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Children in Care: A Systematic Review of Stakeholder Experiences and a Study of Virtual School Heads' Support for Children on the Autism Spectrum

by

Jennifer Rose Anne Pickles

Thesis for the degree of Doctorate in Educational Psychology

June 2020

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Abstract

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This thesis explores the perspectives of children in care, and those who support them, with a particular focus on how autistic children in care are supported by virtual school heads. Chapter 1 provides a systematic literature review of papers that gathered the voices of children in care, and key stakeholders around the child. Twenty-four research papers were found. The findings indicated significant commonalities across experiences, including agreement between individuals regarding a lack of 'autonomy and control' and the need for 'attuned relationships'. There were only seven studies that focused specifically on the perspectives of caregivers and professionals, while the remaining research reported on children with an experience of care. Chapter 2 comprises a qualitative study of the views of virtual school heads supporting autistic children in care. Three main themes were found: Impact of Structure and Systems; Specialist Knowledge of Autism or Attachment; and Strategies to Provide Support for Children in Care. From these findings two key issues are discussed: the importance of relationships and the question of responsibility. An adapted version of the Bioecological Model of Development is proposed that addresses these issues and provides a working framework through which support for autistic children in care can be enhanced. Across both chapters the thesis provides an in-depth exploration of the lived experiences of those supporting some of the most disadvantaged students in England, thereby advancing the research discourse, whilst also proposing realistic proposals to inform the work of relevant practitioners.

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Research Thesis: Declaration of Authorship

Print name: Jennifer Rose Anne Pickles

Title of thesis: **Children in Care: A Systematic Review of Stakeholder Experiences and a Study of Virtual School Heads’ Support for Children on the Autism Spectrum**

I declare that this thesis and the work presented in it are my own and has been generated by me as the result of my own original research.

I confirm that:

1. This work was done wholly or mainly while in candidature for a research degree at this University;
2. Where any part of this thesis has previously been submitted for a degree or any other qualification at this University or any other institution, this has been clearly stated;
3. Where I have consulted the published work of others, this is always clearly attributed;
4. Where I have quoted from the work of others, the source is always given. With the exception of such quotations, this thesis is entirely my own work;
5. I have acknowledged all main sources of help;
6. Where the thesis is based on work done by myself jointly with others, I have made clear exactly what was done by others and what I have contributed myself;
7. None of this work has been published before submission

Signature: .... Date: 5th June 2020

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Definitions and Abbreviations

ASD – Autism Spectrum Disorder

EHCP – Education Health and Care Plan

LA – Local Authority

MMAT – Mixed Method Appraisal Tool

PATH – Promoting Alternative Tomorrows with Hope

PEP – Personal Education Plan

PPP – Pupil Premium Plus

PRISMA – Preferred Reporting Items for Systematic Reviews and Meta-Analyses

SDQ – Strengths and Difficulties Questionnaire

SEND – Special Educational Needs and Disabilities

UASC – Unaccompanied Asylum Seeking Children

VSH – Virtual School Head

Chapter 1 Children in Care: A Systematic Literature Review of Stakeholder Experiences

1.1 Introduction

1.1.1 Children and young people in care in the UK

When family relationships break down and/or families are unable to care for a child with significant needs, they may need to be taken into care by the local authority, and 'corporate parents' assume parental responsibility. In this context, 'corporate parents' refers to the collective duty of care assumed by the local authority as defined by the set of principles set out in legislation (Children & Social Work Act 2017). The decision to place children in care, or a parent's decision to pass responsibility for care to the local authority, is usually undertaken with careful consideration to ensure that this is in the child's best interest. This may occur in situations where there is neglect or abuse at home, or because the family does not have the resources to be able to care for their child.

In the legislation (Children & Social Work Act 2017), and related academic discourse (e.g. Sebba et al., 2015), children in care are referred to as 'looked-after children'. However, a recent review of language conducted with children in the care system found that both children in care and their allies preferred alternative terms to 'looked-after child' (The Adolescent and Children's Trust, 2019). Accordingly, within this review the term 'child in care' will be preferred, except where referring to specific usages of 'looked-after' children in published work/legislation, for reasons of clarity.

Being raised in care is associated with poorer outcomes in educational progress than children experience when they have not been raised in care (Sebba et. al, 2015). Children in care are also over-represented within the criminal justice system (Williams, 2017), and are more likely to have substance misuse problems than children without an experience of being cared for by local authorities (Alderson et al., 2019). These negative outcomes can also continue into adulthood, with higher reported rates of depression, anxiety, criminal convictions and addiction recorded for an adult population with an experience of care (Teyhan, Wijedasa & Macleod, 2018).

The number of children and young people being cared for by a local authority in the UK presently exceeds 103,000[1]. The legislative context that informs this process stems from the Children Act (1989) for England and Wales, and the subsequent Children (Scotland) Act (1995) and the Children (Northern Ireland) Order (1995). Amendments have been made since these Acts were passed by Parliament, the most notable of these affecting educational settings was the requirement for all local authorities to implement a role for at least one person who oversees and promotes the educational attainment of children in care (Children and Families Act, 2014), as well as changing provisions for children leaving care (Child and Social Work Act, 2017).

For every child in care in the UK there is a team of multi-agency professionals and key stakeholders involved in their support and development. These include (but are not limited to) biological parents, foster carers, kinship carers[2], residential care home support workers, social workers, designated teachers, virtual school heads, and mental health support workers. Whether from the children themselves, or these various stakeholders, there are many different voices that describe the lived experiences within the care system. As we shall see in this paper, there is a body of research that seeks to explore and understand these voices, and it is this that forms the basis of this study.

1.1.2 Legislation and policies for children in care

Children are assigned the label ‘looked-after child’ by the local authority after spending 24 hours or more in their care. There are two main routes into local authority care. The first route involves any child who is accommodated under Section 20 of the Children Act (1989), and where those with parental responsibility consent to the provision. The second route is associated with a Care Order under Section 31 of the Children Act (1989) where a local authority can apply for parental responsibility when a child is deemed to not be in receipt of appropriate care. The majority of children (49,750) who were in care in England between the years 2018–2019 were placed in care due to the determination that they were at risk of, or subject to, neglect or abuse in their home setting (Department for Education, 2019).

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[1] England (2018–2019): 78150; Scotland (2017–2018): 14738; Wales (2018–2019): 6845; Northern Ireland (2018-2019): 3281.

[2] Kinship carers are relatives or family friends who take on the responsibility of care when a parent can no longer care for their child.

The legislation and policy currently in place for supporting and enabling young people in care has been designed in response to the poorer long-term outcomes experienced by these children. There have been amendments to this legislation over time in light of findings related to these outcomes, and a greater emphasis is now put on enhancing identified protective factors, which may mitigate negative long-term outcomes. For instance, one of the protective factors that has been identified is educational support (Drew & Banerjee, 2019), and this has been addressed through the introduction of departments such as virtual schools (Children and Families Act, 2014), and roles such as designated teachers (Department for Education, 2018). The virtual school head oversees the completion and quality of the Personal Education Plan (PEP) that every child should be contributing to on a half-termly basis. A PEP seeks to gather young people's perspectives of their feelings of safety and their experience of school. This is in accordance with one of the key principles of the Children and Families Act (2014), which states the importance of children and young people having a role in decision making and feeling that their voice is valued. Greater emphasis is also now being put on supporting the transition and on-going experiences of care leavers (Child and Social Work Act 2017) as well as for children who have been adopted or have returned to the care of their families (Department for Education, 2018). Furthermore, all local authorities are required to collect data for every child over the age of 3 who has been in their care for over 12 months, using the Strengths and Difficulties Questionnaire (SDQ - Goodman, 2001) (Local Authority Social Services Act, 1970). The intention behind this is to monitor the social-emotional health of young people in their care so that causes for concern can be appropriately addressed and the young person can be supported.

1.1.3 Reported outcomes for children in care

A significant body of research has sought to examine and assess the experiences of children and young people in care, with a view to understanding the mechanisms that affect poorer developmental, psychological and educational outcomes. First, with regards to the data relating to current educational outcomes and SDQ scores, which are tracked and recorded by local authorities, recent data revealed that of the 41,140 children between the ages of 5 and 16 who were assessed, 39% had SDQ scores that indicated a "cause for concern"[3] (Department for Education, 2019, p. 10). Furthermore, research conducted by the

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[3] The Department for Education (2019) defines a score between 17 and 40 as a 'cause for concern'.

Department for Education also revealed that children in care in 2018-2019 were significantly less likely to make good academic progress, compared to children without an experience of the care system. These data showed that fewer than 37% of children in care met the expected standards in reading, writing and mathematics at Key Stage 2, compared to 65% of children not in care (Department for Education, 2020).

The enduring relationship between poor educational outcomes and being a child in care has also been explored within academic research. For instance, Sebba et al. (2015) found that within an international population there was a consistent correlation between being in care and poorer educational outcomes. Their findings suggest that this relationship may be mediated by different individual characteristics including the experiences a young person may have had before they entered the care system, or specific learning needs that may explain some of the variance in educational progress. Similar findings were reported in a systematic literature review of international data (Luke & O'Higgins, 2018). The findings from this paper indicated that individual characteristics of the child, their socio-economic status, and their educational experience were better predictors of their academic attainment than their care status. However, the impact of these individual characteristics on educational outcomes for children in England is more difficult to assess due to the current paucity of high quality population-level studies (Jay & McGrath-Lone, 2019). Educational outcomes that were explored in the two systematic literature reviews focused on depersonalised quantifiable data (e.g. GCSE grades, absenteeism, etc.), with only one paper out of the 40 reviewed (Henderson et al., 2016) including outcomes that were child reported (higher education aspirations).

Over time a large number of educational interventions have been designed to address this attainment gap for children in care. Researchers have sought to gather evidence regarding the efficacy of different interventions within educational settings. Moderate effects have been reported for interventions that target teacher-child relationships, academic skill progression (Lipscombe et al., 2013), and homework completion (Leve & Chamberlain, 2007). It should be noted however, that concerns have been raised regarding the methodological quality of some research in this area (Evans, Brown, Rees & Smith, 2017; Liabo, Gray & Mulcahy, 2012), highlighting the need for more robust studies that address these methodological limitations. Nonetheless, there is some support for efficacious interventional support when delivered in a timely, collaborative way. Specifically, Sinclair, Luke & Berridge (2019) found that the efficacy of educational interventions was improved when children in care received targeted support before the age of seven. They also highlighted that interventions should include both school and family, or caregiver support.

To understand more comprehensively why negative outcomes such as the academic attainment gap exist, it is necessary to identify and assess the impact of risk factors and protective factors for children in care. Simkiss, Stallard and Thorogood (2012) identified that the most consistent risk factor leading to poor academic outcomes for children in care was parental socio-economic status. Another risk factor that has been identified once a child is in the care system is placement instability (i.e. their sense of security in their foster placement). This issue was considered by Rock, Michelson, Thomson and Day (2015), who reported that the ability of carers to build positive relationships was a key factor to protect against placement instability. The quality of relationships is also a protective factor in other aspects of a child's development. For instance, a positive relationship between a child and their caseworker was found to be effective for supporting participatory engagement in decision-making for young people in care (Kennan, Brady & Forkan, 2018). Including a child's perspectives in decision-making enabled them to feel a level of control over their experiences (Sebba & Luke, 2019).

Overall, the research base includes a significant body of literature that reports on outcomes for children in care, specific interventions for support, and outlines possible factors that put a child at risk of negative outcomes, or protects them from these. These findings indicate that interventions are most effective when they target not only the child, but also school staff and caregivers; and highlight the importance of positive relationships across these groups for enhancing protective factors. While the importance of positive relationships is acknowledged, existing research does not fully explore how these relationships are understood, developed and maintained, and relies primarily on (relatively crude) quantitative data that has been reported on behalf of the child (e.g. the SDQ [Goodman, 2000] score). This therefore points towards the need for an exploration of research that has considered the *lived experience* of children in care, as well as the experiences of those key stakeholders who have been identified. The inclusion of experiences and not simply outcomes of those actively involved and invested in the care system will allow for a more comprehensive understanding of how relationships better enable effective support, and provide an insight into why there is an enduring and consistently reported relationship between poorer outcomes and a child's care status.

1.1.4 Understanding the lived experience of the care system

Despite a large body of research detailing the psychological, educational and social-emotional outcomes for children in care, there are relatively few research studies that have sought to gain an understanding of the lived experiences of those in care. However, questions remain about why these negative outcomes for children in care continue to be evident for children who have experienced the care system, and accessing the voices of young people may reveal a greater depth of understanding about this. Furthermore, there is a need to collate the literature to understand the interwoven experiences of children in care as well as those who are caring for the children. Looking at a range of perspectives can uncover the different truths individuals hold about the impact of being a child in care (Wildy, 2003). Understanding this may illuminate ways that support can be designed in a more empathic and effective manner.

The current UK legislation emphasises the value and importance of successful relationships between all those who have a stake in enabling children and young people to thrive when they are cared for by the local authority (Department for Education, 2018). Therefore, it is important to consider how these relationships are understood by each of the individual groups, and how the development and maintenance of these relationships work in practice. Moreover, the vast majority of the research that has been undertaken has assessed data from a range of different countries, and therefore from a range of different legislative contexts. Although this is valuable in terms of developing an understanding of shared experience and outcomes, it overlooks the personal experience of children who are receiving support from within a specific paradigm.

To address this issue, the current review considers the views and voices of key stakeholders in the lives and experiences of children in care. This includes qualitative interview data, which provides a rich and detailed way to explore these perspectives. However, it is acknowledged that qualitative methods are not the only means to elucidate participant voice. Whilst it could be argued that qualitative interview research, grounded in a phenomenological approach, gives the richest insight into lived experience, there are also other methods that may provide insight. For example, when collecting perspectives from those who may have difficulty communicating experience to researchers, or do not communicate verbally, a questionnaire or survey may be more accessible to the young person and still provide an insight into their lived experience. Therefore, this review interrogates quantitative, qualitative and mixed-method research papers, where the data are self-reported, to ensure that the outcomes described are reflective of the individuals' perspectives.

These self-reported voices provide vital perspectives about experiences of both children in care, and those who care for them. Exploring these self-reported voices also brings the current review into concordance with the spirit of the legislation around children in care, where a clear emphasis is placed on the value of young people's voices. By considering perspectives of children in care, together with those of foster carers, parents, social workers, education staff, and others, this study aims to investigate the commonalities and divergences of these views, which ultimately shape the experience. Triangulation and synthesis of views from multiple perspectives (Patton, 2002) provides an opportunity to describe patterns of experience across stakeholders.

1.1.5 Research aims

The primary aim of the systematic literature review is to gather and collate the studies previously conducted on the perspectives of children and young people in care, alongside research that has addressed the voices of key stakeholders in the community around the child in care. This includes staff employed in education, social care, children's services, residential care homes, foster carers, and biological parents. The intention is to explore what the lived experience of these individuals is, and to see whether there are any commonalities in their experiences. To achieve this aim, the review considers two key questions:

- Whose voices are taken into consideration in the research literature relating to the experiences of children and young people in the UK care system, and those who care for them?
- What do these voices collectively tell us about the experiences of young people and children in the UK care system, and those who care for them?

1.2 Method

1.2.1 Systematic search

A systematic search of the literature was conducted using four electronic databases; PsycINFO, Education Resources Information Centre (ERIC), Web of Science, and Scopus.

These databases were selected after initial scoping searches indicated that they provided appropriate access to research relating to social care, education, psychology, and children and young people, as well as research that utilised a broad range of methodologies.

The initial scoping searches also guided the development of search terms. Repeated iterations of the search were conducted with different terms to ensure that these met the requirements with regards to both the level of sensitivity necessary to produce a comprehensive search, and the level of specificity needed for that search to reflect the research aims. Where the search terms produced more papers than expected, a review of the titles and abstracts of the first fifty papers recalled was undertaken to assess the research found, and to determine which terms needed to be included or excluded in order to ensure relevance. The final search syntax, agreed upon by the review team, which consisted off myself and the project supervisors, is shown in Appendix A.

1.2.2 Inclusion and exclusion criteria

A defined set of inclusion and exclusion criteria were selected prior to the exploration of the database search results, to determine which of the recalled research papers would be subject to further analyses. Due to the broad nature of the research aims, papers were not restricted by date range. In order to ensure that relevant papers were not missed, limiters such as ‘peer reviewed’ and ‘country of origin’ were not applied during the database search, and these were included in the inclusion/exclusion criteria instead. This decision was made during the scoping searches as it was revealed that some of the relevant research papers were not recalled. This may reflect the potential fallibility of these limiters on database searches.

Table 1

Inclusion and Exclusion Criteria

Study Item	Inclusion criteria	Exclusion criteria
Population	Children and young people, parents and/or carers with direct experience of the UK care system Professionals with direct experience supporting children in care in the UK, including social care workers, teachers, designated teachers, virtual school staff and psychologists	Individuals who do not have direct experience of the UK care system
Phenomena of Interest	Papers that referenced experience of the UK care system, either through education, social care work, brokerage or within residential settings (privately or state run)	Papers that referenced systems not relating to the UK care system
Country	Based in the UK	Based outside the UK legislative context
Type of Research	Primary research Academic journals, dissertations Peer reviewed	Secondary research e.g. Meta-syntheses, systematic reviews Editorials, opinion pieces, books
Study Design	Qualitative, quantitative, and mixed methods studies Exploration using self-report measures	Studies not using self-report measures
Outcomes	Outcomes that considered the experiences of children in care, including qualitative research, questionnaires or survey measures	Outcomes related to academic, cognitive, health or other progress measures that did not reflect a personal or self-reported account of individual experience, for example IQ

1.2.3 Study selection

The initial search of databases resulted in 1901 papers being recalled. These papers were loaded into the software programme Rayyan QCRI and duplicates were removed (N = 379) resulting in 1522 papers for review. Titles and abstracts were screened against the inclusion and exclusion criteria and 1427 papers were excluded on this basis. Full texts were accessed for the remaining 95 articles and 71 further papers were removed at this stage. The vast majority of these papers were removed due to the studies taking place outside of the UK legislative context, and a full breakdown of this process and the reasons for exclusion is included in Appendix B. This resulted in 24 papers being included in the current review (see Figure 1 for the PRISMA flow diagram [Moher, Liberati, Tetzlaff & Altman, 2009] which illustrates the study selection process).

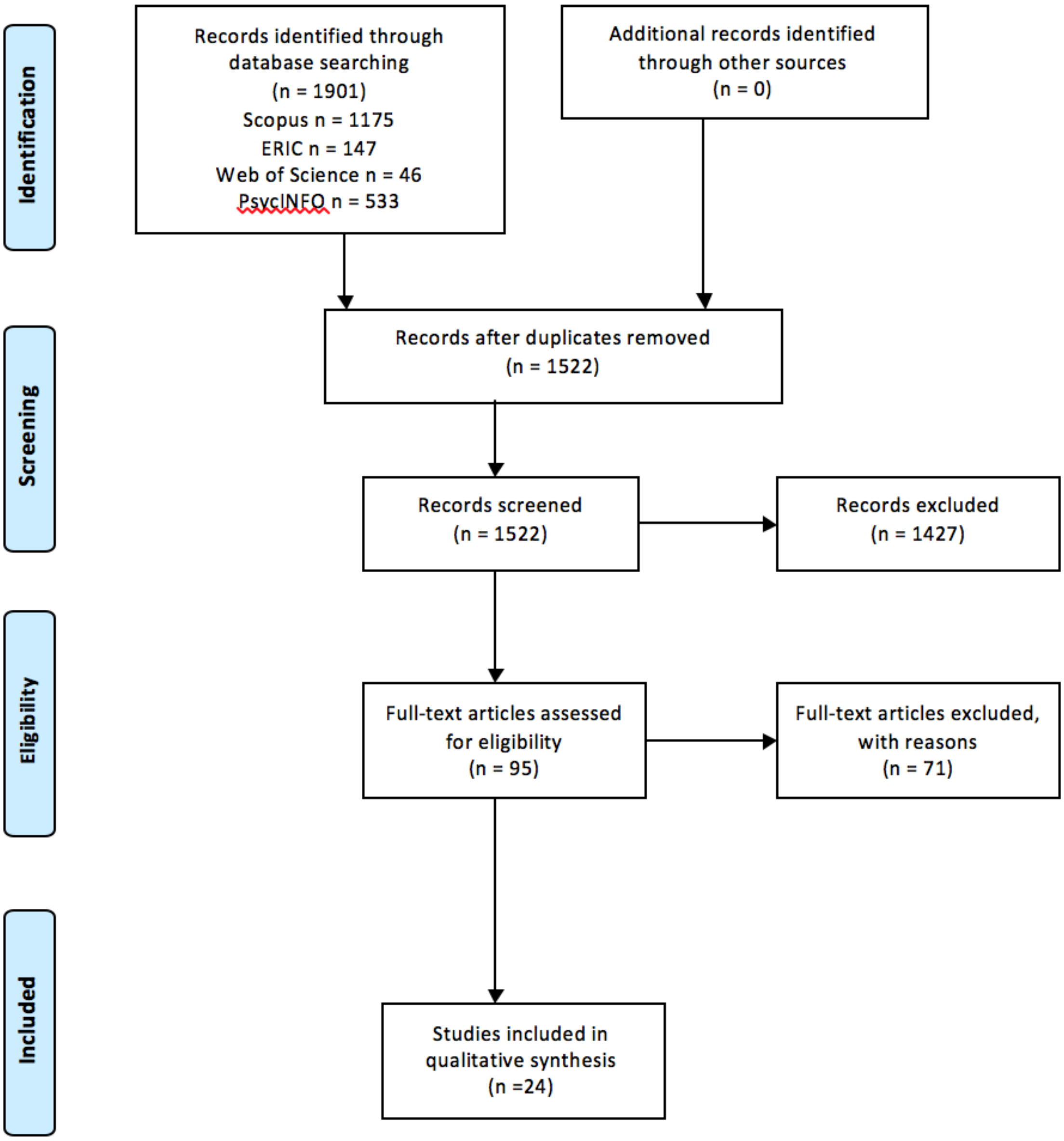

Figure 1. PRISMA flow diagram illustrating the systematic search process

1.2.4 Quality assessment and data extraction

Upon identification of papers included in the current review, a concurrent approach was applied to data extraction and quality assessment. Each paper was critically assessed using the Mixed Method Appraisal Tool (MMAT) Version 2018 (Hong et al. 2018). This tool was selected because it allowed for different methodological approaches to be critically appraised (Hong et al., 2019). The MMAT discourages numerically scoring each criterion, suggesting instead that qualitative information is recorded that can form the basis of sensitivity analysis. The criterions were therefore rated as ‘Addressed’, ‘Partially Addressed’, ‘Not Adequately Addressed’, or ‘Not Stated’, with further narrative clarifications included. See Appendix C for the full quality assessment data table.

A data extraction table is included in the results section and lists author(s) name(s), year, participant information, method, and findings. Each of the papers included are numbered, and will be referred to by that number throughout the analysis. Exploration of whose voices were collected within this field of research; a comparison of the relative strengths and limitations of the studies included; and an analysis of the findings, is undertaken in this systematic literature review.

1.2.4.1 Quality assessment: Qualitative studies

The majority of papers had clearly expressed research aims and a qualitative approach was deemed an appropriate method to address these aims. Analysis was also clearly described for most papers, and there was a coherent link between the data collected, analysis, interpretation, and recommendations. For six of the papers the research aim was not explicitly stated and therefore inferences had to be made from the title, introduction, and approaches to quality assess the outcomes of the papers. Full details of this are reported in the MMAT Quality Assessment tool in Appendix C.

1.2.4.2 Quality assessment: Mixed method studies

Of the five mixed-method studies, four had clearly described research aims, however for one of the studies (Broad, 2001) research aims were inferred from the title, introduction, and method. It was presumed that this was due to the report being part of a wider, on-going research project. Most of the papers included justifications for utilising a mixed-method approach and the integration of findings and the subsequent outputs of that integration were well described. Where one piece of research reported outcomes with divergences from the two different sets of findings (Bradwell et al., 2011), this was noted within the text but further exploration of why this occurred would have strengthened the paper.

1.3 Results

1.3.1 Study characteristics

A summary of the participants, method of data collection and analysis, and key findings of the final 24 studies is provided in Table 2. This includes five columns: the RefID column indicates the number that the papers will be referred to by throughout the review; the Citation column gives the name of the authors and the year of publication; the Participants (Pps) column describes information about age, gender and care status of the young people (YP), professionals, and caregivers where this is available; the Methodology column includes a brief description of the data collection method and analysis approach where given; and the Key Findings column gives an overview of relevant data from the results sections. Where themes have been described in the papers these have been included without subthemes for clarity.

All of the published research included was conducted between 2000–2019. The vast majority of research was situated in England, however there was one paper where data were gathered from Northern Ireland, (8), one from Wales (13), and one from Scotland (21). There was a good geographical spread of data and descriptors such as rural, town, and inner city were all used. There were five mixed method studies (2, 3, 11, 20, 23); and the remaining 19 papers were reports of qualitative studies.

Table 2

Data Extraction table

Ref ID	Citation	Participants	Methodology	Key Findings
1	Adley, N. & Kina, V.J. (2017)	Care leavers (N = 12) (age = 18 – 21).	Semi-structured interviews using a visual tool. Thematic analysis.	Misperceptions of the transition process. Complexity of accepting support.
2	Bradwell, J., Crawford, D., Crawford, J., Dent, L., Finlinson, K., Gibson, R., Porter, E. & Kellet, M. (2011)	Phase 1: YP (N = 9) 1:1 interviews. YP (N = 5) questionnaires. Phase 2: Observation of 22 reviews: YP (N = 12) completed the questionnaire. Independent Review Officer (IRO) & Social worker (SW) (N = 22)	Phase 1: Semi-structured 1:1 interviews or questionnaire. Phase 2: Questionnaires to YP, social workers and IRO directly after a review.	CYP feel it is important to be involved in the planning of their review meetings. 76% felt listened to by adults when they do attend their meetings and feel that they are able to say what they want at the meeting. More than half of the review meetings did not have the young person present, even though 71% thought it was important to attend.
3	Broad, B. (2001)	Phase 1: SW (N = not stated). Phase 2: Kinship carers (N = 22).	Phase 1: Questionnaires. Phase 2: Interviews.	Kinship carers wanted more support from social care. Kinship carers valued social worker support.
4	Butterworth, S., Singh, S. P., Birchwood, M., Islam, Z., Munro, E. R., Vostanis, P., Simkiss, D. (2016)	Care leavers (N = 12).	Semi-structured interviews.	Overarching attitudes towards care journey. Experience of social care services. Experience of mental health care.

Ref ID	Citation	Participants	Methodology	Key Findings
5	Drew, H., & Banerjee, R. (2019)	Surveys (N = 29): VSH (N = 19); staff at management level (N = 5); member of the VS staff team. (N = 5).	Online survey.	Enhanced learning opportunities. Well-being and relationships. Specific transition support. Raising awareness.
6	Driscoll, J. (2011)	YP who had an experience in care (N = 7) (age 16 - 20).	Interviews.	Educational disruption and attainment. Aspiration and motivation. Supporting looked-after children in school. Support for care leavers continuing in education but what about the rest?
7	Driscoll, J. (2013)	Designated teachers (N = 12) VSH (N = 4).	Interviews.	Late entrants into care. The role of schools in transition planning. Multiple transitions at the age of 16+. School or college?
8	Fargas-Malet, M. (2017)	Case file reviews (N = 47). Families interviewed (N = 8): YP (N = 10) (F = 4, M = 6) (age = 10 - 21), Parents (N = 9) (F = 7, M = 2).	Case file review and individual interviews. Content analysis.	Duality of care orders.. CYP and parents felt invasively monitored but also fearful of support being removed. CYP and parents viewed SWs simultaneously supportive but also felt that they should provide greater levels of financial support.
9	Gallagher, B. (2012)	YA (N = 16), 94% were aged 16–21 years, (mean 18.8 years) all of whom had spent time within a therapeutic children's home (TCH)	Case study using 1:1 semi-structured interviews, utilising template analysis.	3 pre-defined domains with 8 topics: The child's life in the TCH; relationships, therapy, life story work. The child's life outside the TCH; school, friendships, leisure. The child's life after the TCH; preparations for changing placements, contact with staff.
10	Gaskell, C. (2010)	YP (N = 10) in the inner London area.	1:1 interviews – notes taken, not audio recorded.	Inclusion in decision-making. The need for trusted adult figures. Stability of service provision and use.

Ref ID	Citation	Participants	Methodology	Key Findings
11	Harker, R. M. (2003)	YP (N = 80).	Interviews with both closed and open ended questions.	45% believed their progress had improved since being looked-after, 33% described their progress as worse. People who help: 22% of the sample could not identify a person.
12	Hiles, D. (2014)	Phase 1.: Care leavers (M) (N = 6) (age = 16 - 22). Phase 2: Health and social care professionals (N = 4).	2 separate focus groups for the two phases. Thematic analysis.	Phase 1: Leaving the system. The constantly changing social network. Lived experiences of support. Phase 2: The train wreck at 18. Service design and development. Working as a professional.
13	Holland, S. (2010)	YP (N = 8) with an experience of care (age = 10–20)	Longitudinal case study (1 year). Informal interviews, media, diary-keeping. Thematic analysis.	The interdependency of care. Recognising care. Articulating care. Contrast to lack of care. Formal care relationships. YP's understanding of care: Fairness, Longevity, Partiality, Everyday acts, Reliability, In contrast to lack of care.
14	Hollingworth, K. E. (2012)	Care leavers (N = 32) (ages 18 - 24. Leaving care managers (N = not stated). VSH (N = not stated). Identified individuals supportive of YP (N = 14).	Semi-structured interviews with leaving care managers and VSHs. Biographical narrative interview method with care leavers.	Support factors: Professionals and carers, school professionals, the school or college environment, involvement in community or faith groups. Obstacles:Financial constraints, Entering care and moving placements, Lack of time due to other responsibilities.

Ref ID	Citation	Participants	Methodology	Key Findings
15	Hyde, R. (2019)	YP (N = 10) (age = 16 - 19) from two UK local authorities.	Interviews. Thematic analysis and then deductively analysed using a SDT framework .	SDT R – professional support; relationships with family members; individual support figures; support workers; friendships; emotional support needs; educational support. A – Living arrangements; changing self; transitioning to independence; adult mindset; education, training or employment; fashioning identities, money management, mental health and wellbeing. C – journeying to independence; money management; self-efficacy & education.
16	Leeson, C. (2007)	YP (M) (N = 4) (age = 12 - 14).	At least 3 meetings. Moved from interview to storytelling. Body language also analysed.	Feelings of helplessness experienced as a consequence of not being involved in decision-making. Corporate parenting impersonal and systems orientated. Staff need to be consistent, concerned, and advocates. Attempts to communicate their feelings had met with a lack of understanding.
17	Ridge, T. (2000)	YP (N = 16) who were or had been under a local authority's care .	Interviews.	Creating Social Networks: Opportunities and Barriers in the Care System. Communication and confidentiality. Safety and bullying. The Impact of the Care System on Friendships and Social Networks: Losing old friends and starting again. Rules and regulations. The importance of school for external relationships. Moving towards independence.

Ref ID	Citation	Participants	Methodology	Key Findings
18	Rostill-Brookes, H. (2011)	YP growing up in care (N = 5) (M = 3, F = 2). Foster carer participants (N = 7) (M = 3, F = 4). Social workers (N = 4). Young person's advisor (N = 1).	Foster carers in focus group. Social workers and CYP in 1:1 interviews. Interpretive Phenomenological Analysis.	Making meaning: defining and understanding placement breakdown. An emotional and isolating process: how it feels when placements breakdown. The buck stops here: the struggle to situate culpability and responsibility.
19	Sebba, J. (2019)	VSH (N = 16).	Semi-structured interviews.	Functions and strategies used to support the education of children in care: Working with designated teachers, social workers, and foster carers. Relationships within the local authority, schools, and between the Virtual School and social care. Support for children: One-to-one tuition and individual support. School admissions. PEPs. Resilience. Transition to post-16 provision. Out of area placements. Funding—the Pupil Premium Plus Data collection, analysis and use.
20	Stanley, N. (2007)	14 YP (N = 14). Parents and carers (N = 159).	Focus groups with the YP. Questionnaire with closed and open questions for parents and carers.	YP: Relationships with mothers and carers. Stigma of the care system. Choice and control in receiving professional support. Involving care leavers in the delivery of services. Carers: Perceptions of mental health need; anxiety, fearfulness and low self-esteem most likely identified. Factors impacting on YP's mental health; lack of continuity of care. Carers' experiences of services; 92-98% contact social worker for mental health support.

Ref ID	Citation	Participants	Methodology	Key Findings
21	Syme, A. (2017)	Care workers (N = 15). Teachers (N = 7). Psychological intervention staff (N = 6).	Semi-structured interviews.	Once a ‘care kid’ always a ‘care kid’: sense of otherness. Readiness to succeed: care staff tended to emphasise emotions, while teachers and psychologists stressed learning. I know how you feel: differences between care staff empathy and school staff focus on resilience.
22	Taylor, A. (2008)	Foster carers (N = 14).	Semi-structured interviews. Grounded theory.	Predisposing Factors: Biological influence. Precipitating factors: Lack of positive role models, Rejection, Abuse, Neglect. Perpetuating Factors: Inadequacy of resources, Delay, Inconsistency, Conflict.
23	Ward, H. (2005)	YP (N = 38) with an experience of being in care.	Questionnaires followed up with interviews.	18% could not identify anything they liked about being looked-after and disliked everything. Liked: Improved material circumstances (33 %); individual members of staff (33 %); and the family environment (30 %). Disliked: Homesickness and missing family and friends (33 %) and what was perceived as the disparaging attitude of some staff in residential units (26 %).
24	York, W. (2017)	Foster carers (N = 10).	Semi structured interviews and grounded theory analysis.	Foster carers’ psychological understanding of challenging behaviour. Barriers to accessing CAMHS. Importance of support.

1.3.2 Participants: Who was asked?

The literature found within this review included the voices and views of 300 young people with an experience of care; 120 professionals who work with children in care; and 221 parents or caregivers[4]. The age of participants in the care-experienced group (i.e. those who were either children in care at the point of interview, or were care leavers), ranged from between 9 and 22+ years. The gender of participants was given for 11 of the studies (4, 8, 9, 12, 13, 15, 16, 17, 18, 19, 24) and two studies (1, 14) stated that there was an approximate balance between male and female participants but did not provide further clarity. Collectively, for the voices of children and young people who were care experienced, more females than males were interviewed (M = 36, F = 48).

Some comment on the ethnicity of participants was made in 11 of the studies (3, 4, 6, 9, 11, 12, 15, 17, 18, 22, 24). From these studies, of the participants who were care experienced, nearly 80% where white British (n = 141). Twenty-three participants were described as black, or black British, five participants were described as mixed race or dual heritage, two participants were described as Asian, two were described as Chinese, two were described as Asian British/Pakistani, one was described as Asian British/Other, and one participant's ethnic group was described as 'other'.

Two studies included participant information regarding learning needs (9, 10) and from this information moderate learning difficulties were described for two participants in one of the studies (9), while for the other study a comment was made explaining how all of the participants had low literacy levels (10). None of the other studies included any information about this demographic.

1.3.3 Methods: How were they asked?

Twenty-one out of the 24 studies utilised one-to-one interviews as a means to gather data. Of the three studies that did not include interviews, one used an online survey (5); one used focus groups with care leavers, and health and social care professionals, as well as a research diary and bracketing interviews (12); and one conducted a focus group with young people and questionnaires with both open and closed questions for parents and carers (20). Three of the studies that included interview data also included questionnaire data (2, 3, 23).

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[4] One paper (14) held interviews with both professionals and caregivers, but no participant numbers were given to indicate how many were in each participant group.

Of the research that used interviews, the vast majority (21 out of 24) employed a semi-structured interview method, however three of the studies (13, 14, 16) had different approaches to their interview techniques. One study (14) approached their interviews with care leavers using a biographical narrative technique, although the interviews that they conducted with professionals were semi-structured. The other two studies (13, 16) approached data collection through a longitudinal design in order to build the relationship with the children and young people in care that they were working with. Both of these studies collected data not just through the outcomes of interviews over time, but also through analysis of body language (16), film and photographs the young people took, as well as diary analysis (13).

1.3.4 Analysis: How were the findings understood?

When considering how data were analysed, and therefore interpreted, it is vital to have a clear understanding of the methodological approach that was taken (Willig, 2017). An outline of these approaches thus follows. The majority of studies either explicitly stated that they had used thematic analysis to interpret and understand the data collected (1, 9, 10, 12, 13) or described approaches which led to an understanding that was grouped as themes (16, 17, 19, 20, 23). Of the five studies that utilised thematic analysis, only two specifically described their approach: Attride-Sterling (2001) approach (1), and template analysis (9). Three of the studies used Grounded Theory (Glaser & Strauss, 1967) (3, 7, 11), and one study coded their data using NVivo, stating that they had incorporated elements of Grounded Theory into their analysis (21). Three studies used framework analysis (4, 14, 15), two used content analysis (5, 8) and one used Interpretative Phenomenological Analysis (18). Four of the 24 studies had no description of the analytical approach the researchers had applied to the data that they had collected (2, 3, 7, 11).

1.3.5 Findings: What did they say?

Due to the predominately qualitative nature of the approaches taken with these studies, there was a broad and disparate range of findings. These findings have been explored and grouped together by respondent to fully understand each participant’s experience, followed by an analysis of convergence and divergence of experiences across groups in the Discussion section.

1.3.5.1 Children in care

Of the studies that included the perspectives of young people at the time they were in care, the most consistently described themes reflected participants’ distrust of or disappointment in some professionals (8, 11, 13, 16, 18, 23). Themes relating to this concept were described variously as: the experience of corporate parenting as impersonal (16), blame and recrimination (18), the dual function of the care order in terms of surveillance and support (8), disinterest in formal care relationships (13), and the disparaging attitude of staff (23). In terms of education, one study found that 22% of a sample of 80 children could not name a single example of a person they would describe as supportive of their education (11). For those who could name someone, teachers came highest. When asked to name people who hindered their educational progress, social workers were named most frequently.

A related concept that was reported in the data was that children felt that their voices were not being heard within decision-making processes (2, 16). Bradwell et al., (2011) described how children were not present in over half of the review meetings that they observed. Exploring children's perspectives around this revealed that some children who were interviewed felt that they did not have a say about where and when their review took place, explaining: "the social worker just decides". Leeson (2007) found that non-involvement in decision-making resulted in children in care feeling helpless, and unable to fully participate in their experience. They described how this led to a perceived serious impact on the young people's lives in the future.

Finally, the concept of how children felt alone in their experience was reported by two of the papers (13, 17). Ridge and Millar (2000) described children's fears around the stigma of being in care impacting on their opportunities to develop friendships. Children also described the practical implications of multiple transitions contributing to their sense of loneliness. Conversely, participants in Holland's (2010) study reframed this as the system providing them with a drive towards self-reliance and resilience.

1.3.5.2 Care leavers

The most consistently described theme that can be drawn from the data that explored the perspectives of care leavers reflected their need for transition support (1, 4, 6, 10, 14, 15). The views of care leavers were necessarily retrospective when thinking about their care experience, and therefore factors that were more immediately impactful, such as transition, may have been more likely to be reported. Participants described that they felt that a continuation of services and support relating to education (6, 14), social care, and mental health services (4) would have better enabled a more successful transition when leaving care. Transition within the care system was also highlighted and the continuation of leisure and social activities across placements was described as ameliorating the negative impact of placement breakdown (14).

Related to this theme of transition was the misperception care leavers felt that they had about the experience of leaving care and the subsequent impact that this had on their feelings of readiness to leave care (1, 15). Adley and Kina (2017) reported that participants described a gap between their expectations of leaving care and the reality of the process, as well as the emotional, psychological, and material impact of this. Many participants felt that they were not appropriately prepared for the transition and the research highlighted how support offered at the point of leaving care may be rejected, but should be followed up once the reality has been experienced.

Three papers (1, 10, 12) described how care leavers recognised that there were times during their care experience, as well as subsequent to this experience, where they had been offered support but had rejected this. This finding is again emblematic of a retrospective review of experience and it is a deeply thoughtful and reflective description of behaviour. Participants drew a direct link between the experiences of relationship breakdown implicit in the process of being removed from parental care, and the subsequent distrust that formed between the young person and adults placed in a professional caring role. The suggested result of this experience was an inability to accept support when offered. Gaskell (2010) also described a sense of disillusionment young people felt with the provision of care after feeling like they had no influence over the process, and the subsequent rejection of support services. Hiles, Moss, Thorne, Wright and Dallos (2014) developed this point further with some participants describing the support they had received as feeling forced or pointless.

1.3.5.3 Caregivers

Only one paper accessed the views of biological parents (8) and only one included interviews with kinship carers (3). The findings in this section therefore primarily reflect the views of foster carers. Nonetheless, all of the papers that collected caregiver voices (3, 8, 18, 20, 22, 24) had themes describing relationships between caregivers and professionals. These relationships were discussed in both positive and negative terms. It was felt that social workers were helpful in providing direct and personal support to kinship carers (3) and also when providing guidance to caregivers about how they could access more specialist provisions for the children they were caring for. A reported 92–98% of foster carers, residential staff, and parents, friends or relatives, described turning to the social worker for support with a child’s mental health needs, rather than a dedicated mental health practitioner (20). This was described as a particularly useful role as caregivers highlighted difficulties in accessing this form of support (24). However, this relationship was also underpinned by feelings of distrust. Rostill-Brookes, Larkin, Toms and Churchman (2011) described how blame across the dyadic relationships that occur around the young person in care (foster-carer to child, social worker to foster carer etc.) can develop when trying to situate culpability and responsibility for negative experiences. Biological parents shared how they felt invasively monitored by social care, however they did not want to lose the financial support that social care involvement provided them with, and they felt that further support should be provided (8).

Two of the papers (18, 22) described how caregivers felt that they had a reduced sense of control, both in terms of the decision making processes that formed around the child that they were caring for, as well as in terms of the impact of their care. Rostill-Brookes et al. (2011) described how foster carers perceived decision-making as being undertaken solely by children's services staff and their subsequent feelings of a lack of control and autonomy. They explained that they felt that their voices were not valued within this process. The focus of this paper was on the experience of placement breakdown and the lack of autonomy may have contributed to the blame process described above. Further to this, Taylor, Swann and Warren (2008) also explored foster carers views of what might be the causal factors for emotional and behavioural difficulties in foster children. They proposed a model from the data collected that placed a central predisposing factor, as understood by foster carers, to be 'biological influence'. The central placing of this factor suggested a within-child way of thinking, and this may contribute to reduced feelings of control when offering support. Furthermore, the perpetuating factors included aspects of the care system over which they had no control (e.g. inadequacy of resources or delay). The researchers proposed a theoretical supposition that foster carers may perceive their autonomy to be reduced, in order to protect themselves against potential conflict or placement breakdown. However, foster carers also stated that they felt 'out of the loop' in terms of decision making and wanted more involvement in the process, as they felt that some decisions were made inappropriately on their behalf, or on behalf of their foster children.

1.3.5.4 Professionals

There were relatively fewer pieces of research that reported on the perspectives of the professionals who support children in care (5, 7, 12, 19, 21), and here the findings are more varied. However, two key concepts were described across all of the studies: the focus on relationships, and transition support.

Both quantitative (5) and qualitative (19) findings indicated that virtual school heads perceived themselves to be facilitators of relationships. Virtual school heads described that a significant aspect of their role was fostering positive relationships between staff members across the departments of social care and education. Offering and delivering training was one of the key strategies employed to develop these relationships positively. Some tensions were identified in this study between virtual school heads and social workers. These were described as being due to social care staff having different priorities than virtual school staff when supporting children in care. Syme and Hill (2017) similarly noted tensions between different staff members within a residential school for children in care and described this as emerging from the different priorities staff had. Where residential teachers focused on how academic progress was a protective factor for children in care and thus prioritised education, residential care workers prioritised supportive 1:1 relationships. This study suggests that greater relationship building between staff members would facilitate understanding of role boundaries and values underpinning approaches, and result in a more consistent form of support for young people.

Hiles et al. (2014) described the relationships between social workers and young people as a critical element of support. Further to this, the participants also reflected on how there were challenges when managing relationships within the social care staff team. The findings indicate that given the pressures of the job and the peripatetic nature of the role there can be resulting breakdowns in communication and support within the team. This subsequently impacts on social workers' ability to provide effective support for others. This further emphasises the need for attuned and positive relationships between professionals, as well as between children and the adults working with them.

Three papers out of the five that accessed the views of professionals described how transition support was a key theme developed from the data (5, 7, 19). Drew and Banerjee (2019) indicated that specific transition support is perceived to be a vital aspect of the virtual school head role. Methods to support this were offering enhanced transition support, specialised one-to-one support, and school holiday transition support. There was a direct acknowledgement in two of the papers that children in care often experience multiple transitions and this has a resulting negative impact on them (7, 19). For children who are 16 these transitions potentially include moving from school to college, from foster care to semi-independent living, and also potentially transitioning between different foster placements. The psychological, emotional and educational impact that this can have on individuals is significant, and professionals sought ways to mitigate this through individualised support programmes. Professionals recognised that in order to deliver this support effectively they needed to be aware of the personal needs and preferences of each of the children they support, which again points towards the need for close professional relationships.

1.4 Discussion

1.4.1 Whose voices were included in the literature base?

Understanding whose views and voices were contributing to the literature regarding the care system was the first core aim of this review. There is a significant body of research that explores the developmental, psychological, educational, and vocational outcomes of children in care. However, when seeking to understand the direct lived experiences for children in care in the UK, and particularly where perceptions were self-reported, this review found a surprisingly small number of studies. Searching through databases that included research from education, social care and health revealed only 24 papers that met the inclusion criteria. Explicit recognition was made that ‘participant voice’ did not need to come through qualitative studies exclusively, and quantitative and mixed method studies were also sought, with the stipulation that they must contain self-reported data. Furthermore, the review sought to collate the voices of all individuals involved in supporting children in care, as well as the children themselves.

Despite rigorous searching and a broad set of criteria, only one paper was found that included the voice of biological families, only one that featured the voices of kinship carers, and foster carers were the main source of data within the caregiver respondent group. There were similarly few papers that featured the voices of professionals, although there was a broad spread of roles covered including: virtual school heads; residential children’s home workers; designated teachers; and social workers. Only 300 young people with an experience of local authority care had been asked to report on their experiences (albeit in published academic work) in a 20-year time frame. Given that there are a series of governmental outputs that include quantitative measures such as the SDQ scores, GCSE attainment figures or school exclusion rates, it is significant that there are very few outputs from the government that detail how children in care would describe their experiences. This lack of exploration is similarly reflected within the academic discourse.

Moreover, the views and voices of children with special educational needs were significantly underrepresented in this literature. Children in care are over 9 times more likely to have an Education, Health and Care Plan (Department for Education, 2019). Only two of the papers made reference to special educational needs, one within the participant data (9), and one via a comment that participant information was given verbally, as well as in written form, due to the low literacy levels of the participants (10). Given the high proportion of children in care who are in receipt of extra support due to their learning needs, this seems to be a significant oversight. As education is a recognised protective factor in ensuring positive outcomes for children in care, it is vital to understand the experience of young people for whom education may be more challenging to access.

No papers included within this review had participants who were described as unaccompanied asylum seeking children (UASC) despite this population constituting nearly 6% of all children in care (Department for Education 2019). UASC are not evenly distributed around the UK and this may be part of the reason why these children are not appropriately represented within the literature base. However, understanding the experience of these young people would be a vital component of shaping effective support. Another reason for this might be that only 11 papers in total commented on the ethnicity of participants, so UASC status may not have been included in the demographic breakdown. Where ethnicity was described, over 80% of the participants were white, which is a slightly higher representation of the number of white children in care (74%) (Department for Education, 2019). However, some of the concerns shared by kinship carers (3) were around the placement of children with carers of different ethnicities, for fear that their heritage and their experience could not be understood, and calls were made within that paper for further research into this area.

The research base had far more papers that explored the experiences of children in care or care leavers than professionals or caregivers. Understanding the experiences of caregivers alongside professionals enables data to be triangulated against the experiences of the children, and thus provides a far richer evidence base from which policies can be developed. However, access to biological parents or kinship carers may be more challenging. For biological parents who have had children taken into care, research would have to be sensitively designed and conducted. Similarly, kinship carer roles are poorly defined, and researchers may find that they are difficult to access as there are few supports in place for them, as described within the paper (3).

Professionals working alongside children in care were more significantly from the education sector (e.g. virtual school heads, designated teachers, residential school staff), however there were no reports from teaching staff who did not have specialist training to support children in care. The higher number of papers relating to education may be because this is a recognised protective factor (Drew & Banerjee, 2019). The professionals who work most closely with children in care, however, are social workers, and as such this is a demographic for whom it is essential to understand their lived experiences, as this would illuminate far more barriers for success and positive practice.

Finally, as described in the quality analysis, the research included in this review was limited in both the quantity, as well as the methodological quality. Every paper that was reviewed called for more research within this field, and this review echoes those calls. Papers that seek to further the work completed in this review, by triangulating data between children, professionals, and caregivers, would lend support to the tentative findings described herewith. Addressing the missing voices within the literature base is essential in gaining a broader and richer understanding of the care experience. However, there is also a necessity for these studies to be conducted utilising a robust methodological approach, where the analysis of data is clearly described and appropriately addresses the stated research aims.

1.4.2 What do these voices tell us?

The second core aim of this systematic review was to understand and report on the voices and views of individuals with direct experience of the care system. In this subsection, the key findings from each respondent group will be recapitulated, examining each group's experience in turn. From the consideration of these collective experiences two key themes were developed which will be also be discussed. Finally, an exploration of how these findings sit within the wider research base and the legislative context is provided.

Drawing together the key findings of the results, we can see that children who were currently in the care system described three inter-related but distinct topics; a description of their distrust in the professionals that support them, the feeling that their views are not valued within the decision-making process, and their sense of loneliness. The care leavers' focus centred around transition, describing both the impact of effective and ineffective transition support, as well as their own personal sense that they had been unprepared for that change. A more reflective perspective of their time when in the care system included the feeling that they may have rejected support when it was offered to them, due to their distrust of professionals, and this was something that they regretted. Foster carers and biological parents described the duality of the function of their relationship with professionals, stating how they both appreciated the support, but also acknowledged that professionals were assessing their parenting skills and the sense of unease that this created. They also reported a reduced sense of control, feeling that the decisions regarding placements, meeting times, and meeting agendas were all taken by the social care team. Finally, the professionals reflected on the importance of positive, helpful relationships, although this predominately centred on their 1:1 relationships with the children in care, rather than with caregivers. They recognised the impact of transition and sought ways to mitigate this by drawing on their knowledge and awareness of the child.

As can be seen from the results, there were some significant commonalities of experience within the literature for children, caregivers, and professionals. Collectively, these commonalities can be grouped into two main themes; 'autonomy and control', and 'attuned relationships', which will now be described in further detail.

1.4.2.1 Autonomy and control

One of the main underlying ideas that emerged across the data was the need for key stakeholders to feel that they had a sense of autonomy. This was reflected in the views of children in care, and also in the perspectives of those supporting them. There was a direct link described in the literature between a sense of participating in decision-making, and engaging with specialist support provision. Care leavers described how they were offered, but rejected, support during their time in care, in order to feel that they had some control. However, upon reflection they felt that this rejection of support was not beneficial to them and they regretted this decision. For caregivers this lack of autonomy was described as not being given a say in how, why, and when meetings were organised. The result from this was a developing level of distrust for professionals who were supporting the families. For children and young people this came through almost all aspects of their lives, including where they were placed, what school they went to, and how meetings that were about them, included them. Finally, for professionals, this was also explored in terms of how much they were able to offer support given the constraints within their role.

1.4.2.2 Attuned relationships

Both the findings and the recommendations of the papers reviewed indicated that one of the key learning points that emerges from listening to the voices of children and young people in care, or those supporting them, is that there is a significant need for highly attuned relationships between all key stakeholders. The skew towards papers accessing the voice of the child, means that the relationships discussed are predominately around the child in care and their direct relationships. However, six of the papers specifically considered relationships between the key adults who provide support for the children and young people. It is notable how significantly this concept runs through the studies, and the challenges that are described when these attuned and positive relationships are not in place. There is a stark description of a breakdown in trust between foster carers and social workers, resulting in blame and recriminations, which may possibly play a role in placement breakdown. Relationships between social workers and caregivers were also described as fraught due to the need for resources. Social workers were described as gatekeepers to these resources, and unless caregivers had a constructive relationship with them, this resulted in a sense of vulnerability. However, when these relationships were secure, there was a resulting positive impact for the young person. For example, some foster carers stated that when children's mental health support services were being sought, they would feel more comfortable going through the social worker to access this than going to specialist support. Therefore, developing these relationships is a vital component to ensuring appropriate provision for children in care.

By taking the themes of 'autonomy and control' and 'attuned relationships' into consideration, we can start to understand the potential disconnect between a robust set of legislative guidelines and enduring negative outcomes. The Children and Social Work Act (2017) outlines the importance of relationship building, and allowing young people to contribute to their own support, however this is not represented within the recounting of lived experience. Although the themes of 'autonomy and control' and 'attuned relationships' run clearly through the findings of all the papers reviewed here, participants predominately described a negative, rather than a positive, experience of these themes. It is clear that children, caregivers, and professionals seek out positive interactions with one another, that they value this idea, and that as such, the legislation is appropriate in holding individuals accountable in this area. Yet clearly, in practice, there is scope to develop opportunities for building relationships and developing personal autonomy.

The concepts of both relationships and control relate closely to trust, and many of the participants stated that they found it difficult to trust one another. Children who have had an experience of maltreatment can find it difficult to trust new adults in a variety of different contexts (Ainsworth & Bowlby, 1991; Erikson, 1963; Geddes, 2012). This is further exacerbated by multiple placement transitions (Chambers et al., 2018). Without a secure trusting relationship with professionals and caregivers, care leavers described how they would reject the support on offer, which led to regret in adulthood. Therefore, developing this trust is a key factor in enabling appropriate, effective support for young people in care. Beyond the experience of the children in care, the challenges discussed regarding the relationships between adults were also grounded in a sense of distrust. This was partly due to the nature of certain professional roles, for example, the dual function of a social worker as both a support mechanism and a gatekeeper to resources. The relationship between social care workers and caregivers is inherently unbalanced in terms of power, and this can damage the levels of mutual trust and respect necessary for effective, co-operative working practice (Maiter, Paler & Maji, 2006; Pott, 2017). The interplay between power imbalances and individuals seeking control within multi-agency children's support is well established (Harris & Allen, 2011), and this perhaps gives rise to the theme of 'autonomy and control' identified here.

Exploring the theme of 'autonomy and control' in further detail, we can see that for all of the individuals within the relational interaction, there are feelings of being out of control. For professionals such as teachers and virtual school heads, they explained that they had to mitigate the consequences of a home life that they had no control over, which included multiple transitions and late entrance to care. For social workers they explained that their working practice was restricted due to a lack of resources and time. For foster carers they felt that they could not control the practicalities of meeting times, or certain behaviours of their foster children. Finally, children in care felt that they had no control over the decisions that were made about their lives. Enabling young people's participation in decision-making is enshrined in law (Children and Social Work Act 2017), and yet there are still times when this is felt to be ineffectively enacted. Creating environments where young people are able to act as autonomous agents improves their sense of self-determination (Deci & Ryan, 2008; Riddell, 2018) and their self-esteem (Alonso-Stuyk, Zacarés & Ferreres, 2017). Moreover, the review highlights how all stakeholders can feel that they are not engaged in decision-making. This has a subsequent negative impact on their feelings of control, and thus their ability to deliver effective support.

1.4.3 Strengths and limitations of this review

The guiding aims for this paper were designed to reflect the recognition that a child in care is not a child in isolation, and this is a significant strength of the review. Those individuals around the child, who hold a duty of care, impact their experience: caregivers, educators, specialists who support them, and corporate parents. Those adults around the child will also have valuable, insightful, personal experiences that equally cannot be understood fully when explored in isolation. By listening to this range of perspectives, this review addresses the gap in the literature identified in the introduction section. The collective findings of these papers indicated significant commonalities in experience. Just as children in care felt that they had reduced levels of control and were seeking supportive relationships, so too were their caregivers and the professionals employed to support them. A greater acknowledgment of this could allow for the development of policies that ensure support is available for all those who need it.

This review also recognises that participant voice does not uniquely come through qualitative research, but can also be captured via quantitative methods. This allowed for large-scale research to be included, as well as more in-depth smaller scale studies, and the combination of both within this review is a significant strength. It allows for the voices of those who may not have access or time for 1:1 interviews to still have their voice heard, whilst retaining the level of depth and richness that can be present within qualitative research.

Care was taken to ensure that the rigorous processes in place for a systematic literature review were followed, in order to guarantee that all papers that could contribute to these findings were accessed. However, it is possible that due to the relatively small number of databases accessed (a necessity given restrictions on resources and time), and no searching of grey literature, some studies that would also have been relevant were not included. Further to this, employing a snowballing method (Mourão, Kalinowski, Murta, Mendes & Wohlin, 2017) after papers were accessed may too have revealed a greater number of studies.

1.5 Conclusion and Implications for Professionals

The findings of this review emphasise how positive relationships are an absolutely fundamental and core aspect of support, both for children in care, but also for those around the child who are trying to provide support, guidance and care. However, the need for professionals to work at developing positive relationships is already enshrined in law. Determining how this is effectively implemented is far more challenging, and perhaps explains why this continues to resonate throughout the literature. The findings highlight how there can be distrust between all individuals within the system around the child, and where there is distrust, there can also be blame and recriminations. Therefore, the most important implication from this paper is that there is a need for this issue of trust to be addressed. Again, the findings start to give some indications about how this could be achieved. All of the participants expressed that they experienced a sense that they had no autonomy or control, and this perhaps indicates how professionals can bring forth more trusting, and therefore effective relationships. Ensuring that the adults around a child feel that they are part of professional relationships where collaborative decision-making takes place is vital. This would allow the adults to feel that their voice is heard, valued, and responded to, and would be the first step to ensuring that the same level of care and respect is given to the children they are hoping to support. In order to achieve this aim, people need to be listened to and know that their experience is understood. Transparency around value systems, clear delineation of roles, and addressing the power imbalances explicitly and openly would enable the development of more trusting relationships.

Chapter 2 Children in Care: A Study of Virtual School Heads' Support for Children on the Autism Spectrum

2.1 Introduction

2.1.1 Background context

In 2014 it became a statutory requirement for all local authorities (LAs) in England to employ a Virtual School Head (VSH) (Children and Families Act 2014). A VSH's role is to monitor and assess educational progress for all children in LA care and oversee the provision of appropriate educational support (Department for Education, 2018). To do this effectively they require an in-depth knowledge of the educational disadvantages that children in care face and are charged with a mandate to improve their educational outcomes.

Currently in England the impact of these educational disadvantages on outcomes are stark at all key stages. For example, UK government statistics show that children in care are far less likely to meet the expected standard in reading, writing and mathematics at Key Stage 2 than children who are not in care (children in care = 37%, children not in care = 65%) (Department for Education, 2020). Children who are in care with special educational needs (SEN) are at greater risk of poorer educational outcomes compared with children with SEN who are not in care, and children in care who do not have SEN (O'Higgins, Sebba & Gardner, 2017). When children in care have an Education, Health and Care Plan (EHCP) only 8% of these children meet national expectations in core academic subjects. This is the same percentage as children with an EHCP who are not in care, however children in care are nine times more likely to have an EHCP (Department for Education, 2020). Of the 8,090 pupils who have been in care continuously for the past 12 months and have an EHCP, 11.3% have Autism Spectrum Disorder listed as their primary need (Department for Education, 2020). This equates to roughly 920 children in England, and autism is the third highest indicated primary need after social, emotional and mental health, and moderate learning difficulties. Moreover, children in care with a diagnosis of autism have among the worst Key Stage 4 outcomes, scoring an average 178 GCSE points fewer than autistic children who are not in care (Sebba et al., 2015). Given this prevalence, and these outcomes, it is essential to ensure that those key stakeholders supporting autistic children in care understand the strengths and needs relating to an autism diagnosis. This would better enable appropriate provisions to be put in place and to ensure academic progression.

The implications of an autism diagnosis on educational success will vary across students, and research that has evaluated the impact of effective educational interventions has highlighted the importance of collaboration between staff, caregivers, and professionals to support individualised planning for the pupil (Bond, Symes, Hebron, Humphrey & Morewood, 2016). However, a recent review of Freedom of Information requests based on responses from 147 LAs in England highlighted inconsistencies in the sharing of information about an autism diagnosis and revealed that the majority of LAs do not routinely report on the diagnostic status of autistic looked-after children at a strategic level (Parsons, McCullen, Emery & Kovshoff, 2018). This suggests that at the most strategic planning levels for autism support, the opportunities for collaboration may be restricted, further disadvantaging pupils within this demographic.

Despite the VSH role being written into legislation six years ago there is currently limited research in this area (Drew & Banerjee, 2018) and no research in the area of autism support within England's virtual schools. As the findings in Chapter 1 highlight, there is also limited research into the perspectives of professionals who support children in care in general. There are strong calls for research in this area from academic discourse (Berridge, 2012; Parsons et al., 2018). Therefore, this study sought to gain insight into how VSHs perceive their role when supporting autistic children in care, and explores their understanding of how an autism diagnosis may impact academic progression. Their views about their role in relation to other key stakeholders and corporate parents (e.g. designated teachers, foster carers, residential care workers, and members of other LA services) were also explored.

An overview of the role of the VSH in terms of policy and legislation follows, as well as a description of some of the needs of autistic children in care. A brief outline of the Ecosystems Model (Bronfenbrenner & Ceci, 1994) and the development of this model for children in care (Richardson, Grogan, Richardson & Small, 2018) is also provided to contextualise the further development of this model based on the findings of the study.

2.1.2 The role of the VSH

The Children and Families Act (2014) mandated each LA in England to establish a VSH. There is no prescribed single model for service delivery; instead there is a framework for practice outlined within the legislative guidance (Department for Education, 2018) as well as within The Virtual School Handbook (National Association of VSHs, 2019). This flexibility allows LAs the opportunity to develop and grow the role in accordance with the needs of the children they are supporting. Subsequently the organisation, scope, and responsibilities of the role differ between LAs (Drew & Banerjee, 2018). It is the responsibility of VSHs to recognise that children in care may also have undiagnosed SEN and to put in place the necessary assessment and provision via the aligned processes of EHCPs and the Personal Education Plan (PEP) (Department for Education, 2018).

A PEP is a document designed to support children in care and contains information about a child's academic progress, their sense of safety and wellbeing, and the relationships they have developed with educational staff. The PEP is completed on a half-termly basis through a meeting attended by the child, the child's social worker, the designated teacher, and other key individuals, including virtual school staff. Assuring the quality and completion of PEPs is the responsibility of the VSH. Further to this, the VSH has the responsibility of designating funds called Pupil Premium Plus (PPP). PPP provides educational resources to further enhance the academic progress of children in care. There is therefore is a requirement for VSHs to have a good understanding of the strengths and needs of all of the young people within their virtual school, in order to ensure that the PPP is appropriately targeted.

2.1.3 The needs of autistic children in care

The criteria for a diagnosis of Autism Spectrum Disorder (ASD) within the Diagnostic and Statistical Manual of Mental Disorders (DSM-5; APA, 2013) include difficulties with social communication and social interaction and restricted or repetitive interests, including differences in sensory experience. The criteria describe differences in these areas as impairments for day-to-day functioning. Given the nature of the autism spectrum, for some individuals the levels of challenge faced may differ, and different environmental contexts may result in different experiences of difficulty.

What does not come through the diagnostic criteria are the many strengths autistic individuals may have, and how some of the criteria for diagnosis also fit with appropriate behaviours for academic success. For example, a 'restricted' set of interests could also be framed as sustained focus on specific topics, which may be beneficial for learning (Guldberg et al., 2019). An 'inflexible adherence to routines' could be described as a need and preference for structured schedules, which may help to reduce anxiety and enable focus on learning. Therefore, the term 'strengths and needs' (Department for Education & Department for Health, 2015) relates to the differences autistic children in care may experience within the environmental context, and how certain adaptations may be necessary to ensure that provision seeks to ensure consistency and an opportunity to develop these strengths. This could be a particular challenge for a child in care, as they may need to adapt to multiple environments due to placement disruption, school changes, and a changeable workforce of adults supporting them. Careful consideration of whether interventions are reflective of an individual's desire to adapt to environments should also be taken into account (Milton, 2014). It is essential to provide this clarity around what is meant by the phrase ‘needs’ due to the term being used interchangeably by some professionals with the words ‘problems’ (Steenbakkers, Van Der Steen, Grietens, 2017).

2.1.4 The ecosystems model

Bronfenbrenner’s ecological approach to human development (Bronfenbrenner, 1974) is a useful way to conceptualise how a child’s development is influenced by external contexts. His later adaptations to this approach, referred to as the bioecological model of human development (Bronfenbrenner & Ceci, 1994; Bronfenbrenner & Evans, 2000) emphasised the importance of proximal processes, which are the reciprocal interactions between an individual and the people within their external systems. The theory posits that development cannot be viewed in isolation but should be considered through the myriad of ways in which the context the child develops in will influence their experiences. Beyond this, the child at the centre will have individual responses to and engagement with those around them, which also impacts development. Bronfenbrenner initially described four systems of external influence, the micro-, meso-, macro- and exosystems (Bronfenbrenner, 1974), and later added the chronosystem (Bronfenbrenner, 1989). These systems describe the spheres of influence in terms of direct interactions (microsystem); how those in the microsystem relate to one another (mesosystem); direct external influences on those in the microsystem, for example laws that impact parents/teachers (exosystem); cultural and societal influences (macrosystem); and the impact of changes over time (chronosystem).

Building on this theory, Richardson, Grogan, Richardson and Small (2018) described an adapted bioecological model of human development (Bronfenbrenner & Ceci, 1993; Bronfenbrenner & Ceci, 1994; Bronfenbrenner & Evans, 2000) to understand the experiences of placement breakdown for foster children within the US. In this model, they describe an extended microsystem for a child in care, which includes foster families, court workers, social workers, and potentially new teachers, and new friends if having to move school. In consideration of this far larger microsystem, and the differences in proximal processes that may occur for an autistic child, it is therefore important to explore how interactions within the microsystem are facilitated and understood, and how information is shared amongst those within it.

2.1.5 The current study

The perspectives of VSHs were sought to address the need for clarity about how information around a diagnosis of autism is both shared and understood by those who provide academic support. In their paper, Parsons, McCullen, Emery and Kovshoff (2018) looked at the strategic (macrosystem) level and identified problems with information sharing in relation to an autism diagnosis. However, as they acknowledge, there is a need to explore local practices more significantly to understand about the processes that take place for individuals within LAs, to better conceptualise how this works in practice. The person with mandated oversight for the academic progress of these children is the VSH. They play a unique role in the gathering and sharing of information about a child in the care system, and can provide insight into the processes that take place between the strategic levels and local practices. Gaining an understanding of the mechanisms in place for ensuring appropriate provision, as well as exploring personal experiences of delivering this support, will illuminate current practices and also provide an understanding of where the barriers to effectual implementation currently lie. Therefore, the current study will seek to understand VSHs perspectives on their role in this process of information sharing, and their awareness and knowledge of the support needs of autistic children in care.

2.1.6 Research questions

The aim of the study was to explore VSHs' experiences of supporting autistic children in care, and the research was therefore designed to address the following research questions:

- What are the experiences of Virtual School Heads in providing autism related support for children in care within their LA?
- How is information relating to an autism diagnosis and support planning shared with schools?
- What can be learned about best practice and possible barriers in supporting autistic children in care?

2.2 Method

2.2.1 Research design

The study utilised a qualitative, exploratory design. This was the most appropriate way of addressing the research questions because it enabled the acquisition of rich, detailed data in order to analyse subjective experiences and understanding of the realities of practice (Miles & Huberman, 1994; Yin, 2014).

2.2.2 Epistemology

The research was approached from a social-constructivist epistemological paradigm, which was appropriate for considering the myriad ways a person within a role may understand their own remit differently from others in the same role. This is grounded in recognition that professional identity is shaped through the personal beliefs that one brings to a particular professional role, as well as the social and political context that their role is formed within (Mockler, 2011). The researcher also recognised how an understanding of an individuals' experiences is co-constructed through the interviews undertaken. Therefore, the theoretical perspective of the study was interpretivist, as the intention was to understand the experiences of developing and delivering support as something that was contextually based (Holloway, 1997). Thematic analysis (Braun & Clarke, 2006) was chosen based on its clear and structured approach, as well as its alignment with the study's epistemological stance (Braun & Clarke, 2013).

There was also recognition that the validity of qualitative research interviews relies on the researcher to be prepared to question their own methods, approaches and analyses (Brinkmann & Kvale, 2015). Biases are unavoidable as it is not possible to remain a neutral, dispassionate analyst within qualitative research (Fairclough & Wodak, 1997). It was, therefore, necessary for the researcher to recognise these and remain reflective and reflexive of the impact their own biases may have on the research. Reflexivity acknowledges how the experiences, values, and roles the researcher has will shape the process of research, as well as the interpretation and analysis of the data (Braun & Clarke, 2019; Palaganas, Sanchez, Molintas & Caricativo, 2017). The researcher is understood to be part of the research and rather than seek to remove their influence, which would not be possible, it was felt that their subjectivity was an asset that can be drawn from to further develop the analysis and interpretation of the data. Exploration and reflection on this influence was undertaken through the use of a reflective journal (for an excerpt see Appendix D), as well as through regular reflective supervision.

2.2.3 Semi-structured interviews

The interviews aimed to determine how people perceived their roles and, as such, participants were asked to describe and reflect upon the processes in place, and explore how they felt about their remit. Semi-structured interviews were chosen as they suited the exploratory nature of this study and provided flexibility to ask spontaneously devised questions, to gain deeper insight into a topic around a core, pre-planned, line of enquiry (Flewitt, 2014; Kvale, 2007).

Semi-structured interviews do provide some issues for reliability, as they are not standardised, as in a structured interview (Bell, 1999). Interviews also require those who participate to accept and understand their role as 'interviewee' (Garton & Copland, 2010). Assumption of roles can place pressures on participants to 'perform', which could arguably impact on the authenticity of their responses. To counteract this, the researcher adopted an authentic naïve stance and retained genuine curiosity regarding the experiences of the participants. The lack of awareness that the researcher had of the processes involved in the support of autistic children in care mitigated the potential power imbalance that could have otherwise reduced the participants' willingness to explore barriers for support.

Interview questions were designed in consideration of the discursive practices employed by VSHs, as understood from a pilot interview (see below) and discussions with colleagues in this field, and questions were formed in such a way that applied this idiolect (Wengraf, 2001). The literature review also informed the development of the interview schedule.

2.2.4 Participants

Nine participants (females = 5, males = 4) were interviewed, all of whom were employed as the VSH by a LA or they were employed by the VSH in a different role. In the case of one of the interviews, the VSH identified another member of staff as being the most informed person to contribute to the research. Therefore, one of the interviews included two participants: the VSH and the Occupational Therapist employed by the virtual school. In total staff members from eight LAs across England were interviewed.

2.2.5 Procedure

The study conformed to the British Psychology Society's ethical guidelines (BPS, 2014) and the University of Southampton's ethical review committee granted approval before the study commenced (Ethics Approval Reference #47572, see Appendix E). Participants were provided with a detailed information sheet (Appendix F) regarding the nature and purpose of the study, their right to withdraw, and full assurances were given that their data would remain confidential and protected. All participants signed a consent form (Appendix G) to formalise their agreement to take part.

A pilot discovery interview with one VSH took place to explore their experiences of supporting children in care with a diagnosis of autism. Recruitment for this came from a prior relationship the researcher had built within their employing LA. This interview was an opportunity to gain participatory feedback on the structure and questions used for the proceeding semi-structured interviews. Due to their significant contribution in shaping and redesigning the questions, their responses were not included in the data analysis.

To recruit participants, personalised emails were sent to every VSH in England detailing the purpose of the study, the contact details of whom were accessed through a Freedom of Information request published online in 2017 (Lidell, 2017, request #2017-0023409). Where some of these email addresses were out of date or no longer in use, efforts were taken to find current email addresses so that all individuals within this role were offered the opportunity to participate. From the responses an emergent sampling method was employed (Patton, 2002). VSHs from eight different local authorities expressed their interest and were able to find time to participate. Interviews were conducted face-to-face, or on the telephone depending on the preferences of the participants. Three of the interviews were conducted during the UK period of lockdown (post March 23rd, 2020), due to the COVID-19 pandemic and reflections on the impact of this situation are included within the discussion.

2.2.6 Thematic analysis

The data were analysed using the six-step approach to reflexive thematic analysis as described by Braun, Clarke, Hayfield & Terry (2019). Audio recordings were listened to twice per interview and all transcription was undertaken by the researcher to ensure immersion in the data. A bottom-up, inductive approach to coding the data was applied. Codes were initially determined using a semantic approach to line-by-line analysis, although with increased immersion within the data corpus, and through a reflexive iterative process, these codes were developed into latent codes where meaning was explored beyond the semantic description given by participants. Patterns of meaning across the codes were identified and then categorised to generate potential themes. Thematic maps of subthemes and main themes were created and examples of coding and thematic map development can be seen in Appendix H. Verification of themes was reviewed with consideration of internal homogeneity and external heterogeneity (Patton, 1990) to ensure that they were both identifiable as coherent themes and distinct from each other. Immersion in the data and exploration of patterns of meaning highlighted two concepts that ran throughout the themes generated, a question regarding responsibility and the concept of relationship building, which are described further in the following section.

2.3 Results

2.3.1 Thematic map

After familiarisation with the data, coding, and initial data analysis were complete, ten sub-themes were developed and grouped into three main themes; ‘Impact of structure and systems’, ‘Specialist knowledge’, and ‘Strategies for support’. Each theme included three subthemes and some of these sub-themes interlink across the main themes, as illustrated in Figure 2. Where subthemes interlink, these are described within the section relating to the main theme that they are associated with. There was an overarching issue that came through all of the interviews and is evident in each theme, which reflects discussion regarding who is responsible for different aspects of providing educational oversight, training, and support. Further to this overarching issue, relationships emerged from the data as a vital and underpinning feature within every interview. Relationships were discussed in terms of how they were formed and how they work in a practical sense. Indeed, the absolute necessity for VSHs to secure and nurture relationships between all stakeholders in the care system was interleaved throughout the interviews. Consequently, responsibility and relationships are explored throughout the following descriptions of each main theme and subtheme.

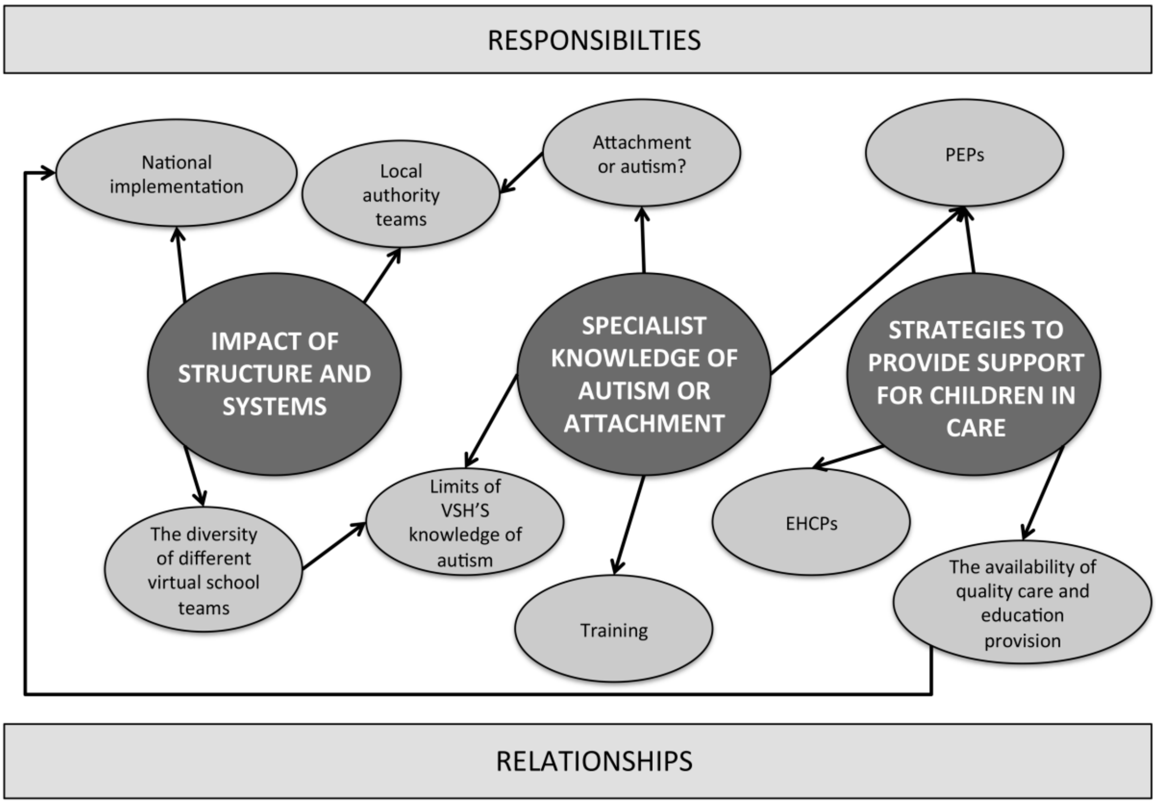


Figure 2: Thematic map

2.3.2 Impact of structure and systems

Every participant described a virtual school that was incredibly varied in terms of the composition of the team. This included schools having different roles within the team, the size of the team, and the way in which the team interacted with other LA agencies. The variation in other professional services within different LAs was also described, including the virtual school team's ability to access support and how this is commissioned. Finally, how VSHs navigate these varied and complex systems of support across a national context was explored.

2.3.2.1 Local authority teams

The virtual school exists within the network of departments that comprise a LA. It is required to liaise and develop positive relationships with a number of interdepartmental teams across the fields of social care, education, and health. These teams can include educational psychology services, clinical psychology services, children's social care, special educational needs and disabilities (SEND) departments, brokerage, safeguarding teams, and many more.

All of the VSHs interviewed made multiple references to the necessity of forging positive links with different teams: “The…thing that the children need us to do is build the bridge between social care and education.” (VSH3). They also commented on how this is underpinned by their skills in developing these relationships:

> [R]elationships are just so important, so our relationship with our colleagues in social care, in our schools, you know, with our foster carers, building those trusting partnerships and relationships and to get everybody working together in one direction to advocate and support that young person to that absolute heights is the most important thing. (VSH8).

Relationship building was facilitated through different means, either through seconding members from those services into the virtual school team, or offering training to different support agencies. For example, one virtual school had offered training to social workers who were supporting children on the periphery of the care system. Children on a child protection plan, or with the status of ‘Child in Need’ are children for whom parental responsibility remains with the family, but social care will try to support the parents to ensure that the children do not need to be taken into the care system. By offering this training to these social workers, the VSH felt that they were able to both forge positive links, and also convey a message about what the virtual school does, and what they can offer:

> So whereas the social workers who are social workers for children looked after knew what we did, now we're reaching out to social workers for children in need and child protection, and they're going, oh blimey, that's really useful, and we didn't know that you knew that. (VSH3).

Two of the VSHs described how they had placed themselves into multi-agency working groups to ensure that they were part of inter-agency team discussions: “I sit on a corporate parenting panel every week… it's not unique to [LA] but I don't know many VSHs that sit on that particular panel.” (VSH2). This placement ensured that they had a greater awareness of how different teams were working together, as well as gave them a role in planning initiatives for supporting students.

In order to enable these working relationships across different services, two of the VSHs also spoke of the need to develop a shared language, so that communication between professionals with different areas of expertise was supported:

> I can go and talk to an [educational psychologist] in education… that's what we speak…Whereas…I would have to understand the structure of how social care works

> even to know who to talk to. And from the outside looking in I wouldn't have a clue. (VSH3).

This quote also highlights some of the barriers that VSHs have to overcome when seeking out these positive relationships. In order to be a bridge between education, social care, and health, VSHs need to have a good understanding of how different teams work.

When talking specifically about providing effective support and provision for autistic children in care, six out of eight of the VSHs mentioned how there can be some challenge in ensuring that social care teams have the requisite knowledge and understanding of the needs of autistic children: “I’m not assuming that everybody knows a lot about special educational needs from a social care background.” (VSH4). Two distinct issues arose from this discussion; firstly that the stability of social care teams in some areas was not established and VSHs could not rely on social workers being sufficiently trained in all areas of support, for example:

> [W]orking with our social workers is an on-going [issue] because a lot like other local authorities, we have the turnover of social workers [and] agency social workers don't access the same level of training. So, in terms of a knowledge base, we're working hard to grow it…but it's…fluid…[By contrast] the disabled children's team is very steady and static and very knowledgeable. But not all children who would be on the autistic spectrum would have a social worker in the disabled children's team. (VSH1).

Secondly, the question of whether the delivery of this training should be the responsibility of the virtual school was raised: “our remit is education focused. We’re not there to plug gaps in children’s social care.” (VSH6).

All of the VSHs explained that they would often seek out information from different LA teams in order to gain a better understanding of the needs of the pupils, for example:

> We work very closely with our educational psychology team… many of the children will have come through and will not have seen an educational psychologist. Even though they may, we’ll look at their history, they will have had attendance issues, there will have been behavioural issues…their academic progress will be low. [S]o one of the questions I’m asking is, is this caused by environmental factors or is it caused by some cognitive issue that is yet unknown to us? (VSH1).

How the work with multi-agency professionals was commissioned varied. To address how the capacity of the virtual schools could be a limiting factor in delivering support to different LA teams, one VSH described how their work with the educational psychology service involved commissioning them to work directly with social workers and schools:

> [S]ometimes because of the need, it might be [a PEP] that's sort of, overseen by an EP themselves or it might be that the EP team…support the social worker [and] support the designated teacher in creating a person-centred experience for that young person. (VSH2).

Only one of the participants said that determining the needs of autistic children in care is the responsibility of the LA SEND team and that this knowledge does not rest with the virtual school:

> Any child with special needs, as in…say autism, or on an EHCP or going for assessment for anything, becomes the responsibility of the SEND team, and the virtual school, we do not wash our hands of the child, obviously, but in terms of what we're doing for the child, on the whole we abide by whatever the SEND team would say. (VSH7).

This quote emphasises how the responsibility for determining appropriate provision was clearly delineated within this LA. The VSH stated many times their understanding that once a child is recognised as being autistic, the virtual school deferred responsibility for that child's educational provision to the SEND team.

2.3.2.2 The diversity of different virtual school teams

Every VSH commented on the structure and the size of their team, describing the hierarchy, or lack thereof, and explaining the different roles of each of the team members.

The designated roles of the team members were different in every LA, with most teams including educational support workers, whilst one team (VSH5) also had social pedagogues and specialist team members including educational psychologists, occupational therapists and speech and language therapists. The relevance of this is that the focus for the support provided for pupils was slightly different within each team interviewed. Consequently, the need to access specialists from within the LA teams was different between the teams too, as explored in the subtheme 'Local authority team' below.

Not only did every virtual school have a unique composition, but every VSH also reflected on the size of their team in relation to the size of their caseload. This was typically to emphasise how small the team was in relation to the number of pupils they support: "We're a small team of six that have got over 340 children." (VSH1). VSHs approached procurement of funding differently, and this was one of the reasons cited for how small some of the teams were and explains some of the diversity between the teams:

> It’s been real issues over funding to try and get more people on our team that has been approved. We are a team but I don’t use premium plus funding for staffing which I know a lot of local authorities do so we’ve had to get that approved through the usual way through the local authority. (VSH8).

One of the challenges that virtual schools face when they have small teams, and high caseloads, is that they are unable to attend PEP meetings The value of the PEP is widely felt by all VSHs and is explored in more detail below. However, it is also discussed here because the ability to attend PEPs varied due to the diversity of the size and composition of different LA virtual school teams. When asked about their capacity to attend PEPs, one of the VSHs expressed their frustration around not being able to have their staff attend to ensure that they are conducted appropriately:

> When I first started this job I wanted a team that was big enough th[ey] could go [to PEPs]…because I think when we are there it really helps with the quality of what’s being discussed and the challenge and the support. (VSH8).

Another VSH described how they had tried to overcome this challenge by positioning themselves as facilitators of positive relationships between the professionals who were able to attend the PEPs:

> I think it's about us… facilitating even better relationships with our Social Workers and schools, trying to get them working better together jointly, and it's all about doing ourselves out of a job. (VSH2).

The importance of team members’ lived experiences of the care system was also considered a strength. One of the VSHs explained how one team member had personal experience of care, both as a child in care, and also as a foster carer. This experience helped to hold people to account and ensure that the work was really meeting the needs of the children being supported. Drawing upon this experience also helped to ensure a deeper level of reflection for the rest of the team with regards to how a child may feel throughout their experience:

> We then have somebody who is probably about as most qualified as she could be…she's been a foster carer, she's worked for an independent fostering agency, and she's an ex child looked after… And her being a child looked after is crucial, absolutely crucial. I mean all my team are first, child first last and always, all of them. But she'll say, do you know what that feels like in reality? (VSH3).

The importance of the virtual school team dynamics in enabling personal support and personal growth for the team members was also reflected upon. Ensuring positive relationships between team members was understood to be a key element to ensuring that the pressures of the job are manageable, for example:

> we've got some really really uplifting characters in the team, who are just great to have in the office when things are down. (VSH6);
>
> OT: we do have a lot of humour, all of us...[we have a] debriefing after a very significant or traumatic meeting, we come back and talk to each other…We talk about it and everything, and then it's done. (VSH5).

The emotional impact of the role on staff was seemingly managed and mitigated through the positive relationships that the team has with one other.

2.3.2.3 National implementation

Virtual schools are somewhat unique in that they have to liaise and negotiate with every LA in the country because a child in care may be placed wherever there is appropriate provision for them. This requires VSHs to communicate effectively with SEND teams across England to ensure that the child has access to the best possible educational provision. They also need to communicate with schools across the country and share information widely. Managing this can be challenging and requires a high level of trust, both interdepartmentally between SEND teams and virtual schools, as well as between different LAs.

Two out of the eight VSHs commented explicitly on the Education (Areas to Which Pupils and Students Belong) Regulations 1996, commonly known as the 'Belonging Regulations'. These regulations determine which LA a child 'belongs' to. The Belonging Regulations state that children belong to the LA where they were taken into care. However, if a child has an EHCP then the responsibility for assessment and provision lies with the LA where they are currently placed, even if that is in an entirely different part of the country. VSHs explained that these regulations were a significant barrier in providing the best support for children in care: "The belongings regulations are completely not fit for purpose for children looked after." (VSH3). One of the reasons given for this was that it created challenges for the sharing of information in a timely manner. Furthermore, it was felt that the quality of support documents, such as EHCPs, could be better assured if they were the responsibility of the SEND team within the LA to which a child belonged, rather than where they were placed (where these were different):

> [W]e want the belonging regulations to change so that our children, wherever they are in the country our local authority SEN is maintaining that EHC plan, not the authority they have gone to because one of the difficulties around that is drift and delay. (VSH8)

In order to manage the national implementation of educational provision whilst these regulations are still in place, different approaches were described. One of the challenges described was convincing schools out of area that they should enrol a child in their school when the VSH had no prior relationship with the school. One VSH explained how the powers given to the virtual school enabled them to secure the best support, if they were prepared to wield these powers effectively:

> [W]ell the big one is SEND out of borough…and the need to direct schools to take children…those are the ones where you go, 'oh, why won't they just take them…why am I having to go through this?' And I think DfE are very frustrated with VSHs that we aren't using the mechanisms they've given us. We've got the clout, let's use it. (VSH3).

Another described a slightly different approach that emphasised the ways that virtual schools can try and change the narrative schools have around autistic children in care in order to make schools feel empowered to support the child:

> If say, you were using the example of a high functioning autist who perhaps there are massive behaviour issues, straight away, the school does not see the child, they just see the problem and say, 'oh no, we can't meet need'. And it's just like, 'but what could you do to meet need? And that's kinda where we come in and we say, 'as a virtual school what can we do to facilitate that?' (VSH4).

2.3.3 Specialist knowledge of autism and attachment

When discussing how to facilitate the needs of autistic pupils in care all of the VSHs acknowledged that this required specialist knowledge. The areas covered within this theme were: the need for the team to gain specialist knowledge relating to autism and attachment, impart this knowledge to others, and recognition of their own individual limitations within this field.

2.3.3.1 Attachment or autism?

Seven out of eight VSHs commented on their awareness of how the behaviours relating to an autism diagnosis and an attachment disorder can be similar: "And I think that's another barrier…that confusion between behaviour that's…down to attachment and trauma, and a diagnosis of autism." (VSH5). As children in the care system may be more likely to have difficulties forming secure attachments due to their prior experience of familial care this raised concerns around whether a diagnosis of autism for some individuals within the virtual school were accurate. Moreover, unpicking these behaviours in order to understand the best approach for support was acknowledged to be challenging:

> [T]heir behaviours that they're displaying may be read as autism…but…we'll look at it through an attachment lens and go, actually this looks like… rigidity in thinking, control, wanting and needing to control their behaviours…that look[s] like OCD. So…[we think] are they on the spectrum, or are they not here? (VSH1).

One VSH explained how they felt that there was sometimes a drive for an autism diagnosis rather than attachment related difficulties. It was felt that an autism diagnosis was not a reflection of care, whereas suggesting a child had difficulties regulating their behavioural responses due to attachment was a direct comment on the care the child had received:

> Parents as well actually, are very keen, particularly for an autism diagnosis because it kind of, lets them off the hook, in some respects. It explains the behaviour and that therefore isn't directly attributed to their parenting. (VSH6).

VSHs were also aware that although the presentation of behaviours may appear similar, the support and interventions that may be most beneficial are likely to be different: "Autism, well, it would be more sensory processing based and more emotional regulation, but with attachment or trauma it could be an element of nurturing which could make a difference" (VSH5), and therefore procuring an accurate diagnosis was essential. Three out of eight of the VSHs also mentioned the Coventry Grid (Moran, 2015) as a tool for unpicking these needs, although they described how the responsibility and knowledge for this lay with external professionals: "The diagnosis is done by the designated doctor in the CAMHS team so I'm aware of the Coventry grid but we don't use it." (VSH5). To ensure that the correct support is available VSHs relied predominately on EHCPs to outline appropriate provision, however there were some questions raised around the quality of these, which is explored further below.

When exploring what the role was for VSHs when supporting autism related strengths and needs one VSH stated that they felt their role was to hold aspirations for the individual child and to support them in developing a positive sense of self:

> [A]re you helping them to understand how they feel as an autistic child and how to cope within those parameters which will always be there for them, or are you knocking down those parameters to go, look, this is the real you? (VSH3).

It was also felt that autism related needs were better understood by educational professionals than they may be by carers: "what we find…in the main, the schools are better at dealing with [autism related needs and strengths] than the residential [care homes] or the carers." (VSH6). This in turn raises the question around whose responsibility it is to ensure that all of the adults around the child have the requisite skills and knowledge base to support autistic children in care.

2.3.3.2 Training

Every VSH interviewed made reference to the training that they offer. Training was delivered to a wide range of professionals including designated teachers, residential care workers, and social workers. Given virtual school staff's expertise and specialist knowledge in the educational needs of children in care, VSHs felt confident in the delivery of this training:

> If the child has needs we go into school, meet up with the safeguarding lead, the designated teacher, do a classroom observation, and if needed we offer training for every single staff who work with the children. (VSH5).

When delivering training to school staff, deciding on what this training should entail was felt to be the responsibility of the VSH: "It's based on your knowledge of the cohort, i.e. the children who are your children being in the school." (VSH6).

Six out of eight of the VSHs commented on how they would also deliver training to social workers and foster carers:

> As a virtual school we provide training for a range of stakeholders. So obviously our designated teachers first and foremost…it's our statutory role to provide that training for designated teachers…We have published lots of…virtual school booklets around attachment…We've put in lots of information about specific special needs as well…We share all of that information with our social carers and our foster carers as well. (VSH4).

Training was described as a tool to help facilitate positive relationships across social care and education. Delivering training also served as a means to maintain contact with teachers and ensure the quality of the work being done in school with children in care. Ensuring that both social care teams and school staff had the same knowledge and approaches to supporting children in care allowed the virtual school staff to take a step back and empower other professionals:

> It's enabled us to support schools, [our staff] do themselves out of a job because they're training up our social workers and our social worker workforce is getting much more person centred in its approach. (VSH2).

However another commented on how, due to the structure of their LA, and the instability within the social care team, training staff within social care was not seen as a valuable use of their time. Although training sessions were seen as a vital means through which the virtual school could support professionals, the question of whether delivering training as broadly as necessary was feasible given the virtual school's capacity. This was particularly described in terms of training workers in areas such as autism. Although VSHs expressed a desire to share knowledge with social care teams and residential children's home workers the question of whether this was their responsibility, or if a different team should undertake this, was raised:

> There are other people who should be upskilling in those areas…we end up being the people who do it. But it's questionable whether we should be doing as much of it as we are in some of the areas we're doing it because…we're a small team. (VSH6).

2.3.3.3 Limits of VSHs' knowledge of autism

Three of the VSHs interviewed were transparent about the potential limitations of their knowledge, particularly around supporting students with a diagnosis of autism. One of the VSHs made an explicit comment about this:

> I have the knowledge if you like, of a teacher, of a general teacher. I do not have any specialist knowledge around autism, I've met autistic children, I've had autistic children in my school, so I've…got the knowledge that you would expect to find in a state maintained school, which I think, anyone who knows autism would probably say, that's not enough, but it is what it is. (VSH7).

To ensure that they are appropriately supporting autistic children in their care one VSH explained how they would access the specialist knowledge from other departments and professionals working with the pupil:

> A special school is likely to say to me, this child at our school, it's an autistic specialist school, um, this child needs this, this and this.' I might say to the SEND team, 'does this sound good to you?' And they'll go, 'yeah great idea', but on the whole we would, again, defer to specialists…we wouldn't question schools professionalism about what the child needs. (VSH7).

As discussed in the introduction, and as illustrated throughout the findings of this current study, what role the VSH should take in ensuring specialist support for autistic children in care is not clearly understood. How successfully they manage this is dependent on how they can access specialist knowledge through positive relationships with other professionals. For example, another of the VSHs requested that the occupational therapist employed within their team attend the interview for the current study alongside them, in order to address questions around autism.

All of the VSHs explained how they employed staff who bring their own skills and knowledge base and as described above, the structure of the team is often designed to address these potential gaps in knowledge. Further to this, another VSH explained how on-going attendance at training helped to develop their skills in all areas of support, and described how attending training alongside multi-agency professionals, as well as children in care, helped to contextualise the learning that they were undertaking stating: "[We grow] our knowledge in terms of the theoretical basis but actually the practical implications in the classroom." (VSH1).

2.3.4 Strategies to provide support for children in care

The three subthemes that comprise this main theme relate to statutory provisions. Despite the diverse practices of virtual schools, there are national regulations for providing support via statutory instruments that must be adhered to, and it was therefore not surprising that these came through in the interviews. VSH's experiences of support strategies varied, both in terms of practice and also in terms of quality. Therefore, these experiences provide examples of both effective working practices and barriers to effective support.

2.3.4.1 Personal Education Plans (PEPs)

All VSHs are legally required to ensure that every child within the virtual school has a PEP, and that these are updated once every half term. In order to complete the PEP the young person, the designated teacher within the school, the child's social worker and ideally a member of the virtual school team attend a meeting to discuss academic progress, personal sense of safety in school and barriers to progress. The information collected at a PEP is stored on a digital software tool called E-PEP which allows for sharing of information across LAs, in case a child has a change of placement. The PEP is one of the most significant tools for collecting and sharing information for the individual child and the child should be involved in the development of these.

Given the regularity with which these meetings occur they serve as an opportunity to address needs and strengths, but also to develop the relationships necessary to provide appropriate support for autistic children in care:

> The PEP meeting is a great time to build relationships and improve things. I think the way we've managed it is to very clearly delineate who does what and who is responsible for what, and play to each other's strengths. (VSH2)

Despite all of the VSHs describing how valuable these meetings are in ensuring appropriate support and provision, they described their role as predominately being one of oversight. The VSHs will collect the data from the PEPs, track the academic progress the child has made, track their sense of safety and intervene with questions to the school or the social worker if there are any causes for concern. It was felt that this was done more effectively if a member of the virtual school team could attend, but due to the capacity of the teams, this was not often possible (as already covered above).

Although virtual school staff found attendance at every PEP challenging, some VSHs had worked out ways to ensure that the meeting was as meaningful and efficient as possible. This was particularly the case for pupils with an EHCP, as they felt able to influence how the PEP and the EHCP could feed into one another and thus enhance the quality of both documents:

> Well, when a child has an EHCP I say to my team, make the PEP meeting part of the annual review, so it's not another meeting, and…that makes sense, it just makes sense. And it feeds in the stuff coming from social care into the annual review, and that has to make a better annual review. (VSH3).

There was significant variation in the approach to completing PEPs. Although there is legal guidance about what needs to be covered in a PEP, there is still disparity between how this information is collected. One VSH explained how every PEP in their LA entailed the completion of a planning tool called Promoting Alternative Tomorrows with Hope (PATH) (VSH2), whilst others described it as a chance to complete an online survey of questions relating to progress and safety. The PATH tool involves creating a visual representation of the child’s experience, and thus the data collected became more qualitative in nature, whereas online surveys produced quantitative data. The variation of PEPs were a cause for concern for one VSH due to the national implementation of the support being provided for young people:

> [W]e’ve been on about having a national PEP and lots of us, we’re all on E-PEP now but we’ve still all got our own PEP within E-PEP and if you’re a designated teacher and you’ve got children from seven authorities all doing a different PEP yeah that’s a bit frustrating so there is absolute…discrepancy of variants between virtual school and virtual school (VSH8)

The concerns relating to this variation become more significant in the context of school staff and social workers facilitating a range of meetings, where the individuals who specifically understand the process for their LA are unable to attend due to the capacity of the team.

2.3.4.2 Education, Health and Care Plans (EHCPs)

All of the VSHs talked about how EHCPs facilitated their understanding of how to support the individual child. If a child has a diagnosis of autism prior to coming in to care and therefore requires an EHCP, then the VSH will receive this information when they first take on the responsibility for that child. However, the question around the quality of EHCPs was raised by three of the eight VSHs: “I have a huge issue around the quality of EHC plans and I know that this is something our SEN team are working on.” (VSH8). One of the VSHs explained how developing and enhancing this quality was a priority for them and their LA:

> [E]very child’s got an education, health and care plan and now we’re looking at the quality of it…We've worked together to put together training to help social workers to understand what an education, health and care plan is, and their part of the care component of it. So that they're quite clear what it is they have to, to put, contribute to that part. (VSH1).

Supporting the understanding of different LA teams around EHCPs was a core component of improving the quality of the plans. One of the VSHs explained that while the plans featured and focused on educational provision, children in care also had significant needs relating to health and social care. This necessitates social care teams to have a clear understanding of the purpose of an EHCP. Further to this, ensuring that social care teams had an understanding of what a diagnosis of a specific learning difficulty means in terms of educational provision was a challenge:

> We have an issue where, a lot of diagnoses, be it autism, ADHD, anything. The immediate response from social care then is well, why aren’t school completing paperwork for an EHC? I.e. an ASD diagnosis must automatically result in this and why aren’t we looking at a specialist provision. So there’s so much work to be done there. (VSH6).

One VSH described how having an experienced SEND lead on the team enabled the virtual school staff to be better able to assess the quality of the EHCP and question aspects of it were they felt that it may need improving:

> [It] gives us a huge boost in terms of our ability to have some confidence about our children with an education, health and care plan, a) have an appropriate one, with appropriate learning targets, and also that we've got that sense of where our children’s provision is matched to, to the needs on the EHCP. And we've been able to challenge the quality of education, health care plans, as well as the, the quality of the assessments. (VSH2).

Although EHCPs were understood to be important tools in providing appropriate support and provision within an education setting, the responsibility for pursuing an application does not rest with virtual school, and instead lies outside of their remit:

> Schools can do that, parents can do that. Now in the case of the parents what we would say, is we'd say to the social worker, 'you act as a parent, you do it.'…They would almost certainly go to the SEND team for support. But we don't. (VSH7).

As discussed above, due to the Belonging Regulations, the responsibility for assessment and maintenance of EHCPs rests with the LA within which the child is placed, rather than the LA to whom they 'belong' and as such VSHs may need to access multiple different formats for this support strategy as well.

2.3.4.3 The availability of quality care and education provision

One of the barriers to providing effective support for autistic children in care was stated as the availability of appropriate care and education provision within their LA. The most striking comment around this came from one VSH who said: "Residential children's homes… I mean a lot of them won't even take a child with [an] autism diagnosis actually, because they fear that they aren't specialist enough." (VSH6). When a LA does not have foster carers who feel confident in supporting an autistic child, and residential children's homes also feel disempowered, the child is placed outside of the area. This then results in VSHs having to negotiate appropriate educational provision outside of their LA, which comes with financial implications: "Finding quality educational provision is problematic." (VSH5). As described above, this has its own challenges, both in terms of educational provision, as well as in supporting social care to find appropriate carers who had a clear understanding around the strengths and the needs of an autistic child. One VSH described one particular barrier to providing appropriate support as: "[g]etting carers to understand some of the complexities" (VSH6). This lack of understanding around an autism diagnosis also extended to educational staff: "[g]etting staff to understand the needs of the children. That's a big barrier as well." (VSH4).

One VSH described their frustration with the approach some schools take, which is to see a diagnosis and descriptions of behaviour and base their decision on whether to admit a pupil on this documentation. To manage this, and to support schools to provide appropriate education, they described needing to say to schools that, "It would be really nice if you could meet the young person as opposed to just looking at what's written on paper. Because actually they are a fantastic individual." (VSH4). Ensuring that schools and care staff feel skilled and confident in providing education and care is facilitated through the training sessions described above. However, participants felt that the lack of available care and provision for autistic children in care exacerbated their potentially negative experiences. This was because it often led to more significant transition plans as a child may need to be placed outside of a LA, with concomitant requirements on understanding and relationship building, as described in the National Implementation section.

2.4 Discussion

2.4.1 Key findings

The current study sought to understand the experiences of VSHs in their management and delivery of support for autistic children in care; consider how information relating to an autism diagnosis and support planning is shared with schools; and learn what best practices and possible barriers there may be for supporting autistic children in care. Considering first the experiences of VSHs, the findings suggest that the overall experience of providing support is diverse due to the varied arrangements of virtual school teams, how they are placed systemically within the LA, and the placement of the children in different LAs around the country. With regards to information gathering and sharing, this predominately occurred through the development of EHCPs and initial PEPs. However, ensuring provision, and quality of documentation across the country, was described as a potential barrier for ensuring effective support. To enable more effective communication across those delivering provision, the quality of this documentation needs to be addressed. In terms of best practices and possible barriers to ensuring support, the relational interplay between teams, LA departments, regional variations, and subsequent access to specialist knowledge, was a major factor. The ability to navigate this relational interplay was enhanced through the skill VSHs had in developing and maintaining positive relationships. As was illustrated in the thematic map (see Figure 2), this was the main underpinning factor of the findings. However, the greatest barrier to successfully developing these relationships was the overarching question of responsibility (as also shown in the thematic map). Where VSHs were unsure *whose* responsibility it was to ensure the requisite skillset and knowledge about autism for those working with autistic children in care, the result was that they could not state with confidence that individuals within the child’s microsystem were sufficiently enabled to provide appropriate provision.

These findings highlight some of the challenges inherent within multi-agency working that impact on the ability of practitioners to effectively implement focused support (Geddes, 1997; Milbourne, Mcrae & Maguire, 2003). How different professionals construct their understanding of a situation can create tension when sharing and understanding information across a multi-professional system (Anning, Cottrell, Frost, Green & Robinson, 2006). For example, a health professional may apply a medical model to an autism diagnosis, and a social worker may apply a social model. There may also be the preconceived belief that professionals have different constructs. This is apparent in the findings from this study where VSHs discussed their assumptions regarding social workers' knowledge, or lack thereof, of special educational needs. Sharing different forms of professional knowledge is also understood to be a limiting factor for effective multi-agency working (Hymans, 2008) and this too aligns with the findings of the current study. Evolving professional identities that arise from poorly defined role allocation can further inhibit effective support within multi-agency teams (Moran, Jacobs, Bunn & Bifulco, 2007). Addressing the question of whose responsibility it is to ensure that all staff were appropriately trained in delivering support to autistic children may enable a more comprehensive, focused, and streamlined approach for VSHs to implement. This would enhance opportunities for these children to feel supported in their care and education.

In seeking to understand the experience of VSHs, discover the processes involved in information sharing, and learn what constitutes and inhibits best practice when providing support to autistic children in care, two key findings emerged. These were the concept of relationships, and the question of responsibility. To address these findings, in the following section a proposed framework, based on the bioecological model of human development (Bronfenbrenner & Ceci, 1994; Bronfenbrenner & Evans, 2000) will be discussed. Drawing on the concept of shared language, knowledge, and understanding that came through the interviews it is intended to provide a means through which to conceptualise the role of the virtual school, and as such start to explore the question of responsibility and make sense of the underpinning concept of relationships.

2.4.2 A proposed framework for understanding the role of the VSH when supporting autistic children in care

Drawing upon the Richardson, Grogan, Richardson and Small (2018) adaptation to Bronfenbrenner's (1994) bioecological model that outlines the larger microsystem a child in care experiences, a further modified framework is proposed (Figure 3). This conceptualises the role of the virtual school in England, a globally unique support structure, in accordance with the findings of this study. Developments have been made to the meso-, exo-, macro-, and chronosytem with specific reference to the outcomes of the data. Elements that have been included to represent the specific findings of this piece of research have been highlighted in bold lower-case lettering. The plain text lettering is taken from Richardson et al.'s (2018) model. The following description focuses on those highlighted factors. In what follows, a description of this model is provided; a discussion of the strengths and limitations of this research; suggestions for further research; and a discussion around the potential implications this has for LA staff in England.

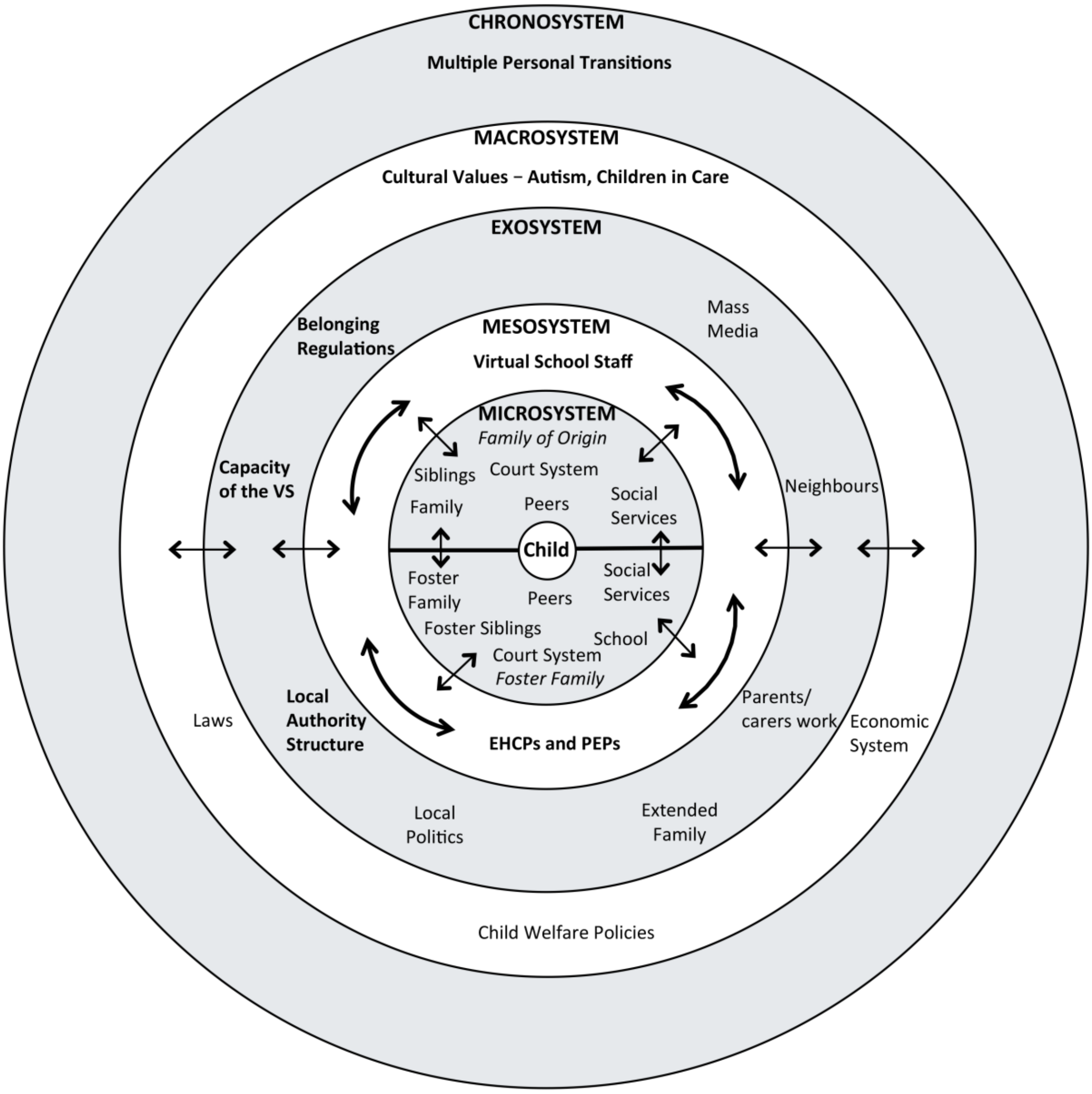


Figure 3: Proposed ecological model for autistic children in care

2.4.2.1 Virtual school staff, EHCPs and PEPs

The mesosystem is the space where the interactions between the individuals within the microsystem occur (Bronefenbrenner, 1974). Findings from this study situate VSHs as a bridge between social care, education, health, caregivers, and the child. Throughout the interviews VSHs described themselves in these terms, and this also aligns with previous research (Drew & Bannerjee, 2019; Sebba, 2019). They can facilitate a shared understanding, and act as a link between the micro- and exosystem, navigating the needs of individuals directly interacting with the child, whilst also being able to access the knowledge and skillset of professionals within the LA structure.

The PEP and the EHCP reviews are statutorily enforced meetings that require many of these individuals to come together and interact with one another. The virtual school manages and oversees the PEP meetings, and as such can be understood to exert a lot of influence over how these can be conducted in a positive, meaningful way. Reflection on the quality of these documents emphasis how highly valued they are as means of communicating the strengths and needs of a child. However, the findings of this study also highlight how some VSHs find it challenging to have their staff attend PEPs, due to a lack of resources. The number of children on the virtual school role, the fact that some of the children may be placed outside of the LA (and occasionally a great distance from the area), and the small size of the teams, mean that staff in some LAs are unable to attend PEPs regularly, or at all.

It was acknowledged that VSHs may have limits to their knowledge about autism. However, they and their staff are in a unique position where they have opportunities to access a broad and deep level of knowledge from specialists working within the LA. Furthermore, attendance at the PEP enables them to access specific knowledge about the child. Through the combination of access to these forms of knowledge across the micro- and macrosystems, the virtual school staff are able to facilitate effective provision in unique ways. Not having the resources to attend these meetings has a significant subsequent impact on VSHs' ability to act as an effective facilitator and needs to be addressed in order to ensure the appropriate flow of information and the development of secure, trusting relationships.

2.4.2.2 Belonging regulations, capacity of the virtual school, and the local authority structure

The exosystem can have a significant impact on a child in care, particularly as LA policies and social care legislation will all directly impact on how those individuals within the microsystem practice (Farineau, 2015). The theme of 'Specialist Knowledge' that was generated through the data highlights the importance for VSHs to be able to access professionals to support schools and foster carers in their understanding of how to provide effective support and provision. This is impacted by the structure of the LA, as well as the capacity of the virtual school, both in terms of available hours and available knowledge bases. Furthermore, legislation such as the Education (Areas to Which Pupils and Students Belong) Regulations 1996, has a direct impact on how effectively virtual school staff can practice, and therefore has an indirect impact on how successfully they can fulfil their role as facilitators and mediators within the mesosystem.

2.4.2.3 Cultural values, autism, and children in care

Many of the VSHs explained how they had encountered difficulties working with school staff when trying to place a child because there was an assumption that a school may not be able to manage their behavioural needs. Similarly, the data shows that there are concerns that social care staff have an underlying assumption that a diagnosis of autism means that a child automatically requires specialist educational provision such as an EHCP, or even a specialist school setting. Drawing forth the biases around both autism diagnoses and children in care, and making this explicit, may enable professionals to address this more directly and thus develop a shared understanding of the child at the centre of the model. Further to this, as these cultural biases influence the development of legislation and LA policies, creating a more cohesive and consistent approach built upon that shared understanding would better enable virtual schools to support students across the country. This would require a greater knowledge of what an autism diagnosis means for each individual and where the strengths, as well as the needs, may lie. VSHs commented on how that label brings with it only an understanding of the possible challenges, as well as the belief that these challenges are innate to the child, rather than a reaction to an environmental context that has not taken into account different ways of experiencing the world.

2.4.2.4 Multiple personal transitions

The factor that was generated from the data that has been developed within this conceptual model is the experience of multiple transitions over time for individuals who are likely to find transitions challenging. Although VSHs cannot influence the home care experience, beyond possibly offering opportunities for foster carers to receive training in support, they do have influence over educational provision. As such they can have an impact on a young person’s experience of consistent support over time. This again emphasises how vital statutory tools, such as the PEP and the EHCP are for sharing information that is accurate, representative of the views of the child, positive and contain effective support strategies. Without these tools there would be discontinuity of practice experienced by the child, which creates further challenges with the transition.

The stability of the staffing of the virtual school teams, as described by the VSHs, and the resulting opportunity that they have to develop a relationship with the child that is constant throughout schooling, offers a chance for a reduction in the potentially negative experience of rapid change. However, participants commented that the challenges in doing this were related to the size of their teams, and thus their capacity to regularly meet with students and attend the PEP and EHCP meetings. This was the result of two factors; the difficulty in procuring funding from the LA, and the unclear delineation of the role.

2.4.2.5 Summary

Drawing together the outcomes of this study in relation to the research questions, it was found that VSHs experience diverse practice due to their work within varied contexts due to their placement within LAs around the country. Information regarding autism diagnoses and provision is shared through statutory tools such as EHCPs, and PEPs. However the quality of these tools was not consistent across LAs, and as such was a barrier to successful implementation of support. In addressing all of these issues, two key concepts emerged within the findings: the importance of relationships, and the question of responsibility. The proposed model seeks to conceptualise these two issues and address how the successes VSHs have in relationship building can answer the question of responsibility.

2.4.3 Strengths and limitations of the study and future research

There was no existing research regarding the experiences and perspectives of VSHs when supporting autistic children in care. The risks for autistic children in care are substantial and so this study is of vital importance. Having an understanding of some of the factors that may have an influence on enabling and supporting autistic children in care may illuminate areas for improvement in terms of both practice and policy. Furthermore, consideration of the influence of the system around the child enables this piece of research to maintain an inclusive environmental focus, rather than a within-child focus. The current academic discourse around children in care that is explored in Chapter 1 does not include many examples of papers that explore the voices of professionals around the child. Accordingly, there is a significant gap in our understanding of what might enable better support and provision from the perspectives of the professionals who support autistic children in care and this study aimed to address this.

The findings in this study have contributed to the development of a conceptual framework for professionals to use as a starting point to have a dialogue about, and potentially develop a shared understanding of, the potential influences on an autistic child in care's development. Understanding this and having a visual representation of the support mechanisms could better enable consistent approaches across the country. It also represents a starting point for discussion to build a more informed understanding of whose responsibility each aspect of care is.

A potential limitation of the current study is that although the aim was to understand the role of the VSH across the virtual schools in England, only eight virtual schools are represented. Although the study met the necessary requirements of data saturation, the practice of virtual schools is extremely varied. Consequently, and due to the nature of the qualitative approach to this study, these results cannot be generalised for all VSHs. Moreover, three of the eight VSH interviews were conducted within the first three weeks of the UK lockdown that was implemented as a result of the global COVID-19 pandemic. It should be noted therefore, that the results might have been influenced by this experience. In a time when professionals had to consider changes to their practice, the underpinning concept of 'Relationships' may have been brought to the fore more significantly than it would at a time without global crisis. However, it should be noted that a cross-check across the data corpus was undertaken with the first five interviews and the underpinning quality of 'relationships' featured heavily within these as well.

The current study has illustrated the vital role of a VSH in ensuring appropriate provision for autistic children in care. However, given the relatively small sample size, future research should seek to explore whether the findings from this paper are representative of the role as a whole. Further to this, exploring whether the conceptual model is appropriate for multi-agency professionals to understand and work with, would ensure that this is meaningful and useful. Triangulation of these findings with the views and experiences of individuals within the microsystem e.g. designated teachers, social workers, parents and carers and, most significantly, the child at the centre of the model would be an important next step. Extending the academic discourse in this way would enhance the ecological validity of the proposed model and ensure that it is fit for purpose.

2.5 Conclusion and Implications for Professionals

The current study has illustrated how there is a need for specialist knowledge when working with autistic children in care, and how such knowledge can be more or less readily accessed depending on the structure of the LA systems of support (i.e. how the work of educational psychologists and other professionals can be commissioned), as well as the skillset of the virtual school team. Ensuring access to professionals, either through employment within the virtual school team, or via services such as SEND departments, is an essential aspect of enabling virtual school staff in their support of autistic children in care. Education staff should receive specialist training in autism to support academic engagement and progression (Guldberg et al., 2019). This specialist knowledge can subsequently be shared with designated teachers and the broader teaching staff within educational settings, which gives rise to more appropriate and confident discussion regarding educational provision and support. Ensuring that support documents, such as EHCPs and PEPs are reflective of the needs of these young people and that these adhere to the appropriately high expectations of VSHs, will enable these to be useful tools and could also enable a shared language and narrative around the child. Language and shared narratives matter because this can enable consistency of support, and the opportunity for the development of a positive sense of self for the child.

The findings presented here emphasised the diversity of practice of VSHs, but also, interestingly drew forth two consistently described concepts; the importance of relationships, and the question of responsibilities. The proposed adaptation of the bioecological model of development aims to provide a framework for thinking about, reflecting on, and evaluating how the specific needs of autistic children in care are addressed. The VSH is still a relatively recent role, and the individuals interviewed for this study were, without exception, passionate, driven individuals focused on providing the best possible support for children in care. There was a clear understanding of the challenges that they faced in doing this across a broad spectrum of local government policies, nationwide legislation, and with a large number of children who have potentially faced difficult starts in life, each with individual strengths and needs. Creating a basis for shared conceptualisation of their role, and therefore a shared language that the myriad of professionals within both the micro- and macrosystem can understand, should ensure that the needs of autistic children in care are better met, and improve outcomes for a group of children who deserve, as all children do, the opportunity to thrive.

Appendix A Search Syntax

Database	Search syntax
Scopus	TI, AB ("perspective*" OR "view*" OR "voice*" OR "child in care," OR "looked after child" OR "child looked after" OR "foster carer*" OR "adopt* child*" OR "designated teachers" OR "corporate parent*" OR "child* social work*") AND TI, AB ({care system} OR {leaving care} OR {section 20} OR {care order} OR {child in need} OR {children's home} OR {residential child* home} OR {virtual school}) AND NOT AB, TI, KEY{health care system}
ERIC	TI, AB ("perspective*" OR "view*" OR "voice*" OR "child in care," OR "looked after child" OR "child looked after" OR "foster carer*" OR "adopt* child*" OR "designated teachers" OR "corporate parent*" OR "child* social work*") AND TI, AB ("care system" OR "leaving care" OR "section 20" OR "care order" OR "child in need" OR "children's home" OR "residential child* home" OR "virtual school") AND NOT TI, AB, KEY "health care system"
Web of Science	TI, AB ("perspective*" OR "view*" OR "voice*" OR "child in care," OR "looked after child" OR "child looked after" OR "foster carer*" OR "adopt* child*" OR "designated teachers" OR "corporate parent*" OR "child* social work*") AND TI, AB ("care system" OR "leaving care" OR "section 20" OR "care order" OR "child in need" OR "children's home" OR "residential child* home" OR "virtual school") AND NOT TI, AB, KEY "health care system"
PsycINFO	TI, AB ("perspective*" OR "view*" OR "voice*" OR "child in care," OR "looked after child" OR "child looked after" OR "foster carer*" OR "adopt* child*" OR "designated teachers" OR "corporate parent*" OR "child* social work*") AND TI, AB ("care system" OR "leaving care" OR "section 20" OR "care order" OR "child in

need” OR “children’s home” OR “residential child* home” OR “virtual school”)

AND NOT

TI, AB, KEY “health care system”

Appendix B Excluded papers

References	Reasons for Exclusion
Anderson, B. L., & Williams, A. L. (2018). Defining success: The perspective of emerging adults with foster care experience. *Journal of Social Service Research*.	Non UK Population
Appleton, J. V, & Stanley, N. (2010). Looked after children and the care system. *Child Abuse Review*, *19*(6), 383–386.	Secondary Research - Editorial
Atukpawu, G. (2010). Identities and futures explored within a community of transitioning foster care youth participating in independent living programs. *Dissertation Abstracts International Section A: Humanities and Social Sciences*, *70*(7), 2381.	Non UK Population
Baker, C. (2007). Disabled children's experience of permanency in the looked after system. *British Journal of Social Work*, *37*(7), 1173–1188.	Secondary Research – Proposed model drawn from prior research
Baldwin, H., Biehal, N., Cusworth, L., Wade, J., Allgar, V., & Vostanis, P. (2019). Disentangling the effect of out-of-home care on child mental health. *Child Abuse and Neglect*, *88*, 189–200. https://doi.org/10.1016/j.chiabu.2018.11.011	Outcomes that do not reflect a personal experience – SDQ completed by caregivers and social workers (not self-reported)
Bencuya, N. L. (2014). Acceptance and mindfulness treatment for children adopted from foster care. *Dissertation Abstracts International: Section B: The Sciences and Engineering*, *75*(1).	Non UK Population
Benjamin, J. L. (2010). Biopsychosocial-based versus behavioral-based parenting model: A clinical trial for adoptive parents with attachment-challenged children. *Dissertation Abstracts International: Section B: The Sciences and Engineering*, *71*(5), 3379.	Non UK Population

Biehal, N., Sinclair, I., & Wade, J. (2015). Reunifying abused or neglected children: Decision-making and outcomes. *Child Abuse and Neglect*, *49*, 107–118.	Outcomes that do not reflect a personal experience – measures completed by social workers and teachers (not self-reported)
Blythe, S. L., Halcomb, E. J., Wilkes, L., & Jackson, D. (2013). Perceptions of long-term female foster-carers: I'm not a carer, I'm a mother. *British Journal of Social Work*, *43*(6), 1056–1072.	Non UK Population
Bowman, B. B. (1996). Children's perspectives of disrupted adoptions: A qualitative study of lives within the Child Welfare System. *Dissertation Abstracts International Section A: Humanities and Social Sciences*, *56*(10), 3912.	Non UK Population
Braciszewski, J. M., Tran, T. B., Moore, R. S., Bock, B. C., Tzilos, G. K., Chamberlain, P., & Stout, R. L. (2017). Developing a tailored texting preventive intervention: A card sort methodology. *Journal of Applied Biobehavioral Research*, *22*(2).	Non UK Population
Carnochan, P. G. M. (2006). Walking Through Walls: The Mind of a Foster Child. *Building a Home within: Meeting the Emotional Needs of Children and Youth in Foster Care.*, 23–42.	Non UK Population
Claire M Conlon, Charlotte E Wilson, Paul Gaffney & Michael Stoker (2018) Wilderness therapy intervention with adolescents: Exploring the process of change, Journal of Adventure Education and Outdoor Learning, 18:4, 353-366, DOI: 10.1080/14729679.2018.1474118	Non UK Population
Conn, A.-M., Szilagyi, M. A., Alpert-Gillis, L., Webster-Stratton, C., Manly, J. T., Goldstein, N., & Jee, S. H. (2018). Pilot randomized controlled trial of foster parent training: A mixed-methods evaluation of parent and child outcomes. *Children and Youth Services Review*, *89*, 188–197.	Non UK Population
Courtney, M. E., & Heuring, D. H. (2005). The Transition to Adulthood for Youth "Aging Out" of the Foster Care System. *On Your Own without a Net: The Transition to Adulthood for Vulnerable Populations.*, 27–67.	Non UK Population
Crawford, M., & Tilbury, C. (2007). Child protection workers' perspectives on the school-to-work transition for young people in care. *Australian Social Work*, *60*(3), 308–320.	Non UK Population

Cruz, C. C. (2016). Foster care alumni: A qualitative inquiry of protective factors for healthy and effective adulthood. *Dissertation Abstracts International: Section B: The Sciences and Engineering*, *77*(4).	Non UK Population
Dahn, V. L. (2014). A qualitative study of caregiver training in administration of psychotherapeutic medications to male foster children. *Dissertation Abstracts International: Section B: The Sciences and Engineering*, *75*(2).	Non UK Population
Daly, W. (2009). "Adding their flavour to the mix": Involving children and young people in care in research design. *Australian Social Work*, *62*(4), 460–475.	Non UK Population
Denby, R. (1999). The heart knows something different: Teenage voices from the foster care system. *FAMILIES IN SOCIETY-THE JOURNAL OF CONTEMPORARY HUMAN SERVICES*, 420–421.	Non UK Population
Dilley, C. N. (2007). Burnout in foster/adoptive parents, child strengths and risk factors, and the intention to adopt. *Dissertation Abstracts International: Section B: The Sciences and Engineering*, *68*(4), 2644.	Non UK Population
Durousseau, R. (2009). Termination of Parental Rights: Recall of attachment experiences among adults who were legally separated from their parents. *Dissertation Abstracts International: Section B: The Sciences and Engineering*, *69*(12), 7808.	Non UK Population
Edge, C. (2009). 'Say it loud!'–voices from the care system: Clare Edge spoke to a group of care-experienced young people who gave their answers to questions put to them by cjm. *Criminal Justice Matters*, *76*(1), 31–33.	No research aims – no analysis
Franck, E. J. (1996). Prenatally drug-exposed children in out-of-home care: Are we looking at the whole picture? *Child Welfare: Journal of Policy, Practice, and Program*, *75*(1), 19–34.	Non UK Population
Gillum, N., & O'Brien, M. (2010). Adoption satisfaction of Black adopted children. *Children and Youth Services Review*, *32*(12), 1656–1663.	Non UK Population
Greenhow, S., Hackett, S., Jones, C., & Meins, E. (2016). The Maintenance of Traditional and Technological Forms of Post-Adoption Contact. *Child Abuse Review*, *25*(5), 373–385. https://doi.org/10.1002/car.2446	Research aims related to technology rather than experience of care
Hanna, M., Tokarski, K., Matera, D., & Fong, R. (2011). Happily ever after? The journey from foster care to adoption. *Adoption Quarterly*, *14*(2), 107–131.	Non UK Population

Hastings, S. (2014). Foster care alumni experiences: Development of components of a treatment model. *Dissertation Abstracts International: Section B: The Sciences and Engineering*, *75*(2).	Non UK Population
Hayes, M. J., Geiger, J. M., & Lietz, C. A. (2015). Navigating a complicated system of care: Foster parent satisfaction with behavioral and medical health services. *Child & Adolescent Social Work Journal*, *32*(6), 493–505.	Non UK Population
Hayes, M. J. (2016). Uncharted territory: experiences of foster care youth navigating the mental health system as they age out of care. *Dissertation Abstracts International Section A: Humanities and Social Sciences*, *76*(9).	Non UK Population
Hedenstrom, M. (2015). Aging out of foster care: The experiences of former foster youth who successfully navigated this transition. *Dissertation Abstracts International: Section B: The Sciences and Engineering*, *76*(5).	Non UK Population
Hill, M., Welch, V., & Gadda, A. (2017). Contested views of expertise in children's care and permanence proceedings. *Journal of Social Welfare and Family Law*, *39*(1), 42–66.	Outcomes relating to safeguarders
Hutchings, J., & Bywater, T. (2013). Delivering the Incredible Years parent programme to foster carers in Wales: reflections from group leader supervision. *Adoption and Fostering*, *37*(1), 28–42.	Outcomes relating to an intervention
Jones, C., Henderson, G., & Woods, R. (2019). Relative strangers: Sibling estrangements experienced by children in out-of-home care and moving towards permanence. *Children and Youth Services Review*, *103*, 226–235.	Data does not include self-report
Kapp, S. A., & Propp, J. (2002). Client satisfaction methods: Input from parents with children in foster care. *Child & Adolescent Social Work Journal*, *19*(3), 227–245.	Non UK Population
King-Jordan, T. (2014). Action research: Barriers faced by emancipating foster youth in their transition into adulthood. *Dissertation Abstracts International Section A: Humanities and Social Sciences*, *75*(2).	Non UK Population
Korsmo, J., Baker-Sennett, J. & Nicholas, T. (2009). Learning through Life Books: Teaching Human Growth and Development in an Emotionally Rich Community Context. *International Journal of Teaching and Learning in Higher Education,* *21*(3) 382-389.	Non UK Population
Krinsky, M. A. (2010). Disrupting the pathway from foster care to the justice system—A former prosecutor's perspectives on reform. *Family Court Review*, *48*(2), 322–337.	Non UK Population

Lanigan, J. D. (2011) Family Child Care Providers' Perspectives Regarding Effective Professional Development and Their Role in the Child Care System: A Qualitative Study. *Early Childhood Education Journal, 39*(6) 399-409. doi: 10.1007/s10643-010-0420-2	Non UK Population
Linares, L. O., Jimenez, J., Nesci, C., Pearson, E., Beller, S., Edwards, N., & Levin-Rector, A. (2015). Reducing sibling conflict in maltreated children placed in foster homes. *Prevention Science*, *16*(2), 211–221.	Non UK Population
McCormack, L. & Issaakidis, G. L. (2018) Complex Trauma in Childhood; Psychological Growth in Adulthood: Making Sense of the 'Lived' Experience of Out-of-Home-Care. *Traumatology, 24*(2) 131-139. doi: 10.1037/trm0000139	Non UK Population
Maclay, F., Bunce, M., & Purves, D. (2006). Surviving the System as a Foster Carer. *Adoption and Fostering*, *30*(1), 29–38.	Outcomes – relationship ofsocial care services rather than children and young people
Mainwaring, D. J. (2015). Creating a Safe Space: A Case Study of Complex Trauma and a Call for Proactive Comprehensive Psychoeducational Assessments and Reviews. *Journal of Psychologists and Counsellors in Schools, 25*(1) 87-103. doi: 10.1017/jgc.2014.24	Non UK Population
Mason, J. (2008). A children's standpoint: Needs in out-of-home care. *Children and Society*, *22*(5), 358–369.	Non UK Population
Matthews, S., & Sykes, S. (2012). Exploring Health Priorities for Young People Leaving Care. *Child Care in Practice*, *18*(4), 393–407. https://doi.org/10.1080/13575279.2012.717913	Outcomes not related to experience
Morris, R. I. (2007). Voices of foster youths: problems and ideas for change. *Urologic Nursing : Official Journal of the American Urological Association Allied*, *27*(5), 419–427.	Non UK Population
Nadeem, E., Waterman, J., Foster, J., Paczkowski, E., Belin, T. R., & Miranda, J. (2017). Long-Term Effects of Pre-Placement Risk Factors on Children's Psychological Symptoms and Parenting Stress Among Families Adopting Children From Foster Care. *Journal of emotional and behavioural disorders, 25*(2) 67-81. doi: 10.1177/1063426615621050	Non UK Population

Narendorf, S. C., Fedoravicius, N., McMillen, J. C., McNelly, D., & Robinson, D. R. (2012). Stepping down and stepping in: Youth's perspectives on making the transition from residential treatment to treatment foster care. *Children and Youth Services Review*, *34*(1), 43–49.	Non UK Population
Parker, P. (2015). How resiliency and spiritual perspective contribute to former foster youth achieving educational success. *Dissertation Abstracts International: Section B: The Sciences and Engineering*, *75*(7).	Non UK Population
Patel, T., Williams, C., & Marsh, P. (2004). Identity, Race, Religion and Adoption: The Public and Legal View. *Adoption and Fostering*, *28*(1), 6–15.	Participants had no direct experience of the care system
Nybell, L. M. (2013). Locating "youth voice:" considering the contexts of speaking in foster care. *Children and Youth Services Review*, *35*(8), 1227–1235.	Non UK Population
Paul-Ward, A. (2009). Social and occupational justice barriers in the transition from foster care to independent adulthood. *American Journal of Occupational Therapy*, *63*(1), 81–88.	Non UK Population
Plante, T. (2017). The rise of the relentless: The youth in care perspective on college success. *Dissertation Abstracts International Section A: Humanities and Social Sciences*, *78*(6).	Non UK Population
Quinn-Beers, J. (2009). The experience of mothers adopting through the foster care system. *Dissertation Abstracts International Section A: Humanities and Social Sciences*, *70*(4), 1431.	Non UK Population
Randle, M. (2013). Through the eyes of ex-foster children: Placement success and the characteristics of good foster carers. *Practice: Social Work in Action*, *25*(1), 3–19.	Non UK Population
Rios-Zambrano, J. M. (2015). Stories from adults who grew up in the foster care system and what they tell us about its impact on their school completion in an urban school setting. *Dissertation Abstracts International Section A: Humanities and Social Sciences*, *76*(3).	Non UK Population
ROBINSON, S. (1993). REMEDYING OUR FOSTER-CARE SYSTEM - RECOGNIZING CHILDRENS VOICES. *FAMILY LAW QUARTERLY*, 395–415.	Non UK Population
Samašonok, K. (2015). The implementation of the right to live in the families for the children from the child care home: Approach of the workers of child care home. *Pedagogika*, *118*(2), 217–238.	Non UK Population

Sheperis, C. J., Renfro-Michel, E. L., & Doggett, R. A. (2003). In-home treatment of reactive attachment disorder in a therapeutic foster care system: A case example. *Journal of Mental Health Counseling*, *25*(1), 76–88.	Non UK Population
Spivey Herd, V. (2008). Meeting the mental health needs of children in foster care: The perspectives of professionals from three disciplines. *Dissertation Abstracts International: Section B: The Sciences and Engineering*, *69*(2), 1345.	Non UK Population
Stanley, J. B. (2009). Experiences of transitional youth who have received therapy in the foster care system. *Dissertation Abstracts International: Section B: The Sciences and Engineering*, *70*(1), 701.	Non UK Population
Swan, M., Holt, S., & Kirwan, G. (2018). 'Who do I turn to if something really bad happens?' Key working and relationship-based practice in residential child care. *Journal of Social Work Practice*, *32*(4), 447–461.	Non UK Population
Törrönen, M. (2006). Community in a children's home. *Child & Family Social Work*, *11*(2), 129–137.	Non UK Population
Thompson-Jinariu, M. (2011). Positive factors leading to secure attachment in children adopted from foster care who experienced a break in attachment. *Dissertation Abstracts International: Section B: The Sciences and Engineering*, *72*(6), 3742.	Non UK Population
Venables, J. (2019). Practitioner perspectives on implementing an alternative response in statutory child protection: The role of local practice context and leadership teams in shaping practice. *Children and Youth Services Review*, *107*.	Non UK Population
Walker, L. A. (2017). Voices from within: A narrative nonfiction study describing alumni foster adults' perceptions related to academic achievement. *Dissertation Abstracts International Section A: Humanities and Social Sciences*, *78*(3).	Non UK Population
Ward, H. (2011). Continuities and discontinuities: Issues concerning the establishment of a persistent sense of self amongst care leavers. *Children and Youth Services Review, 33*(12), 2512-2518. doi: 10.1016/j.childyouth.2011.08.028	Non UK Population
Watt, T. T., Norton, C. L., & Jones, C. (2013). Designing a campus support program for foster care alumni: Preliminary evidence for a strengths framework. *Children and Youth Services Review*, *35*(9), 1408–1417.	Non UK Population

Westland, M. A. & Totten, V. (2018) The Experiences and Insights of One Community College Foster Alum and One Community College Faculty Advocate. *New Directions for Community Colleges, 18,* 91-98. doi: : 10.1002/cc.20295	Non UK Population
Williams, C. R. (2013). Pathways to permanency: Perspectives from former foster care youth. *Dissertation Abstracts International Section A: Humanities and Social Sciences*, *74*(2).	Non UK Population
Wulczyn, F., & Halloran, J. (2017). Foster care dynamics and system science: Implications for research and policy. *International Journal of Environmental Research and Public Health*, *14*(10).	Non UK Population

Appendix C Quality assessment of included studies

✓ = adequately addressed, ✓✗= partially addressed, ✗ = not adequately addressed, NS= not stated & NA = not applicable

				Screening Questions		**Qualitative Studies**				
RefID	First Author	Year	Citation	Are there clear research questions?	Do the collected data allow to address the research questions?	Is the qualitative approach appropriate to answer the research question?	Are the qualitative data collection methods adequate to address the research question?	Are the findings adequately derived from the data?	Is the interpretation of results sufficiently substantiated by data?	Is there coherence between qualitative data sources, collection, analysis and interpretation?
1	Adley, N.	2017	Adley& Kina (2017)	✓✗ The aim is stated but would benefit from clearer research questions	✓	✓	✓	✓✗ Too few participants to adequately derive findings	✗ Too few participants	✓
4	Butterworth, S.	2016	Butterworth et al (2016)	✓	✓	✓	✓	✓	✓	✓

5	Drew, H	2019	Drew & Banerjee (2019)	✓	✓	✓	✓	✓	✓	✓
6	Driscoll, J	2011	Driscoll (2011)	✓✗ The aim is stated but would benefit from clearer research questions	✓	✓	✓	✓	✓	✓
7	Driscoll, J	2013	Driscoll (2013)	✓✗ The aim is stated but would benefit from clearer research questions	✓✗ Due to the lack of clarity around the question this is only partially realised	✓	✓	✓	✓	✓✗ Lack of clarity regarding analysis and therefore interpretation
8	Fargas-Malet, M	2017	Fargas-Malet, McSherry, Pinkerton & Kelly (2017)	✓	✓	✓	✓	✓	✓	✓

9	Gallagher, B	2012	Gallagher & Green (2012)	✓	✓	✓	✓	✓	✓	✓
10	Gaskell, C	2010	Gaskell (2010)	✓✗ The aim is inferred but would benefit from clearer research questions	✓	✓	✓ Real care had been taken to ensure that participants felt safe and valued. Transparency around lack of transcribed data	✓	✓	✓
12	Hiles, D	2014	Hiles, Moss, Thorne, Wright & Dallos (2014)	✓	✓	✓	✓	✓	✓	✓

13	Holland, S	2010	Holland (2010)	✓ The research aim is clearly stated. The participants furthered this and developed their own research questions, however what these were was not made explicit	✓ That assumption must be made as Pps chose data collection methods as well as research questions. This is not explicit however	✓	✓	✓	✓✗ More detail needed.	✓✗ Final recommendations and discussion do not link directly with research question or with the interpretation of data, however some attempt at this has been made
14	Hollingworth, K. E.	2012	Hollingworth (2012)	✓	✓	✓	✓	✓	✓	✓
15	Hyde, R	2019	Hyde & Atkinson (2019)	✓	✓	✓	✓	✓	✓	✓ Yes but care should be taken due to the predisposition to find SDT themes and therefore related outcomes

16	Leeson, C.	2007	Leeson (2007)	✓✗ The aim is inferred but would benefit from clearer research questions	✓	✓	✓ The method has a flexible approach and the impact that may have had is not fully addressed although it is transparently stated	✓✗ Too few participants to adequately derive findings	✗ Too few participants	✓
17	Ridge, T.	2000	Ridge & Millar (2000)	✓	✓	✓	✓	✓	✓	✓
18	Rostill-Brookes, H,	2011	Rostill-Brookes, Larkin, Toms & Churchman (2011)	✓	✓	✓	✓	✓	✓	✓

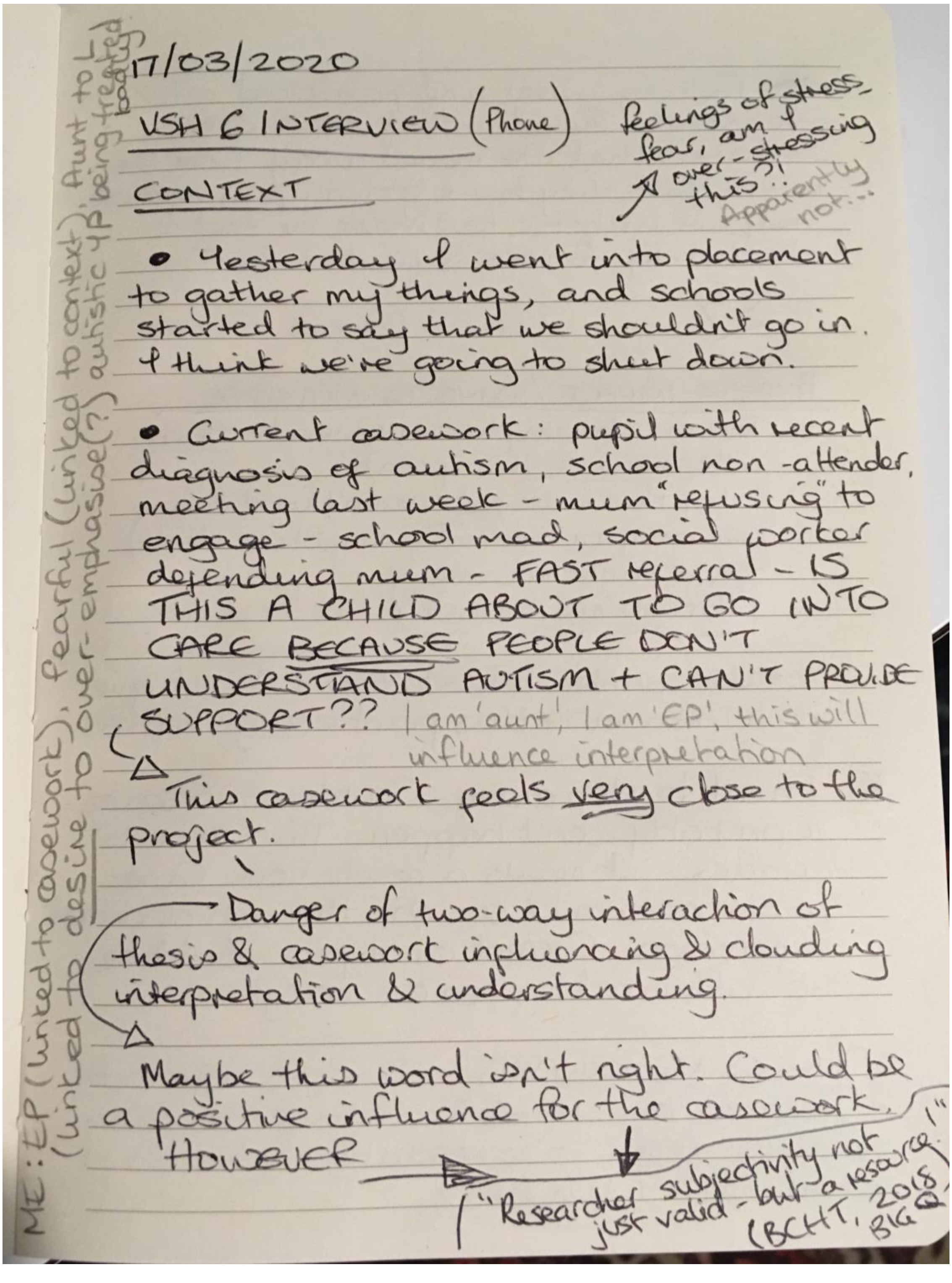
19	Sebba, J.	2019	Sebba & Berridge (2019)	✓	✓	✓	✓✗ As addressed in the paper – data was collected for different studies and as such the approach wasn’t as clearly defined as it might have been	✓	✓	✓
21	Syme, A.	2017	Syme & Hill (2017)	✓	✓	✓	✓	✓	✓	✓
22	Taylor, A.	2008	Taylor, Swann & Warren (2008)	✓	✓	✓	✓	✓	✓	✓
24	York, W.	2017	York & Jones (2017)	✓	✓	✓	✓	✓	✓	✓

				Screening Questions		Mixed Method Studies				
RefID	First Author	Year	Citation	Are there clear research questions?	Do the collected data allow to address the research questions?	Is there an adequate rationale for using a mixed methods design to address the research question?	Are the different components of the study effectively integrated to answer the research question?	Are the outputs of the integration of qualitative and quantitative components adequately interpreted?	Are divergences and inconsistencies between quantitative and qualitative results adequately addressed?	Do the different components of the study adhere to the quality criteria of each tradition of the methods involved?
2	Bradwell, J	2011	Bradwell et al., (2011)	✓	✓	✓✗ A sequential explanatory method could be better justified	✓	✓	✓✗ Inconsistency between “felt listened to” “important to attend” and actual attendance noted but not fully reflected on	✓

3	Broad, B.	2001	Broad (2001)	✓✗ Broad aims stated but needs clearer research questions	✓	✓✗ A sequential explanatory method could be better justified	✓✗ Ongoing research	✓	NA	✓✗ More details regarding the outputs would have improved this
11	Harker, R.M.	2003	Harker, Dobel-Ober, Lawrence, Berridge & Sinclair (2003)	✓	✓	✓	✓	✓	✓	✓
20	Stanley, N.	2007	Stanley (2007)	✓	✓	✓	✓	✓	✓	✓

23	Ward, H.	2005	Ward, Skuse & Monroe (2007)	✓	✓	✓	✓✗ The findings of the questionnaire and interview were different and the researchers suggested possible reasons behind this but the integration was not complete	✓✗ Due to the incompatibility of the findings this area needed to be improved as outcomes focused more on the interview than the questionnaire	✓	✓

Appendix D Reflective Journal Extract



17/03/2020

VSH 6 INTERVIEW (Phone)

CONTEXT

feelings of stress, fear, am I over-stressing this?! Apparently not...

- Yesterday I went into placement to gather my things, and schools started to say that we shouldn't go in. I think we're going to shut down.

- Current casework: pupil with recent diagnosis of autism, school non-attender, meeting last week - mum "refusing" to engage - school mad, social worker defending mum - FAST referral - IS THIS A CHILD ABOUT TO GO INTO CARE BECAUSE PEOPLE DON'T UNDERSTAND AUTISM + CAN'T PROVIDE SUPPORT?? I am 'aunt', I am 'EP', this will influence interpretation

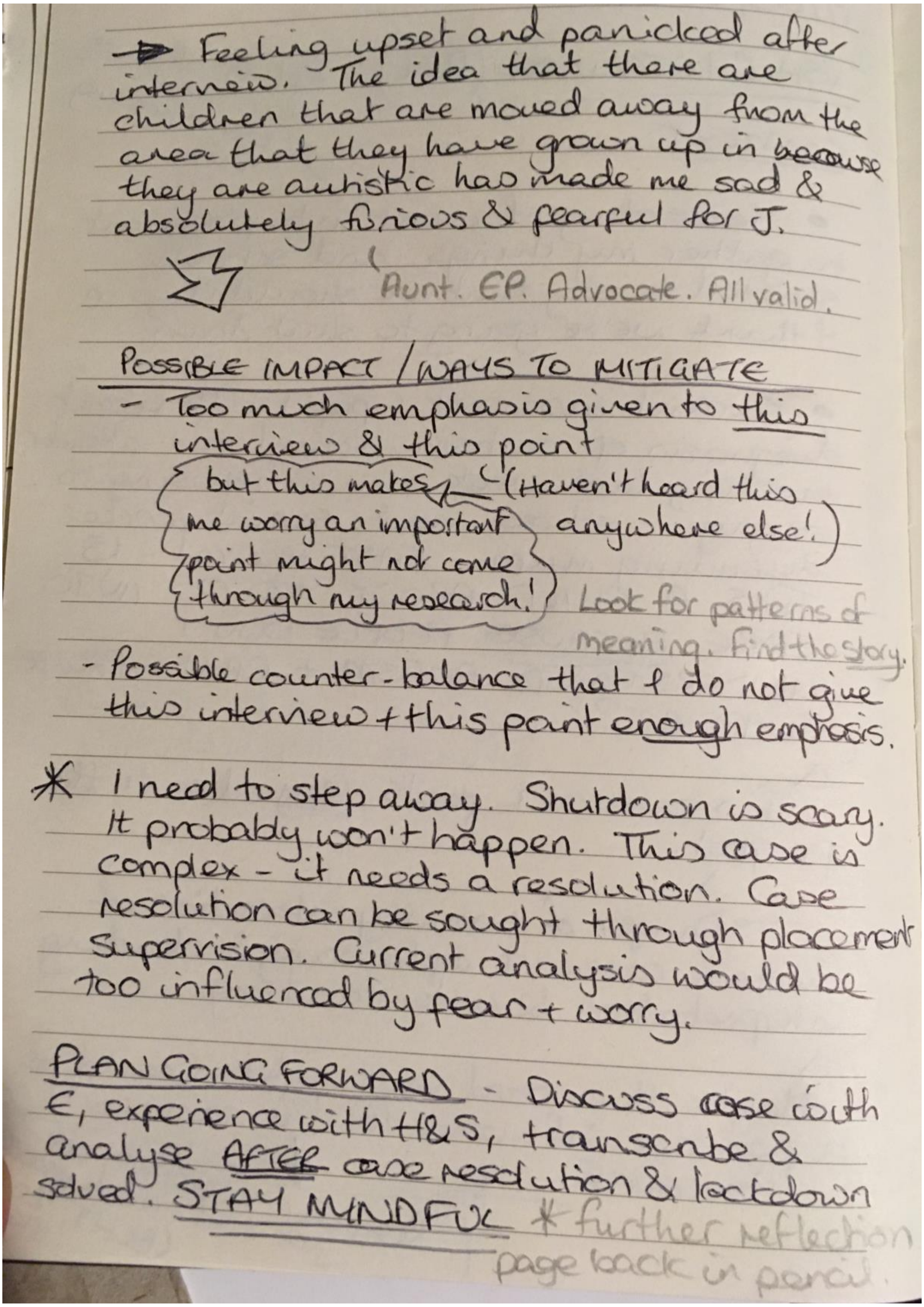
Δ This casework feels very close to the project.

Danger of two-way interaction of thesis & casework influencing & clouding interpretation & understanding.

Δ Maybe this word isn't right. Could be a positive influence for the casework. HOWEVER

("Researcher subjectivity not just valid - but a resource." (BCHT, 2018, BIG Q)

ME: EP (linked to casework), fearful (linked to context), Aunt to L (linked to desire to over-emphasise(?) autistic YP being treated badly)



→ Feeling upset and panicked after interview. The idea that there are children that are moved away from the area that they have grown up in because they are autistic has made me sad & absolutely furious & fearful for J.

Aunt. EP. Advocate. All valid.

POSSIBLE IMPACT / WAYS TO MITIGATE

- Too much emphasis given to this interview & this point (Haven't heard this anywhere else!)

but this makes me worry an important point might not come through my research!

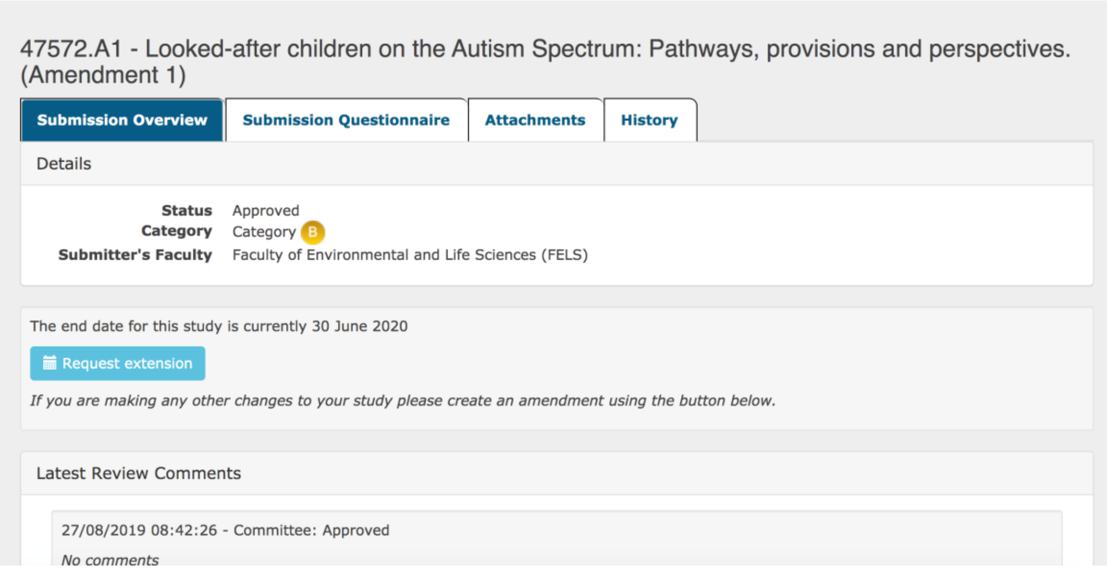
Look for patterns of meaning. Find the story.

- Possible counter-balance that I do not give this interview + this point enough emphasis.

* I need to step away. Shutdown is scary. It probably won't happen. This case is complex - it needs a resolution. Case resolution can be sought through placement supervision. Current analysis would be too influenced by fear + worry.

PLAN GOING FORWARD - Discuss case with E, experience with H&S, transcribe & analyse AFTER case resolution & lockdown solved. STAY MINDFUL * further reflection page back in pencil.

Appendix E Ethics approval



47572.A1 - Looked-after children on the Autism Spectrum: Pathways, provisions and perspectives. (Amendment 1)

Details

Status Approved
Category Category B
Submitter's Faculty Faculty of Environmental and Life Sciences (FELS)

The end date for this study is currently 30 June 2020

If you are making any other changes to your study please create an amendment using the button below.

Latest Review Comments

27/08/2019 08:42:26 - Committee: Approved

No comments

Appendix F Participant Information Sheet

Study Title: Looked-after children on the Autism Spectrum: Pathways, provisions and perspectives.

Researcher: Jennifer Pickles

ERGO number: 47572

You are being invited to take part in the above research study. To help you decide whether you would like to take part or not, it is important that you understand why the research is being done and what it will involve. Please read the information below carefully and ask questions if anything is not clear or you would like more information before you decide to take part in this research. You may like to discuss it with others but it is up to you to decide whether or not to take part. If you are happy to participate you will be asked to sign a consent form.

What is the research about?

This is a student project that is undertaken as part of my doctoral qualification in Educational Psychology. I am a trainee educational psychologist at the University of Southampton and I am interested in exploring the processes in place across the country to ensure effective support and provision for autistic looked-after children. The governmental Department for Education funds this doctorate.

The main aim of the study is to explore what types of information is collected regarding looked-after children with a diagnosis of autism, and how this is shared at a strategic level. It also hopes to explore the impact the support and provision provided has on students. To investigate this, a number of research questions will be considered.

1) What are the experiences of Virtual School Heads and Designated Teachers in providing autism related support for looked-after children within their local authority?
2) What are the views and experiences of autistic looked-after children receiving educational support?
3) How is information relating to an autism diagnosis and support planning shared with schools?
4) What can be learned about best practice and possible barriers in supporting looked-after autistic children?

Why have I been asked to participate?

You have been approached as I am interested in gathering the views of Virtual School Heads from across the country, who have experience in providing support for autistic looked-after children. I intend to interview approximately 15 Virtual School Heads, approximately 15 Designated Teachers and approximately 10 autistic looked-after pupils.

What will happen to me if I take part?

Your participation would involve taking part in a semi-structured interview that I foresee taking approximately 30-60 minutes. Ideally this would be conducted face-to-face, and I would come to you at a time that is convenient. However this could alternatively be conducted via Skype if that is more convenient for you. The interview would be audio-recorded so that I can transcribe the interview to allow for analysis. This is a necessary aspect of your involvement. The consent form attached requires specific consent for these recordings. The audio transcript will be stored on an encrypted digital recorder and during the transcription process all identifying information will be removed and the digital recording will be destroyed at this point to ensure absolute confidentiality. Details regarding the storing and processing of data are outlined below.

For the analysis I will review the transcripts from all participants and identify commonalities that emerge from responses. I will then create a thematic map that describes the main themes of the discussion from Virtual School Heads, Designated Teachers, and looked-after pupils on the autism spectrum.

I would also ask you to identify a Designated Teacher within your Local Authority who has experience supporting autistic looked-after children and I would ask you to provide me with contact information for that individual so that I can get in touch with them to ask if they would be happy to participate in an interview.

Are there any benefits in my taking part?

This study will help improve our current understanding of the processes that virtual schools in different local authorities/boroughs have in place to identify and support needs relating to autistic looked-after pupils and intends to identify areas of best practice in supporting these pupils. It also may illuminate potential barriers that key stakeholders encounter in trying to provide effective support for these pupils.

Are there any risks involved?

I cannot foresee any risks for you. All information shared will be handled sensitively and confidentiality will be ensured via rigorous processes outlined below.

What data will be collected?

I will collect your name, the local authority/borough you work within, and your contact details initially. Once I have arranged the interview with you I will allocate you an identifier (e.g. VSH1) and a key to this information will be stored on a password-protected computer that only my supervisors and I will have access to. I will also store your consent form in a digital format on a password-protected computer. Finally I will collect the audio-transcript from our interview and a transcription of that data. The process I will undertake to ensure that the data you provide me will all be stored in a way that ensures confidentiality is outlined below.

Will my participation be confidential?

Your participation and the information we collect about you during the course of the research will be kept strictly confidential.

Only members of the research team and responsible members of the University of Southampton may be given access to data about you for monitoring purposes and/or to carry out an audit of the study to ensure that the research is complying with applicable regulations. Individuals from regulatory authorities (people who check that we are carrying out the study correctly) may require access to your data. All of these people have a duty to keep your information, as a research participant, strictly confidential.

I will store the audio transcript on an encrypted digital recorder under the identifier label described above and transcribe the interview myself to a separate document stored on a password protected computer that only my supervisors and I will have access to. During the transcription process all names and identifying information will be changed to pseudonyms to ensure confidentiality. Once transcription is complete the audio-transcript will be destroyed. I will fully comply with the Data Protection Act and Southampton University's policy on confidentiality.

Do I have to take part?

No, it is entirely up to you to decide whether or not to take part. If you decide you want to take part, you will need to sign a consent form to show that you have agreed to take part. The consent form details what you have agreed to take part in and specifically asks for your consent to audio-record our interview as well. This consent form can be sent to me via email (email address below). You can also contact me for further information on the contact details included below.

What happens if I change my mind?

You have the right to change your mind and withdraw at any time without giving a reason and without your participant rights being affected.

If you wish to withdraw at any point up until the interview takes place you can contact me via email at J.R.A.Pickles@soton.ac.uk and ask if your data can be removed from the study. After the interview is complete I will check with you that you are happy for me to continue using your data. You have one week from the day of the interview to contact me on the above email address to withdraw the data you have provided. After this point, regretfully, I will not be able to withdraw the data as I will have embarked on the analysis process.

What will happen to the results of the research?

The results of the study will be written up and will go towards my doctoral qualification. I then intend to put forward the paper for publication in a peer-reviewed journal.

Your personal details will remain strictly confidential. Research findings made available in any reports or publications will not include information that can directly identify you without your specific consent. Data will not be used or deposited for sharing.

Where can I get more information?

If you have any further questions or queries I would be happy to answer these for you. You can contact me via email: J.R.A.Pickles@soton.ac.uk

What happens if there is a problem?

If you have a concern about any aspect of this study, you should speak to me and I will do my best to answer your questions.

If you remain unhappy or have a complaint about any aspect of this study, please contact the University of Southampton Research Integrity and Governance Manager (023 8059 5058, rgoinfo@soton.ac.uk).

Data Protection Privacy Notice

The University of Southampton conducts research to the highest standards of research integrity. As a publicly-funded organisation, the University has to ensure that it is in the public interest when we use personally-identifiable information about people who have agreed to take part in research. This means that when you agree to take part in a research study, we will use information about you in the ways needed, and for the purposes specified, to conduct and complete the research project. Under data protection law, 'Personal data' means any information that relates to and is capable of identifying a living individual. The University's data protection policy governing the use of personal data by the University can be found on its website (https://www.southampton.ac.uk/legalservices/what-we-do/data-protection-and-foi.page).

This Participant Information Sheet tells you what data will be collected for this project and whether this includes any personal data. Please ask the research team if you have any questions or are unclear what data is being collected about you.

Our privacy notice for research participants provides more information on how the University of Southampton collects and uses your personal data when you take part in one of our research projects and can be found at http://www.southampton.ac.uk/assets/sharepoint/intranet/ls/Public/Research%20and%20Integrity%20Privacy%20Notice/Privacy%20Notice%20for%20Research%20Participants.pdf

Any personal data we collect in this study will be used only for the purposes of carrying out our research and will be handled according to the University's policies in line with data protection law. If any personal data is used from which you can be identified directly, it will not be disclosed to anyone else without your consent unless the University of Southampton is required by law to disclose it.

Data protection law requires us to have a valid legal reason ('lawful basis') to process and use your Personal data. The lawful basis for processing personal information in this research study is for the performance of a task carried out in the public interest. Personal data collected for research will not be used for any other purpose.

For the purposes of data protection law, the University of Southampton is the 'Data Controller' for this study, which means that we are responsible for looking after your information and using it properly. The University of Southampton will keep identifiable information about you for 10 years after the study has finished after which time any link between you and your information will be removed.

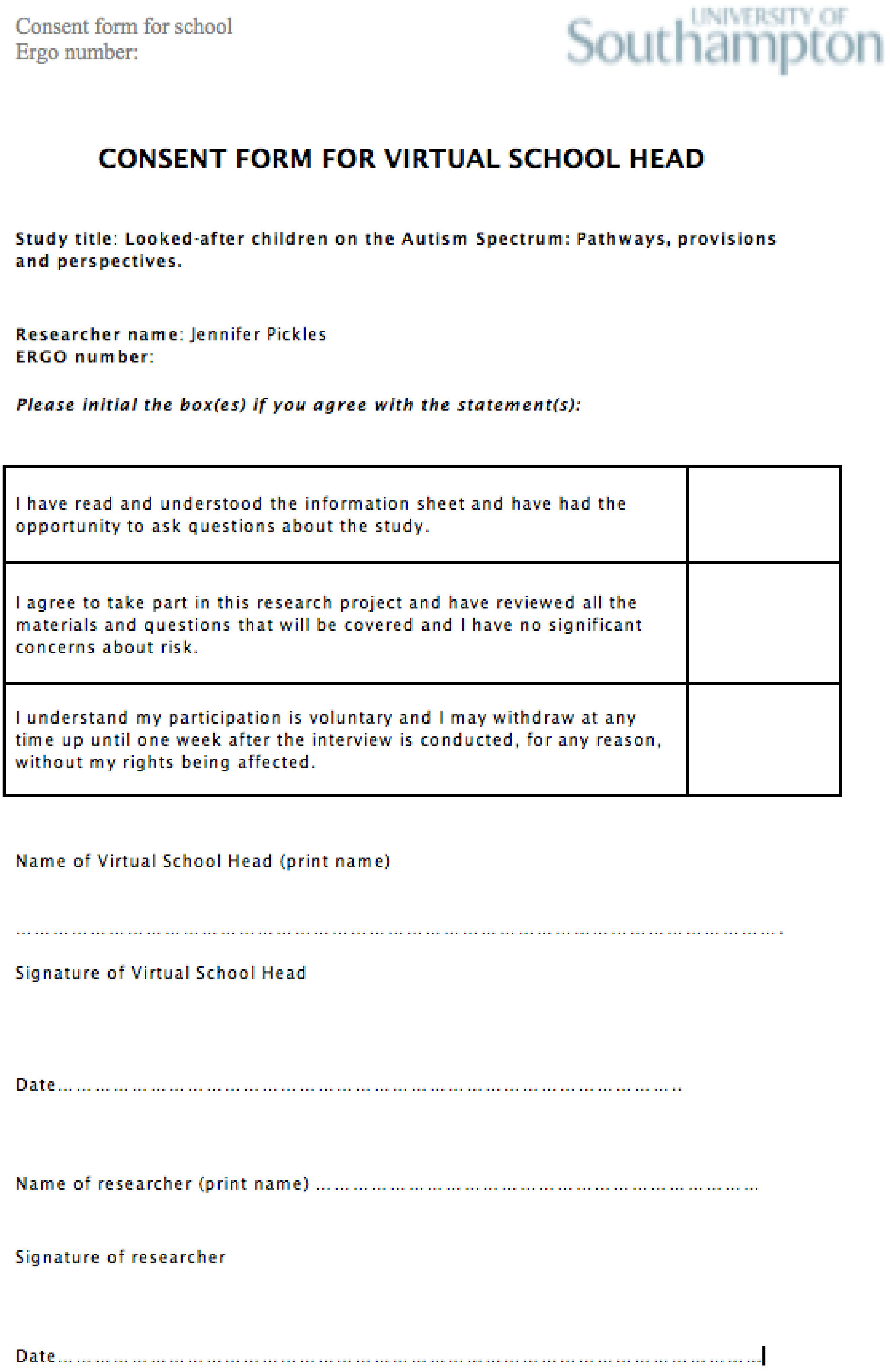
To safeguard your rights, we will use the minimum personal data necessary to achieve our research study objectives. Your data protection rights – such as to access, change, or transfer such information - may be limited, however, in order for the research output to be reliable and accurate. The University will not do anything with your personal data that you would not reasonably expect.

If you have any questions about how your personal data is used, or wish to exercise any of your rights, please consult the University's data protection webpage (https://www.southampton.ac.uk/legalservices/what-we-do/data-protection-and-foi.page) where you can make a request using our online form. If you need further assistance, please contact the University's Data Protection Officer (data.protection@soton.ac.uk).

Thank you.

Thank you for taking the time to read the information sheet and considering taking part in the research.

Appendix G Consent form



Consent form for school
Ergo number:

UNIVERSITY OF Southampton

CONSENT FORM FOR VIRTUAL SCHOOL HEAD

Study title: Looked-after children on the Autism Spectrum: Pathways, provisions and perspectives.

Researcher name: Jennifer Pickles
ERGO number:

Please initial the box(es) if you agree with the statement(s):

I have read and understood the information sheet and have had the opportunity to ask questions about the study.	
I agree to take part in this research project and have reviewed all the materials and questions that will be covered and I have no significant concerns about risk.	
I understand my participation is voluntary and I may withdraw at any time up until one week after the interview is conducted, for any reason, without my rights being affected.	

Name of Virtual School Head (print name)

…….

Signature of Virtual School Head

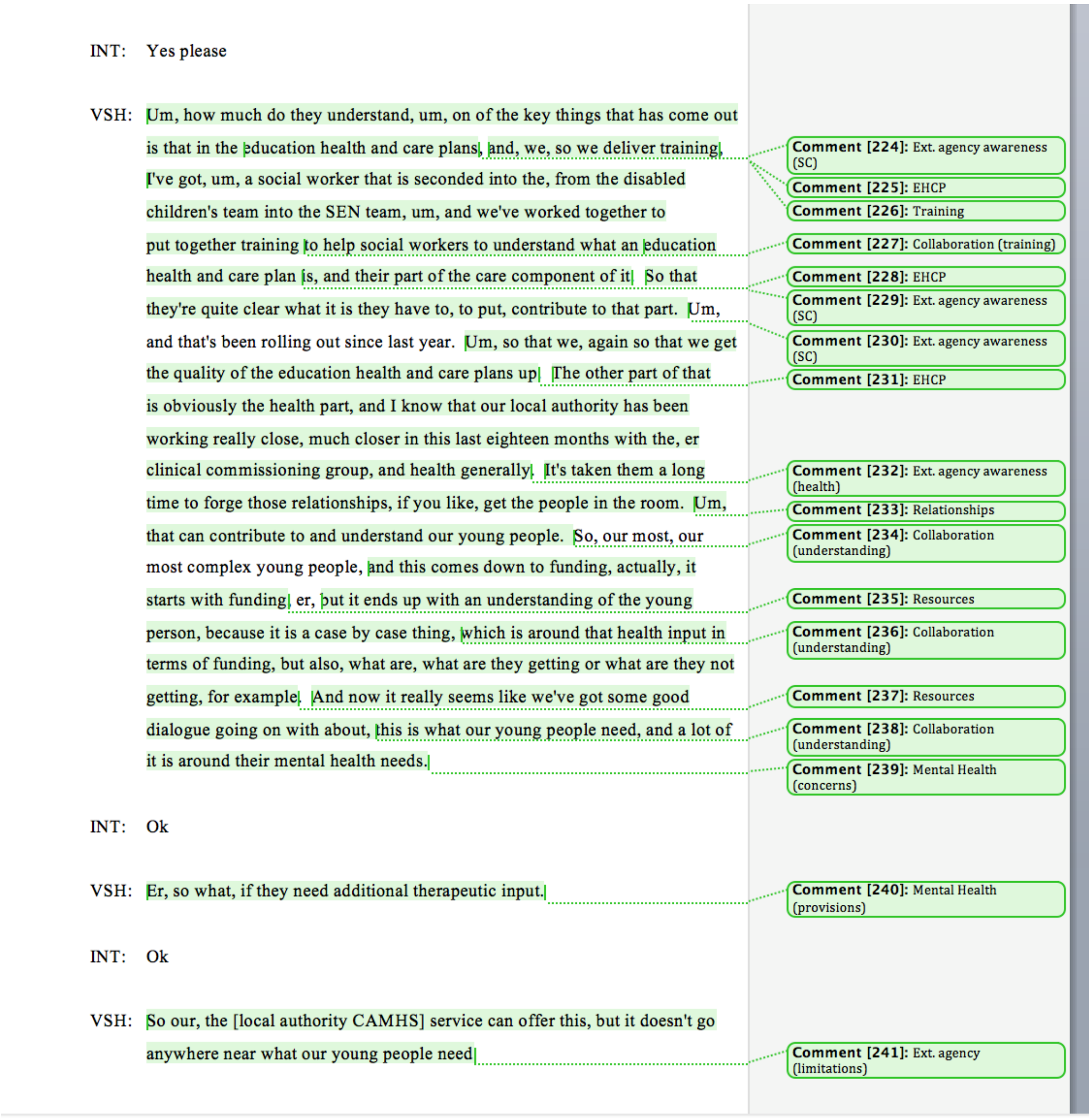
Date……………………………………………………………………………………………..

Name of researcher (print name) ……………………………………………………………………

Signature of researcher

Date…………………………………………………………………………………………………

Appendix H Coding Extract and Development of Thematic Maps



INT: Yes please

VSH: Um, how much do they understand, um, on of the key things that has come out is that in the education health and care plans, and, we, so we deliver training, I've got, um, a social worker that is seconded into the, from the disabled children's team into the SEN team, um, and we've worked together to put together training to help social workers to understand what an education health and care plan is, and their part of the care component of it. So that they're quite clear what it is they have to, to put, contribute to that part. Um, and that's been rolling out since last year. Um, so that we, again so that we get the quality of the education health and care plans up. The other part of that is obviously the health part, and I know that our local authority has been working really close, much closer in this last eighteen months with the, er clinical commissioning group, and health generally. It's taken them a long time to forge those relationships, if you like, get the people in the room. Um, that can contribute to and understand our young people. So, our most, our most complex young people, and this comes down to funding, actually, it starts with funding, er, but it ends up with an understanding of the young person, because it is a case by case thing, which is around that health input in terms of funding, but also, what are, what are they getting or what are they not getting, for example. And now it really seems like we've got some good dialogue going on with about, this is what our young people need, and a lot of it is around their mental health needs.

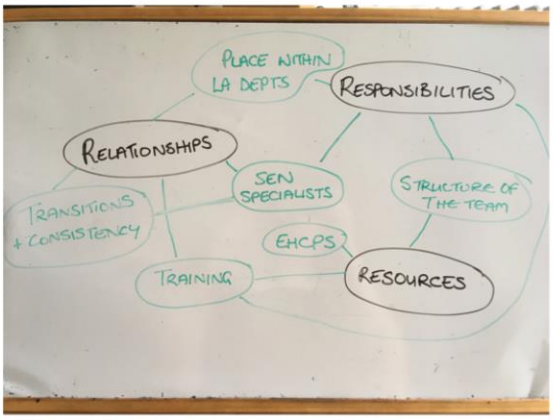
INT: Ok

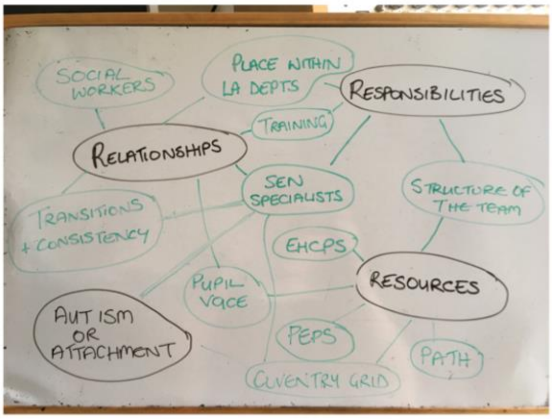
VSH: Er, so what, if they need additional therapeutic input.

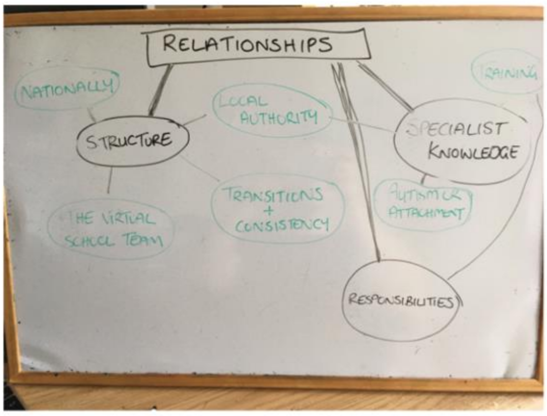
INT: Ok

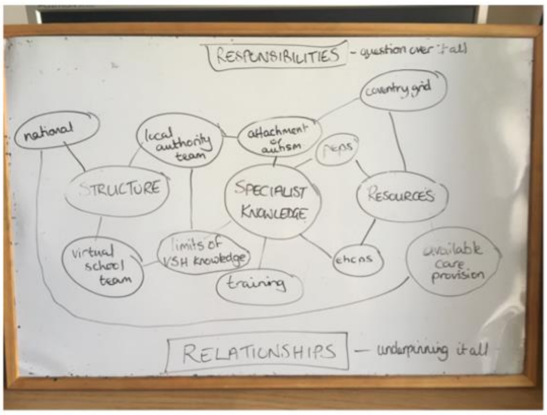
VSH: So our, the [local authority CAMHS] service can offer this, but it doesn't go anywhere near what our young people need

Comment [224]: Ext. agency awareness (SC)
Comment [225]: EHCP
Comment [226]: Training
Comment [227]: Collaboration (training)
Comment [228]: EHCP
Comment [229]: Ext. agency awareness (SC)
Comment [230]: Ext. agency awareness (SC)
Comment [231]: EHCP
Comment [232]: Ext. agency awareness (health)
Comment [233]: Relationships
Comment [234]: Collaboration (understanding)
Comment [235]: Resources
Comment [236]: Collaboration (understanding)
Comment [237]: Resources
Comment [238]: Collaboration (understanding)
Comment [239]: Mental Health (concerns)
Comment [240]: Mental Health (provisions)
Comment [241]: Ext. agency (limitations)









Appendix I Interview Schedule

1) How is information about looked after children gathered, collated, and shared with you? (i.e. how do you know who is on roll?)
2) How are designated teachers identified and how do you liaise with them?
3) What is your relationship with carers/parents? Do you have contact with them?
4) What are the boundaries of your remit?
5) One of the questions that the VSH handbook suggests that you need to be able to answer is ‘how is X pupil doing?’ at any time. How do you gather the information to be able to answer that? Is that question relating to academic attainment or is it a broader question that encompasses how well a placement is going/emotional needs etc?
6) How do you support children looked after with SEND? Would you be informed of diagnoses children may have if there were no educational needs associated with that diagnosis?
7) Do children in residential special schools come under your remit? And if so, what about boarding schools?
8) What training did you receive to prepare you for this role? Is there further training that you feel would be beneficial?
9) What training do you offer to designated teachers?
10) What is your knowledge and awareness of the needs of autistic pupils?
11) Do you currently support any autistic pupils and if so what provisions do you put in place to ensure that they are supported in school?
12) Have you had experience of any children being taken into care due to a family being unable to meet needs that relate to an autism diagnosis? For example, if a family is unable to cope with challenging behaviour related to a sensory sensitivity.
13) What aspects of the VS in this local authority do you think work particularly well as a model?
14) If you could do five things to better meet the needs of these pupils what would they be?
    - What barriers are there for you to achieve this?

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