work related to adoption specifically (Osborne et al., 2009). The paper lacks clarity around the qualitative analysis used, however, it describes other aspects of the methodology clearly. It is useful for exploring the range of EP work in this area and was given a 'medium' WoE rating (Osborne et al., 2009).

The other study focuses on EP practice with adopted children and includes questionnaires from 17 EPs within the researcher's LA and specialist EPs in neighbouring authorities, for whom the number is not provided (Midgen, 2011). Most of the paper's focus is on the literature review and the primary research lacks rigour; it is mostly descriptive and

does not state the method of analysis or include quotes to support the findings (Midgen, 2011). It is based on a small-scale questionnaire and the researcher's own experience so it may not be representative, resulting in the 'low' WoE judgement. It provides some useful examples of EP work in adoption, but findings will be interpreted with caution and alongside the other research.

The next three studies focused on evaluating aspects of EP practice relating to adoption; two studies used questionnaires to evaluate consultations by collecting feedback from parents/carers, EPs and other professionals, allowing a range of perspectives to be gathered (Osborne & Alfano, 2011; Syne et al., 2012). One study was conducted on a large scale with 101 EPs with a specific interest in supporting CiC and adopted children, and 78 foster and adoptive parents, making it more representative (Osborne & Alfano, 2011). The research is rigorous and was awarded a 'high' WoE rating; it provides a thorough analysis of quantitative data using t-tests and qualitative data using TA and includes quotes to support themes. They provided the questionnaire which supports understanding of the data gathered (Osborne & Alfano, 2011). It is valuable for understanding the EP role in consultations however the feedback is not specific to adoptive parents because foster parents are included (Osborne & Alfano, 2011).

Another study conducted semi-structured interviews in addition to questionnaires with EPs, parents/carers and social workers, to evaluate consultations (Syne et al., 2012). They also evaluated use of the EPAC by giving questionnaires to 19 participants, including EPs, parents/carers and school staff (Syne et al., 2012). The study used a descriptive method of analysis which only provided a few examples of responses from participants in one LA so is not generalisable. Details are provided about the consultation process for adoptive families

and the EPAC process; it is valuable for understanding the EP role in facilitating these processes. However, the questionnaire is not provided and it was given 'medium' WoE (Syne et al., 2012).

Another study gathered feedback from 12 adoptive parents who had attended a support group facilitated by an EP and a member of the post-adoption service (Dawson, 2021). They invited adoptive parents to attend a focus group and used Appreciative Inquiry. They analysed the qualitative data using Thematic Coding Analysis, in addition to monthly evaluation forms from parents who could not attend (Dawson, 2021). The study is based on work in one LA, but it provides a valuable example of EP work in facilitating a support group for adoptive parents. It was given 'high' WoE due to its relevance to the review question and methodological strengths.

One more recent study explored the EP role in multi-agency teams to support care-experienced children from both the perspectives of EPs and social workers (Warwick, 2023). They conducted semi-structured interviews with five EP and social worker pairs, then used reflexive TA (Braun & Clarke, 2021a) to produce themes. The study was transparent in its critical realist ontology and social constructionist epistemology and was underpinned by Bronfenbrenner's ecological systems theory (Bronfenbrenner, 1979) and the Cultural-Historical Activity Theory framework (Warwick, 2023). The research includes but is not specific to CPiC. It has valuable implications for EP practice in multi-agency teams and was awarded 'medium' WoE.

The review question about the role of EPs in supporting CPiC will now be discussed in relation to findings from the six studies that focused on the EP role (Dawson, 2021;

Midgen, 2011; Osborne et al., 2009; Osborne & Alfano, 2011; Syne et al., 2012; Warwick, 2023). Relevant implications for EP practice from studies in the literature review that focus on the DT role will also be included (Best et al., 2021; Boesley, 2021; Partridge, 2022; Ramoutar & Hampton, 2024). The findings have been synthesised and summarised under the headings below.

Range of EP work in this area

The literature reports a wide range of EP work related to CPiC. EPs can raise awareness of the impact of early trauma through attachment-aware training for school staff, parents and social workers (Midgen, 2011), engage in individual therapeutic work with care-experienced children (Warwick, 2023) undertake assessment work and support adopted children's friendships and social integration within schools (Midgen, 2011). EPs are often involved in consultations with family members and professionals around their needs (Midgen, 2011; Osborne et al., 2009). EP input can prevent placement breakdown by providing support and advice to adoptive parents, but professional development is needed to enhance skills in this area through specialist EP roles (Osborne et al., 2009). For example, EPs could support the adoption process, including the selection and matching of prospective adoptive parents (Midgen, 2011) and preparing parents for the transition of adopters through consultations (Syne et al., 2012). Early intervention and preventative work are key, where EPs work with adoption teams and panels to identify children at risk (Midgen, 2011).

Dawson (2021) suggests a systemic role for EPs in schools, for example, holding them accountable for supporting and representing adopted children and families, and suggesting evidence-based interventions that could be funded with PP+ funding (Dawson, 2021). EPs can support CPiC by considering how the systems around them can change e.g.

reviewing schools' practice and shifting thinking (Partridge, 2022). EPs could suggest that schools monitor the progress of adopted children and improve communication with parents by promoting the use of the EPAC; this helps to plan individualised support and support transitions into school following the adoption (Syne et al., 2012). EPs can promote inclusive policies and practices to ensure that guardianship families are identified, and their needs are understood, through training (Ramoutar & Hampton, 2024). They could also ensure that DT and SENCO roles connect (Ramoutar & Hampton, 2024).

Unique EP input

Several papers suggest that EPs make a unique contribution through their application of psychology; EPs holistically consider different factors and apply psychology through questioning to facilitate discussion and support adopted children (Dawson, 2021). In the support groups, adoptive parents found it useful to receive input on a different topic each session and use structured supervision models to share experiences and support each other (Dawson, 2021). EPs share psychological knowledge of child development in consultations to support others to understand children's experiences and the impact of trauma and attachment on behaviour (Midgen, 2011; Syne et al., 2012). Adoptive parents and foster carers reported that practical strategies for behaviour management, emotional well-being and educational issues were useful; 87 out of 101 EPs agreed that they were the appropriate person for the issue raised in consultations (Osborne & Alfano, 2011). Increased knowledge can empower parents as they can use this in interactions with school staff and advocate for their children (Dawson, 2021; Midgen, 2011). Although some EPs questioned the distinctiveness of their contribution, social workers recognised how EPs drew upon a wide-ranging skill set to support the development of their psychological thinking and valued their different perspectives and contributions (Warwick, 2023). EPs provided holistic support

for needs, shared knowledge and provided advice across many levels of the LA system to facilitate positive change for children and families (Warwick, 2023).

Another unique aspect of the EP role is providing emotional support and containment for adoptive parents. After consultations, parents and carers showed a significant decrease in concern and an increase in confidence in tackling issues; EPs provided emotional support that was containing and reassuring (Osborne & Alfano, 2011). EPs saw their role as acknowledging and validating parents' feelings about challenges they may have faced through containment (Midgen, 2011). EPs can facilitate support groups for adoptive parents, who can provide emotional support to each other by creating a safe space; the support group resulted in increased support and containment of anxiety and stress (Dawson, 2021). Adoptive parents appreciate the opportunity to gain peer support and reflect on their own experiences (Midgen, 2011). Further evidence is needed to support the value of EP involvement in this field compared to other professionals working with adopted children (Osborne et al., 2009).

Multi-disciplinary work

Benefits to EPs engaging in multi-disciplinary work include improved relationships with individuals from other agencies, effective communication and greater trust (Osborne et al., 2009). EPs can draw upon their interpersonal skills to promote cohesion and reduce tensions in multi-agency working, and developing professional relations is fundamental (Warwick, 2023). Collaboration in multi-agency teams enabled professionals to work more effectively as problems were shared which led to feelings of emotional safety and practitioner competency (Warwick, 2023). Several studies suggested a multi-agency approach to training e.g. both social workers and EPs involved with attachment-related work in schools, as this

draws on the expertise of professionals' perspectives and skills (Midgen, 2011; Syne et al., 2012). EP involvement could support other professional groups e.g. social workers, youth workers, DTs, in their understanding of child development, school belonging and attachment and the needs of CPiC (Osborne et al., 2009; Ramoutar & Hampton, 2024). Multi-disciplinary work with social care and EPs can reduce the breakdown of adoptive placements (Syne et al., 2012). In addition, partnership working between an EPS and post-adoption service to facilitate a support group for adoptive parents resulted in positive outcomes (Dawson, 2021).

EPs could provide supervision and mentoring to DTs and VSs, and those supporting CPiC in schools (Ramoutar & Hampton, 2024). This could involve supporting them to overcome challenges through applying psychological theory to promote their sense of effectiveness (Boesley, 2021). EPs can support colleagues and stakeholders in multi-agency teams through supervision, giving them an opportunity to reflect on situations and develop their skills (Warwick, 2023). It should be noted that there were also some challenges associated with multi-disciplinary working; there were differences between professionals in their values and the importance placed on education (Osborne et al., 2009) however this research only has 'medium' WoE, and this finding was not reported in the other studies.

Positioning of EPs

The positioning of EPs by others can be positive, for example EPs have a neutral position in the system, and are seen as independent from social care, which can be helpful when working with adoptive parents (Syne et al., 2012). However, the positioning of EPs can present some challenges and there were some difficulties overcoming preconceived views that adoption work only falls within the social care remit and lack of recognition of the wider

EP role in facilitating development and learning for adopted children (Osborne et al., 2009).

Similarly, capacity for EPs to offer support holistically clashed with constructions of the EP

role as the representative from education (Warwick, 2023). Social workers may have a lack of

clarity around the boundaries of the EP role due to the "novelty and scarce commodity" of the

role which can result in the EP not fully utilising their specialist skills (Warwick, 2023). In

addition, DTs may position EPs as working at an individual level through assessment and

consultation rather than working systematically; most DTs surveyed thought that EP advice

was sought when there were concerns around academic progress, and only a small number of

DTs used EPs for systemic support e.g. training or policy development (Boesley, 2021). EPs

could provide training for DTs and signpost to support locally provided for parents and carers

(Boesley, 2021; Harris, 2020).

Summary

There is a range of work in EP services relating to CPiC, including consultations,

training, therapeutic work, assessment, supporting the adoption process and systemic work.

EPs can make a unique contribution in this area, by applying psychological theory and

providing emotional containment. There are benefits to EPs engaging in multi-disciplinary

work although the positioning of EPs by others can be a challenge due to the uncertainty

around the scope of the EP role in this area and a lack of formal systems for CPiC compared

to CiC (Osborne et al., 2009). Although 69% of services were involved in work relating to

fostering and adoption and 27% of the work related to adoption, there was a high level of

variation across services (Osborne et al., 2009). The papers varied in methodological quality

and only two were awarded high WoE (Dawson, 2021; Osborne & Alfano, 2011). Apart from

Dawson (2021) and Warwick (2023), the studies focusing on the EP role were published over

10 years ago, suggesting there is limited research in this area, and no papers that specifically

look into EP work with other CPiC i.e. special guardianship. EPs can make a valuable contribution to supporting CPiC and their families, but services report a lack of time and capacity for this work (Osborne et al., 2009). More research is needed to demonstrate the impact of the work (Osborne et al., 2009).

Chapter summary

The literature review highlights that although VSs and DTs have had a statutory duty since 2018 to support CPiC, the quality of this support varies hugely between LAs and many professionals are unsure of their role. There is a lack of research into the views of EPs about their role in supporting CPiC, and most of the studies in this area focus on adopted children rather than all CPiC i.e. including special guardianship children. There have been a small number of studies into DTs' role in supporting CPiC following the 2018 guidance, and only three studies are published. There is only one piece of research (a doctoral thesis) focusing on CPiC that includes the VS as participants, indicating a clear research gap. Multi-agency working is key to improving the support for CPiC, but further research is needed to explore the role of these professionals and how they work together (Harris, 2020). There has been a lack of research relating to CPiC; this research will contribute to a gap in the literature. The next chapter discusses the methodology of the research.

Chapter 3: Methodology

Overview of the chapter

This chapter outlines the methodology of this research and starts by discussing the research question. The researcher's ontological and epistemological positions are outlined, which justifies the research design. Details of the research procedure including the participants, data collection and analysis are described. The research quality is discussed by focusing on how the researcher considered the trustworthiness of the research including credibility, transferability, dependability and confirmability. Ethical considerations and the role of reflexivity throughout the research process are discussed.

Research questions

The literature review highlighted that there is a lack of research into the views of DTs and VSs about their statutory role in supporting CPiC. In addition, there are few studies that focus on the role of EPs in supporting CPiC, indicating a clear gap in the literature. The research questions are:

1. How can DTs support CPiC in their school as part of their statutory role?
2. How can VSs support CPiC as part of their statutory role?
3. How can EPs support CPiC within a multidisciplinary team?

Theoretical framework

A conceptual theoretical framework that underpins the research and considers the wider systemic influences on the child is ecological systems theory (Bronfenbrenner, 1979). As discussed in the introduction, this provides a valuable framework for understanding how the interacting systems around CPiC impact their educational experiences, within the wider

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socio-political and historical context. This research seeks to gather the views of a range of

participants, including DTs in the child's school who are in the microsystem and VSs who are

in the exosystem. EPs are positioned within both schools and LAs, which means they can

facilitate collaboration across all ecosystemic layers.

Polyvagal theory can explain the link between the brain and behaviour during

stressful experiences (Porges, 1995); exposure to ACEs can trigger 'fight, flight or freeze'

responses in the nervous system, and frequent exposure to these can cause hypersensitivity to

threat cues even after they transition into a safe environment (Perry et al., 1995; van der

Kolk, 2015). Attachment theory explains how relational trauma, characterised by inconsistent

care or rejection, can impact a child's 'internal working model' (Bowlby, 1969; Treisman,

2016). In addition, the PTMF (Johnstone & Boyle, 2018) provides an alternative lens through

which to view the experiences of CPiC by considering what happened, how it affected them,

what sense they made of it and what coping mechanisms are in place. DTs, VSs and EPs

could use the PTMF to support others to understand CPiC's needs, so it provides a useful

framework for the research.

Ontological and epistemological position

Assumptions regarding ontology and epistemology have implications for research

questions, study design, methods, analysis and interpretation (Cleland, 2017). Ontology refers

to the nature of reality and asks the question 'What is there to know?' This ranges from

realism (there is a reality that exists independently from subjective experiences) to relativism

(reality is relative to the subjective experience of the observer) (Guba & Lincoln, 1994). The

ontological position taken is consistent with a critical realist approach which sits between

realism and relativism. Although there is an objective reality that exists independently of

subjective experiences, this can only ever be partially known because each individual has different interpretations of events (Robson, 2002). Individuals assign different meanings to experiences which is influenced by their wider social context (Willig, 2013). This research reflects the critical realist position as it acknowledges an external reality, e.g. care system and legal frameworks, in addition to gathering the views of DTs, VSs and EPs, who may interpret their role for CPiC differently and have different experiences.

Epistemology refers to the nature of knowledge and asks the question 'How can we know?' This ranges from positivism, where one objective truth can be tested through scientific experiments, to interpretivism where interviews and observations are used to investigate subjective, multiple realities (Guba & Lincoln, 1994). The epistemological position is drawn from interpretivist principles, which emphasise the role of individual experiences and meaning making, whilst acknowledging the influence of an objective reality. Access to this reality is mediated through subjective interpretations as individuals construct their own meanings (Braun & Clarke, 2013). Historical, cultural and linguistic factors shape people's interpretations, and the researcher will bring biases and assumptions to the research. This position is compatible with ecological systems theory (Bronfenbrenner, 1979). Since the researcher has no personal experience of the phenomena being researched, an outsider position was taken.

Research design

Qualitative research gains the perspective of the participants in the research and also acknowledges the impact of the researcher's interpretation (Robson, 2002). Qualitative research aligns with the researcher's ontological and epistemological position and enables a richer understanding of experience, phenomena and context (Cleland, 2017). A qualitative

design was deemed appropriate for answering the 'how' research questions, as it allows a richer understanding of people's views and the complexity of people's meanings and experiences which can be 'messy' (Braun & Clarke, 2013). Criticisms of qualitative methods include a lack of generalisability to the wider population because the sample sizes are small, and the participants are not chosen at random (Agius, 2013). However, the research aims to understand experiences, perceptions and the meanings attached to them (Agius, 2013). The literature review highlighted the value of qualitative methods for gaining a richer understanding of different perspectives.

Semi-structured interviews were conducted on Microsoft Teams to gather the views of DTs, VSs and EPs. Semi-structured interviews were time-consuming for the number of participants in this study, but were appropriate given the research topic. Open-ended questions enabled rich, detailed information about participants' experiences to be collected. The use of a structure helped the interviewer to ensure that all the areas relevant to the topic were discussed, although the order of the questions varied; the questions and prompts are included in Appendix C. The researcher was responsive to the participants and made spontaneous comments during the interviews. Semi-structured interviews gave flexibility for more specific follow-up questions about areas not in the interview script, and the researcher could check their understanding of participants' views when necessary. Participants were given an opportunity to share anything else relevant about their role in supporting CPiC, to ensure that nothing important was missed. Although a focus group was considered, it was decided that it would not be feasible to find a time when all the professionals could meet. Using Microsoft Teams made it possible to interview participants from across England, which would have not been feasible if the interviews were in person.

Research procedure

Participants

22 participants were interviewed, consisting of six DTs, seven members of VSs and nine EPs. The researcher ensured that there were at least six participants in each group as a sample size of 6-10 interviews for small projects has been recommended previously (Fugard & Potts, 2015; Young & Casey, 2018). Three groups of participants were interviewed to provide different perspectives. DTs and VSs were chosen due to their statutory roles for supporting CPiC and EPs were chosen due to being well placed to support CPiC and a lack of previous research into their role. Participants worked in 17 different LAs in England to capture the variation in practice across services in the data. There were different numbers of participants in each group due to more responses from EPs than DTs. All participants who met the inclusion criteria during the data collection period of two months were interviewed. No participants were interviewed after the data collection period had ended as this was not feasible in the time available. All EPs had experience of a relevant specialist role e.g. VS, CiC or adopted children. Only qualified EPs were interviewed, and all professionals had worked in their role for at least 6 months, to ensure participants had the desired level of experience. The DTs interviewed worked in a range of educational settings (one primary school, three secondary schools, one specialist school and one post-16 setting) to explore the role across a range of environments. Some participants had a personal interest in the research topic; three participants were adoptive parents and one participant had personal experience of the care system. These dual roles led to a richer understanding of the topic area, and it was valuable to include their experiences in the research.

Data collection

A volunteer sampling strategy was used to recruit participants. The research was advertised using mailing lists, contacts through schools and social media e.g. Twitter (see Appendix D for the recruitment email and poster). Prospective participants emailed or contacted the researcher on social media. The information sheet was sent to participants to explain the purpose of the research. Participants were given an opportunity to ask questions before signing the consent form. A mutually convenient time was arranged for the interview and the Microsoft Teams link, alongside the interview questions, were shared via email before the interview. The interviews were recorded for transcription; at the beginning of the interview, the researcher checked that they were happy for the interview to be recorded. Some participants wished to turn off their video during the recording. The interviews were around one hour, depending on the level of detail in their responses. At the end, the researcher gave participants an opportunity to ask any questions and there was a verbal debrief. Participants were sent a debrief sheet after the interview, which signposted them to charities giving support.

Data analysis

The interviews were transcribed using Braun and Clarke's (2013) notation system for orthographic transcription (Braun & Clarke, 2013). This involved line-by-line transcription of 22 recordings of the interviews. All verbal utterances including sounds e.g. 'umm' and 'mmhm' were included in the transcript. A new line was started to show a new speaker and their identity was shown by a colon and the name of their participant group. Features such as laughing and pauses were represented through brackets e.g. (laughter) or (pause). Overlapping speech and inaudible speech were also represented this way e.g. (overlapping),

(inaudible). Identifying information was replaced with square brackets, for example [place name] or [colleague name] to maintain confidentiality.

The transcripts of the interviews were analysed using Reflexive TA to answer the research questions (Braun & Clarke, 2021b). TA is an analytic method which extracts meaning from data by identifying themes. Themes are characterised by a shared meaning underpinned by a central concept and provide a descriptive overview of the data (Braun & Clarke, 2021b). A critical realist approach acknowledges that the data needs to be interpreted to understand the phenomena being investigated (Willig, 2013). TA is not tied to any theoretical framework, so is compatible with the critical realist position. In reflexive TA, themes are actively created by the researcher through the interpretation of the coded data (Braun & Clarke, 2021b). Reflexive TA was chosen to consider the impact of the researcher's subjectivity and bias on the analysis. This process involved reflections on the assumptions underpinning the interpretation of the data, which were recorded in a research diary (see Appendix E). This included the researcher considering their history, culture, values and assumptions which impacted data analysis.

An inductive approach to TA was used, meaning it was data-driven rather than fitting the data into a pre-existing framework (deductive), resulting in themes that are strongly linked to the data (Braun & Clarke, 2021b). Semantic coding was used, where the analysis explores meaning at an explicit, surface level. Separate TAs were carried out with each group of participants (DTs, VSs and EPs), to identify themes for each group using the six stages of reflexive TA (Braun & Clarke, 2021b). TA is not a linear process, and the researcher can move back and forth throughout the stages as required.

Stage one - Familiarisation with the data. This involved reading the transcripts, transcribing the interviews and writing data familiarisation notes about any patterns or observations that could be further explored in the coding stage. This included considering what was familiar and what was unfamiliar or surprising. The researcher reflected on why they reacted this way to the data and unpicked any underlying assumptions.

Stage two - Coding the data. Initial codes were generated which capture what is analytically interesting about the data. The data were coded in an inclusive, comprehensive and systematic way to generate coding labels using a semantic inductive approach. Codes were assigned to data extracts in the interview transcripts (see Figure 4 in Appendix F). A list of codes and data extracts was created for each participant (see Figure 5 in Appendix F). Codes and data extracts from all participants within each group were combined to create a codebook (see Figure 6 in Appendix F). Each participant's data extracts were colour coded in order to understand how many participants each code corresponded to.

Stage three - Generating initial themes. Initial themes were generated from the codes across the dataset. The code labels were reviewed to identify potential themes and similar codes were combined to become themes. This was done by arranging the codes for each participant group into groups based on their theme (see Figure 7 in Appendix F).

Stage four - Reviewing and developing themes. The researcher considered the quality of the theme, the boundaries of the theme and whether there is enough meaningful data to support them. This stage involved checking if the themes worked in relation to the coded extracts and the whole dataset.

Stage five - Refining, defining and naming themes. This included writing definitions of what the theme was about, refining the specifics of each theme and considering the overall story of the analysis related to the research questions. Thematic maps were created for each participant group.

Stage six - Producing the report. The researcher noticed that several themes were similar across participant groups, so a further level of analysis was undertaken to combine the themes in all groups. The researcher decided to write the results section with all participant groups combined in an integrated analysis, to make it easier to compare results across groups and avoid repetition. The themes were represented in a thematic map and data extracts were chosen to illustrate points. Some redundant words (e.g. 'you know' and 'umm') and repeated words were removed from extracts to reduce word count. Abbreviations were used in extracts for brevity. The discussion separates participant groups to answer the research questions and provide implications for different professionals' practice.

Research quality

In qualitative research, trustworthiness can be analysed instead of reliability and validity. A framework with four criteria is used: credibility, transferability, dependability and confirmability (Shenton, 2004).

Credibility

Credibility is whether the data collected is an accurate representation of what is being studied (Shenton, 2004). Interviews from participants were compared through triangulation and common themes were constructed, to ensure the findings were high quality (Cleland, 2017). The researcher hopes that participants could openly express their views, as it was

emphasised that the data would be anonymised to maintain confidentiality. The researcher explained that no one else would have access to the interview recordings and that these would only be used for transcription. The researcher spent time at the beginning of the interview building rapport with participants and highlighted that there were no right answers to the questions (Shenton, 2004). Participants were interviewed at a convenient time for them, which reduced the likelihood of distractions. The data were analysed using TA (Braun & Clarke, 2021b) which is a well-established method and the researcher adhered to the stages to ensure rigour throughout the analysis. The interviews were recorded so the researcher could check the transcriptions for accuracy. Detailed evidence was presented in a codebook with data extracts from the interviews for each theme (Agius, 2013).

Transferability

Transferability is the extent to which the findings can be applied to other situations. Although each participant is unique, others may be able to relate the findings to their own positions (Shenton, 2004). Contextual information about the research was provided to enable others to understand the context, and compare the experiences of participants to others. Information regarding the number of participants, their role, the period over which the data were collected, the number and length of data collection sessions and methods were stated to allow the reader to relate to the content, whilst respecting participants' anonymity.

Dependability

Dependability is whether the methodology is described in enough detail to be repeated and appropriate research practices have been followed (Shenton, 2004). A clear and transparent audit trail was kept throughout the research process, which makes it possible to

understand interpretations and decisions made at each point and ensure that the stages of TA were followed appropriately.

Confirmability

Confirmability is important to show that the findings represent the participants' views and not the researcher's predispositions (Shenton, 2004). To ensure that the findings accurately represented their views, the questions were open, to avoid shaping participants' responses. Feedback was sought from a VS EP and the researcher's university supervisor, leading to some modifications e.g. changes in the wording of the interview questions. To increase confirmability throughout the analysis, codes were discussed in relation to the data with the researcher's supervisor and peers to reflect on alternative interpretations. Due to the nature of qualitative research, there will be biases (e.g. personal experiences, contexts, views) that impact the analysis of the data. However, the research method takes subjectivity into account throughout the analysis and is demonstrated through reflexivity (Braun & Clarke, 2013). The research diary ensured that the researcher reflected on their interpretations throughout the analysis, acknowledged when biases may have impacted the findings and justified research decisions.

Reflexivity

Reflexivity in the research process involves reflecting on how the researcher is located in a particular social, political, cultural and linguistic context, to highlight assumptions and values that may subconsciously drive the interview and interpretation of the findings (McNair et al., 2008). Semi-structured interviews involve an interaction between the researcher and the participant which influences the meaning developed in the data, in addition to the interpretation of the questions by the participant. The TA process is highly influenced

by the interpretation of the researcher; reflexivity is essential to acknowledge the impact of this (Braun & Clarke, 2021b). See Appendix E for an extract from the research diary about data collection.

Ethical considerations

Ethical approval was granted from the UEL School of Psychology's Ethics Committee before starting the research (see Appendix G). A risk assessment and data management plan were completed (see Appendix G). The research adhered to the ethical guidelines set by the British Psychological Society's (BPS) Code of Human Research Ethics (British Psychological Society, 2014). Some key ethical considerations are discussed below.

Risk

Risk is the potential psychological harm, discomfort or stress to participants that research may generate (British Psychological Society, 2014). This includes risks to the participant's self-esteem, social status, privacy, values and beliefs. A risk assessment was carried out (see Appendix G) and the research was identified as involving minimal risks to participants. However, to minimise any potential distress to professionals, e.g. if they were talking about difficulties in their role, their feelings and responses during the interview were closely monitored. Under the Health and Care Professions Council (HCPC) the EPs should be receiving supervision, where they could seek support if needed. The researcher hopes that taking part in the research would not have caused distress for participants and that they valued the opportunity to reflect on their practice. This might lead to some changes in their practice. The interview questions were based on a solution-focused approach, therefore they helped consider what works well and how their practice could be improved. The researcher's

experiences were recorded in a research diary to monitor feelings throughout the process and received regular supervision.

Valid consent

The BPS states that researchers should ensure that every person from whom data are gathered for research consents freely and voluntarily to participate, having been given sufficient information to enable them to make an informed choice (British Psychological Society, 2014). After showing interest in the study, participants were given an information sheet (see Appendix H) to explain the aims of the project, the type of data collected, the method of collecting data and the time commitment expected. They were given an opportunity to ask any questions and were sent the interview questions in advance. Participants were asked if they wanted to receive a summary of the findings when the research is completed, so the researcher kept their contact details until then. The participants signed a consent form (see Appendix H) to give informed consent to take part in the research. The BPS states that participants should be free during the data-gathering phase to withdraw or modify their consent and to ask for the destruction of the data (British Psychological Society, 2014). The information sheet highlighted that participation is voluntary and they can withdraw from the research at any time without explanation. Participants had one week after the interview to withdraw their data from the study. They were reminded at the beginning that they could stop the interview at any time if needed.

Confidentiality

The BPS states that participants have a right to expect that the information they provide will be treated confidentially and that they will not be identifiable from the data (British Psychological Society, 2014). Participants were given the option to pause the

interview if there were interruptions, to maintain confidentiality. Names and identifying information (e.g. schools, place names or identifiable scenarios) were removed during the transcription process. Participants' data did not include their names; the recordings from Microsoft Teams and file names were labelled by a number. It is not possible to trace the participants' responses to their personal information through the data. However, the kind of participant e.g. DT, VS, EP will be kept so that the data can be analysed using TA in each participant group. Numbers (e.g. EP 1) will be used to protect their identity when using data extracts in the results section. All data is stored in the UEL OneDrive under the university data protection policy. Details about the storage of data were shared with participants on the information sheet.

Debriefing

When data gathering is complete, it is important to provide an appropriate debriefing for participants (British Psychological Society, 2014). At the end of the interview, the researcher asked participants if they had any questions and there was a verbal debrief where the researcher shared next steps for the research and what happens to the data. After the interview, participants were given a debrief sheet (see Appendix H) which signposts them to resources to help reduce anxiety or stress. Participants were given the researcher's contact details to ask questions about the interview if necessary, but were for practical questions rather than psychological support.

Chapter summary

This research aims to investigate the role of EPs, VS and DTs in supporting CPiC by exploring their views. The research is underpinned by ecological systems theory (Bronfenbrenner, 1979). A critical realist ontological position underpins this research. The

epistemological position is drawn from interpretivist principles which emphasise the role of individual experiences. This research used qualitative methods (semi-structured interviews) to gather data from 22 participants. Reflexive TA was used (Braun & Clarke, 2021b) and separate TAs were conducted for each participant group. A further level of analysis was carried out to compare results across participant groups. Research quality was discussed in terms of credibility, transferability, dependability and confirmability, in addition to reflexivity. Ethical considerations were highlighted.

Chapter 4: Results

Overview of the chapter

Individual thematic maps for DTs, VSs and EPs can be found in Figure 8, 9 and 10 below. An integrated analysis was conducted to combine the themes across all groups. The thematic map for all participants combined is in Figure 11 below. Where themes and subthemes only apply to certain participant groups, this has been indicated in brackets. The codes in each theme for each participant group are included in Table 6 (Appendix F). This chapter presents the integrated analysis by comparing and contrasting the results from each participant group in each theme and subtheme. Example data extracts from participants across all groups are used to illustrate each point. Themes and subthemes are discussed in the order presented in the thematic map (Figure 11); this order reflects the researcher's interpretation of the relative importance of themes according to participants.

Figure 8

Thematic map for DTs
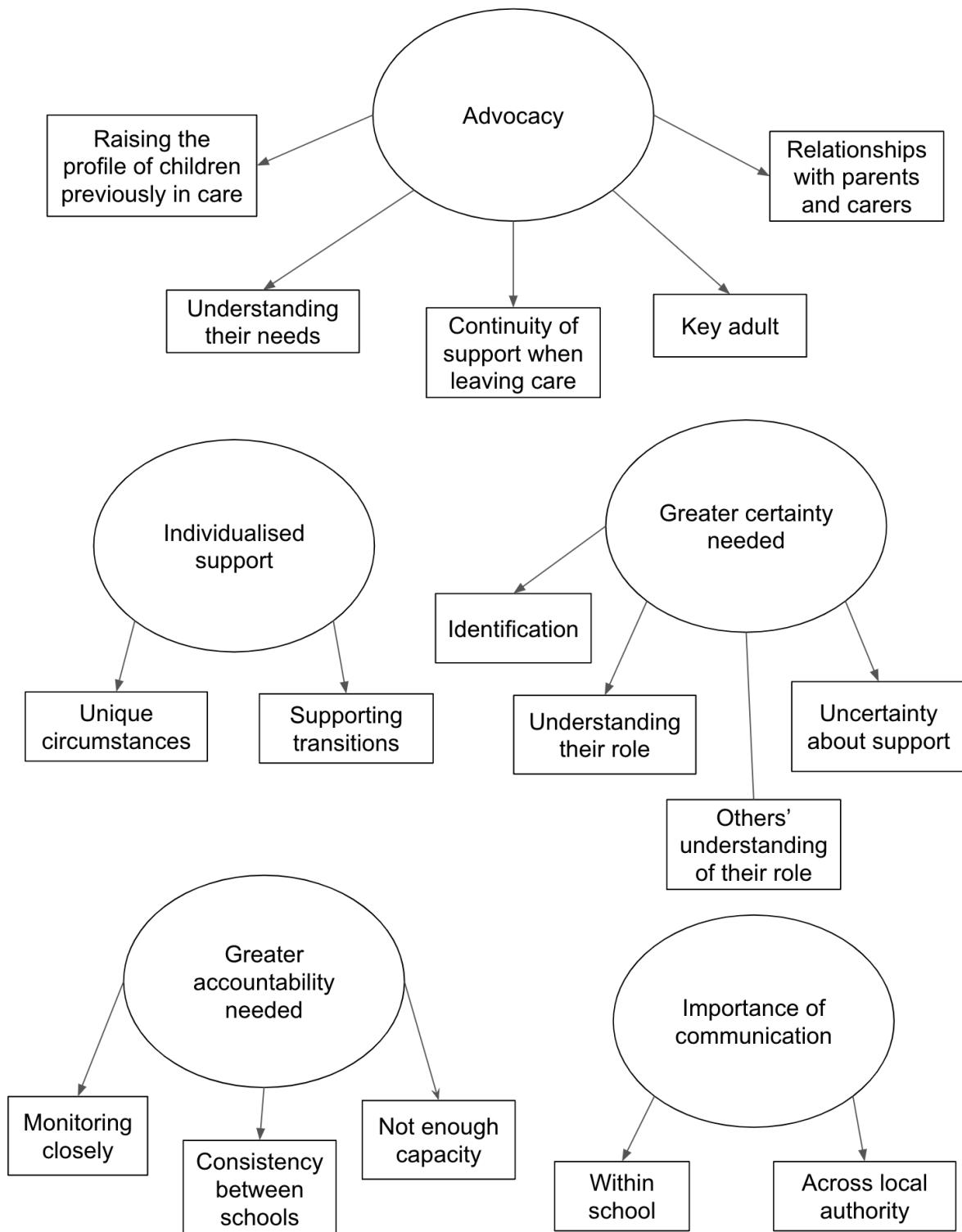
Figure 9

Thematic map for VSs
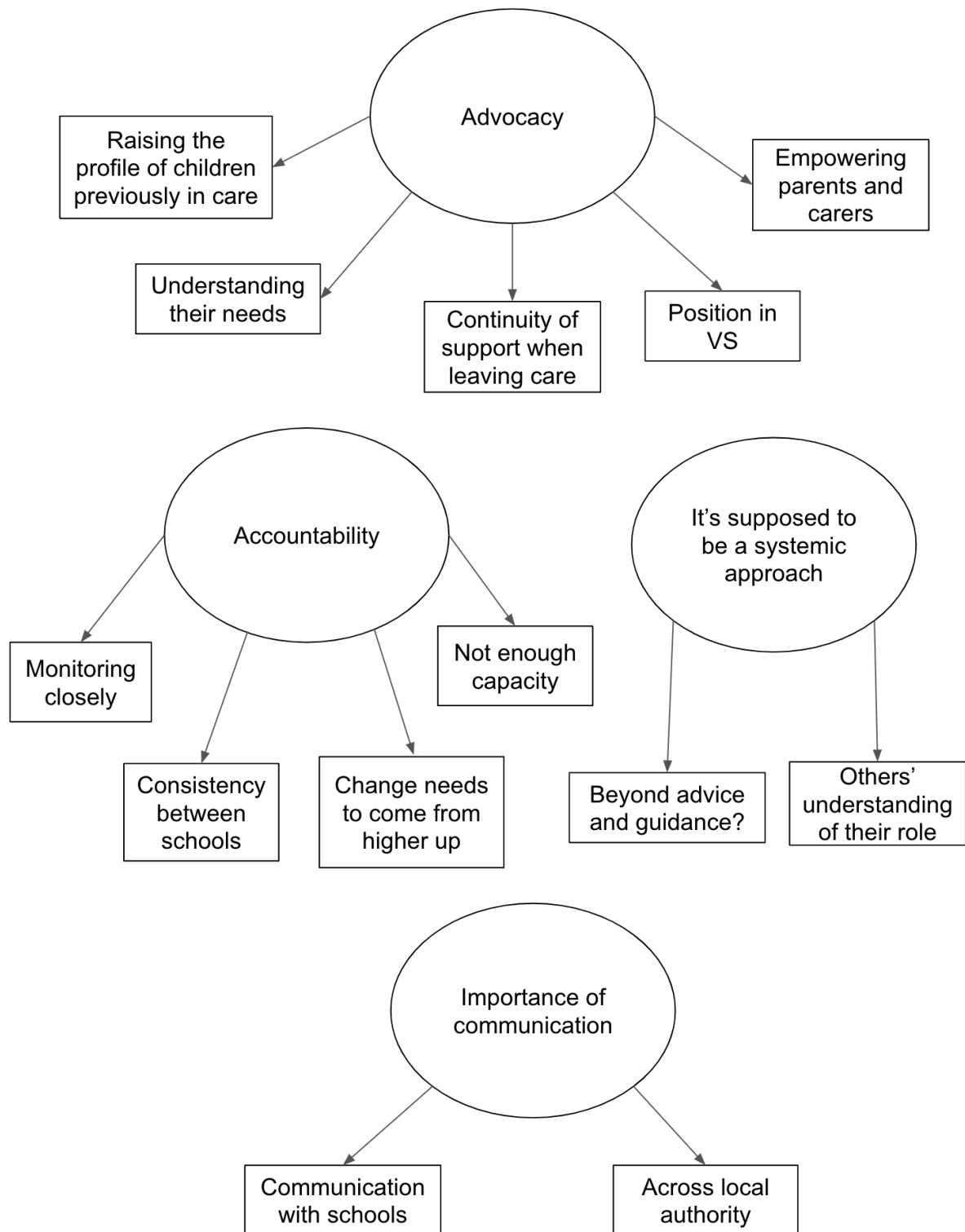
Figure 10

Thematic map for EPs
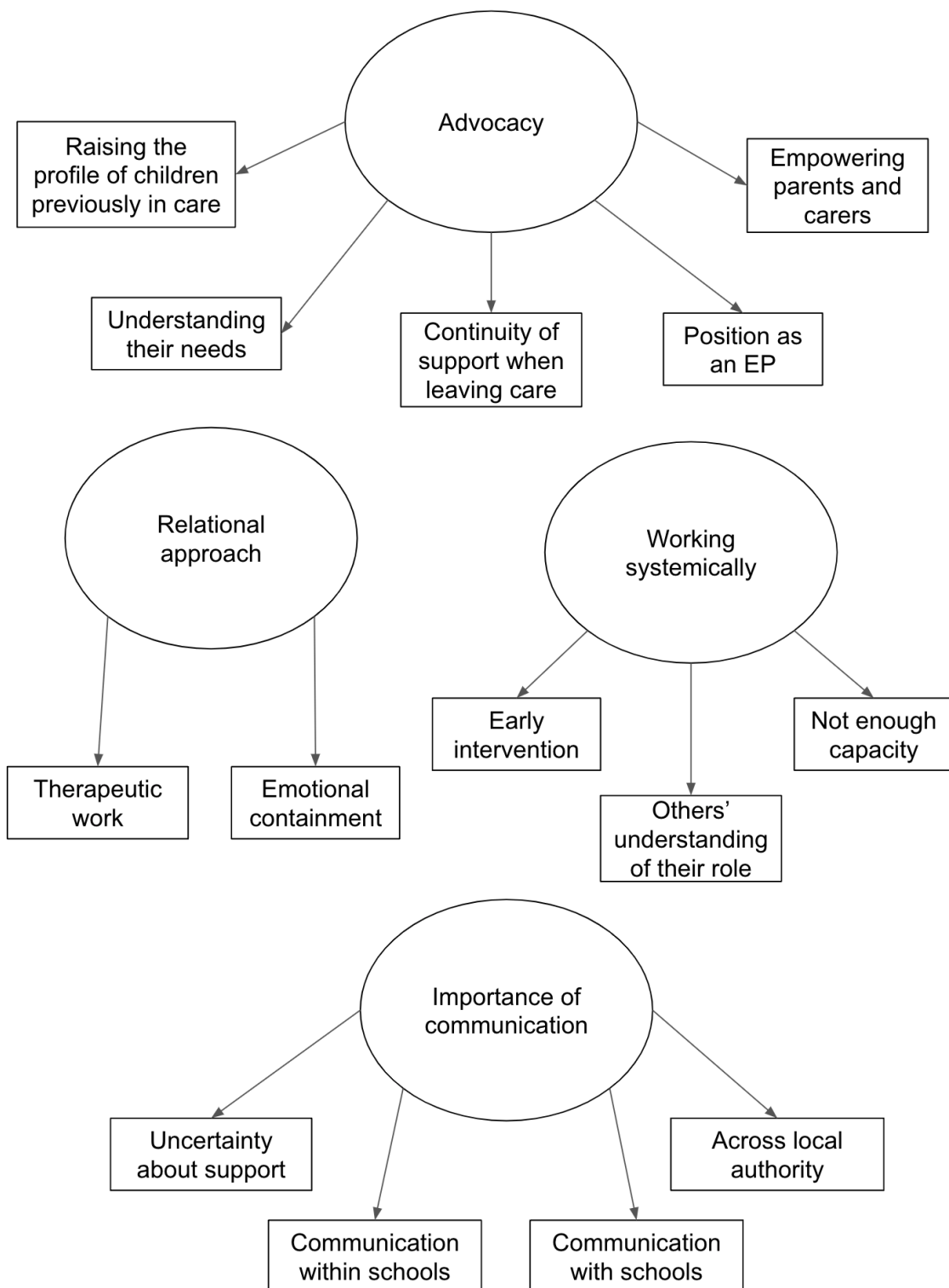
Figure 11

Thematic map for all participants combined
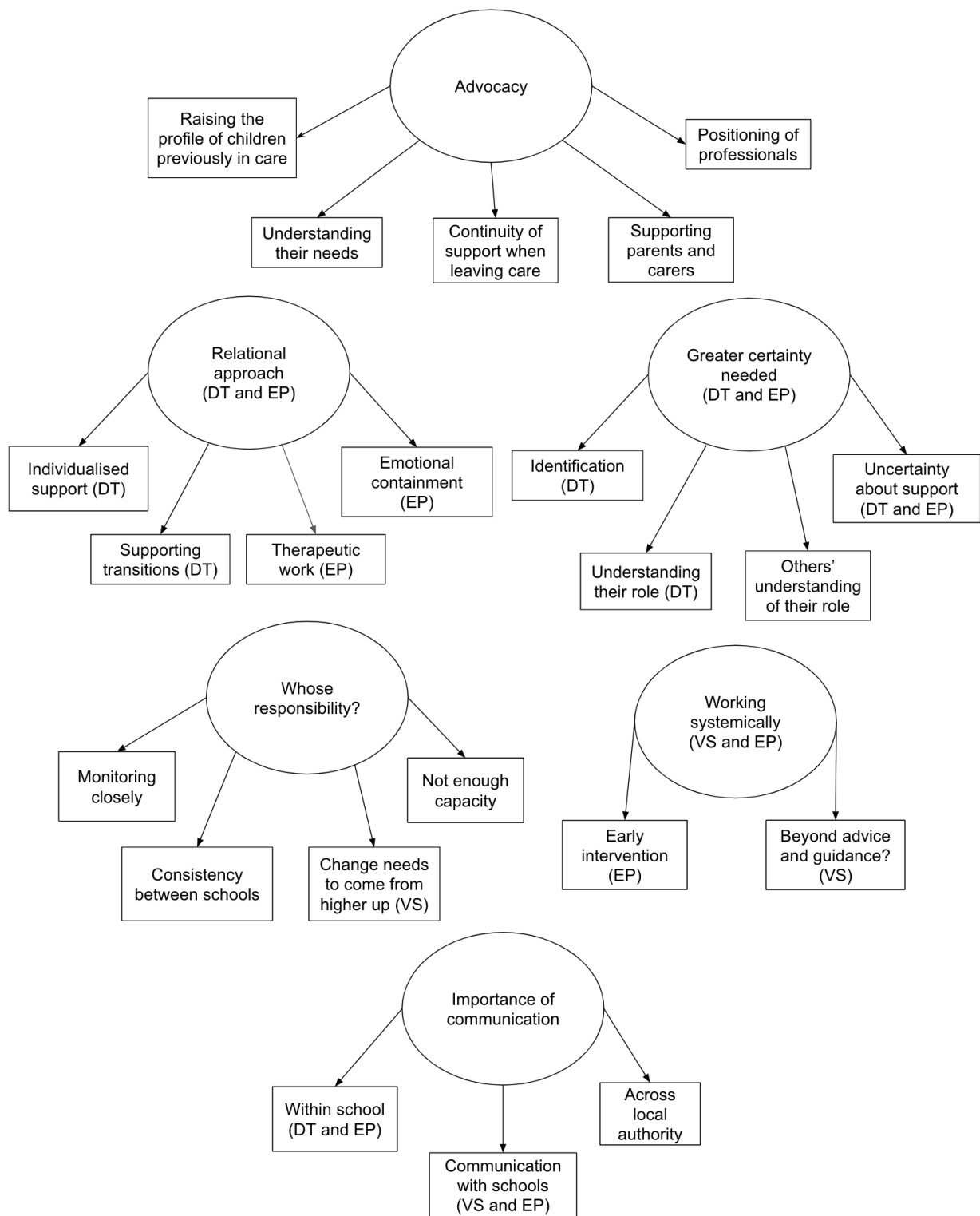
Theme 1: Advocacy

This theme was found across all groups and is central to their work for CPiC. DTs and VSs saw it as their statutory responsibility to advocate for this cohort. Most EPs had a specialist role and were passionate about applying psychology to support understanding of their needs. Most participants discussed raising the profile of CPiC, supporting others to understand their needs, ensuring continuity of support when leaving care, supporting parents and carers and discussed how their positioning allowed them to support CPiC.

Raising the profile of CPiC

All groups highlighted the importance of raising the profile of CPiC because they are not recognised as a cohort despite having "many of the same issues as the LAC" (DT 2). Participants described CPiC as an "added aside" (DT 4) and "forgotten" (VS 5). One DT raised the importance of understanding care status from a safeguarding perspective, as "birth parents were calling to ask information" (DT 5) which they are not allowed to give. One DT said VS training and documentation needs to prioritise them more, so others are aware of this aspect of their role: "I think it needs to be a sector wide thing from the LA down into schools and other agencies" (DT 2). VSs acknowledged that CPiC are overlooked by LAs:

> Most of our team support CiC, so it can seem like CPiC are this sort of add on rather than being fully integrated…you can always think, well, could this offer go to CPiC as well as CiC or and so I think it's that sort of sense of integration and you know the priority not being a lesser priority, even though the duties are different and lesser (VS 7).

All groups had encountered the belief that children's difficulties end when they are permanently placed and try to challenge misconceptions:

> There might be something around a lack of understanding of the needs of previously LAC, perhaps misperceptions out there of the fact that once they've been adopted, once they've found a permanent home, then their need isn't as great or is different or they have other people supporting them so they'll be fine now…but it disregards obviously the huge attachment and trauma of their earlier years. So I think we play a vital role in supporting people around that (EP 8).

One EP thought that the term "previously looked after children" re-frames around adoption and helps schools to think of their "lives as a continuum rather than a slate that wiped clean the day that the adoption order is granted" (EP 9). EPs raise awareness of the needs of CPiC throughout their practice by highlighting them as a group in conversations. Several VSs said they have DT network meetings where they raise awareness of this cohort.

Understanding their needs

All participants described their role as supporting others to understand the needs of CPiC. DTs saw it as their responsibility to promote a trauma-informed approach and increase awareness of individual children's needs:

> Not all staff understand or have the training for the trauma that goes behind some of the children… I do a lot of training for staff to think about children's ACEs, their previous experiences, how to relate to them and children who have high level trauma... but we've got we know who our key children are. So we do talk about individuals and their specific needs as well (DT 6).

VSs and EPs delivered training to schools on topics such as attachment and trauma, which sometimes covered the needs of this cohort and terminology. Some VSs ran specific training on CPiC for DTs since "we should be highlighting this to everybody because it is statutory" (VS 6). Two EPs thought it was valuable when training has a "personal element" to it e.g. adopters sharing experiences. Several VS members suggested that training should be for all teachers, not just DTs, and they ensure a member of the Senior Leadership Team (SLT) is present as "it has to come from the top" (VS 3) or the impact is limited. One VS said they were trying to become involved with teacher training at the local university. EPs highlighted the importance of coming back to training, embedding it in practice and "connecting the dots, because there just isn't time for school staff to do that" (EP 3). For example, "there might need to be a greater level of flexibility with this group" in terms of behaviour policies (EP 3).

All EPs discussed sharing psychology with others "in terms of just developmentally in understanding where their needs are" (EP 2), and the effects of trauma on early development and attachment. They try to separate the child from the problem and help others to understand that "this child is functioning in a way which is quite natural to him or her, given his background" (EP 1). Several EPs discussed the value of strengths-based approaches and one VS member found there is a "tricky line" between raising awareness of their difficulties whilst highlighting their strengths and promoting resilience. EPs used psychology including "belonging, creating new narratives about things, looking at functions of behaviour and identity" (EP 5). They aim for a holistic understanding of the child's unique circumstances and how that links to behaviour:

> For previously LAC, you've got a group that are hopefully feeling some stability or ready to start processing what's happened to them, start being able to come out of that hypervigilance, be able to have that support and create that safe base at home and

school. And I think what we do is, yeah, we can really understand. We can get their voice quite well. We can think about the psychology specifically....Ohh isn't that interesting we see that cause actually when you look back, this really specific thing happened to them. And actually, if you think about it, that's very likely linked…How can we support that really specific thing? And I also think we are good at being able to explore the values like what's important to a child (EP 5).

They noticed that "the landscape's really shifted in recent years" as "adoption and SGO is far more complex… the age of adoption is higher…the vulnerability of the children coming in, the incidence of FASD…it's huge" (EP 6), so EPs must be involved in supporting this cohort.

Continuity of support when leaving care

All groups thought there should be more continuity of support for CPiC. DTs described how when children leave care "it's like everything's just gone and it shouldn't be" (DT 5) and it is difficult to access services. Many felt this is wrong as the "needs of the children were very similar even if their….family context was different" (VS 7). One EP discussed difficulties when "previously LAC come back into care… when adoption has broken down" (EP 4). They highlighted the importance of children feeling they are still supported:

I think for some of them who have gone from looked after to post, they probably think where has all this support gone, I was having child in care reviews, PEP meetings, all of this and it just stops…those children need to know that yeah, you're in a placement, yeah, you're post looked after but actually we are still checking in. We're still making sure things are okay, we're still holding your carer to account (DT 6).

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VS members said they try to ensure the same advisors continue supporting children when they leave care and that they can continue accessing music and sports projects, online tuition and resources. VSs and EPs thought that professionals felt more responsibility for CiC due to being corporate parents, which comes with protective factors around the greater involvement of professionals. One VS noticed that "there's all this protection for CiC in terms of suspensions and exclusions and things like that but it doesn't translate to previously LAC" (VS 2) so there needs to be more in place. One EP commented that extending support to children when they leave care was the "right thing to do" (EP 9).

> Whilst there are sort of differences in, I guess obviously circumstances and legal definitions, again there's a view within our service that…we have a moral responsibility to continue to support children…just because they change status or circumstances on a label or a box, those needs don't change with that and it does raise issues around capacity because it's something that as a service we offer where…it wouldn't strictly be covered, but it's something that we think is important (EP 7).

VS members expressed concerns that some children in similar situations don't get support. For example, children who are under special guardianship but never went into care would not have the previously in-care status.

Supporting parents and carers

DTs and EPs spoke about developing trusting relationships with families to advocate for the child. DTs try to make parents aware of their role and encourage parents to disclose their 'previously LAC' status so they can "tap into other services we can access because they are adopted" (DT 4). DTs push for funding for therapeutic support e.g. family therapy, play

therapy, drama therapy and some adoptive families are "so savvy about it" (DT 4). EPs added that adoptive parents often had to push for support after they had "fought their way through the approval process" (EP 9), so they try to raise awareness of support available, including a termly magazine for adopters about interventions and support. They discussed the value of seeking children's, parents' and carers' views of what support they need and involving them in designing their offer. One participant said they provide a "listening ear" (VS 6) and a space for parents and carers to be heard. EPs aimed to give parents "the confidence and the toolkit to go to schools and have those conversations" (EP 9):

> We need to empower parents to know more about what their rights are and what's out there for the children. Don't just presume that your primary school down the road is the right school to go to. There's certain questions you should ask and challenge them about the, not just the governors, what's the whole ethos of the school in terms of CPiC? Ditto when it comes to secondary (VS 4).

VS members reported that more children are leaving care into special guardianship, but the support systems for carers often stop. Although they can ask the VS for advice, VS members noticed that special guardians accessed their service less and are "harder to reach". EPs described how special guardians are "left behind" (EP 3) and "there is probably some kind of intergenerational trauma within the family" (EP 5).

> SGO parents carers tend to be older, poorer often have their own health difficulties. They're often a relative of the biological parent. It's often more complicated…there's the biological parents still involved somehow and relationships are very fraught. They tend to be…from a lower socioeconomic background. So they probably have fewer resources, have their own stresses (VS 2).

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All groups suggested there needs to be more support for parents and carers as "they're left on their own and without support services...it's a real failing of the system." (DT 2). Several EPs suggested they should offer more events for parents and carers involving different professionals, involving problem-solving and approaches e.g. PACE (playfulness, acceptance, curiosity, empathy) (Golding & Hughes, 2012) and emotion coaching (Gilbert et al., 2015).

> We ask adoptive parents to take children from their system with none of the ongoing resources and support that our foster carers can access. We ask them to commit forever for children who they really don't know very well and about whom, often not a lot is known in terms of what their future needs might be…We were leaving them to it and we were blaming them when it became difficult and for me that right thing to do is about again recognizing that continuum of children who have had trauma in their birth families…even prenatally, children who have had trauma in care. Let's be real about…people's experiences of care, and that the adoption…doesn't wash that away (EP 9).

Positioning of professionals

All groups advocated for CPiC in different ways depending on their roles. DTs said they are proactive about prioritising these children for support and interventions and that they are at the "forefront of all our thinking" (DT 3). DTs provide continuity throughout their time in school as CPiC are "used to people in and out of life constantly" (DT 5). They are available for students to check in with them as the "daily interaction with them is really important" (DT 1) and "being someone that they just feel really comfortable with" (DT 5):

> It's just being their advocate, their voice and just making sure whatever their needs are that they're being met in school....And them knowing that and that's really important

that the children know that you're their main voice…I will be the voice between them and carers as well. If they're finding something difficult, they always come and speak to me and ask me if they can pass something on (DT 6).

VS members thought they "need somebody that is actually an advocate in the LA for previously LAC" (VS 5) e.g. a VS advisor responsible for advocating for CPiC, who has power within the team:

I think that's why it's beneficial that I sit on the SLT because it's ensuring that conversations don't just consider our in-care cohort, it also considers our statutory responsibility to previously in care…okay so we know that this is our intervention offer that we can put in place for CiC. Is there anything that we can, you know, offer in terms of educational apps or, you know, packs or things like that that would work for previously in care? (VS 6)

EPs suggested they could advocate for CPiC by raising them at planning meetings with the SENCO, encouraging them to prioritise them for EP involvement and including DTs in planning meetings. Working in the VS allowed EPs to reach children sooner as "in reality they often don't seem to make it to near the top of the list" for EP involvement (EP 2). Their VS position meant they could continue working with the child despite school moves to ensure consistency. VS EPs said they could coordinate with link EPs about CPiC and "jointly attend the planning meetings with the EPs who have got the service agreements with schools" (EP 7).

EPs suggested tools such as Planning Alternative Tomorrows with Hope (PATH) and motivational interviewing to hear young people's views: "For me, it's around their voice.

How they can verbalise things, how they can approach learning tasks and what their story is and what that's meaning for them to engage with whatever education looks like for them." (EP 5). EPs advocate by helping others to understand the "nuances of the journey of the children and the journey of their families" so adoptive families are not "blamed by schools for their children's needs and difficulties" (EP 9). They advocate for them during consultations:

> Making sure there's an advocate and it's someone who wants to understand and explore and support the young person through supporting the adults around them to say, well, have we thought about this or…that's how things are on the surface, but what's beneath it....and again having that understanding that evidence base at the back and helping people make the links between some of those early life experiences and later life challenges and barriers to learning that that young person is facing (EP 7).

There were participants in every group who were passionate about advocating for CPiC due to personal experiences of the care system or due to being an adoptive parent; this gave them "lived experience of what it's like to go through that assessment process and to bring up a child from trauma", resulting in connecting with families more strongly and a greater understanding of the challenges. One participant acknowledged that sometimes they bring their personal experiences to the role "maybe too much" (VS 4).

Theme 2: Relational approach

This theme was evident in DT and EP groups which links to their professional identities. DTs emphasised the importance of individualised support and transitions, whilst EPs focused on therapeutic work and emotional containment. The subtheme of emotional

containment only featured in one DT interview, possibly because they are not as familiar with supervision and reflecting on the impact of the work.

Individualised support

A subtheme specific to DTs was individualised support. One DT acknowledged that every child has different experiences, and their circumstances and time in care can differ. As a result, the approach needs to be tailored for each student:

With our post LAC, we focus on the individual child and what it looks like for them so it's personalised...they come into school and they're not ready to sit down and just learn straight away, because if something might have happened or a memory has been triggered or…a whole range of things, it's like being informed and then individualising things for them and making sure that we're supporting them when they need it (DT 6).

Another DT emphasised the importance of giving positive feedback in alternative ways to some students and adapting behaviour policies:

What should we be doing before a CLA or post CLA student gets an isolation or a suspension? What are the things that we might have considered before we say that?... What is it that's gonna make the difference for this student to try and support them, to not do this again....In the same way that in the guidance a SENCO should be involved in the discussion about whether a student with SEN has a suspension or isolation, the guidance in our policy is that before we issue an isolation or a suspension to a CLA or post CLA student…I should be involved in the conversation about that (DT 3).

Some DTs thought a support group for care-experienced children would be helpful, but acknowledged this would need to be handled sensitively. DTs discussed how some children don't want to publicly acknowledge their care status or don't want support, whereas others are more open to talking about it. They discussed how mentoring or counselling is available for CPiC and emphasised that their needs may change over time:

> I've had so many meetings with adoptive parents this year where actually until year nine everything has been completely fine. But then actually, it might even be year 10, like being a teenager, being that age is difficult anyway. And then when you have the added, whether it's trauma or attachment, any of those things on top of that, it's very specific. So even if you might have adopted a toddler or a baby, but actually when they get to being 14 years old, there's a lot of processing that they're having to do. And so you might not have needed any support for the previous 12 years, but you probably need some now. And it just isn't there (DT 3).

Supporting transitions

Several DTs discussed supporting CPiC with transitions, for example, transition booklets with pictures of the new teacher and meeting them before they arrive at the new school. DTs described how they "liaised and supervised the transition" (DT 1). One EP described a strengths-based "year six to year seven transition intervention" for care-experienced children which "drew on narrative approaches…focusing on building their school journey and their understanding and giving them that space to process…in preparation for what will happen" (EP 2).

One DT highlighted the importance of focusing on preparation for adulthood and supporting CPiC to develop independence, which they acknowledged they might not be doing enough of currently:

With the LAC children, we spend an awful lot of time investing in planning for their future pathways…what you're going to do when you leave school, what careers, all of that kind of preparation for adulthood… I don't think we do anything different to we would for any other child for our PLAC…I just wonder if that would be a useful, you know, something to be looking at and focusing on because we want them to be ambitious. We want them to believe that they can do wonderful things and have those opportunities (DT 4).

Therapeutic work

EPs felt it was important to be sensitive about everybody's lived experiences and "hold in mind that when we talk about trauma, we are talking about the specific child that we're involved with, but there's so many people in the room that are affected by so many different strands of what we're talking about" (EP 9). EPs highlighted the importance of a relational approach in schools:

On a more systemic level of how we train staff to be more relational and empathic in their approach, what that looks like and then supporting emotional regulation. And again at that individual level and what kind of input and intervention child needs at that one-to-one level, but also actually what we do as whole school systems to be more nurturing and that connects to the relational practice (EP 3).

A range of therapeutic approaches were mentioned, including Theraplay, DDP and NVR which are sometimes funded through the ASF. Several EPs discussed using Video

Enhanced Reflective Practice (VERP) with social workers and VIG with children and families which is "recommended in the NICE guidelines for early years work with children who have experienced poor attachments and trauma" (EP 4). EPs explained how VIG creates an "attuned environment…it's just much more relational…people are sensitive to the interaction" (EP 6).

> We're quite good at digging into what's important to a child, how to give hope, how to push that forward, I think for previously LAC it's really key and stability of placement, when things settle, we're gonna see increased behaviours in the safe space. We're probably gonna see that pushing away from the caregiver, and I think we can be really key there and I don't think we're used enough in that area because we are brought in by schools traditionally or services, but around supporting that stability. And I know VIG would be such a powerful tool with things like that and being able to support the relationship and help the carers ride through the rejection behaviours or the big emotions (EP 5).

Emotional containment

One DT acknowledged that their role can be emotionally challenging, but the others did not discuss this element of the role:

> It can be quite emotionally challenging and I think particularly when you've got a complex situation where a young person who perhaps needs you because you are the person who knows their background, who's met their foster carer that they're not getting on with or whatever it may be and I think the emergency meeting side of things can be a real challenge (DT 4).

EPs acknowledged the emotional impact of the work: "a challenge personally for me is like the secondary trauma that you get" (EP 6). They supported others by "sitting alongside…in that empathetic space with people" (EP 6). One EP discussed containment at different levels:

It's almost like the VS need to hold DTs and DTs need to hold their staff team and then it's sort of that feeding up through the system so that the DTs have somewhere to go. I think at the minute the VS don't always have somewhere to go, and I don't necessarily mean for knowledge as such, but that emotional support, and I think that's where we could provide that. And obviously we've got our own supervision support structures for where we get that from…whether we provide supervision as well at the DT level, there's something about that emotional containment for everybody (EP 3).

One EP had been running "weekly supervision with an LSA that's working directly with a young person that's distressed a lot of time, and those big trauma responses" (EP 5). EPs suggested that a reflective supervision space could be helpful for DTs, but schools don't always recognise the benefit of supervision:

Something that I would love to try and get off the ground is to give supervision or work discussion groups to DTs because I think they probably often do a lot of the absorbing of quite challenging and difficult situations, but yet probably don't really have an outlet for that in a safe way…I just don't think supervision is the right word. I think they hear it and it's got a very different understanding in the education world than what we know supervision to be in in the EP world…it is about that building that knowledge and helping them to understand the importance of it, but then also working with their senior leaders within their school to understand why they need the time to be able to engage in that as well (EP 2).

Other EPs suggested supervision groups for adoptive parents and special guardians could provide a space to problem-solve. One VS member said they need to consider how to create a safe space, and recognise that some may not wish to access group support. They explained that they offered group drop-in sessions in the past, but they were not well attended as "people just don't want to talk in a group" (VS 6).

Theme 3: Greater certainty needed

This theme was most evident across DTs as they wanted more certainty about their statutory role in supporting CPiC, how to identify them and the support available. EPs also expressed a desire for more certainty about the support available and how processes work. All groups felt that others did not understand their role. This uncertainty could be linked to communication difficulties. Most VSs showed more certainty about their role. The uncertainty from other groups may occur due to a mismatch in expectation of what they think should be available for this cohort (based on CiC) and the reality of the capacity of VSs for this work.

Identification

A need for greater certainty around identification was a subtheme extracted from several interviews with DTs. All DTs reported different numbers of CPiC in their schools; some schools had none or very few, whereas some had more CPiC than CiC. However, schools "wouldn't know unless their parents declare it" (EP 6). DTs said they encourage parents and carers to disclose their status if they are eligible for funding, but they can feel "shame or embarrassment" (VS 5) so don't always disclose this information:

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I have a suspicion there are more in our school than we know about. I think when a new starter comes to the school, you know we don't tend to delve too deeply and there is a question on the admission form, which is are they looked after or have they ever been looked after…I think sometimes families possibly don't disclose (DT 3).

Another DT described their frustration over difficulties identifying CPiC due to students misunderstanding the forms when enrolling at college:

We don't know anything about it and I think we should we should know who's adopted, we should know who's in kinship...please tell us because we don't know… they're with us all the time, they're building that trust up with us, and yet you're missing out vital pieces of information that we could help with (DT 5).

Several VSs explained that they were not involved with identifying CPiC, as the current guidance does not extend this far.

Understanding their role

DTs expressed a desire for greater certainty about their role for CPiC. One DT said there was a section in the VS training about CPiC; others had not received specific training but thought this would be helpful to understand their role and how funding works.

Is the DT role purely to monitor and make sure it is happening? Or… should we be running projects?...I think it's just the lack of guidance that's causing most of my confusion...I mean you know my greatest knowledge would be from that statutory guidance, but even there it doesn't really explain what that looks like...I think there should be specific training for DTs around PLAC because I've never seen that (DT 4).

Some DTs seemed unsure about how they could use PP+. Others used it for funding breakfast clubs, tuition, uniform, projects and events that children would benefit from. In contrast, some DTs used PP+ funding for cognitive behavioural therapy (CBT) or drama therapy for individual students.

And then suddenly, you're not in care anymore and your laptop's broken, and would they think to come to school, would the school think to say…this is what your pupil premium personal money can go towards and but we don't have that again, that profile for PLAC that enables those young people to realise…perhaps the families don't even know they come with extra money and that money, is it ring fenced for them or is it actually sucked up into the school budget? (DT 4)

Others' understanding of their role

The subtheme of others not understanding their role featured in every group. DTs sensed that others don't understand what their role involves for CPiC: "I don't think any other member of staff within the school would think, okay, this child's post-LAC, let's communicate with [DT name]...they would see it as a completely separate thing." (DT 4). DTs expressed frustration that their role is not prioritised, and others don't understand the pressures of the role:

I don't think that people understand at college my actual role. I don't think people understand how important it is or when I'm asking for information, the reasons why I need it, even though they've been told we've been in quality meetings with the heads of sections and let them know how important it is (DT 5).

VS members expressed frustration that others don't understand the VS role and they "keep thinking we are a VS that offer online tuition or something" (VS 5). VSs thought their

role was better understood for CiC but not for CPiC. They explained how they have to keep boundaries about their involvement as other professionals expect more:

> For previously LAC and children with a social worker…there is less of an understanding about what our role is because they just want you involved all the time…why can't you just attend every TAC meeting, why can't you just be always involved and that's not what the, VSs need to have the capacity, and also it's not really what they should be doing (VS 1).

VSs said that "people have become increasingly aware of this duty for VSs… I get quite high numbers, particularly parents…but also kinship carers asking directly for advice…or through their social worker" (VS 7). As a result, VS members said they try to make this clearer and keep boundaries by not viewing it as casework and not "doing anything behind the scenes" (VS 7).

EPs sensed that "there isn't an understanding of the range and depth of the work that we can do" (EP 8), and although they are supposed to be working systemically in VSs, this often does not happen. EPs said they are confused with other professionals:

> I think often we're confused with clinical psychologists or therapists, and I think quite often… someone is needed to go and establish that relationship with the child and work with them over time more therapeutically…So you have to then define what our role is and get people back on board, well actually that's more of a clinical role or a therapeutic role or actually there is a role there for an adult who's not clinically or therapeutically trained, but it needs to be someone who can be there every single week and actually we need to think about upskilling a member of staff (EP 3).

EPs said they often need to start by working out what everyone wants from their involvement and what questions they want answered. They highlighted the importance of keeping boundaries with their involvement and they model the work they can do to increase understanding of their role.

Uncertainty about support

DTs and EPs expressed uncertainty about the support available for CPiC. DTs said they signpost to other services, and it would be useful to know more about what is available:

> To know what services are available would be incredibly useful, and that is part of the training issue, isn't it?....I'm sure there are some fantastic agencies out there who are working…with PLAC families, you know, it's not just about the child, is it?...How aware am I of who's out there and what they could do? My answer would be very little (DT 4).

Many EPs described their lack of certainty about the support available for CPiC and suggested communication about this should be better:

> I do think there probably is things out there, we just haven't got that unified approach of actually here is what all of our previously LAC can access… it'd be really great if there's like a menu that I could click on and be like ohh yeah, the post adoption team have this at this time…but again, you have to have time to be able to communicate (EP 2).

EPs said understanding terminology can be challenging and they've "had to do a lot of digging to get to the point I'm at now….I learned the fact that previously LAC the label

does not apply if the child returns home, which is just ridiculous" (EP 4). EPs were uncertain about whose responsibility it was to provide support depending on where the child lives:

"My knowledge isn't good enough of quite how it works in terms of adoptions…who follows up who for how long, and who has responsibility in terms of the complications of a child who was adopted from a different LA and is living in a different authority, goes to school in a different LA and the adoption was carried out either by the LA or by a separate charity…there are so many variables like that and my understanding of the systems isn't good enough…some clarity over that would be helpful to then know who to link in with" (EP 8).

Many EPs discussed how they have developed their skills in this area through their own continuing professional development (CPD) and self-directed learning but suggested this needs to be a greater focus in the EP training course.

Theme 4: Whose responsibility?

This theme was evident in the DT and VS groups who each felt it was the responsibility of other groups to implement support for CPiC. DTs wanted to be held more accountable by VSs for fulfilling their statutory roles for CPiC and monitoring them closely, as they have limited capacity for this work. There was therefore a high level of inconsistency in support for CPiC between schools. Although some VSs recommended using PEPs (or equivalent), they don't have the capacity or consent to store information and hold schools accountable for completing these in the same way as CiC, so thought it was DTs' responsibility to implement this. They believed that change needs to come from the DfE to hold everyone accountable, and that without this there will continue to be inconsistencies in support.

Monitoring closely

All groups discussed the importance of monitoring CPiC closely and demonstrating accountability. Some DTs used processes in their school for monitoring CPiC (e.g. Team Around the Family (TAF) meetings) to be more proactive, rather than "waiting for a wobble to happen" (DT 3). One DT expressed concerns that students showing more internalising behaviour could get missed: "You have to be really good at identifying and the quiet children who you think are doing well actually sometimes struggle more than the children who have shown you massive behaviours" (DT 6). One DT explained their system of a "weekly pastoral meeting…where we discuss all our vulnerable students…post CLA students are a group on that agenda" (DT 3). They described how they ask teachers for updates then plan support in the meetings. DTs saw it as their responsibility to check that actions were carried out.

EPs emphasised the importance of monitoring CPiC through an Assess Plan Do Review (APDR) process. All groups acknowledged that CPiC may already receive support due to other systems, e.g. EHCPs, so the plan used can be flexible.

> And just how to monitor it as well, because so sometimes you just get some really ropey monitoring processes…for our previously LAC…having a clear APDR with meaningful targets and outcomes I think it's just so important because otherwise what was the point if we don't know what the support was even meant to target or what we're measuring and how we're measuring it...the guidance between like SEN, care experienced any other vulnerable population needs to be cohesive because otherwise you end up with a child on a PEP, an ISP and some other behaviour plan and actually, realistically, they're all the same thing (EP 2).

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The recommended plans varied in each area but are based on similar concepts; several VSs encouraged schools to complete a voluntary PEP for CPiC, and one VS offers to chair the first meeting to model best practice. One VS member suggested CPiC should have a statutory right to a PEP to "make sure the parents are being heard and that the schools implement a robust planning system for those children" (VS 2).

> We call it a v PEP and so, yeah, voluntary PEP… it's a much more condensed version, but it just helps, the reason we use it as a tool is we say it facilitates the conversation between home and school. And it allows that more regular review of understanding the context of what potentially might be going on for that child or young person at home, what might be going on for them within school to gain a more holistic view of that young person (VS 6).

VSs have "tried to advocate it and we have a suggestion on our website…but as it's not a statutory duty, you can't make people do it…I'm not worried about a PEP as such…can you just be having a meeting once a term" (VS 4). They wanted DTs to have a "minimum requirement…so you've got something to aim for" (VS 4). VSs reported difficulties in holding schools accountable for PEPs as they cannot get involved with this process without consent from parents/carers.

Several EPs suggested using the EPAC and guide this process. EPs hoped that "it's going to become mandatory" (EP 6) as it gives families and schools a tool to use, and over time people have been using it more widely:

> When it's really complex, I'll go in and start an EPAC process off…especially if there's been a breakdown in the relationship or the child is incredibly complex and if

we think there's gonna be a family breakdown…then I'll get directly involved and carry that process until things lift a bit or there's a bit more direction… it's more contained (EP 6).

Consistency between schools

This subtheme featured in interviews with all groups: there was significant variation in the support provided for CPiC from those interviewed. EPs noted that support varies in each school: "lots of adopters don't know who the DT is…the DTs are not aware that they're supposed to be…overseeing the welfare" of CPiC (EP 6).

DTs thought that the lack of systems in place for CPiC had resulted in inconsistencies in the support between schools: "Yes, there's a green paper, but okay, whatever you're doing is gonna be different in one school to another school. That's why you need a common system in the same way that LAC children get because they deserve it" (DT 2).

Schools are busy places and everybody's day is full. So unless you…get reminded the next PEP is scheduled for this date and so you get all the paperwork ready… it would tend not to happen, especially if it's not necessarily an explicit requirement and that its profile hasn't been raised. It's just not on your radar (DT 2).

Some VS members saw it as their "job to hold basically all parties to account" (VS 2) which can be difficult when there isn't that requirement for CPiC:

I go in and lay the statutory guidance on the table and say there it is, what are you doing…his is your job and it's not negotiable…part of the VSH role is to be quite challenging...I might just go in and do a session with an individual DT…I find that works more effectively than doing long, having lots of training (VS 1).

DTs suggested this could occur by discussing their caseload with the VS which would "help to add some kind of accountability to the DT because at the moment…there's no one checking up on whether I'm doing it or not" (DT 4). They also thought this would "add a layer of accountability to the VS…to know who those young people are" (DT 4).

For CPiC, PP+ is paid to schools rather than VSs. VS members wanted to hold schools accountable for how they spend the funding because "a lot of them are claiming it and then just using it for something that's not really related to previously LAC" (VS 2). VS members explained that "it's not ring fenced to individual pupils" but "they should be able to explain to any given family how their child is benefiting…for the spend of the money" (VS 6). DTs suggested that it would be beneficial to network face-to-face with DTs in other schools to share best practice. One EP suggested that they could raise awareness at the DT conference.

Change needs to come from higher up

All groups commented that support varies between LAs as they are not held accountable and the DfE (2018) guidance is open to interpretation. Several VSs acknowledged that their strategy for CPiC is not well developed, and that a more comprehensive approach is needed rather than it being an "add-on" (VS 3). Others acknowledged that they haven't advertised their offer for CPiC because they haven't "got it worked out ourselves" (VS 5) and don't want to be overwhelmed with requests. One VS member said the funding allocated to support CPiC, "just gets caught up in the rest of the funding…it's not really allocated for anything specifically" (VS 5). Other VSs had developed their offer more: "I suppose I do probably more than others perhaps might do in another LA"

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(VS 4). Some VS members thought it would be helpful to learn how other VSs are using their funding and others had already linked up with other nearby VSs to share good practice. Some VSs suggested that the National Association of Virtual School Heads (NAVSH) should hold them more accountable.

> A real point of frustration for me is when I will look on another VS site and it's not even mentioned…we keep on shouting about…this is how we're filling these duties…we're really fortunate we have got, you know, all of the VSs within the [place name] region do attend our networking group…that can give us an understanding of what they're putting in place and it helps to learn from best practice…I don't know that that's the case everywhere and that's where I think NAVSH could have a role in facilitating that (VS 7).

VS members thought there was less accountability "because they're not named as a specific vulnerable group by Ofsted" and "beyond the 2018 guidance, which is statutory, there are no other statutory measures or anything like that for them" (VS 2). VSs spoke about the importance of this coming from the DfE and some mentioned that the guidance has not yet been reviewed.

> I think it would really help actually if the DfE were able to review impact...until there's that bigger strategic review nationally and across all VSs, the work won't move forward beyond what each LA is doing within their VSs because there's no national momentum (VS 6).

EPs recognised that more oversight is needed from higher up: "often what's prioritised is where the pressure is coming from up above… if you're not having to report on it…then it does tend to fall by the wayside, which is a shame" (EP 8). One EP suggested that

the changes in guidance should be gradual to make it seem "doable" as if you "don't ease them in you paralyse people" (EP 6).

Not enough capacity

This subtheme was extracted from interviews with DTs and VSs concerning their statutory responsibilities. DTs often had additional responsibilities, e.g. designated safeguarding lead (DSL) and SENCO; some found this helpful, whilst others experienced difficulties finding time for the roles. Some DTs did not think that implementing support plans e.g. the EPAC was feasible:

> Yeah, we don't use it. I have looked at it and but I think realistically with the number
> of LAC we have on our books at the moment, I can't see how feasible it is to do the
> regular meetings and things that worries me a little bit…it's very time consuming and
> so then if you add that level of, more than just monitoring, but actually looking at
> target setting looking at what is going on, communicating with the family, yeah, that
> makes the job an awful lot bigger (DT 4).

VS members acknowledged that it is difficult for schools to fulfil their statutory duties due to limited resources and time. Some were empathetic and recognised that the demands are high, so try to "streamline communication with them" (VS 6). VS members expressed frustration at the lack of funding and capacity in VSs for this work:

> This bit of the work, it's with me cause everybody else are case holders of LAC or
> care leavers so they don't really have the capacity to do it…the level of funding is not
> enough. So ideally the DfE would provide us with enough funding to employ one
> person to be able to do that role, but they don't, so it's a capacity issue…it would be

nice to run groups for parents of this cohort of children to talk about any issues that they've got, but I don't have the capacity to do that (VS 3).

All VS members commented on the expansion of the VS role to children with a social worker and although this was acknowledged to be important, VSs found this challenging in terms of capacity.

Most EPs reported a lack of time and capacity for work with CPiC and explained that, while the VS have requested more EP time, they are not able to offer this. One EP said "my time gets ring fenced for that particular population in a way that others don't" (EP 6) but this was not the case for everyone. EPs said CPiC are not prioritised, since CiC are in "very unstable situations":

It all comes down to that funding, having to prioritise even EPs within a service…it's the planning meeting, on the small level and the direct level they're having to prioritise children. Often when you've got one young person in more of a crisis situation and one that's now settling into a family, often you're drawn to the priority because you have to sadly make those decisions (EP 5).

One EP expressed that "these children should be our priority… but that that view is not accepted" (EP 1). EPs acknowledged that schools have limited capacity and find it hard to allocate time for DT supervision and training.

DTs did not think it was realistic to get EP support for CPiC due to limited traded time from the EP service:

I guess the frustration that I have and I don't know if this is just [place name] LA is

you know we have X number of traded hours and X number of statutory hours from

our EP and it's very hard to get anything above and beyond kind of a couple of hours

a year…we use that EP time for our biggest cases our most complex cases and

actually those young people who aren't completely at crisis point don't get a look in so

I mean, EP involvement would be fabulous…I can't see how that would be possible

given the existing structures (DT 4).

As a result, one DT explained that they employ an in-house EP, school counsellor and speech and language specialist, and that they prioritise care-experienced children for support.

Theme 5: Working systemically

This theme was featured throughout VS interviews which links to their professional identity of working systemically. Early intervention and systemic work were discussed throughout EP interviews; they would like to work this way, even if it is not how the EP role is traditionally viewed. There was a clash between this preferred way of working and requests for individual casework from schools. VSs explained that their role is 'advice and guidance', but some go beyond this as they don't think it is sufficient. EPs reported they often don't have enough capacity for systemic work due to a high volume of statutory work.

Early intervention

VS members and EPs highlighted the importance of early intervention and being proactive:

We are primarily an early intervention focus service, but and I think that's coming

from a sort of general move within the VS to go away from being a blue lights or the

emergency response service when yes, things need to be done when there are things like placement breakdowns or risk of permanent exclusion when school, we absolutely need to support that. But the meaningful…more productive work is done at that early intervention level (EP 7).

One EP suggested supporting children at preschool age when they are "first going into school because once it's gone wrong, when they're five or six, you know, you just see this route to disaster umm, it's very difficult, but I think we could do more, particularly that younger end" (EP 1). Another EP said "how do we help people to ask for help sooner…understanding that at some point it's likely that their child will benefit from some therapeutic intervention of some kind" (EP 6). One VS suggested implementing PEPs (or equivalent) even if children aren't currently presenting with challenges as they should have high aspirations for CPiC:

> Some people say, well, they don't really need one…they're doing well, you know, and I said, well, they could be doing even better…what could be put in place for you to do even better and you know, to cope with wobbles for further down the line (VS 7).

Some EPs were mainly working systemically, including training with school staff, and the VS role gave EPs more flexibility for systemic work. One EP worked with other teams to deliver service-level PATHs with social care teams and safeguarding teams. EPs described a range of work in this area, including more strategic support for CPiC. For example, workshops and support groups for parents/carers to which they can invite relevant professionals, e.g. adoption agency or kinship care team.

VS members reported a clash between trying to work systemically but receiving individual referrals from schools, parents/carers and professionals:

> It's saying that…you need to support the group, but you shouldn't be doing direct work, so that's a bit of a contradiction. It's supposed to be strategic, I suppose but actually the reality is you're trying to solve individual problems and issues (VS 3).

One EP explained that "the expectation of my role would be less on individual casework and more thinking about group and systemic ways of working…in theory, although this doesn't always happen" (EP 2). EPs described how they are called in "when things have reached a real crisis point, and that's challenging" (EP 4) rather than delivering "all the preventative work…education and training that we know is more effective" (EP 8). Several EPs were more involved in individual casework e.g. completing PATHs with young people and sharing with others. EPs discussed problem-solving consultations with school staff and parents. One DT said "parents can ring up for a one off one-hour consultation and that's been really helpful for a couple of students" (DT 3). Similarly, another EP described completing individual casework but wanted to work more systemically:

> We are really well positioned to do more organisational change work around whole school systems around policies, whether that's around shifting that narrative from behaviour policy to relationship policy…shifting from a risk assessment to a wellness support plan…looking at the vulnerabilities of specific cohorts and how we support that wider level and connected to that I suppose how we support the LA staff that might be involved with children when we're not necessarily directly involved…support for social workers that we can maybe bring some of that education knowledge or how can we support the VS staff in a way that means that…they can

make the most out of those process driven PEP meetings because they've got some of the knowledge, they've had time to think and reflect (EP 3).

However, EPs working in the traded model found that every minute is accounted for and "everything takes over what you charge anyway" (EP 5) so they don't have time to establish longer-term plans and "follow those interests or reflections". Many discussed how their EP services are prioritising statutory work, meaning there is less time for preventative work: "the list gets longer and longer, and it's very difficult to see how we're going to break in to that pattern" (EP 1). They explained that it comes down to "a really crucial, underlying, almost unsaid thing around that retention of EPs, recruitment of EPs, and this is the kind of work that EPs really want to do and that real long term impactful change" (EP 5).

Beyond advice and guidance?

VSs described their role as "providing advice, information, raising awareness and for schools and professionals who work with those children" (VS 1) via email, phone or online meetings for parents/carers, staff and professionals, in addition to sending resources e.g. online videos about trauma and autism. VSs said queries were raised about SEN processes, mainstream vs specialist settings, how to claim PP+ and difficulties with attainment and SEMH. Several VS members described how they go beyond advice and guidance:

> We offer bespoke support like training or we have a company that we use which is actually linked to one of our PRUs where they have a trauma informed lead who can go and observe for example, a child who's struggling in school and then help to draw up a distress management plan...at the very minimum we have to provide advice and guidance. We go beyond that, but how far beyond that? (VS 2)

One VS member explained that in addition to signposting, the value in their role was "actually being able to talk to somebody and someone who's knowledgeable and can be empathetic to your circumstances when you're having a really difficult time" (VS 4). This participant said they "wish our powers weren't just advice and guidance, wish we had a little bit more power behind that" (VS 4) as "it is the same issue" coming up repeatedly, "therefore it's quite frustrating that you can't do any more" (VS 4).

> Sometimes it's really difficult when we know that we can offer support and advice to kind of just step back and say, well, it's not my responsibility because if they're in crisis and nobody else is taking responsibility, then you know, we really feel that if we can use our knowledge and connections within the LA to advise the settings and schools and families to move it forward and you know, that is our responsibility, we shouldn't just do nothing (VS 6).

Most VSs said they did not track and monitor CPiC because they don't have consent to hold this information and it is beyond their 'advice and guidance' role. However, some VSs used information from schools claiming PP+ funding to gain context.

> So what we are able to understand is the numbers that have been declared through the through the October census for who was previously in care and internally we are able to understand a school level where there have been allocations of PP+ or previously in care but what we don't have is the permission from families to be able to track and monitor (VS 6).

Another VS explained that "nobody's named, but we do collate data from the school…basically, the idea is to use it to identify any issues and see where we can improve

things or understand the cohort better and their needs better" (VS 7) which involves looking at SEN, outcomes, attendance and exclusions.

Theme 6: Importance of communication

This theme featured across all interviews as strong communication is needed to join up the support for CPiC. Communication within schools was discussed, in addition to communication with schools and across the LA. It was suggested that more regular communication at every level would lead to a better understanding of the roles of different professionals and that stronger links between teams and multidisciplinary work is needed to better support this cohort.

Within school

DTs discussed the importance of communication within school, especially between departments such as SEN, safeguarding and pastoral. DTs invite other members of staff to attend meetings about CPiC and communicate the next steps to everyone. One DT said they provided "continuity" as they were "that link person that the new teacher can go to" about the student (DT 1).

> Having somebody who's had that experience and worked with the young person and knows what they need so knows what's happened previously for a lot of our students...just making sure that the teacher is always in the loop, because sometimes the teacher especially when you've got class full time…sometimes you don't get included in things (DT 1).

DTs emphasised the importance of communication with SENCOs and DSLs due to the overlap with SEN and safeguarding issues: "not all post looked after even all foster

placements or SGOs are successful, we've got two at the moment in an SGO that we're potentially putting on child protection because we've got huge concerns" (DT 6). DTs described difficulties communicating in a large setting e.g. college as information wasn't shared effectively between departments, whereas a DT in a smaller, specialist setting found this much easier.

EPs suggested they can facilitate communication in schools between different departments:

School systems are complex and often DT is seen as almost a safeguarding role. And that's over here. And then pastoral is here and SEN is here. And I think the beauty of being an EP is that we're just in schools for whatever reason at whatever time…we build relationships with people…it's absolutely our role, to make people aware and to smooth the path and to make the introductions and to send through the information (EP 9).

EPs also discussed facilitating communication between home and school and thinking holistically together:

"Thinking about resilience so…the 3 pillars of community school and parents…how do we support this young person to be the best that they can be. So when I'm talking to schools and parents together, I'm like, look together the village brings up the child. How do we do it? And I think that's how the EPAC differs from other plans…it's more holistic…listen to what the parent's doing, listen to what the school's doing, who else in the community we bring in…there's a much more holistic way of thinking and supporting" (EP 6).

Communication with schools

VS members and EPs discussed the challenges of communication with schools, especially when the school doesn't have any CiC but might have CPiC.

> Prior to the duties being extended to previously LAC and for years, the communication was purely with schools and settings where there was a CiC. So we look to promote our offer and not only through schools that we can already have an existing partnership with because there's an in care child and but through using modes of communication like across the LAs (VS 6).

VS members said they try to get feedback on what support DTs want but this can be hard: "What we're trying to do is to ask them more, keep asking them what they want, but obviously with busy staff, it's really hard to get people to respond" (VS 7). EPs suggested that they need to communicate more effectively with DTs, so they understand what support they need; this was reported to be easier when DTs were also the SENCO.

> It's about trying to put that back out to the schools and finding ways to bring that voice and that feedback together through things like maybe appreciative inquiry or those sorts of processes…it's collaborating more with schools to help them understand the importance of continuing to support previously LAC (EP 7).

EPs recognised the pressure on DTs and highlighted the benefit of working with other school staff involved so that it is not solely down to DTs to communicate a "really rich psychological hour-long conversation where you're reframing" (EP 5) to others.

Across local authority

All groups discussed the importance of good communication between professionals across LAs. DTs highlighted the importance of VSs being available: "When I've been in contact…they've got back straight away…I feel quite well supported" (DT 1). They described their role as liaising with professionals and ensuring everyone is up to date with what needs to be done.

> I think we work with so many different organisations as well, health and education…I do see that as a big part of my role is actually…that kind of liaison as well to make sure that everybody knows what's going on...It's always comes down to communication, doesn't it?...that can be tricky at times (DT 1).

DTs shared examples of communication difficulties they had experienced with social workers due to high staff turnover. They also discussed difficulties communicating with healthcare professionals: "schools and paediatricians do not work together as they should…the whole process to get a child diagnosed with autism or ADHD…any diagnostic pathway…I just find the whole system really frustrating" (DT 6).

EPs and VSs highlighted the importance of forming strong connections with other teams. One VS member said they "don't want to step on toes" as the EPs already run attachment and trauma training (VS 5) whereas others run this jointly. Several EPs thought the work for CPiC needs to be discussed across the whole LA to devise a clear plan which involves everyone: "It's just getting to that point, getting the organisation and the systems all working together…all communicating in order for it to happen, that's the barrier" (EP 8). Some EPs and VSs had established good links with the local adoption agency, kinship teams and SEN teams and had regular meetings leading to more joined-up work:

Moving forward with our adoption and kinship support team we're looking at mapping what's available through both of our services. So obviously they provide therapeutic services to family through the ASF and they also have equipped social workers within the team with therapeutic skill sets so that they can offer things like NVR training and therapeutic parenting groups, so what we're trying to do now is understand the wider offer of support for adopters and SGs within [place name] so that we could really pinpoint if there is any areas that you know we feel are lacking (VS 6).

VSs and EPs wanted to link up more with the post-adoption team, which was reported to be difficult in larger LAs. EPs suggested it would be valuable to support social workers more through training or consultations. For example, some social workers "have said to me that they're not trained in child development, it's a bit worrying" (EP 1); the connections were often not there between social care, EPs and schools. One VSH highlighted the importance of VSHs having a presence in the LA and others knowing who they are. VSs said they have "been to team meetings…worked with new staff to explain what we do and what's on offer… share our offer with schools, ask them to share it with parents and carers" (VS 7).

Some EPs said remote working had facilitated multi-agency working because travel is not a barrier, but others found it harder to form connections. Some EPs worked within a multidisciplinary team in VSs with play therapists, speech and language therapists (SALTs) etc. One EP thought that "having a multiprofessional team approach…feeding these different camps of resilience for children makes such a big difference in sort of decision making" (EP 6). One VS member noted that the work for CPiC is not as multidisciplinary as the work for CiC, who have more professionals involved.

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VSs described one aspect of their role as providing advice to social care teams. For example, ensuring children's schools are kept the same if possible, to ensure continuity in relationships, and advising around how long children need off school when adopted. Similarly, one VS member explained that SEN teams ask them for advice if a CPiC was going through the EHCP process. They work with inclusion teams: "one of our key priorities for our next annual planning cycle is that we really want to start evidencing how we're impacting a reduction in suspensions and exclusions for this cohort" (VS 6).

> They (post-adoption team) often consult us for advice around when there are education difficulties or school difficulties, particularly so where they feel that schools are on a different page to them....Schools and social care operate in slightly separate spheres. Ironically, they work with the same children, but we're definitely a bridge in that sense (VS 2).

EPs highlighted the value of multidisciplinary working as other professionals provide different areas of expertise. EPs contribute a psychological perspective:

> In multi-agency meetings, working collaboratively with colleagues to, I guess add that, add that psychology and that different voice to say…have we considered this or bring that education view into particularly social care interactions where that voice might not always be there…talking about a young person who's experiencing trauma…being able to say actually yes we get that school is really important but their capacity for learning is so reduced at this point because their safety needs aren't being met (EP 7).

Chapter summary

The theme of 'advocacy' was central to all groups' work for CPiC. DTs and VSs saw it as their statutory responsibility to raise the profile of this cohort and advocate for them. Most EPs had a specialist role and applied psychology to support understanding of their needs. The theme 'relational approach' was evident in DT and EP groups; DTs emphasised the importance of individualised support and EPs discussed therapeutic work and emotional containment. Participants felt a moral responsibility to continue supporting these children and families when leaving care, but encountered systemic barriers. 'Greater certainty needed' was a theme mostly evident from DTs, who wanted to better understand their statutory role in supporting CPiC. There was a mismatch between the expectation of what should be available and the reality of the capacity of VSs for this work. EPs also wanted more certainty about how processes work. The theme of 'whose responsibility?' was evident across DTs and VSs who both lacked capacity for this aspect of their role and felt it was the other group's responsibility to support CPiC. DTs wanted to be held accountable by VSs for fulfilling their statutory role in supporting CPiC, but most VSs did not see it as their role to lead the PEP process. They believed that DTs are responsible for implementing this support but that change needs to come from the DfE to hold everyone accountable, otherwise there will continue to be inconsistencies in support. The theme 'systemic working' featured across VS and EP interviews, who both discussed working systemically to support CPiC but experienced a clash between this preferred way of working and requests for individual casework from schools. VSs explained that their role is 'advice and guidance', but some go beyond this as they don't think it is sufficient. The 'importance of communication' featured across all interviews and multidisciplinary work is needed to join up the support for CPiC and lead to a better understanding of the roles of different professionals. The final chapter discusses these findings in relation to existing literature and psychological theory.

Chapter 5: Discussion

Overview of the chapter

This chapter presents themes from the individual TAs in relation to the corresponding research questions. This will be discussed in relation to existing literature and psychological theory, followed by recommendations for each participant group. Ecological systems theory (Bronfenbrenner, 1979) provides a valuable theoretical framework for considering how professionals can support CPiC across all ecosystemic layers. Due to limited research on CPiC, papers from the wider literature are included in the discussion that were not in the literature review to allow a greater depth of analysis. Strengths and limitations are considered, including implications for further research, dissemination plans and a section of reflexivity.

All groups thought there should be more continuity of support when children leave care as they have similar needs to CiC, but with a different family context. 79% of adoptive parents agreed that their child's adverse early experiences impacted their ability to cope academically, and 86% agreed that this impacted their ability to cope socially and emotionally (Adoption UK, 2021). EPs thought professionals felt a greater responsibility for CiC due to being corporate parents. DTs thought the guidance (DfE, 2018b) is necessary, but there is a huge disparity between CiC and CPiC in terms of systems in place (Partridge, 2022). Participants thought that adoptive parents aren't adequately prepared for their role and that it is difficult to access services, which can lead to adoptions breaking down. This is consistent with research finding that the majority of adoptive parents were dissatisfied with the response from support agencies, citing difficulty in accessing services, arguments over funding and eligibility criteria that excluded adopted children (Selwyn et al., 2014). Adoptive

parents felt ignored by schools and had to fight to get their children's needs met (Clarke, 2020).

Professionals highlighted that carers may be reluctant to move towards an SGO as support does not continue when children leave care. This supports previous research where special guardians highlighted the disparity between fostering, adoption and special guardianship due to differences in systems in place, support available and impact on family relationships (Partridge, 2022). Preparation and training for special guardians was 'almost non-existent' and support plans were described as lacking robust evidence and detail (Simmonds et al., 2019). Special guardians reported tensions within the family and concerns about their ability to provide long-term care (e.g. age/health problems/financial difficulties) (Harwin, Simmonds, et al., 2019; Wade et al., 2014). Special guardians experienced social, emotional, relational and financial difficulties but received minimal support and had to fight to secure resources (Glynn, 2019; Mcgrath, 2021; O'Sullivan, 2022; Woodward, 2019). Participants highlighted that special guardianship children who were not in the care system would not be eligible for PP+ funding, which has been raised previously (Partridge, 2022). All special guardianship families should have access to the same resources (Ramoutar & Hampton, 2024).

How can DTs support CPiC in their school as part of their statutory role?
Advocacy

At the microsystem level, DTs in this research advocated for CPiC by acting as a 'key adult', including forming positive relationships, gathering their views and checking in daily with them. This is in line with the guidance; listening to their voice "is a vital part of successfully understanding and meeting their needs" (DfE, 2018b). DTs explained that they

try to provide continuity in relationships when children leave care so that they continue to feel supported. Most CPiC will experience several placement moves whilst in care and only 0.3% of adopted children experience one stable foster placement, which exacerbates difficulties (Selwyn et al., 2014). Children may have experienced trauma within the context of their relationships, so have learned to see others as a threat; they need opportunities to develop healthy relationships through a "second chance secure base" (Treisman, 2016). A key adult in school can act as an additional attachment figure supporting adaptation and recovery for children (Bomber, 2007; Gore Langton & Boy, 2017). Relationships in school are key for care-experienced children to develop a sense of belonging (De La Fosse et al., 2023). Co-regulation and relational approaches contribute to a sense of safety (Ramoutar & Hampton, 2024). The quality of adopted children's relationships in school was a key indicator of their overall educational experience (Templeton et al., 2022). Although DTs could act as the 'key adult', CiC often preferred to choose a teacher they liked and interacted with regularly for this role, as communicating with the DT risked unwelcome exposure of their care status (Matchett, 2022).

DTs in this research encountered the belief that children's difficulties end when they are permanently placed, which is in line with past studies (Best et al., 2021). Previous research with adoptive parents found that teachers often lack an understanding of adoption and the impact of early trauma on their child, and were not clear about what support would be helpful (Cooper & Johnson, 2007; King, 2009; Selwyn et al., 2014). Educating teachers about their needs usually falls to parents/carers (Dunstan, 2010). DTs in the current study discussed raising the profile of CPiC by changing staff attitudes within the microsystem and helping them to understand their needs through whole-school trauma-informed training, which supports previous research (De La Fosse et al., 2023). DTs thought that whole-school

attachment-aware training led to greater understanding of attachment behaviours within the

classroom environment; it was most effective when the approach was embedded at multiple

levels within the system (Couprie, 2023). DTs discussed making training personalised so all

staff are aware of members of this cohort, which is in line with the guidance: DTs should

"take lead responsibility for ensuring school staff are aware of the emotional, psychological

and social effects of loss and separation (attachment awareness) from birth families and that

some children may find it difficult to build relationships of trust with adults because of their

experiences" (DfE, 2018b). DTs need to promote acceptance in school communities and

increase understanding by including adoption in the school curriculum, ensuring staff are

sensitive around curriculum hotspots that could be distressing (Barratt, 2012; Selwyn et al.,

2014) and reducing stigma by including books with representation of adoptive families (Best

et al., 2021; Gore Langton & Boy, 2017).

The importance of DTs developing trusting relationships and open communication

with families (the mesosystem), making them aware of their role and discussing support for

their child was suggested in the current study. This is in line with the guidance (DfE, 2018b)

and has been widely reported previously (Best et al., 2021; Gore Langton & Boy, 2017;

Harris, 2020). DTs in this research did not report challenges in their relationships with

parents/carers, but past research suggests this is not always the case; the relationships

between school and home can be tense, and parents can feel 'blamed' for their child's

difficulties (Dunstan, 2010). Many parents felt uninformed about their child's support in

school (Cooper & Johnson, 2007) and school size and staff stability impacted information

sharing and trust between home and school (Ramoutar & Hampton, 2024). Parents should be

involved in educating teachers about their children's needs so they better understand their

behaviour (Comfort, 2007). Schools should establish the preferred communication style of

parents/carers and ensure consistency in using this approach (Lewis-Cole, 2019). This research adds to the literature about the role of DTs in advocating for CPiC by raising their profile, supporting others to understand their needs, ensuring continuity of support, acting as a key adult and developing strong relationships with parents/carers.

Individualised support

DTs in this research discussed the importance of prioritising CPiC for support and tailoring this around children's specific needs as their circumstances differ; a holistic and child-centred approach has been reported previously (De La Fosse et al., 2023; Harris, 2020; Templeton et al., 2022). Similarly, CiC should be regarded as individuals despite being viewed as a cohesive group (Waterman, 2020). At the individual level, DTs in this research pushed for mentoring and counselling at school and therapeutic support using the ASGSF. There are multiple layers of complexity surrounding adoption which can impact their sense of identity and self (Crowley, 2019). DTs can support the emotional needs of CPiC by helping them cope with difficult feelings and understand their emotional experiences (Best et al., 2021). CPiC may lack confidence in their learning abilities which can impact their motivation for learning, so it is important to provide additional support for their learning and SEMH needs in the classroom (Dann, 2011). Adopted children's SEMH needs can be a barrier to learning, and many need help managing friendships (Barratt, 2012).

Within the microsystem, some DTs in this research suggested a peer support group for care-experienced children could be beneficial if handled sensitively, although this is dependent on the child as some don't publicly acknowledge their care status. The guidance highlights that DTs should not publicly treat CPiC differently from their peers, and show sensitivity about who else knows about their care status (DfE, 2018b). Several adopted

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children experienced bullying and peer rejection because of their adoptive status, resulting in keeping their adoption private to protect themselves (Crowley, 2019). DTs faced a dilemma as they had to balance the desire of CiC not to be singled out with their statutory duties (Goodall, 2014). This cognitive dissonance may cause discomfort for DTs (Festinger, 1957). Adopted children also experienced cognitive dissonance between the need for their status to be understood and wanting privacy surrounding the disclosure of their adoptive status; they wanted to 'fit in' and be perceived as 'normal' (Bragg, 2020).

DTs in this research discussed the importance of empathetic behaviour management strategies that support children to regulate their emotions. Behaviour management systems based on behaviourist principles do not take into account attachment or children's experiences of trauma; behaviours that may have been adaptive in their past are viewed as challenging and consequences could reinforce feelings of rejection and shame (Gore Langton & Boy, 2017). This is consistent with the guidance: the school's behaviour management policy should be sufficiently flexible to respond to CiC and CPiC's behaviour in the most effective way for those children (DfE, 2018b). Previous research has found that although DTs spoke of attachment theory underpinning practice, whole-school reward/sanction systems were used in larger secondary schools where relational approaches were difficult to maintain (Ramoutar & Hampton, 2024). Some adopted children reported empathetic and supportive approaches whereas others were controlling and punitive (Templeton et al., 2022). DTs in the current study did not acknowledge the challenges of implementing these approaches, but this may not be representative of the wider picture. Most DTs interviewed had a senior leadership position, which previous research has suggested is essential for enabling DTs to create change (Simpson, 2012). One DT in this research worked in a specialist school which provides greater flexibility for individualised support and higher staff-to-student ratios (De La Fosse et

al., 2023). The current findings are consistent with previous research showing the importance of prioritising SEMH needs in schools (De La Fosse et al., 2023; Partridge, 2022). Supportive people, approaches and systems allowed adopted young people to have a positive self-identity and contributed to them continuing in post-16 education (McIntosh et al., 2022).

DTs discussed supporting CPiC with transitions (chronosystem level), which is in the guidance: "transitions to the next phase of a child's education are supported effectively to avoid children losing ground" and support around "careers advice and guidance, financial information...higher education, training and employment" (DfE, 2018b). Transitions for care-experienced children can present more challenges so they need tailored transition packages including planning and information sharing between key stakeholders, minimising difference and holistic and individualised support (Brewin & Statham, 2011). DTs should gather the views of CPiC around transition and focus on supporting social connections, relationships, feeling safe and belonging (Francis et al., 2021). Adopted young people viewed secondary school as a "fresh start" and an opportunity to develop a new identity in relation to their adoption (Barry, 2020). It is essential that schools implement support proactively and build positive relationships between home and school to facilitate open communication throughout the transition period (Barry, 2020; Fayers, 2020). The DT role and PP+ should be extended into post-16 settings so CPiC continue accessing support as they move into adulthood (Best et al., 2021).

DTs in the present study discussed how CPiC's needs may change over time, as difficulties can emerge in adolescence, so it is important to continue monitoring them even if there are no current concerns. 80% of referrals of CiC to a specialist EP when school placement was in jeopardy were for secondary students with most aged 14-15; adolescence is

a critical period of development resulting in a reduced ability to manage emotional responses (Peake, 2011; Waterman, 2020). Anger and 'oppositional behaviour' during adolescence was a challenge for adoptive families (Selwyn et al., 2014). DTs in this research expressed concerns that those showing internalising behaviour could get missed; research has found that CiC showed higher rates of both internalising and externalising behaviour (Hiller et al., 2023). This research adds to the literature about the role of DTs in providing individualised support for CPiC over time.

Greater certainty needed

Findings were consistent with previous research reporting uncertainty amongst DTs about their responsibilities for CPiC and how best to support them (Boesley, 2021). Most DTs in the current study had not received specific training for CPiC and viewed this part of their role as an 'add on'. Research found that even when available, it was not always possible to attend training and half of DTs had not attended training for CiC (Fletcher-Campbell et al., 2003). DTs in the current study were uncertain about identifying CPiC as parents may not disclose their status, which is needed to claim PP+, as reported previously (Boesley, 2021). These systems were designed for CiC and the 'belated addition' of CPiC is an 'afterthought' and does not take into account their differences in legal status (Adoption UK, 2022). Some DTs may be reluctant to ask proactively for this detail and preferred for guardians to approach them first (Ramoutar & Hampton, 2024). Adoptive parents can face a dilemma about whether to share their child's adoptive status with school, out of concern that they might be negatively labelled, but schools find it hard to support them without this information (Gore Langton, 2017). DTs need to prevent bullying of adopted children, protect adoptive families from stigma, and safeguard children's identities (Gore Langton & Boy, 2017).

DTs in the current study described how other school staff fail to recognise and understand their responsibilities for CPiC and the pressures of the role. This is in line with previous research and can occur if they don't adopt a separate professional identity as a DT (Goodall, 2014). The DT role was not fully understood by other members of staff or CiC (Matchett, 2022). This suggests a role for DTs within the mesosystem in raising awareness of what the DT role involves for CPiC on school websites and newsletters. Previous research suggests this is not often achieved, and that only 54% of adoptive parents knew who the DT is at their child's school (Adoption UK, 2022).

DTs in the current study were unsure how to use PP+ for CPiC; a lack of clarity around its purpose and appropriate use limits its effectiveness (Adoption UK, 2022). The findings were consistent with research reporting variability in how PP+ was spent (Partridge, 2022). This suggests a role for the VS in supporting DTs' understanding that although PP+ does not have to be spent on individual children, it needs to benefit this cohort and improve their educational attainment (DfE, 2018b). The findings supported previous research suggesting networking opportunities with other DTs at the mesosystem level to share best practice for CPiC (Boesley, 2021; De La Fosse et al., 2023; Partridge, 2022). Governing bodies should hold schools accountable for the use of PP+ funding (DfE, 2018b). Within the mesosystem, DTs could work with parents/carers to decide how to spend PP+ (Best et al., 2021). Research within one VS found that 52% parents/carers had met with the school or DT to discuss how PP+ would be spent (Adopt South Virtual Schools, 2022). However, some parents and guardians indicated that their suggestions were often overruled and that they were told that funding is not 'ringfenced' (Partridge, 2022). The DfE needs to commission thorough research into the effectiveness of PP+ and publish best practice guides for schools

(Adoption UK, 2022). The current findings highlight DTs' perspectives about their role in supporting CPiC and their desire to have greater certainty over their role and systems.

Greater accountability needed

Findings supported research showing inconsistencies in support between schools due to the guidance being open to interpretation (Partridge, 2022). The guidance states "although they will no longer be required to have a PEP, DTs will wish to consider what is best for continuity and meeting the child's educational needs (DfE, 2018b). Adoption UK recommend that CPiC receive a PEP to provide an effective framework for identifying needs, planning interventions and evaluating outcomes (Adoption UK, 2022). Some DTs in the current study had introduced processes for monitoring CPiC and meeting regularly with parents/carers (mesosystem level) e.g. TAFs, EPAC and PEPs but acknowledged that CPiC may already receive support due to other systems, e.g. EHCPs, so the plan used can be flexible.

Other DTs in the current study reported limited time and capacity and did not think the EPAC (or equivalent) was feasible, due to conflicting priorities and multiple responsibilities in school, which is consistent with research highlighting how time-intensive the role is (Boesley, 2021). DTs in this research wanted to be held more accountable for supporting and monitoring CPiC, as otherwise they can overlook this aspect of their role, which is in line with the literature (Boesley, 2021; Partridge, 2022). DTs had a sense of being forgotten about and had limited engagement with VSs for CPiC compared to CiC (Harris, 2020) and PEPs are not often carried out for CPiC (De La Fosse et al., 2023).

The variation in practice may be impacted by the school's culture and the experience, training and perceptions of the DT (Higgs, 2006). Some DTs in this research were passionate

about implementing support due to personal experiences of the care system or due to being adoptive parents. DTs' confidence and effectiveness could also be related to their self-efficacy, sense of control and resilience (Simpson, 2012).

It is notable that so many DTs in this research highlighted a lack of accountability as the barrier for not implementing support for CPiC. This may indicate a wider systemic issue. The monitoring of student performance data to judge teacher and school effectiveness is increasing and schools are highly accountability driven (Jerrim & Sims, 2022). However, if accountability is the primary incentive for teachers, this may be problematic. Accountability pressures within the education system may result in a loss of autonomy for teachers, which is a major factor in so many leaving the profession (Perryman & Calvert, 2020). DTs may lack a sense of agency to implement support for CPiC within their school; previous research about CiC found that some DTs appeared to have a sense of helplessness which impacted their ability to make change (Waterman, 2020). This occurs within the context of a system that has inadequate funding for care-experienced children (Boesley, 2021; Waterman, 2020). There should be an increase in capacity through the development of the DT role and changes in the wider school environment (Boesley, 2021; Harris, 2020). The current research adds to the literature about the barriers that DTs experience when implementing support for CPiC in schools.

Importance of communication

To support the mesosystem of CPiC, DTs in this research highlighted the importance of communication in school between departments (such as SEN, safeguarding and pastoral) since they frequently overlap. Communication could be improved by inviting other departments to attend meetings and sharing information, which is in line with the guidance

(DfE, 2018b). DTs in the current study described difficulties communicating in a large setting whereas a DT in a smaller, specialist setting found this much easier. Communication between pastoral and SEN teams is often poor due to separate involvement, not sharing updates and lack of understanding of different systems (Gross & McChrystal, 2001). Effective channels of communication are needed through regular meetings, professional development opportunities and sharing of good practice (Groom & Rose, 2005).

DTs in the present study discussed communication across LAs and they saw their role as being the 'link person' and liaising with professionals. DTs should be 'proactive' in building relationships with other professionals, in particular their local VSH and SEN department (DfE, 2018b). Some DTs in this research experienced communication difficulties with social workers and health professionals for various reasons, e.g. high staff turnover. Similarly, previous research found that DTs felt forgotten by others and experienced a significant lack of control when working with external professionals (Goodall, 2014). Teachers may be focused on performance targets and social workers on placement needs, in addition to misunderstanding others' roles (Harker et al., 2004). Poor communication between social workers, carers and schools contributes to the lower attainment of CiC (Berridge et al., 2009). The findings support previous research showing the importance of strong communication within schools and across the LA.

Summary and implications for DTs

In summary, most DTs showed a commitment to advocating and raising the profile of CPiC and supported others to understand their needs through whole-school training. Some DTs had established systems for monitoring CPiC closely and providing individualised support; relationships with CPiC and their parents/carers were central to this. Most DTs

recognised their statutory role for CPiC, but there was significant variation in practice between schools due to systemic barriers, such as a lack of capacity. DTs wanted to be held more accountable by VSs for their statutory role. There was uncertainty about the role, processes for identifying CPiC and systems of support available. Most DTs did not think their responsibilities for CPiC were recognised by others in the school. Stronger communication is needed both within schools and across LAs to support CPiC better. Self-determination theory provides a framework to explain these findings as DTs' ability to fulfil their statutory role could be related to whether their needs for autonomy, competence and relatedness are fulfilled (Ryan & Deci, 2000). For example, greater autonomy and flexibility within their role as DT, feeling more competent due to specific training and stronger relationships within school and with external professionals impacts whether they can take action. In addition to the current statutory guidance (DfE, 2018b), the interviews with DTs led to the following recommendations for practice at each ecosystemic level:

Individual

- Prioritise CPiC for SEMH interventions in school and advocate for therapeutic support if needed (which could be funded through the ASGSF).

Microsystem

- Consider running a peer support group for care-experienced children, although this depends on the child's openness.
- Ensure whole-school training (e.g. trauma and attachment) is personalised to individuals so staff are aware of who this cohort are.
- Provide individualised support by adapting behaviour policies to use more relational and empathetic approaches.

Mesosystem

- Ensure school staff and parents understand what the DT role involves for CPiC. This could be done through the school website, newsletters and coffee mornings. Seek clarity from the DfE (2018b) guidance and VSs about this if unsure.

- Meet with parents/carers once a term using preferred format e.g. TAF, PEP or EPAC meetings and develop trusting relationships with families. Involve subject teachers and hold others accountable for carrying out actions. Discuss support including how PP+ is spent. Seek clarification from VSs about how to spend PP+ for CPiC if unsure.

- Form connections with DTs in other schools to share good practice and discuss how they are supporting CPiC.

Chronosystem

- Closely monitor the needs of CPiC and be aware that these may change over time, especially in adolescence when difficulties can emerge.

How can VSs support CPiC as part of their statutory role?

Advocacy

Findings supported research suggesting that VSs should provide specific training on CPiC and raise awareness about the vulnerability that arises from trauma and adoption in schools (Best et al., 2021). Participants in the current study saw it as their role to challenge misconceptions in the microsystem and support understanding of terminology, as described in the guidance (DfE, 2018a). VSs use specialist knowledge to raise awareness through specific training for teachers and social workers (Drew & Banerjee, 2019). Some VSs in this research delivered training alongside EPs and emphasised that training should be for all teachers and involve SLT, so they could support schools to become more trauma-informed in their

policies; senior leader commitment, support and resource allocation were crucial to training having an impact (Fancourt & Sebba, 2018). VSs interviewed in the current research suggested the VS should be involved in teacher training to raise awareness of CPiC on a local and national level, which is currently missing (Partridge, 2022). From initial teacher training and beyond, all education professionals should be trained to support care-experienced children, and understand FASD, attachment, trauma and mental health needs (Adoption UK, 2023).

One VS participant highlighted the "tricky line" between raising awareness of the potential needs of CPiC whilst also promoting resilience so they can thrive. Previous research suggested that protective factors that enhance resilience include secure relationships, social competence, positive self-perceptions and supportive teachers (Dent & Cameron, 2003). One VS participant discussed the importance of having high aspirations, which is in line with the guidance around supporting schools to have high expectations in helping CPiC to achieve their full potential in education (DfE, 2018a). However, this is not always the case; research into post-16 provision for CiC found that VSHs had not prioritised those with good attainment at 16 by encouraging them to fulfil their academic potential and enhance their qualifications, due to focusing on employment (Driscoll, 2013). Professionals often have lower expectations of CiC's achievement (Mannay et al., 2017). Negative stereotypes of care-experienced children need to be actively challenged and success acknowledged and celebrated (Templeton et al., 2022). A key part of the VS role is listening and acting upon pupil views which they often do systemically by 'helping from afar' and supporting the adults who work directly with the children (Manktelow, 2023).

Participants in this research supported the microsystem by listening to parents/carers, providing advice, signposting to support and empowering them to advocate for their children and navigate issues with schools. VSHs considered carers' aspirations and expectations to be critical so invested time and support in training and assisting them (Sebba & Berridge, 2019). Some VSs in the current study ran workshops and training for parents/carers of CPiC and involved them in designing their offer; special guardians should have access to training even if their child was not previously in care to facilitate better support for children and reduce the likelihood of placement breakdowns (Partridge, 2022). Some participants acknowledged that parents/carers may be reluctant to seek support from VSs if exposing their level of need would risk the stability of the placement, as reported previously (Rushton, 2004).

Within the exosystem, participants in this research discussed raising the profile of CPiC by having an advocate for CPiC who has a senior role in the VS, otherwise CPiC can be overlooked due to CiC being the focus, as found previously (Boesley, 2021). Some participants explained how when there wasn't a specific advisor for CPiC, they ensured the same advisors continued supporting children when they leave care and continued offering music and sports projects, online tuition and resources. Due to a lack of research into VS support for CPiC, the findings fill a gap in the literature about how VSs advocate for CPiC and raise their profile. This supports findings from research with DTs who emphasised the importance of support continuing when children leave care (Harris, 2020). The findings add to a gap in the literature about VS perspectives of their statutory role in supporting CPiC and suggest that advocacy is central to this.

Accountability

Several VSs in the current study supported the microsystem by holding DTs accountable for supporting CPiC. They did this by ensuring DTs understand their role for CPiC, anonymously discussing their caseload and ensuring a robust system of support is in place to ensure consistency and accountability e.g. PEP involving meeting with parents/carers, which was suggested previously (Best et al., 2021; Partridge, 2022). One participant in the current study discussed the importance of a monitoring process even if children aren't currently presenting with challenges, as it can be preventative. VS participants in this research highlighted the variation in support for CPiC between schools. A survey carried out by one VS found that 49% of parents/carers had completed an education plan (e.g. EPAC or PEP); those who had completed a plan felt that it improved outcomes and reported higher scores for happiness and academic progress (Adopt South Virtual Schools, 2022). Use of an education plan for CPiC has increased significantly in the last few years; prior to this, only 25% parents/carers had completed an EPAC (Hampshire County Council, 2019). However, VSs in this research found it difficult to ensure schools complete these as it is not a statutory responsibility. Many VSs explained that they did not have the capacity or consent to lead the EPAC/ PEP process for CPiC, so it is the school's decision about whether to implement this. This supports previous suggestions that VSs do not have access to this information, so place the responsibility on schools to develop their own systems (Boesley, 2021).

VSs in this research wanted to hold schools accountable for how they spend PP+. They sensed that schools often use it for something unrelated to CPiC so expressed frustration that they don't have control over how PP+ is spent. One VS survey found that just

over half of parents/carers have had discussions with their schools about how PP+ was being used (Adopt South Virtual Schools, 2022). VS participants in the current study suggested that the DfE should review the impact of the guidance for CPiC and, in addition, Ofsted should hold schools accountable for supporting CPiC. The findings contribute to a gap in the literature about the challenges that VSs encounter when trying to hold DTs accountable for supporting CPiC.

Within the mesosystem, three VSs in the current study facilitated an event (e.g. meetings, conferences or training) for DTs specifically for CPiC, to share good practice and improve consistency in following the guidance. Separate DT cluster meetings for CPiC have been suggested previously, so that they are afforded the time and attention they deserve (Partridge, 2022). DTs found it helpful when VSs facilitated networking with other DTs (De La Fosse et al., 2023); this could lead to increased understanding of their role for CPiC. This is in line with the guidance, which suggests education settings and professionals should share expertise on what works in supporting CPiC's education (DfE, 2018a).

The guidance suggests VSHs "should decide the extent of their offer to parents, early education providers and schools" (DfE, 2018a). Within the exosystem, VSs need to plan a strategic approach for CPiC, including how to spend VS funding, which could be facilitated through networking with other VSs to share good practice. Within the current study, some VSs had developed clear systems of support. Others had not developed their offer for CPiC due to a lack of capacity for this role, and described CPiC as an 'add on' due to their focus on CiC. This supports findings describing the VS role for CPiC as 'limited and vague, leading to a postcode lottery of provision across different LAs' (Adoption UK, 2022). Some VSs in the current study thought that NAVSH need to hold VSs more accountable in addition to the DfE

reviewing the impact of the DT role for CPiC. The current findings add to the literature about the perspectives of VSs on the systems of support for CPiC and indicate the huge range in support available between VSs for CPiC.

It's supposed to be a systemic approach

At the exosystem level, most VSs described their role as providing 'advice and guidance' for schools, professionals and parents/carers, and being empathetic to their circumstances. One VS survey found that 36% of parents/carers had been in touch with the VS for advice, guidance and signposting and looked at information on the website; advice was well received and was rated an average of 7.4 out of 10 (Adopt South Virtual Schools, 2022). Some participants in the current study went 'beyond advice and guidance'; they worked systemically by using information from schools claiming PP+ to provide contextual information or collated data from schools to track outcomes. Several VSs felt there should be a system of tracking and monitoring outcomes for this cohort, but acknowledged that this was not expected in their current role for CPiC as they would need consent from parents/carers, as the guidance states (DfE, 2018a).

VSs described working systemically to support the mesosystem by facilitating communication between schools and parents/carers to stabilise the situation when children are at risk of exclusion, which is in line with the guidance (DfE, 2018a). However, several participants in this research did not think the same systems were in place to protect CPiC from exclusions, due to no longer being the 'corporate parents' with the subsequent reduction in professional involvement and accountability. Some participants wished they had 'more power' than advice and guidance when they encounter CPiC at 'crisis point' and found it frustrating that they couldn't have more involvement. Adopted children are at higher risk of

permanent exclusion or suspension than their peers and almost 10% of adopted children represented in the survey received one or more suspensions from school during 2022, with 1 in 5 receiving internal exclusions and 11% of children receiving one or more informal suspensions (Adoption UK, 2023). For CiC, VS involvement reduced permanent exclusions to 0 and fixed-term exclusions by over a quarter; this is needed for CPiC (Rivers, 2018).

VS participants in the present study expressed frustration that others don't understand the VS role for CPiC. They reported a clash between trying to work preventatively and systemically but receiving individual referrals. This may reflect the tendency for school staff to adopt a 'within-child' view of behaviour, rather than working systemically. Previous research from the DT perspective showed that they found it difficult to conceptualise the VS role in supporting CPiC and that they wanted more training (Harris, 2020). Only 64% of parents/carers were aware that the VS supports adopted children (Adoption UK, 2022). In one VS survey, many parents/carers had not heard of the VS prior to the survey and were unclear as to the role of the VS or current remit to CPiC, however this was not long after the DfE (2018) guidance was published (Hampshire County Council, 2019). It is important that the VS local offer for CPiC, including information about the VS and DT roles, is communicated to schools and families to increase understanding (Adoption UK, 2022). The current findings add to the literature about the perspectives of VSs on working systemically to support CPiC but also reveal the barriers in these systems and suggest that greater communication is needed.

Importance of communication

The current study supported research showing the importance of strong relationships between VSs and DTs. Support from VSs helped DTs to feel more confident about their role

(Simpson, 2012). DTs valued relationships they had with VSs who provided support through giving advice, sharing information between professionals and signposting (De La Fosse et al., 2023). VS participants in the current study experienced challenges communicating with schools when they didn't have any CiC, but might have CPiC; establishing these links is crucial. Previous research suggested that support such as training also needs to be available if they have no CiC but have CPiC in their school (De La Fosse et al., 2023).

At the exosystem level, participants in the current study highlighted that work for CPiC needs to be discussed across the whole LA to devise a clear, holistic plan. Some VSHs had established good relationships with adoption and kinship teams and SEN teams, and had regular meetings leading to joined-up work, which is in line with the guidance (DfE, 2018a). However, several VSs discussed challenges linking up across their LAs, which has been reported for CiC; there can be a lack of coherence and collaboration in multi-agency working and a lack of clarity of roles or a multitude of agencies working with the same child (Waterman, 2020). VS participants in this research sensed that work for CPiC is not as multidisciplinary as work for CiC, who often have many professionals involved. Some participants described their role as being a 'bridge' between social care and schools which supports previous findings suggesting that VSs are well placed to coordinate communication between education and social care (Boesley, 2021; Simpson, 2012). VSs play an important role in supporting CiC at times of transition (Simpson, 2012) and provide 'invaluable continuity' through transition planning at Key Stage 4 (Driscoll, 2013) which was highlighted by participants. VS participants discussed their role in providing advice to social care teams around continuity of school placements in addition to giving advice to SEN teams when CPiC were going through the EHCP process, which is in line with the guidance (DfE, 2018a). Although not reported in the current study, previous research noted tensions between VSs and

social care teams if VSs were not informed about school placement changes for CiC (Sebba & Berridge, 2019). The findings emphasised how VSs need to communicate effectively with schools and across LAs to support CPiC and provide a greater insight into VSs' perceptions of the current barriers.

Summary and implications for VSs

In summary, most VSs were aware of their statutory responsibilities for CPiC and were committed to raising the profile of CPiC; some participants had a specialist position for CPiC, and some took on this responsibility as VSH. Participants advocated for this cohort by empowering parents/carers and raising awareness of their needs through training. Participants noted a high level of inconsistency between schools and tried to hold them accountable for supporting CPiC, but this was limited by the current expectations of their role. There was a huge variation between VSs in their interpretation of the guidance. Some shared frustration that their role was limited to 'advice and guidance', so their support went beyond this. Some VSs experienced a lack of capacity and limited resources for this role, and were limited to signposting. VSs work systemically to support this cohort but often receive requests for individual casework from schools. Multidisciplinary work across LAs and strong communication with schools is needed to join up support for this cohort and develop clear strategic plans and a better understanding of the roles of different professionals. Participants believed that change needs to come from the DfE to hold everyone accountable. The findings contribute to a gap in the literature as there have been no previous qualitative studies with VSs about their role for CPiC; they provide a greater insight into VSs' perspectives about the feasibility of implementing the guidance for CPiC. In addition to the current statutory guidance (DfE, 2018a), the interviews with VSs led to the following recommendations for practice at each ecosystemic level:

Microsystem

- Deliver whole-school training to raise awareness about the vulnerability that arises from trauma and challenge misconceptions. Ensure members of SLT are present.

- Hold DTs accountable for supporting CPiC by ensuring they understand their role and anonymously discussing their caseload for CPiC. Discuss how they are supporting them through the EPAC (or equivalent) and suggest a minimum requirement of a meeting once a term. Advise schools on how they could spend PP+ and discuss how CPiC will be benefiting from this.

- Discuss with DTs how they can become more trauma-informed in their policies and provide examples of 'relational' behaviour policies.

- Raise awareness of support available with parents/carers through a newsletter or signposting via email or meeting. Listen to parents/carers and empower them to advocate for their children and navigate issues with schools.

- Gather feedback from parents/carers about their VS offer for CPiC. Involve parents/carers in designing training and workshops.

Mesosystem

- Run network meetings and specific training for DTs about CPiC to raise awareness of their statutory responsibilities and provide opportunities to share good practice. This needs to be available for schools in the LA even if they have no CiC.

- Develop a clear system (similar to CiC) to follow when CPiC are at risk of exclusion and facilitate communication between schools and families to stabilise the situation.

Exosystem

- Have an advocate (e.g. specialist role) for CPiC, who has a senior position in the VS.

- Form a clear plan of the VS offer for CPiC and communicate this effectively so that others in the LA are aware. This should be clear on the VS website.

- Use information from schools claiming PP+ to provide contextual information about numbers of CPiC to plan support.

How can EPs support CPiC within a multidisciplinary team?

Advocacy

Previous research suggested that EPs can support CPiC due to their links with schools and independence from social services with which parents/carers may have experienced conflict or be wary of seeking help from (Gore Langton, 2017; Syne et al., 2012). It was suggested that professional development is needed to enhance skills in this area through specialist EP roles (Osborne et al., 2009); all EPs interviewed in the current study had a specialist role in this area and had developed their skills through their own CPD, self-directed learning and experience. The findings provide a greater insight into specialist EP roles and how they can advocate for CPiC; working in VSs allowed EPs to reach CPiC sooner, as they could liaise with school link EPs about CPiC and continue working with children despite school moves to ensure consistency. The findings highlighted the role of all EPs in advocating for CPiC by raising them at planning meetings with SENCOs or including DTs in planning meetings, as suggested previously (Gore Langton, 2017).

At the individual level, EPs in this research highlighted the importance of hearing the views of CPiC to understand their story and what that means to them, which is central to EP work (Harding & Atkinson, 2009) and can be done through tools such as PATH (O'Brien et al., 2015). Previous research gathered adopted children's views to inform practice (Best et al., 2021; Crowley, 2019; McIntosh et al., 2022; Templeton et al., 2022). EPs can support the

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emotional needs of special guardianship children via direct work to support identity development (Conlan, 2022). Narrative research highlights the importance of gathering the perspectives of CiC to address power imbalances in the care and education systems (Warham, 2012). CiC highlighted the importance of feeling that school was a place where they can make choices; EPs can enable the voices of CiC to be heard (Sugden, 2013). Feeling that their voices are heard and inform the decisions made impacts CiC's engagement with education (Goding et al., 2022). During review meetings for CiC, EPs can advocate for children's involvement (Pert et al., 2017).

At the microsystem level, EPs in the current study advocated for CPiC by raising awareness of their needs during consultations. Findings supported previous research suggesting that EPs apply psychology through questioning to facilitate discussion about holistic factors to support adopted children (Dawson, 2021). EPs share psychological knowledge of child development with family members and professionals to support others to understand the impact of trauma and insecure attachment on behaviour, and discuss how to support their transitions (Midgen, 2011; Osborne et al., 2009; Syne et al., 2012). Adoptive parents and foster carers found practical strategies for behaviour management, emotional well-being and educational issues useful (Osborne & Alfano, 2011). EPs can encourage a move away from within-child thinking about insecure attachments and encourage schools to focus on developing positive relationships with children to promote their sense of belonging and adopting an empathetic approach to supporting behaviour (Best et al., 2021). This could be done using the PTMF which shifts towards considering the systemic cause of behaviour, and acknowledges the influence of power on CPiC's sense of safety, belonging and identity (Johnstone & Boyle, 2018; Milligan, 2022). EPs use psychological skills and knowledge to

highlight potential barriers to learning and ensure the needs of this vulnerable group are correctly identified (Templeton et al., 2022).

EPs in this research raised awareness of the impact of early trauma through attachment-aware training for school staff and professionals in the microsystem, as suggested previously (Midgen, 2011). Participants discussed training on approaches e.g. emotion coaching (Gilbert et al., 2015), PACE (Golding & Hughes, 2012) and person-centred practice. EPs said it was valuable when training has a "personal element" to it, e.g. an adopter sharing their experiences. They also described how they support schools to embed training in practice. This is supported by previous research showing that although school staff were aware that trauma impacted behaviour, they found it difficult to make reasonable adjustments for behaviour (Boesley, 2021; Fletcher-Campbell et al., 2003). EPs can promote inclusive policies and practices to ensure guardianship families are identified, and their needs are understood, through training (Ramoutar & Hampton, 2024).

EPs in the current study discussed empowering parents/carers to have knowledge and confidence when discussing support with schools, which is in line with the literature; increased knowledge can empower parents and help them to advocate for their children (Dawson, 2021; Midgen, 2011). EPs highlighted the importance of building trusting relationships with parents/carers and supporting them to develop good relationships with children's schools to improve communication (mesosystem), as suggested previously (Cooper & Johnson, 2007; King, 2009). One EP in this research raised awareness of support available through a termly magazine for adopters, providing updates about interventions and support, as previously suggested (Boesley, 2021; Harris, 2020). EP input can prevent placement breakdown by providing support and advice to adoptive parents (Osborne et al., 2009). EPs

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can also involve parents/carers in research to gather their views about support available (Best et al., 2021; Cooper & Johnson, 2007; Dunstan, 2010; King, 2009). The findings contribute to the limited body of research about the EP role in supporting CPiC and suggest that advocacy by applying psychology is central to supporting others to understand their needs.

Relational approach

At the individual level, one EP in the current study ran a transition intervention for year 6 students based on narrative and strengths-based approaches. Adopted children reported challenges when transitioning from primary school into year 7 which resulted in them feeling vulnerable (Crowley, 2019). CPiC are likely to have experienced instability in their care placements and may have had to adjust to frequent changes in schools, which impacts their sense of security, relationships and ability to adjust to future changes (Norwich et al., 2010). Transition interventions for CiC plan support around children's views and work with teachers and carers to understand their needs; a sense of community and moving with friends may be important (Brewin & Statham, 2011).

EPs in this research described how they support the microsystem of CPiC through promoting relational approaches and supporting school systems to be more nurturing and empathic by making their behaviour policies more trauma-informed. Primary school teachers created a whole school relational approach to support attachment and emotional security, which can be beneficial for adopted children (Webber, 2017). EPs wanted to offer more training and events for parents/carers involving professionals with different areas of expertise, which could involve problem-solving, building resilience and relational approaches e.g. PACE (Golding & Hughes, 2012) and emotion coaching (Gilbert et al., 2015). EPs facilitated monthly sessions for 10 months following the 'Emotional Warmth' model of

professional childcare with foster and adoptive parents, which led to significant positive change in behavioural and affective measures (Cameron, 2017).

Participants discussed therapeutic approaches to support relationships between parents/carers and children, which can be funded through ASGSF. For example, DDP is a relationship-focused therapy based on a strong therapeutic alliance, empathy and unconditional positive regard (Hughes et al., 2015). DDP can meet the therapeutic needs of this cohort by creating a safe environment where therapists and parents offer increased sensitivity, availability and responsiveness to children, so they are more secure within attachment relationships (Hughes et al., 2015). Several EPs in the current study discussed using VIG with children and families to support their relationship development through attunement, which is helpful for CPiC as placement stability may coincide with rejection of caregivers. Video feedback produced a significant improvement in parenting sensitivity, behaviour and attitudes of parents and the development of the child (Fukkink, 2008) and has been used effectively with foster carers to change how they viewed their child's behaviour and increase feelings of validation (Mccaffrey, 2017).

EPs in this research discussed emotional containment at different levels, which is consistent with research about secondary trauma, which can result from living or working with children who have been through traumatic life events (Hughes & Baylin, 2012). Challenges experienced with 'emotional disconnection' in adoptive parents sometimes lead to placement breakdowns (Lyttle et al., 2021). Some participants facilitated supervision spaces, workshops and support groups for parents/carers where they provide a safe space to problem-solve; they sometimes invited relevant professionals. Previous research showed that a support group facilitated by the EPS and post-adoption service resulted in increased support

and containment of anxiety and stress (Dawson, 2021). Adoptive parents found it useful to receive input on a different topic each session and use structured supervision models to share experiences and support each other around the topic, thereby supporting the mesosystem (Dawson, 2021). Adoptive parents found group settings valuable for forming connections and appreciated having fellow adoptive parents as trainers (Selwyn et al., 2009). Adoptive parents and professionals viewed these groups as an essential source of support, to discuss and reflect upon issues raised by adoptions (Stother et al., 2019). EPs can provide emotional containment during consultations and parents/carers showed a significant decrease in concern and an increase in confidence in tackling issues (Osborne & Alfano, 2011). EPs saw their role as acknowledging and validating parents' feelings about challenges they may have faced (Midgen, 2011).

The DT role can be emotionally demanding and DTs may find it hard to seek emotional support (Goodall, 2014). DTs found that CiC's experiences were 'emotionally disturbing and onerous to process' and reported a lack of preparation (Waterman, 2020). Schools must acknowledge the potential emotional impact of working with students who have experienced trauma and ensure peer support is available from colleagues without fearing judgement (Edwards, 2016). Schools should provide opportunities where teachers' feelings can be normalised through reflective supervision spaces to support understanding how children's behaviour can impact them (Gore Langton & Boy, 2017).

One EP in the current study provided weekly supervision for a learning support assistant (LSA), suggesting a role in providing supervision and mentoring for those supporting CPiC in schools (Ramoutar & Hampton, 2024) and supporting them to overcome challenges through applying psychological theory to promote their sense of effectiveness

(Boesley, 2021). EPs can support colleagues and stakeholders in multi-agency teams through supervision, giving them an opportunity to reflect on situations and develop their skills (Warwick, 2023), however few DTs acknowledged that supervision could be a role that EPs could undertake (Boesley, 2021). EPs in the current study thought schools don't recognise the benefit of supervision and don't prioritise it due to limited time. Correspondingly, DTs interviewed did not mention supervision. One VS in the current study acknowledged they can bring their personal experiences to the role 'too much'; EPs discussed how they hold in mind everybody's lived experiences and provide supervision for other professionals who are affected by their work. Similarly, previous research found that social workers supporting this cohort experience emotional labour and need high quality training and supervision to cope effectively with their own emotional reactions, which EPs could be involved in facilitating (Leeson, 2010). The current findings contribute to the limited research into the EP role in supporting CPiC and suggest that relational approaches, including therapeutic work and emotional containment are central to their role.

Working systemically

EPs in the current study discussed how their specialist roles provided more flexibility for systemic work. They supported CPiC through an early intervention approach and working systemically, including training on trauma-informed practice with school staff e.g. DTs, which was previously suggested (Boesley, 2021; Harris, 2020). Previous research suggested that EPs can support the microsystem by discussing how schools are accountable for supporting and representing adopted children and families, and suggesting evidence-based interventions that could be funded with PP+ (Dawson, 2021). EPs can support CPiC by considering how systems around them can change, e.g. reviewing schools' practice and shifting thinking (Partridge, 2022). EPs could work systemically at a whole-school level with

parents, carers and multi-agency practitioners to develop strategies to increase children's resilience (Jackson et al., 2010). Research has also highlighted the complexity concerning international, transracial and intercountry adolescent adoptees in relation to their ethnic identity (Crowley, 2019). Ethnic minority children who are separated from birth families and community may lack a sense of belonging due to a loss of cultural identity (Barn, 2010). EPs could work with schools to support them to promote the cultural diversity of these adoptees to be included in the school community and celebrate children's cultural background and heritage (Crowley, 2019).

Although they wanted to work more systemically, several EPs explained that a lot of their work is individual casework due to demand from schools; this involved completing PATHs with children and problem-solving consultations with school staff and parents. These differing expectations and the tendency for DTs to perceive the EP role as carrying out individual rather than systemic work has been reported for CiC (Whitehouse, 2014). Several EPs in the current study expressed frustration that they were called in at "crisis point" which has been reported previously; 50% of adopted children had been supported by an EP but many adopters thought services provided had been 'too little, too late' and was not sufficient (Sturgess & Selwyn, 2007)**.** EPs in the current study discussed how they try to support people to 'ask for help sooner' and implement PEPs even if children are not currently presenting with challenges.

The finding around a lack of understanding of the EP role by others is consistent with previous research. DTs sought EP advice when they were concerned about an individual's academic progress, and only a small number of DTs used EPs for systemic support e.g. training or policy development (Boesley, 2021). There were difficulties overcoming

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preconceived views that adoption work only falls within the social care remit and there was no recognition of the holistic EP role in facilitating development and learning for adopted children (Osborne et al., 2009; Warwick, 2023). Tensions were reported between social care and education expectations and a lack of clarity about EP roles for work with CiC (Norwich et al., 2010). EPs in the current study tried to model the type of work they want to do and explain ways of working to other teams, whilst keeping boundaries with their involvement.

Most EPs in the current study reported a lack of time and capacity for this work, as reported previously (Osborne et al., 2009). They explained that CiC are in "very unstable situations" so most services prioritised this cohort. Specialist roles gave more flexibility for this work, but some EP services prioritised statutory work, meaning there was a limit to how much traded time the VS could be allocated. EPs in the current study discussed how this links to wider challenges in the EP profession around recruitment and lack of opportunities in LAs for preventative work. 88% of LA principal EPs said they were currently experiencing difficulties recruiting and 69% of principal EPs were not confident that they would be able to continue to meet demand for EP services if funding, training and service delivery models stayed the same (Atfield et al., 2023). The findings contribute to the literature about how EPs can work systemically to support CPiC through early intervention, including a greater understanding of the barriers to this work.

Importance of communication

EPs in this research discussed the importance of strong communication within schools and between home and school, which they can facilitate by guiding the EPAC process. One EP highlighted the importance of holistically planning support for CPiC with schools and parents together to promote resilience. The EPAC helps to hold schools accountable and

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collaboratively plan individualised support and monitor progress (Syne et al., 2012). When working with class teachers of CiC, EPs should promote high expectations of their ability (Sugden, 2013). EPs in this research suggested they need to communicate more effectively with DTs, so they understand what support they need; this was easier when DTs were also the SENCO. In the mesosystem EPs can promote inclusive policies and practices by ensuring DT and SENCO roles connect (Ramoutar & Hampton, 2024).

There was a high level of variation across EP services in the current study. Some EPs had established good links with local adoption agencies, kinship teams and SEN teams and engaged in joined-up work. Others described their lack of certainty about support available for CPiC and a lack of formal systems for post-adoption compared to CiC, as reported previously (Osborne et al., 2009). EPs in this research all had experience of a specialist role either in the VS or supporting adopted children which promoted links with other teams. Remote working had facilitated multi-agency working for some but not others. Within the exosystem, EPs in the current study discussed the benefit of a multiprofessional team approach which has previously been reported as leading to effective communication and greater trust (Osborne et al., 2009). EPs provide holistic support for needs, share knowledge and work across many levels of the LA system to facilitate positive change for children and families (Warwick, 2023). Several studies suggested a multi-agency approach to training e.g. attachment-related work in schools with social workers and EPs, which draws on the expertise of different professional perspectives and skills (Midgen, 2011; Syne et al., 2012). EPs in specialist positions often engaged in multi-agency work, including participating in forums, panels and meetings, to provide psychological perspective (Norwich et al., 2010). Multi-agency working and designated teams or posts are needed to bring together health,

education and social care agencies to support CPiC, otherwise young people fall between the gaps in services (Golding, 2010).

EPs in the current study discussed working with social workers through training or consultations, to support their understanding of child development, school belonging and attachment and the needs of CPiC, which has been suggested previously (Osborne et al., 2009; Ramoutar & Hampton, 2024). Social workers recognised how EPs drew upon a wide-ranging skill set to support development of their psychological thinking and valued their different perspectives and contributions (Warwick, 2023). Multi-disciplinary work with social care and EPs can reduce breakdown of adoptive placements (Syne et al., 2012). Social workers could collaborate with EPs to develop life story methods involving narrative, positive, solution focused and person-centred psychology to support children's identity development (Best et al., 2021). EPs could provide training on psychological approaches to social workers; for example, the PTMF can provide an alternative lens to view the systemic causes of behaviours and has been used with social workers previously (Fyson et al., 2019). One EP in the current study worked with other teams to deliver service-level PATHs with social care teams and safeguarding teams. There were some challenges associated with multi-disciplinary working reported in the literature including differences between professionals in their values and the importance placed on education (Osborne et al., 2009); however, these were not reported in the current study. The current findings contribute to the limited body of research into the EP role and suggest that stronger communication at every level through multidisciplinary working is key to supporting CPiC.

Summary and implications for EPs

In summary, EPs were passionate about applying psychology to support understanding CPiC's needs. EPs' position meant they could advocate for CPiC through gathering their views, empowering parents/carers and consultations and training with school staff and professionals. EPs thought these children have similar needs to CiC and should be entitled to the same support, but encountered barriers including a lack of capacity, resources and uncertainty about processes and systems in place. There was a high level of variation in each LA and between schools. EPs felt that specialist roles for VS and adopted children are key due to the current pressures in EP services around statutory work, as this gave protected time for this cohort. Some EPs worked at an individual level using relational and therapeutic approaches, and provided emotional containment at multiple levels. EPs also worked systemically using an early intervention approach, which was easier when EPs had specialist VS roles. Many noted a clash between this preferred way of working and requests for individual casework from schools. Stronger communication with schools and multidisciplinary work across LAs is needed to join up support for this cohort and promote a better understanding of the range of work that EPs do. This contributes to the limited body of research about the EP role in supporting CPiC. The interviews with EPs led to the following recommendations for practice at each ecosystemic level:

Individual

- Use narrative approaches, positive psychology, solution-focused and person-centred approaches to gather the views of CPiC and understand their experiences and identity.
- Deliver individual and group interventions with CPiC e.g. to support transitions.

Microsystem

- Undertake therapeutic work e.g. VIG, to develop the relationship between CPiC and parents/carers.

- Link EPs should raise CPiC at planning meetings and encourage SENCOs to prioritise them for EP involvement.

- Discuss with DTs how they are supporting and representing adopted and special guardianship families.

- Recommend evidence-based interventions that could be funded with PP+.

- Support schools to become more flexible and inclusive with behaviour policies and promote 'relational' approaches.

- Provide training for school staff and professionals on trauma-informed approaches. Support schools to come back to training and embed it in practice. Training could involve parents/carers sharing their experiences.

- Facilitate workshops, support groups or consultations for parents/carers of CPiC with other teams e.g. post-adoption service. This could involving sharing psychological approaches, problem-solving and providing emotional containment.

- Share psychology about the effects of trauma on early development and attachment, whilst focusing on increasing resilience. This could involve using theories such as the PTMF.

Mesosystem

- Facilitate communication between members of school staff e.g. DTs and SENCO, by having shared planning meetings.

- Suggest that schools use the EPAC (or equivalent) to facilitate communication between home and school and gain a holistic understanding of CPiC's needs.

- Provide peer supervision opportunities for school staff e.g. DTs, to provide emotional containment.

Exosystem

- VS EPs should discuss CPiC with school link EPs when needed.
- Establish good links with post-adoption and kinship teams and engage in multidisciplinary work. This could involve providing training, consultations and supervision spaces for social care teams.
- Advocate for CPiC in multi-agency meetings by supporting others to raise their aspirations for CPiC and challenge assumptions that discriminate against them.

Additional recommendations

The following recommendations were created based on the findings from the DT, VS and EP interviews:

- There should be greater awareness raised about the vulnerability that arises from early trauma and adoption in initial teacher training.
- Ofsted must recognise CPiC as a vulnerable group and assess how schools are supporting this cohort.
- EP training courses should place a greater focus on CPiC (and CiC).
- VSs should be held more accountable by organisations e.g. the DfE and NAVSH for fulfilling their statutory roles for CPiC.
- The support to CPiC should be extended if children return home after being in care as they still have the same experiences.
- Children under SGOs who have never been in care should be eligible for the same support.

- There should be research into the impact of the DT and VS statutory roles for CPiC and the effectiveness of PP+, leading to recommendations for schools.

Strengths, limitations and implications for future research

The current study adds to the literature by providing an understanding of DTs', VSs' and EPs' views about their role in supporting CPiC. Findings from DTs and EPs were strengthened by previous research and the findings add to the gap in the literature about VSs' and EPs' views of their role for CPiC. The qualitative design enabled rich data to be collected and was consistent with the epistemological and ontological position. Conducting the interviews online meant the researcher could interview participants across the UK. Participants worked in 17 different LAs, so the data captures the variation in services around the UK. DTs worked in a range of settings (e.g. primary, secondary, specialist, college) which captured more variation in practice. One participant had personal experience of the care system and three participants (one in each group) were adoptive parents, which was beneficial as their responses would reflect a greater understanding of the topic. Although the researcher's bias will have impacted the themes extracted, this was acknowledged and reflected upon in a research journal throughout as suggested in reflexive TA. Throughout the analysis, different aspects were discussed with peers and the researcher's supervisor to ensure the process was rigorous and a clear audit trail was provided.

The main limitation was that the study did not gather the views of parents/carers and CPiC. Although this was initially planned, this was not possible due to time limitations; some reflections from the process of refining the research focused are included in Appendix E. Although previous doctoral research had gathered the voices of CPiC, no studies had used qualitative methods to gather the views of VSs about their role for CPiC. This was prioritised

as it was felt that this was crucial for understanding the systemic barriers preventing support

for CPiC in many areas. Future research should prioritise gathering the views of

parents/carers and CPiC in understanding the support available from DTs, VSs and EPs and

what contributes to a positive educational experience. The researcher recognises that the

sample of participants was a self-selecting group who volunteered to take part, therefore they

may be more likely to be putting in support for CPiC. Future research on a larger scale is

needed into the views of VSs and EPs. There also needs to be research into children who

have left care into CAOs as the researcher did not find any specific research about this

cohort.

Plans for dissemination

To share findings with participants, a document with key findings and implications for

practice for each participant group will be shared via email. Findings will be shared with the

researcher's colleagues during a research presentation in July 2024 and with the EPS and VS

in the researcher's LA placement, as the implications may be helpful for considering next

steps for supporting CPiC. Within the researcher's LA, there are already EPs working in the

VS, but more work will be undertaken to improve the links between social care colleagues

and the EPS, in order to join up support for CPiC and create a clear plan. The researcher

hopes to publish in order to share the findings more widely so that they have a greater impact

on professionals' practice for CPiC.

Self-reflexivity

An extract of first-person reflection about the process of undertaking research is

included below.

I was interested in undertaking this research particularly due to my professional experiences as a trainee EP. I have worked with multiple CPiC and special guardians and noticed the lack of systems of support in place and challenges they have faced. This led me to want to change the systems in the LA where I work. I have found conducting this research rewarding as I have gained knowledge of the systems for CPiC and a greater understanding of how DTs, VSs and EPs can support them. I hope this will be reflected in my future practice as an EP, as I aim to use this knowledge and understanding to advocate for CPiC.

I considered my own positioning in relation to the study and how I may be viewed, as a trainee EP, by different professionals. I acknowledge that the participants are experts in their own experience; I have no personal experience of the area being researched, so I took an outsider position. I recognise that I may have been perceived as having two roles as both a researcher and as a trainee EP, working in a LA. My position as a trainee EP working in a LA may have impacted what participants shared during interviews, for example when speaking about the EP role they may have been reluctant to share experiences relating to challenges. Four participants worked within the LA that I work in, and although I had only worked directly with one of the participants, this could have impacted their engagement and perception of me as a researcher. Interviewing one's peers challenges some traditional assumptions about the participant-interviewer relationship which can impact the conduct of the interview and data, although familiarity could also be an advantage if participants feel more comfortable and can be open/honest about their experiences (Coar & Sim, 2006). Many participants shared that they valued the opportunity to take part in the research and have the space to reflect on their practice and I sensed that they did not often receive opportunities to do this. I value having regular opportunities to do this on my training course and will seek opportunities to do this in the future.

Conclusion

This research explored the views of DTs, VSs and EPs about their role in supporting CPiC by working at multiple levels around the child. All groups thought that there needs to be more continuity of support when children leave care, especially those under special guardianship arrangements. Participants showed a commitment to advocating for CPiC and in some cases this was due to personal experiences. Most DTs and VSs recognised their statutory responsibility to raise the profile of this cohort and EPs were passionate about applying psychology to support understanding of their needs as part of their specialist roles. A relational approach was central to this; DTs emphasised the importance of individualised support and EPs focused on therapeutic work and emotional containment for parents/carers and professionals. Participants felt a moral responsibility to continue supporting these children and families when leaving care, but encountered systemic barriers including a lack of capacity, resources and uncertainty about processes and systems in place. As a result, there were inconsistencies in support between schools and LAs. DTs wanted to be held more accountable by VSs but most VSs did not view their role as extending this far. Both groups of professionals seemed to experience a lack of power in the system which impacted how they could support CPiC. Some VSs went beyond statutory expectations, and believed change needs to come from the DfE to hold everyone accountable. EPs and VSs often work systemically to support this cohort but experienced a clash between this preferred way of working and requests for individual casework from schools. Multidisciplinary work is needed to join up support for this cohort across LAs, and develop clear strategic plans and a better understanding of different professionals' roles so professionals can work together more effectively. Participants did not think that it is widely recognised that DTs and VSs have a statutory role for supporting CPiC and, given the guidance was published six years ago, more

needs to be done to review the impact of this and hold LAs and schools accountable. The research highlighted many examples of positive practice by DTs, VSs and EPs for CPiC and although there was significant inconsistency reported, the research has implications for professional practice for all professional groups across different ecosystemic layers. The researcher hopes this will prompt professionals to reflect on how they can further support this cohort and raise awareness of their role.

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Appendices

Appendix A: Summary of statutory guidance for VSs and DTs

The statutory guidance (DfE, 2018b) suggests that DTs should:

- Be a central point of initial contact within the school. This helps to make sure that the school plays its role to the full in making sure arrangements are joined up and minimise any disruption to a child's learning.

- Have a leadership role in promoting the educational achievement of CPiC on the school's roll. This involves working with VSHs and promoting a whole school culture where the personalised learning needs of CPiC and their personal, emotional and academic needs are prioritised.

- Ensure school staff understand the things which can affect how CPiC learn and achieve and how the school supports the educational achievement of these pupils.

- Contribute to the development and review of whole school policies and procedures.

- Promote a culture within the school that supports CPiC.

- Be a source of advice for teachers.

- Work directly with CPiC and their carers, parents or guardians and fully involve parents and guardians in decisions affecting their child's education, including any requests to the VSH for advice on meeting their individual needs. DTs should be open and accessible so parents/carers can approach them to discuss the child's support.

- Work closely with the school's DSL to ensure that any safeguarding concerns regarding CPiC are quickly and effectively responded to.

- Work closely with the SENCO to ensure the implications of a child being both looked-after or previously looked after and having SEN are fully understood by the relevant school staff.

- Form strong relationships with CPiC and listen to their voice including being available, noticing their feelings and listening when they need help, understanding their experiences and how this can impact their behaviour.

- Ensure the specific needs of CPiC are reflected in how the school uses PP+ to support these children.

- Raise parents' and guardians' awareness of the PP+ and other support for CPiC- this includes encouraging them to tell the school if their child is eligible to attract PP+ funding.

- Play a key part in decisions on how the PP+ is used to support CPiC.

- Encourage parents' and guardians' involvement in deciding how the PP+ is used to support their child and be the main contact for queries about its use.

- Work with senior leaders in the school, the officer responsible for links with mental health services and parents and carers to put in place mechanisms for understanding the emotional and behavioural needs. The Strengths and Difficulties Questionnaire (SDQ) could be applied to previously LAC and their parents where the child's parents or guardian supports its use.

- Work closely with the SENCO to ensure the implications of a child being both previously LAC and having SEN are fully understood by the relevant school staff.

- Where a previously LAC is at risk of exclusion, DTs should talk to the child's parents or guardians before seeking the advice of the VSH on avoiding exclusion.

- Seek the advice of the VSH about meeting the needs of individual children with the agreement of the child's parents or guardians and establishing a good working relationship with the VSH for their area.

The statutory guidance (DfE, 2018a) suggests that the VSH must:

- Respond to parental requests for advice and information, sign-post parents to other services that can offer advice and support.

- Respond to requests for advice and information from providers of early education, DTs in maintained schools and academies, and providers of alternative provision in their area in respect of individual children supported by the LA. In particular, the VSH should develop/build on existing good working relationships with DTs for CPiC in their area.

- Make general advice and information available to early years settings and schools to improve awareness of the vulnerability and needs of CPiC.

- Promote good practice on identifying and meeting their needs, and guidance on effective use of the PP+.

- The duty relates to CPiC who are in education in the area served by the VSH irrespective of where the child lives.

- Ensure that there are appropriate arrangements in place to meet the training needs of those responsible for promoting the educational achievement of LAC and previously LAC e.g. parents/carers, school staff and social workers.

- Provide strategies to DTs when CPiC are at risk of exclusion (after the DT seeks consent from the parent/carer).

- Encourage and support early education settings and schools to have high expectations in helping previously LAC to achieve their full potential in education.

- Establish a good working relationship with the local authority's post-adoption support team so that they understand the role of the VSH and can advise adoptive parents and guardians appropriately.

- Build relationships with health, education and social care partners and other partners, such as voluntary sector organisations in their area, so that the VSH and DTs understand the support available to previously LAC (e.g. mental health services), and are able to effectively liaise with service providers and signpost parents to those services.

- Where their local authority is part of a Regional Adoption Agency, cooperate with other VSHs, adoption support teams and other adoption support organisations who are also part of the Regional Adoption Agency.

- Encourage education settings and professionals to share expertise on what works in supporting previously LAC's education.

- Ensure that schools are able to identify signs of potential mental health issues and know how to access further assessment and support where necessary.

- Ensure that schools understand the impact that issues such as trauma and attachment difficulties and other mental health issues can have on LAC and previously LAC and are "attachment aware".

- For previously LAC, VSHs should signpost schools to appropriate tools to help them measure this group's emotional and behavioural difficulties.

- After involving parents, VSHs may be invited to comment on proposed SEN provision.

Appendix B: Literature review search process

Table 2

Research excluded from the literature review and reasons for exclusion

Study	Reason for exclusion
Barratt, S. (2012). Adopted children and education: The experiences of a specialist CAMHS team. *Clinical Child Psychology and Psychiatry,* 17(1), 141-150.	Not enough focus on the role of professionals (EPs, DTs, VS)
Cameron, S. (2017). Child Psychology beyond the school gates: Empowering foster and adoptive parents of young people in public care, who have been rejected, neglected and abused. *Educational and Child Psychology,* 34(3), 74-95.	Not enough focus on the role of professionals (EPs, DTs, VS)
Comfort, R. L. (2007). For the love of learning: Promoting educational achievement for looked after and adopted children. *Adoption & Fostering,* 31(1), 28-34.	Not enough focus on the role of professionals (EPs, DTs, VS)
Dann, R. (2011). Look out!'Looked after'! Look here! Supporting 'looked after'and adopted children in the primary classroom. *Education 3-13,* 39(5), 455-465.	Not enough focus on the role of professionals (EPs, DTs, VS)
Dunstan, L. (2010). Hearing voices: Working with adoptive parents, schools and social workers to support children and young people who are adopted, at school. *DECP Debate,* 136, 6-11.	Not enough focus on the role of professionals (EPs, DTs, VS)
Golding, K. S. (2013). Multi-agency and specialist working to meet the mental health needs of children in care and adopted 1. In *Mental health services for vulnerable children and young people* (pp. 161-179). Routledge.	Not enough focus on the role of professionals (EPs, DTs, VS)
Gore Langton, E. (2016). Adopted and permanently placed children in education: from rainbows to reality. *Educational Psychology in Practice,* 33 (1), 16-30.	No primary research
Lee, K., & Woods, K. (2017). Exploration of the developing role of the educational psychologist within the context of "traded" psychological services. *Educational Psychology in Practice,* 33(2), 111-125.	Not enough focus on previously looked after children

Lewis-Cole, A. (2019). Adoptive Parents' Home-School Partnerships: An Exploration of the Partnership Experiences of Parents and School Staff with a Focus on Barriers, Facilitators and Developing Partnership Practices. [Unpublished doctoral thesis]. University of Exeter.	Not enough focus on the role of professionals (EPs, DTs, VS)
Mackay, T. & Greig, A. (2011). Fostering, adoption and looked after children-a growth area for educational psychology. *Educational and Child Psychology,* 28 (3), 5-8.	No primary research
Stewart, R. (2017). Children adopted from care: Teacher constructions of need and support [Unpublished doctoral thesis]. Cardiff University.	Not enough focus on the role of professionals (EPs, DTs, VS)
Stother, A., Woods, K., & McIntosh, S. (2019). Evidence-based practice in relation to post-adoption support in educational settings. *Adoption & Fostering,* 43(4), 429-444.	Not enough focus on the role of professionals (EPs, DTs, VS)
Sturgess, W., & Selwyn, J. (2007). Supporting the placements of children adopted out of care. *Clinical child psychology and psychiatry,* 12(1), 13-28.	Not enough focus on the role of professionals (EPs, DTs, VS)

Table 3

Characteristics of studies included in the literature review

Author, date and title	Aims	Participants	Study design	Methodology	Data analysis	Relevant findings
Best et al. (2021) Exploring the educational experiences of children and young people adopted from care: Using the voices of children and parents to inform practice.	Investigate the educational experiences of adopted children, and use them to inform practice in schools, Educational Psychology Services (EPSs) and wider contexts.	11 adoptees, 6 adopters, 20 DTs.	Qualitative. Social constructionist Underpinned by Bronfenbrenner's Bioecological Theory of Human Development (Bronfenbrenner, 1979).	Semi-structured interviews with adoptees and focus group with adopters. Findings presented to DTs within a workshop.	Thematic analysis.	Themes from DTs workshop: Raise awareness and develop understanding about adoption and the needs of adopted children. Develop relationships between adopted children/ parents and school staff. Support emotional needs by finding ways to help them cope with difficult feelings and understand adopted children's emotional experiences. VSs and EPs could raise awareness in schools about the vulnerability that arise from early trauma and adoption. DTs could suggest including adoption in school curriculum to increase understanding and ensure adoption is accepted and understood within the school community. DTs can lead collaborative conversations with children and parents about their needs, strategies and confidential information. DTs should advocate to have PEPs for adopted children. DTs can work with adoptive parents to decide how to spend pupil premium plus funding.
Boesley (2021) 'Sometimes you have to	Aimed to explore how DTs experience	44 VS, 142 DTs, 16 DTs interviewed.	Mixed methods design. Critical realist epistemology	Questionnaires for VS staff and DTs, interviews for	Statistical analysis programme for	3 main themes from DT interviews: Theme 1- Complexities of the DT role. Subthemes: managing workloads and wearing lots of hats, role development and learning on the job, role awareness and raising the profile, role

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Author, date and title	Aims	Participants	Study design	Methodology	Data analysis	Relevant findings
work hard despite the system': Exploring the role and experiences of designated teachers for looked after and previously looked after children.	and enact their roles, including key responsibilities, barriers and facilitating factors impacting their role, and perceptions around their effectiveness. This included understanding how DTs worked with other professionals to support outcomes for care-experienced children.		and ontology. Applied self-determination theory (Deci & Ryan, 1985).	DTs.	quantitative data. Thematic Analysis for qualitative data.	clarity and expectations in an all encompassing role, measuring impact and making a difference. Theme 2- Building relationships and making contacts. Subthemes: working with and through school staff, fostering a reciprocal relationship with VSs, developing relationships with parents/carers and children, establishing links with education, health and care professionals. Theme 3- Negotiating challenges in the wider system. Subthemes: a lack of standardisation between counties, difficulties with joined-up working, overly bureaucratic process and procedure. PLAC vulnerable group who would benefit from additional support. Needs do not disappear once they leave care. They felt that it was important that PLAC's needs were recognised and felt frustrated that they didn't have more time. PLAC were not mentioned as frequently during surveys or interviews. Several participants felt that VSs should provide more support around identifying PLAC, however the VS do not always have access to this information and place the responsibility on schools to develop their own systems. Three-quarters of VSs commissioned work from EP services. Approximately two thirds of DTs surveyed worked with an EP in their role. Most DTs surveyed felt that EP input was relevant to their role, however some explained that advice was primarily sought when there were concerns about academic progress. Only a small number of DTs in the current study reported using EPs for systemic support such as training or policy development. However, over half of VSs in the survey

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						commissioned EPs to deliver training for DTs and wider stakeholders, so the EP role in supporting CLA may be positioned at a more strategic level by VSs through training but at an individual level for DTs through assessment and consultation. Few DTs acknowledged that supervision could be a role that EPs could undertake.
Dawson (2021) An educational psychology service's contribution to supporting families formed by adoption.	Aims to share the practice that one English local authority has undertaken to support families formed by adoption, where education is considered to be a stressor to the family/ adoptive parents.	12 adoptive parents.	Qualitative. Realist method used. Support group draws on elements of Solution Circles and solution-focused thinking.	Adoptive parents who had attended a minimum of 3 TEA sessions over 2 years participated in a focus group which used Appreciative Inquiry methodology. Also included monthly evaluation forms from parents who attended the TEA session but did not attend the AI focus group.	Thematic coding analysis.	Theme 1- Professionally facilitated group- using structured model was helpful. Theme 2- Being with other adopters as peers- they value support from other adopters and form connections. Theme 3- Increased support and containment- e.g. of anxiety and stress around adoption experience by providing safe space. Theme 4- Increased knowledge. This can empower parents as they can use this in interactions with their child's school. Theme 5- Session content and constraints. Time constraints, covering too much information. Useful to have a topic and discussion. Positive outcome of TEA group was joint partnership working between EPS and post-adoption service. EPs are also involved in training schools in parallel to these groups, through Attachment Aware Schools Project. EPs can help schools to consider how they are accountable for supporting adopted children e.g. DT, SENCO working together.

Author, date and title	Aims	Participants	Study design	Methodology	Data analysis	Relevant findings
						EPs could challenge schools regarding their spending of Pupil Premium Plus, using knowledge of evidence-based interventions. EPs can empower schools to think about how they discuss and represent adoptive families. EPs holistically consider different factors and apply psychology to ask questions, open up thinking and facilitate discussion to modify practice and support adopted children.
De La Fosse (2023) 'They are always in the top of our mind': Designated Teachers' views on supporting care experienced children in England.	The study aimed to explore DTs' views on their role more broadly and their views and experiences of supporting autistic care experienced children.	5 DTs.	Qualitative. Theoretical framework and epistemological /ontological position not stated.	Semi-structured interviews online.	Reflexive Thematic Analysis.	Theme 1- Multi-agency working as a key aspect of the role, with the VS and social workers. Information sharing with staff, parents, carers, professionals is essential. Theme 2- Supporting outcomes through systemic working in school by changing staff attitudes and practice. Whole school approaches e.g. Attachment Aware schools, adapting behaviour policy. Theme 3- A holistic and child-centred approach to supporting individual needs. Theme 4- Competing roles and responsibilities within school, resulting in less time dedicated to DT responsibilities. DTs criticised that some training was unavailable to them as they only had PLAC on roll, despite similar needs. DTs found it helpful to network with other DTs. DTs sometimes have to work with multiple VSs which presents challenges. Some DTs recognised that SEMH is a priority over learning and academy progress. Relationships with key adults in school and other peers is key to fostering a sense of belonging. PEPs were positive processes to support LAC but no mention of PLAC. The needs of LAC could be better supported in specialist

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						schools than mainstream due to more individualised support and flexibility/ higher staff: student ratio.
						DTs had limited experience of autism amongst children in care and found it hard to differentiate between autism and attachment needs.
Harris (2020) Designated teachers' experiences of supporting previously looked after children in primary school settings: An Interpretative Phenomenological Analysis (IPA) study.	Aims to explore the experiences of DTs in supporting previously looked after children in primary schools.	3 DTs.	Qualitative. Interpretivist. Informed by phenomenology, double hermeneutics and idiography,	Semi-structured interviews.	IPA.	Theme 1- The overlooked role (feeling forgotten, conflicting priorities, inconsistencies),
						Theme 2- Focusing on the child (managing need, piecing things together)
						Theme 3- Increasing capacity (role development, developing the wider school)
						Theme 4- Working collaboratively (engaging parents, parental expectations).
						The DTs were aware of parents and guardian support groups linked to national charities and in the case of adoptive parents specifically, provided by the EP service. There was limited knowledge of what was available locally or whether or not their parents/ guardians were aware of them.
						They concluded that EPs need to support the VS and DTs more and that further research is needed to explore the role of the VS head's role in supporting previously looked after children and how they work with other professionals.
						All of the DTs struggled to conceptualise the role of the VS in supporting PLAC, suggesting that the difference in the support

Author, date and title	Aims	Participants	Study design	Methodology	Data analysis	Relevant findings
						provided for PLAC in comparison to LAC was limited and lacked clarity.
Midgen (2011) Enhancing outcomes for adopted children: The role of educational psychology.	Review of recent relevant adoption literature, in addition to discussion of the role of EPs with adopted children and their families based on experience, discussions with EPs and questionnaire data gathered.	17 EPs in the researcher's local authority and specialist psychologists in neighbouring authorities (number not given).	Qualitative. Theoretical framework and epistemological /ontological position not stated.	Questionnaire about educational psychology practice with adopted children. Discussion with a small number of specialist EPs (qualitative data).	Not stated.	EP role involves consultation with family members and their professional support networks, individual work with children and young people, screening and assessment, suggesting interventions, attachment training for school staff and professionals and intensive therapeutic parenting training. Early intervention/ preventative work is key. EPs work with adoption teams and panels to identify children at risk. Assessment and selection process of prospective adoptive parents and careful matching of parents and children. Co-delivery of training with social workers draws on the expertise of different professional perspectives and skills. Parents develop a deeper understanding of the psychology and the impact of insecure attachments on behaviour. Supporting parents to advocate for their children and linking with other professionals. Parents are provided with containment and an opportunity to acknowledge and validate their feelings about some of the challenges they have faced. Parents have an opportunity to reflect on their own experiences and parents appreciate the opportunity to gain peer support.
Osborne and Alfano (2011)	Aimed to examine whether	101 EPs with a specific interest in	Mixed methods study. Theoretical	Questionnaires completed after	Thematic analysis.	87 out of 101 EPs agreed they were the appropriate person for the issue raised.

Author, date and title	Aims	Participants	Study design	Methodology	Data analysis	Relevant findings
An evaluation of consultation sessions for foster carers and adoptive parents.	consultation sessions provided by EPs offer a useful way of supporting foster and adoptive parents.	work to support looked after and adopted children, and TECiC member, 78 foster and adoptive parents.	framework and epistemological /ontological position not stated.	consultation sessions by EPs and TECiC member (open ended questions) and foster/ adoptive parents (open ended and scaling questions).		T-tests showed that carers reported significant decrease in concern and increase in confidence tackling issues.

Both EPs and carers were enthusiastic about the sessions and were able to provide tangible examples of how the sessions had been helpful.

Practical strategies for behaviour management, emotional wellbeing and educational issues were useful.

Provided emotional support that was containing/ reassuring.

Such findings endorse the use of EP-led consultation sessions as a means of supporting adopted and foster parents.

More time for discussion suggested. Follow up/ longer term review needed.

Involvement with other key people needed e.g. school, school EP. |
| Osborne et al. (2009) The role of the educational psychologist in multidisciplinary work relating to | Aimed to determine the nature and extent of educational psychologist input in multidisciplinary work relating to | 88 EPs completed questionnaires from 84 local authorities (it was sent to all educational psychology | Theoretical framework and epistemological /ontological position not stated. | Questionnaires (some questions were qualitative and open ended, others were quantitative and required a rating or data response). | Not stated. | 69% services were involved in work relating to fostering and adoption but huge variation across services. On average, 67 days a year was allocated; 52% of this time related to fostering and 27% related to adoption. Lack of formal systems for post-adoption support compared to looked after children. Level of current service involvement was lower than desired.

Work included consultation on educational needs, training and support to parents, social workers, and contribution to fostering and adoption panels. EP input may extend beyond the realm of |

Author, date and title	Aims	Participants	Study design	Methodology	Data analysis	Relevant findings
fostering and adoption.	fostering and adoption, the importance placed on it by services and any barriers to the development of such work.	services in England).				education e.g. to prevent placement breakdown. Proactive, early support that is preventative. Multidisciplinary work led to improved relationships, improved knowledge, skills and perspectives which improved decision making. Differences between professionals in the importance placed on education/ values. Discussed what unique contribution from EP is compared to other professionals working with looked after children. Lack of recognition of the wider EP role in facilitating child development and learning for these children by other professionals. Difficulty overcoming preconceived views that this work falls within the remit of social care alone. Evidence needed to support the value of EP involvement in this field. Lack of time and service capacity for this work was reported as an issue. Professional development to enhance skills in this area. Specialist EP role needed to provide extended support to foster carers and adoptive parents e.g. group training, consultations, advice lines, home visits.
Partridge (2022) Supporting the educational achievement and emotional wellbeing of	To ascertain Designated Teachers', Adoptive Parents' and Special Guardians' perceptions of the	4 DTs, 5 adoptive parents, 5 special guardians.	Critical realist and qualitative. Underpinned by attachment theory (Bowlby, 1969) and Ecological Systems theory (Bronfenbrenne	Semi-structure d interviews.	Thematic analysis.	DTs theme- the DfE (2018) guidance is necessary (raising PLAC's profile, disparity between LAC and PLAC, sharing best practice. Special guardians theme- the complexity of being a SG (the disparity between fostering, adoption and SG, family relationships) Common themes between SG and adoptive parents- statutory

Author, date and title	Aims	Participants	Study design	Methodology	Data analysis	Relevant findings
previously looked-after children – perceptions of parents, guardians and designated teachers.	barriers and facilitators to supporting previously looked-after children's educational achievement and emotional wellbeing, in addition to Designated Teachers' understanding of their new statutory role relating to the DfE (2018b) guidance.		r, 1979).			support for PLAC (knowledge of DT role, PP+), staff understanding of attachment and trauma (a true understanding of attachment and trauma, training). Common theme between all 3- Trauma and attachment difficulties (the enduring impact of trauma and insecure attachment, mental health first). Adoptive parents and SGs considered that they should have more say in relation to how PP++ should be spent on their child. DTs said they would like cluster meetings for PLAC to improve consistency in following statutory guidance where good practice is shared. The VS could also scrutinise the paperwork that DTs have created to document the support they have in place for PLAC to ensure consistency and accountability. One DT suggested that PLAC should have annually regulated PEPs. SGs should have access to the same training that foster carers or adoptive parents are offered to facilitate better support for children at home and reduce the potential for placement breakdowns. Major flaw in the system as if a special guardianship child was not in the care system prior to SGO they are not eligible for PP+ or ASF.
Ramoutar and Hampton	To develop an	7 young people, 7	Interpretive, social	7 cases, each embedded 3	Cross case	Superordinate themes generated included identity, fitting in, diagnosis, agency, individuality and association, school's

Author, date and title	Aims	Participants	Study design	Methodology	Data analysis	Relevant findings
(2024) Exploring special guardianship: experiences of school belonging from the perspective of the young people, guardians and designated teachers	understanding of the educational experiences of young people living in special guardianship from their perspective, their guardian's, and their designated teacher's. It seeks to illuminate the views and amplify the voice of guardianship families.	guardians and 7 DTs.	constructionist. Qualitative, exploratory and multiple case study approach. Personal construct psychology techniques in interviews with young people.	units of analysis (young people, guardian, DT). Semi-structured interviews	analysis using Thematic analysis.	community connection, systems as obstacles, relationship and connection to others, protection and autonomy, school processes, support and features, and organisational change. The findings emphasise the broad influences on the school belonging of this group, including individual characteristics, peer and staff relationships, school processes, and the communication and interaction between school, home, and the wider community.

Although DTs may have had limited access to training, they all understood that young people who experience early neglect/ maltreatment are more likely to experience SEMH difficulties. DTs emphasised co-regulation, relational approaches with a responsive key adult, to ensure school belonging and a sense of safety.
None of the DTs mentioned the Department for Education (2018) guidance. Most of the DTs were relatively new to the role, and some felt a stronger sense of their own belonging to the school organisation than others.
Sharing information within school, between home-school, and across schools during transitions was key. Information sharing could be influenced by school size, and levels of staff mobility which might lead to the loss of knowledge about the SG family over time.
Some DTs spoke of feeling frustrated with health and social care services because of their lack of information sharing which was obstructive to them understanding young people's needs. Some of them misunderstood the information sharing processes of Social Care.
There was a recognition by some DTs that the processes supporting guardianship (whether previously placed or not) are |

Author, date and title	Aims	Participants	Study design	Methodology	Data analysis	Relevant findings
						not as robust as for those in care. None of the DTs seemed to have knowledge of their statutory roles and responsibilities towards this group of children. In secondary schools, there was a difference between theory and practice. DTs spoke of attachment theory underpinning practice but the emotional and social needs were not always met with attachment informed intervention. Shared DT/SENCO role leads to SEN training, interventions and processes supporting staff and guardianship families. Current regulation limits the responsibility of LAs to monitoring only those children in special guardianship to have previous experience of care. However special guardianship includes children who have not previously been in care.
Syne et al. (2012) Adoption: The lucky ones or the Cinderellas of children in care?	Aims to highlight the needs of adoptive families and suggest some helpful EP practices to address these needs. Describes the evolving EP role in one local authority in supporting the	Participants in consultation service (number not given) including EPs, parents/carers, social workers. 19 participants completed evaluation of EPAC (EPs, parents/carer	Pilot case study in one local authority. Theoretical framework and epistemological /ontological position not stated.	Questionnaires and semi-structured interviews completed following consultations. Questionnaire completed by 19 following EPAC.	Descriptive. Provides examples of responses from a range of participants e.g. 4 quotes to illustrate the impact of consultation service and 3	Joint consultation model offers parents, social workers and school staff to meet with EP and adoption support service. Consultation enables EPs to share knowledge of child development in home and school settings to understand child's experiences and prepare adoptive parents and children for transition to adoption. Consultation service enabled participants to better prepare for the transitions in adoption. The EPAC process was rated as 6.5 out of 7 by adoptive parents in terms of its effect on home-school collaboration. EPAC enables collaboration between adoptive parents and schools so they can understand how attachment issues affect their needs, provide support and reduce anxiety. EPs have a neutral position in the system which is helpful. EPs are well placed to help their local authorities embed EPACs within schools and promote effective transition processes for adopted children. EPAC processes can be used to plan an

Author, date and title	Aims	Participants	Study design	Methodology	Data analysis	Relevant findings
	transitions of adopted children and their families.	s and school staff).			quotes to show value of EPAC.	introduction to school. Importance of flexibility around transition based on child's needs e.g. part-time integration, full-time attendance or period at home. Multidisciplinary working with social care and EPs can reduce the breakdown of adoptive placements. A multi-agency approach to attachment-related work in schools is valuable.
Warwick (2023). Perspectives of the educational psychologist's role in a multi-agency children's social care team: A cultural-historical activity theory framework.	Explore views of the role of the Educational Psychologist (EP) working in multi-agency teams (MATs) supporting care experienced children (CEC), from both the perspectives of EPs and Social Workers (SWs) in Wales.	5 Social Workers and 5 EPs.	Qualitative. Critical realist ontological paradigm. Social constructionist epistemological stance. Analysed using the Cultural-Historical Activity Theory (CHAT) framework.Refers to Bronfenbrenner's ecological systems theory (Bronfenbrenner, 1979).	Online semi-structured interviews online with 5 SW and EP pairs from MATs.	Reflexive Thematic Analysis	EP's core and bespoke contributions to multi-agency working Balancing expertise-role of EPs in imparting specific knowledge and skills, offering insight and providing advice. EPs worked as applied psychologists to provide holistic support for needs. The unique EP input- participants questioned the distinctiveness of their contribution as well as their views of others- some EPs felt that role insecurity prevailed despite positive feedback. EPs contributed to enabling better outcomes for CEC and their families, working across many levels of the MAT and LA system to facilitate positive change. EPs drew upon interpersonal skills to promote cohesion and reduce tensions in multi-agency working. SWs recognised how EPs drew upon a wide-ranging skillset to advocate for the needs of CEC and support SWs to explore and unpick needs. SWs valued the new and often different perspective of EPs who were able to use psychology to unpick and address issues. Use of a specific toolkit was a fundamental contribution of EPs. The EP's work was valued for enabling better outcomes and positively impacting the SW's role in facilitating change for families

Author, date and title	Aims	Participants	Study design	Methodology	Data analysis	Relevant findings
						Difficulties in establishing a shared understanding of the EP role due to the novelty of the role and being a scarce commodity. There was an apparent lack of clarity around the EP role and boundaries which was confusing to SWs. Lack of understanding of the purpose/potential contribution of EPs occasionally resulted in the EP not fully utilising their specialist skills. SWs highlighted the involvement of EPs in therapeutic work Capacity for EPs to offer support holistically occasionally clashed with constructions of EP role as confined within the boundaries of their role as the representative from education. Supporting others- EPs often embodied facilitator roles within the MAT to support colleagues and stakeholders through supervision. EPs offered opportunities for colleagues to reflect upon situations. Mediating factors- factors such as belongingness, relationships, access to peer support and supervision and person-centred practice supported EPs to complete the work. Impact of Covid-19 pandemic on working practices, clarity of rules within the team and professional attitudes all hindered the work of EPs in this area. Developing professional relationships was fundamental to multi-agency working; Collaboration enabled professionals to work more effectively as problems were shared, increasing feelings of emotional safety and practitioner competency.

Table 5

Reasons for Weight of Evidence judgements

Study	WoE A: Coherence and integrity of research evidence.	WoE B: Appropriateness of methodology.	WoE C: Relevance to the review question.
Best et al. (2021)	**Transparency:** Aims and rationale for the study clearly stated. Replicable study, details of methodology e.g. recruitment, procedure and participants given. Data analysis using Thematic Analysis (TA) clearly described. **Accuracy:** Gathers a range of perspectives including adoptees, adopters and DTs. Thorough analysis of qualitative data. Findings are in line with other studies and linked to theoretical framework. Relationship between researcher and participants considered. Research carried out in the context of current legislation. **Accessibility:** Accessible paper and easy to understand. **Specificity:** Focuses on adoption specifically which is a strength (although does not include special guardianship children). Reflexivity and critique provided.	**Purposivity:** Methodology is appropriate for the aims of the study (interviews, focus group, workshop). The weighting given to the first-person accounts with adoptees and adopters was justified due to lack of literature.	**Utility:** Uses views of adopted children and parents to generate valuable suggestions for DT, VS and EP practice which is unique and valuable. Does not gather educational professionals' experiences of working with adopted children. **Propriety:** Ethics procedure followed and described in detail (informed consent gained, data anonymised).
Boesley (2021)	**Transparency:** Aims, research questions and rationale for the study clearly stated. Replicable study, details of methodology e.g. recruitment, procedure and participants given. Position (critical realist) stated. Data analysis using Thematic Analysis (for qualitative data) and statistical analysis programme (for quantitative data) clearly described. Interview schedule and questionnaires provided. **Accuracy:** Gathers a range of perspectives (DTs	**Purposivity:** Mixed methods study using quantitative data and qualitative data justified. Questionnaires and interviews appropriate for answering the review question and gathers DTs' and VSs' views on a large scale.	**Utility:** Valuable research as includes VS. However, includes both looked after children and previously looked after children so findings/ DT views not specific to previously looked after children. **Propriety:** Ethics procedure followed and described in detail (informed consent

Study	WoE A: Coherence and integrity of research evidence.	WoE B: Appropriateness of methodology.	WoE C: Relevance to the review question.
	and VSs) which makes it unique. Thorough analysis of qualitative and quantitative data. Uses quotes to support themes identified. Findings in line with other studies. Unpublished doctoral thesis so not peer reviewed. Research carried out in the context of current legislation. Large sample size so more likely to be representative. **Accessibility:** Doctoral thesis so volume makes it time consuming to read. **Specificity:** Includes both looked after children and previously looked after children so not specific. Evidence of reflexivity.		gained, data anonymised).
Dawson (2021)	**Transparency:** Aims and rationale provided. Sampling method, participants and procedure described. Detailed description of how the group model that is being evaluated works. Appreciative Inquiry (AI) described including questions used. Qualitative data analysis method described (including realist position stated). **Accuracy:** Thorough analysis of qualitative data. Use of quotes to support themes. Findings in line with conclusions from other studies. Only based on one local authority so may not be generalisable. Study published in the context of current legislation. **Accessibility:** Paper accessible and easy to understand. **Specificity:** Focuses on adoption specifically which	**Purposivity:** Rationale for using AI focus group methodology with adoptive parents was provided. Monthly evaluation forms completed by parents who could not attend (details of analysis not stated).	**Utility:** Discusses EP role in facilitating support group for adoptive parents and provides implications for practice in this area. **Propriety:** Ethical considerations discussed (informed consent achieved and data anonymised).

Study	WoE A: Coherence and integrity of research evidence.	WoE B: Appropriateness of methodology.	WoE C: Relevance to the review question.
	is a strength (although does not include special guardianship children). Justification for qualitative design. Reflexivity and critique provided.		
De La Fosse (2023)	**Transparency:** Aims and research question clearly stated. Rationale for study included. Replicable study, details of methodology e.g. recruitment, procedure and participants given. Data analysis using Thematic Analysis clearly described. Data available on request. **Accuracy:** Thorough analysis of qualitative data. Uses quotes to support themes identified. Findings in line with other studies. Small scale (5 participants) so not generalisable. Research carried out in the context of current legislation. **Accessibility:** Accessible paper and easy to understand. **Specificity:** Includes both looked after children and previously looked after children so not specific. Reflexivity and acknowledgement of study limitations and strengths.	**Purposivity:** Qualitative design and interviews appropriate for research and allowed rich data to be gathered. Small scale study.	**Utility:** Discusses role of DTs in related to looked after and previously looked after children. **Propriety:** Ethics procedure followed and described in detail (informed consent gained, right to withdraw, debriefed, data anonymised).
Harris (2020)	**Transparency:** Aims and rationale for the study clearly stated. Replicable study, details of methodology e.g. recruitment, procedure and participants given. Data analysis using IPA clearly described. Interview schedule provided. **Accuracy:** Thorough analysis of qualitative data. Uses quotes to support themes identified.	**Purposivity:** Justification for method of qualitative design and analysis (IPA) given. Methodology appropriate (interviews) given position.	**Utility:** Valuable for literature review due to specific focus on previously looked after children following 2018 guidance. Provides detailed understanding of DTs' perspectives. **Propriety:** Ethics procedure followed and described in detail

Study	WoE A: Coherence and integrity of research evidence.	WoE B: Appropriateness of methodology.	WoE C: Relevance to the review question.
	Findings in line with other studies. Relationship between researcher and participants considered. Unpublished doctoral thesis so not peer reviewed. Only gathers the perspective of DTs. Small scale (3 participants) so not generalisable. Research carried out in the context of current legislation. **Accessibility:** Doctoral thesis so volume makes it time consuming to read. **Specificity:** Focuses on previously looked after children specifically. Evidence of reflexivity.		(informed consent gained, data anonymised).
Midgen (2011)	**Transparency:** Clear rationale for study stated and objectives outlined. Does not state number of specialist EPs in neighbouring authorities. Does not provide a copy of the questionnaire. **Accuracy:** Mostly descriptive and doesn't state details of analysis- not rigorous. No quotes are provided to support findings. Based on small scale questionnaire in one local authority (n=17) and EP's own experience so may not be representative. Findings are in line with conclusions from other studies. Only includes EP views. Study published 12 years ago so not in the context of current legislation **Accessibility:** Paper was accessible and understandable apart from the process of analysis. **Specificity:** Focuses on EP practice with adopted	**Purposivity:** Method of data collection is appropriate (questionnaires) but the nature of the data collected (qualitative/ quantitative) and the process of analysis is not stated. No detailed description of the findings is provided and the research lacks rigour overall.	**Utility:** Most of the focus of the paper is on the literature review, however the end section discusses examples of EP work in adoption based on experience and suggestions for working in multidisciplinary team. Doesn't measure the impact of the EP work. **Propriety:** Ethical considerations are not discussed in the paper.

Study	WoE A: Coherence and integrity of research evidence.	WoE B: Appropriateness of methodology.	WoE C: Relevance to the review question.
	children which is a strength (although does not include special guardianship children). Paper focuses on literature review rather than primary research, but the author does provide valuable contributions based on own professional experience.		
Osborne and Alfano (2011)	**Transparency:** Aim and rationale clearly stated. Clear, transparent and detailed methodology. Information about consultation sessions and sampling method/ participants given. Thematic analysis method stated and described. Questionnaire provided in appendix. **Accuracy:** Range of perspectives gathered (parents/carers, EPs, TECiC member). Large sample size so more representative and generalisable. Thorough analysis of qualitative and quantitative data. Use of quotes to support themes. Findings in line with conclusions from other studies. Study published 12 years ago so not in the context of current legislation **Accessibility:** Paper presented in accessible way that was easy to read and understand. **Specificity:** Feedback from adoptive and foster parents is combined so does not provide information about adoptive parents' experiences separately. Reflexivity is given and limitations of study acknowledged.	**Purposivity:** Research is rigorous. Both qualitative and quantitative data included, and is an appropriate use of mixed methods. Justification is provided for this methodology. Qualitative data allowed rich data to be generated supported by quotes. Quantitative analysis (t test) allowed changes in ratings following the consultations to be analysed.	**Utility:** Discusses EP role in providing consultations for foster and adoptive parents so is not specific to adoptive parents. Measures short term impacts but no long term follow up of impact of consultations. **Propriety:** Ethical considerations have not been discussed in detail, although they highlight that participation in consultation sessions and completing the questionnaire is voluntary. The quotes have been anonymised.
Osborne et al. (2009)	**Transparency:** Clear aim. Rationale for study clearly stated. Describes methodology e.g. sampling method, number of participants and topics of questions but does not provide a copy of the questionnaire.	**Purposivity:** Both qualitative and quantitative questions were included in the questionnaire which was an appropriate use of mixed methods.	**Utility:** Discusses EP role in adoption in multidisciplinary context and explores adoption work across EP services in

Study	WoE A: Coherence and integrity of research evidence.	WoE B: Appropriateness of methodology.	WoE C: Relevance to the review question.
	Accuracy: Large scale study in 84 local authorities. Only gathers EP views. Does not state a method of data analysis for qualitative data to produce 'themes' or quantitative data. Use of quotes to support themes Findings in line with conclusions from other studies. Study published 14 years ago so not in the context of current legislation **Accessibility:** Paper was accessible and understandable apart from the process of analysis. **Specificity:** Includes EP work related to fostering as well as adoption. Some evidence of reflexivity as the authors suggest that the data collected about the impact of the work in the current study is subjective so future research is needed.	Qualitative part of the study allowed for rich data to be collected and was supported by quotes.	England. Doesn't measure the impact of the EP work. **Propriety:** Ethical considerations are not discussed in the paper but the quotes are anonymised.
Partridge (2022)	**Transparency:** Aims and rationale for the study clearly stated. Replicable study, details of methodology e.g. recruitment, procedure and participants given. Data analysis using Thematic Analysis clearly described. Interview schedule provided. Researcher position stated. **Accuracy:** Thorough analysis of qualitative data. Gathers a range of perspectives (DTs, adoptive parents, special guardians). Uses quotes to support themes identified. Small scale so may not be representative. Findings in line with other studies. Research carried out in the context of current legislation. Unpublished doctoral thesis so not peer	**Purposivity:** Interviews and qualitative design allowed rich data to be generated and appropriate for review question and gathers a range of perspectives.	**Utility:** Focuses specifically on previously looked after children following the change in legislation which is valuable for the review question due to lack of specific research in this area. **Propriety:** Ethics procedure followed and described in detail (informed consent gained, data anonymised).

Study	WoE A: Coherence and integrity of research evidence.	WoE B: Appropriateness of methodology.	WoE C: Relevance to the review question.
	reviewed. **Accessibility:** Doctoral thesis so volume makes it time consuming to read. **Specificity:** Focuses on previously looked after children specifically. Evidence of reflexivity.		
Ramoutar and Hampton (2024)	**Transparency:** Aims, research questions and rationale for the study clearly stated. Replicable study, details of methodology e.g. recruitment, procedure and participants given. Position (interpretive, social constructionist) stated. Data analysis using Thematic Analysis clearly described. **Accuracy:** Position of researcher considered. Triangulating three data sources per case (DTs, children, special guardians) enhanced the data's credibility and rigour of the study. Thorough analysis of qualitative data. Uses quotes to support themes identified. Research carried out in the context of current legislation. Published research so peer reviewed. **Accessibility:** Accessible and easy to understand. **Specificity:** Focuses specifically on special guardianship children which makes it unique.	**Purposivity:** Study design (multiple case study approach using interviews) justified and appropriate for aims. 7 cases studies, each with 3 units of analysis (young people, special guardian, DT) to provide range of perspectives. Focuses on school belonging.	**Utility:** Valuable as there is a lack of research into special guardianship specifically. For this literature review, it does not consider other previously looked after children (adopted children). **Propriety:** Ethics procedure followed and described in detail (informed consent gained, pseudonyms used).
Syne et al. (2012)	**Transparency:** Aims and rationale for the study clearly stated. Number of participants evaluating consultation sessions not provided. Questionnaire not provided. Does not give details of analysis.	**Purposivity:** Methodology (questionnaires and interviews) is appropriate but details about the process of analysis are not	**Utility:** Discusses EP role in consultation service to support transitions to adoption and use of EPAC for adopted children which is

Study	WoE A: Coherence and integrity of research evidence.	WoE B: Appropriateness of methodology.	WoE C: Relevance to the review question.
	Does provide information about the consultation process for adoptive families and EPAC process which is helpful for EP practice. **Accuracy:** EPs, parents/carers and school staff completed evaluation of EPAC and EPs, parents/carers, social workers evaluated consultation sessions so a range of perspectives gathered. Descriptive method of analysis. Only provides a few quotes for each area rather than formal method of analysis. Pilot case study in one local authority so not generalisable. Findings in line with conclusions from other studies. Study published 11 years ago so not in the context of current legislation **Accessibility:** Paper was accessible and understandable apart from the process of analysis. **Specificity:** Focuses on consultations/ EPAC for adopted children specifically which is a strength (although does not include special guardianship children). Some reflections on limitations of the scope of the study are considered.	provided.	relevant to review question. **Propriety:** Anonymity protected as it states data anonymised, but other ethical considerations not discussed.
Warwick (2023)	**Transparency:** Aims and research questions clearly stated. Rationale for study included. Replicable study, details of methodology e.g. recruitment criteria, procedure and participants given. Data analysis using Thematic Analysis clearly described. **Accuracy:** Interview schedule piloted with first EP and SW pair. Thorough analysis of qualitative data. Uses quotes to support themes identified.	**Purposivity:** Qualitative design and interviews are appropriate for the research and the author provides justification for the study design chosen. A description is provided of how interview questions were developed.	**Utility:** Discusses the role of EPs in a multi-agency children's social care team. **Propriety:** Ethics procedure followed and described briefly.

Study	WoE A: Coherence and integrity of research evidence.	WoE B: Appropriateness of methodology.	WoE C: Relevance to the review question.
	Research carried out in the context of current legislation. **Accessibility:** Accessible paper and easy to understand. **Specificity:** Includes both looked after children and previously looked after children so not specific. Reflexivity and acknowledgement of study limitations and strengths.		

Appendix C: Interview questions

EP interview questions

1. What is the service delivery model for your work in the virtual school/ your specialist role?

2. What does this role involve?

3. Does your educational psychology service or virtual school provide any support to previously looked after children or their parents/ guardians?

   - If so, what?

   - If not, has this happened in the past?

4. What do you think the value of EPs supporting previously looked after children is?

5. What are the challenges that your educational psychology service/ virtual school faces in supporting previously looked after children?

6. How do you think your work in supporting previously looked after children could be further developed?

   - Are there any barriers that prevent this from happening?

7. Have you delivered any training to the rest of your educational psychology service about previously looked after children?

   - If so, what was the focus of the training?

8. Have you received any training about previously looked after children?

   - If so, what was the focus of the training?

9. What is your understanding of the role of the virtual school and designated teachers in supporting previously looked after children since the 2018 statutory guidance?

10. Have you delivered any training to designated teachers or any other professionals for supporting previously looked after children?

    - If so, what was the focus of this training?

11. How could EPs further support designated teachers in their role regarding previously looked after children?

12. Do you work with any other professionals to support previously looked after children?

    - If so, what does this look like e.g. social care/ post-adoption services?

    - What works well?

    - What are the challenges?

13. Are there any other professionals you would like to work with to support previously looked after children?

    - If so, what could this realistically look like?

14. Is there anything else you would like to share about your role?

DT interview questions

1. What type of school setting do you work in?

2. How and when did you come to be the designated teacher?

3. What does your designated teacher role involve?

4. Do you have any additional responsibilities in the school and if so, what?

5. How many looked after and previously looked after children are on roll at your school?

6. What is your understanding of your role in supporting previously looked after children since the 2018 statutory guidance?

7. Do you currently provide any support specifically to previously looked after children or their parents/ guardians?

    - If so, what? Is this effective?

    - If not, has this happened in the past?

8. Do the previously looked after children in your school have a Personal Education Plan (PEP) or Education Plan for Adopted Children (EPAC)?

9. What do you think the value of designated teachers supporting previously looked after children is?

10. What are the challenges that you face in supporting previously looked after children?

    - How could these challenges be reduced?

11. How do you think your role in supporting previously looked after children could be further developed in line with the 2018 statutory guidance?

12. Have you delivered any training to other members of staff about previously looked after children and are they aware of their needs?

    - If so, what was the focus of this training?

13. Have you received any training about supporting previously looked after children?

    - If so, what was the focus of this training?

14. How do you think the virtual school and EPs could further support designated teachers with their role regarding previously looked after children?

15. Do you work with any other professionals to support previously looked after children?

    - If so, what does this look like e.g. EPs, social care, post-adoption services?

    - What works well?

    - What are the challenges?

16. Are there any other professionals you would like to work with to support previously looked after children?

    - If so, what could this realistically look like?

17. Is there anything else you would like to share about your role as the designated teacher?

VS interview questions

1. What is your role within the virtual school?

2. What does this role involve?

3. Where is the virtual school located in the local authority, within social care or education?

4. Does your virtual school track and monitor who the previously looked after children are?

   - If so, how many previously looked after children are on roll at your virtual school?

5. What is your understanding of the virtual school's role in supporting previously looked after children since the 2018 statutory guidance?

6. Does the virtual school provide any support to previously looked after children or their parents/ guardians?

   - If so, what? Is this effective?

   - If not, has this happened in the past?

7. What do you think the value of the virtual school supporting previously looked after children is?

8. What are the challenges that the virtual school faces in supporting previously looked after children?

9. How do you think the virtual school's work in supporting previously looked after children could be further developed?

   - Are there any barriers that prevent this from happening?

10. What is your understanding of the expectations of the designated teacher role in supporting previously looked after children in line with the 2018 statutory guidance?

11. Have you/ anyone in your virtual school provided any training to designated teachers about supporting previously looked after children?

- If so, what was the focus of this training?

12. How could the virtual school further support designated teachers with their role regarding previously looked after children?

13. Do you work with other professionals to support previously looked after children?

- If so, what does this look like e.g. EPs, social care, post-adoption services?

- What works well?

- What are the challenges?

14. Are there any other professionals you would like to work with to support previously looked after children?

- If so, what could this realistically look like?

15. Is there anything else you would like to share about your role in the virtual school?

Appendix D: Recruitment email and poster

Recruitment email

Dear all,

I am a Trainee Educational Psychologist at the University of East London (UEL). I am researching how educational psychologists, virtual schools and designated teachers can support previously looked after children, including children who have been adopted or children under a special guardianship. I was wondering if you would be interested in taking part in the research, which would involve taking part in an interview on Microsoft Teams to discuss your role. I am recruiting educational psychologists with a role in the virtual school (or another relevant specialist role), members of the virtual school team and designated teachers.

The interview questions will be sent to you before the interview and all data will be anonymised afterwards. I have attached the information sheet for further information. Please note that previous experience and involvement with previously looked after children is not a requirement, as all information gathered including gaps in services and training needs are useful for the research. If you are interested, please contact me at u2190373@uel.ac.uk. Please forward this to anyone who you think might be interested and is eligible to take part.

Many thanks,

Hannah Broughton

PARTICIPANTS NEEDED FOR RESEARCH

THE ROLE OF EDUCATIONAL PSYCHOLOGISTS, VIRTUAL SCHOOLS AND DESIGNATED TEACHERS IN SUPPORTING PREVIOUSLY LOOKED AFTER CHILDREN

My name is Hannah Broughton and I am a Trainee Educational Psychologist at the University of East London (UEL). I am conducting research into how professionals can support previously looked after children (including adopted children and children under a special guardianship) in school.

University of East London

Who is eligible to take part?

- I am inviting designated teachers, professionals in the virtual school and educational psychologists (with experience of a specialist role e.g. virtual school/ supporting children in care) to take part in my research.
- If this includes you, and you have been in this role for 6 months, then you are eligible to take part in the study.
- Previous experience and involvement with previously looked after children is not a requirement.

What does it involve?

- A semi-structured interview on Microsoft Teams, which should take about an hour.
- This will be recorded for transcription afterwards.
- The questions will be sent to you beforehand.

Interested in taking part?

Please contact me at **u2190373@uel.ac.uk** for more information or if you have any questions.

Appendix E: Extracts from research diary

Reflections on the process of refining the research focus

- In November 2022, I originally planned to carry out semi-structured interviews with adopted children, adoptive parents, and professionals (DTs, VSs, EPs). I felt that talking directly to adopted children and adoptive parents aligned with my values of prioritising the voice of the child and family. However, I also recognised the importance of involving the systems around the child, because this had not been done in previous research and this is vital for improving the systems.

- In January 2023, I received feedback on my research proposal that it might be a 'broad brush' by having five groups of participants and not add to current research. I considered how it would be difficult to include enough participants in each group, which impacts the reliability of the TA. I considered how previous theses had focused on parents' and adopted children's views, and there had been some research into DTs' perspectives. Therefore, the literature which hadn't been done before was involving EPs and VSs so I decided to focus on professionals' views e.g. DTs, VSs and EPs. I found it a difficult decision not to involve children in my research but realised the importance of my thesis focusing on something that has not already been done and it seemed that what was needed was to focus on the systems which are key to effective support for CPiC.

- I decided to include all CPiC i.e. special guardianship children, as well as adopted children. My reading and experiences as a trainee EP involving supporting special guardianship children made me realise that this group of young people are in need of more support, and the 2018 guidance includes them, so it is essential that my research does.

Reflections about the methodology

- I recognise that I am not a neutral researcher as I brought my own biases and assumptions to the research, which is consistent with the critical realist paradigm. Throughout my undergraduate degree, I was influenced by positivist approaches and my experience of

research was based on quantitative methods. However, the Professional Doctorate in Educational and Child Psychology has developed my knowledge of different ontological and epistemological positions, which has shifted my thinking and practice as an EP. By stating my ontological and epistemological position at the beginning of the methodology chapter, I have ensured that this supports my research questions and the research design reflects this standpoint.

Reflections on the interview process

- At first, I found it difficult to actively listen to participants using interpersonal skills (in order to ensure they felt listened to and comfortable to express their views) whilst also focusing on the content of what had been covered in the interview and consider what follow up questions to ask next. This became easier as I became more familiar with the interview schedule.

- I found it difficult to adjust to my role as researcher rather than trainee EP and not ask questions that I would in a consultation.

- Lots of participants said they were grateful for the opportunity to reflect on their practice and said that they found it helpful. I considered how this was due to the questions being 'solution-focused' and I hoped this might lead to some changes in their practice.

- I reflected on the impact of having some participants that worked in the same LA as me, and one participant who I work with. My existing knowledge of these systems in my LA will have impacted the questions asked and my interpretation of the data.

Reflections during TA

- There is a huge variation in practice between DTs and VSs. Some were not currently supporting CPiC much and did not show awareness of their role so spoke more about CiC. Some had a lot of systems in place to support CPiC already and this was often those who had personal experiences of adoption or the care system.

- I considered whether I should have only selected DTs with CPiC in their school to ensure they all had experience of this (although most did anyway). However, I decided that it was important that I didn't as this ensured a range in responses which was more realistic.

- I noticed some differences in responses between the VSHs and other VS members. I considered whether I should have only interviewed VSHs or VS members with a role for CPiC, but I decided that this enabled a range of perspectives to be gathered.

- I was surprised by how many similarities there were between participants, and I was beginning to notice key themes already such as early identification and advocacy. There were also some key differences that were related to different professional identities.

- I was worried that some participants may find it difficult to talk about if they weren't supporting CPiC much. I noticed that lots of DTs placed responsibility on the VS for not holding them accountable rather than taking responsibility for doing this, but this was due to their lack of capacity. It also seemed that some lacked power within the school to change the systems in place and shift attitudes. Some VSs and EPs also seemed like they felt powerless when discussing how they didn't know who the CPiC were and this was out of their control.

- I noticed that I felt frustrated at times that these systems weren't in place and more wasn't being done, as this was a reflection of the current lack of capacity and funding in schools which I have observed during my role as a trainee EP. This gave me more understanding of the pressures that DTs are under in schools and the reasons why the guidance wasn't being implemented.

- My experiences as a trainee EP may have changed how I responded to the data as I may have been surprised when participants had established systems for CPiC as this was not my past experience, or not surprised when the systems were not in place.

- There was a slight clash as many DTs felt that VSs don't provide any support for CPiC but those who I interviewed did, and similarly many VSs felt that DTs were not aware of their duties for CPiC but those who I interviewed were. I reflected on the selection bias during recruitment of participants and those interviewed are more likely to be aware of their roles.

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Appendix F: Thematic analysis process

Figure 4

Example transcript showing process of assigning codes to data extracts

Figure 5

Example code labels assigned to data extracts

Data extract	Code label
And around kind of developing relationships kind of. And how we kind of support relational practice both with adults but also with kind of their peers as well. And looking at that both kind of on the day to day level, but also on more systemic level of how we kind of train staff to be more relational and empathic in their approach? What that looks like um and then sort of supporting emotional regulation. And again at that individual level and what kind of input and intervention child needs at that kind of one to one level, but also actually what we do is whole school systems to be more nurturing. And that connects to the relational practice,	Developing relational practice
They're how do I see it I guess it's almost like the virtual school need to hold designated teachers and designated teachers need to hold their staff team and then it's sort of kind of that feeding up through the system so that the designated teachers have somewhere to go. I think at the minute the virtual school don't always have somewhere to go, and I don't necessarily mean for knowledge as such, but that emotional support, and I think that's where we could kind of provide that. And obviously we've got our own supervision support structures for where we get that from. And so if they could do it, you know, whether we provide supervision as well at the DT level, there's something about that emotional containment for everybody.	Emotional containment
I think there is that this big idea of being a corporate parent that's so that's what they the difference lies between your children in care and actually, and we should of course always be advocating for any young person, but it's that kind of you have that responsibility as a parent. You know, what would I do if this was my child? Kind of when you're working with children in care, so I think there is that there is that increased level of responsibility at a legal level then although at that very kind of emotional level as well. And that brings with it. I think that's where the some of the emotional parts of the working with children in care can be quite tricky for any staff or any professional, because they're holding that in mind as well.	Greater responsibility for LAC
the role of both of DT's. Also, the virtual school and kind of increasing awareness and understanding, so kind of how they how we build capacity within schools and kind of across whole staff teams around understand the impact of early trauma, understanding different groups, both children have experienced care and and what the similarities are. But what the difference is in might bring those experiences might bring	
And I think the that helps us think about both the designated teacher, the virtual school, but also actually the day to day level that staff need to be thinking about when they're when they're working with this group and just making sure that they've got these things in mind around kind of their knowledge. Their awareness in relation to side of things, the emotional side of things and so I think and it's I think designated teachers.	Increase awareness of needs
But actually what you do day to day, I don't think it should change. I don't think it changes so much. I think you're probably going to be looking at similar areas of need, similar areas of support regardless of that and and similar need to raise awareness. Maybe that's a difference though. Maybe you might have more of a role in raising awareness of the possible experiences of your previously looked after group. Then you might do for your children in care. People are more kind of that they're in care. Okay, they've had a really disrupted childhood. Things are still a little bit unsteady for them, and maybe people have a better understanding of that, so maybe there's the difference on the child care side is the kind of the legal responsibility the difference for the previously looked after groups is making sure people understand and have the knowledge of what they might have been through.	

Figure 6

Example of data extracts from several participants for each code

Data extract	Code label
And for our post CLA students, we know that the kind of statutory things in place are are less	
Umm. If I'm honest, it's one of the challenges is kind of lack of services that available outside of the school. Yeah. So once adoption has taken place, umm is very difficult to get hold of support for families	
I think if there were and these might exist, but I'm. I'm just haven't been able to find them. I think if they were kind of support groups for parents and students, I think that would be really helpful just to be able to sign post families too and.	
No. Not at all. No, I know that we've got one student that's adopted and we've got one student that's just gone through kinship. So she's been through court now. Nan's got kind of parental authority and things over her, but then since then I've not heard anything from anyone.	
And I think that's what I find the most difficult. Trying to get the funding for those children and the ongoing support that even though they're not cared by the local authority, they're still, they still need a high level of support like they probably were getting last month	Same systems not in place for previously LAC
I would guess that yes, but not none of them have said anything and nobody's responded to any of the things that we've sent out. So nobody's sort of pushed for it. Nobody's pushed because we don't do a pep. It's not addressed specifically and explicitly in a meeting where it's recorded. You know you will receive you are behind in this subject. You know, We think you should have tuition in this subject and it will be it will cost this much and people premium will pay this much. It's not because of the, because there is no pep that's part of a system for these children. It it's that that the money that exists there is not being set asides or or spent.	
but when it comes to my looked after child you know because we have these regular meetings and I think this is the crux as well, isn't it that because you have a meeting which is focused around that child and you have all of the professionals that are currently working with that young person, you know you have a network brain, don't you saying ohh this child needs that. how can we get it to it's? You know, there's there's a a knowledge base there now....But again, all of what I'm talking about is within my role as designated teacher, but for looked after children and not previously looked after. I don't do any of these things with them.	
It's kind of pivotal because I think if you're looking previously looked after child or looked after child, you're used to people in and out life constantly. And I think by having that DT there, that's the one kind of substance that you've got in your life that that, you know, is gonna be there until you kind of finish college or you finish school. And I think it's just really, really important, you know,	
And I think again, it's just about having a context, everything and you know continuity, isn't it having that person, who's that link person at the new teacher can go to. I would liaise with the new teacher. Um the students coming up.	
And so actually having someone kind of hold them in mind and champion them within the school setting is I think really important.	
Well, it's an advocate, isn't it? Somebody who fights their corner	
You you need somebody to to be their voice, just like you have for lac children. Otherwise, who's gonna do it? You need somebody to actually have oversight of it.	
Umm I'm their voice umm in school. I'm there to kind of make sure I'm their advocate.	Being an advocate
It's about being their voice, advocating but making sure their needs are met	
And so I guess it's just being their advocate their voice and just making sure whatever their needs are that they're being met in school.	
And then knowing that and that's really important that the children know that you're their main voice. And then leave a lot of the children that I work with, I will kind of be the voice between them and carers as well. If they're finding something difficult, they always kind of come and speak to me and ask me. If they can pass something on	
They don't. I don't think they knew I was the designated teacher necessarily. I don't think they will understand that, but just having somebody else there and and then talking to them about what they like, what they would like to spend their funding on sort of supporting them, getting resources and things like that. So it's kind of checking in really.	
And I was so adamant that this isn't, you know, early intervention is key. And yeah, she might presenting now, but there's a lot of things she needs to talk about. She needs to safe place, so I really pushed it.	

Figure 7

Example of subthemes and codes in one theme for DTs

Theme 1: Advocacy
Raising the profile of children previously in care
Post looked after children seen as 'add on'
Recognising and prioritising previously LAC
VS need to raise the profile
Raising the profile with all staff

Understanding their needs
Belief that issues disappear
Similar needs to LAC
Training needed for all staff
Whole school trauma informed approach

Continuity of support when leaving care
Support suddenly stops when leaving care
Importance of children knowing they are supported
Parents/ carers need more support
Same systems not in place for previously LAC
Similar systems to LAC needed for previously LAC

Key adult
Importance of key adult
Being an advocate
Passionate due to personal experiences
Checking in with students
DT role is emotionally challenging

Relationships with parents and carers
Good relationships with families
DT supports parents/ carers to understand child's needs
Encourage parents/ carers to disclose status
Planning support with parents/ carers
Working with families to access support

Table 6

Codes in each theme for each participant group

DTs	VSs	EPs
Theme 1: Advocacy		
Raising the profile of children previously in care		
Post looked after children seen as 'add on' Recognising and prioritising previously LAC VS need to raise the profile Raising the profile with all staff	Raising the profile of previously LAC Previously LAC often get overlooked	Increase awareness of needs Lack of understanding of needs Increase in needs EP involved with training for schools Supporting schools to put training into practice Delivered training to VS
Understanding needs		
Belief that issues disappear Similar needs to LAC Training needed for all staff Whole school trauma informed approach	Support others to understand their needs Challenging misconceptions Previously LAC status can be complex Similar issues come up repeatedly Whole school trauma informed approach VS provides training to schools Provide training about previously LAC Work with EPs to deliver training Training needed for all staff	EPs support others to understand their needs Applying psychology to understand needs Using same psychology Understanding specific behaviours Different populations have different needs Unique challenges for adopted children Unique challenges in SGOs
Continuity of support when leaving care		
Support suddenly stops when leaving care	Not corporate parents so role is different	Greater responsibility for LAC

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Importance of children knowing they are supported parents/carers need more support Same systems not in place for previously LAC Similar systems to LAC needed for previously LAC	More consistency between support for LAC and previously LAC Previously LAC may have same needs as LAC Children in same situations don't get support Special guardians need more support Special guardians are harder to reach than adoptive parents Other teams more involved with special guardians Increased need for this work	Support stops when leaving care Support previously LAC currently living in LA Special guardians need more support parents/carers can attend training Extend support to previously LAC Parents and carers need more support
Supporting parents and carers		
(Relationships with parents and carers) Good relationships with families DT supports parents/carers to understand child's needs Encourage parents/carers to disclose status Planning support with parents/carers Working with families to access support	*(Empowering parents and carers)* Involving voices of children and families Empower parents to know what their rights are Schools can encourage parents to disclose previously LAC status Support parents/carers through training and workshops Parents and carers may be reluctant to seek support from VS Trying to work with charities	*(Empowering parents and carers)* Supporting parents to advocate for their children Raise awareness of support Adoptive parents fighting for support Building strong relationships Continuity of relationships
Positioning of professionals		
(Key adult) Importance of key adult Being an advocate Passionate due to personal experiences Checking in with students DT role is emotionally challenging	*(Position in VS)* VS need to advocate for previously LAC DT needs to advocate for previously LAC Personal experiences due to adoptive parent	*(Position as an EP)* Being an advocate Encourage schools to prioritise previously LAC for EP support Raise previously LAC in planning meeting Position in VS helps them to reach these children

		Importance of hearing child's views
Theme 2: Relational approach (DT and EP)		
Individualised support		*Therapeutic work*
(Unique circumstances) Tailored, individualised support Circumstances different for each child Adapting behaviour policy Support group for post LAC Mentoring for post CLA students Openness depends on child Some students may not want support May need support later on		Relational approach Personal experiences due to adoptive parent VERP with staff VIG work Therapeutic work Transition intervention
Transitions		*Emotional containment*
Extra support with transitions More focus needed on preparation for adulthood		Emotional containment Emotional impact of work Supervision for DTs Supervision spaces for parents/carers Holding in mind everyone's lived experiences
Theme 3: Greater certainty needed (DT and EP)		
Identification		
Identification of previously LAC is difficult Different numbers of previously LAC in each school		

Understanding role		
Uncertainty about role Differences in understanding of funding Haven't received training about previously LAC Need more in-depth training		
Others' understanding of role		
Others don't understand what role involves Others don't understand importance of role	Others don't understand VS role VS have to keep boundaries about involvement with previously LAC Increasing awareness of VS role with others	Others don't understand EP role Overlap in role with VS Keeping boundaries with involvement Often unclear what they want from EP
Uncertainty about support		*Uncertainty about support*
Signposting to services EP consultations are helpful In-house professionals provide support Frustration that they can't have more EP support		Uncertainty about support for previously LAC Understanding terminology can be a challenge EP training CPD in this area Support needs to be holistic
Theme 4: Whose responsibility?		
Monitoring closely		
Students may get support another way Importance of monitoring closely Identifying SEMH needs Area that needs development DT holds people accountable	Numbers of previously LAC helpful Could monitor outcomes based on pupil premium plus Can't track and monitor previously LAC Need consent from parent/ carer to discuss each child	APDR process Guide the EPAC process

	Have to show impact from the post Early intervention	
Consistency between schools		
Different systems in every VS Support varies in every school More consistency needed Face-to-face networking for DTs Discuss previously LAC caseload with VS VS need to hold DTs accountable	Holding schools accountable for supporting previously LAC VS try to make DTs aware of their responsibilities Voluntary personal education plan for schools More specific guidance for DTs Need to hold schools accountable for how pupil premiums plus funding is used Support others to understand how funding works Up to school how they spend pupil premium plus funding Difficult for VS to hold schools accountable DTs can share good practice Variation in DT role in each school	Support varies in every school Support varies in each area DT role different in each school Conference for DTs to share practice Changes in guidance need to be gradual
Change needs to come from higher up		
	Ofsted should hold schools accountable Change needs to come from higher up Would be helpful to learn from other VSs Support varies between VSs Offer for previously LAC not well developed Statutory guidance is not specific	
Not enough capacity		
Limited time and capacity	Resources and time limits DT role	Limited time

PEPs don't happen for previously LAC Assistant to support with DT role Multiple responsibilities	Schools face difficulties in supporting vulnerable children Lack of funding for VS is a challenge Not enough capacity in VS for this work	Capacity is an issue Schools have limited capacity EHCs instead of prioritising this work Putting too much pressure on DTs Issues related to EP profession High staff turnover Ring fenced time for vulnerable groups Previously LAC are not prioritised
Theme 5: Working systematically (VS and EP)		
	Beyond advice and guidance?	*Early intervention*
	Advice and guidance VS want to go beyond advice and guidance Contributes knowledge to meetings Different ways of seeking VS advice VS duties have been extended Group sessions weren't popular Importance of interpersonal skills	Work systemically Not much individual casework More flexible work through VS Sessions for parents/carers Consultation with parents/carers Ask parents/carers what support they need Supporting DTs with non-attendance Consultations with schools Different models for EP VS work EP involvement requested too late Early intervention VS try to work systemically but others want individual support VS role for previously LAC more systemic Individual casework
Theme 6: Importance of communication		

Within school		Within school
Communication with their teachers Overlap with SEN team Overlap with safeguarding		Facilitate communication in schools EPAC facilitates conversation Holding schools accountable
	Communication with schools	*Communication with schools*
	More communication between VS and DTs Challenge linking up across LA	Ask DTs what support they need No communication about previously LAC VS need to support DTs in understanding role VS support for previously LAC is limited Difficulty identifying previously LAC
Across local authority		
Communication between professionals VS have been supportive Communication difficulties	Working with other professionals to get a range of viewpoints Overlap with SEN team VS acts as a bridge between social care and schools Working with adoption and kinship teams Importance of good relationships with other professionals Work with EPs in VS Importance of VS head's role Post adoption team and VS need to work more closely High staff turnover is an issue	Contribute psychological viewpoint Other professionals provide different perspectives Virtual multi-professional working More multi-agency working Multidisciplinary work Post adoption team Support social workers Discuss work for previously LAC across local authority Forming connections with other teams Previously LAC work needs clear plan

Appendix G: Ethics approval, risk assessment and data management plan

Ethics application form

University of East London

	UNIVERSITY OF EAST LONDON School of Psychology APPLICATION FOR RESEARCH ETHICS APPROVAL FOR RESEARCH INVOLVING HUMAN PARTICIPANTS (Updated October 2021) FOR BSc RESEARCH; MSc/MA RESEARCH; PROFESSIONAL DOCTORATE RESEARCH IN CLINICAL, COUNSELLING & EDUCATIONAL PSYCHOLOGY
	Section 1 – Guidance on Completing the Application Form **(please read carefully)**
1.1	Before completing this application, please familiarise yourself with: ▪ ~~British Psychological Society's Code of Ethics and Conduct~~ ▪ UEL's Code of Practice for Research Ethics ▪ UEL's Research Data Management Policy ▪ UEL's Data Backup Policy
1.2	Email your supervisor the completed application and all attachments as ONE WORD DOCUMENT. Your supervisor will look over your application and provide feedback.
1.3	When your application demonstrates a sound ethical protocol, your supervisor will submit it for review.
1.4	Your supervisor will let you know the outcome of your application. Recruitment and data collection must **NOT** commence until your ethics application has been approved, along with other approvals that may be necessary (see section 7).
1.5	Research in the NHS: ▪ If your research involves patients or service users of the NHS, their relatives or carers, as well as those in receipt of services provided under contract to the NHS, you will need to apply for HRA approval/NHS permission (through IRAS). You DO NOT need to apply to the School of Psychology for ethical clearance. ▪ Useful websites: https://www.myresearchproject.org.uk/Signin.aspx https://www.hra.nhs.uk/approvals-amendments/what-approvals-do-i-need/hra-approval/ ▪ If recruitment involves NHS staff via the NHS, an application will need to be submitted to the HRA in order to obtain R&D approval. This is in addition to separate approval via the R&D department of the NHS Trust involved in the research. UEL ethical approval will also be required.

	▪ HRA/R&D approval is not required for research when NHS employees are not recruited directly through NHS lines of communication (UEL ethical approval is required). This means that NHS staff can participate in research without HRA approval when a student recruits via their own social/professional networks or through a professional body such as the BPS, for example. ▪ The School strongly discourages BSc and MSc/MA students from designing research that requires HRA approval for research involving the NHS, as this can be a very demanding and lengthy process.
1.6	If you require Disclosure Barring Service (DBS) clearance (see section 6), please request a DBS clearance form from the Hub, complete it fully, and return it to applicantchecks@uel.ac.uk. Once the form has been approved, you will be registered with GBG Online Disclosures and a registration email will be sent to you. Guidance for completing the online form is provided on the GBG website: https://fadv.onlinedisclosures.co.uk/Authentication/Login You may also find the following website to be a useful resource: https://www.gov.uk/government/organisations/disclosure-and-barring-service
1.7	Checklist, the following attachments should be included if appropriate: ▪ Study advertisement ▪ Participant Information Sheet (PIS) ▪ Participant Consent Form ▪ Participant Debrief Sheet ▪ Risk Assessment Form/Country-Specific Risk Assessment Form (see section 5) ▪ Permission from an external organisation (see section 7) ▪ Original and/or pre-existing questionnaire(s) and test(s) you intend to use ▪ Interview guide for qualitative studies ▪ Visual material(s) you intend showing participants

	Section 2 – Your Details	
2.1	**Your name:**	Hannah Broughton
2.2	**Your supervisor's name:**	Dr Miles Thomas
2.3	**Name(s) of additional UEL supervisors:**	Dr Janet Rowley
2.4	**Title of your programme:**	Professional Doctorate in Educational and Child Psychology
2.5	**UEL assignment submission date:**	

	Section 3 – Project Details	
Please give as much detail as necessary for a reviewer to be able to fully understand the nature and purpose of your research.		
3.1	**Study title:** Please note - If your study requires registration, the title inserted here must be the same as that on PhD Manager	The role of educational psychologists, virtual schools and designated teachers in supporting previously looked after children.

3.2	**Summary of study background and aims (using lay language):**	Research shows that previously looked after children, including adopted children and children under special guardianship, often experience significant social, emotional and mental health issues in schools and experience difficulties with learning, resulting in poorer educational outcomes. This is often attributed to adverse childhood experiences, insecure attachments and frequent changes to their care placements. The support available for looked after children often stops after an adoption or special guardianship order is granted, due to the misconception that all previous problems cease. However, statutory guidance (Department for Education, 2018) states that the virtual school and designated teacher roles now include supporting previously looked after children, although support for these children varies in each local authority. The purpose of the research is to understand designated teachers' and virtual schools' experiences of their expanded role in supporting previously looked after children. It also aims to understand educational psychologists' experiences of supporting previously looked after children and how they work with other professionals and parents and guardians. By gaining insight into professionals' views, this research aims to inform policy development and identify systems and processes that may be used to improve support for previously looked after children.
3.3	**Research question(s):**	1. How can educational psychologists support previously looked after children within a multidisciplinary team? 2. How can virtual schools support previously looked after children as part of their statutory role? 3. How can designated teachers support previously looked after children in their school as part of their statutory role?
3.4	**Research design:**	Semi-structured interviews will be used to gather the views of educational psychologists, professionals in the virtual school and designated teachers. The questions will be open-ended, to ensure that rich data is gathered, and participants will be sent these before the interview. During the interview, I will be responsive to the participant's account, so I can make spontaneous questions or comments. The interviews will be recorded so they can be transcribed, and they will take place on Microsoft Teams. The interviews will be between 30 minutes to 1 hour, depending on the level of detail in their responses and experience working with previously looked after children.

3.5	**Participants:** Include all relevant information including inclusion and exclusion criteria	Interviews will be conducted with virtual school professionals, educational psychologists and designated teachers. I will recruit educational psychologists who have experience of a relevant specialist role e.g. virtual school, children in care, adopted children. All professionals (virtual school, educational psychologists and designated teachers) will need to have worked in their role for at least 6 months in order to be interviewed. Trainee educational psychologists will be excluded from the research. Professionals will be recruited initially in the local authority that I am working on placement in, then this will be expanded to other London boroughs. Designated teachers could be from primary or secondary schools. The aim is to have at least 6 educational psychologists, 6 designated teachers, and 6 professionals from the virtual school, as it was decided that 18 participants (with a range of perspectives and roles) would provide enough detail to answer the research questions, and this is feasible within the time scale. If more participants are recruited, then this will provide even greater detail.
3.6	**Recruitment strategy:** Provide as much detail as possible and include a backup plan if relevant	I am working on placement in a local authority, so will utilise existing contacts with the virtual school and schools to recruit participants. I will also recruit professionals from other local authorities to take part, to gain a greater number of participants. Designated teachers, virtual school professionals and educational psychologists will be recruited using mailing lists, emails, contacts through schools, organisations, social media e.g. facebook or twitter.
3.7	**Measures, materials or equipment:** Provide detailed information, e.g., for measures, include scoring instructions, psychometric properties, if freely available, permissions required, etc.	Resources include a laptop with Microsoft Teams, Microsoft Word, Microsoft Excel and Microsoft Onedrive to store data. Materials also include information sheets, consent form, and debrief sheets for participants. Materials such as books and a laptop will be used to complete the literature review and thematic analysis of the data.
3.8	**Data collection:** Provide information on how data will be collected from the point of consent to debrief	Participants will be given an accessible information sheet to read which explains the purpose of the research. They will be asked to fill out the consent form and send it back to me prior to the interview. I will send participants the questions prior to the interview and they will have opportunities to ask questions via email or at the beginning of the interview. Semi-structured interviews will take place to gather the views of professionals working in the virtual school, designated teachers and educational psychologists. This will take place online

		(Microsoft Teams link will be sent via email). The questions will be open-ended. I will check that participants are happy for the interviews to be recorded on Microsoft Teams and explain that this is necessary for transcription. If happy to continue, the interviews will be recorded. Participants will be given the option to turn their cameras off if they do not wish their video to be recorded. The interviews will be between 30 minutes and 1 hour, depending on the detail of responses given. After the interview, I will ask if they have any questions and have a verbal debrief with participants, then I will give all participants a debrief sheet which signposts them to charities giving support if needed.
3.9	**Will you be engaging in deception?**	**YES** ☐ **NO** ☐
	If yes, what will participants be told about the nature of the research, and how/when will you inform them about its real nature?	
3.10	**Will participants be reimbursed?**	**YES** ☐ **NO** ☐
	If yes, please detail why it is necessary.	
	How much will you offer? <u>Please note</u> - This must be in the form of vouchers, <u>not cash.</u>	
3.11	**Data analysis:**	The transcripts of the interviews will be analysed using Reflexive Thematic Analysis (Braun & Clarke, 2006). The different participant groups will be analysed separately, as themes will be identified for each group, then common themes for all groups will be identified. These themes will provide descriptive overviews of the key features of the semantic content of the data.

Section 4 – Confidentiality, Security and Data Retention
It is vital that data are handled carefully, particularly the details about participants. For information in this area, please see the UEL guidance on data protection, and also the UK government guide to data protection regulations.   If a Research Data Management Plan (RDMP) has been completed and reviewed, information from this document can be inserted here.

4.1	**Will the participants be anonymised at source?**	**YES** ☐ **NO** ☐
	If yes, please provide details of how the data will be anonymised.	Participants' data will not include their name, and the recordings from Microsoft Teams and transcription file names will be labelled by a number instead. Any real names or identifying information such as schools, locations

		or identifiable scenarios will be removed during the transcription process.	
4.2	**Are participants' responses anonymised or are an anonymised sample?**	**YES** ☐	**NO** ☐
	If yes, please provide details of how data will be anonymised (e.g., all identifying information will be removed during transcription, pseudonyms used, etc.).	The responses are anonymised because it will not be possible to trace the participants' responses to the real participant through the data or files. The data will remain anonymous throughout the analysis process. However, the kind of participant will be kept e.g. designated teacher, educational psychologist, virtual school, so that the data can be analysed using thematic analysis in each participant group for different research sub questions.	
4.3	**How will you ensure participant details will be kept confidential?**	Consent forms will be saved on UEL Onedrive immediately after the interview and deleted from the laptop. The personal information on the consent form (names) will be stored separately from the anonymised data, in separate folders on the UEL Onedrive. I will not share any personal information about any of the participants or the details of their responses in the interviews, and confidentiality will be maintained. The email address and telephone number of the participants may be kept for purposes of arranging the interview, and sending the consent form, information sheet and debrief sheet. It may also be used to share the findings of the study with participants. After the research is completed, these details will not be kept.	
4.4	**How will data be securely stored and backed up during the research?** Please include details of how you will manage access, sharing and security	The recordings will be saved on Microsoft Stream library by default, on UEL Onedrive. The transcriptions will be saved on Microsoft Word and Microsoft Excel documents directly onto the UEL Onedrive. This means that it is stored on the cloud, rather than onto a laptop. This is automatically backed up so is safe, but also uses two factor authentication to login, so it is a secure platform to use. Laptops will also be password protected, but the data will not be stored on the laptop itself.	
4.5	**Who will have access to the data and in what form?** (e.g., raw data, anonymised data)	The only person to have access to the original raw data will be me, though the anonymised data may be shown to my research supervisor when checking that the codes are accurate. This has no personal information (uses number) so the data will be kept confidential. Participants will be informed at the beginning who will have access to their data and that it will be transcribed and anonymised.	
4.6	**Which data are of long-term value and will be retained?** (e.g., anonymised interview transcripts, anonymised databases)	Anonymised transcripts (Microsoft word documents) and data analysis files (Microsoft word documents and Microsoft Excel documents). Recordings of the interviews and consent forms will be securely stored.	

4.7	What is the long-term retention plan for this data?	The anonymised transcripts and data analysis files will be kept on UEL secure servers for three years, then deleted. Interview recordings and electronic copies of consent forms will be securely stored until the thesis project completion (in July 2024) to allow for dissemination activities, following which this data will be deleted.	
4.8	Will anonymised data be made available for use in future research by other researchers?	YES ☐	NO ☐
	If yes, have participants been informed of this?	YES ☐	NO ☐
4.9	Will personal contact details be retained to contact participants in the future for other research studies?	YES ☐	NO ☐
	If yes, have participants been informed of this?	YES ☐	NO ☐

Section 5 – Risk Assessment
If you have serious concerns about the safety of a participant, or others, during the course of your research please speak with your supervisor as soon as possible. If there is any unexpected occurrence while you are collecting your data (e.g., a participant or the researcher injures themselves), please report this to your supervisor as soon as possible.

5.1	Are there any potential physical or psychological risks to participants related to taking part? (e.g., potential adverse effects, pain, discomfort, emotional distress, intrusion, etc.)	YES ☐	NO ☐
	If yes, what are these, and how will they be minimised?	There is a risk of distress to professionals when talking about their experiences, if they are talking about difficult aspects of their role e.g. high pressure/ workload and barriers they have experienced. To minimise the risk, participants will be provided with an information sheet which highlights that participation is voluntary and they can withdraw at any time. They will be reminded of their right to withdraw if the topic is causing them distress. Their feelings during the interview will be closely monitored and a break can be given if needed. Professionals may also be at risk of distress if they disclose a particularly distressing case. Under the HCPC the educational psychologists should be receiving supervision, therefore we could encourage them to seek additional supervision in this area if impacted. A debrief sheet will be given to all participants which signposts them to resources to help reduce any anxiety or stress after the interview.	

		Participants will be given my contact details to ask any further questions about the interview if necessary, but this offer will be for practical questions rather than offering psychological support.	
5.2	**Are there any potential physical or psychological risks to you as a researcher?**	**YES** ☐	**NO** ☐
	If yes, what are these, and how will they be minimised?	There is a risk of being emotionally impacted by the content of the interviews, if participants have experienced difficulties. These will be minimised through regular supervision on placement and with my research supervisor. Experiences will be recorded in a reflective diary to monitor feelings throughout the process.	
5.3	**If you answered yes to either 5.1 and/or 5.2, you will need to complete and include a General Risk Assessment (GRA) form (signed by your supervisor). Please confirm that you have attached a GRA form as an appendix:**	**YES** ☐	

5.4	**If necessary, have appropriate support services been identified in material provided to participants?**	**YES** ☐	**NO** ☐	**N/A** ☐

5.5	**Does the research take place outside the UEL campus?**	**YES** ☐	**NO** ☐
	If yes, where?	Online using Microsoft Teams.	
5.6	**Does the research take place outside the UK?**	**YES** ☐	**NO** ☐
	If yes, where?	N/A	
	If yes, in addition to the General Risk Assessment form, a Country-Specific Risk Assessment form must also be completed and included (available in the Ethics folder in the Psychology Noticeboard). Please confirm a Country-Specific Risk Assessment form has been attached as an appendix. <u>Please note</u> - A Country-Specific Risk Assessment form is not needed if the research is online only (e.g., Qualtrics survey), regardless of the location of the researcher or the participants.	**YES** ☐	
5.7	**Additional guidance:** ▪ For assistance in completing the risk assessment, please use the AIG Travel Guard website to ascertain risk levels. Click on 'sign in' and then 'register here' using policy #		

	0015865161. Please also consult the Foreign Office travel advice website for further guidance.
	▪ For on campus students, once the ethics application has been approved by a reviewer, all risk assessments for research abroad must then be signed by the Director of Impact and Innovation, Professor Ian Tucker (who may escalate it up to the Vice Chancellor).
	▪ For distance learning students conducting research abroad in the country where they currently reside, a risk assessment must also be carried out. To minimise risk, it is recommended that such students only conduct data collection online. If the project is deemed low risk, then it is not necessary for the risk assessment to be signed by the Director of Impact and Innovation. However, if not deemed low risk, it must be signed by the Director of Impact and Innovation (or potentially the Vice Chancellor).
	▪ Undergraduate and M-level students are not explicitly prohibited from conducting research abroad. However, it is discouraged because of the inexperience of the students and the time constraints they have to complete their degree.

Section 6 – Disclosure and Barring Service (DBS) Clearance		
6.1	**Does your research involve working with children (aged 16 or under) or vulnerable adults (*see below for definition)?** If yes, you will require Disclosure Barring Service (DBS) or equivalent (for those residing in countries outside of the UK) clearance to conduct the research project	**YES** ☐	**NO** ☐
	* You are required to have DBS or equivalent clearance if your participant group involves: (1) Children and young people who are 16 years of age or under, or (2) 'Vulnerable' people aged 16 and over with particular psychiatric diagnoses, cognitive difficulties, receiving domestic care, in nursing homes, in palliative care, living in institutions or sheltered accommodation, or involved in the criminal justice system, for example. Vulnerable people are understood to be persons who are not necessarily able to freely consent to participating in your research, or who may find it difficult to withhold consent. If in doubt about the extent of the vulnerability of your intended participant group, speak with your supervisor. Methods that maximise the understanding and ability of vulnerable people to give consent should be used whenever possible.		
6.2	**Do you have DBS or equivalent (for those residing in countries outside of the UK) clearance to conduct the research project?**	**YES** ☐	**NO** ☐
6.3	**Is your DBS or equivalent (for those residing in countries outside of the UK) clearance valid for the duration of the research project?**	**YES** ☐	**NO** ☐
6.4	**If you have current DBS clearance, please provide your DBS certificate number:**	001748430901	

	If residing outside of the UK, please detail the type of clearance and/or provide certificate number.	N/A	
6.5	**Additional guidance:** ▪ If participants are aged 16 or under, you will need two separate information sheets, consent forms, and debrief forms (one for the participant, and one for their parent/guardian). ▪ For younger participants, their information sheets, consent form, and debrief form need to be written in age-appropriate language.		

Section 7 – Other Permissions		
7.1	**Does the research involve other organisations (e.g., a school, charity, workplace, local authority, care home, etc.)?**	**YES** ☐	**NO** ☐
	If yes, please provide their details.	The organisations involved will be the local authorities where the research takes place (e.g. educational psychology services and virtual schools) and also schools that the designated teachers work in. This will be Haringey, where I currently work, and also other local authorities in order to recruit more participants. There are formal agreements already in place between UEL and Educational Psychology Services.	
	If yes, written permission is needed from such organisations (i.e., if they are helping you with recruitment and/or data collection, if you are collecting data on their premises, or if you are using any material owned by the institution/organisation). Please confirm that you have attached written permission as an appendix.	**YES** ☐	
7.2	<u>**Additional guidance:**</u> ▪ Before the research commences, once your ethics application has been approved, please ensure that you provide the organisation with a copy of the final, approved ethics application or approval letter. Please then prepare a version of the consent form for the organisation themselves to sign. You can adapt it by replacing words such as 'my' or 'I' with 'our organisation' or with the title of the organisation. This organisational consent form must be signed before the research can commence. ▪ If the organisation has their own ethics committee and review process, a SREC application and approval is still required. Ethics approval from SREC can be gained before approval from another research ethics committee is obtained. However, recruitment and data collection are NOT to commence until your research has been approved by the School and other ethics committee/s.		

Section 8 – Declarations

8.1	**Declaration by student. I confirm that I have discussed the ethics and feasibility of this research proposal with my supervisor:**	215	**YES** ☐
8.2	**Student's name:** (Typed name acts as a signature)	Hannah Broughton	
8.3	**Student's number:**	2190373	
8.4	**Date:**	02.02.23	
	Supervisor's declaration of support is given upon their electronic submission of the application		

Ethics approval

University of
East London

School of Psychology Ethics Committee
NOTICE OF ETHICS REVIEW DECISION LETTER
For research involving human participants BSc/MSc/MA/Professional Doctorates in Clinical, Counselling and Educational Psychology
Reviewer: Please complete sections in **blue** | **Student:** Please complete/read sections in **orange**

Details	
Reviewer:	**Fay McIntyre**
Supervisor:	**Miles Thomas**
Student:	**Hannah Broughton**
Course:	**Professional Doctorate in Child & Educational Psychology**
Title of proposed study:	**The role of educational psychologists, virtual schools and designated teachers in supporting previously looked after children.**

Checklist (Optional)	**YES**	**NO**	**N/A**
Concerns regarding study aims (e.g., ethically/morally questionable, unsuitable topic area for level of study, etc.)	☐	☐	☐
Detailed account of participants, including inclusion and exclusion criteria	☐	☐	☐
Concerns regarding participants/target sample	☐	☐	☐
Detailed account of recruitment strategy	☐	☐	☐
Concerns regarding recruitment strategy	☐	☐	☐
All relevant study materials attached (e.g., freely available questionnaires, interview schedules, tests, etc.)	☐	☐	☐
Study materials (e.g., questionnaires, tests, etc.) are appropriate for target sample	☐	☐	☐

Clear and detailed outline of data collection	☐	☐	☐
Data collection appropriate for target sample	☐	☐	☐
If deception being used, rationale provided, and appropriate steps followed to communicate study aims at a later point	☐	☐	☐
If data collection is not anonymous, appropriate steps taken at later stages to ensure participant anonymity (e.g., data analysis, dissemination, etc.) – anonymisation, pseudonymisation	☐	☐	☐
Concerns regarding data storage (e.g., location, type of data, etc.)	☐	☐	☐
Concerns regarding data sharing (e.g., who will have access and how)	☐	☐	☐
Concerns regarding data retention (e.g., unspecified length of time, unclear why data will be retained/who will have access/where stored)	☐	☐	☐
If required, General Risk Assessment form attached	☐	☐	☐
Any physical/psychological risks/burdens to participants have been sufficiently considered and appropriate attempts will be made to minimise	☐	☐	☐
Any physical/psychological risks to the researcher have been sufficiently considered and appropriate attempts will be made to minimise	☐	☐	☐
If required, Country-Specific Risk Assessment form attached	☐	☐	☐
If required, a DBS or equivalent certificate number/information provided	☐	☐	☐
If required, permissions from recruiting organisations attached (e.g., school, charity organisation, etc.)	☐	☐	☐
All relevant information included in the participant information sheet (PIS)	☐	☐	☐
Information in the PIS is study specific	☐	☐	☐
Language used in the PIS is appropriate for the target audience	☐	☐	☐
All issues specific to the study are covered in the consent form	☐	☐	☐
Language used in the consent form is appropriate for the target audience	☐	☐	☐
All necessary information included in the participant debrief sheet	☐	☐	☐
Language used in the debrief sheet is appropriate for the target audience	☐	☐	☐
Study advertisement included	☐	☐	☐
Content of study advertisement is appropriate (e.g., researcher's personal contact details are not shared, appropriate language/visual material used, etc.)	☐	☐	☐

Decision options	
APPROVED	Ethics approval for the above-named research study has been granted from the date of approval (see end of this notice), to the date it is submitted for assessment.
APPROVED - BUT MINOR AMENDMENTS ARE REQUIRED <u>BEFORE</u> THE RESEARCH COMMENCES	In this circumstance, the student must confirm with their supervisor that all minor amendments have been made **<u>before</u>** the research commences. Students are to do this by filling in the confirmation box at the end of this form once all amendments have been attended to and emailing a copy of this decision notice to the supervisor. The supervisor will then forward the student's confirmation to the School for its records. **Minor amendments guidance:** typically involve clarifying/amending information presented to participants (e.g., in the PIS, instructions), further

	detailing of how data will be securely handled/stored, and/or ensuring consistency in information presented across materials.
NOT APPROVED - MAJOR AMENDMENTS AND RE-SUBMISSION REQUIRED	In this circumstance, a revised ethics application **must** be submitted and approved **before** any research takes place. The revised application will be reviewed by the same reviewer. If in doubt, students should ask their supervisor for support in revising their ethics application. **Major amendments guidance:** typically insufficient information has been provided, insufficient consideration given to several key aspects, there are serious concerns regarding any aspect of the project, and/or serious concerns in the candidate's ability to ethically, safely and sensitively execute the study.

Decision on the above-named proposed research study	
Please indicate the decision:	**APPROVED - MINOR AMENDMENTS ARE REQUIRED BEFORE THE RESEARCH COMMENCES**

Minor amendments
Please clearly detail the amendments the student is required to make
3.5 Participants: No clear mention of any exclusion criteria, do participants need to have worked in the field for a specific length or time etc.? **3.8 Data Collection: You state "After the interview, I will ask if they have any questions and give all participants a debrief sheet and I will signpost them to charities giving support if necessary." Will you have a verbal debrief with participants following the interviews or just provide a debrief sheet? What charities/support services will be provided to the participants?** **5.1 Are there any potential physical or psychological risks to participants related to taking part?: You note in this section the potential impact of discussing work pressure/workloads, have you considered the potential difficulties if participants disclose a particularly distressing case? In this section you also state "Participants will be given my contact details to ask any further questions or discuss the interview if necessary." Be mindful to ensure that participants are aware of your role as the researcher and that you do not take on the role of offering psychological support.**

Major amendments
Please clearly detail the amendments the student is required to make

Assessment of risk to researcher		
Has an adequate risk assessment been offered in the application form?	**YES** ☒	**NO** ☐
	If no, please request resubmission with an **adequate risk assessment.**	
If the proposed research could expose the <u>researcher</u> to any kind of emotional, physical or health and safety hazard, please rate the degree of risk:		
HIGH	Please **do not approve a high-risk** application. Travel to countries/provinces/areas deemed to be high risk should not be permitted and an application not be approved on this basis. If unsure, please refer to the Chair of Ethics.	☐
MEDIUM	Approve but include appropriate recommendations in the below box.	☐
LOW	Approve and if necessary, include any recommendations in the below box.	☒
Reviewer recommendations in relation to risk (if any):	Please insert any recommendations	

Reviewer's signature	
Reviewer: (Typed name to act as signature)	**F**ay McIntyre
Date:	**16/02/2023**
This reviewer has assessed the ethics application for the named research study on behalf of the School of Psychology Ethics Committee	
RESEARCHER PLEASE NOTE For the researcher and participants involved in the above-named study to be covered by UEL's Insurance, prior ethics approval from the School of Psychology (acting on behalf of the UEL Ethics Committee), and	

confirmation from students where minor amendments were required, must be obtained before any research takes place.

For a copy of UEL's Personal Accident & Travel Insurance Policy, please see the Ethics Folder in the Psychology Noticeboard.

Confirmation of minor amendments (Student to complete)	
I have noted and made all the required minor amendments, as stated above, before starting my research and collecting data	
Student name: (Typed name to act as signature)	Hannah Broughton
Student number:	2190373
Date:	02.03.23
Please submit a copy of this decision letter to your supervisor with this box completed if minor amendments to your ethics application are required	

Risk assessment

University of East London Pioneering Futures Since 1898	**UEL Risk Assessment Form**		
Name of Assessor:	Hannah Broughton	**Date of Assessment:**	02.02.23
Activity title:	The role of educational psychologists, virtual schools and designated teachers in supporting previously looked after children.	**Location of activity:**	On Microsoft Teams.
Signed off by Manager: (Print Name)	Dr Miles Thomas	**Date and time: (if applicable)**	02.02.23

Please describe the activity/event in as much detail as possible (include nature of activity, estimated number of participants, etc.).   **If the activity to be assessed is part of a field trip or event please add an overview of this below:**
Semi-structured interviews will be conducted with educational psychologists, virtual school professionals and designated teachers. Qualitative data will be gathered and analysed using thematic analysis. The purpose of the research is to understand how professionals can better support previously looked after children in schools. Participants may be asked about their experience supporting previously looked after children and their understanding of this role. They may also be asked about barriers and facilitators in this role. The aim is to have 6 educational psychologists, 6 designated teachers and 6 professionals from the virtual school, so 18 participants in total.
Overview of FIELD TRIP or EVENT:
This is a thesis for the Professional Doctorate in Educational and Child Psychology. The research will take place on Microsoft Teams. Each interview will last approximately an hour, depending on how detailed the responses are.

Guide to risk ratings:

a) Likelihood of Risk	b) Hazard Severity	c) Risk Rating (a x b = c)
1 = Low (Unlikely)	1 = Slight (Minor / less than 3 days off work)	1-2 = Minor (No further action required)
2 = Moderate (Quite likely)	2= Serious (Over 3 days off work)	3-4 = Medium (May require further control measures)
3 = High (Very likely or certain)	3 = Major (Over 7 days off work, specified injury or death)	6/9 = High (Further control measures essential)

Hazards attached to the activity							
Hazards identified	Who is at risk?	Existing Controls	Likeli hood	Sever ity	Resi dual Risk Rati ng (Lik eliho od x Seve rity)	Additional control measures required (if any)	Final risk rating
Distress to professionals when talking about the barriers in their role as there might be time pressures and other stressors in their role, which might be difficult to openly talk about.	Participants	Under the HCPC the EPs should be receiving supervision, therefore we could encourage them to seek additional supervision in this area if impacted.	1	1	1	If participants are identified to be feeling distressed by reflecting on the difficult aspects of their role, their feelings during the interview will be closely monitored. They will be signposted to resources to help reduce their anxiety after the interview. They will be reminded of their right to withdraw if the topic is causing them extreme distress.	1

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Fatigue from looking at a computer screen if taking part in the interview online.	Participants	Participants will be given the option to have a screen break during the interview at any time if they need. It should last around an hour which will limit the impact of fatigue.	1	1	1	Monitor how participants are feeling regularly during the interview and remind them of the option to take a break if they appear like they might need it.	1
There is a risk of psychological distress to myself if I am distressed by the content of the interviews.	Researcher	These will be minimised through regular supervision on placement and with my research supervisor.	1	1	1	Recording this in a reflective research diary to monitor feelings throughout the process.	1
Loss of confidentiality in data storage	Participants	I will follow the steps outlined in the ethics form and in the data management plan. Data will be stored on the UEL Onedrive that has 2-factor authentication and laptops are password protected.	1	1	1	In the consent forms only essential personal information will be collected.	1

Review Date

Data Management Plan

Completed plans <u>must</u> be sent to researchdata@uel.ac.uk for review

If you are bidding for funding from an external body, complete the Data Management Plan required by the funder (if specified).

Research data is defined as information or material captured or created during the course of research, and which underpins, tests, or validates the content of the final research output. The nature of it can vary greatly according to discipline. It is often empirical or statistical, but also includes material such as drafts, prototypes, and multimedia objects that underpin creative or 'non-traditional' outputs. Research data is often digital, but includes a wide range of paper-based and other physical objects.

Administrative Data	
PI/Researcher	Hannah Broughton
PI/Researcher ID (e.g. ORCiD)	
PI/Researcher email	u2190373@uel.ac.uk
Research Title	The role of educational psychologists, virtual schools and designated teachers in supporting previously looked after children.
Project ID	
Research start date and duration	February 2023- July 2024 18 months
Research Description	Research shows that previously looked after children, including adopted children and children under special guardianship, often experience significant social, emotional and mental health issues in schools and experience difficulties with learning, resulting in poorer educational outcomes. This is often attributed to adverse childhood experiences, insecure attachments and frequent changes to their care placements. The support available for looked after children often stops after an adoption or special guardianship order is granted, due to the misconception that all previous problems cease. However, statutory guidance (Department for Education, 2018) states that the virtual school and designated teacher roles now include supporting previously looked after children, although support for these children varies in each local authority. The purpose of the research is to understand designated teachers' and virtual schools' experiences of their expanded role in supporting previously looked after children. It also aims to understand educational psychologists' experiences of supporting previously looked after children and how they work with other professionals and parents and guardians. By gaining insight into professionals' views, this research aims to inform policy

	development and identify systems and processes that may be used to improve support for previously looked after children. The research questions are: 1. How can educational psychologists support previously looked after children within a multidisciplinary team? 2. How can virtual schools support previously looked after children as part of their statutory role? 3. How can designated teachers support previously looked after children in their school as part of their statutory role? Semi-structured interviews will be used to gather the views of educational psychologists, professionals in the virtual school and designated teachers. The questions will be open-ended, to ensure that rich data is gathered, and participants will be sent these before the interview. During the interview, I will be responsive to the participant's account, so I can make spontaneous questions or comments. The interviews will be recorded so they can be transcribed, and they will take place on Microsoft Teams. The interviews will be between 30 minutes to 1 hour, depending on the level of detail in their responses and experience working with previously looked after children. Interviews will be conducted with virtual school professionals, educational psychologists with a role in the virtual school and designated teachers. Professionals will be recruited initially in the local authority that I am working on placement in, then this will be expanded to other London boroughs. Designated teachers could be from primary or secondary schools. The aim is to have at least 6 educational psychologists, 6 designated teachers, and 6 professionals from the virtual school, as it was decided that 18 participants (with a range of perspectives and roles) would provide enough detail to answer the research questions, but is feasible within the time scale. If more participants are recruited, then this will provide even greater detail. The transcripts of the interviews will be analysed using Reflexive Thematic Analysis (Braun & Clarke, 2006). The different participant groups will be analysed separately, as themes will be identified for each group, then common themes for all groups will be identified. These themes will provide descriptive overviews of the key features of the semantic content of the data.
Funder	N/A
Grant Reference Number (Post-award)	N/A
Date of first version (of DMP)	09.02.23
Date of last update (of DMP)	

Related Policies	The researcher will follow the Research Data Management Policy The researcher has completed the Research Integrity course: Second edition delivered by Epigeum. The researcher has also attended a lecture on Research Data Management led by the UEL research team.
Does this research follow on from previous research? If so, provide details	No
Data Collection	
What data will you collect or create?	The data collected will be recordings of semi-structured interviews (estimated to have around 18 recordings). The interviews will be between 30 minutes and 1 hour, depending on the detail of responses given. This data will then be transcribed and be stored on Microsoft Word documents (.docx). It is expected that there will be one file for each participant's transcribed interview, totalling 18 files. This data is all 'special category' because it could contain personal information that is more sensitive. The Thematic Analysis may include electronic files, including Microsoft Excel documents (.xlsx) and paper trails of developing themes, for example, examples of coded data items, lists of codes, tables of codes and collated data, thematic maps, theme definitions and the final thematic map and theme table. These will be kept during the research so there is a detailed electronic and paper audit trail. Consent forms, which are Microsoft Word documents (.docx), will also be completed and signed by participants. The consent forms will contain personal information e.g. name.
How will the data be collected or created?	Participants will be given an accessible information sheet to read which explains the purpose of the research. They will be asked to fill out the consent form and send it back to me via email prior to the interview, which will be saved on UEL OneDrive. Interviews will be conducted and recorded remotely using Microsoft Teams installed on the interviewer's laptop, with the resulting .mp4 files, and transcription (.docx) transferred to Microsoft OneDrive. Recordings will be stored following the file-naming convention [ParticipantNumber][Profession][Date]. An interview schedule will be developed so that a standard format is followed. Participants will be given the option to turn their cameras off if they do not wish their video to be recorded. Data from the transcriptions will then be coded and developed into themes using Reflexive Thematic Analysis. This may create files including coded data items, lists of codes, tables of codes and collated data, thematic maps, theme definitions and the final thematic map and theme table. Paper copies will be stored in a folder, and electronic files from the thematic analysis process will be saved as Microsoft Word and Microsoft Excel documents (.xlsx) on Microsoft OneDrive.
Documentation and Metadata	

What documentation and metadata will accompany the data?	The recordings will be saved with numbers for file names instead of real names, but the type of professional will be kept. This will ensure that confidentiality is maintained. A participant information sheet, consent form, interview questions and debrief sheet will accompany the data to demonstrate what participants consented to in the research.
Ethics and Intellectual Property	
Identify any ethical issues and how these will be managed	One ethical issue is that the participant's identity will be disclosed to the researcher as they will be carrying out the interview with them. This will be managed by ensuring that the participant's privacy and identity is protected by the researcher. I will not share any personal information about any of the participants or the details of their responses in the interviews, and confidentiality will be maintained. In the consent forms, only essential personal information will be collected. To protect their identity, participants' data will not include their name, and the recordings from Microsoft Teams and transcription file names will be labelled by a number code instead. A pseudonymised logbook will keep these codes in, in case participants ask to withdraw their data. Any real names or identifying information such as schools, locations or identifiable scenarios will be removed during the transcription process. The data will remain pseudonymised throughout the analysis process. However, the kind of participant will be kept e.g., designated teacher, educational psychologist, virtual school, so that the data can be analysed using thematic analysis in each participant group for different research sub questions. The data will be stored on UEL managed services (Microsoft OneDrive). The email address and telephone number of the participants may be kept separately on the UEL OneDrive for purposes of arranging the interview, and sending the consent form, information sheet and debrief sheet. It may also be used to share the findings of the study with participants. After the research is completed, these details will not be kept. Participants will be made aware of this in the information sheet and will sign a consent form to show that they are happy for their data to be stored in this way. Participants will be provided with an information sheet which highlights that participation is voluntary and they can withdraw at any time. They will be reminded of their right to withdraw if the topic is causing them distress. A debrief sheet will be given to all participants which signposts them to resources to help reduce any anxiety or stress after the interview. Participants will be given my contact details to ask any further questions or discuss the interview if necessary.

Identify any copyright and Intellectual Property Rights issues and how these will be managed	No copyright and Intellectual Property Rights issues have been identified in this research.
Storage and Backup	
How will the data be stored and backed up during the research?	The recordings will be saved on Microsoft Stream library by default and backed up in another folder on UEL OneDrive. The transcriptions will be saved on Microsoft Word documents (.docx) and files from the thematic analysis process will be saved on Microsoft Word and Microsoft Excel (.xlsx) which will be stored securely on UEL OneDrive and backed up in another folder on UEL OneDrive/ SharePoint. Any paper copies from the development of themes will be stored in a folder to create a paper audit trail. Consent forms (containing personal information i.e., names) will be saved on Microsoft OneDrive in a separate folder to the transcriptions (pseudonymised data).
How will you manage access and security?	The only person to have access to the original raw data will be me, though the pseudonymised data may be shown to my research supervisor (Dr Miles Thomas) when checking that the codes are accurate. The data is pseudonymised and has no personal information (uses number) so the data will be kept confidential. Participants will be informed at the beginning who will have access to their data and that it will be transcribed and pseudonymised. The data will be kept secure because the researcher will use password protected devices. Data stored on OneDrive is encrypted, access is limited to me and secured through Multi-Factor Authentication. I will share data with my supervisor upon request using OneDrive secure links. My password-secured laptop will be used to access UEL storage, but no data will be stored locally on the laptop itself and syncing of files will be deactivated. Consent forms will be stored online on UEL OneDrive as participants will complete these online, so there will be no physical copies. Any paper copies from the development of themes will be stored in a folder at the researcher's home, and they will not contain any personal information.
Data Sharing	
How will you share the data?	The findings (e.g. themes from thematic analysis) will be presented in a group presentation to UEL Trainee EP colleagues and professional tutor staff. They may also be presented to EP colleagues in the local authority on placement. There will be a PowerPoint presentation to share the findings from the research. The research will be written up in a thesis which may be available to others on the UEL research repository. Participants who wish to receive a summary of the research findings will provide their contact details so that they can be sent these.

Are any restrictions on data sharing required?	Pseudonymised data will not be made available for use in future research by other researchers. Personal contact details will not be retained to contact participants in the future for other research studies.
Selection and Preservation	
Which data are of long-term value and should be retained, shared, and/or preserved?	Pseudonymised transcripts (Microsoft word documents) and data analysis files (Microsoft word documents and Microsoft Excel documents) are of long-term value. Recordings of the interviews and consent forms will be securely stored whilst the research is taking place, but not for longer.
What is the long-term preservation plan for the data?	The pseudonymised transcripts and data analysis files will be kept on UEL secure servers for three years, then deleted. Interview recordings and electronic copies of consent forms will be securely stored until the thesis project completion (in July 2024) to allow for dissemination activities, following which this data will be deleted.
Responsibilities and Resources	
Who will be responsible for data management?	I will be responsible for data management of any data collected from the interviews.
What resources will you require to deliver your plan?	Resources include a laptop with Microsoft Teams, Microsoft Word, Microsoft Excel, and Microsoft OneDrive to store data. Materials also include information sheets, consent form, and debrief sheets for participants. Materials such as a laptop will be used to complete the literature review and thematic analysis of the data.
Review	
	Please send your plan to researchdata@uel.ac.uk **We will review within 5 working days and request further information or amendments as required before signing**

Date: 09/02/2023	Reviewer name: Joshua Fallon Assistant Librarian RDM

Appendix H: Information sheet, consent form and debrief sheet

PARTICIPANT INFORMATION SHEET

The role of educational psychologists, virtual schools, and designated teachers in supporting previously looked after children.

Contact person: Hannah Broughton
Email: u2190373@uel.ac.uk

You are being invited to participate in a research study. Before you decide whether to take part or not, please carefully read through the following information which outlines what your participation would involve. Feel free to talk with others about the study before making your decision. If anything is unclear or you have any questions, please do not hesitate to contact me on the above email.

Who am I?
My name is Hannah Broughton. I am a postgraduate student in the School of Psychology at the University of East London (UEL) and am studying for the Professional Doctorate in Educational and Child Psychology. As part of my studies, I am conducting the research that you are being invited to participate in.

What is the purpose of the research?
I am conducting research into how professionals can support previously looked after children (including adopted children and children under a special guardianship) in school. This is in the context of the statutory guidance (Department for Education, 2018) which expands the designated teacher and virtual school role to supporting previously looked after children. I am interested in how different professionals e.g. educational psychologists, designated teachers and virtual school professionals work together to fulfil this role. The research aims to find out how the support in school for adopted children and children under a special guardianship can be improved, which will impact future practice.

Why have I been invited to take part?

To address the study aims, I am inviting designated teachers, professionals in the virtual school and educational psychologists to take part in my research. If this includes you, and you have been in this role for 6 months, then you are eligible to take part in the study. Gathering your views will help me to understand your first-hand experiences, which is why you have been asked to participate in this study. Please note that previous experience and involvement with previously looked after children is not a requirement, as all information gathered including gaps in services and training needs are useful for the research.

It is entirely up to you whether you take part or not, participation is voluntary.

What will I be asked to do if I agree to take part?
If you agree to take part, you will be asked to take part in an interview, which should take less than an hour. This will take place over Microsoft Teams and will be recorded so the interview can be transcribed afterwards. The interview will be like an informal conversation and questions will be sent to you beforehand.

Can I change my mind?
Yes, you can change your mind at any time and withdraw without explanation, disadvantage or consequence. If you would like to withdraw from the interview, you can do so by asking me to stop the interview at any time. If you withdraw, your data will not be used as part of the research.

Separately, you can also request to withdraw your data from being used even after you have taken part in the study, provided that this request is made within 1 week of the data being collected (after which point the data analysis will begin, and withdrawal will not be possible).

Are there any disadvantages to taking part?
I hope that taking part in the study will be valuable for you by providing an opportunity to share your views and reflect on your practice, and the research aims to improve support for previously looked after children in the future. However, it is possible that there may be psychological distress that could be experienced as a result of taking part, for example, if the topics are difficult to talk about. The interview can be stopped at any time, or you can have a short break if needed. Information for supporting agencies will be provided after the interview.

How will the information I provide be kept secure and confidential?
- You will not be identified by the data collected, on any material resulting from the data collected, or in any write-up of the research. Data will be anonymised and any real names or identifying information such as schools, locations or identifiable scenarios will be removed during the transcription process. File names will be labelled by a number instead.
- Personal contact details (name/ email/ telephone number) will be stored until the end of the study (in July 2024) so that the results can be shared (if you wish). Any

personal details will then be deleted and the details will not be retained for future studies.

- Research data will be stored on a secure platform (OneDrive) with two-factor authentication. Data will be transferred using OneDrive and secure UEL emails and will not be saved directly onto the computer.
- Only I will have access to the raw data, but if the data is shown to others e.g. research supervisor, it will be anonymised data. Examiners may also see the anonymised data. This has no personal information so the data will be kept confidential.
- The consent forms with your name will be stored separately from the interview data so these cannot be linked. Both will be stored on a secure platform (OneDrive).
- The anonymised transcripts and data analysis files will be kept on UEL secure servers for three years, then deleted.
- Interview recordings and electronic copies of consent forms will be securely stored until the thesis project completion (in July 2024) to allow for dissemination activities, following which this data will be deleted.
- The only time when confidentiality may need to be broken is due to safeguarding reasons if there are concerns about a risk to yourself or others.

For the purposes of data protection, the University of East London is the Data Controller for the personal information processed as part of this research project. The University processes this information under the 'public task' condition contained in the General Data Protection Regulation (GDPR). Where the University processes particularly sensitive data (known as 'special category data' in the GDPR), it does so because the processing is necessary for archiving purposes in the public interest, or scientific and historical research purposes or statistical purposes. The University will ensure that the personal data it processes is held securely and processed in accordance with the GDPR and the Data Protection Act 2018. For more information about how the University processes personal data please see www.uel.ac.uk/about/about-uel/governance/information-assurance/data-protection

What will happen to the results of the research?

The research will be written up as a thesis and submitted for assessment. The thesis will be publicly available on UEL's online Repository. Findings may also be disseminated to a range of audiences (e.g., other students or professionals.) through journal articles or presentations. In all material produced, your identity will remain anonymous, in that, it will not be possible to identify you personally. Any personally identifying information will be removed.

You will be given the option to receive a summary of the research findings once the study has been completed for which relevant contact details will need to be provided.

Anonymised research data will be securely stored by Dr Miles Thomas for a maximum of 3 years, following which all data will be deleted.

Who has reviewed the research?

My research has been approved by the School of Psychology Research Ethics Committee. This means that the Committee's evaluation of this ethics application has been guided by the standards of research ethics set by the British Psychological Society.

Who can I contact if I have any questions/concerns?
If you would like further information about my research or have any questions or concerns, please do not hesitate to contact me.

Hannah Broughton
u2190373@uel.ac.uk

If you have any questions or concerns about how the research has been conducted, please contact my research supervisor, Dr Miles Thomas. School of Psychology, University of East London, Water Lane, London E15 4LZ,
Email: m.thomas@uel.ac.uk

or

Chair of School Research Ethics Committee: Dr Trishna Patel, School of Psychology, University of East London, Water Lane, London E15 4LZ.
(Email: t.patel@uel.ac.uk)

Thank you for taking the time to read this information sheet.

CONSENT TO PARTICIPATE IN A RESEARCH STUDY

The role of educational psychologists, virtual schools and designated teachers in supporting previously looked after children.

Contact person: Hannah Broughton
Email: u2190373@uel.ac.uk

	Please tick
I have read the participant information sheet and I have been given a copy to keep.	
I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.	
I am eligible to take part in the study (I am a designated teacher/ educational psychologist/ I work in the virtual school).	
I understand that my participation in the study is voluntary and that I may stop the interview at any time, without giving an explanation.	
I understand that if I want to stop the interview during the study, my data will not be used.	
I understand that I have 1 week after the date of the interview to withdraw my data from the study.	
I understand that the interview will be recorded using Microsoft Teams.	
I understand that my personal information and data, including audio/video recordings from the research will be securely stored and remain confidential. Your name and any personal information will be removed from the data (interview transcription). Only the research team will have access to this information, for which I give my permission.	
I understand what will happen to the data once the research has been completed.	
I understand that short, anonymised quotes from my interview may be used in material such as conference presentations, reports, articles in academic journals resulting from the study and that these will not personally identify me.	

I would like to receive a summary of the research findings once the study has been completed and am willing for the researcher to keep my contact details for this to be sent to.	
I agree to take part in the above study.	

Participant's Name (BLOCK CAPITALS)

………………………………………………………………………………………………
……………………………………………………

Participant's Signature

………………………………………………………………………………………………
……………………………………………………

Researcher's Name (BLOCK CAPITALS)

………………………………………………………………………………………………
……………………………………………………

Researcher's Signature

………………………………………………………………………………………………
……………………………………………………

Date

…………………….…………………………………………………………………………
…………………………………………

PARTICIPANT DEBRIEF SHEET

The role of educational psychologists, virtual schools and designated teachers in supporting previously looked after children.

Thank you for participating in my research study on how professionals can support previously looked after children. This document offers information that may be relevant in light of you having now taken part.

How will my data be managed?

The University of East London is the Data Controller for the personal information processed as part of this research project. The University will ensure that the personal data it processes is held securely and processed in accordance with the GDPR and the Data Protection Act 2018. More detailed information is available in the Participant Information Sheet, which you received when you agreed to take part in the research.

What will happen to the results of the research?

The research will be written up as a thesis and submitted for assessment. The thesis will be publicly available on UEL's online Repository. Findings will also be disseminated to a range of audiences (e.g., academics, clinicians, public, etc.) through journal articles, conference presentations, talks, magazine articles, blogs. In all material produced, your identity will remain anonymous, in that, it will not be possible to identify you personally. Any personally identifying information will be removed.

You will be given the option to receive a summary of the research findings once the study has been completed for which relevant contact details will need to be provided.

Anonymised research data will be securely stored by Dr Miles Thomas for a maximum of 3 years, following which all data will be deleted.

What if I have been adversely affected by taking part?

It is not anticipated that you will have been adversely affected by taking part in the research, and all reasonable steps have been taken to minimise distress or harm of any kind. Nevertheless, it is possible that your participation – or its after-effects – may have been challenging, distressing or uncomfortable in some way. If you have been affected in any of

those ways, you may find the following resources/services helpful in relation to obtaining information and support:

Support for managing stress at work:
https://www.helpguide.org/articles/stress/stress-in-the-workplace.htm
https://www.hse.gov.uk/stress/

Resources and further information:
https://www.pac-uk.org/our-services/education/
https://www.adoptionuk.org/getting-it-right-for-every-child
https://beaconhouse.org.uk/specialist-clinics/adoption-and-special-guardians/
https://www.adoptionmatters.org/cfas/
https://www.first4adoption.org.uk/adoption-support/adoption-support-services/

Who can I contact if I have any questions/concerns?
If you would like further information about my research or have any questions or concerns, please do not hesitate to contact me.

Hannah Broughton
u2190373@uel.ac.uk

If you have any questions or concerns about how the research has been conducted, please contact my research supervisor, Dr Miles Thomas. School of Psychology, University of East London, Water Lane, London E15 4LZ,
Email: m.thomas@uel.ac.uk
Or

Chair of School Research Ethics Committee: Dr Trishna Patel, School of Psychology, University of East London, Water Lane, London E15 4LZ.
(Email: t.patel@uel.ac.uk)

Thank you for taking part in my study